



1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TDD (800) 326-2297
Fax (916) 574-8625
www.bbs.ca.gov

BOARD MEETING NOTICE November 2-4, 2016

Marriott Riverside at the Convention Center
3400 Market Street
Riverside, CA 92501
(951) 784-8000

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to technical difficulties or limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location.

AGENDA Wednesday, November 2, 2016 8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order and Establishment of Quorum

- I. Petition for Modification of Probation for Bonnie Friedman, LCSW 24172
- II. Petition for Reinstatement of License for Errol Frazier, LMFT 8289
- III. Petition for Reinstatement of License for Melissa Jones, LMFT 40105
- IV. Petition for Reinstatement of Registration for Katya Mills, IMF 51698
- V. Public Comment for Items not on the Agenda
- VI. Suggestions for Future Agenda Items



Governor
Edmund G. Brown Jr.

State of California
Business, Consumer Services
and Housing Agency

Department of
Consumer Affairs

FULL BOARD CLOSED SESSION

- VII. Pursuant to Section 11126(c)(3) of the Government Code, the Board will meet in Closed Session for discussion and to take action on disciplinary matters, including the above Petitions. The Board will also, pursuant to Section 11126(a)(1) of the Government Code, meet

in Closed Session to evaluate the performance of the Executive Officer.

FULL BOARD RECONVENE TO OPEN SESSION

VIII. Adjournment

AGENDA
Thursday, November 3, 2016
8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order and Establishment of Quorum

- IX. Petition for Early Termination of Probation for Gimone Bryant, ASW 36074
- X. Petition for Early Termination of Probation for Theresa Fenander, LCSW 25391
- XI. Petition for Early Termination of Probation for Feroozan Jami, IMF 69435
- XII. Petition for Early Termination of Probation for Rami Merhi, IMF 76810
- XIII. Public Comment for Items not on the Agenda
- XIV. Suggestion for Future Agenda Items

FULL BOARD CLOSED SESSION

- XV. Pursuant to Section 11126(c)(3) of the Government Code, the Board will meet in Closed Session for discussion and to take action on disciplinary matters, including the above Petitions

FULL BOARD RECONVENE TO OPEN SESSION

- XVI. Adjournment

AGENDA
Friday, November 4, 2016
8:30 a.m.

- XVII. Call to Order and Establishment of Quorum
- XVIII. Introductions*
- XIX. Consent Calendar
 - a. Approval of the May 12-13, 2016 Board Meeting Minutes
 - b. Approval of the August 18-19, 2016 Board Meeting Minutes
- XX. Chair Report
 - a. Announcement of the Exempt Setting Committee Members
 - b. Board Member Activities
- XXI. Executive Officer's Report
 - a. Budget Report
 - b. Operations Report
 - c. Personnel Report
 - d. Strategic Plan Update
 - e. Fiscal Year 2015/2016 Summary
- XXII. Approval of the April 15, 2016 Policy and Advocacy Committee Meeting Minutes
- XXIII. Policy and Advocacy Committee Recommendations
 - a. Discussion and Possible Action Regarding Proposed Supervision Language Amendments for Licensed Marriage and Family Therapists
 - b. Discussion and Possible Action Regarding Proposed Supervision Language Amendments for Licensed Professional Clinical Counselors
 - c. Discussion and Possible Action Regarding Proposed Supervision Language Amendments for Licensed Clinical Social Workers
 - d. Discussion and Possible Action Regarding the Board's Proposed 2017 Omnibus Bill
 - 1. Amend Business and Professions Code Sections 801, 801.1, and 802 – Modify Judgment and Settlement Reporting Amounts for BBS Licensees/Registrants
 - 2. Amend Proposed Business and Professions Code Sections 4980.09 and 4999.12.5 – Registration Title Name Change for "LMFT" and "LPCC Applicants
 - 3. Amend Business and Professions Code Sections 4980.44, 4984.7, 4999.32, 4999.42, 4999.53, 4999.62, 4999.63, 4999.120, and Evidence Code Section 1010, subdivision (f) for a person registered as a marriage and family therapist intern and subdivision (o) for a person registered as a clinical counselor intern, and Penal Code Section 11165.7(a)(25) and (a)(40) – Changing "Intern" title to "Associate"

4. Amend Business and Professions Code Sections 4984.4, 4984.7, 4996.3, 4996.6, 4999.32, 4999.33, 4999.60, 4999.61, 4999.62, 4999.63, and 4999.120 – Changing the term “Examination Eligibility” to “Licensure”
 5. Amend Business and Professions Code Sections 4984.9, 4992.8, 4989.46, and 4999.118 – Name Change Requirements
 6. Amend Business and Professions Code Sections 4980.72, 4996.17, and 4999.60 – Requirements for Out-of-State- Licensees
 7. Amend Business and Professions Code Section 4999.42 – LPCC Intern Registration
 8. Amend Business and Professions Code Section 4999.53 – Passage of the Clinical Exam for LPCC Applicants without an Associate Registration
- e. Discussion and Possible Action Regarding Proposed Rulemaking to Specify Documentation Acceptable for Supervised Work Experience in the Event of an Incapacitated or Deceased Supervisor
 - f. Discussion and Possible Action Regarding Rulemaking Proposal to Amend Title 16 California Code of Regulations Sections 1804 - Filing of Addresses: 1805 – Applications; 1806 – Abandonment of Application; 1811 - Advertising; and to Delete California Code of Regulations Section 1805.1 – Permit Processing Times; and to Add Title 16 California Code of Regulations Section 1806.01 – Expiration of Examination Eligibility
- XXIV. Discussion and Possible Action to Amend Business and Professions Code Section 4992 – Applications and Examinations
- XXV. Status of Board-Sponsored Legislation and Update on Other Legislation Affecting the Board
- a. AB 1917 (Oberholte): Educational Requirements for Marriage and Family Therapists and Professional Clinical Counselor Applicants
 - b. SB 1478 (Senate Business, Professions, and Economic Development Committee): Healing Arts (Omnibus Bill)
 - c. AB 1001 (Maienschein): Child Abuse: Reporting: Foster Family Agencies
 - d. AB 1808 (Wood): Minors: Mental Health Services
 - e. AB 1863 (Wood): Medi-Cal: Federally Qualified Health Centers: Rural Health Centers
 - f. AB 2083 (Chu): Interagency Child Death Review
 - g. AB 2191 (Salas): Board of Behavioral Sciences
 - h. AB 2199 (Campos): Sexual Offenses Against Minors: Persons in a Position of Authority
 - i. AB 2507 (Gordon): Telehealth: Access
 - j. SB 1034 (Mitchell): Health Care Coverage: Autism

- k. AB 796 (Nazarian): Health Care Coverage: Autism and Pervasive Developmental Disorders
- l. AB 1715 (Holden): Healing Arts: Behavior Analysis: Licensing
- m. AB 2606 (Grove) Crimes Against Children, Elders, Dependent Adults, and Persons with Disabilities
- n. SB 614 (Leno): Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification
- o. SB 1101 (Wieckowski) Alcohol and Drug Counselors: Regulation
- p. SB 1155 (Morrell): Professions and Vocations: Licensees: Military Service
- q. SB 1194/1195 (Hill) Professions and Vocations: Board Actions: Competitive Impact
- r. SB 1334 (Stone) Health Practitioners: Reports

XXVI. Status of Board Rulemaking Proposals

- a. English as a Second Language: Additional Examination Time: Add Title 16, CCR Section 1805.2

XXVII. Suggestions For Future Agenda Items

XXVIII. Public Comment for Items Not on the Agenda

XXIX. Adjournment

**Introductions are voluntary for members of the public.*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.

This agenda as well as Board meeting minutes can be found on the Board of Behavioral Sciences website at www.bbs.ca.gov.

NOTICE: The meeting is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



BOARD MEETING MINUTES
May 12-13, 2016

Hilton Los Angeles/Universal City
555 Universal Hollywood Dr.
Universal City, CA 91608

Thursday, May 12th

Members Present

Christina Wong, Chair, LCSW Member
Deborah Brown, Vice Chair, Public Member
Samara Ashley, Public Member
Dr. Scott Bowling, Public Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Massimiliano "Max" Disposti, Public Member
Sarita Kohli, LMFT Member
Patricia Lock-Dawson, Public Member
Karen Pines, LMFT Member (*arrived at 8:50 a.m., departed at 12:05 p.m.*)
Dr. Christine Wietlisbach, Public Member

Members Absent

Betty Connolly, LEP Member
Renee Lonner, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Assistant Executive Officer
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Guests

See sign-in sheet

1 **FULL BOARD OPEN SESSION**

2
3 Christina Wong, Chair of the Board of Behavioral Sciences (Board), called the meeting
4 to order at 8:44 a.m. Kim Madsen called roll, and a quorum was established.

5
6 Administrative Law Judge Howard Cohen presided over the hearings.
7

8 **I. Petition for Modification of Probation for Michele Klocke, LCSW 65294**

9 Judge Cohen opened the hearing at 8:44 a.m. Deputy Attorney General Desirée
10 Tulleners presented the facts of the case on behalf of the Board of Behavioral
11 Sciences (Board). Ms. Klocke represented herself.
12

13 Ms. Tulleners presented the background of Ms. Klocke’s probation. Ms. Klocke was
14 sworn in. Ms. Klocke presented her request for modification of probation and
15 information to support the request. Ms. Klocke answered questions posed by Ms.
16 Tulleners and Board Members.
17

18 Judge Cohen closed the hearing at 9:09 a.m.
19

20 **II. Petition for Modification of Probation for Jacqueline Vargas, IMF 83412**

21 Judge Cohen opened the hearing at 9:10 a.m. Deputy Attorney General Desirée
22 Tulleners presented the facts of the case on behalf of the Board. Ms. Vargas was
23 represented by counsel, Stacy Patterson.
24

25 Ms. Tulleners presented the background of Ms. Vargas’ probation. Ms. Patterson
26 presented Ms. Vargas’ request for modification of probation and information to support
27 the request. Ms. Vargas was sworn in, and she presented a statement to the Board.
28 Ms. Vargas answered questions posed by Ms. Tulleners and Board Members.
29

30 Judge Cohen closed the hearing at 9:41 a.m. The Board took a break at 9:41 a.m.
31 and reconvened at 9:50 a.m.
32

33 **III. Petition for Early Termination of Probation for Jenny Hall, LMFT 46803**

34 Judge Cohen opened the hearing at 9:50 a.m. Deputy Attorney General
35 Desirée Tulleners presented the facts of the case on behalf of the Board. Jenny Hall
36 represented herself.
37

38 Ms. Tulleners presented the background of Ms. Hall’s probation. Ms. Hall was sworn
39 in. She presented her request for early termination of probation and information to
40 support the request. Ms. Hall answered questions posed by Ms. Tulleners and Board
41 Members.
42

43 Judge Cohen closed the hearing at 10:15 a.m.

1 **IV. Petition for Early Termination of Probation for Jennifer Weeks, LMFT 47271**

2 Judge Cohen opened the hearing at 10:16 a.m. Deputy Attorney General
3 Desirée Tulleners presented the facts of the case on behalf of the Board. Jennifer
4 Weeks represented herself.

5
6 Ms. Tulleners presented the background of Ms. Week’s probation. Ms. Weeks was
7 sworn in. She presented her request for early termination of probation and information
8 to support the request. Ms. Tulleners and Board Members posed questions to Ms.
9 Weeks.

10
11 Judge Cohen closed the hearing at 10:47 a.m. The Board took a break at 10:47 a.m.
12 and reconvened at 10:57 a.m.

13
14 **V. Petition for Reinstatement of Registration for Keith Lederhaus, ASW 34492**

15 Judge Cohen opened the hearing at 10:57 a.m. Deputy Attorney General Desirée
16 Tulleners presented the facts of the case on behalf of the Board. Keith Lederhaus
17 represented himself.

18
19 Ms. Tulleners presented the background of Mr. Lederhaus’ revocation. Mr. Lederhaus
20 was sworn in. He presented his request for reinstatement of his registration and
21 information to support the request. Ms. Tulleners and Board Members posed
22 questions to Mr. Lederhaus.

23
24 Judge Cohen closed the hearing at 11:29 a.m.

25
26 **VI. Public Comment for Items not on the Agenda**

27 No public comments were presented.

28
29 **VII. Suggestions for Future Agenda Items**

30 No suggestions were presented.

31
32 The Board took a break at 11:32 a.m. and reconvened in closed session at 11:37 a.m.

33
34
35 **FULL BOARD CLOSED SESSION**

36
37 **VIII. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in**
38 **Closed Session for Discussion and to Take Action on Disciplinary Matters,**
39 **Including the Above Petitions, and Any Other Matters. The Board will also,**
40 **Pursuant to Section (a)(1) of the Government Code, meet in Closed Session to**
41 **Evaluate the Performance of the Executive Officer.**

42
43 **FULL BOARD RECONVENE TO OPEN SESSION**

44
45 **IX. Adjournment**

46 The Board adjourned at 3:30 p.m.

1 **Friday, May 13th**

2
3 *The Board took several items out-of-order; however, minutes are written in the order*
4 *of the agenda.*

5
6
7 **Members Present**

8 Christina Wong, Chair, LCSW Member
9 Deborah Brown, Vice Chair, Public Member
10 Samara Ashley, Public Member
11 Dr. Scott Bowling, Public Member
12 Dr. Leah Brew, LPCC Member
13 Dr. Peter Chiu, Public Member
14 Massimiliano “Max” Disposti, Public Member
15 Sarita Kohli, LMFT Member (*departed at 3:05 p.m.*)
16 Patricia Lock-Dawson, Public Member
17 Karen Pines, LMFT Member
18 Dr. Christine Wietlisbach, Public Member

19
20 **Members Absent**

21 Betty Connolly, LEP Member
22 Renee Lonner, LCSW Member

23
24 **Staff Present**

25 Kim Madsen, Executive Officer
26 Steve Sodergren, Assistant Executive Officer
27 Dianne Dobbs, Legal Counsel
28 Rosanne Helms, Legislative Analyst
29 Christina Kitamura, Administrative Analyst

30
31 **Guests**

32 *See sign-in sheet*
33
34

35 **FULL BOARD OPEN SESSION**

36
37 Christina Wong called the meeting to order at 8:39 a.m. Christina Kitamura called roll.
38 A quorum was established.

39
40 **X. Introductions**

41 Board Members, Board staff, and public attendees introduced themselves.

42
43 Max Disposti, new appointed Board Member, was introduced.

44
45 **XI. Approval of the February 25-26, 2015 Board Meeting Minutes**

46 ***Patricia Lock-Dawson moved to approve the February 25-26, 2015 Board***
47 ***Meeting minutes. Dr. Peter Chiu seconded. The Board voted by majority to***

1 ***pass the motion.***

2
3 Board vote:

4 Samara Ashley – yes
5 Dr. Peter Chiu – yes
6 Dr. Christine Wietlisbach – yes
7 Max Disposti – abstain
8 Christina Wong – yes
9 Deborah Brown – yes
10 Dr. Scott Bowling – abstain
11 Sarita Kohli – abstain
12 Patricia Lock-Dawson – yes
13 Dr. Leah Brew – yes
14 Karen Pines – yes

15
16 **XII. Approval of the March 2-4, 2016 Board Meeting Minutes**

17 ***Dr. Leah Brew moved to approve the March 2-4, 2016 Board Meeting minutes.***
18 ***Samara Ashley seconded. The Board voted by majority to pass the motion.***

19
20 Board vote:

21 Samara Ashley – yes
22 Dr. Peter Chiu – yes
23 Dr. Christine Wietlisbach – yes
24 Max Disposti – abstain
25 Christina Wong – yes
26 Deborah Brown – yes
27 Dr. Scott Bowling – abstain
28 Sarita Kohli – yes
29 Patricia Lock-Dawson – yes
30 Dr. Leah Brew – yes
31 Karen Pines - yes

32
33 **XIII. Chair Report**

34 Ms. Wong reported on Board Member activities during the months of March and April:

- 35 • Sunset Hearing - Ms. Wong, Deborah Brown, Board staff;
36 • National Association of Social Workers' (NASW) Board Member Orientation –
37 Ms. Wong;
38 • NASW Lobby Days - Ms. Wong, Board staff;
39 • The California Society for Clinical Social Workers meeting - Renee Lonner.

40
41 **XIV. Executive Officer's Report**

42 **a. Budget Report**

- 43 • The Board's 2015/2016 budget is \$10,351,000.
44 • Expenditures as of March 31, 2016 total \$7,512,070, which is 73% of the
45 Board's budget.

- 1 • The Board collected nearly \$7 million in total revenue.
- 2 • The Board's Fund Condition report reflects 5.7 months in reserve.
- 3 • Projections for the fiscal year (FY) 2016/2017 budget indicate a scheduled
- 4 repayment of \$6.3 million dollars, which will provide 9.9 months in reserve.
- 5 • The Board's FY 2016/2017 budget is projected to be \$11,373,000. This
- 6 figure includes the additional 8.5 staff positions.
- 7

8 This figure also includes the Board's share of cost (\$123,000) for two budget
9 change proposals sought by the Department of Justice (DOJ) Attorney
10 General's Office (AG).

11
12 The Governor will release the May Revise, which incorporates any changes to
13 the budget that occurred during the budget hearing process and state revenues.
14 The revise is not expected to impact the Board's new positions or the increased
15 AG costs.

16 17 **b. Operations Report**

18 Licensing Program, 3rd Quarter: Application volumes for interns and associates
19 decreased. The increase in LMFT, LCSW, and LPCC examination application
20 volumes is attributed the new Law and Ethics examination. All applications are
21 processed within 60 days or less.

22
23 A total of 357 initial licenses were issued. As of May 1st, the Board has 105,659
24 licensees and registrants.

25
26 Examination Program, 3rd Quarter: 2,554 examinations were administered. Of
27 this number, 2,117 were Law and Ethics examinations. 181 candidates
28 participated in the Association of Social Work Board (ASWB) national
29 examination. Ten examination development workshops were conducted.

30
31 The Board received 5,948 applications, an increase of nearly 300 applications
32 since last quarter.

33
34 BreEZe online renewals increased by 4% since last quarter.

35
36 Enforcement Program, 3rd Quarter: 291 consumer complaints and 214 criminal
37 convictions were received. 501 cases were closed and 39 cases were referred
38 to the AG's office for formal discipline. 13 Accusations and 9 Statement of
39 Issues were filed. The number of final citations was 41. The Board is unable to
40 report the current average for Formal Discipline due to an error in the report.

41
42 Outreach Activity, 3rd Quarter: 13 events were attended.

43
44 Ms. Madsen presented the 3rd quarter continuing education audit results.

1 **c. Personnel Report**

2 New Employees/Promotions: Craig Zimmerman promoted to a Staff Services
3 Analyst (SSA) in the Criminal Conviction & Probation Unit of the Enforcement
4 Program. Yee Her transferred from a limited-term Office Technician (OT) to a
5 full-time OT in the Cashier Unit.
6

7 Departures: Jared Washington separated from state service and accepted a job
8 in the private sector.
9

10 Vacancies: The Board has initiated the recruitment process for four vacant
11 positions.
12

13 **d. Sunset Report Update**

14 The Board's Sunset Hearing was held on March 14, 2016. The hearing was
15 attended by Ms. Wong, Ms. Brown, Kim Madsen, and Steve Sodergren. The
16 Senate Business, Professions and Economic Development Committee Chair
17 Jerry Hill and the Assembly Committee on Business and Professions Chair Rudy
18 Salas conducted the hearing. The Board presented a brief overview of the Board
19 and responded to several issue questions raised in the Board's background
20 paper.
21

22 On April 12, 2016, the Board submitted a written response to all of the issues in
23 the Board's background paper.
24

25 Assembly Bill 2191 proposes to extend the Board until 2021.
26

27 **XV. Strategic Plan Update**

28 Management and staff continue to address the strategic goals and objectives. Some
29 goals have been completed, and some goals are ongoing. Goal 4.5 review regulatory
30 parameters for exempt settings, will begin after January 1st upon completion of the
31 Supervision Committee's work.
32

33 The Board will begin working on the next Strategic Plan during the summer of 2017.
34

35 Janlee Wong, National Association of Social Workers California Division (NASW-CA),
36 suggested some goals for next strategic plan: 1. Mobility, (not to be confused with
37 "portability"); 2. Explore ways to improve the ethical education process to reduce
38 disciplinary cases.
39

40 *The Board took a break at 9:41 and reconvened at 9:58 a.m.*
41

42 **XVI. Supervision Committee Update**

43 The Supervision Committee met on April 29, 2016. The goal is to present draft
44 language at the November 2016 Board Meeting for consideration as a bill. The
45 Committee looked at the proposed law changes to the LMFT supervision language.
46 The Committee will look at the LPCC and LCSW supervision language.

1
2 Remaining topics:

- 3 • Supervisor not signing for hours/one-week notice requirement;
- 4 • Review BBS Unprofessional Conduct code sections pertaining to supervision;
- 5 • More thorough requirements to become a supervisor for individuals on probation;
- 6 • Issues with Offsite or Contract Supervisors.

7
8 Ms. Wong noted that Ms. Kohli stepped down from the Supervision Committee
9 (Committee), and Ms. Lock-Dawson was appointed to the Committee in Ms. Kohli's
10 place.

11
12 **XVII. Examination Restructure Update**

13 Staff has been working on the transition to the new exam restructure requirements,
14 and has been working with many challenges. The greatest challenge has been the
15 processing of exam applications and examinee scores. These challenges existed
16 because of the increased volume of exam applications and the fact that the Board had
17 yet to implement system changes in BreEZe. Processes that had been automatic
18 before January 1st now require manual processing and data entry.

19
20 System changes that are necessary for the BreEZe system to properly process
21 applications under the new requirements, are beginning to be implemented. This is
22 the last component necessary for the full implementation of the Exam Restructure
23 project.

24
25 After the BreEZe system changes are implemented, the Board is hopeful that the
26 current challenges regarding the processing of applications and the transfer of exam
27 eligibilities will be greatly reduced. This will allow the Board to concentrate more
28 resources to providing outreach and assisting the applicants in navigating the new
29 exam restructure requirements.

30
31
32 *The Board heard agenda item XX immediately following item XVII. At the conclusion*
33 *of item XX, the Board took a break at 11:30 a.m. and reconvened at 12:43 p.m.*
34

35 **XVIII. Policy and Advocacy Committee Recommendations**

36
37 **a. Recommendation # 1 – Neutral, Assembly Bill 796 (Nazarian) Health Care**
38 **Coverage: Autism and Pervasive Developmental Disorders – Neutral**

39 AB 796 seeks ensure that individuals with pervasive development disorder or
40 autism (PDD/A) are able to receive insurance coverage for types of evidence-
41 based behavioral health treatment other than applied behavior analysis (ABA).

42
43 Current law:

- 44 1) Requires that every health care service plan or insurance policy that provides
45 hospital, medical or surgical coverage must also provide coverage for
46 behavioral health treatment for PDD/A.

- 1 2) Defines “behavioral health treatment” as professional services and treatment
2 programs, including applied behavior analysis and evidence-based behavior
3 intervention programs, which develop or restore the functioning of an individual
4 with PDD/A.
- 5 3) Defines a “qualified autism service provider,” which includes BBS licensees if
6 the service and treatment is within their experience and competence.

7
8 AB 796:

- 9 1) Requires the Board of Psychology to form a committee to create a list of
10 behavioral health evidence-based treatment modalities for PDD/A.
- 11 2) Extends the provisions in law requiring health care contracts and insurance
12 policies to provide coverage for PDD/A from January 1, 2017 to January 1,
13 2022.

14
15 Comments:

- 16 1) Author’s Intent. SB 946 required health service plan and insurance policies to
17 provide coverage for evidence-based behavioral health treatment for PDD/A.
18 However, this bill only referenced one type of behavioral health treatment,
19 which was ABA.

20
21 Although SB 946 intended that the type of evidence-based behavioral health
22 treatment prescribed should be selected by the patient’s physician, the
23 reference to ABA in the bill has caused insurance companies to develop
24 networks of ABA practitioners, but not necessarily a network of practitioners of
25 other forms of evidence-based behavioral health treatment.

26
27 Due to this, it is difficult for patients with PDD/A, who have been prescribed an
28 evidence-based treatment that is not ABA, to obtain coverage for that
29 treatment. Instead, they are forced to accept a form of behavioral health
30 treatment that has not been prescribed.

- 31
32 2) Related Legislation. The California Association for Behavior Analysis is
33 currently sponsoring AB 1715, which would create a licensure category for
34 behavior analysts and assistant behavior analysts under the Board of
35 Psychology.

36
37 SB 1034 would extend indefinitely the provisions in current law that all health
38 insurance plans must provide coverage for behavioral health treatment for
39 PDD/A.

- 40
41 3) Previous Position. AB 796 is a two-year bill. The bill was proposing to amend
42 the definition of “qualified autism service professional” and “qualified autism
43 service paraprofessional” to allow insurance coverage for types of behavioral
44 health treatment other than ABA.

1 At its May 2015 meeting, the Board took a neutral position, and directed staff to
2 bring the bill back to the Board for consideration if it moved forward.

3
4 At its April 2016 meeting, the Committee considered the latest version of this
5 bill. It recommended that the Board take a neutral position on AB 796.
6

7 Ms. Helms explained that the Committee’s recommended position was based
8 on several factors:

- 9
- Current competing proposals (SB 1034, AB 1715);
 - Licensure proposal for ABAs, not for other practitioners/modalities;
 - Proposal for a state licensing board to compile a list of acceptable treatments.
- 10
11
12
13
14

15 *The Board deferred the vote on AB 796 in order to hear SB 1034 (item XVIII.k.) and*
16 *AB 1715 (item XIX.). After hearing SB 1034 and AB 1715, the Board took a position*
17 *on all three bills.*
18

19
20 Rebecca Gonzales, NASW-CA, stated that they are watching AB 796.
21

22 Alain Montgomery, California Association of Marriage and Family Therapists
23 (CAMFT), stated that they are watching AB 796.
24

25 ***Dr. Peter Chiu moved to take a neutral position on AB 796. Deborah Brown***
26 ***seconded. The Board voted (10-0) to pass the motion.***
27

28 Board vote:

29 Samara Ashley – not present during vote
30 Dr. Peter Chiu – yes
31 Dr. Christine Wietlisbach – yes
32 Max Disposti – yes
33 Christina Wong – yes
34 Deborah Brown – yes
35 Dr. Scott Bowling – yes
36 Sarita Kohli – yes
37 Patricia Lock-Dawson – yes
38 Dr. Leah Brew – yes
39 Karen Pines - yes
40

41 **b. Recommendation # 2 – Support, Assembly Bill 1001 (Maienschein) Child**
42 **Abuse: Reporting: Foster Family Agencies**

43 AB 1001 seeks to address a report that social workers who work for foster family
44 agencies are sometimes prohibited by their supervisors from making mandated
45 reports of child abuse. Foster family agencies are licensed by the Department of
46 Social Services (DSS). The amendments in this bill give the DSS more authority
47 to ensure that foster family agencies follow mandated reporting requirements.

1 Current Law:

- 2 1) Specifies that BBS licensees are mandated reporters under the Child Abuse
3 and Neglect Reporting Act.
- 4 2) Makes mandated reporting duties individual. Supervisors or administrators
5 may not impede reporting duties, and mandated reporters shall not be subject
6 to sanctions for making a report.
- 7 3) States that a supervisor or administrator who impedes reporting duties shall
8 be punished by a fine up to \$1,000 and/or up to six months in county jail.
- 9 4) Defines a “foster family agency” (FFA), as a public agency or private
10 organization engaged in the recruiting, certifying, and training of foster
11 parents, or in finding homes for placement of children for temporary or
12 permanent care.

13
14 AB 1001:

15 AB 1001 focuses on mandated reporting from foster family agencies, which are
16 licensed by DSS. The bill makes four new amendments in an effort to increase
17 the DSS’ enforcement power over foster family agencies in order to ensure that
18 they are following mandated reporting requirements.

- 19 • If the DSS requires orientation training for board members or administrators
20 of a foster family agency, it must include training on mandated reporting
21 duties.
- 22 • If the DSS requires an FFA to submit a written plan of operation as a
23 requirement for licensure, that plan must include written policies,
24 procedures, or practices to ensure that the foster family agency does not
25 violate mandated reporting requirements.
- 26 • Requires the DSS to take reasonable action against a supervisor or
27 administrator who impedes or inhibits mandated reporting duties.
- 28 • Allows FFA social workers to participate in DSS’s already-existing process
29 for social workers to voluntarily report violations of mandated reporting
30 requirements.

31
32 AB 1001 was amended on May 11th:

- 33 • Includes an administrator, board member or employee of an FFA in the
34 definition of “mandated reporter”.
- 35 • Prohibits internal policies directing an employee to allow his or her
36 supervisor to file or process a mandated report.

37
38 Comments:

- 39 1) Author’s Intent. Social workers who work for FFAs, as well as one teacher,
40 have reported that supervisors at some FFAs are willing to override child
41 abuse mandated reporting requirements. AB 1001 would give the state

1 agency that licenses FFAs more authority to ensure mandated reporting
2 requirements are followed.

3
4 2) Previous Position. AB 1001 is a two-year bill and was considered by the
5 Board at its May 2015 meeting. That version of the bill amended the Penal
6 Code section that addresses mandated reporting in an attempt to clarify that it
7 is illegal for anyone, including a supervisor, to impede or interfere with the
8 making of a mandated report of suspected child abuse or neglect. The Board
9 took a support position on the 2015 version of this bill. It has been amended
10 significantly since then, and no longer amends the Penal Code.

11
12 At its April 2016 meeting, the Committee recommended that the Board support
13 AB 1001.

14
15 ***Patricia Lock-Dawson moved to support AB 1001. Karen Pines seconded.***
16 ***The Board voted unanimously to pass the motion.***

- 17
18 Board vote:
19 Samara Ashley – yes
20 Dr. Peter Chiu – yes
21 Dr. Christine Wietlisbach – yes
22 Max Disposti – yes
23 Christina Wong – yes
24 Deborah Brown – yes
25 Dr. Scott Bowling – yes
26 Sarita Kohli – yes
27 Patricia Lock-Dawson – yes
28 Dr. Leah Brew – yes
29 Karen Pines - yes

30
31 **c. Recommendation # 3 – Support, Assembly Bill 1808 (Wood) Minors: Mental**
32 **Health Services**

33
34 Current Law:

- 35 1) Allows a minor who is 12 years of age or older to consent to mental health
36 services on an outpatient basis or to residential shelter services, under the
37 following circumstances:
38 a) In the opinion of the attending professional person, if the minor is mature
39 enough to participate intelligently in the services; and
40 b) The minor would present a danger of serious physical or mental harm to
41 self or others without treatment, or the minor is allegedly a victim of incest
42 or child abuse.
43
44 2) Defines a “professional person” related to mental health treatment or
45 counseling services in the treatment of minors on an outpatient basis as
46 including the following:

- a) A marriage and family therapist;
- b) A marriage and family therapist intern, if under proper supervision;
- c) A licensed professional clinical counselor;
- d) A clinical counselor intern, if under proper supervision.

AB 1808:

- 1) Includes marriage and family therapist trainees and clinical counselor trainees in the list of professional persons who may perform mental health treatment or residential shelter services with a consenting minor 12 years of age or older under certain defined circumstances.
- 2) Requires marriage and family therapist trainees and clinical counselor trainees conducting such treatment to be supervised by a person who meets the Board's requirements as a supervisor.
- 3) Requires the trainee, when assessing whether the minor is mature enough to participate intelligently in the mental health services, to consult with his or her supervisor as soon as reasonably possible.

Comments:

- 1) Author's Intent. The author states that leaving trainees off the list of eligible providers to treat consenting minors limits the number of providers available to treat minors, and limits MFT trainees' opportunities to gain experience hours toward licensure. Trainees already work with a variety of diagnoses and specialties. In addition, trainees must follow the same supervision requirements as interns, except that they are required to have more weekly supervision than interns.
- 2) Trainee Qualifications to Treat Minors. Currently, a minor may consent to mental health treatment or residential shelter services if he or she is age 12 or older, and if the attending professional person determines the minor is mature enough to participate intelligently in the process. AB 1808 was amended to require the trainee to consult with his or her supervisor when making this determination.
- 3) Recommended Position. At its April 2016 meeting, the Committee recommended that the Board support AB 1808. The Committee also asked the sponsors to consider adding LCSWs and ASWs to the list of designated professional persons who may provide mental health treatment services to consenting minors. The sponsors are willing to consider this amendment.

Mr. Montgomery stated that CAMFT is consulting with supervisors to determine how they would interpret the language requiring the trainee to consult with their supervisor when assessing the maturity of the minor.

1 ***Dr. Leah Brew moved to support AB 1808. Patricia Lock-Dawson***
2 ***seconded. The Board voted (10-0) to pass the motion.***
3

4 Board vote:

5 Samara Ashley – not present during vote

6 Dr. Peter Chiu – yes

7 Dr. Christine Wietlisbach – yes

8 Max Disposti – yes

9 Christina Wong – yes

10 Deborah Brown – yes

11 Dr. Scott Bowling – yes

12 Sarita Kohli – yes

13 Patricia Lock-Dawson – yes

14 Dr. Leah Brew – yes

15 Karen Pines - yes
16

17 *The Board took a break at 2:04 p.m. and reconvened at 2:15 p.m. and heard items*
18 *XXIII and XXIV.*
19

20 **d. Recommendation # 4 – Support, Assembly Bill 1863 (Wood) Medi-Cal:**
21 **Federally Qualified Health Centers: Rural Health Centers**

22 AB 1863 would allow Medi-Cal reimbursement for covered mental health
23 services provided by a marriage and family therapist (LMFT) employed by a
24 federally qualified health center or a rural health clinic.
25

26 Current Law:

- 27 1) Establishes that federally qualified health center services (FQHCs) and rural
28 health clinic (RHC) services are covered Medi-Cal benefits that are
29 reimbursed.
- 30 2) Allows an FQHC or RHC to apply for an adjustment to its per-visit rate based
31 on a change in the scope of services that it provides.
- 32 3) Defines a FQHC or RHC “visit” as a face-to-face encounter between an
33 FQHC or RHC patient and one of the following:
- 34 • A physician;
 - 35 • physician assistant;
 - 36 • nurse practitioner;
 - 37 • certified nurse-midwife;
 - 38 • clinical psychologist;
 - 39 • licensed clinical social worker;
 - 40 • visiting nurse; or
 - 41 • dental hygienist.
42

43 AB 1863 adds LMFTs to the list of health care professionals included in the
44 definition of a visit to a FQHC or RHC that is eligible for Medi-Cal reimbursement.
45

1 Comments:

2 1) Intent. The intent of this legislation is to allow FQHCs and RHCs to be able to
3 hire an LMFT and be reimbursed through Medi-Cal for covered mental health
4 services. Currently, a clinic may hire an LMFT. However, only clinical
5 psychologists or licensed clinical social workers (LCSW) may receive Medi-
6 Cal reimbursement for covered services in such settings. According to the
7 author, the inability to receive Medi-Cal reimbursement serves as a
8 disincentive for a FQHC or a RHC to consider hiring an LMFT. Allowing
9 services provided by LMFTs to be reimbursed will maximize the availability of
10 mental health services in rural areas.

11
12 2) Suggested Amendment. Staff suggests an amendment be made to include
13 the word “licensed” in front of the term “marriage and family therapist”
14 throughout WIC §14132.100.

15
16 3) Previous Legislation. The Board took a support position on AB 1785 (2012);
17 however, the bill died in the Assembly Appropriations Committee.

18
19 The Board took a support position on AB 690 (2015); however, it died in
20 committee. Its provisions were amended into AB 858 in 2015. AB 858 was
21 part of a series of six Medi-Cal related bills that were vetoed by the Governor.

22
23 4) Recommended Position. At its April 2016 meeting, Committee recommended
24 that the Board support AB 1863.

25
26 Dr. Brew asked why LPCCs were not considered as a health care provider to be
27 included in the definition. Ms. Helms responded that AB 1863 had some
28 opposition and that there could possibly be a fiscal impact. The author stated
29 that if LPCCs were added, there would be more opposition.

30
31 Ms. Gonzalez expressed that NASW-CA opposes AB 1863 for the following
32 reasons:

- 33 • The bill claims that this would increase the pool of mental health providers;
34 however, NASW-CA believes that there is an adequate supply of social
35 workers available for these jobs.
- 36 • Social workers are “ideally suited” to work in rural settings; social workers
37 have the background to work in culturally diverse communities, and address
38 issues beyond mental health.

39
40 Mr. Montgomery expressed that LMFTs are properly suited to work with
41 individuals in culturally diverse communities and in rural settings, and are able to
42 provide for the needs of those individuals. Mr. Montgomery requested the Board
43 to support AB 1863.

44
45 Carla Cross, Ventura County Behavioral Health, stated that not all FQHCs are
46 located in rural areas. Ventura County has a number of medical clinics that are
47 designated as FQHCs. Their ability to adequately staff the mental health clinic is

1 causing a severe impact because LMFTs cannot be placed in the FQHCs and
2 receive reimbursement. Furthermore, the FQHCs do not get enough social
3 workers. Ms. Cross urged the Board to support AB 1863.

4
5 Ms. Kohli commented that she works at an organization that has designated
6 FQHCs, and stated that there are not enough social workers to place at the
7 HQFCs. They primarily serve a low-income, non-English speaking population. It
8 is a challenge finding social workers, especially bilingual social workers. Ms.
9 Kohli expressed that AB 1863 should open up the FQHCs to MFTs, LPCCs, and
10 other mental health professionals.

11
12 *Sarita Kohli left the meeting at 3:05 p.m.*

13
14 Ms. Cross indicated that they do not have any objections to include LPCCs.

15
16 Olivia Loewy, American Association for Marriage and Family Therapy California
17 Division (AAMFT-CA), stated that in her discussions with individuals from
18 FQHCs, there are not enough social workers in FQHCs, and they need LMFTs.
19 AAMFT-CA does not object to LPCCs working in FQHCs.

20
21 Ms. Porter expressed support for the concept of AB 1863, and requests that the
22 sponsors include LPCCs.

23
24 Mr. Wong, NASW-CA, explained that welcoming all mental health professions
25 creates a challenge in terms of non-diverse professions working in complex,
26 diverse settings.

27
28 Dr. Brew asked if there is any evidence that opposition would be received if
29 LPCCs were added. Mr. Montgomery did not have an immediate answer.

30
31 ***Patricia Lock-Dawson moved to support AB 1863 and directed staff to work***
32 ***with the author's office to include LPCCs. Dr. Leah Brew seconded. The***
33 ***Board voted (10-0) to pass the motion.***

34
35 Board vote:

36 Samara Ashley – yes
37 Dr. Peter Chiu – yes
38 Dr. Christine Wietlisbach – yes
39 Max Disposti – yes
40 Christina Wong – yes
41 Deborah Brown – yes
42 Dr. Scott Bowling – yes
43 Patricia Lock-Dawson – yes
44 Dr. Leah Brew – yes
45 Karen Pines – yes
46

1 **e. Recommendation # 5 – Support, Assembly Bill 2083 (Chu) Interagency**
2 **Child Death Review**

3
4 Current Law:

- 5 1) Allows counties to establish interagency child death review teams in order to
6 review suspicious child deaths and to help identify incidents of child abuse or
7 neglect.
- 8 2) Requires that records that are exempt from disclosure to third parties by law
9 remain exempt from disclosure when they are in possession of a child death
10 review team.
- 11 3) Establishes interagency elder and dependent adult death review teams and
12 interagency domestic violence death review teams, and permits certain
13 confidential information, including medical and mental health information, to
14 be disclosed to the team, at the discretion of the person who has the
15 information.

16
17 AB 2083:

- 18 1) Permits certain confidential information, including medical and mental health
19 information, to be disclosed to a child death review team.
- 20 2) States that if such confidential information is requested by a child death
21 review team, the person who has the information is not required to disclose it.

22
23 Comments:

- 24 1) Author's Intent. While the law provides domestic violence and elder and
25 dependent adult death review teams the ability to review mental health
26 information, it is silent about whether or not child death review teams may
27 obtain this information. Allowing child death review teams to obtain this
28 information could help with investigation and detection of child abuse and
29 neglect.
- 30
31 2) Recommended Position. At its April 2016 meeting, the Committee
32 recommended that the Board support AB 2083.

33
34 ***Karen Pines moved to support AB 2083. Dr. Leah Brew seconded. The***
35 ***Board voted (9-0) to pass the motion.***

36
37 Board vote:

38 Samara Ashley – yes
39 Dr. Peter Chiu – yes
40 Dr. Christine Wietlisbach – not present during vote
41 Max Disposti – yes
42 Christina Wong – yes
43 Deborah Brown – yes
44 Dr. Scott Bowling – yes
45 Patricia Lock-Dawson – yes

1 Dr. Leah Brew – yes
2 Karen Pines – yes

3
4 **f. Recommendation # 6 – Support, Assembly Bill 2191 (Salas) Board of**
5 **Behavioral Sciences**

6 AB 2191 would extend the Board’s sunset date until January 1, 2021. Currently,
7 the Board’s sunset date is January 1, 2017.

8
9 At its April 2016 meeting, the Committee recommended that the Board support
10 AB 2191.

11
12 CAMFT expressed support for AB 2191.

13
14 ***Dr. Leah Brew moved to support AB 2191. Christina Wong seconded. The***
15 ***Board voted (9-0) to pass the motion.***

16
17 Board vote:

18 Samara Ashley – yes
19 Dr. Peter Chiu – yes
20 Dr. Christine Wietlisbach – not present during vote
21 Max Disposti – yes
22 Christina Wong – yes
23 Deborah Brown – yes
24 Dr. Scott Bowling – yes
25 Patricia Lock-Dawson – yes
26 Dr. Leah Brew – yes
27 Karen Pines – yes

28
29 **g. Recommendation # 7 – Support, Assembly Bill 2199 (Campos) Sexual**
30 **Offenses Against Minors: Persons in a Position of Authority**

31 AB 2199 would subject persons who engage in specified acts of a sexual nature
32 with minor to additional jail terms if they held a position of authority over the
33 minor. Persons in a position of authority include the minor’s counselor or
34 therapist.

35
36 Current Law:

- 37 1) Specifies that a person age 21 or older who engages in unlawful sexual
38 intercourse with a minor under age 16 is guilty of either a misdemeanor or a
39 felony that is punishable by imprisonment for a term ranging from one to four
40 years.
- 41 2) States that a person over age 21 who participates in an act of sodomy, an act
42 of oral copulation, or an act of sexual penetration with a minor under age 16 is
43 guilty of a felony.
- 44 3) Specifies that a person who commits a lewd or lascivious act upon a child of
45 age 14 or 15 and is at least 10 years older than the child, is guilty of public

1 offense punishable by imprisonment for a term ranging from one to three
2 years.

3
4 AB 2199:

- 5 1) Requires a person who commits any of the crimes listed to be punished by an
6 additional two years of imprisonment if they held a position of authority over
7 the minor.
8 2) Defines a person in a position of authority as including the child’s counselor or
9 therapist, among others.

10
11 Recommended Position. At its April 2016 meeting, the Committee
12 recommended that the Board support AB 2199.

13
14 ***Patricia Lock-Dawson moved to support AB 2199. Dr. Leah Brew***
15 ***seconded. The Board voted by majority to pass the motion.***

- 16
17 Board vote:
18 Samara Ashley – yes
19 Dr. Peter Chiu – yes
20 Dr. Christine Wietlisbach – abstain
21 Max Disposti – yes
22 Christina Wong – yes
23 Deborah Brown – yes
24 Dr. Scott Bowling – yes
25 Patricia Lock-Dawson – yes
26 Dr. Leah Brew – yes
27 Karen Pines – yes

28
29 **h. Recommendation # 8 – Support, Assembly Bill 2507 (Gordon) Telehealth:**
30 **Access**

31 AB 2507 requires that a health care service plan or health insurer must cover
32 patient services provided via telehealth to the same extent as services provided
33 in-person. It also specifies the communications platforms that are acceptable for
34 telehealth.

35
36 Current Law:

- 37 1) States that a health care service plan or health insurer shall not require in-
38 person contact between a health care provider and a patient before payment
39 is made for covered services that are appropriately provided through
40 telehealth.
41 2) States that a health care service plan or health insurer shall not limit the type
42 of setting where services are provided before payment is made for covered
43 services that are appropriately provided through telehealth.

1 3) States that a health care service plan or health insurer shall not require the
2 use of telehealth when the health care provider has determined that it is not
3 appropriate.
4

5 AB 2507:

- 6 1) Specifies that telehealth includes communication via video and telephone.
7 2) Allows that patient consent for telehealth can be oral, written, or digital.
8 3) States that the law does not authorize a health care provider to require
9 telehealth when it is not appropriate.
10 4) States that a health care service plan or health insurer must cover patient
11 services provided via telehealth to the same extent as services provided in-
12 person.
13 5) Prohibits a health care service plan or health insurer from altering the
14 provider-patient relationship based on the modality used for appropriately
15 provided services through telehealth.
16

17 Comments:

- 18 1) Author's Intent. While a health insurer cannot limit the types of settings where
19 services are provided, the law does not require health plans to include
20 coverage and reimbursement for services provided via telehealth. Currently,
21 these must be negotiated separately into each plan contract. They note that
22 many other states require health plans to provide coverage for telehealth
23 services to the same extent as in-person services. This is not currently the
24 case in California.
25
26 2) Recommended Position. At its April 2016 meeting, the Committee
27 recommended that the Board support AB 2507. It also directed staff to
28 provide technical assistance to the author's office, requesting that the term
29 "physician-patient relationship" used in HSC §1374.13(i) and IC §10123.85(h)
30 be replaced with the term "provider-patient relationship" or "practitioner-
31 patient relationship." This amendment was made.
32

33 NASW-CA and CAMFT expressed support for AB 2507.
34

35 CALPCC requests that professional clinical counselor interns and trainees be
36 included in AB 2507. Ms. Helms explained that BPC §23.7 defines registered
37 interns as licensed individuals; therefore, professional clinical counselor interns
38 are included. MFT interns and trainees are specifically written in the bill because
39 MFT trainees count some of those hours.
40

41 ***Dr. Leah Brew moved to support AB 2507. Samara Ashely seconded. The***
42 ***Board voted (9-0) to pass the motion.***
43

44 Board vote:

45 Samara Ashley – yes

1 Dr. Peter Chiu – yes
2 Dr. Christine Wietlisbach – yes
3 Max Disposti – yes
4 Christina Wong – yes
5 Deborah Brown – yes
6 Dr. Scott Bowling – not present during vote
7 Patricia Lock-Dawson – yes
8 Dr. Leah Brew – yes
9 Karen Pines – yes

10
11 *The Board took a break at 3:33 p.m. and reconvened at 3:41 p.m.*
12

13 **i. Recommendation # 9 – Neutral, Assembly Bill 2606 (Grove) Crimes Against**
14 **Children, Elders, Dependent Adults, and Persons with Disabilities**

15
16 AB 2606:

- 17 1) Requires a law enforcement agency to report to a state licensing agency if the
18 law enforcement agency receives or makes a report that one of the licensing
19 agency’s licensees has allegedly committed certain crimes. These crimes
20 include the following:
- 21 a. Sexual exploitation by a physician or a psychotherapist;
 - 22 b. Elder or dependent adult abuse;
 - 23 c. Failure to report elder or dependent adult abuse, or interfering with such
24 a report;
 - 25 d. Sexual abuse;
 - 26 e. Child abuse; and
 - 27 f. Failure to report child abuse, or interfering with such a report.
- 28
- 29 2) Allows the law enforcement agency to delay the report if it determines that
30 making the report will jeopardize their ongoing investigation, until either the
31 investigation is complete or would no longer be jeopardized.
32
- 33 3) Requires a state agency receiving one of these reports to prioritize and
34 process it in the same manner as similar reports, in order to ensure due
35 process and equal protection.
36

37 Comments:

- 38 1) Author’s Intent. The author is seeking to strengthen enforcement of laws that
39 prohibit impeding or retaliating against mandated reporters of elder and
40 dependent adult abuse and child abuse. The author notes that mandated
41 reporters who fail to report, and supervisors who impede such reports, are
42 rarely prosecuted.
43

44 There is currently no requirement for law enforcement to cross-report to
45 licensing agencies, and because of this, licensing agencies do not learn of
46 many of these cases; and therefore, cannot pursue them.
47

1 2) Effects if this Bill on Board Enforcement Process. Under AB 2606, law
2 enforcement would report to the Board if it receives or makes a report of one
3 of the specified crimes. If there were no other evidence to the claim, the
4 Board would need to contact the client to obtain a release of records in order
5 to investigate the case. The ability of the investigation to proceed would
6 depend on the patient's willingness to consent to releasing the records to the
7 Board. In a case of child abuse, a parent or guardian would need to provide
8 consent. In a case of elder or dependent adult abuse, the patient may have a
9 conservator, who would need to provide consent.

10
11 The Board would likely rely on DCA's Division of Investigation (DOI) in order
12 to track down clients and their guardians for consent, and to conduct an
13 investigation.

14
15 3) Fiscal Impact to the Board. It is likely that AB 2606 would lead to an increase
16 in mandated reporting violation cases. Such an increase could have a fiscal
17 impact due to the Board's need to utilize the DOI for additional investigations.
18 At this time, the quantity of these cases and the extent of investigative
19 resources they would require is unknown.

20
21 4) Inclusion of Registrants. AB 2606 requires law enforcement to make a report
22 to the issuing state agency if the holder of a state credential, license, or
23 permit is alleged to have committed a crime. However, the Penal Code,
24 which is where the reporting requirement imposed by this bill is located, does
25 not define "license."

26
27 To avoid confusion about whether or not the reporting requirement includes
28 registrants, it may be helpful to amend the bill to either reference the definition
29 in BPC Section 23.7, or to specifically include registrants.

30
31 5) Recommended Position. At its April 2016 meeting, the Committee
32 recommended that the Board take a neutral position on AB 2606.

33
34 ***Dr. Leah Brew moved to take a neutral position on AB 2606 and directed***
35 ***staff to work with the author's office to provide technical assistance. Karen***
36 ***Pines seconded. The Board voted (10-0) to pass the motion.***

37
38 Board vote:

39 Samara Ashley – yes
40 Dr. Peter Chiu – yes
41 Dr. Christine Wietlisbach – yes
42 Max Disposti – yes
43 Christina Wong – yes
44 Deborah Brown – yes
45 Dr. Scott Bowling – yes
46 Patricia Lock-Dawson – yes
47 Dr. Leah Brew – yes
48 Karen Pines – yes

1
2 **j. Recommendation # 10 – Oppose Unless Amended, Senate Bill 614 (Leno)**
3 **Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family**
4 **Support Specialist Certification**

5 SB 614 requires the Department of Health Care Services (DHCS) to develop a
6 peer, parent, transition-age, and family support specialist certification program.
7

8 SB 614:

- 9 1) Defines “peer support specialist services.” These services can include
10 support, coaching, facilitation, and education to Medi-Cal beneficiaries.
11
12 2) By July 1, 2017, requires DHCS to establish a certification body.
13
14 3) Requires DHCS to establish criteria for the various categories of peer support
15 specialists, including:
16 a. The range of responsibilities and practice guidelines;
17 b. Curriculum and core competencies, including areas of specialization;
18 c. Training requirements;
19 d. Continuing education requirements;
20 e. Clinical supervision requirements.
21
22 4) Requires DHCS to amend its Medicaid state plan to include each category of
23 peer support specialist as a provider type.
24
25 5) Allows DHCS to implement this law via plan letters, bulletins, or similar
26 instructions, without regulations, until regulations are adopted. Regulations
27 must be adopted by July 1, 2019.
28

29 Comments:

- 30 1) Author’s Intent. The goal of SB 614 is:
31 • Require DHCS to establish a peer support specialist certification program;
32 and
33 • Authorize DHCS to add peer support providers as a provider type within
34 the Medi-Cal program.
35
36 2) Peer Certification in Other States. In 2013, 31 states and the federal
37 Department of Veteran’s Affairs certified and employed peer specialists. The
38 services peer specialists provide in these states are Medicaid billable.
39
40 3) Previous Position. SB 614 is a two-year bill. At its May 2015 meeting, the
41 Board opposed SB 614 unless amended on a previous version of this bill.
42 The amendments the Board requested at that time are:
43 a. Include in statute a clear definition of a peer and family support specialist
44 and a clearly defined scope of practice.

1 Status: HSC §14045.13(k) now defines “peer support specialist
2 services.” Although it is not labeled as a scope of practice, it might be
3 construed as one. In addition, the current version of this bill specifies
4 four types of peer support specialists, and provides a definition of each.

- 5 b. Specify the required hours of supervision for a peer and family support
6 specialist, and identify who may provide this supervision.

7 Status: The bill now states who may supervise a peer support specialist.
8 Supervisors may be a mental health rehabilitation specialist, a
9 substance use disorder professional, or a licensed mental health
10 professional.

- 11 c. Specify training requirements for a peer and family support specialist.

12 Status: WIC Section 14045.19 of the bill has been added to state that it
13 is not the intent of the law to imply that a peer support specialist provides
14 clinical services. However, staff believes that more clarity is necessary
15 and will recommend clarifying language.

- 16 d. Add a fingerprinting requirement for peer and family support specialists.

17 Status: The bill does not contain a fingerprinting requirement.

- 18
19 4) Requirements not Established in Legislation. Assuming this bill were to pass,
20 it would become effective January 1, 2017, and the certification program must
21 be established by July 1, 2017. Regulations must be adopted by July 1,
22 2019. However, the bill leaves discretion to DHCS to implement the program
23 via various instructions, until regulations are adopted.

- 24
25 5) Recommended Action. At its April 2016 meeting, the Committee
26 recommended that the Board oppose SB 614 unless amended. Three of the
27 four requested amendments were not resolved.

28
29 Dr. Brew requested for a clear scope of practice, specifically to indicate what the
30 peer support specialist cannot do. She also requested to add LPCCs to the
31 definition of a licensed mental health professional.

32
33 NASW-CA expressed support for SB 614. Mr. Wong explained that the peer
34 support certification is a career pathway towards licensure. Furthermore, it would
35 assist the counties financially if the peer support services were billable, taking the
36 financial strain off of the Mental Health Services Act funds.

37
38 CAMFT expressed concerns regarding whether DHCS has the capability and
39 resources to provide the oversight to protect consumers.

40
41 CALPCC and AAMFT-CA shares the concerns expressed by CAMFT, Dr. Brew
42 and Board staff.

43
44 AAMFT-CA supports the concept of SB 614, stating that there is a need for peer
45 support in the workforce.

1 Ms. Cross confirmed that counties have a measure in place to conduct
2 background checks for all employees, volunteers, and interns. Requiring
3 fingerprinting may be duplicative. She also would oppose requiring a specified
4 number of supervision hours. This puts restrictions on the counties that are not
5 necessary. Each county may use their peer support specialists in different ways,
6 may have different programs that the peer support specialists are working in, and
7 may be providing different services. Because of these differences in each
8 individual county, there is no way to standardize a supervision requirement.
9

10 Dr. Brew suggested removing the amendment to require fingerprinting and
11 specified hours of supervision.
12

13 Ms. Helms outlined the requested amendments:

- 14 1) Clearly define what services are not provided by a peer and family support
15 specialist;
- 16 2) Include LPCCs to the definition of mental health providers to be able to
17 supervise;
- 18 3) Add suggested language, for clarity, to state that peer support specialists will
19 not perform the duties of a licensed professional.
20

21 ***Dr. Leah Brew moved to support SB 614 if amended. Samara Ashley***
22 ***seconded. The Board voted (10-0) to pass the motion.***
23

24 Board vote:

25 Samara Ashley – yes
26 Dr. Peter Chiu – yes
27 Dr. Christine Wietlisbach – yes
28 Max Disposti – yes
29 Christina Wong – yes
30 Deborah Brown – yes
31 Dr. Scott Bowling – yes
32 Patricia Lock-Dawson – yes
33 Dr. Leah Brew – yes
34 Karen Pines – yes
35

36 **k. Recommendation # 11 – Support, Senate Bill 1034 (Mitchell) Health Care**
37 **Coverage: Autism**
38

39 **SB 1034:**

- 40 1) Removes the January 1, 2017 sunset date on the law that requires health
41 care service plans or insurance policies to provide coverage for behavioral
42 health treatment for pervasive development disorder or autism, and requires
43 health service plans and insurance policies to provide coverage for behavioral
44 health treatment for PDD/A indefinitely.

- 1 2) Makes a change to the definition of “behavioral health treatment” to clarify
2 that it includes not only behavior analysis, but also other evidence-based
3 behavior intervention programs.
- 4 3) Requires that the setting, location or time of treatment shall not be used as a
5 reason to deny medically necessary behavioral health treatment.
- 6 4) Removes the requirement currently in law that qualified autism service
7 professionals must be approved as a vendor by a California regional center.
8 However, it still requires them to meet the same education and experience
9 requirements as those who work in regional centers.

10
11 Comments:

- 12 1) Author’s Intent. When SB 946 was signed in 2011 to require health plans and
13 insurance policies to cover treatment for PDD/A, the bill included a sunset
14 date because there was uncertainty regarding upcoming changes to
15 mandated health benefits, the Affordable Care Act, and the State’s fiscal
16 responsibility for benefits. At the time, the Legislature was awaiting federal
17 guidance on how to implement essential health benefits under the Affordable
18 Care Act.

19
20 This guidance has now been provided, and several uncertainties regarding
21 health care coverage and the state’s role have been clarified. Therefore, it is
22 now appropriate to remove the sunset date completely, ensuring that children
23 with autism will continue receiving insurance coverage for medically
24 necessary behavioral health treatment.

- 25
26 2) Recommended Position. At its April 2016 meeting, the Committee
27 recommended that the Board support SB 1034.

28
29 *The Board deferred the vote on SB 1034 in order to hear AB 1715 (item XIX.). After*
30 *hearing AB 1715, the Board took a position on all three bills.*

31
32 Ms. Gonzales stated that NASW-CA supports SB 1034.

33
34 Mr. Montgomery stated that CAMFT does not have a position on SB 1034.

35
36 ***Dr. Christine Wietlisbach moved to support SB 1034. Dr. Scott Bowling***
37 ***seconded. The Board voted (10-0) to pass the motion.***

38
39 Board vote:

40 Samara Ashley – not present during vote

41 Dr. Peter Chiu – yes

42 Dr. Christine Wietlisbach – yes

43 Max Disposti – yes

44 Christina Wong – yes

45 Deborah Brown – yes

46 Dr. Scott Bowling – yes

47 Sarita Kohli – yes

1 Patricia Lock-Dawson – yes
2 Dr. Leah Brew – yes
3 Karen Pines – yes
4

5 **I. Recommendation # 12 – Support If Amended, Senate Bill 1101**
6 **(Wieckowski) Alcohol and Drug Counselors: Regulation**

7 Current Law:

- 8 1) Requires the DHCS to review and certify alcohol and other drug programs.
9
10 2) Identifies 10 organizations as approved by DHCS to register and certify
11 alcohol and drug counselors.
12

13 SB 1101:

- 14 1) Creates the Alcohol and Drug Counseling Professional Bureau (Bureau)
15 under DCA for the purpose of licensing alcohol and drug counselors.
16 2) Prohibits a person from using the “licensed alcohol and drug counselor” title
17 unless they have obtained a license issued by the Bureau.
18 3) Outlines the minimum qualifications for obtaining an alcohol and drug
19 counselor license.
20 4) Allows for a one-year grandparenting period.
21 5) Allows DHCS to deny, suspend, or delay a license if it determines the person
22 has a criminal conviction or criminal charge pending, that is substantially
23 related to actions as a licensed alcohol and drug counselor.
24 6) Allows DCA to waive action to deny, suspend or delay a license under the
25 following circumstances:
26 a. For a felony conviction, more than five years have passed since
27 convicted; or
28 b. For a misdemeanor, the applicant must not be incarcerated, on work
29 release, probation, or parole and must be in substantial compliance with
30 all court orders.
31

32 Comments:

- 33 1) Author’s Intent. Most states already have a licensing program for such
34 counselors, but California does not. This bill will help ensure public protection
35 by specifying minimum education qualifications for a license, requiring
36 passage of an examination, and requiring a criminal background check.
37
38 2) Scope of Practice. This bill does not explicitly define the scope of practice for
39 an alcohol and drug counselor. A defined scope of practice would help clarify
40 that an alcohol and drug counselor is not permitted to practice within the
41 scopes of practice of the Board’s licensees.
42
43 3) Title Act Versus Practice Act. This bill is currently written as a title act.

1 If at any point this bill became a practice act, the Board would need to request
2 that it be amended to contain language stating the following:

3 *“This bill shall not be construed to constrict, limit, or withdraw the*
4 *licensing acts to practice marriage and family therapy, educational*
5 *psychology, clinical social work, or professional clinical counseling.”*
6

7 4) Single Modality License. SB 1101 would create a license to treat only one
8 type of diagnosis. Staff requests the following language be added to SB
9 1101:

10 *“Alcohol and drug counseling includes understanding and application*
11 *of the limits of the counselor’s own qualifications and scope of practice,*
12 *including, but not limited to, screening and, as indicated, referral to or*
13 *consultation with an appropriately licensed health practitioner*
14 *consistent with the client’s needs. Every licensee who operates an*
15 *independent counseling practice shall refer any client assessed as*
16 *needing the services of another licensed professional to that*
17 *professional in a timely manner.”*
18

19 5) Recommended Position: At its April 2016 meeting, the Committee
20 recommended the Board support SB 1101 if amended. It directed staff to
21 provide technical assistance to the author’s office regarding the following:

- 22 • Inclusion of a scope of practice;
- 23 • Inclusion of the proposed language regarding single modality; and
- 24 • Inclusion of the proposed language regarding practice act.

25
26 Status. The author plans to amend the bill to include a clearly defined scope
27 of practice. Staff provided the two amendments that the Committee
28 requested.
29

30 ***Dr. Leah Brew moved to support SB 1101 if amended. Christina Wong***
31 ***seconded. The Board voted (10-0) to pass the motion.***
32

- 33 Board vote:
- 34 Samara Ashley – yes
 - 35 Dr. Peter Chiu – yes
 - 36 Dr. Christine Wietlisbach – yes
 - 37 Max Disposti – yes
 - 38 Christina Wong – yes
 - 39 Deborah Brown – yes
 - 40 Dr. Scott Bowling – yes
 - 41 Patricia Lock-Dawson – yes
 - 42 Dr. Leah Brew – yes
 - 43 Karen Pines – yes
- 44

1 **m. Recommendation # 13 – Neutral, Senate Bill 1155 (Morrell) Professions and**
2 **Vocations: Licenses: Military.**

3
4 Current Law:

- 5 1) Allows a licensee or registrant of any board, commission, or bureau within
6 DCA to reinstate his or her license without examination or penalty if the
7 license expired while he or she was on active duty, if certain conditions are
8 met.
9
10 2) Requires boards under DCA to waive continuing education requirements and
11 renewal fees for a licensee or registrant while he or she is called to active
12 duty, if he or she held a valid license or registration upon being called to
13 active duty, and substantiates the active duty service.
14
15 3) Requires every board under DCA to ask on all licensure applications if the
16 individual serves, or has previously served, in the military.
17
18 4) Requires Boards under DCA to expedite the initial licensure process for
19 applicants who are honorably discharged from the military, or who are
20 spouses of active military members who are already licensed in another state.
21

22 SB 1155:

- 23 1) Requires licensing boards within DCA to grant fee waivers for the application
24 for and issuance of a license to persons who are honorably discharged
25 military members.
26
27 2) Prohibits fee waivers for license renewals.
28
29 3) Only allows one fee waiver per person.
30

31 Comments:

- 32 1) Author's Intent. To assist honorably discharged military veterans with
33 entrance into the workforce. The author notes that initial application and
34 occupational license fees can act as barriers into the workforce for veterans.
35
36 2) Fiscal Impact. The initial license fees that would qualify for a military service
37 waiver under this bill are as follows:
38 • LMFTs: \$130
39 • LEPs: \$80
40 • LCSWs: \$100
41 • LPCCs: \$200
42

43 The Board recently began tracking the number of licensees in military service
44 when the BreEZe database system was implemented in late 2014. Since
45 October 2014, the Board has received applications from 259 military

1 individuals who successfully qualified for an expedited license. However, this
2 number includes initial licensees, registrants and those in the exam cycle.

3
4 The Board cannot make an accurate estimate at this time about how many
5 individuals per year would qualify for the fee waiver.
6

- 7 3) Proration of Initial License Fees. The Board prorates the initial license fee for
8 all applicants based on their birth month and the month the initial license
9 application is received by the Board. Licenses always expire in the licensee's
10 birth month. If the fee were not prorated, some would pay the full amount but
11 receive less than the full two years of licensure.
12

13 Because the initial license fee is prorated, allowing a fee waiver for it may
14 cause some inequity. Some applicants will get more of a savings from the
15 waived fee than others.
16

- 17 4) Fees Intended for Waiver is Unclear. Boards under DCA collect fees at a
18 variety of times during the licensure process. Some boards only require fees
19 to be paid for the issuance of a license. This Board requires fees to be paid
20 for: initial registrations, registration renewals, exam eligibility, licensing
21 exams, and initial license applications.
22

23 The Board's initial license fee is the only fee that appears to meet the
24 requirements for waiver under this bill. It is not known if the intent of the bill
25 was for other fees in the process to qualify for waiver as well.
26

- 27 5) Recommended Position. At its April 2016 meeting, the Committee
28 recommended that the Board take a neutral position on SB 1155.
29

30 Dr. Wietlisbach stated that the Committee supports the spirit and intent of SB
31 1155; however, the details of the bill needs more work.
32

33 Ms. Madsen added that the implementation on BreEZe would be challenging.
34

35 ***Patricia Lock-Dawson moved to not take a position on SB 1155. Dr. Peter***
36 ***Chiu seconded. The Board voted (10-0) to pass the motion.***
37

38 Board vote:

39 Samara Ashley – yes
40 Dr. Peter Chiu – yes
41 Dr. Christine Wietlisbach – yes
42 Max Disposti – yes
43 Christina Wong – yes
44 Deborah Brown – yes
45 Dr. Scott Bowling – yes
46 Patricia Lock-Dawson – yes
47 Dr. Leah Brew – yes
48 Karen Pines – yes

1 **n. Recommendation # 14 – Oppose Unless Amended, Senate Bill 1334 (Stone)**
2 **Health Practitioners: Human Trafficking**

3
4 Current Law:

- 5 1) Requires any health practitioner who is employed in a health facility, clinic,
6 physician’s office, or local or state public health department to make a report
7 when he or she provides medical services for a physical condition to a patient
8 as follows:
- 9 a) The patient is suffering from a wound or physical injury inflicted by his or
10 her own act or inflicted by another, by means of a firearm; or
- 11 b) The patient is suffering from a wound or physical injury inflicted as a
12 result of assaultive or abusive conduct.
- 13
- 14 2) Defines “assaultive or abusive conduct.”
- 15
- 16 3) Defines a “health practitioner” to include the Board’s license types.
- 17

18 SB 1334: Requires a health practitioner employed in a health facility, clinic,
19 physician’s office, or local or state public health department to make a report
20 when he or she provides medical services to a patient who discloses that he or
21 she is seeking treatment due to being the victim of assaultive or abusive conduct.
22

23 Comments:

- 24 1) Author’s Intent. The author states that there is a gap in the mandated
25 reporting law that impacts reporting of sexual assault by health care
26 providers. Currently such a mandated report is only triggered if there is a
27 wound or injury. However, the author notes that there is not always a wound
28 or physical injury resulting from a sexual assault.
29
- 30 2) Definition of Medical Services. SB 1334 requires a health care practitioner to
31 make specified mandated report based on observations made while providing
32 medical services to the patient. It is unclear if medical services include
33 mental health services, as no definition is provided.
34
- 35 3) Effect on Psychotherapist-Patient Privilege. The effects on the
36 psychotherapist-patient privilege, if a Board licensee is required to make a
37 mandated report, may need to be considered.
38
- 39 4) Recommended Position. At its April 2016 meeting, the Committee
40 recommended the Board oppose SB 1334 unless amended, and requested
41 that the Board’s licensees be excluded from the provisions of the bill.
42

43 The author’s office is receptive to the Board’s concerns.

44

45 Mr. Wong, NASW-CA, expressed concerns with SB 1334, stating that the bill is
46 confusing. He agreed with the Committee’s concerns and recommendation.

1 ***Dr. Christina Wietlisbach moved to oppose SB 1334 unless amended to***
2 ***exclude the Board's licensees from the provisions of this bill. Dr. Leah***
3 ***Brew seconded. The Board voted (10-0) to pass the motion.***
4

5 Board vote:

6 Samara Ashley – yes
7 Dr. Peter Chiu – yes
8 Dr. Christine Wietlisbach – yes
9 Max Disposti – yes
10 Christina Wong – yes
11 Deborah Brown – yes
12 Dr. Scott Bowling – yes
13 Patricia Lock-Dawson – yes
14 Dr. Leah Brew – yes
15 Karen Pines – yes
16

17 **XIX. Discussion and Possible Action Regarding Assembly Bill 1715 (Holden) Healing**
18 **Arts: Behavior Analysis: Licensing**
19

20 AB 1715:

- 21 1) Establishes the Behavior Analyst Act to license behavior analysts and assistant
22 behavior analysts, and to register behavior analyst interns and technicians, under
23 the Board of Psychology beginning January 1, 2018.
- 24 2) Defines the “practice of behavior analysis.”
- 25 3) Specifies that the practice of behavior analysis does not include psychological
26 testing, diagnosis of a mental or physical disorder, neuropsychology,
27 psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy,
28 counseling, prescribing drugs, performing surgery, or administering
29 electroconvulsive therapy.
- 30 4) States that nothing in the Behavior Analyst Act shall be construed to allow a
31 licensee to engage in the scope of practices of other healing arts licensees. Such
32 a violation subjects the licensee to disciplinary action by the Board of Psychology
33 and the board overseeing the other healing art.
- 34 5) Defines education and experience requirements for behavior analysts and
35 assistant behavior analysts.
- 36 6) Defines requirements to register as a behavior analyst intern and a behavior
37 analyst technician.
- 38 7) Prohibits a person from engaging in the practice of behavior analysis, representing
39 his or her self as a licensed behavior analyst or licensed assistant behavior
40 analyst, or using the title or letters, without being licensed.
- 41 8) Exempts the specified practitioners, which includes BBS licensees, from the
42 provisions of this licensing act if the person is acting within the scope of his or her
43 licensed scope of practice and within the scope of his or her training and
44 competence.

- 1 9) Exempts certain other, non-licensed persons from the provisions of this licensing
2 act, including the following:
- 3 • A parent or guardian of a recipient of behavior analysis,
 - 4 • An individual who teaches or researches behavior analysis,
 - 5 • A behavior analyst licensed in another state, who provides services
6 temporarily in California for a period of not more than 90 days per year.

7
8 Comments:

- 9 1) Author's Intent. Applied Behavior Analysis (ABA) is commonly used to treat autism
10 spectrum disorders. During the past decade, there has been increasing evidence
11 that ABA therapy is effective in the treatment of autism, and there has been an
12 increase in the practice of this profession in California. State law now mandates
13 that insurance plans provide coverage for ABA treatment. However, the California
14 Business and Professions Code does not apply any standard requirements to the
15 practice of ABA.

16
17 Because there is no licensure for ABAs, it is difficult for consumers to make an
18 informed decision when choosing an applied behavior analyst. In some cases,
19 ABA programs may be designed, supervised, and/or implemented by someone
20 who lacks training and experience.

21
22 The goal of this bill is establish licensure for behavior analysts and assistant
23 behavior analysts, so that individuals with autism are protected from unqualified
24 practitioners.

- 25
26 2) Ability of Board Licensees to Become Dually Licensed. If a BBS licensee wishes
27 to obtain licensure as a behavior analyst, it may be difficult to do so. BPC
28 §2999.32(d) requires an applicant to have a master's degree or higher in behavior
29 analysis, psychology, education, or in a degree program with a behavior analysis
30 course sequence approved by the Behavior Analyst Certification Board (BACB).
31 These degree titles are required both by law, and are also required for a
32 certification as a behavior analyst with the BACB.

- 33
34 3) Ability of Board Registrants and Trainees to Gain Supervised Experience
35 Practicing Behavior Analysis. The exemptions from licensure listed in BPC
36 §2999.38 no longer contain an allowance for BBS trainees and registrants to
37 practice behavior analysis even if they are doing so to gain experience hours
38 toward a BBS license.

- 39
40 4) Ability of Board Licensees to Supervise Assistant Behavior Analysts and Behavior
41 Analyst Technicians. Although this bill allows BBS licensees to continue to
42 practice behavior analysis if it is in the scope of their competence, it does not allow
43 them to supervise licensed assistant behavior analysts, behavior analyst interns, or
44 behavior analysis technicians.

1 Although Health and Safety Code §1374.73 and Insurance Code §10144.51
2 include BBS licensees in the definition of “qualified autism service providers” and
3 allow them to supervise qualified autism service professionals and
4 paraprofessionals, this bill would eliminate their ability to supervise such
5 individuals.
6

7 5) Recommended Position. At its April 2016 meeting, the Committee chose not to
8 recommend a position on AB 1715. Instead, it directed staff to contact the author’s
9 office to provide technical support regarding three concerns:

- 10 a) Education requirements may make it difficult for licensees of this Board to
11 become dually licensed as a behavior analyst;
- 12 b) An exemption has been removed that would have allowed BBS trainees and
13 registrants to practice behavior analysis if they were doing so to gain
14 supervised experience hours toward a BBS license; and
- 15 c) Although the bill allows BBS licensees to continue to practice behavior analysis,
16 it does not allow them to supervise licensed assistant behavior analysts,
17 behavior analyst interns, or behavior analysis technicians. Those individuals
18 must be supervised by a licensed behavior analyst or a licensed psychologist.
19

20 Staff discussed the above concerns with the sponsor of AB 1715. The discussions
21 resulted in the following:

- 22 • The sponsor indicated that as written, it would be possible for a BBS licensee
23 to become dually licensed. They note that the educational requirement set
24 forth in BPC §2999.31(d)(2) calls for a master’s degree or higher, and
25 completion of a behavior analysis course sequence approved by the certifying
26 entity. The behavior analysis course sequence can be completed post-degree.
- 27 • The sponsor indicated that they will place the exemption for BBS trainees and
28 registrants back in the bill. The exemption will be placed in §2999.38 and will
29 apply to individuals pursuing supervised experience toward any of the licenses
30 described in §2999.38(b).
- 31 • Regarding the concern that BBS licensees may not supervise behavior analysis
32 assistants, interns, and technicians, the sponsor is open to the idea of allowing
33 such supervision. However, they would like to negotiate an agreement where
34 behavior analyst licensees could also supervise the interns and trainees of
35 other boards, if those interns and trainees were practicing behavior analysis.
36 The sponsor is currently working with DCA on this matter, as this affects the
37 interns and trainees of other boards.
38

39 Ms. Gonzales stated that NASW-CA shares the same concerns as the Committee, but
40 did not comment on NASW-CA’s position.
41

42 Mr. Montgomery shares the Committee’s concerns and expressed that this bill could
43 result in job loss.
44

45 Ms. Porter also shares the Committee’s concerns.

1 **Dr. Leah Brew moved to not take a position on AB 1715, and directed staff to**
2 **continue working with authors on concerns expressed by staff and the**
3 **Committee. Dr. Peter Chiu seconded. The Board voted (10-0) to pass the**
4 **motion.**

5
6 Board vote:

7 Samara Ashley – abstain
8 Dr. Peter Chiu – yes
9 Dr. Christine Wietlisbach – yes
10 Max Disposti – yes
11 Christina Wong – yes
12 Deborah Brown – yes
13 Dr. Scott Bowling – yes
14 Sarita Kohli – yes
15 Patricia Lock-Dawson – yes
16 Dr. Leah Brew – yes
17 Karen Pines - yes
18

19 **XX. Discussion and Possible Action Regarding Senate Bill 1195 (Hill) Healing Arts:**
20 **Professions and Vocations: Board Actions: Competitive Impact**

21
22 SB 1195 seeks to ensure that boards under DCA are in compliance with the recent
23 Supreme Court ruling, *North Carolina State Board of Dental Examiners v. Federal*
24 *Trade Commission*. This ruling stated that state licensing boards consisting of market
25 participants in the industry regulated by the board can be held liable for violations of
26 antitrust law unless their anti-competitive decision meets two requirements:

- 27
- The anti-competitive action or decision must be based on a clearly articulated
28 and affirmatively expressed state policy; and
 - The board decision must be actively supervised by the state.
- 29
30

31 Existing Law:

- 32 1) States that the decisions of any board under DCA with respect to setting
33 standards, conducting exams, passing candidates, and revoking licenses are final
34 and not subject to review by the director, except in certain specified circumstances:
- The director may initiate an investigation of allegations of misconduct in the
35 preparation, administration, or scoring of a board-administered exam or in the
36 review of licensing qualifications.
 - The director may intervene when DOI discloses probable cause that the
37 conduct or activity of a board, its members, or employees has violated
38 criminal law.
- 39
40
- 41 2) Allows the director to review a proposed regulation and disapprove it based on the
42 grounds that it is injurious to public health, safety, or welfare, but the board within a
43 specified period can override the director's disapproval.

- 1 3) Requires a public entity to pay a judgment against an employee or former
2 employee resulting from a claim or action for an injury arising under specified
3 circumstances.
4

5 SB 1195:

- 6 1) Requires the director of DCA to review any board decision to determine whether it
7 unreasonably restrains trade, and outlines the procedure to conduct a review.
8 2) States that the decision of the director is final, unless the state or federal
9 constitution requires an appeal.
10 3) States that the review conducted by the director as noted above does not apply
11 when an individual seeks review of disciplinary or other action pertaining solely to
12 that individual.
13 4) States that this process shall not be construed to affect, impede, or delay any
14 disciplinary actions of a board.
15 5) Requires that if a state board has a controlling number of decision makers as
16 active market participants, any regulation it submits to OAL must be reviewed for
17 competitive impact.
18 6) Defines “competitive impact” as a demonstration that the regulation is authorized
19 by a clearly articulated and affirmatively expressed state law, that the regulation
20 furthers the public protection mission of the state agency, and that the impact on
21 competition is justified in light of the rationale for the regulation.
22 7) Requires OAL to reject a regulation proposal that does not demonstrate the
23 regulation is authorized by a clearly articulated and affirmatively expressed state
24 law, does not further public protection, or the impact on competition is not justified
25 by the rationale.
26

27 Comments:

- 28 1) Author’s Intent. This bill is a response to a recent Supreme Court ruling, *North*
29 *Carolina State Board of Dental Examiners v. Federal Trade Commission.*
30

31 DCA has subsequently begun work with the Legislature to ensure that its boards
32 are in compliance with the Supreme Court ruling. It has outlined three concepts,
33 which this bill addresses, in order to ensure active state supervision of its boards.
34

- 35 2) Composition of the BBS. The membership is prescribed in statute as 13 members,
36 specifically 6 licensee members and 7 public members. Unlike other DCA boards,
37 BBS is a public-majority board. The inquiry into anti-competitive impact rests more
38 strongly on control of the board by active market participants rather than the make-
39 up of the board.
40

41 Additionally, if the Board was acting with the absence of any public members or
42 any unfilled public slots, and the controlling number of decision-makers was active
43 market participants, any regulations approved at that time would still be subject to
44 competitive impact review by OAL.
45

1 3) DCA Director Authority. DCA's Director can only investigate board matters when
2 there have been allegations of misconduct or when there is probable cause of
3 criminal conduct. The Director is authorized to disprove a regulation on the
4 grounds that it is injurious to public health, safety, or welfare. This bill would give
5 new powers to the director as follows:

- 6 • Authority to review any board decision or other action to determine whether it
7 unreasonably restrains trade;
- 8 • Authority to audit and review inquiries and complaints regarding licensees,
9 disciplinary case dismissals, the opening, conduct, or closure of investigations,
10 informal conferences, and discipline by any DCA board or bureau; and
- 11 • Authority to review regulations with respect to markets impacted and potential
12 anti-competitive effects; and to approve, disprove, or modify the regulation.
13

14 4) Effect on Licensing and Disciplinary Decisions. The bill contains language stating
15 that the review requirements shall not be construed to affect, impede, or delay any
16 disciplinary actions of the Board. The bill also states that the anti-competitive
17 effects review does not apply when an individual seeks review of a disciplinary
18 order solely pertaining to that individual.
19

20 However, the power granted to the director to review licensure and disciplinary
21 decisions is new. If such a request was made, the Director would be required to:

- 22 • Assess whether the action or decision reflects a clearly articulated and
23 affirmatively expressed state law;
- 24 • Assess whether the action or decision was the result of the Boards exercise
25 of ministerial or discretionary judgment;
- 26 • Conduct a full review of the anticompetitive effects of the action or decision
27 (this would not apply to disciplinary decisions, as they are exempted, but
28 would apply to all other decisions); and
- 29 • Post a final written decision approving, modifying, or disapproving the action
30 or decision with an explanation.
31

32 The Board makes decisions regarding issuance of a license or provision of
33 discipline by examining the circumstances of each particular case against current
34 law. The proposed authority would create an appeal process that would likely be
35 used by every licensee and applicant receiving an unfavorable outcome.
36

37 Disciplinary cases currently have the benefit of review by an administrative law
38 judge and if appealed, by the Superior Court. For licensing cases, the Board
39 consults with a subject matter expert who specializes in mental health education
40 when it is unclear if an individual's particular degree qualifies him or her for
41 licensure. A comparable review by the Director would result in a duplication of
42 efforts and the expenditure of additional financial resources.
43

44 5) Definition of "Clearly Articulated and Affirmatively Expressed" State Law. While the
45 board always strives to accurately reflect the intent of the law, sometimes the law

1 has ambiguities, and reasonable persons may interpret it in different ways. While
2 regulations are generally run based on expressed authority, often times they are
3 run based on implied authority as well. Use of the above statement calls into
4 question whether a Board may still propose regulations based on implied authority.
5

6 In many cases, regulations must be run based on implied authority, because there
7 is no way that law can account for all scenarios that may arise; and as written, the
8 authority is therefore implied. Staff recommended an amendment redefining
9 “competitive impact,” with regards to reviewing regulations.
10

11 ***Dr. Christine Wietlisbach moved to support AB 1195 if amended. Deborah***
12 ***Brown seconded. The Board voted (10-0) to pass the motion.***

13 Board vote:

14 Samara Ashley – yes

15 Dr. Peter Chiu – yes

16 Dr. Christine Wietlisbach – yes

17 Max Disposti – yes

18 Christina Wong – yes

19 Deborah Brown – yes

20 Dr. Scott Bowling – yes

21 Sarita Kohli – yes

22 Patricia Lock-Dawson – not present during the vote

23 Dr. Leah Brew – yes

24 Karen Pines – yes
25

26 **XXI. Status of Board Sponsored Legislation and Other Legislation Affecting the**
27 **Board**

28
29 Board-sponsored legislation:

30 1) AB 1917: Educational Requirements for Marriage and Family Therapists and
31 Professional Clinical Counselor Applicants

32 Status: Passed Assembly, and now in the Senate.
33

34 2) SB 1478: Omnibus Bill

35 Status: Passed the Senate and now in the Assembly.
36

37 Legislative proposals watched by Board staff:

38 1) AB 1084: Social Workers: Examination

39 This is a spot bill which contains a provision that is already included in the omnibus
40 bill. Staff expects that AB 1084 will be amended to address a different topic.
41

42 2) AB 2649: Marriage and Family Therapist Intern and Professional Clinical
43 Counselor Intern: Renaming

44 This Board is seeking these amendments in the omnibus bill. Staff expects that
45 AB 2649 will be amended to address a different topic.

1 **XXII. Status of Board Rulemaking Proposals**

- 2
- 3 1) Standards of Practice for Telehealth: Add Title 16, CCR Section 1815.5
- 4 Status: This proposal is currently under final review by the Office of Administrative
- 5 Law.
- 6
- 7 2) English as a Second Language: Additional Examination Time: Add Title 16, CCR
- 8 Section 1805.2
- 9 Status: This proposal is currently under review by DCA.

10

11 **XXIII. Presentation Ethical Decision Making – Dianne R. Dobbs, DCA Legal Counsel.**

12 Dianne Dobbs, DCA Legal Counsel, conducted a presentation on Ethical Decision

13 Making. Ms. Dobbs reviewed the top 10 rules regarding openness of public meetings.

14

15 **XXIV. 2016 Board Elections**

16 Karen Pines nominated Deborah Brown as Chairperson. Ms. Brown accepted the

17 nomination.

18

19 ***Karen Pines moved to elect Deborah Brown as Chairperson. Samara Ashley***

20 ***seconded. The Board voted unanimously (11-0) to elect Deborah Brown as***

21 ***Chairperson.***

22

- 23 Board vote:
- 24 Samara Ashley – yes
- 25 Dr. Peter Chiu – yes
- 26 Dr. Christine Wietlisbach – yes
- 27 Max Disposti – yes
- 28 Christina Wong – yes
- 29 Deborah Brown – yes
- 30 Dr. Scott Bowling – yes
- 31 Sarita Kohli – yes
- 32 Patricia Lock-Dawson – yes
- 33 Dr. Leah Brew – yes
- 34 Karen Pines – yes
- 35

36 ***Patricia Lock-Dawson moved to establish June 1, 2016 as the effective date of***

37 ***the new Chairperson. Sarita Kohli seconded. The Board voted unanimously***

38 ***(11-0) to pass the motion.***

39

- 40 Board vote:
- 41 Samara Ashley – yes
- 42 Dr. Peter Chiu – yes
- 43 Dr. Christine Wietlisbach – yes
- 44 Max Disposti – yes
- 45 Christina Wong – yes
- 46 Deborah Brown – yes

- 1 Dr. Scott Bowling – yes
- 2 Sarita Kohli – yes
- 3 Patricia Lock-Dawson – yes
- 4 Dr. Leah Brew – yes
- 5 Karen Pines – yes

6
7 Ms. Lock-Dawson nominated Dr. Leah Brew. Dr. Brew declined the nomination.

8
9 Dr. Peter Chiu nominated Patricia Lock-Dawson as Vice Chairperson. Ms. Lock-
10 Dawson accepted the nomination.

11
12 ***Dr. Peter Chiu moved to close the nominations. Samara Ashley seconded. The***
13 ***Board voted to close the nominations.***

- 14
15 Board vote:
- 16 Samara Ashley – yes
 - 17 Dr. Peter Chiu – yes
 - 18 Dr. Christine Wietlisbach – yes
 - 19 Max Disposti – yes
 - 20 Christina Wong – yes
 - 21 Deborah Brown – yes
 - 22 Dr. Scott Bowling – yes
 - 23 Sarita Kohli – yes
 - 24 Patricia Lock-Dawson – yes
 - 25 Dr. Leah Brew – yes
 - 26 Karen Pines – yes

27
28 ***Dr. Peter Chiu moved to elect Patricia Lock-Dawson as Vice Chairperson. Dr.***
29 ***Leah Brew seconded. The Board voted unanimously (11-0) to elect Patricia***
30 ***Lock-Dawson as Vice Chairperson.***

- 31
32 Board vote:
- 33 Samara Ashley – yes
 - 34 Dr. Peter Chiu – yes
 - 35 Dr. Christine Wietlisbach – yes
 - 36 Max Disposti – yes
 - 37 Christina Wong – yes
 - 38 Deborah Brown – yes
 - 39 Dr. Scott Bowling – yes
 - 40 Sarita Kohli – yes
 - 41 Patricia Lock-Dawson – yes
 - 42 Dr. Leah Brew – yes
 - 43 Karen Pines – yes

44
45 **XXV. Suggestions for Future Agenda Items**

46 Dr. Wietlisbach suggested a discussion to secure a staff television specialist and staff
47 legal counsel.

48

1 Dr. Brew suggested a discussion to consider requiring the law and ethics exam as a
2 term for probation.

3
4 Ms. Ashley suggested a discussion to research the Board's Administrative Manual
5 concerning consent items on the agenda.

6
7 **XXVI. Public Comment for Items Not on the Agenda**

8 There were no public comments.

9
10 Kim Madsen announced the next Board Meeting date on August 17-19, 2016. The
11 additional day is reserved for petition hearings. If no more than 5 petition hearings are
12 scheduled, then the meeting will be held over 2 days, August 18-19, 2016.

13
14 **XXVII. Adjournment**

15 The meeting was adjourned at 5:04 p.m.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 25, 2016

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

Subject: August 2016 Board Meeting Minutes

Agenda item XIX.b., Approval of the August 18-19, 2016 Board Meeting Minutes, will be deferred to the next board meeting.

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2016/2017 Budget

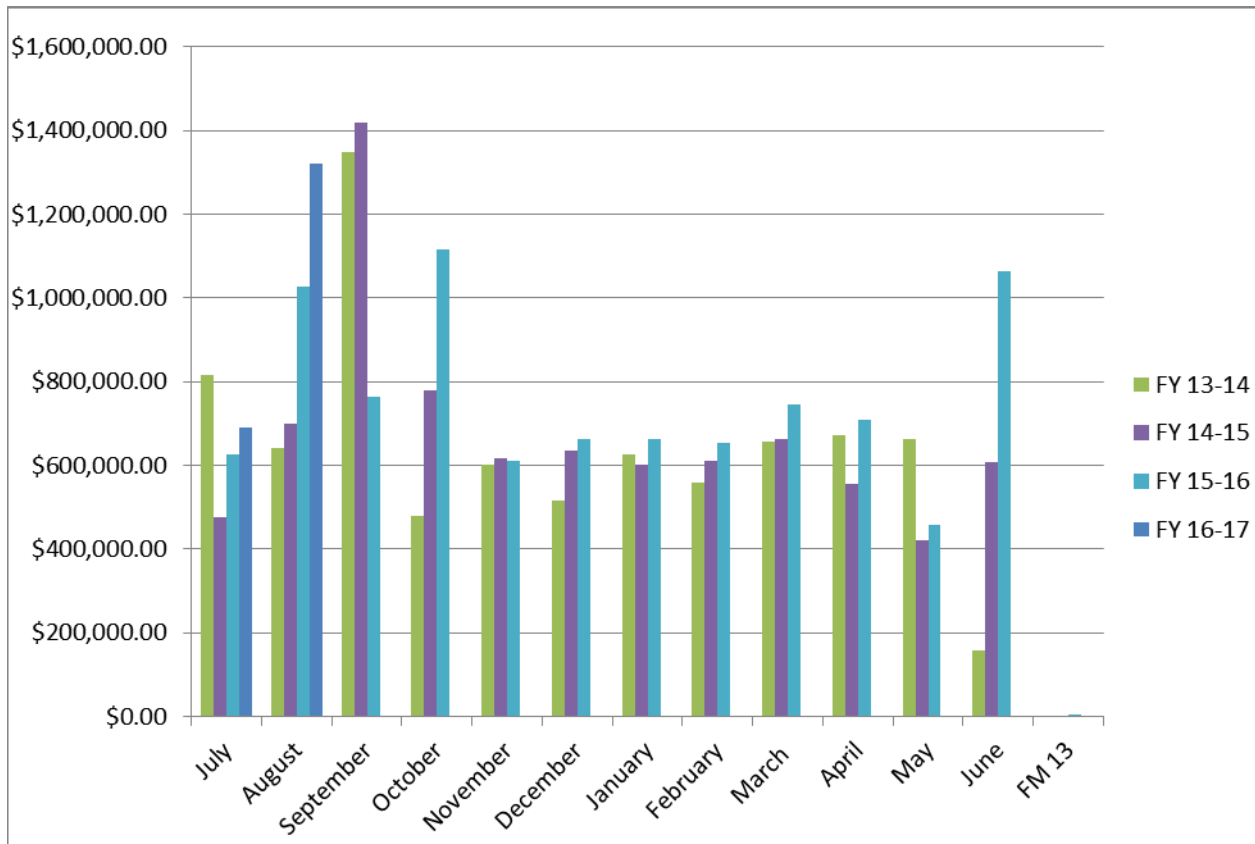
The Board’s budget for Fiscal Year (FY) 2016/2017 is \$12,679,000. FY 2016/2017 expenditures received as of August 31, 2016 total \$1,537,029 or 12% of the Board's budget. The chart below provides a breakdown of expense categories and percentages.

Expense Category	Amount	Percentage
Personnel	\$721,365	6%
OE&E	\$670,496	5%
Enforcement	\$114,415	1%
Minor Equipment <i>Includes LPCC exp</i>	\$30,754	0%
Total Expenses	\$1,537,029	12%

As of August 31, 2016, the Board had collected \$ 2,012,870 in total revenue.

Month	FY 13-14	FY 14-15	FY 15-16	FY 16-17
July	\$817,394.34	\$475,567.98	\$627,284.68	\$691,292.92
August	\$641,178.70	\$698,635.93	\$1,026,917.57	\$1,321,577.19
September	\$1,349,479.66	\$1,419,736.29	\$764,549.24	
October	\$480,531.87	\$779,134.95	\$1,114,396.16	
November	\$600,316.56	\$617,891.41	\$610,736.93	
December	\$516,264.24	\$635,199.34	\$662,114.82	
January	\$625,528.05	\$601,512.09	\$662,285.92	
February	\$559,755.55	\$612,208.93	\$652,365.63	
March	\$655,619.38	\$662,167.83	\$746,672.27	
April	\$670,839.44	\$554,415.62	\$708,087.20	
May	\$663,732.55	\$420,330.14	\$456,671.84	
June	\$158,802.68	\$606,750.69	\$1,065,058.82	
FM 13	\$388.71	\$2,096.87	\$3,745.78	

The chart below provides a fiscal year comparison of the Board's monthly revenue.



Board Fund Condition

The Board's Fund Condition for FY 2016/2017 reflects an 11.6 month reserve as of April 2016.

General Fund Loans

The Board's Fund Condition report also reflects a \$6.3 million dollar loan repayment. To date, the Board has received a total of \$10.9 million dollars in loan repayments. The remaining balance is \$1.4 million dollars.

BBS EXPENDITURE REPORT FY 2016/17

OBJECT DESCRIPTION	FY 2015/16	FY 2016/2017		
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 8/31/2016	UNENCUMBERED BALANCE
PERSONAL SERVICES				
Salary & Wages (Civ Svc Perm)	2,373,473	2,991,000	428,637	2,562,363
Salary & Wages (Stat Exempt)	104,976	91,000	16,848	74,152
Temp Help (907)(Seasonals)	86,694	0	14,748	(14,748)
Temp Help (915)(Proctors)	0	0	0	0
Board Memb (Per Diem)	21,700	13,000	0	13,000
Overtime	9,363	2,000	884	1,116
Totals Staff Benefits	1,390,036	1,739,000	260,248	1,478,752
Salary Savings				0
TOTALS, PERSONAL SERVICES	3,986,242	4,836,000	721,365	4,114,635
OPERATING EXP & EQUIP				
Fingerprint Reports	18,080	15,000	141	14,859
General Expense	97,365	63,000	7,209	55,791
Printing	112,756	27,000	6,218	20,782
Communication	13,377	19,000	1,182	17,818
Insurance	0	1,000	0	1,000
Postage	46,787	70,000	8,595	61,405
Travel, In State	96,831	59,000	5,252	53,748
Travel, Out-of-State	0	72,000	0	72,000
Training	2,525	27,000	1,100	25,900
Facilities Operations	226,567	228,000	38,464	189,536
Utilities	0	4,000	0	4,000
C&P Services - Interdept.	0	15,000	0	15,000
C&P Services-External Contracts	22,408	281,000	5,069	275,931
DEPARTMENTAL PRORATA				
DP Billing (424.03)	1,575,138	1,464,000	244,000	1,220,000
Indirect Distribution Costs (427)	644,320	728,000	118,834	609,166
Public Affairs (427.34)	42,000	95,000	15,834	79,166
D of I Prorata (427.30)	15,730	21,000	3,500	17,500
Consumer Relations Division (427.2)	0	6,000	1,000	5,000
OPP Support Services (427.01)	0	1,000	0	1,000
Interagency Services (OER IACs)	219,870	325,000	44,653	280,347
Consolidated Data Services (428)	262	30,000	1	29,999
Data Proc (Maint,Supplies,Cont) (43)	35,603	14,000	0	14,000
Statewide Pro Rata (438)	409,928	488,000	0	488,000
EXAM EXPENSES				
Exam Site Rental (Four Points)	65,504	100,000	0	100,000
Exam Contract (PSI) (404.00)	534,955	1,841,000	169,444	1,671,556
C/P Svs - Expert Examiners (404.01)	0	45,000	0	45,000
C/P Svs - External Subj Matter (404)	201,553	365,000	0	365,000
ENFORCEMENT				
Attorney General	907,022	839,000	78,193	760,808
Office of Admin. Hearing	249,975	155,000	0	155,000
Court Reporters	22,125	0	765	(765)
Evidence/Witness Fees	87,303	95,000	4,708	90,293
Division of Investigation	82,608	369,000	30,750	338,250
<i>LPCC</i>	532,624		11,342	(11,342)
Minor Equipment (226)	29,123	28,000	19,412	8,588
Equipment, Replacement (452)	3,362	0	0	0
Equipment, Additional (472)	0	24,000	0	24,000
Vehicle Operations	0	19,000	0	19,000
TOTAL, OE&E	6,295,701	7,933,000	815,664	7,117,336
TOTAL EXPENDITURES	\$10,281,943	\$12,769,000	\$1,537,029	11,231,971

	FY 15/16 FM 13	Budget Alotment	Current as of 8/31/2016
Reimbursements			
Fingerprints	(17,155)	(24,000)	(2,665)
Other Reimbursements	(150,928)	(26,000)	(13,826)
Unscheduled Reimbursements			
Total Reimbursements	(168,083)	(50,000)	(16,491)

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

0773 - Behavioral Science Analysis of Fund Condition

Prepared 4.12.16

(Dollars in Thousands)

2016-17 Governor's Budget

Includes proposed May Revise Finance Letter

	Actual 2014-15	CY 2015-16	Governor's Budget BY 2016-17	BY +1 2017-18
BEGINNING BALANCE	\$ 3,309	\$ 3,958	\$ 5,386	\$ 11,682
Prior Year Adjustment	\$ 119	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 3,428	\$ 3,958	\$ 5,386	\$ 11,682
REVENUES AND TRANSFERS				
Revenues:				
125600 Other regulatory fees	\$ 74	\$ 68	\$ 73	\$ 73
125700 Other regulatory licenses and permits	\$ 2,680	\$ 3,218	\$ 7,739	\$ 5,517
125800 Renewal fees	\$ 5,019	\$ 4,780	\$ 4,917	\$ 4,917
125900 Delinquent fees	\$ 90	\$ 71	\$ 74	\$ 74
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 9	\$ 2	\$ 4	\$ 31
150500 Interest interest from Interfund loans	\$ 321	\$ -	\$ -	\$ -
160100 Attorney General Proceeds of Anti-Trust	\$ 1	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 3	\$ 3	\$ 3	\$ 3
161400 Miscellaneous revenues	\$ 4	\$ 4	\$ 4	\$ 4
Totals, Revenues	\$ 8,201	\$ 8,146	\$ 12,814	\$ 10,619
Transfers from Other Funds				
F00001 GF loan repayment per item 1170-011-0773 BA of 2002	\$ 1,000	\$ 3,600	\$ -	\$ -
F00001 GF loan repayment per item 1110-011-0773 BA of 2008	\$ -	\$ -	\$ 3,000	\$ -
F00001 GF loan repayment per item 1110-011-0773 BA of 2011	\$ -	\$ -	\$ 3,300	\$ -
Totals, Revenues and Transfers	\$ 9,201	\$ 11,746	\$ 19,114	\$ 10,619
Totals, Resources	\$ 12,629	\$ 15,704	\$ 24,500	\$ 22,301
EXPENDITURES				
Disbursements:				
1110 Program Expenditures (State Operations)	\$ 8,664	\$ 10,301	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ -	\$ 11,323	\$ 11,167
MRFL - Examination Vendor Cost	\$ -	\$ -	\$ 1,482	\$ 915
8860 FSCU (State Operations)	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for California	\$ 7	\$ 17	\$ 13	\$ -
Total Disbursements	\$ 8,671	\$ 10,318	\$ 12,818	\$ 12,082
FUND BALANCE				
Reserve for economic uncertainties	\$ 3,958	\$ 5,386	\$ 11,682	\$ 10,219
Months in Reserve	4.6	5.0	11.6	11.0

Board Statistics

Attached for your review are the quarterly performance statistics for the first quarter of FY 2016/2017.

Licensing Program

Overall, application volumes increased in the first quarter. The increase is attributed to new applications for registration as an intern/associate due to graduation, as well as the ongoing and increasing number of Law and Ethics Examination applications.

Application Volumes

Application Type	1st Quarter 07/01/16-09/30/16	3 rd Quarter 04/01/16- 06/30/16	Difference
MFT Intern	1234	669	+ 46%
MFT Examination*	2868	2401	+ 16%
ASW Registration	1100	790	+ 28%
LCSW Examination*	2533	1697	+ 33%
LEP Examination	19	33	-74%
LPCC Intern	342	194	+ 43%
LPCC Examination*	316	243	+ 23%

**This total represents CA Law & Ethics exam for license type and also includes Clinical exam applications for LMFTs and LCSWs.*

Days to Process Application

License Type	1 st Quarter FY 16/17	4 th Quarter FY 15/16	Difference
MFT Intern	14 days	11 days	+ 3 days
MFT Examination	24 day	26 days	- 2 days
ASW	15 days	10 days	+ 5 days
LCSW Examination	24 days	30 days	- 6 days
LEP Examination	12 days	12 days	No Change
LPCC Intern	24 days	30 days	- 6 days
LPCC Examination	19 days	24 days	- 5 days

A total of 1,067 initial licenses were issued in the first quarter. As of October 1, 2016 the Board has 107,274 licensees and registrants. This figure includes all licenses that have been issued that are current and/or eligible to renew.

LICENSE POPULATION (As of 10/1/16)				
License Type	Active	Current In-Active	Delinquent	Total Population
Registrants				
MFTI	15,523	N/A	4,382	19,905
ASW	12,253	N/A	3,788	16,041
PCI	1,805	N/A	426	2,231
Total Registrant	29,581	N/A	8,596	38,177
Licensees				
LMFT	33,320	4,432	3,128	40,880
LCSW	20,305	2,506	1,793	24,604
LEP	1,336	457	404	2,197
PCE	0	N/A	0	0
LPCC	1,303	79	34	1,416
Total Licensee	56,264	7,474	5,359	69,097
Total Population	85,845	7,474	13,955	107,274

Examination Program

A total 8,807 examinations were administered in the first quarter.

Examination Activity			
Exam	1st Quarter	Previous Quarter	%Increase or Decrease
CA Law & Ethics*	7,232	4,006	+45%
LMFT Clinical*	981	1057	+8%
ASWB	516	934	-81%
NBCC NCMHCE	25	NA	NA
LEP*	53	23	+57%
Total	8,807	6020	

**Board developed examination*

Nine examination development workshops were conducted from July to September.

Administration Program

The Board received 12,481 applications in the first quarter, a 16% increase since last quarter. This figure does not include renewal applications. The chart below reflects the total renewal activity for the first quarter. Online renewal activity increased 8% since last quarter.

RENEWAL ACTIVITY		
	Number of Renewals	Percentage
DCA Processed	8,694	60%
BBS Processed	557	4%
Online Renewal	5,176	36%
Total	14,427	

Enforcement Program

The Enforcement staff received 285 consumer complaints and 358 criminal convictions in the first quarter. 550 cases were closed and 42 cases were referred to the Attorney General's office for formal discipline. 30 Accusations and 3 Statement of Issues were filed this quarter. The number of final citations for the first quarter is 43. The average number of days to complete Formal Discipline was 765 days.

Continuing Education Audits

In January 2016, the Board resumed auditing licensees for compliance with the continuing education requirements. From July to September a total of 88 licensees were randomly selected for the audit. A total of 22 licensees failed the audit (25%). The pass/fail rate by license type is as follows. It should be noted that continuing education requirements for LEPs were effective January 1, 2012.

July to September Audit

License Type	Total number of notices sent	# OF PASS	# OF FAIL	% OF PASS	% OF FAIL
LCSW	25	15	6	60%	24%
LEP	19	10	8	53%	42%
LMFT	24	18	5	75%	21%
LPCC	20	15	3	75%	15%
Total	88	58	22	66%	25%

Since January, 305 licensees were selected for the Continuing Education Audit. A total of 78 licensees (26%) failed the audit.

Year to Date Totals

License Type	Total number of notices sent	# OF PASS	# OF FAIL	% OF PASS	% OF FAIL
LCSW	88	62	22	70%	25%
LEP	45	25	19	56%	42%
LMFT	114	88	24	77%	21%
LPCC	58	43	13	74%	22%
YTD Total	305	218	78	71%	26%

The top three reasons a licensee fails the Continuing Education Audit are as follows.

- Failed to complete the Law and Ethics course within the renewal period.
- Failed to complete the required 36 hours of continuing education within the renewal period.
- Did not take the continuing education from an approved provider.

All licensees who fail the Continuing Education Audit are referred to the Board's Enforcement Unit for issuance of a citation and fine.

Outreach Activity

Board staff either physically attended the following events or participated via a phone conference.

July 2016

- July 20, 2016 Orange County MFT Consortium

August 2016

- August 5, 2016 Sacramento MFT Consortium Meeting
- August 11, 2016 Inland Empire Consortium Meeting

September 2016

- September 12, 2016 Central Coast MFT Consortium Meeting
- September 16, 2016 CAMFT Sacramento Chapter - Sierra Health Foundation
- September 21, 2016 Orange County CAMFT Chapter Meeting

October 2016

- October 14-15, 2016 NASW Conference Meeting Burbank, CA

The BBS 2016 Summer/Fall Newsletter was published in October.

Board management met with DCA's intranet team on October 13, 2016 to initiate the process to redesign the Board's website. The goal is to launch the new website after January 1, 2017.

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QUARTERLY STATISTICAL REPORT FY 2016-2017

This report provides statistical information relating to various aspects of the Board's business processes. Statistics are grouped by unit.

CASHIERING

Renewals Processed In-House	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	153	210	194										557
Closed	176	194	178										548
Process Time	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Renewals Processed By DCA Central Cashiering	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	2689	3439	2566										8694
Closed	2360	3317	2716										8393
Process Time	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Online Renewals	1371	2181	1624										5176
Online Cert Reorder	79	91	132										302

Application Payments Processed In-House**	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
	3993	4727	3761										12481
Closed	3974	3844	4086										11904
Process Time	N/A	192	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**These totals represent all other applications and do not include renewal applications

LICENSING

The Board's Licensing Unit evaluates applications for registration and examination eligibility. This involves verifying educational and experience qualifications to ensure they meet requirements defined in statute and regulation.

Initial Licenses Issued	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
LMFT	192	325	28										545
LCSW	134	138	201										473
LEP	5	7	12										24
LPCC	6	6	13										25
TOTAL	337	476	254										1067
LMFT Examination Eligibility Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	806	1159	902										2867
Approved	998	94	1195										2287
Process Time	19	24	28										24
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LCSW Examination Eligibility Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	774	975	784										2533
Approved	908	809	1073										2790
Process Time	28	21	22										24
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LEP Examination Eligibility Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	6	9	4										19
Approved	16	9	9										34
Process Time	9	15	11										12
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

LPCC Examination Eligibility Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	82	138	96										316
Approved	86	118	142										346
Process Time	17	18	23										19
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

LMFT Intern Registration Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	459	432	343										1234
Approved	376	406	343										1125
Process Time	9	14	18										14
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ASW Registration Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	526	318	256										1100
Approved	541	366	328										1235
Process Time	13	17	16										15
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LPC Intern Registration Applications	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	106	140	96										342
Approved	75	100	123										298
Process Time	21	23	27										24
Process Time Less Def Lapse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

EXAMINATION

The Board's Examination Unit processes complaints and performs other administrative functions relating to the Board's examination processes.

Examinations Administered	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
LCSW L&E	1077	1220	1046										3343
LMFT L&E	1138	1229	1216										3583
LPCC L&E	94	115	97										306
TOTAL L & E	2309	2564	2359										7232
ASWB Clinical	147	203	166										516
LMFT Clinical	450	235	296										981
LCSW NCMHCE	7	10	8										25
LEP	23	15	15										53
Total Exams Administered	2936	3027	2844										8807
Examination Workshops	3	4	2										9

ENFORCEMENT

The Board's Enforcement Unit investigates consumer complaints and reviews prior and subsequent arrest reports for registrants and licensees. The pending total is a snapshot of all pending items at the close of a quarter.

Complaints (Complaint Intake*)	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	72	121	92										285
Closed without Assignment for Investigation	20	34	31										85
Assigned for Investigation	44	94	49										187
Average Days to Close or Assigned for Investigation	5	6	6										6
Intake Pending	15	8	21										44

Convictions/Arrest Reports	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	96	149	113										358
Closed / Assigned for Investigation	0	0	0										0
Assigned for Investigation	91	163	117										371
Average Days to Close	2	2	3										2
Intake Pending	8	2	1										11

Complaint Intake * Complaints Received by the Program.

INVESTIGATION**

Desk Investigation	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Assigned	132	264	176										572
Closed	153	178	196										527
Average Days to Close	89	86	92										89
Pending	413	495	477										
Field Investigation (Non-Sworn)	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Assigned	6	1	2										9
Closed	2	4	9										15
Average Days to Close	46	141	141										109
Pending	29	28	21										
Field Investigation (Sworn)	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Assigned	3	0	2										5
Closed	0	4	4										8
Average Days to Close	NA	174	286										230
Pending	26	22	20										
All Investigations	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
First Assignments	141	265	180										586
Closed	155	186	209										550
Average Days to Close	68	134	173										125
Pending	442	523	498										

Investigations **

Complaints investigated by the program whether by desk investigation or by field investigation.

Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action.

If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation.

If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

Enforcement Actions	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
AG Cases Initiated	21	13	8										42
AG Cases Pending	180	181	186										
SOIs Filed	2	1	0										3
Accusations Filed	11	15	4										30
Proposed/Default Decisions Adopted	0	1	4										5
Stipulations Adopted	10	4	3										17
Disciplinary Orders	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	10	5	7										22
Average Days to Complete***	877	686	791										785
Citations	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	
Final Citations	8	21	14										43
Average Days to Complete****	204	35	61										

Disciplinary Orders Average Days to Complete ***

Measured by the date the complaint is received to the date the order became effective.

Citations ****

Measured by the date the complaint is received to the date the citation was issued.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 13, 2016

From: Laurie Williams
Human Resources Liaison

Telephone: (916) 574-7850

Subject: Personnel Update

New Employees

The following individuals joined the BBS team.

- Office Technician (1 position received in the FY 2016/2017 BCP) – Alicia Day returned to the Board to fill this vacancy in the Cashiering Unit effective September 5, 2016. Ms. Day was a prior cashier with the Board. This position will perform the duties of a cashier.
- Office Assistant (1 position received in the FY 2016/2017 BCP) – This position was filled by Portia Hillman effective September 12, 2016. This position is responsible for opening, sorting, and distributing Board mail. Ms. Hillman was completing these duties as a limited-term employee prior to her appointment to this permanent full-time position. Additionally, the position will back up the Board's receptionist.
- Office Technician (1 position limited term until 6/30/2017) – Effective September 12, 2017, Shelly Maniaci was appointed to this vacancy in the Cashiering Unit. Ms. Maniaci is new to state service. This position will perform the duties of a cashier.
- Office Assistant (1 position received in the FY 2016/2017 BCP) – Michelle Dias has been appointed to this position effective October 3, 2016 and is new to state service. This position is responsible for opening, sorting, and distributing Board mail. Additionally, the position will back up the Board's receptionist.
- Management Services Technician (1 position received in the FY 2016/2017 BCP) – Amanda Ayala accepted a promotion to this position effective September 20, 2016. She transferred from the Veterinary Medical Board. This position will perform the duties related to LPCC families and couples requirement.
- Office Technician (1 position received in the FY 2016/2017 BCP) – Effective October 12, 2016, Kimberly Covington was appointed to this permanent full-time vacancy within the

Administration Unit's front office. This position will perform receptionist and front counter duties. Kimberly was currently working as a Seasonal Clerk with the Board performing the same duties.

Departures

- Lynne Stiles retired from the Board effective November 1, 2016.

Vacancies

The Board currently has four vacancies. Recruitment efforts to fill these vacancies are underway.

- Office Technician (1 position) Enforcement Unit – This position receives and processes complaints and subsequent arrest notifications and supports the Consumer Compliant & Investigations Unit / Enforcement. The interviews for this vacancy will be scheduled early November 2016.
- Management Services Technician (1 position received in the FY 2016/2017 BCP) – This position will process all requests for examination accommodations. An employment offer has been made to the selected candidate.
- Staff Services Analyst (1 position) – This position is assigned to the Examination Unit and will perform the duties of an examination administration and development analyst. The applications for this vacancy are currently under review.
- Staff Services Analyst (1 position) – This position is assigned to the Criminal Conviction & Probation Unit / Enforcement. This position conducted subsequent arrest investigations. This hiring request has been sent to the Office of Human Resources Unit for review and approval.

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 17, 2016

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Strategic Plan Update

Management and staff continue to address the strategic goals and objectives. Attached for your review is the Strategic Plan update for November 2016.

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Licensing	DUE DATE	STATUS
<i>Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.</i>		
1.1 Identify and implement improvements to the licensing process to decrease application processing times.	Q1 2015	Completed. Application processing times are now less than the parameters set forth in Regulation. All applications are processed under 60 days.
1.2 Complete the processing of Licensed Professional Clinical Counselor grandfathered licensing application.	Q1 2014	Completed October 1, 2013
1.3 Review the current eligibility process for Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors to identify and reduce barriers and implement process improvements.	Q4 2018	Completed. SB 620, the “Buckets” legislation, was signed by the Governor in September 2015.
1.4 Explore development of uniform clinical supervision standards to ensure consistent supervision of registrants and trainees.	Q4 2015	Draft language will presented to full Board in November.
1.5 Investigate the use of technology for record keeping and therapeutic services and its effects on patient safety and confidentiality and establish best practices for licensees.	Q4 2016	Completed. Telehealth regulations became effective July 1, 2016.
1.6 Determine feasibility of license portability and pursue legislation if needed.	Q3 2020	Effective January 1, 2016 implemented use of national exam for LCSWs and revisions to modify the out-of-state requirements for LMFTs and LPCCs.

1.7 Establish ongoing process to evaluate requirements for all license types to promote parity between licensing programs as appropriate.	Q4 2016	Board management continues to evaluate licensure requirements for parity and identify those appropriate to revise. The proposed revisions to supervision is one recent example.
1.8 Evaluate the feasibility of online application submission through the Breeze system and implement if possible.	Q2 2016	The Board now has three transactions available on Breeze: renewals, address changes and replacement documents. The Board continues to explore the future use of the online capabilities.

Examinations <i>Administer fair, valid, comprehensive, and relevant licensing examinations.</i>	DUE DATE	STATUS
2.1 Implement recommendations made by the Exam Program Review Committee to restructure the examination process and promulgate regulations as necessary.	Q1 2016	Completed. Exam Restructure implemented on January 1, 2016.
2.2 Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for examination development.	Q2 2016	Completed Spring 2015
2.3 Create a process for evaluating the performance of Subject Matter Experts assisting with exam development.	Q4 2015	Staff is collaborating with OPES to develop an method of evaluation. Currently OPES provides informal feedback.

Enforcement <i>Protect the health and safety of consumers through the enforcement of laws and regulations.</i>	DUE DATE	STATUS
3.1 Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for case evaluations.	Q4 2014	Completed Spring 2015
3.2 Develop a training program, including uniform standards for reports and evaluations, for all enforcement Subject Matter Experts.	Q1 2015	Completed. Staff conducted an all-day training session on July 30, 2015. A second training session will be scheduled.
3.3 Improve internal process to regularly consult with the Attorney General's office to advance pending disciplinary cases.	Q4 2014	Completed. Staff member is assigned to monitor progress of all cases referred to the AG Office.
3.4 Establish uniform standards and templates for reports and evaluations submitted to the Board related to disciplinary matters.	Q2 2015	Committee met on January 8, 2016. Board staff developed draft documents to present to the full Board at March 2016 meeting. 2016 May Board Meeting identified additional area to address. Committee will meet to discuss outstanding areas.
3.5 Create a process for evaluating the performance of Subject Matter Experts assisting on enforcement cases.	Q2 2015	Completed May 2015.
3.6 Identify and implement improvements to the investigation process to decrease enforcement processing times.	Q1 2015	On an ongoing basis Board Management continues review existing processes to identify areas for improvement.

Legislation and Regulation <i>Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.</i>	DUE DATE	STATUS
4.1 Adopt regulations to incorporate <u>Uniform Standards for Substance Abusing Licensees</u> to align with other healing arts boards.	Q2 2015	Completed October 1, 2015
4.2 Modify regulations to shift oversight of continuing education providers to Approval Agencies.	Q4 2014	Completed January 1, 2015
4.3 Pursue legislation to implement the recommendations of the Out of State Education Review Committee to ensure parity with California educational requirements.	Q4 2014	Completed. Legislation became effective 1/1/16.
4.4 Pursue legislation to resolve the conflict in law that prohibits the Board's access to information necessary for investigations regarding child custody reports.	Q4 2014	Completed. Legislation became effective on 1/1/15.
4.5 Review regulatory parameters for exempt settings and modify, if necessary, to ensure adequate public protection.	Q4 2017	Committee will begin work in 2017.

Organizational Effectiveness <i>Build an excellent organization through proper Board governance, effective leadership, and responsible management.</i>	DUE DATE	STATUS
5.1 Pursue adequate staffing levels across all functional areas within the Board.	Q3 2015	Completed. The Board's requests for additional staffing resources since FY 14/15 have successful. Board staff will continue to evaluate its resources and submit requests for additional staff as needed.
5.2 Evaluate internal procedures to identify areas for improvement to ensure prompt and efficient work processes.	Q1 2016	On an ongoing basis, Board management continues to evaluate internal processes to identify areas for improvement and revise as appropriate.
5.3 Enhance Board employee recognition program to reward exceptional performance and service.	Q4 2014	Board staff is recognized for years of service at quarterly Board Meetings. Board staff is recognized in internal newsletter for outstanding customer service.
5.4 Implement an internal training and education program for all Board staff to enhance skills and abilities for professional development.	Q3 2015	Board management meets one on one with individuals who desire further information regarding the Board and upcoming interviews.
5.5 Establish standing Board committees that align with the Board's strategic goal areas.	Q4 2014	Board will revisit this topic in 2016.

Outreach and Education <i>Engage stakeholders through continuous communication about the practice and regulation of the professions.</i>	DUE DATE	STATUS
6.1 Implement cost-effective ways to educate applicants and licensees on current requirements.	Q1 2015	BBS newsletters include information regarding current requirements. Staff attends professional association events and quarterly MFT Consortium Meetings.
6.2 Enhance the Board’s outreach program by redesigning publications and the Board’s website, leveraging new technologies and exploring the use of social media.	Q3 2015	BBS newsletter resumed publication. BBS implemented a FACEBOOK page and TWITTER account.
6.3 Partner with the Office of Statewide Planning Health and Development and other external stakeholder groups to encourage more diversity within the mental health professions.	Q4 2019	2016 Summer Fall BBS Newsletter included information regarding OSHPD loan repayment program.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 25, 2016

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

Subject: Fiscal Year 2015/2016 Summary

Agenda item XXI.e., Fiscal Year 2015/2016 Summary, will be provided at the Board Meeting.

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POLICY AND ADVOCACY COMMITTEE MEETING MINUTES
April 15, 2016

Department of Consumer Affairs
El Dorado Room
1625 North Market Blvd., #N220
Sacramento, CA 95834

Members Present

Renee Lonner, LCSW Member, Chair
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Members Absent

Deborah Brown, Public Member

Staff Present

Kim Madsen, Executive Officer
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Guests

See sign-in sheet

I. Call to Order and Establishment of Quorum

Renee Lonner, Chair of the Policy & Advocacy Committee (Committee), called the meeting to order at 9:14 a.m. Kim Madsen called roll, and a quorum was established.

II. Introductions

The Committee and Board staff introduced themselves. Meeting attendees voluntarily introduced themselves.

1 **III. Approval of the October 30, 2015, Committee Meeting Minutes**

2 Corrections were noted on the following pages:

- 3 • Page 1, line 28: add “.”
4 • Page 1, line 36: omit “unanimous”
5 • Pages 2, 5, 7, 9, 10: Correct “Christina Wietlisbach” to “Christine Wietlisbach”
6

7 ***Christina Wong moved to approve the October 20, 2015 Committee meeting***
8 ***minutes as amended. Renee Lonner seconded. The Committee voted to pass***
9 ***the motion.***

10
11 Renee Lonner – yes
12 Dr. Christine Wietlisbach – yes
13 Christina Wong – yes
14

15 **IV. Discussion and Recommendations for Possible Action Regarding AB 796**
16 **(Nazarian) Health Care Coverage: Autism and Pervasive Development Disorders**
17

18 AB 796 seeks ensure that individuals with pervasive development disorder or autism
19 are able to receive insurance coverage for types of evidence-based behavioral health
20 treatment other than applied behavior analysis.
21

22 **Existing law:** The law requires that every health care service plan or insurance policy
23 that provides hospital, medical or surgical coverage must also provide coverage for
24 behavioral health treatment for pervasive developmental disorder or autism (PDD/A).
25

26 **AB 796:**

- 27 1) Requires the Board of Psychology to form a committee to create a list of
28 behavioral health evidence-based treatment modalities for PDD/A.
29 2) Extends the provisions in law requiring health care contracts and insurance
30 policies to provide coverage for PDD/A from January 1, 2017 to January 1, 2022.
31

32 **Intent:** SB 946 required health service plan and insurance policies to provide
33 coverage for evidence-based behavioral health treatment for PDD/A. However, this
34 bill only referenced one type of behavioral health treatment, which was applied
35 behavior analysis (ABA).
36

37 According to the author, although SB 946 intended that the type of evidence-based
38 behavioral health treatment prescribed should be selected by the physician who best
39 knows the patient, the reference to ABA in the bill has caused insurance companies to
40 develop networks of ABA practitioners, but not necessarily a network of practitioners
41 of other forms of evidence-based behavioral health treatment.
42

43 Due to this, it is difficult for patients with PDD/A, who have been prescribed an
44 evidence-based treatment that is not ADA, to obtain coverage for that treatment.

1 Instead, they are forced to accept a form of behavioral health treatment that has not
2 been prescribed.

3
4 The author is seeking to ensure that a PDD/A patient will be able to obtain insurance
5 coverage for treatments other than ABA, if his or her doctor believes that other
6 treatment is more appropriate, by requiring the Board of Psychology to develop a list
7 of other types of appropriate evidence-based treatments for PDD/A.

8
9 **Previous Legislation:** SB 946 requires every health care service plan contract and
10 insurance policy that provides hospital, medical, or surgical coverage shall also
11 provide coverage for behavioral health treatment for PDD/A.

12
13 AB 171 would have required health care service plan contracts and health insurance
14 policies to provide coverage for the screening, diagnosis, and treatment of PDD/A
15 other than behavioral health treatment. This bill died in the Senate Health Committee.

16
17 SB 126 extended the provisions of SB 946 until January 1, 2017.

18
19 **Previous Position:** AB 796 is a two-year bill. When the Board considered this bill
20 last year, the author was seeking to accomplish the same purpose, but the approach
21 was different. Last year, the bill was proposing to amend the definition of “qualified
22 autism service professional” and “qualified autism service paraprofessional” to allow
23 insurance coverage for types of behavioral health treatment other than applied
24 behavior analysis.

25
26 At its May 2015 meeting, the Board considered this bill and took a neutral position. It
27 also directed staff to bring the bill back to the Board for consideration if it moved
28 forward.

29
30 ***Dr. Christine Wietlisbach moved to recommend a neutral position on AB 796.***
31 ***Christina Wong seconded. The Committee voted to pass the motion.***

32
33 Vote:

34 Renee Lonner – yes

35 Dr. Christine Wietlisbach – yes

36 Christina Wong – yes

37
38 **V. Discussion and Recommendations for Possible Action Regarding AB 1001**
39 **(Maienschein) Child Abuse Reporting**

40 AB 1001 seeks to address a report that social workers who work for foster family
41 agencies are sometimes prohibited by their supervisors from making mandated
42 reports of child abuse. Foster family agencies are licensed by the Department of
43 Social Services (DSS). The amendments in this bill give the DSS more authority to
44 ensure that foster family agencies follow mandated reporting requirements.

1 **Existing Law:**

- 2 1) Specifies that licensees of the BBS are mandated reporters under the Child
3 Abuse and Neglect Reporting Act, and must submit a report whenever in their
4 professional capacity, they have knowledge of, or observe a child who is known,
5 or reasonably suspected to have been, a victim of child abuse or neglect.
6 2) Makes mandated reporting duties individual. Supervisors or administrators may
7 not impede reporting duties, and mandated reporters shall not be subject to
8 sanctions for making a report.
9 3) States that a supervisor or administrator who impedes reporting duties shall be
10 punished by a fine up to \$1,000 and/or up to six months in county jail.
11 4) Defines a “foster family agency” (FFA) as a public agency or private organization
12 engaged in the recruiting, certifying, and training of foster parents, or in finding
13 homes for placement of children for temporary or permanent care.
14

15 **AB 1001:** This bill focuses on mandated reporting from FFAs. The bill makes new
16 amendments in an effort to increase the DSS enforcement power over foster family
17 agencies in order to ensure that they are following mandated reporting requirements.
18 The amendments are as follows:

- 19 1) If the DSS requires orientation training for board members or administrators of an
20 FFA, it must include training on mandated reporting duties.
21 2) If the DSS requires an FFA to submit a written plan of operation as a requirement
22 for licensure, that plan must include written policies, procedures, or practices to
23 ensure that the FFA does not violate mandated reporting requirements.
24 3) Requires the DSS to take reasonable action against a supervisor or administrator
25 who impedes or inhibits mandated reporting duties.
26 4) Allows FFA social workers to participate in DSS’s already-existing process for
27 social workers to voluntarily report violations of mandated reporting
28 requirements.
29

30 **Intent:** The author’s office states that social workers who work for FFAs, as well as
31 one teacher, have reported that supervisors at some FFAs are willing to override child
32 abuse mandated reporting requirements. The purpose of this bill is to give the state
33 agency that licenses FFAs more authority to ensure mandated reporting requirements
34 are followed.
35

36 **Previous Position:** AB 1001 is a two-year bill and was considered by the Board at its
37 May 2015 meeting. That version of the bill amended the Penal Code section that
38 addresses mandated reporting in an attempt to clarify that it is illegal for anyone,
39 including a supervisor, to impede or interfere with the making of a mandated report of
40 suspected child abuse or neglect. The Board took a “support” position on the 2015
41 version of this bill. It has been amended since then, and no longer amends the Penal
42 Code.

1 ***Dr. Christine Wietlisbach moved to recommend supporting AB 1001. Christina***
2 ***Wong seconded. The Committee voted to pass the motion.***

3
4 Vote:

- 5 Renee Lonner – yes
6 Dr. Christine Wietlisbach – yes
7 Christina Wong – yes
8

9 **VI. Discussion and Recommendations for Possible Action Regarding AB 1715**
10 **(Holden) Behavioral Analysis: Licensing**

11 AB 1715 establishes licensure for behavior analysts and assistant behavior analysts
12 under the Board of Psychology. In addition, it would require behavior analyst interns
13 and behavior analyst technicians to register with the Board of Psychology.
14

15 **Existing Law:**

- 16 1) Requires that every health care service plan or insurance policy that provides
17 hospital, medical or surgical coverage must also provide coverage for behavioral
18 health treatment for pervasive developmental disorder or autism (PDD/A).
19 2) Requires these health care service plans and health insurers subject to this
20 provision to maintain an adequate network of qualified autism service providers.
21 3) Defines “behavioral health treatment” as professional services and treatment
22 programs, including applied behavior analysis and evidence-based behavior
23 intervention programs, and meets specified criteria.
24

25 **AB 1715:**

- 26 1) Establishes the Behavior Analyst Act to license behavior analysts and assistant
27 behavior analysts, and to register behavior analyst interns and technicians, under
28 the Board of Psychology beginning January 1, 2018.
29 2) Defines the “practice of behavior analysis”.
30 3) Specifies the coursework and educations required for licensure as a Behavior
31 Analyst.
32 4) Exempts the following practitioners from the provisions of this licensing act if the
33 person is acting within the scope of his or her licensed scope of practice and
34 within the scope of his or her training and competence:
35 a. Licensed psychologists;
36 b. Licensed occupational therapists;
37 c. Licensed physical therapists;
38 d. Licensed marriage and family therapists;
39 e. Licensed educational psychologists;
40 f. Licensed clinical social workers;
41 g. Licensed professional clinical counselors.
42

1 Any of the listed individuals must not represent that they are a licensed behavior
2 analyst or licensed assistant behavior analyst, unless they actually hold that
3 license.
4

5 **Intent:** Applied Behavior Analysis (ABA) is commonly used to treat autism spectrum
6 disorders. During the past decade, there has been increasing evidence that ABA
7 therapy is effective in the treatment of autism, and there has been an increase in the
8 practice of this profession in California. State law now mandates that insurance plans
9 provide coverage for ABA treatment. However, the California Business and
10 Professions Code (BPC) does not apply any standard requirements to the practice of
11 ABA.
12

13 Because there is no licensure for ABAs, it is difficult for consumers to make an
14 informed decision when choosing an applied behavior analyst. In some cases, ABA
15 programs may be designed, supervised, and/or implemented by someone who lacks
16 training and experience.
17

18 The goal of this bill is to establish licensure for behavior analysts and assistant
19 behavior analysts, so that individuals with autism are protected from unqualified
20 practitioners.
21

22 **Ability of Board Licensees to Become Dually Licensed.** AB 1715 allows BBS
23 licensees to continue to practice behavior analysis as part of their scope of services
24 as long as they are competent to practice them, and as long as they do not hold
25 themselves out to be a licensed behavior analyst or licensed assistant behavior
26 analyst.
27

28 However, if a BBS licensee wishes to obtain licensure as a behavior analyst, it may be
29 difficult to do so. The BPC requires an applicant to have a master's degree or higher
30 in behavior analysis, psychology, education, or in a degree program with a behavior
31 analysis course sequence approved by the certifying entity. These degree titles are
32 required for certification as a behavior analyst with the Behavior Analyst Certification
33 Board (BACB). BACB certification is required by law for licensure.
34

35 **Ability of Board Registrants and Trainees to Gain Supervised Experience**
36 **Practicing Behavior Analysis.** The exemptions from licensure listed in BPC no
37 longer contain an allowance for BBS trainees and registrants to practice behavior
38 analysis even if they are doing so to gain experience hours toward a BBS license.
39

40 **Ability of Board Licensees to Supervise Assistant Behavior Analysts and**
41 **Behavior Analyst Technicians.** Although this bill allows BBS licensees to continue
42 to practice behavior analysis if it is in the scope of their competence, it does not allow
43 them to supervise licensed assistant behavior analysts, behavior analyst interns, or
44 behavior analysis technicians.
45

1 Licensed assistant behavior analysts and behavior analyst interns must be supervised
2 by a licensed behavior analyst or a licensed psychologist. Behavior analyst
3 technicians must be supervised by a licensed behavior analyst, a licensed assistant
4 behavior analyst, or a licensed psychologist.

5
6 Although the Health and Safety Code and the Insurance Code currently include BBS
7 licensees in the definition of “qualified autism service providers” and allow them to
8 supervise qualified autism service professionals and paraprofessionals, this bill would
9 eliminate their ability to supervise such individuals.

10
11 CAMFT expressed opposition to AB 1715.

12
13 An audience member informed the Committee that AB 1715 passed Senate B&P
14 Committee on April 5th.

15
16 The Committee directed staff to work with the author’s office, express the Committee’s
17 concerns, and bring back to the fall Board meeting.

18
19 **VII. Discussion and Recommendations for Possible Action Regarding AB 1808**
20 **(Wood) Minors: Mental Health Services**

21 AB 1808 includes marriage and family therapist trainees and clinical counselor
22 trainees in the list of professional persons who may perform mental health treatment
23 or residential shelter services with a consenting minor 12 years of age or older under
24 certain defined circumstances.

25
26 **Existing Law:**

- 27 1) Allows a minor who is 12 years of age or older to consent to mental health
28 services on an outpatient basis or to residential shelter services, under the
29 following circumstances:
- 30 a) In the opinion of the attending professional person, the minor is mature
31 enough to participate intelligently in the services; and
 - 32 b) The minor would present a danger of serious physical or mental harm to self
33 or others without treatment, or the minor is allegedly a victim of incest or
34 child abuse.
- 35 2) Defines a “professional person” related to mental health treatment or counseling
36 services in the treatment of minors on an outpatient basis, as the following:
- 37 a) A marriage and family therapist;
 - 38 b) A marriage and family therapist intern, if under proper supervision as
39 specified by law;
 - 40 c) A licensed professional clinical counselor;
 - 41 d) A clinical counselor intern, if under proper supervision as specified by law.
- 42

1 **AB 1808:**

- 2 1) Includes marriage and family therapist trainees and clinical counselor trainees in
3 the list of professional persons who may perform mental health treatment with a
4 consenting minor 12 years of age or older under certain defined circumstances.
- 5 2) Requires marriage and family therapist trainees and clinical counselor trainees
6 conducting such treatment to be supervised by a person who meets the Board's
7 requirements as a supervisor.
- 8 3) Requires the trainee, when assessing whether the minor is mature enough to
9 participate intelligently in the mental health services, to consult with his or her
10 supervisor as soon as reasonably possible.

11
12 **Intent:** The author's office states that not including trainees on the list of providers to
13 treat consenting minors limits the number of providers available to treat minors, and
14 limits MFT trainees' opportunities to gain experience hours toward licensure.

15
16 The author's office states that trainees currently work with a variety of diagnoses and
17 specialties, including PTSD, child abuse, and suicide. In addition, trainees must follow
18 the same supervision requirements as interns, except that they are required to have
19 more weekly supervision than interns.

20
21 **Trainee Qualifications to Treat Minors:** Currently, a minor may consent to mental
22 health treatment or residential shelter services if he or she is age 12 or older, and if
23 the attending professional person determines the minor is mature enough to
24 participate intelligently in the process.

25
26 This bill was recently amended to require the trainee to consult with his or her
27 supervisor when making this determination

28
29 CAMFT is working with the author to address the issue regarding trainee consultation
30 with the supervisor when determining a minor's maturity.

31
32 Ms. Lonner requested to add Licensed Clinical Social Workers and Associate Clinical
33 Social Workers to the definition of "professional person."

34
35 ***Dr. Christine Wietlisbach moved to recommend supporting AB 1808 and to***
36 ***provide technical assistance. Renee Lonner seconded. The Committee voted***
37 ***to pass the motion.***

38
39 **Vote:**

- 40 Renee Lonner – yes
41 Dr. Christine Wietlisbach – yes
42 Christina Wong – yes
43

44 The Committee took a break at 10:17 a.m. and reconvened at 10:32 a.m.

1 **VIII. Discussion and Recommendations for Possible Action Regarding AB 1863**
2 **(Wood) Medi-Cal: Federally Qualified Health Centers: Rural Health Centers**

3 AB 1863 would allow Medi-Cal reimbursement for covered mental health services
4 provided by a marriage and family therapist employed by a federally qualified health
5 center or a rural health clinic.
6

7 **Existing Law:**

- 8 1) Establishes that federally qualified health center services (FQHCs) and rural
9 health clinic (RHC) services are covered Medi-Cal benefits that are reimbursed
10 on a per-visit basis.
- 11 2) Allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on
12 a change in the scope of services that it provides.
- 13 3) Defines a FQHC or RHC “visit” as a face-to-face encounter between an FQHC or
14 RHC patient and one of the following:
- 15 • A physician;
 - 16 • physician assistant;
 - 17 • nurse practitioner;
 - 18 • certified nurse-midwife;
 - 19 • clinical psychologist;
 - 20 • licensed clinical social worker;
 - 21 • visiting nurse; or
 - 22 • dental hygienist.
- 23

24 **AB 1863:**

- 25 1) Adds a marriage and family therapist to the list of health care professionals
26 included in the definition of a visit to a FQHC or RHC who are eligible for Medi-
27 Cal reimbursement.
- 28 2) Adds technical procedures for how an FQHC or RHC that employs marriage and
29 family therapists can apply for a rate adjustment and bill for services.
30

31 **Intent:** The intent of this legislation is to allow FQHCs and RHCs to be able to hire a
32 marriage and family therapist and be reimbursed through Medi-Cal for covered mental
33 health services. Under current law, a clinic may hire a marriage and family therapist.
34 However, only clinical psychologists or licensed clinical social workers may receive
35 Medi-Cal reimbursement for covered services in such settings. According to the
36 author’s office, the inability to receive Medi-Cal reimbursement serves as a
37 disincentive for a FQHC or a RHC to consider hiring a marriage and family therapist.
38 Allowing services provided by LMFTs to be reimbursed will maximize the availability of
39 mental health services in rural areas.
40

41 **Suggested Amendment:** Staff suggests an amendment to include “licensed” in front
42 of the term “marriage and family therapist” throughout Welfare and Institutions Code
43 (WIC) §14132.100.

1 **Previous Legislation:** This bill was run as AB 1785 in 2012. The Board took a
2 support position on AB 1785; however, the bill died in the Assembly Appropriations
3 Committee (committee).
4

5 This bill was run again as AB 690 in 2015. The Board took a support position on the
6 bill; however, it died when it was held in committee. Its provisions were amended into
7 AB 858 in 2015. AB 858 was part of a series of six Medi-Cal related bills that were all
8 vetoed by the Governor. In a combined veto message for all six bills, the Governor
9 stated that the bills would require expansion or development of new benefits and
10 procedures in the Medi-Cal program, and that he could not support any of them until
11 the fiscal outlook for Medi-Cal is stabilized.
12

13 ***Renee Lonner moved to recommend supporting AB 1863. Christina Wong***
14 ***seconded. The Committee voted to pass the motion.***
15

16 Vote:

17 Renee Lonner – yes
18 Dr. Christine Wietlisbach – yes
19 Christina Wong – yes
20

21 **IX. Discussion and Recommendations for Possible Action Regarding AB 2083**
22 **(Chu) Interagency Child Death Review**

23 AB 2083 would, at the discretion of the provider, allow medical and mental health
24 information to be disclosed to an interagency child death review team.
25

26 **Existing Law:**

- 27 1) Allows counties to establish interagency child death review teams in order to
28 review suspicious child deaths and to help identify incidents of child abuse or
29 neglect.
30 2) Requires that records that are exempt from disclosure to third parties by law
31 remain exempt from disclosure when they are in possession of a child death
32 review team.
33 3) Establishes interagency elder and dependent adult death review teams and
34 domestic violence death review teams, and permits certain confidential
35 information, including medical and mental health information, to be disclosed to
36 the teams at the discretion of the person who has the information.
37

38 **AB 2083:**

- 39 1) Permits certain confidential information to be disclosed to a child death review
40 team, including medical information and mental health information.
41 2) States that if such confidential information is requested by a child death review
42 team, the person who has the information is not required to disclose it.
43

1 **Intent:** The author’s office notes that allowing child death review teams to obtain this
2 information could help with investigation and detection of child abuse and neglect.

3
4 ***Christina Wong moved to recommend supporting AB 2083. Renee Lonner***
5 ***seconded. The Committee voted to pass the motion.***
6

7 Vote:

8 Renee Lonner – yes
9 Dr. Christine Wietlisbach – yes
10 Christina Wong – yes
11

12 **X. Discussion and Recommendations for Possible Action Regarding AB 2191**
13 **(Assembly) Sunset Bill to Extend the Board to 2021**

14 AB 2191 would extend the Board’s sunset date until January 1, 2021.

15
16 **March 2016 Sunset Review Hearing:** The Board submitted its Sunset Review
17 Report to the Senate Committee on Business, Professions, and Economic
18 Development and the Assembly Committee on Business and Professions (committee)
19 on December 1, 2015.

20
21 The Board’s sunset hearing was held on March 14, 2016. Based on the findings of
22 the committee, it was recommended that the Board’s sunset date be extended for four
23 years, to January 1, 2021.

24
25 ***Dr. Christine Wietlisbach moved to recommend supporting AB 2191. Christina***
26 ***Wong seconded. The Committee voted to pass the motion.***
27

28 Vote:

29 Renee Lonner – yes
30 Dr. Christine Wietlisbach – yes
31 Christina Wong – yes
32

33 **XI. Discussion and Recommendations for Possible Action Regarding AB 2199**
34 **(Campos) Sexual Offenses Against Minors: Persons in a Position of Authority**

35 AB 2199 would subject persons who engage in specified acts of a sexual nature with
36 a minor to be subject to additional jail terms if they held a position of authority over the
37 minor. Persons in a position of authority include the minor’s counselor or therapist.
38

39 **Existing Law:**

- 40 1) Specifies that a person age 21 or older who engages in unlawful sexual
41 intercourse with a minor under age 16 is guilty of either a misdemeanor or a
42 felony that is punishable by imprisonment for a term ranging from one to four
43 years.
44 2) States that a person over age 21 who participates in an act of sodomy with a
45 minor under age 16 is guilty of a felony.

- 3) Specifies that a person who commits a lewd or lascivious act upon a child of age 14 or 15, that is at least 10 years older than the child, is guilty of public offense punishable by imprisonment for a term ranging from one to three years.
- 4) States that a person over age 21 who participates in an act of oral copulation with a minor under age 16 is guilty of a felony.
- 5) States that a person who participates in an act of sexual penetration with a person under age 18 is subject to imprisonment for a term of up to one year.

AB 2199:

This bill requires a person who commits any of the crimes listed above to be punished by an additional two years of imprisonment if they held a position of authority over the minor.

It is anticipated that AB 2199 will have more amendments.

Renee Lonner moved to recommend supporting AB 2199. Christina Wong seconded. The Committee voted to pass the motion.

Vote:

- Renee Lonner – yes
- Dr. Christine Wietlisbach – yes
- Christina Wong – yes

XII. Discussion and Recommendations for Possible Action Regarding AB 2507 (Gordon) Telehealth: Access

AB 2507 requires that a health care service plan or health insurer must cover patient services provided via telehealth to the same extent as services provided in-person. It also specifies various communication platforms that are acceptable for telehealth.

Existing Law:

- 1) States that a health care service plan or health insurer shall not require in-person contact between a health care provider and a patient before payment is made for covered services that are appropriately provided through telehealth.
- 2) States that a health care service plan or health insurer shall not limit the type of setting where services are provided before payment is made for covered services that are appropriately provided through telehealth.

These provisions are subject to the terms and conditions of the contract with the health care service plan.

AB 2507:

- 1) Specifies that telehealth includes communication via video, telephone, email, text, or chat conferencing.

- 1 2) Allows that patient consent for telehealth can be oral, written, or digital.
- 2 3) States that the law does not authorize a health care provider to require services
- 3 to be performed via telehealth when the patient prefers to be treated in-person.
- 4 4) States that a health care service plan or health insurer must cover patient
- 5 services provided via telehealth to the same extent as services provided in-
- 6 person.
- 7 5) Prohibits a health care service plan or health insurer from interfering with the
- 8 physician-patient relationship based on the modality used for appropriately
- 9 provided services through telehealth.

10
11 **Intent:** The author notes that while a health insurer cannot limit the types of settings
12 where services are provided, the law does not require health plans to include
13 coverage and reimbursement for services provided via telehealth. Currently, these
14 must be negotiated separately into each plan contract. They note that many other
15 states require health plans to provide coverage for telehealth services to the same
16 extent as in-person services. This is not currently the case in California.

17
18 Under this bill, providers will be able to offer telehealth services with a guarantee that
19 they will receive health plan reimbursement.

20
21 **Mode of Delivery:** This bill clarifies that the definition of telehealth includes
22 communication via video, telephone, email, text or chat.

23
24 There is debate regarding whether email, text, and chat are appropriate platforms for
25 psychotherapeutic services. There are safeguards built into the law to ensure that
26 health plans cannot require the use of telehealth when the health care provider has
27 determined it is not appropriate.

28
29 In addition, the Board is in the process of proposing regulations that would specify
30 standards of practice for telehealth. If approved, they would require Board licensees
31 and registrants to do the following each time services are provided via telehealth:

- 32 • Assess whether the client is appropriate for telehealth given his or her
- 33 psychosocial situation; and
- 34 • Utilize industry best practices for telehealth to ensure both client confidentiality
- 35 and the security of the communication medium.

36
37 Therefore, the statute and regulations make it clear that it is the practitioner's ethical
38 obligation to ensure the mode of service delivery is appropriate to each client, and that
39 it is acceptable according to the industry standards.

40
41 **Physician-Patient Relationship:** This bill proposes adding a sentence to the Health
42 and Safety Code and the Insurance Code prohibiting a health care service plan or
43 health insurer from interfering with the physician-patient relationship based on the
44 modality used for appropriately provided services through telehealth.

1 Given that the law regarding telehealth includes all healing arts practitioners, it may be
2 appropriate to replace the term “physician-patient relationship” with the term “provider-
3 patient relationship” or “practitioner-patient relationship.”
4

5 ***Renee Lonner moved to recommend supporting AB 2507 and to provide***
6 ***technical assistance. Christina Wong seconded. The Committee voted to pass***
7 ***the motion.***
8

9 Vote:

10 Renee Lonner – yes
11 Dr. Christine Wietlisbach – yes
12 Christina Wong – yes
13

14 **XIII. Discussion and Recommendations for Possible Action Regarding AB 2606**
15 **(Grove) Crimes Against Children, Elders, Dependent Adults, and Persons with**
16 **Disabilities**

17 AB 2606 would require a law enforcement agency to inform a state licensing agency if
18 it receives or makes a report that one of its licensees has allegedly committed the
19 following specified crimes:

- 20 a. Sexual exploitation by a physician or a psychotherapist;
 - 21 b. Rape;
 - 22 c. Elder or dependent adult abuse;
 - 23 d. Failure to report elder or dependent adult abuse, or impeding or interfering with
 - 24 such a report;
 - 25 e. A hate crime;
 - 26 f. Sexual abuse;
 - 27 g. Child abuse; and
 - 28 h. Failure to report child abuse, or interfering with such a report.
- 29

30 **Intent:** The author’s office is seeking to strengthen enforcement of laws that prohibit
31 impeding or retaliating against mandated reporters of elder and dependent adult
32 abuse and child abuse.
33

34 There is currently no requirement for law enforcement to cross-report to licensing
35 agencies, and because of this, licensing agencies do not learn of many of these cases
36 and therefore cannot pursue them.
37

38 **Effects of this Bill on Board Enforcement Process:** Under this bill, law
39 enforcement would report to the Board if it receives or makes a report of one of the
40 specified crimes.
41

42 If there were no other evidence to the claim, other than that a complaint was received,
43 the Board would need to contact the client to obtain a release of records in order to
44 investigate the case. The ability of the investigation to proceed would depend on the
45 patient’s willingness to consent to releasing the records to the Board. In a case of
46 child abuse, a parent or guardian would need to provide consent. In a case of elder or

1 dependent adult abuse, the patient may have a conservator who would need to
2 provide consent.

3
4 The Board would likely rely on the Division of Investigation (DOI) in order to locate
5 clients and their guardians for consent, and to conduct an investigation.
6

7 **Fiscal Impact to the Board:** The Board does not have a high volume of child or elder
8 abuse cases or cases where the licensee failed to make a mandated report. Typically,
9 these cases number only a few per year.

10
11 It is likely that this bill would lead to an increase in mandated reporting violation cases.
12 Such an increase could have a fiscal impact due to the Board's need to utilize the DOI
13 for additional investigations. However, the potential quantity of these cases and
14 investigative resources that would be required are unknown.

15
16 **Inclusion of Registrants:** BPC §23.7 defines a "license" as a license, certificate,
17 registration, or other means to engage in a business or profession. However, this
18 definition does not apply to the section of the Penal Code where the reporting
19 requirement would be located.

20
21 To avoid confusion about whether or not the reporting requirement includes
22 registrants, it would be helpful to amend the bill to either reference the definition in
23 BPC §23.7 or to specifically include registrants.

24
25 ***Dr. Christine Wietlisbach moved to recommend a neutral position on AB 2606.***
26 ***Renee Lonner seconded. The Committee voted to pass the motion.***

27
28 Vote:

29 Renee Lonner – yes
30 Dr. Christine Wietlisbach – yes
31 Christina Wong – yes
32

33 **XIV. Discussion and Recommendations for Possible Action Regarding SB 614 (Leno)**
34 **Medi-Cal: Mental Health Services: Peer and Family Support Specialist**
35 **Certification**

36 **SB 614:**

- 37 1) Establishes the Peer, Parent, Transition-Age, and Family Support Specialist
38 Certification Program Act.
- 39 2) Defines "peer support specialist services."
- 40 3) By July 1, 2017, requires the DHCS to establish a certification body and to
41 provide statewide certification.
- 42 4) Requires DHCS to establish the range of responsibilities and practice guidelines,
43 curriculum and core competencies, training requirements, continuing education
44 requirements, and supervision requirements.

1 5) Allows DHCS to implement this law via plan letters, bulletins, or similar
2 instructions, without regulations, until regulations are adopted. Regulations must
3 be adopted by July 1, 2019.
4

5 **Intent:** The goal is to require DHCS to establish a peer support specialist certification
6 program, and authorize DHCS to add peer support providers as a provider type within
7 the Medi-Cal program.
8

9 **Peer Certification in Other States:** In 2013, the Department of Veteran’s Affairs and
10 31 states certified and employed peer specialists. The services peer specialists
11 provide in these states are Medicaid billable.
12

13 **Previous Position:** SB 614 is a two-year bill. At its May 2015 meeting, the Board
14 took a position to oppose unless amended on a previous version of this bill, and
15 requested the following amendments:

16 1) Include in statute a clear definition of a peer and family support specialist and a
17 clearly defined scope of practice.
18

19 Status: The bill now defines “peer support specialist services.” Although it is not
20 labeled as a scope of practice, it might be construed as one. In addition, the
21 current version of this bill specifies four types of peer support specialists, and
22 provides a definition of each.
23

24 2) Specify the required hours of supervision for a peer and family support specialist,
25 and identify who may provide this supervision.
26

27 Status: The bill is silent on the amount of required supervision required for peer
28 support specialists; it leaves the task to DHCS to establish via regulations.
29

30 The bill now states who may supervise a peer support specialist. Supervisors can
31 be a mental health rehabilitation specialist, a substance use disorder professional,
32 or a licensed mental health professional as defined in Title 9, §782.26 of the
33 California Code of Regulations (CCR). However, LPCCs are not included in the
34 list.
35

36 3) Specify training requirements for a peer and family support specialist.
37

38 Status: The bill delegates the task of establishing specific education and training
39 requirements to regulation. However, it does now list several minimum core
40 competencies that must be included in the required curriculum to become a
41 certified peer support specialist.
42

43 The Board may want to discuss whether some of the curriculum areas, such as
44 psychiatric rehabilitation skills and trauma-informed care, overlap with the scope of
45 practice of the Board’s licensees.
46

1 WIC §14045.19 of the bill has been added to state that it is not the intent of the law
2 to imply that a peer support specialist provide clinical services. However, clarifying
3 language would be helpful.
4

- 5 4) Add a fingerprinting requirement for peer and family support specialists.
6

7 Status: The bill does not contain a fingerprinting requirement.
8

9 **Requirements Not Established in Legislation:** SB 614 requires DHCS to establish
10 many of the requirements of certified peer support specialists, including
11 responsibilities and practice guidelines, curriculum, required training, continuing
12 education, supervision, and renewal, via regulation. Assuming this bill were to pass, it
13 would become effective January 1, 2017, and the certification program must be
14 established by July 1, 2017. Regulations must be adopted by July 1, 2019. However,
15 the bill leaves discretion to DHCS to implement the program via various instructions,
16 until regulations are adopted.
17

18 The Committee requested the following amendments:

- 19 1) Specify the required hours of supervision, and include LPCCs as a licensed
20 mental health professional who may supervise a peer support specialist.
21 2) Add suggested language (provided by Rosanne Helms) to clarify that peer
22 support specialists will not provide clinical services.
23 3) Add a fingerprinting requirement for peer and family support specialists.
24

25 ***Christina Wong moved to recommend opposing SB 614 unless amended.***
26 ***Renee Lonner seconded. The Committee voted to pass the motion.***
27

28 Vote:

29 Renee Lonner – yes
30 Dr. Christine Wietlisbach – yes
31 Christina Wong – yes
32

33 The Committee took a lunch break and reconvened at 1:04 p.m.
34

35 **XV. Discussion and Recommendations for Possible Action Regarding SB 1034**
36 **(Mitchell) Health Care Coverage: Autism.**

37 **SB 1034:**

- 38 1) Removes the January 1, 2017 sunset date on all of the above provisions, so that
39 health service plans and insurance policies will be required to provide coverage
40 for behavioral health treatment for PDD/A indefinitely.
41 2) Makes a change to the definition of “behavioral health treatment” to clarify that it
42 includes not only behavior analysis, but also other evidence-based behavior
43 intervention programs. It also specifies that behavioral health treatment involves
44 maintaining functioning of an individual with PDD/A.

1 **Intent:** The author’s office states that when SB 946 was signed in 2011 to require
2 health plans and insurance policies to cover treatment for PDD/A, the bill included a
3 sunset date because there was uncertainty regarding upcoming changes to mandated
4 health benefits, the Affordable Care Act, and the State’s fiscal responsibility for
5 benefits. At the time, the Legislature was awaiting federal guidance on how to
6 implement essential health benefits under the Affordable Care Act. This guidance has
7 now been provided, and several uncertainties regarding health care coverage and the
8 state’s role have been clarified.

9
10 The author’s office believes that it is now appropriate to remove the sunset date
11 completely, ensuring that children with autism will continue receiving insurance
12 coverage for medically necessary behavioral health treatment.

13
14 ***Christina Wong moved to recommend supporting SB 1034. Dr. Christine***
15 ***Wietlisbach seconded. The Committee voted to pass the motion.***

16
17 **Vote:**

18 Renee Lonner – yes
19 Dr. Christine Wietlisbach – yes
20 Christina Wong – yes
21

22 **XVI. Discussion and Recommendations for Possible Action Regarding SB 1101**
23 **(Wieckowski) Alcohol and Drug Counselors: Regulation**

24 SB 1101 creates the Alcohol and Drug Counseling Professional Bureau under the
25 Department of Consumer Affairs (DCA) for the purpose of licensing alcohol and drug
26 counselors.

27
28 **Existing Law:**

- 29 1) Requires the Department of Health Care Services (DHCS) to review and certify
30 alcohol and other drug programs as meeting state standards.
31 2) Identifies 10 organizations as approved by DHCS to register and certify alcohol
32 and drug counselors.
33 3) Requires all alcohol and drug (AOD) counselors providing counseling services in
34 an AOD program to register to obtain certification as an AOD counselor with one
35 of the approved certifying organizations within 6 months of their hire date.
36 4) Prior to certifying a registrant as an AOD counselor, the certifying organization
37 must contact all other DHCS-approved certifying organizations to determine if the
38 registrant’s certification was ever revoked.
39

40 **SB 1101:**

- 41 1) Outlines the minimum qualifications for obtaining an alcohol and drug counselor
42 license, as follows:

- a. Has a master's or doctoral degree from an accredited or approved school in a specified profession, including addiction counseling, psychology, social work, counseling, marriage and family therapy, or counseling psychology;
- b. Has passed an exam deemed acceptable by a DHCS-approved certifying organization;
- c. Is currently credentialed as an advanced alcohol and drug counselor in good standing with one of the certification organizations recognized by DHCS, with no history of revocation;
- d. Submits to a state and federal criminal background check.

2) Allows for a one-year grandparenting period.

Intent: The author notes that most states, except California, have a licensing program for such counselors. In addition, California does not require a background check for alcohol and drug counselors. This bill will help ensure public protection by specifying minimum education qualifications for a license, requiring passage of an examination, and requiring a criminal background check.

Scope of Practice: SB 1101 does not define the scope of practice for an alcohol and drug counselor. A defined scope of practice would help clarify that an alcohol and drug counselor is not permitted to practice within the scopes of practice of the Board's licensees.

Title Act versus Practice Act: SB 1101 is currently written as a title act, not a practice act. At this time, the Board's licensees may continue to practice alcohol and drug counseling that is within the scope of their practice, education, and experience, as long as they do not use the title "licensed alcohol and drug counselor."

Single Modality License: SB1101 would create a license to treat only one type of diagnosis. An alcohol and drug counselor would, therefore, have to be able to differentiate between issues that are solely attributed to alcohol and drug abuse from issues that may be attributed to a diagnosis outside his or her scope of practice.

Renee Lonner moved to recommend supporting SB 1101 if amended and to provide technical assistance. Christina Wong seconded. The Committee voted to pass the motion.

Vote:

- Renee Lonner – yes
- Dr. Christine Wietlisbach – no
- Christina Wong – yes

1 **XVII. Discussion and Recommendations for Possible Action Regarding SB 1155**
2 **(Morrell) Licenses: Military Service**

3 **SB 1155:**

- 4 1) Requires DCA licensing boards to grant fee waivers for the application for and
5 issuance of a license to persons who are honorably discharged military
6 members.
- 7 2) Prohibits fee waivers for license renewals.
- 8 3) Only allows one fee waiver per person.
- 9

10 **Intent:** The author seeks to assist honorably discharged military veterans with
11 entrance into the workforce. The author notes that initial application and occupational
12 license fees can act as barriers into the workforce for veterans.

13

14 **Fiscal Impact:** The initial license fees that would qualify for a military service waiver
15 under this bill are as follows:

- 16 • LMFTs: \$130
 - 17 • LEPs: \$80
 - 18 • LCSWs: \$100
 - 19 • LPCCs: \$200
- 20

21 The Board recently began tracking data about the number of licensees in military
22 service when the BreZE database system came online in late 2014; therefore, data
23 regarding this population is limited.

24

25 Since October 2014, the Board has received applications from 259 individuals who
26 successfully qualified for an expedited license due to their honorable discharge from
27 the military. However, this number represents initial licensees and registrants, and
28 candidates in the exam cycle.

29

30 At this time, staff cannot accurately estimate how many individuals per year would
31 qualify for the fee waiver.

32

33 **Proration of Initial License Fees:** The Board prorates the initial license fee for all
34 applicants based on their birth month and the month it receives the initial license
35 application. Because the initial license fee is prorated, allowing a fee waiver may
36 cause some inequity. Some applicants will get more of a savings from the waived fee
37 than others.

38

39 **Fees Intended for Waiver Unclear:** The Board's initial license fee is the only fee that
40 appears to meet the requirements for waiver under this bill. It is not known if the intent
41 of the bill was for other fees in the process to qualify for the waiver as well.

42

1 **Tracking Previous Fee Waivers:** SB 1155 states that applicants can only be granted
2 one fee waiver. It may be difficult for the Board to ascertain whether an applicant has
3 already been granted a fee waiver, especially if he or she is dually licensed.
4

5 Although the Committee shares the concerns expressed by Board staff, it supports the
6 concept and spirit of SB 1155.

7 ***Renee Lonner moved to recommend that the Board take a neutral position on***
8 ***SB 1155. Dr. Christine Wietlisbach seconded. The Committee voted to pass the***
9 ***motion.***

10
11 Vote:

12 Renee Lonner – yes

13 Dr. Christine Wietlisbach – yes

14 Christina Wong – yes
15

16 **XVIII. Discussion and Recommendations for Possible Action Regarding SB 1204**
17 **(Hernandez) Health Professions Development: Loan Repayment**

18 As of April 15th, the author is not proceeding with SB 1204.
19

20 **XIX. Discussion and Recommendations for Possible Action Regarding SB 1217**
21 **(Stone) Health Arts: Reporting Requirements: Professional Liability Resulting in**
22 **Death or Personal Injury**

23 Currently, a healing arts licensee must report all judgments or settlements for
24 negligence claims in excess of a certain dollar amount to his or her licensing board.
25 For many DCA boards, including this Board's LEP licensees, the reporting threshold is
26 \$3,000. For all other licensees of this Board, the reporting threshold is \$10,000.
27

28 **SB 1217:**

- 29 1) Raises the reporting requirement of any judgment or settlement against a
30 licensee from \$3,000 to \$10,000 for the Pharmacy Board.
- 31 2) Corrects an erroneous reference to LCSW law. Currently, LCSW law is
32 referenced as "Chapter 14 (commencing with §4990)." LCSW law actually
33 commences with BPC §4991. The Board's general provisions commence with
34 BPC §4990.
35

36 **Intent:** The author notes that all healing arts licensing boards under DCA are required
37 to maintain a central file containing certain information on each licensee, including any
38 reported judgments or settlements on the licensee. For some boards, judgments in
39 excess of \$10,000 must be reported, while for others, judgments in excess of \$3,000
40 must be reported. The author believes the difference in the reporting amounts among
41 boards is arbitrary.
42

43 **Error in Current Law:** The Board's reporting threshold is \$10,000 for all licensees
44 except LEPs. However, there is an error in the law referencing which of the Board's
45 licensees are subject to the reporting requirement. BPC §§ 801(b), 801.1(b), and

1 802(b) state that the \$10,000 reporting requirement applies to licensees subject to
2 Chapter 13 (commencing with §4980, which references LMFTs), Chapter 14
3 (commencing with §4990), and Chapter 16 (commencing with §4999.10, which
4 references LPCCs).

5
6 The reference to “Chapter 14 (commencing with §4990)” is incorrect. While Chapter
7 14 references LCSW statute, §4990 is a reference to the beginning of the Board’s
8 general provisions. Therefore, it is unclear whether this portion of the law intends to
9 reference LCSW statute or general provisions that apply to all of the Board’s license
10 types.

11
12 SB 1217 would correct this error and correctly reference LCSW statute. However, this
13 raises the question as to why the LEP reporting requirement is set at \$3,000.

14
15 The Committee directed staff to provide technical assistance to the author’s office.

16
17 **XX. Discussion and Recommendations for Possible Action Regarding SB 1334**
18 **(Stone) Crime Reporting: Health Practitioners: Human Trafficking**

19 **Existing Law:**

- 20 1) Requires any health practitioner who is employed in a health facility, clinic,
21 physician’s office, or local or state public health department to make a report
22 when he or she provides medical services for a physical condition to a patient as
23 follows:
24 a. The patient is suffering from a wound or physical injury inflicted by his or her
25 own act or inflicted by another, by means of a firearm; or
26 b. The patient is suffering from a wound or physical injury inflicted as a result
27 of assaultive or abusive conduct.
28
29 2) Defines “assaultive or abusive conduct.”
30 3) Defines a “health practitioner” to include the Board’s license types.

31
32 **SB 1334:**

- 33 1) Requires a health practitioner employed in a health facility, clinic, physician’s
34 office, or local or state public health department to make a report when he or she
35 provides medical services to a patient who discloses that he or she is seeking
36 treatment due to being the victim of assaultive or abusive conduct.
37 2) Adds human trafficking to the list of offenses that are considered assaultive or
38 abusive conduct.

39
40 **Intent:** The author states that there is a gap in the mandated reporting law that
41 impacts reporting of sexual assault. Currently such a mandated report is only
42 triggered if there is a wound or injury. However, the author notes that there is not
43 always a wound or physical injury resulting from a sexual assault.

1
2 **Definition of “Medical Services”:** SB 1334 requires a health care practitioner, which
3 by definition includes Board licensees, to make a specific mandated report based on
4 observations made while providing medical services to the patient. It is unclear if
5 medical services include mental health services.

6 **Effect on Psychotherapist-Patient Privilege:** The Committee may want to discuss
7 effects on the psychotherapist-patient privilege if a Board licensee is required to make
8 a mandated report upon learning that a patient is seeking treatment due to being a
9 victim of assaultive or abusive conduct.

10
11 ***Renee Lonner moved to recommend opposing SB 1334 unless amended to***
12 ***exclude BBS licensees. Christina Wong seconded. The Committee voted to***
13 ***pass the motion.***

14
15 Vote:

16 Renee Lonner – yes

17 Dr. Christine Wietlisbach – yes

18 Christina Wong – yes

19
20 **XXI. Discussion and Recommendations for Possible Action Regarding Board**
21 **Sponsored Legislation and Other Legislation Affecting the Board**

22 The Board is sponsoring the following legislative proposals:

- 23 1) AB 1917: Educational Requirements for Marriage and Family Therapists and
24 Professional Clinical Counselor Applicants

25 Status: This bill has passed the Assembly Business and Professions Committee,
26 and the Assembly Appropriations Committee.

- 27
28 2) SB 1478 Healing Arts: Omnibus Bill

29 Status: This bill is scheduled for hearing with the Senate Business, Professions
30 and Economic Development Committee on April 18, 2016.

31
32 Board staff is watching the following legislative proposals:

- 33 1) AB 1084: Social Workers: Examination

34 This is a spot bill which contains a provision that is already included in the
35 omnibus bill. Staff expects that AB 1084 will be amended to address a different
36 topic.

- 37 2) AB 2649: Marriage and Family Therapist Intern and Professional Clinical
38 Counselor Intern: Renaming

39 This Board is seeking these amendments in the omnibus bill. Staff expects that
40 AB 2649 will be amended to address a different topic.

41
42 The Committee took a break at 2:18 p.m. and reconvened at 2:25 p.m.

43

1 **XXII. Status of Board Rulemaking Proposals**

2 Current Regulatory Proposals:

3 1) Standards of Practice for Telehealth

4 Status: These regulations are currently under review by the Department of
5 Finance.

6
7 2) English as a Second Language: Additional Examination Time

8 Status: These regulations are currently under review by DCA.
9

10 **3) Discussion and Recommendations for Possible Action Regarding Publication of**
11 **Citation and Fines Less Than \$1500 on the Board’s Website and in the Board**
12 **Newsletter**

13 BPC §27(a) specifies the type of information that the Board is required to publish on
14 its website. In addition to displaying the specified information, other information
15 including suspensions, revocations and other related enforcement action taken by the
16 Board is published on the Board’s website.

17
18 BPC §4990.09 defines the parameters regarding the reporting of citations.
19 Specifically, the Board shall not publish on the Internet the final determination of a
20 citation and fine of \$1500 or less for more than five years from the date of issuance.

21
22 In 2015, the Board resumed publishing its newsletter. The Board’s disciplinary
23 actions, including citations and fines, are published in the newsletter. Recently,
24 concerns emerged related to publishing citations and fines of less than \$1,500 on the
25 Board’s website and in the newsletter. A citation and fine of \$1,500 or less may be
26 issued for minor violations.

27 This raises the question of whether these names should appear on the Board’s
28 website. Although the Board defines a citation and fine as an administrative action,
29 listing formal disciplinary action (revocations, suspensions) under the title
30 “Administrative Actions” in the Board newsletter may be confusing. There are a few
31 options to consider that may resolve the confusion.

32
33 One option is to modify the titles in the newsletter. “Enforcement Citations” could be
34 revised to “Administrative Actions”, which would be consistent with the definition for a
35 citation and fine provided in the newsletter. “Administrative Actions” could be revised
36 to “Formal Disciplinary Actions” with a definition that indicates a higher level of
37 discipline. Revising the titles may provide clarification to the public and affected
38 licensees/registrants.

39
40 Another option is to consider recommending that the Board establish a policy to
41 specify the removal of newsletters from the Board’s website that complies with the
42 five-year requirement specified in BPC §4990.09. Adoption of a policy would formally
43 establish a process to remove Board newsletters from its website.
44

1 Alternatively, the Committee may wish to consider an option for removing Board
2 newsletters from its website.

3
4 ***Dr. Christine Wietlisbach moved to recommend that the Board approve and***
5 ***direct staff to:***

- 6 • ***Redefine the titles in the newsletters;***
- 7 • ***Add the violation for the cite and fine listed;***
- 8 • ***Remove newsletters that are older than 5 years; and***
- 9 • ***Add a statement on the website stating that archived copies of the***
10 ***newsletters are available upon request.***

11 ***Renee Lonner seconded. The Committee voted to pass the motion.***

12
13 Vote:

14 Renee Lonner – yes
15 Dr. Christine Wietlisbach – yes
16 Christina Wong – yes

17
18 **4) Suggestions for Future Agenda Items**

19 There were no suggestions.

20
21 **5) Public Comment for Items Not on the Agenda**

22 There were no public comments.

23
24 **6) Adjournment**

25 The meeting was adjourned at 2:48 p.m.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members **Date:** October 13, 2016
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: LMFT Statute and Regulations: Proposed Supervision Amendments

The Board's Supervision Committee met 11 times beginning in April 2014, and ending in August 2016. The Committee's work initially resulted in the 2015 legislation which streamlined the experience categories required for licensure. This document represents the remainder of the Committee's work, and pertains mainly to qualifications of supervisors, supervisor responsibilities, types of supervision provided, and employment.

Some of the changes being proposed are significant, and are based on the results of a survey of supervisors and supervisees, a large amount of stakeholder feedback, and supervision standards in other states. When considering proposed changes, the Committee attempted to balance any potential barriers to providing supervision with the needs expressed by stakeholders, as well as the need for public protection.

Attachment A contains a draft of proposed amendments to licensed marriage and family therapist (LMFT) statute and regulations based on the recommendations of the Committee.

The proposed language changes in **Attachment A** are color coded as follows:

- **Blue** strikeout/underline indicates text that has simply been moved from one location to another.
- **Red** or **Green** strikeout/underline indicates new language, which ranges from minor changes in wording to more significant changes.
 - Text shown in **Red** are amendments made by the Supervision Committee.
 - Text shown in **Green** are amendments made after the last Policy and Advocacy Committee meeting.

To follow is a summary of the proposed amendments. Most of the amendments are the same across all three license types (LCSW, LMFT and LPCC). However, some are specific to the LMFT program. *Italicized text at the bottom of each item indicates whether the amendments are the same or if they differ by license type.* This should assist the Board and stakeholders to perform a streamlined review of all three related agenda items.

1. **Revised Titles and Definitions of “Intern” and “Applicant”**: The titles and definitions of “Intern” and “Applicant” have been amended.

First, the “intern” title has been changed to “associate” to comply with the title change that becomes effective on January 1, 2018. The definition of “Associate” (formerly “Intern”) now includes either someone who is registered with the Board, or someone who applies for registration as an associate within 90 days of the degree award date.

The definition of “Applicant” was renamed “Applicant for licensure.” The definition was amended to mean an unlicensed person who has completed the required education and required hours of supervised experience for licensure.

Section Affected: BPC §4980.03(b) and (d); Change also proposed for LPCC.

2. **Split BPC Section 4980.43**: BPC Section 4980.43 has been divided into smaller sections, with each new section focused on a specific topic of supervision.

Sections Affected: BPC §§4980.43-4980.43.5; Similar change for LCSW and LPCC.

3. **Supervisors Licensed for at Least Two Years**: Current law requires a supervisor to have been licensed in California for at least two (2) years. The amendments allow a licensee to supervise only if he or she has been actively licensed in California or held an equivalent license in any other state for at least two (2) of the past five (5) years immediately prior to commencing any supervision.

Sections Affected: BPC §4980.03, 16 CCR §§1833.1(a)(1), 1833.2; Change also proposed for LPCC and LCSW.

4. **Experience Required of Supervisors**: In order to supervise a registrant, current regulations require a supervisor to have practiced psychotherapy or provided direct clinical supervision for two (2) of the past five (5) years.

However, the wording of this law is inconsistent across the Board’s license types, and in some cases it is unclear if supervision of LPCC trainees or master’s level social work students counts as qualifying supervisory experience. An amendment would clarify that supervision of LPCC trainees or social work students is acceptable as experience to qualify as a supervisor, and makes the language consistent for each of the Board’s license types.

This language has also been added to both statute and regulation for clarity.

Section Affected: BPC §4980.03, 16 CCR §1833.1(a)(5); Change also proposed for LPCC and LCSW.

5. **Definition of Supervision:** The definition of “supervision” has been revised to include responsibility for, and control of, the quality of services being provided. Some significant additions to the definition are as follows:
- A statement that consultation or peer discussion is not supervision and does not qualify as supervised experience. This is consistent with what is already in LCSW and LPCC law.
 - A statement about providing regular feedback to the supervisee.
 - An amendment to require the supervisor to monitor for and address clinical dynamics, such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or the practitioner-patient relationship. (*Note – significant amendments to this subsection were made at the Policy and Advocacy Committee meeting.*)
 - An amendment stating that the supervisor should review progress notes, process notes, and other treatment records as he or she deems appropriate, and also an amendment stating the supervisor should engage in direct observation or review of audio or video recordings, with client written consent, as the supervisor deems appropriate.

Sections Affected: BPC §4980.43.1, 16 CCR §1833.1; Change also proposed for LCSW and LPCC.

6. **Prohibition on Independent Contracting - Gaining Experience vs Performing Services:** Current LMFT statute states that MFT trainees and associates may only gain experience as an employee or a volunteer, and that experience shall not be gained as an independent contractor (BPC §4980.43(c)).

However, LMFT regulations differ slightly, stating that associates and trainees may only perform services as employees or volunteers, and not as independent contractors (16 CCR 1833(d)(3)).

The Supervision Committee discussed clarifying the language to state that no trainees, associates, or applicants for licensure are allowed to perform services or gain experience within the defined scope of practice of the profession, as an independent contractor.

Section Affected: BPC §4980.43.4; Change also proposed for LPCC and LCSW, though some of this language is new for LCSW.

7. Prohibition on Independent Contracting - Submission of 1099 Documentation:

Applicants for licensure occasionally submit a “1099” tax form, which typically indicates the individual was an independent contractor. However, the applicant may truly have been a volunteer, but received reimbursement of expenses (such as travel) which resulted in the employer issuing a 1099.

Current law allows those who receive a maximum of \$500 per month as reimbursement of expenses, to be considered as an employee and not an independent contractor. Applicants must demonstrate that the payments were for reimbursement of expenses actually incurred. The Supervision Committee decided that the specific dollar amount should be removed from the law.

In addition, staff is increasingly aware of individuals who are awarded a stipend or educational loan repayment as an incentive for working in an underserved region, or from a program designed to encourage demographically underrepresented groups to enter the profession. An exception for stipends and loan repayments is also proposed to be added.

Section Affected: BPC §4980.43.4(g),(h); Change also proposed for LPCC and LCSW.

- 8. Handling Crises and Emergencies:** The American Counseling Association’s Ethical Code requires supervisors to establish and communicate to supervisees procedures for contacting either the supervisor, or an alternate on-call supervisor, in a crisis. The Supervision Committee decided to adopt this requirement for all supervisors.

Section Affected: 16 CCR §1833.1(a)(11); Change also proposed for LPCC and LCSW.

- 9. Direct Supervisor Contact:** Currently, trainees and associates must receive one hour of direct supervisor contact per week per work setting. Supervisees must obtain additional supervision once they perform a specified amount of client contact in each setting.

The amendment changes “client contact” to “direct clinical counseling” as the basis for which the amount of supervision is determined. References to “direct counseling” in Sections 4980.03(f) and 4980.43(a)(8) have been amended to instead reference “direct clinical counseling” for consistency.

Section Affected: BPC §§ 4980.03(f), 4980.43(a)(8), 4980.43.2(a)(1), (2); Change also proposed for LPCC and LCSW.

- 10. Amount of Direct Supervisor Contact Required for Applicants Finished Gaining Experience Hours:** Currently, the statute does not specifically define how much direct supervisor contact an associate MFT or PCC needs once he or she is finished gaining experience hours needed to count toward licensure. (An associate gaining experience hours must obtain at least one hour of direct supervisor contact in each week, plus one additional hour in that week if more than 10 hours of direct client contact is gained, in order for the hours to count.)

At a previous meeting, the Committee recommended that the amount of supervision should be specified even if experience hours are no longer being counted. This amendment requires associates and applicants who have finished gaining experience hours to obtain at least one hour of supervision per week for each setting in which direct clinical counseling is performed. Supervision for nonclinical practice would be at the supervisor's discretion.

Section Affected: BPC §4980.43.3(i); Change also proposed for LPCC and LCSW.

- 11. Definition of “One Hour of Direct Supervisor Contact”; Triadic Supervision:** These revisions provide a specific definition of “one hour of direct supervisor contact.” Triadic supervision (one supervisor meeting with two supervisees) is now included in this definition.

Section Affected: BPC §4980.43.3(b); Change also proposed for LPCC and LCSW.

- 12. Amount of Individual Supervision:** Current regulations require 52 of the 104 supervised weeks to have included one hour per week of individual supervision.

Staff believes this requirement is significant and it is more appropriately stated in statute rather than regulations. The requirement has also been amended to allow this 52 weeks of supervision to either be individual or triadic.

Section Affected: BPC §4980.43.3(d); Change also proposed for LPCC and LCSW.

- 13. Supervision in a Group:** Current statute allows group supervision to consist of up to eight (8) supervisees. An amendment states that the supervisor must ensure that the amount of supervision is appropriate for each supervisee. (*Note - A minor wording change was made at the request of the Policy and Advocacy Committee.*)

Section Affected: BPC §4980.43.3(e); Change also proposed for LPCC and LCSW.

- 14. Supervision via Videoconferencing and HIPAA Compliance:** BPC Section 4980.43.3 contains language allowing an associate working in an exempt setting to obtain supervision via videoconferencing. The Committee asked to add a statement requiring the videoconferencing be HIPAA compliant.

In the past, the Board has expressed a preference to refrain from mentioning HIPAA directly in statute, as its name could possibly change over time. Therefore, staff has added a statement that “*The supervisor shall be responsible for ensuring compliance with state and federal laws relating to confidentiality of patient health information.*”

Section Affected: BPC §4980.43.3; Change also proposed for LPCC and LCSW.

15. Marriage and Family Therapy Corporations: Current statute limits the number of registrants a marriage and family corporation may employ. However, the use of the word “employ” is intended to include both employees and volunteers. Since volunteers are not actually “employed,” the language has been revised to more accurately account for this.

Additionally, the language regarding limits on number of registrants working for marriage and family corporations has been separated into subsections for clarity purposes.

Section Affected: BPC §4980.43.5; Change also proposed for LPCC and LCSW.

16. Supervision in a Non-Private Practice Setting – Written Agreement: Currently, a supervisor only needs to sign a written agreement with the supervisee’s employer if the supervisor is a volunteer (volunteer supervisors are not allowed in private practice settings). The purpose of the agreement is to document that the employer agrees to provide the supervisor with access to records and will not interfere with the supervisor’s legal and ethical responsibilities.

An amendment was made to require a written agreement when the setting is a non-private practice and the supervisor is not employed by the applicant’s employer or is a volunteer.

Amendments were made to this section based on feedback from stakeholders at the Policy and Advocacy Committee meeting. Previously, the proposed language required the written agreement to contain an acknowledgement by the employer that the employer is aware the supervisor will need to provide clinical direction to the supervisee in order to ensure compliance with the standards of practice of the profession.

Stakeholders were concerned about the statement that the supervisor would “need to provide clinical direction” to the supervisee. They noted that some registrants, especially ASWs, work in CPS settings or mental health clinic settings. They had concerns that these settings would be hesitant about agreeing with the above statement, and may decide to limit registrant work in their settings. After discussion, the Committee and stakeholders decided on language in the agreement that the supervisor will provide “clinical perspectives” to the supervisee, and the employer would agree not to interfere.

Sections Affected: BPC §4980.43.5(e), 16 CCR §1833(a); Change also proposed for LPCC and LCSW (though current LCSW law differs).

17. Unprofessional Conduct: This section currently states that the following two items are unprofessional conduct:

4982(r) Any conduct in the supervision of any registered intern, associate clinical social worker, or trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

4982 (u) *The violation of any statute or regulation governing the gaining and supervision of experience required by this chapter.*

At prior committee meetings, staff was recommending deleting subsection 4982(r), because the two subsections appear duplicative.

However, after further discussion with the Board's enforcement unit, this deletion is no longer recommended. The enforcement unit believes that subsection 4982(r) is useful in cases of supervisor violations, while 4982(u) is more useful for supervisee violations.

In addition, unprofessional conduct language related to discipline is inconsistent between LMFT, LCSW, and LPCC statute. For consistency, the language in 4982(u) will be amended into the LCSW and LPCC unprofessional conduct provisions as well.

Section Affected: BPC §4982; Change also proposed for LPCC and LCSW.

18. Delete Duplicative and Obsolete Language in Regulations: Many of the provisions in regulation section 1833 are either already in statute, or they became obsolete with the passage of SB 620 (Chapter 262, Statutes of 2015), which streamlined many of the supervised experience category requirements for licensure. These unnecessary subsections were deleted. Other subsections were moved to statute, if staff believed that location was more appropriate. The remaining provisions of section 1833 discuss specific forms that supervisors or supervisees are required to complete.

Section Affected: 16 CCR §1833; Change to LMFT only.

19. Substitute Supervisors: It is sometimes necessary for supervisees to temporarily have a substitute supervisor. This situation may happen with or without warning. The Supervision Committee has recommended language that would clarify the specific requirements and necessary documentation for a temporary substitute supervisor, based on how long the substitute will be filling in.

Section Added: 16 CCR §1833.1.5; Change also proposed for LCSW and LPCC.

20. Required Training and Coursework for Supervisors: This section requires Board licensed supervisors commencing supervision for the first time in California, beginning January 1, 2019, to complete a 15-hour supervision course covering specified topic areas. This is consistent with a similar requirement already in place for LCSW supervisors. Age limits for the course are specified, and the course can be counted as continuing education if taken from an accepted provider. Any supervisor who has not supervised in two (2) of the last five (5) years, must re-take a six (6)-hour course.

This new section also specifies that supervisors must complete six (6) hours of continuing professional development in each subsequent renewal period while supervising. This can

consist of a supervision course, or other professional development activities such as teaching, research, or supervision mentoring. All of these activities must be documented.

The option to count research published professionally toward the continuing professional development requirement was recently amended. The language now states the following: *“This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, ~~newsletters~~, or other industry or academic published work deemed equivalent by the board. It shall not include personal opinion papers, editorials, or blogs.”*

An exception to the initial and ongoing training requirements is proposed for a supervisor who holds a supervision certification from one of four specified entities. The Board also has discretion to accept certification from another entity if it believes its requirements are equivalent or greater. Such a certification exempts the supervisor from the 15-hour coursework and 6-hour professional development requirements, and it allows them to waive the requirement that they must have been licensed and either supervising or practicing psychotherapy for two (2) of the past five (5) years prior to commencing any supervision.

The proposed language is specifically worded so that it only applies to supervisors who are also Board licensees. Supervisors who are licensed psychologists or psychiatrists would not need to complete the supervision training and coursework, consistent with current law.

Section Added: 16 CCR §1834; Change also proposed for LPCC and LCSW.

- 21. Annual Assessment:** Current LCSW regulations require a supervisor to complete an annual assessment of the strengths and limitations of the registrant and to provide the registrant with a copy. The Committee decided that an annual assessment should also be required for LMFT and LPCC applicants.

Section Affected: 16 CCR §1833.1(a)(10); Change also proposed for LPCC.

- 22. Supervisory Plan:** LCSW and LPCC regulations require the supervisor and the supervisee to develop a supervisory plan that describes the goals and objectives of supervision. The registrant is required to submit the signed plan when applying for licensure. The Committee decided to require a supervisory plan for LMFT applicants as well. This form will be merged with the Supervision Agreement as discussed in item #23 below.

Section Affected: 16 CCR §1833(c); Change to LMFT only.

23. Supervision Agreement: Currently, all supervisors must sign a “Supervisor Responsibility Statement” whereby the supervisor signs under penalty of perjury that he or she meets the requirements to become a supervisor, and understands his or her specific responsibilities as set forth in law.

The Committee has proposed that a “Supervision Agreement” would replace both the “Supervisor Responsibility Statement” and incorporate the “Supervisory Plan” described in #22 above. The “Supervision Agreement” would be completed by both the supervisor and supervisee, and signed under penalty of perjury. It would include information about the supervisor’s qualifications, an acknowledgement of supervisor and supervisee responsibilities, and a description of collaboratively developed goals and objectives of supervision. The original would be retained by the supervisee and submitted to the Board upon application for licensure. See **Attachment C** for the draft “Supervision Agreement”.

Sections Affected: 16 CCR §§1833(c), 1833.1(d); Change also proposed for LPCC and LCSW.

24. Weekly Log: The “Weekly Log” form is for the purpose of tracking completed supervised experience. The form is currently incorporated by reference into the actual regulation, which means that a regulation change process is necessary in order to change the text of the form. To avoid this hurdle, staff has proposed language that would instead specify the required content of the weekly log, rather than including the actual form in the regulation.

Section Affected: 16 CCR §1833(d); Change also proposed for LPCC (weekly log will be newly required for LCSW).

25. Experience Verification: Staff became aware that current law does not explicitly specify that supervisors must sign off on experience hours at the completion of supervision. The proposed regulations now clarify this requirement.

Section Affected: 16 CCR §1833(e); Change also proposed for LPCC and LCSW.

26. Supervisor Self-Assessment and Listing of Supervisors: The Board has no record of the licensees who are currently supervising trainees and associates. This information is only known once an applicant for licensure submits verification of completed supervised experience. This also means that registrants seeking supervision do not have any straightforward way to search for a supervisor.

To address these issues, and in light of the benefits detailed below, the Committee proposed requiring all supervisors to perform a self-assessment of qualifications, which would confirm that the licensee meets all requirements to be a supervisor. The self-assessment would be submitted to the Board for review within 60 days of commencing supervision. For supervisors who are BBS licensees, a “supervisor” notation would be

added to the licensee's public online record (the Board is unable to add a notation to Psychologist and Psychiatrist records).

The Committee's goal in creating the self-assessment process was to create a framework that increases accountability without creating a significant impact on current or future supervisors.

Some of the benefits to this new process for supervisors are:

- Supervisees will have more assurance that his or her supervisor meets all requirements.
- Supervisors will have more awareness of (and better adherence to) requirements, which better protects the supervisee.
- Supervisors will be searchable online through Breeze, which would assist individuals in finding a supervisor.
- The Board will have the ability to target communications directly to supervisors.

The supervisor's listing with the Board would be initiated by submission of the "Supervisor Self-Assessment" report signed under penalty of perjury (**see Attachment D**). This report would indicate the supervisor's specific qualifications, and will require the supervisor to acknowledge certain responsibilities set forth in law.

Implementation of this framework would create a significant new workload that cannot be absorbed by existing staff. In addition, there would be a fiscal impact to the Board for new positions and Breeze changes.

The effective date of this requirement would be delayed to January 1, 2020 to allow time for the Breeze system to be modified so that supervisors who are BBS licensees will be searchable. New supervisors would be required to submit the "Supervisor Self-Assessment Report" within 60 days of commencing any supervision. The deadline date for existing supervisors (those supervising prior to January 1, 2020) is proposed to be December 31, 2020.

This extended deadline is necessary so that this new workload will be manageable. The Board currently has over 68,000 licensees with an active, inactive or expired license. The California Association of Marriage and Family Therapist's 2015 demographic survey indicates that about 30% of licensees are also clinical supervisors.

See **Attachment D** for the draft "Supervisor Self-Assessment Report".

Sections Affected: 16 CCR §§1833(b), 1833.1(d); Change also proposed for LPCC and LCSW.

27. Timelines for Supervisors: The proposed regulations establish timelines to complete specified activities as follows:

- The “Supervisor Self-Assessment” must be completed and submitted to the Board within 60 days of a new supervisor commencing any supervision. The effective date would be January 1, 2020. For existing supervisors, the report must be submitted by December 31, 2020.
- The “Supervision Agreement” would be implemented upon approval of the proposed regulations, and must be completed within 60 days of commencing supervision with any individual supervisee.
- The initial 15-hour supervision training course must be completed by new supervisors within one of the following time frames:
 - Within two (2) years prior to commencing supervision OR
 - Within four (4) years prior to commencing supervision if taken from a graduate program at an accredited or approved school OR
 - Within 60 days after commencing supervision.

Sections Affected: 16 CCR §§ 1833, 1833.1, 1834; Change also proposed for LPCC and LCSW.

28. Audits of Supervisors: A section has been added to allow the Board to audit a supervisor’s records to verify they meet the supervisor qualifications specified in statute and regulations. It requires supervisors to maintain records of completion of the required supervisor qualifications for seven (7) years after the completion of supervision, (consistent with statute regarding record retention) and to make these records available to the Board for an audit upon request.

The Board would likely audit a supervisor during a continuing education audit or if a complaint was received. The “Supervisor Self-Assessment” would be used in such audits.

Section 1886 of the Board’s regulations already provides authority to issue citations and fines to licensees for violations of its statutes and regulations. Supervisors found to be in violation would be subject to citation and fine.

Section Added: BPC §4980.43.6; Change also proposed for LPCC and LCSW.

Policy and Advocacy Committee Meeting

At its September 30, 2016 meeting, the Policy and Advocacy Committee directed staff to make certain prescribed changes, and to bring the language to the Board for consideration as a legislative and regulatory proposal.

ATTACHMENTS:

Attachment A: Proposed LMFT Supervision Language

Attachment B: Reference Sections – Current Law: BPC §4980.43, 16 CCR §§ 1833, 1833.1, 1833.2

Attachment C: Draft “Supervision Agreement” form

Attachment D: Draft “Clinical Supervisor Self-Assessment” report form

ATTACHMENT A
PROPOSED LMFT SUPERVISION LANGUAGE

- **Blue** strikeout/underline indicates text that has simply been moved from one location to another.
- **Red** or **Green** strikeout/underline indicates new language, which ranges from minor changes in wording to more significant changes.
 - Text shown in **Red** are amendments made by the Supervision Committee.
 - Text shown in **Green** are amendments made after the Policy and Advocacy Committee meeting.

§4980.03. DEFINITIONS

(a) “Board,” as used in this chapter, means the Board of Behavioral Sciences.

(b) “~~Intern~~Associate,” as used in this chapter, means an unlicensed person who has earned his or her master’s or doctoral degree qualifying him or her for licensure and ~~is registered with the board~~meets one of the following definitions, unless otherwise specified:

(1) The individual is registered with the board as an associate.

(2) The individual’s degree was awarded and he or she applies for registration as an associate within 90 days of the degree award date.

(c) “Trainee,” as used in this chapter, means an unlicensed person who is currently enrolled in a master’s or doctoral degree program, as specified in Sections 4980.36 and 4980.37, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(d) “Applicant; for licensure” as used in this chapter, means an unlicensed person ~~who has completed a master’s or doctoral degree program, as specified in Sections 4980.36 and 4980.37, and whose application for registration as an intern is pending, or an unlicensed person~~ who has completed the required education and required hours of supervised experience requirements for licensure as specified in this chapter, ~~is no longer registered with the board as an intern, and is currently in the examination process.~~

(e) “Advertise,” as used in this chapter, includes, but is not limited to, any public communication, as defined in subdivision (a) of Section 651, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. Signs within religious buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(f) “Experience,” as used in this chapter, means experience in interpersonal relationships, psychotherapy, marriage and family therapy, direct clinical counseling, and nonclinical practice that satisfies the requirements for licensure as a marriage and family therapist pursuant to Section 4980.40.

(g) “Supervisor,” as used in this chapter, means an individual who meets all of the following requirements:

~~(1) Has been licensed by a state regulatory for at least two years as a marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology. Has been actively licensed in California or has held an active equivalent license in any other state, as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical psychologist, licensed clinical social worker, or licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, for at least two (2) of the past five (5) years immediately prior to commencing any supervision.~~

~~(2) If a licensed professional clinical counselor, the individual shall meet the additional training and education requirements specified in paragraph (3) of subdivision (a) of Section 4999.20. Meets the additional training and education requirements specified in paragraph (3) of subdivision (a) of Section 4999.20 if the supervisor is a licensed professional clinical counselor.~~

~~(3) Has practiced psychotherapy or provided direct clinical supervision of LMFT trainees, associate MFTs, associate PCCs, or associate clinical social workers, who perform psychotherapy, for at least (2) years within the five (5) year period immediately preceding any supervision. Supervision of social work students enrolled in an accredited master’s or doctoral program, or PCC trainees, who perform psychotherapy, shall be accepted toward the required two (2) years if the supervision provided to the students is substantially equivalent to the supervision required for registrants.~~

~~(4) Has received professional training in supervision, as specified in this chapter and by regulation.~~

~~(35) Has not provided therapeutic services to the ~~trainee or intern~~supervisee.~~

(46) Has and maintains a current and ~~valid~~active California license that is not under suspension or probation.

~~(57)~~ Complies with supervision requirements established by this chapter and by board regulations.

(h) “Client centered advocacy,” as used in this chapter, includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

§4980.43. PROFESSIONAL EXPERIENCE; INTERNASSOCIATES OR TRAINEES

(a) To qualify for licensure as specified in Section 4980.40, each applicant shall complete experience related to the practice of marriage and family therapy under a supervisor who meets the qualifications set forth in Section 4980.03. The experience shall comply with the following:

(1) A minimum of 3,000 hours of supervised experience completed during a period of at least 104 weeks.

(2) A maximum of 40 hours in any seven consecutive days.

(3) A minimum of 1,700 hours obtained after the qualifying master's or doctoral degree was awarded.

(4) A maximum of 1,300 hours obtained prior to the award date of the qualifying master's or doctoral degree.

(5) A maximum of 750 hours of counseling and direct supervisor contact prior to the award date of the qualifying master's or doctoral degree.

(6) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction.

(7) No hours of experience may be gained more than six years prior to the date the application for examination-eligibilitylicensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(8) A minimum of 1,750 hours of direct clinical counseling with individuals, groups, couples, or families, that includes not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(9) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage and family therapy that have been approved by the applicant's supervisor.

(10) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

(b) An individual who submits an application for examination-eligibilitylicensure between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements of this section that were in place on January 1, 2015.

~~(c) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by an intern or trainee only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by an intern or trainee as an independent contractor.~~

~~(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.~~

~~(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.~~

~~(d) Except for experience gained by attending workshops, seminars, training sessions, or conferences as described in paragraph (9) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:~~

~~(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.~~

~~(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.~~

~~(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.~~

~~(4) Direct supervisor contact shall occur within the same week as the hours claimed.~~

~~(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.~~

~~(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.~~

~~(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.~~

~~(8) The six hours of supervision that may be credited during any single week pursuant to paragraphs (1) and (2) shall apply to supervision hours gained on or after January 1, 2009.~~

~~(e) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:~~

~~(A) Lawfully and regularly provides mental health counseling or psychotherapy.~~

~~(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.~~

~~(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.~~

~~(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.~~

~~(f) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:~~

~~(A) Lawfully and regularly provides mental health counseling or psychotherapy.~~

~~(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.~~

~~(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (e), until registered as an intern.~~

~~(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.~~

~~(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.~~

~~(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.~~

~~(g) Except as provided in subdivision (h), all persons shall register with the board as an intern to be credited for postdegree hours of supervised experience gained toward licensure.~~

~~(h) Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.~~

~~(i) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.~~

~~(j) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. For purposes of paragraph (3) of subdivision (a) of Section 2290.5, interns and trainees working under licensed supervision, consistent with subdivision (c), may provide services via telehealth within the scope authorized by this chapter and in accordance with any regulations governing the use of telehealth promulgated by the board. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.~~

~~(k) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered employees and not independent contractors. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.~~

~~(l) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.~~

§4980.43.1 SUPERVISION DEFINITION; REGISTRATION AS AN INTERN

(a) All applicants for licensure, trainees, and interns/associates shall be at all times under the supervision of a supervisor as specified in this chapter and by regulation.

(b) The term "supervision", as used in this chapter, means responsibility for, and control of, the quality of services being provided by the supervisee. Consultation or peer

discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, the following:

- (1) Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised.
- (2) ~~Reviewing client or patient records,~~ Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.
- (3) Monitoring and evaluating the supervisee's ability to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.
- (4) Monitoring for and addressing clinical dynamics such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or the practitioner-patient relationship.
- (5) Ensuring the supervisee's compliance with laws and regulations governing the practice of marriage and family therapy.
- (6) Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.
- (7) With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.

§4980.43.2 REGISTRATION AS AN ASSOCIATE

(a) All applicants for licensure as a licensed marriage and family therapist must first satisfy the required supervised experience.

(b) Except as provided in subdivision (c), all persons shall have an active associate registration with the board in order to gain postdegree hours of supervised experience.

(c) Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the ~~intern~~associate registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the ~~intern~~associate registration by the board. An applicant shall not be employed or volunteer in a private practice until an associate registration has been issued by the board.

§4980.43.3 DIRECT SUPERVISOR CONTACT

(a) Except for experience gained by attending workshops, seminars, training sessions, or conferences as described in paragraph (9) of subdivision (a) of section 4980.43, supervision shall include at least one (1) hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) ~~An individual supervised after being granted a qualifying degree~~ An associate ~~gaining experience~~ shall receive at least one (1) additional hour of direct supervisor contact ~~for~~in every week in which more than 10 hours of ~~client contact~~direct clinical counseling is ~~gained~~performed in each setting. No more than six (6) hours of supervision, whether individual or group, shall be credited during any single week.

(2) A trainee shall receive an average of at least one (1) hour of direct supervisor contact in each week for every five (5) hours of ~~client contact~~ direct clinical counseling that is performed in each setting. No more than six (6) hours of supervision, whether individual or group, shall be credited during any single week.

(b) “One (1) hour of direct supervisor contact” means any of the following:

- 1) Individual supervision, defined as one (1) hour of face-to-face contact between one (1) supervisor and one (1) supervisee.
- 2) Triadic supervision, defined as one (1) hour of face-to-face contact between one (1) supervisor and two (2) supervisees.
- 3) Group supervision, defined as two (2) hours of face-to-face contact between one (1) supervisor and no more than eight (8) supervisees. Segments of group supervision may be split into no less than one (1) continuous hour.

(c) Direct supervisor contact shall occur within the same week as the hours claimed.

(d) An applicant for licensure shall have received at least one (1) hour per week of direct supervisor contact that is individual and/or triadic, as specified in subdivisions (1) or (2) of subsection (b), for a minimum of 52 weeks.

(e) When conducting group supervision, the supervisor shall ensure that the amount and degree of supervision is appropriate ~~for each supervisee.~~s needs.

(f) Notwithstanding subsection (b), an associate working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring ~~that client confidentiality is upheld~~ compliance with state and federal laws relating to confidentiality of patient health information.

(g) All experience gained by a trainee or associate shall be monitored by the supervisor as specified by this chapter and by regulation.

(h) The six (6) hours of supervision that may be credited during any single week pursuant to paragraphs (1) and (2) of subsection (a) shall apply to supervision hours gained on or after January 1, 2009.

(i) Notwithstanding any other provision of law, once the required number of experience hours are gained, associates and applicants for licensure shall receive a minimum of one (1) hour of direct supervisor contact per week for each setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice as defined in section 4980.43(a)(9) is at the supervisor's discretion.

§4980.43.4 SUPERVISION: ACCEPTABLE SETTINGS; ACCEPTABLE SUPERVISION PRACTICES

(a) Supervised experience shall be gained by an intern or trainee only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by an intern or trainee as an independent contractor. Marriage and family therapist Trainees, associates, and applicants for licensure shall only perform services as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. No trainee, associate, or applicant for licensure shall perform any services or gain any experience within the scope of practice of the profession, as defined in section 4980.02, as an independent contractor.

(1) If employed, an associate shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an associate shall provide the board with a letter from his or her employer verifying the associate's status as a volunteer during the dates the experience was gained. This letter shall be provided to the board upon application for licensure.

(b) (1) A trainee shall not perform services in a private practice. A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice. owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed

~~clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.~~

~~(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.—Only experience gained in the position for which the trainee either volunteers or is employed shall qualify as supervised experience.~~

(c) (1) An associate may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) While an associate may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration.

~~(3) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed. Only experience gained in the position for which the associate either volunteers or is employed shall qualify as supervised experience.~~

~~(4) An applicant for registration as an associate shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (b), until an associate registration has been issued by the board.~~

(d) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal or business relationship which undermines the authority or effectiveness of the supervisor shall not be credited toward the required hours of supervised experience.

(e) Trainees, associates, and applicants for licensure shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(f) Trainees, associates and applicants for licensure shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(g) Trainees, associates, and applicants for licensure who provide volunteered voluntary services in any lawful work setting other than a private practice, or other services, and who only receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those the trainees, associates, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employees and not an independent

contractors. The board may audit applicants for licensure who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(h) Trainees, associates and applicants for licensure who received a stipend or educational loan repayment from a program designed to encourage demographically underrepresented groups to enter the profession, or to improve recruitment and retention in underserved regions or settings, shall be considered an employee and not an independent contractor. The board may audit applicants who receive a stipend or student loan repayment, and the applicants shall have the burden of demonstrating that the payments received were for the specified purposes.

(i) For purposes of paragraph (3) of subdivision (a) of Section 2290.5, associates and trainees working under a licensed supervisionsupervisor, consistent with this chapter, may provide services via telehealth within the scope authorized by this chapter and in accordance with any regulations governing the use of telehealth promulgated by the board.

(j) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her associates and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institutions and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

~~§4980.45. EMPLOYMENT OR SUPERVISION OF REGISTRANTS; MAXIMUM NUMBER OF REGISTRANTS 4980.43.5 OVERSIGHT OF SUPERVISEES; MAXIMUM NUMBER OF REGISTRANTS~~

(a) Trainees, associates, and applicants for licensure shall only perform services at the place where their employer regularly conducts business and services, which may include performing services at other locations, as long as the services are performed under the direction and control of their employer and their supervisor, and in compliance with the lawsstatutes and regulations pertaining to supervision.

(b) Except for periods of time during a supervisor's vacation or sick leave, an associate who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied subdivision (g) of Section 4980.03. The supervising licensee shall supervisor who is either be employed by and practices at the same site as the associate's employer, or shall be is an owner or shareholder of the private practice.

(a)(c) A licensed professional in private practice who has satisfied the requirements of subdivision (g) of Section 4980.03 may supervise or employ, at any one time, no more than a total of three individuals registered as an associate marriage and family therapist,

~~a marriage and family therapist intern, clinical counselor intern, an associate professional clinical counselor~~ or an associate clinical social worker in that private practice.

~~(b)~~(d) The following limits shall apply to marriage and family therapy corporations:

(1) A marriage and family therapy corporation may ~~employ~~retain, at any one time, no more than a total of three ~~individuals—employees and volunteers~~ registered as an associate marriage and family therapist, an associate professional clinical counselor, or an a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (g) of Section 4980.03.

(2) In no event shall any marriage and family therapy corporation ~~employ~~retain, at any one time, more than a total of 15 ~~individuals—employees and volunteers~~ registered as an associate marriage and family therapist, an associate professional clinical counselor, or an a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker.

(3) In no event shall any supervisor supervise, at any one time, more than a total of three ~~individuals—employees and volunteers~~ registered as either ~~a marriage and family therapist intern, clinical counselor intern, or~~ an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker. Persons who supervise ~~individuals—employees and volunteers~~ registered as either ~~a marriage and family therapist intern, clinical counselor intern, or~~ an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker, shall be employed full time by the marriage and family therapy corporation and shall be actively engaged in performing professional services at and for the marriage and family therapy corporation.

(4) Employment and supervision within a marriage and family therapy corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

~~(e) In a private practice setting, the registered intern's supervisor must be an owner or shareholder of the private practice. Alternatively, the supervisor may be employed by the private practice and regularly conduct business at the same site as the registered intern.~~

~~(e) In a setting which is not a private practice, a written agreement, as specified in regulation, shall be executed between the applicant's supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer as specified in regulation.~~

(f) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where a trainee or associate will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of

practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in ~~section 1833 and section 4980.43 of the Code.~~ this chapter and in regulation.

(g) Alternative supervision for an ~~associate or trainee~~ may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements set forth in this chapter and in regulation.

§4980.43.6 AUDITS OF SUPERVISORS

The board shall have the right to audit the records of any supervisor to verify the completion of the supervisor qualifications specified by this chapter and by regulation. Supervisors shall maintain records of completion of the required supervisor qualifications for a period of seven (7) years after termination of supervision, and shall make these records available to the board for auditing purposes upon request.

§4982. UNPROFESSIONAL CONDUCT

The board may deny a license or registration or may suspend or revoke the license or registration of a licensee or registrant if he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter shall be deemed to be a conviction within the meaning of this section. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using of any of the

dangerous drugs specified in Section 4022, or of any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing marriage and family therapy services.

(d) Gross negligence or incompetence in the performance of marriage and family therapy.

(e) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

(f) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity.

(g) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee, allowing any other person to use his or her license or registration.

(h) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(i) Intentionally or recklessly causing physical or emotional harm to any client.

(j) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(k) Engaging in sexual relations with a client, or a former client within two years following termination of therapy, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a marriage and family therapist.

(l) Performing, or holding oneself out as being able to perform, or offering to perform, or permitting any trainee, ~~or~~ registered intern, associate, or applicant for licensure under supervision to perform, any professional services beyond the scope of the license authorized by this chapter.

(m) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of

treatment and all information about the client that is obtained from tests or other means.

(n) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(o) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (n).

(p) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(q) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device.

(r) Any conduct in the supervision of any registered intern, associate clinical social worker, or trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

(s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(t) Permitting a trainee, ~~or registered intern~~ associate or applicant for licensure under one's supervision or control to perform, or permitting the trainee, ~~or registered intern~~ associate or applicant for licensure to hold himself or herself out as competent to perform, professional services beyond the trainee's, ~~or registered intern's~~ associate's or applicant for licensure's level of education, training, or experience.

(u) The violation of any statute or regulation governing the gaining and supervision of experience required by this chapter.

(v) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(w) Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(x) Failure to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(y) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(z) Failure to comply with Section 2290.5.

(aa) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(ab) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of an examination as described in Section 123.

§1833. ~~EXPERIENCE~~SUPERVISED EXPERIENCE: REQUIRED DOCUMENTATION

~~(a) In order for experience to qualify under Section 4980.40 of the Code, it must meet the following criteria:~~

~~—(1) It, it must have been gained in accordance with Sections 4980.42 through 4980.45 of the Code and the regulations contained in this article.~~

~~—(2) Experience shall not be credited for more than forty (40) hours in any week.~~

~~—(3) No more than five hundred (500) hours of experience will be credited for providing group therapy or group counseling.~~

~~—(4) For any person who enrolls in a qualifying degree program on or after January 1, 1990, not less than five hundred (500) total hours of experience shall have been gained in diagnosing and treating couples, families, and children.~~

~~(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern or trainee;~~

~~monitoring and evaluating the ability of the intern or trainee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and ensuring compliance with laws and regulations governing the practice of marriage and family therapy. Supervision shall include that amount of direct observation, or review of audio or video tapes of therapy, as deemed appropriate by the supervisor. Supervision shall be credited only upon the following conditions:~~

~~–(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant shall have at least one (1) hour of one-on-one, individual, face-to-face supervisor contact or two (2) hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.~~

~~–(2) The applicant shall have received at least one (1) hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of fifty-two (52) weeks.~~

~~–(3) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal or business relationship which undermines the authority or effectiveness of the supervisor shall not be credited toward the required hours of supervised experience.~~

~~(4)(a) Pursuant to Section 4980.43.5 of the Business and Professions Code, in a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement mustshall be executed between the supervisor and the organizationemployer when the supervisor is not employed by the supervisee's employer or is a volunteer.~~

~~(1)The written agreement shall be executed prior to commencement of supervision, in which the supervisor agrees~~

~~(2) The written agreement shall contain a declaration from the supervisor agreeing to ensure that the extent, kind, and quality of counseling performed by the intern or traineessupervisee is consistent with the intern or trainee'ssupervisee's training, education, and experience, and is appropriate in extent, kind, and quality.~~

~~(3) The agreement shall contain an acknowledgment by the employer that the employer:~~

~~(4) (i) Is aware of the licensing requirements that must be met by the intern or traineessupervisee and that the employer agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those~~

requirements; ~~and~~

~~(2) (ii) Agrees to provide the supervisor access to clinical records of the clients counseled by the intern or trainees supervisee; and~~

~~(iii) Is aware that the supervisor will be providing clinical perspectives need to provide clinical direction to the supervisee in order to ensure compliance with the standards of practice of the profession, and agrees not to interfere with this process.~~

~~(c) Professional enrichment activities may be credited toward the experience requirement as specified in this article and by Section 4980.43 of the Code.~~

~~(1) No more than two hundred fifty (250) hours of verified attendance, with the approval of the applicant's supervisor, at workshops, seminars, training sessions, or conferences directly related to marriage and family therapy will be credited.~~

~~(2) No more than one hundred (100) hours of psychotherapy, which will be triple counted, received as specified in Section 4980.43 of the Code, will be credited.~~

~~(d) Experience gained by interns and trainees shall be subject to the following conditions, as applicable:~~

~~(1) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer.~~

~~(2) A trainee shall not perform services in a private practice.~~

~~(3) Interns and trainees may only perform services as employees or volunteers and not as independent contractors.~~

~~(b) Effective January 1, 2020, supervisors shall complete and submit a self-assessment report of qualifications to be a supervisor, as specified in section 1833.1.~~

~~(c) (1) Within 60 days of the commencement of any supervision, the supervisor and supervisee shall sign a supervision agreement under penalty of perjury. The original signed supervisory agreement shall be retained by the supervisee and submitted to the Board with the supervisee's application for licensure.~~

~~(2) A supervisor and a supervisee who are in a supervisory relationship that existed prior to the effective date of this regulation shall complete a supervisory plan as required by subparagraph (3)(F), but are not required to complete a supervision agreement. The supervisee shall instead submit the previously required signed supervisor responsibility statement with his or her application for licensure.~~

(3) The supervision agreement shall include all of the following:

- (A) The supervisor's qualifications to be a supervisor as specified in section 1833.1, and in section 4980.03 of the Code.
- (B) The supervisor states that he or she understands the requirements pertaining to registration of the supervisee, work settings and employment, supervision practices and oversight of supervisees as specified in sections 4980.43.2, 4980.43.4 and 4980.43.5 of the Code.
- (C) The supervisor states that he or she understands the requirements pertaining to direct supervisor contact as specified in section 4980.43.3 of the Code.
- (D) The supervisor states that he or she understands the supervision documentation required by section 1833 and the Board's right to audit a supervisor's compliance with the requirements in this article and in the Code.
- (E) The supervisee states that he or she understands all of the following:
 - (i) Requirements pertaining to registration as an associate as specified in section 4980.43.2 of the Code.
 - (ii) The supervisee's supervisor must hold a current and active California license while supervising in order for hours to count toward licensure as specified in section 1833.1.
 - (iii) Requirements pertaining to documentation of completed supervised experience as specified in this section.
 - (iv) Prohibited practices pertaining to employment and supervisory relationships as specified in section 4980.43.4 of the Code.
 - (v) The six (6)-year limit pertaining to experience hours as specified in section 4980.43 of the Code.
- (F) A supervisory plan that describes the goals and objectives of supervision, and whereby the supervisor affirms his or her understanding of the responsibilities pertaining to monitoring and evaluating the supervisee as specified in section 1833.1, and in section 4980.43.1 of the Code. This plan shall be developed collaboratively by the supervisor and supervisee.

~~(e)(d)~~ Effective January 1, 1991, trainees ~~Trainees~~ and ~~interns~~ associates shall maintain a weekly log of all hours of experience gained toward licensure. The log, ~~form #1800 37A-524 (REV 1/11) and form #1800 37A-524a (REV 1/11)~~ of hours shall be signed by the supervisor on a weekly basis. An ~~applicant~~ associate or trainee shall retain ~~all the signed~~ logs until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the log as it deems necessary to verify hours of experience. The log shall include all of the following:

- (1) The name and address of the supervisee's work setting.
- (2) Hours of experience gained by category in a given week.

(3) Total hours gained per week and in each category overall.

(e) Completed hours of experience shall be documented at the completion or termination of supervision. Such documentation shall be submitted by the supervisee upon application for licensure and shall include all of the following:

(1) The supervisor's telephone number and license information.

(2) The supervisee's employer's name, address and telephone number.

(3) Whether the supervisee's work setting complies with sections 4980.43.4 and 4980.43.5 of the Code.

(4) If the supervisee was an intern/associate at the time the experience was gained, documentation of employment or volunteer status, as specified in section 4980.43.4 of the Code.

(5) The applicant's accumulated hours of experience broken down by category.

(6) The amount and type of supervision provided to the applicant.

(7) The dates during which the experience was gained.

(8) The supervisor's signature under penalty of perjury.

NOTE: Authority cited: Sections 4980.35 and 4980.60, Business and Professions Code. Reference: Sections 4980.03, 4980.35, 4980.40, and 4980.42 through 4980.45/4980.43.5, Business and Professions Code.

§1833.1. REQUIREMENTS FOR SUPERVISORS

(a) Any person supervising a trainee or an intern/associate (hereinafter "supervisor") within California shall comply with the requirements below.

~~(a) Prior to the commencement of any counseling or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" (revised 3/10, form #1800 37A-523), hereby incorporated by reference, requiring that:~~

(1) The supervisor possesses and maintains a current valid and active California license that is not under suspension or probation as either a marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4980.03 (g) of the Code and has been so licensed in California or in any other state for at least two (2) of the past five (5) years immediately prior to commencing any supervision. ~~;~~ ~~or~~

~~(A) Provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40 (a) of the Code; and~~

~~(B) Has been licensed in California as specified in Section 4980.03 (g) of the~~

~~Code, and in any other state, for a total of at least two years prior to commencing any supervision.~~

(2) A supervisor who is not licensed as a marriage and family therapist, shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

(3) The supervisor shall be competent in the areas of clinical practice and techniques being supervised, and shall keep ~~The supervisor keeps~~ himself or herself informed of developments in marriage and family therapy and in California law governing the practice of marriage and family therapy.

(4) The supervisor ~~has and maintains a current license in good standing and~~ will immediately notify the trainee or internsassociate of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects the supervisor's ability or right to practice or supervise.

(5) The supervisor has practiced psychotherapy or provided direct ~~supervision of trainees, interns, associate clinical social workers, or professional clinical counselor interns~~ clinical supervision of MFT trainees, associate MFTs, associate PCCs, or associate clinical social workers, who perform psychotherapy, for at least two (2) years within the five (5) year period immediately preceding any supervision. Supervision of social work students enrolled in an accredited master's or doctoral program, or PCC trainees, who perform psychotherapy, shall be accepted toward the required two (2) years if the supervision provided to the students is substantially equivalent to the supervision required for registrants.

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or internsassociates. Persons licensed by the board who provide supervision shall complete the minimum supervision training or coursework specified in Section 1834.

~~(A) Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework in each renewal period while providing supervision. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.~~

~~(B) Persons licensed by the board who provide supervision and who have not met requirements of subsection (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.~~

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of trainees and internsassociates and the experience required for licensure as a marriage and family therapist.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern/associate.

(9) The supervisor shall monitor and evaluate the associate's or trainee's extent, kind, and quality of counseling ~~performed by the trainee or intern~~ by review of progress notes, process notes, and other treatment records, and also by that amount of direct observation, or review of audio or video recordings of therapy, with the client's written consent, as deemed appropriate by the supervisor. ~~direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.~~

(10) The supervisor shall complete an assessment of the ongoing strengths and limitations of the trainee or associate at least once a year and at the completion or termination of supervision. The supervisor shall provide the trainee or associate with a copy of all assessments.

~~(10)~~(11) The supervisor shall ~~address with the trainee or intern the manner in which emergencies will be handled.~~ establish written procedures for trainees or associates to contact the supervisor, or, in the supervisor's absence, procedures for contacting an alternative on-call supervisor to assist trainees or associates in handling crises and emergencies. The supervisor shall provide these procedures to the trainee or associate.

~~(b) Each supervisor shall provide the trainee or intern with the original signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" (revised 3/10, form #1800 37A-523) prior to the commencement of any counseling or supervision. Trainees and interns shall provide the board with the signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" (revised 3/10, form #1800 37A-523) from each supervisor upon application for examination eligibility.~~

~~(c)~~(b) A supervisor shall give at least one (1) week's prior written notice to a trainee or intern/associate of the supervisor's intent not to sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

~~(d)~~(c) The supervisor shall obtain from each trainee or intern/associate for whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's/associate's most recent supervisor and employer.

~~(e) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the~~

~~requirements set forth in section 1833 and section 4980.43 of the Code.~~

(d) Effective January 1, 2020, a supervisor shall complete and sign under penalty of perjury a self-assessment report which includes all of the following:

- (1) The supervisor's qualifications to be a supervisor as specified in section 4980.03 of the Code.
- (2) The supervisor's telephone number and email address.
- (3) The date the licensee began supervising.
- (4) The supervisor's compliance with the training required by section 1834.
- (5) The supervisor states that he or she understands all of the following:
 - (A) The supervisor's license must meet the supervisor requirements in section 4980.03 of the Code, for a supervisee's experience hours to be credited.
 - (B) The supervisee notification requirement set forth in paragraph (a)(4) of this section.
 - (C) The requirements set forth in section 4980.43.5 of the Code pertaining to the maximum number of registrants.
 - (D) The Board's right to audit records pertaining to supervisor qualifications in accordance with section 4980.43.6 of the Code.
 - (E) The requirement to complete a supervision agreement for each supervisee as specified in section 1833.

(e) New supervisors shall submit a self-assessment report to the Board within 60 days of the commencement of any supervision.

(f) Pre-existing supervisors, defined as individuals acting as a supervisor prior to January 1, 2020, shall submit a self-assessment report to the Board by December 31, 2020.

~~(f)~~(g) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

~~(g) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in subsection (a) (6) (A).~~

NOTE: Authority cited: Sections 4980.35, 4980.40, 4980.60, and 4990.20 Business and Professions Code. Reference: Sections 4980.03, 4980.35, and 4980.42 through ~~4980.45~~4980.43.5, ~~4980.48~~, ~~4980.54~~, ~~4996.22~~, and ~~4999.76~~, Business and Professions Code.

§1833.1.5 SUBSTITUTE SUPERVISORS

- (a) When it becomes necessary for a supervisee to obtain supervision temporarily from a substitute supervisor, the substitute supervisor shall meet all supervisor qualifications required by the Code and in this article.
- (b) The substitute supervisor and the supervisee shall sign the supervision agreement required by section 1833, and the **substitute** supervisor shall sign the weekly log required by section 1833.
- (c) If the substitute supervisor will be supervising for 30 consecutive calendar days or less:
 - 1) A new supervisory plan is not required. The substitute supervisor shall follow the supervisee's pre-existing supervisory plan.
 - 2) The experience gained during that 30-day period may be verified by the regular supervisor.
- (d) If the substitute supervisor will be supervising for more than 30 consecutive calendar days, a new supervisory plan shall be required, and the substitute supervisor shall verify the supervisee's experience gained during that time as required by section 1833.

NOTE: Authority cited: Sections 4990.20 and 4980.35 Business and Professions Code. Reference: Sections 4980.03, 4980.43, and 4980.43.5, Business and Professions Code.

§1833.2. SUPERVISION OF EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

Experience gained outside of California ~~on or after January 1, 1991~~ must have been supervised in accordance with the following criteria:

At the time of supervision, the supervisor was licensed or certified by the state or jurisdiction in which the supervision occurred and possessed a current and active license which was not under suspension or probation. The supervisor was licensed or certified by that state or jurisdiction, for at least two (2) of the past five (5) years immediately prior to acting as a supervisor, as either a psychologist, clinical social worker, licensed physician certified in psychiatry ~~as specified in Section 4980.40(f) of the code~~ by the American Board of Psychiatry and Neurology, professional clinical counselor, ~~or~~ a marriage and family therapist or similarly titled marriage and family practitioner, or other equivalent license that allows the practitioner to independently provide clinical mental health services.

In a state or jurisdiction which does not license or certify marriage and family therapists or

similarly titled marriage and family practitioners, experience may be obtained under the supervision of a person who at the time of supervision held a clinical membership in the American Association of Marriage and Family Therapists for at least two years and who maintained such membership throughout the period of supervision.

Note: Authority cited: Sections 4980.35, ~~4980.40(f) and~~ 4980.60, and 4990.20, Business and Professions Code. Reference: Sections 4980.03, 4980.35, 4980.72, and 4980.74~~4980.40(f), 4980.42-4980.45 and 4980.90~~, Business and Professions Code.

§1834. SUPERVISOR TRAINING AND COURSEWORK

Persons licensed by the board who provide supervision shall complete, at a minimum, supervision training or coursework as follows:

- (a) Beginning January 1, 2019, supervisors who commence supervision for the first time in California shall obtain fifteen (15) contact hours in supervision training or coursework obtained from a government agency or from a continuing education provider specified as acceptable by the Board in regulation. If taken from a continuing education provider specified as acceptable by the Board in regulation, training may apply towards the approved continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.
 - 1) The content of such training shall include, but not be limited to, current best practices and current standards regarding the following:
 - (A) Competencies necessary for new supervisors;
 - (B) Goal setting and evaluation;
 - (C) The supervisor-supervisee relationship;
 - (D) California law and ethics, including legal and ethical issues related to supervision;
 - (E) Cultural variables, including, but not limited to, race, gender, social class, and religious beliefs;
 - (F) Contextual variables, such as treatment modality, work settings, and use of technology;
 - (G) Supervision theories and literature; and
 - (H) Documentation and record keeping of the supervisee's client files, as well as supervision.
 - 2) If taken from a government agency or from a continuing education provider specified as acceptable by the board in regulation, this course shall have been taken within two (2) years prior to commencing supervision, or within 60 days after commencing supervision.

- 3) If taken at a master's or higher level from an accredited or approved postsecondary institution, this course shall have been taken within four (4) years prior to commencing supervision, or completed within 60 days after commencing supervision.
- (b) A six (6)-hour supervision training course shall be taken by an individual who has previously qualified as a supervisor, but has not supervised for at least two (2) years within the five (5)-year period immediately preceding any supervision.
- (c) Supervisors shall complete a minimum of six (6) hours of continuing professional development in supervision in each subsequent renewal period while providing supervision. This shall consist of one or more of the following activities and shall be documented:
 - 1) Training or coursework directly covering the topic of supervision, obtained from a government agency or from a continuing education provider specified as acceptable by the board in regulation. If taken from a continuing education provider specified as acceptable by the board in regulation, it may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code;
 - 2) Teaching a supervision course as specified in subparagraph (1).
 - 3) Authoring research ~~pertaining to~~ directly focused on supervision that has been published professionally. This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, newsletters, or other industry or academic published work deemed equivalent by the board. It shall not include personal opinion papers, editorials, or blogs.
 - 4) ~~Receiving mentoring of supervision or supervision of supervision from another board licensee who also qualifies as a supervisor. Collaboration with another board licensee who also qualifies as a supervisor through use of mentoring or consultation.~~
 - 5) ~~Documented Attendance at supervisor peer discussion groups with other board licensees who also qualify as supervisors.~~
- (d) (1) In lieu of subparagraphs (a), (b), and (c), the Board shall accept a valid and active approved supervisor certification from one of the following entities:
 - (A) The American Association for Marriage and Family Therapy (AAMFT)
 - (B) The American Board of Examiners in Clinical Social Work (ABECSW)
 - (C) The California Association of Marriage and Family Therapists (CAMFT)
 - (D) The Center for Credentialing and Education (CCE)

(2) These licensees shall maintain a current and active California license, but are not required to have been actively licensed for at least two (2) of the past five (5) years immediately preceding any supervision, and are not required to have practiced psychotherapy or provided direct supervision of trainees or registrants for at least two (2) of the past five (5) years immediately preceding any supervision.

(3)The board may, in its sole discretion, accept an approved supervisor certification from another entity if the licensee can demonstrate that the certification requirements of that entity meet or exceed those of the above entities.

(e) The board shall not deny hours of experience gained towards licensure by any associate or trainee due to failure of his or her supervisor to complete the training, coursework, or continuing professional development requirements in this section.

NOTE: Authority cited: Sections 4980.35 and 4990.20, Business and Professions Code. Reference: Sections 4980.03, 4980.43.1 and 4980.35, Business and Professions Code.

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ATTACHMENT B

Reference Sections – Current Law: BPC §4980.43, 16 CCR §§ 1833, 1833.1, 1833.2

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) To qualify for licensure as specified in Section 4980.40, each applicant shall complete experience related to the practice of marriage and family therapy under a supervisor who meets the qualifications set forth in Section 4980.03. The experience shall comply with the following:

(1) A minimum of 3,000 hours of supervised experience completed during a period of at least 104 weeks.

(2) A maximum of 40 hours in any seven consecutive days.

(3) A minimum of 1,700 hours obtained after the qualifying master's or doctoral degree was awarded.

(4) A maximum of 1,300 hours obtained prior to the award date of the qualifying master's or doctoral degree.

(5) A maximum of 750 hours of counseling and direct supervisor contact prior to the award date of the qualifying master's or doctoral degree.

(6) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction.

(7) No hours of experience may be gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(8) A minimum of 1,750 hours of direct counseling with individuals, groups, couples, or families, that includes not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(9) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage and family therapy that have been approved by the applicant's supervisor.

(10) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

(b) An individual who submits an application for examination eligibility between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements that were in place on January 1, 2015.

(c) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by an intern or trainee only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by an intern or trainee as an independent contractor.

(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.

(d) Except for experience gained by attending workshops, seminars, training sessions, or conferences as described in paragraph (9) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(8) The six hours of supervision that may be credited during any single week pursuant to paragraphs (1) and (2) shall apply to supervision hours gained on or after January 1, 2009.

(e) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(f) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (e), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(g) Except as provided in subdivision (h), all persons shall register with the board as an intern to be credited for postdegree hours of supervised experience gained toward licensure.

(h) Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(i) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(j) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. For purposes of paragraph (3) of subdivision (a) of Section 2290.5, interns and trainees working under licensed supervision, consistent with subdivision (c), may provide services via telehealth within the scope authorized by this chapter and in accordance with any regulations governing the use of telehealth promulgated by the board. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(k) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered employees and not independent contractors. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(l) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

§1833. EXPERIENCE

(a) In order for experience to qualify under Section 4980.40 of the Code, it must meet the following criteria:

(1) It must have been gained in accordance with Sections 4980.42 through 4980.45 of the Code and the regulations contained in this article.

(2) Experience shall not be credited for more than forty (40) hours in any week.

(3) No more than five hundred (500) hours of experience will be credited for providing group therapy or group counseling.

(4) For any person who enrolls in a qualifying degree program on or after January 1, 1990, not less than five hundred (500) total hours of experience shall have been gained in diagnosing and treating couples, families, and children.

(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating

assessment, diagnosis, and treatment decisions of the intern or trainee; monitoring and evaluating the ability of the intern or trainee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and ensuring compliance with laws and regulations governing the practice of marriage and family therapy. Supervision shall include that amount of direct observation, or review of audio or video tapes of therapy, as deemed appropriate by the supervisor. Supervision shall be credited only upon the following conditions:

(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant shall have at least one (1) hour of one-on-one, individual, face-to-face supervisor contact or two (2) hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.

(2) The applicant shall have received at least one (1) hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of fifty-two (52) weeks.

(3) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal or business relationship which undermines the authority or effectiveness of the supervisor shall not be credited toward the required hours of supervised experience.

(4) In a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement must be executed between the supervisor and the organization, prior to commencement of supervision, in which the supervisor agrees to ensure that the extent, kind, and quality of counseling performed by the intern or trainee is consistent with the intern or trainee's training, education, and experience, and is appropriate in extent, kind, and quality. The agreement shall contain an acknowledgment by the employer that the employer:

(A) Is aware of the licensing requirements that must be met by the intern or trainee and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and

(B) Agrees to provide the supervisor access to clinical records of the clients counseled by the intern or trainee.

(c) Professional enrichment activities may be credited toward the experience requirement as specified in this article and by Section 4980.43 of the Code.

(1) No more than two hundred fifty (250) hours of verified attendance, with the approval of the applicant's supervisor, at workshops, seminars, training sessions, or conferences directly related to marriage and family therapy will be credited.

(2) No more than one hundred (100) hours of psychotherapy, which will be triple counted, received as specified in Section 4980.43 of the Code, will be credited.

(d) Experience gained by interns and trainees shall be subject to the following conditions, as applicable:

(1) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer.

(2) A trainee shall not perform services in a private practice.

(3) Interns and trainees may only perform services as employees or volunteers and not as independent contractors.

(e) Effective January 1, 1991, trainees and interns shall maintain a log of all hours of experience gained toward licensure. The log, form #1800 37A-524 (REV 1/11) and form #1800 37A-524a (REV 1/11) shall be signed by the supervisor on a weekly basis. An applicant shall retain all logs until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the log as it deems necessary to verify hours of experience.

NOTE: Authority cited: Section 4980.35 and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40, and 4980.42 through 4980.45, Business and Professions Code.

§1833.1. REQUIREMENTS FOR SUPERVISORS

Any person supervising a trainee or an intern (hereinafter "supervisor") within California shall comply with the requirements below.

(a) Prior to the commencement of any counseling or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" (revised 3/10, form #1800 37A-523), hereby incorporated by reference, requiring that:

(1) The supervisor possesses and maintains a current valid California license as either a marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4980.03 (g) of the Code and has been so licensed in California for at least two years prior to commencing any supervision; or

(A) Provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40 (a) of the Code; and

(B) Has been licensed in California as specified in Section 4980.03 (g) of the Code, and in any other state, for a total of at least two years prior to commencing any supervision.

(2) A supervisor who is not licensed as a marriage and family therapist, shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

(3) The supervisor keeps himself or herself informed of developments in marriage and family therapy and in California law governing the practice of marriage and family therapy.

(4) The supervisor has and maintains a current license in good standing and will immediately

notify the trainee or intern of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects the supervisor's ability or right to supervise.

(5) The supervisor has practiced psychotherapy or provided direct supervision of trainees, interns, associate clinical social workers, or professional clinical counselor interns who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision.

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns.

(A) Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework in each renewal period while providing supervision. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.

(B) Persons licensed by the board who provide supervision and who have not met requirements of subsection (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.

(10) The supervisor shall address with the trainee or intern the manner in which emergencies will be handled.

(b) Each supervisor shall provide the trainee or intern with the original signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee"(revised 3/10, form #1800 37A-523) prior to the commencement of any counseling or supervision. Trainees and interns shall provide the board with the signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" (revised 3/10, form #1800 37A-523) from each supervisor upon application for licensure.

(c) A supervisor shall give at least one (1) week's prior written notice to a trainee or intern of the supervisor's intent not to sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(d) The supervisor shall obtain from each trainee or intern for whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's most recent

supervisor and employer.

(e) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in section 1833 and section 4980.43 of the Code.

(f) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(g) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in subsection (a) (6) (A).

NOTE: Authority cited: Sections 4980.40, 4980.60, and 4990.20 Business and Professions Code. Reference: Sections 4980.03, 4980.35, 4980.42 through 4980.45, 4980.48, 4980.54, 4996.22, and 4999.76, Business and Professions Code.

§1833.2. SUPERVISION OF EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

Experience gained outside of California on or after January 1, 1991 must have been supervised in accordance with the following criteria:

At the time of supervision, the supervisor was licensed or certified by the state in which the supervision occurred and possessed a current license which was not under suspension or probation. The supervisor was licensed or certified by that state, for at least two (2) years prior to acting as supervisor, as either a psychologist, clinical social worker, physician certified in psychiatry as specified in Section 4980.40(f) of the code, professional clinical counselor, or a marriage and family therapist or similarly titled marriage and family practitioner.

In a state which does not license or certify marriage and family therapists or similarly titled marriage and family practitioners, experience may be obtained under the supervision of a person who at the time of supervision held a clinical membership in the American Association of Marriage and Family Therapists for at least two years and who maintained such membership throughout the period of supervision.

Note: Authority cited: Sections 4980.35, 4980.40(f) and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40(f), 4980.42-4980.45 and 4980.90, Business and Professions Code.

ATTACHMENT C



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



DRAFT SUPERVISION AGREEMENT

MARRIAGE AND FAMILY THERAPIST TRAINEE OR ASSOCIATE

A licensee who provides supervision to an individual gaining supervised experience toward a Marriage and Family Therapist (LMFT) license is required by law to complete and sign this agreement within 60 days of the commencement of any supervision. The supervisor must provide the associate or trainee with the original signed agreement. The associate or trainee shall include the original agreement with his or her application for licensure.

Note: This agreement does not contain an exhaustive list of all legal requirements. See the Board's [Statutes and Regulations](#) for more information.

Supervisee's Name: Last	First	Middle
Supervisee's Associate Registration Number or Social Security Number/ITIN*:		
Supervisor's Name: Last	First	Middle

PART I – TO BE COMPLETED BY SUPERVISOR

A. SUPERVISOR QUALIFICATIONS

SUPERVISOR'S LICENSE INFORMATION:			
License Type: <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology			
License Number:	Date Issued:	Expiration Date:	
If licensed for less than two (2) years in California, provide your equivalent out-of-state license information:			
State:	License Type:	License Number:	Date Issued:
LPCCs: Have you met all of the qualifications to assess and treat couples and families (required in order to supervise a MFT Trainee or Associate)? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable.*

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

Have you been issued any of the following "approved supervisor" designations? Yes No

If YES: • Mark the box next to the type of certification held; • List the date issued and
• SKIP questions 2, 3, 4 and 5 below.

American Association for Marriage and Family Therapy (AAMFT): Date Issued: _____

American Board of Examiners in Clinical Social Work (ABECSW): Date Issued: _____

California Association of Marriage and Family Therapists (CAMFT): Date Issued: _____

Center for Credentialing and Education (CCE): Date Issued: _____

Other equivalent certification: Issued by: _____
Date Issued: _____

	Legal Reference**	Supervisor Initials
1. I shall maintain a current and active California license in good standing while supervising, and will immediately notify the supervisee of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects my ability or right to supervise.	BPC § 4980.03 (g) and 16 CCR § 1833.1(a)(4)	
2. I have been actively licensed for at least two (2) of the past five (5) years immediately prior to commencing supervision.	BPC § 4980.03 (g) and 16 CCR § 1833.1(a)(1)	
3. I have either practiced psychotherapy or provided direct clinical supervision of qualifying supervisees who perform psychotherapy, for at least two (2) years within the five (5) year period immediately preceding this supervision.	16 CCR § 1833.1(a)(5)	
4. I have completed the initial supervisor training that was required at the time I began supervising (or will complete it within 60 days of commencing supervision).***	16 CCR § 1834	
5. I have completed (or if not yet required, will complete) six (6) hours of continuing professional development (CPD) during each subsequent license renewal period while supervising.***	16 CCR § 1834	
6. I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or associates.	16 CCR § 1833.1(a)(6)	

*** Supervisors licensed as a Psychologist or Physician are not required to comply with #4 and #5.

**16CCR=Title 16, California Code of Regulations; BPC=Business and Professions Code

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

	Legal Reference**	Supervisor Initials
7. I know and understand the laws and regulations pertaining to both the supervision of trainees and associates and the experience required for licensure as a marriage and family therapist.	16 CCR § 1833.1(a)(7)	
8. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.	16 CCR § 1833.1(a)(2)	
9. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy.	16 CCR § 1833.1(a)(3)	
10. I shall be competent in the areas of clinical practice and techniques being supervised.	16 CCR § 1833.1(a)(3)	
11. I have not ever provided therapeutic services to the supervisee.	BPC § 4980.03(g)(4)	

B. EMPLOYMENT OF SUPERVISEE

	Legal Reference**	Supervisor Initials
12. I shall ensure that the supervisee is employed as a W-2 employee or a volunteer, and not as an independent contractor.	BPC § 4980.43.4(a)	
13. I shall not provide supervision unless the supervisee works in a setting that meets all of the following: <ul style="list-style-type: none"> • Lawfully and regularly provides mental health counseling or psychotherapy; • Provides oversight to ensure that the supervisee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession; and • If the supervisee has not been issued an associate registration, the setting shall not be a private practice owned by a LMFT, LPCC, LCSW, licensed psychologist or physician, or a professional corporation of any of those licensed professions. 	BPC §§ 4980.02; 4980.43.4 (b),(c)	
14. I understand that my supervisee may not do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients; • Have a proprietary interest in the employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of the supervisee's employer. 	BPC § 4980.43.4(e),(f)	

**16CCR=Title 16, California Code of Regulations 15B BPC=Business and Professions Code

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

	Legal Reference**	Supervisor Initials
15. I understand that my supervisee may only perform services at the place where his or her employer regularly conducts business and services, which may include performing services at other locations, as long as the services are performed under the direction and control of the employer and supervisor.	<i>BPC § 4980.43.5(a)</i>	
16. If the registered associate will be working in a private practice, I understand that I as the supervisor must either be (1) employed by and practice at the same site as the associate's employer, or (2) an owner or shareholder of the private practice.	<i>BPC § 4980.43.5(b)</i>	

C. OTHER AGREEMENTS

	Legal Reference**	Supervisor Initials
17. I shall ensure compliance with the laws and regulations governing the practice of marriage and family therapy.	<i>BPC § 4980.43.1(b)(5)</i>	
18. In order for my supervisee to see clients and earn postdegree experience, I understand that he or she must hold a current associate registration with the Board, unless otherwise specified in BPC section 4980.43.1(d).	<i>BPC § 4980.43.2(c) and (d)</i>	
19. I understand the requirements pertaining to direct supervisor contact set forth in BPC section 4980.43.2.	<i>BPC § 4980.43.3</i>	
20. I shall establish and communicate to the supervisee the procedures for contacting myself, or in my absence, an alternative on-call supervisor to assist in handling crises and emergencies.	<i>16 CCR § 1833.1(a)(11)</i>	
21. If I am not employed by the same employer as my supervisee, or if I serve as a voluntary supervisor, a written agreement shall be executed between myself and the organization as specified in 16CCR section 1833(a).	<i>BPC § 4980.43.5(e) and 16CCR § 1833(a)</i>	
22. When conducting group supervision, I shall ensure that the amount and degree of supervision is appropriate to each supervisee's needs.	<i>BPC § 4980.43.3(e)</i>	
23. I shall sign the supervisee's experience log on a weekly basis, and shall verify the supervisee's completed experience hours at the completion or termination of supervision.	<i>16 CCR § 1833(d) and (e)</i>	

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

	Legal Reference**	Supervisor Initials
24. I shall give at least (1) one week's prior written notice to a supervisee of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision.	16 CCR § 1833.1(b)	
25. I shall obtain from the supervisee the name, address and telephone number of the supervisee's most recent supervisor and employer.	16 CCR § 1833.1(c)	
26. Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with all required supervisor qualifications.	BPC § 4980.43.6; 16 CCR §§ 1833.1(g); 1834	

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing; that I meet all criteria stated herein; and that the information submitted on this form is true and correct.

Supervisor's Signature	Date signed
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**16CCR=Title 16, California Code of Regulations; BPC=Business and Professions Code

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

PART II - TO BE COMPLETED BY SUPERVISEE

All pages of the original, signed Supervision Agreement must be retained by the supervisee and submitted with your application for licensure. The Board strongly recommends that you read the Board's [Guide to Supervision](#) and discuss it with your supervisor.

SUPERVISEE'S CURRENT STATUS (as of the date this agreement is signed):

- Trainee Associate Applicant: Date applied: _____
 Registered Associate - IMF _____ Date Issued: _____ Expiration Date: _____

	Legal Reference**	Supervisee Initials
1. If I have graduated from my degree program, I understand that I must possess a current associate registration in good standing while experience is gained in order for my hours to count toward licensure . <i>(Exception: If you applied for associate registration within 90 days of graduation and are subsequently issued a registration, you may be credited for experience gained prior to the registration's issuance).</i>	<i>BPC § 4980.43.2</i>	
2. I understand that my supervisor must maintain a current and active California license in good standing while supervising, and that any hours gained during the time my supervisor's license is lapsed will not count toward licensure.	<i>16 CCR § 1833.1(a)(4)</i>	
3. I understand that I may not work in a private practice setting until my associate registration has been issued.	<i>BPC §§ 4980.43.2(C) & 4980.43.4(b)</i>	
4. I understand that my supervisor must sign my experience log on a weekly basis, and must also sign a verification of experience at the conclusion of supervision in order for my experience to count toward licensure.	<i>16 CCR § 1833(d) and (e)</i>	
5. I understand that I must be employed as either a W-2 employee or a volunteer, and not as an independent contractor.	<i>BPC § 4980.43.4(a)</i>	
6. I understand that all hours of experience, with the exception of 500 supervised practicum hours, must be completed within the six (6)-year period immediately preceding my application for licensure.	<i>BPC § 4980.43(a)(7)</i>	

**16CCR=Title 16, California Code of Regulations; BPC=Business and Professions Code

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

	Legal Reference**	Supervisee Initials
7. I understand that any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience.	BPC § 4980.43.4(d)	
8. I understand that any experience obtained under the supervision of a supervisor with whom I have had, or currently have, a personal or business relationship which undermines the authority or effectiveness of the supervisor, shall not be credited toward the required hours of supervised experience.	BPC § 4980.43.4(d)	
9. I understand that I may not do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients; • Have a proprietary interest in my employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of my employer. 	BPC § 4980.43.4(e), (f)	

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing; that I meet all criteria stated herein; and that the information submitted on this form is true and correct.

Associate/Trainee Signature

Date Signed

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

PART III – TO BE COMPLETED BY SUPERVISOR AND SUPERVISEE

SUPERVISORY PLAN

Within 60 days of commencing supervision, the supervisor and supervisee are required by Title 16, California Code of Regulations (CCR) section 1833(c)(6), to collaboratively develop a supervisory plan that describes the goals and objectives of supervision.

DESCRIBE THE GOALS AND OBJECTIVES OF SUPERVISION BELOW:

Supervisor's Name: Last	First	Middle
Associate/Trainee Name: Last	First	Middle

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with the supervisee. I also understand that I am required to do all of the following (per Business and Professions Code section 4980.43.1(b) and Title 16, CCR section 1833(b)(9),(10)):

- **Complete an assessment of the ongoing strengths and limitations of the supervisee at least once a year and at the completion or termination of supervision, and provide a copy to the supervisee.**
- **Ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.**
- **Monitor and evaluate assessment, diagnosis, and treatment decisions of the supervisee and provide regular feedback.**
- **Monitor and evaluate the ability of the supervisee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.**
- **Monitor for and attend to any countertransference, intrapsychic, or interpersonal issues that may affect the supervisory or the practitioner-patient relationship.**
- **Review progress notes, process notes, and other treatment records in an amount I deem appropriate.**
- **Directly observe therapy, or review audio or video recordings of therapy, in an amount I deem appropriate, with the client's written consent.**

Supervisor's Signature

Date Signed

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with my supervisor.

Associate/Trainee Signature

Date Signed

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ATTACHMENT D



Board of Behavioral Sciences

1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297 FAX: (916) 574-8626
www.bbs.ca.gov



DRAFT CLINICAL SUPERVISOR SELF-ASSESSMENT REPORT

A licensee supervising a Marriage and Family Therapist Trainee or Intern, Associate Clinical Social Worker, or Professional Clinical Counselor Intern, must complete and submit this original form to the Board within the time frame indicated below:

- *Individuals who began supervising prior to January 1, 2020:
Completed form due by December 31, 2020.*
- *Individuals who began supervising after January 1, 2020:
Completed form due within 60 days of commencing supervision.*

If you meet the requirements to be a supervisor and are a Board of Behavioral Sciences (BBS) licensee, a note will be added to your licensing record that states you are a qualified supervisor (Psychologists and Psychiatrists - the Board is unable to add a note to your licensing record). One-time submission of this form covers all BBS professions and all types of BBS supervisees.

Type or print clearly in ink

1. Supervisor's Legal Name: Last	First	Middle	
3. Business Telephone:	4. E-Mail Address:		
5. California License Type: <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology			
6. License Number:	7. Date Issued:	8. Expiration Date:	9. Date You Began Supervising:

10. Do you hold an equivalent license in another state? Yes No

If YES, provide the information below:

State	License Type	License Number	Date Issued	Status

11. LPCCs: Will you be supervising an MFT Trainee or MFT Intern; or, a Professional Counselor Intern or LPCC licensee gaining experience with couples or families? Yes No

Supervisor's Last Name	First	Middle
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12. If you marked **YES to question 11**, have you met all of the qualifications to assess and treat couples and families under your LPCC license per Business and Professions Code (BPC) section 4999.20 and Title 16, California Code of Regulations (16CCR) section 1820.7? Yes No

13. Have you been issued any of the following "approved supervisor" designations? Yes No

If YES, (1) Mark the box next to the type of certification held; (2) List the date issued and (3) SKIP questions 14, 15, 16 and 17 below.

- American Association for Marriage and Family Therapy (AAMFT): Date Issued: _____
- American Board of Examiners in Clinical Social Work (ABECSW): Date Issued: _____
- California Association of Marriage and Family Therapists (CAMFT): Date Issued: _____
- Center for Credentialing and Education (CCE): Date Issued: _____
- Other equivalent certification (*staff will review to determine equivalency*):
 Issued by: _____
 Date Issued: _____

14. Have you held an active license in California or any other state for at least two (2) of the past five (5) years immediately prior to commencing supervision as required by 16CCR section 1833.1? Yes No

15. EXPERIENCE: Have you practiced psychotherapy or provided direct clinical supervision of trainees, associates, or graduate level social work students who perform psychotherapy for at least two (2) of the past five (5) years immediately preceding supervision as required by 16CCR section 1833.1? Yes No

16. TRAINING COURSE: Did you complete the supervisor training course that was required at the time you began supervising as required by 16CCR section 1834? Yes No
 N/A-I am a Psychologist or Psychiatrist
 Course Provider: _____ Date: _____

17. I understand that I must complete a minimum of six (6) hours of continuing professional development in supervision during each subsequent license renewal period while providing supervision as required by 16CCR section 1834. Initials: _____
 N/A-I am a Psychologist or Psychiatrist

Supervisor's Last Name	First	Middle
------------------------	-------	--------

-
18. I understand that if I do not renew my California license on time, any hours gained by my supervisees during the time my license is lapsed will NOT be counted toward licensure and my license may be subject to disciplinary action per 16CCR section 1833.1. Initials: _____
-
19. I understand that I must immediately notify my supervisees of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects my ability or right to supervise per 16CCR section 1833.1. Initials: _____
-
20. I understand that the Board has the right to audit records of any supervisor to verify completion of supervisor qualifications. I must maintain records for a period of seven (7) years after termination of supervision per BPC section 4980.43.6. Initials: _____
-
21. If I will be supervising in a private practice setting, I understand that I may not supervise or employ more than three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice as required by BPC section 4980.43.5. If I will be supervising in a MFT corporation, I understand the limitations set forth in BPC section 4980.43.5. Initials: _____
-
22. I understand that I am required to complete and sign a *Supervision Agreement* with each of my supervisees and provide the supervisee with the original document for submission with the supervisee's licensing application, per 16CCR section 1833. Initials: _____
-

I certify under penalty of perjury that all of the foregoing is true and correct. I understand that my license may be subject to disciplinary action should any conduct in my supervision violate the Board's statutes or regulations.

Signature of Supervisor Applicant

Date

(Original submitted to BBS must be signed and initialed in ink)

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members **Date:** October 13, 2016
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: LPCC Statute and Regulations: Proposed Supervision Amendments

The Board's Supervision Committee met 11 times beginning in April 2014, and ending in August 2016. The Committee's work initially resulted in the 2015 legislation which streamlined the experience categories required for licensure. This document represents the remainder of the Committee's work, and pertains mainly to qualifications of supervisors, supervisor responsibilities, types of supervision provided, and employment.

Some of the changes being proposed are significant, and are based on the results of a survey of supervisors and supervisees, a large amount of stakeholder feedback, and supervision standards in other states. When considering proposed changes, the Committee attempted to balance any potential barriers to providing supervision with the needs expressed by stakeholders, as well as the need for public protection.

Attachment A contains a draft of proposed amendments to licensed professional clinical counselor (LPCC) statute and regulations based on the discussions and decisions of the Committee.

The proposed language changes in **Attachment A** are color coded as follows:

- **Blue** strikeout/underline indicates text that has simply been moved from one location to another.
- **Red** or **Green** strikeout/underline indicates new language, which ranges from minor changes in wording to more significant changes.
 - Text shown in **Red** are amendments made by the Supervision Committee.
 - Text shown in **Green** are amendments made after the last Policy and Advocacy Committee meeting.

To follow is a summary of the proposed amendments. Most of the amendments are the same across all three license types (LCSW, LMFT and LPCC). However, some are specific to the LPCC program. *Italicized text at the bottom of each item indicates whether the amendments are the same or if they differ by license type.* This should assist the Board and stakeholders to perform a streamlined review of all three related agenda items.

1. **Revised Titles and Definitions of “Intern” and “Applicant”:** The titles and definitions of “Intern” and “Applicant” have been amended.

First, the “intern” title has been changed to “associate” to comply with the title change that becomes effective on January 1, 2018. The definition of “Associate” (formerly “Intern”) now includes either someone who is registered with the Board, or someone who applies for registration as an associate within 90 days of the degree award date.

The definition of “Applicant” was renamed “Applicant for licensure.” The definition was amended to mean an unlicensed person who has completed the required education and required hours of supervised experience for licensure.

Section Affected: BPC §4999.12(d) and (f); Change also proposed for LMFT.

2. **Approved Supervisors:** The “approved supervisor” title defined in Section 4999.12 has been amended to define “supervisor” only. This is for consistency with the Board’s other license types and to ensure that the definition applies to all instances where the “supervisor” term is used.

Section Affected: BPC §4999.12(h); Change for LPCC only.

3. **Supervisors Licensed for at Least Two Years:** Current law requires a supervisor to have been licensed in California for at least two years.

The amendments allow a licensee to supervise if he or she has been actively licensed in California or held an equivalent license in any other state for at least two of the past five years immediately prior to commencing any supervision. The supervisor must have and maintain a current and active California license at all times while supervising.

Sections Affected: BPC §4999.12(h), 16 CCR §§1821 and 1821.1; Change also proposed for LCSW and LMFT.

4. **Experience Required of Supervisors:** In order to supervise a registrant, current regulations require a supervisor to have practiced psychotherapy or provided direct clinical supervision for 2 of the past 5 years.

However, the wording of this law is inconsistent across the Board's license types, and in some cases it is unclear if supervision of LPCC trainees or master's level social work students counts as qualifying supervisory experience. This amendment would clarify that supervision of LPCC trainees or social work students is acceptable as experience to qualify as a supervisor, and would make the language consistent for each of the Board's license types. This language has been added to both statute and regulation for clarity.

Section Affected: BPC § 4999.12, 16 CCR §1821(b)(5); Change also proposed for LCSW and LMFT.

5. **LPCC Supervising an Associate or LPCC licensee Seeking Experience to Treat Couples and Families:** Language was added to clarify that in order for an LPCC to supervise either an associate MFT, MFT trainee, associate PCC, or an LPCC licensee seeking the required experience to treat couples and families, the supervisor must meet the additional training and education requirements specified by BPC section 4999.20.

Sections Affected: BPC §4999.12(h)(2), 16 CCR §1821(a)(12); Change is for LPCC only.

6. **Definition of Supervision:** The definition of "supervision" has been revised from previous meetings to include responsibility for, and control of, the quality of services being provided. The amendments also state that consultation or peer discussion is not supervision and does not qualify as supervised experience. These changes are consistent with what is already in LCSW law, and the changes are also being made to LMFT law.

The following additions have also been made to the definition of supervision:

- A statement about providing regular feedback to the associate or trainee;
- An amendment to require the supervisor to monitor for and address clinical dynamics, such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or the practitioner-patient relationship; *(Note – significant amendments to this subsection were made at the Policy and Advocacy Committee meeting.)*
- An amendment stating that the supervisor should review progress notes, process notes, and other patient treatment records as he or she deems appropriate, and also an amendment stating the supervisor should engage in direct observation or review of audio or video recordings, with client written consent, as the supervisor deems appropriate.

Sections Affected: BPC §4999.12(m), 16 CCR §1821(b)(9); Change also proposed for LCSW and LMFT.

7. **Definition of “Clinical Setting” and “Community Mental Health Setting”:** The definitions of “clinical setting” and “community mental health setting” have been moved from regulations to statute, as staff believes placing them in statute with the other defined terms is more appropriate.

Stakeholders and Board licensing staff expressed interest in amending the definition of “community mental health setting” due to confusion about the term. The Supervision Committee directed staff to clarify that this setting shall not be a private practice, but to delete the language about ownership of the private practice because that language was causing confusion.

Sections Affected: BPC §4999.12(n) and (o), 16 CCR §1820; Change is for LPCC only.

8. **Split BPC Section 4999.46:** BPC Section 4999.46 has been divided into smaller sections, with each new section focused on a specific topic of supervision.

Sections Affected: BPC §§4999.46 – 4999.46.5; Change is for LPCC only.

9. **Prohibition on Independent Contracting - Gaining Experience vs. Performing Services:** Current LPCC statute states that PCC trainees, associates, and applicants may only perform services as an employee or a volunteer. It goes on to state that experience shall not be gained by associates or trainees as an independent contractor (BPC §4999.47(a)).

The Supervision Committee recommended clarifying the language to state that no trainees, associates, or applicants for licensure are allowed to perform services or gain experience within the defined scope of practice of the profession, as an independent contractor.

Section Affected: BPC §4999.46.3(a); Change also proposed for LCSW and LMFT, though some of this language is new for LCSW.

10. **Prohibition on Independent Contracting - Submission of 1099 Documentation:** Applicants for licensure occasionally submit a “1099” tax form, which typically indicates the individual was an independent contractor. However, the applicant may truly have been a volunteer, but received reimbursement of expenses (such as travel) which resulted in the employer issuing a 1099 for the amount reimbursed.

Current law allows those who receive a maximum of \$500 per month as reimbursement of expenses, to be considered as an employee and not an independent contractor. Applicants must demonstrate that the payments were for reimbursement of expenses actually incurred. The Supervision Committee decided that the specific dollar amount should be removed from the law.

In addition, staff is increasingly aware of individuals who are awarded a stipend or educational loan repayment as an incentive for working in an underserved region, or from a program designed to encourage demographically underrepresented groups to enter the profession. An exception for stipends and loan repayments is also proposed to be added.

Section Affected: BPC §4999.46.3(g),(h); Change also proposed for LMFT and LCSW.

11. BPC Sections 4999.34, 4999.44, 4999.455, and 4999.47: Trainee and Associate

Requirements: BPC sections 4999.34, 4999.44, 4999.455, and 4999.47 have been moved to other newly proposed sections of law, in order to provide better flow in the placement of the law, and to provide more consistency with LMFT licensing law.

Section Affected: BPC §§4999.34, 4999.44, 4999.455, 4999.46.3, 4999.46.4; Change is for LPCC only.

12. Handling Crises and Emergencies: The American Counseling Association's Ethical Code requires supervisors to establish and communicate to supervisees procedures for contacting either the supervisor, or an alternate on-call supervisor, in a crisis. The Committee decided to adopt this requirement for all supervisors.

Section Affected: 16 CCR §1820(b)(11); Change also proposed for LCSW and LMFT.

13. Direct Supervisor Contact: Currently, trainees and associates must receive one hour of direct supervisor contact per week per work setting. Supervisees must obtain additional supervision once they perform a specified amount of client contact or face-to-face psychotherapy in each setting.

The amendment changes "client contact" and "face-to-face psychotherapy" to "direct clinical counseling" as the basis for which the amount of supervision is determined. References in sections 4999.46(a) and 4999.46.2 (a) and (b) have been amended to instead reference "direct clinical counseling" for consistency.

Section Affected: BPC §§ 4999.46(a), 4999.46.2(a), (b)(1); Change also proposed for LCSW and LMFT.

14. Amount of Direct Supervisor Contact Required for Applicants Finished Gaining

Experience Hours: Currently, the statute does not specifically define how much direct supervisor contact an associate MFT or Associate PCC needs once he or she is finished gaining experience hours needed to count toward licensure. (An associate gaining experience hours must obtain at least one hour of direct supervisor contact in each week, plus one additional hour in that week if more than 10 hours of direct client contact is gained, in order for the hours to count.)

At a previous meeting, the Committee recommended that the amount of supervision should be specified even if experience hours are no longer being counted. This amendment specifies that these associates and applicants for licensure must obtain at least one hour of supervision per week for each setting in which direct clinical counseling is performed. Supervision for nonclinical practice would be at the supervisor's discretion.

Section Affected: BPC §4999.46.2(i); Change also proposed for LCSW and LMFT.

15. Definition of “One Hour of Direct Supervisor Contact”; Triadic Supervision: These revisions provide a specific definition of “one hour of direct supervisor contact.” Triadic supervision (one supervisor meeting with two supervisees) is now included in this definition.

Section Affected: BPC §4999.46.2(c); Change also proposed for LCSW and LMFT.

16. Amount of Individual Supervision: Current regulations require 52 of the 104 required supervised weeks to have included one hour per week of individual supervision.

Staff believes this requirement is significant and it is more appropriately stated in statute rather than regulations. The requirement has also been amended to allow this 52 weeks of supervision to either be individual or triadic.

Section Affected: BPC §44999.46.2(e); Change also proposed for LCSW and LMFT.

17. Supervision in a Group: Current statute allows group supervision to consist of up to 8 supervisees. An amendment states that the supervisor must ensure that the amount of supervision is appropriate for each supervisee. (A minor wording change was made at the request of the Policy and Advocacy Committee)

Section Affected: BPC §4999.46.2(f); Change also proposed for LCSW and LMFT.

18. Supervision via Videoconferencing and HIPAA Compliance: Current statute contains language allowing an associate working in an exempt setting to obtain supervision via videoconferencing. The Committee asked to add a statement requiring the videoconferencing be HIPAA compliant.

In the past, the Board has expressed a preference to refrain from mentioning HIPAA directly in statute, as its name could possibly change over time. Therefore, staff has added a statement that *“The supervisor shall be responsible for ensuring compliance with state and federal laws relating to confidentiality of patient health information.”*

Section Affected: BPC §4999.46.2(g); Change also proposed for LCSW and LMFT.

19. Professional Clinical Counselor Corporations: Current statute limits the number of registrants a professional clinical counselor corporation may employ. However, the use of the word “employ” is intended to include both employees and volunteers. Since volunteers are not actually employed, the language has been revised to more accurately account for this.

Additionally, the language regarding limits on number of registrants working for professional clinical counselor corporations has been separated into subsections for clarity purposes.

Section Affected: BPC §4999.46.4; Change also proposed for LCSW and LMFT.

20. Supervision in a Non-Private Practice Setting – Written Agreement: Currently, a supervisor only needs to sign a written agreement with the supervisee’s employer if the supervisor is a volunteer (volunteer supervisors are not allowed in private practice). The purpose of the agreement is to document that the employer agrees to provide the supervisor with access to records and will not interfere with the supervisor’s legal and ethical responsibilities.

An amendment was made to require a written agreement when the setting is a non-private practice and the supervisor is not employed by the supervisee’s employer or is a volunteer.

Proposed amendments would require the written agreement to contain an acknowledgement by the employer that the employer is aware the supervisor will need to provide clinical direction to the supervisee in order to ensure compliance with the standards of practice of the profession.

Stakeholders were concerned about the statement that the supervisor would “need to provide clinical direction” to the supervisee. They noted that some registrants, especially ASWs, work in CPS settings or mental health clinic settings. They had concerns that these settings would be hesitant about agreeing with the above statement, and may decide to limit registrant work in their settings. After discussion, the Committee and stakeholders decided on language in the agreement that the supervisor will provide “clinical perspectives” to the supervisee, and the employer would agree not to interfere.

Sections Affected: BPC §4999.46.4(e), 16 CCR §1820(a) Change also proposed for LPCC and LCSW (though current LCSW law differs).

21. Associates Incurring Business Expenses: Current statute prohibits associates from having any proprietary interest in their employer’s business. Additional language has been added stating that an associate shall not lease or rent space, or pay for furnishings, equipment, supplies or other expenses that are the obligation of their employers. This language is consistent with language already in LCSW and LMFT statute.

Section Affected: BPC §4999.46.3(f); Change is for LPCC only.

22. Unprofessional Conduct: This section currently states that the following two items are unprofessional conduct:

4999.90(r) Any conduct in the supervision of a registered intern, associate clinical social worker, or clinical counselor trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

4999.90 (u) The violation of any statute or regulation of the standards of the profession, and the nature services being rendered, governing the gaining and supervision of experience required by this chapter.

At prior committee meetings, staff was recommending deleting subsection 4999.90(r), because the two sections appear duplicative. However, after further discussion with the Board's enforcement unit, this deletion is no longer recommended. The enforcement unit believes subsection 4990(r) is useful in cases of supervisor violations, while 4990(u) is more useful for supervisee violations.

In addition, unprofessional conduct language related to discipline is inconsistent between LMFT, LCSW, and LPCC statute. The language in 4999.90(t) and (u) are being amended to be more consistent with the language for the other license types.

Section Affected: BPC §4999.90; Some changes are for LPCC only.

23. Delete Duplicative and Obsolete Language in Regulations; Move Language to Statute: Several provisions in regulation sections 1820 and 1821 are either already in statute, or are outdated. Other subsections were moved to statute, if staff believed that location was more appropriate. The remaining provisions of section 1820 discuss specific forms that supervisors or supervisees are required to complete.

Section Affected: 16 CCR §§1820, 1821; Changes for LPCC only.

24. Experience Gained Outside of California: A section has been added to regulations discussing required criteria for supervision gained outside of California. This new section is similar to a section that already exists in LMFT regulations.

Section Affected: 16 CCR §1821.2; Change is specific to LPCC only.

25. Substitute Supervisors: It is sometimes necessary for supervisees to temporarily have a substitute supervisor. This situation may happen with or without warning. The Supervision Committee has recommended language that would clarify the specific requirements and necessary documentation for a temporary substitute supervisor, based on how long the substitute will be filling in.

Section Added: 16 CCR §1821.1; Change also proposed for LCSW and LMFT.

26. Required Training and Coursework for Supervisors: This section requires Board licensed supervisors commencing supervision for the first time in California, as of January 1, 2019, to complete a 15 hour supervision course covering specified topic areas. This is consistent with a similar requirement already in place for LCSW supervisors. Age limits for the course are specified, and the course can be counted as continuing education if taken from an accepted provider. Any supervisor who has not supervised in 2 of the last 5 years, must re-take a 6 hour course.

This new section also specifies that supervisors must complete 6 hours of continuing professional development in each renewal period while supervising. This can consist of a supervision course, or other professional development activities such as teaching, research, or supervision mentoring. All of these activities must be documented.

The option to count research published professionally toward the continuing professional development requirement was recently amended. The language now states the following: *“This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, ~~newsletters~~, or other industry or academic published work deemed equivalent by the board. It shall not include personal opinion papers, editorials, or blogs.”*

An exception to the initial and ongoing training requirements is proposed for a supervisor who holds a supervision certification from one of four specified entities. The Board also has discretion to accept certification from another entity if it believes its requirements are equivalent or greater. Such a certification exempts the supervisor from the 15 hour coursework and 6 hour professional development requirements, and it allows them to waive the requirement that they must have been licensed and either supervising or practicing psychotherapy for two of the past five years prior to commencing any supervision.

The proposed language is specifically worded so that it only applies to supervisors who are also Board licensees. Supervisors who are licensed psychologists or psychiatrists would not need to complete the supervision training and coursework, consistent with current law.

Section Added: 16 CCR §1821.2; Change also proposed for LCSW and LMFT.

27. Annual Assessment: LCSW regulations require a supervisor to complete an annual assessment of the strengths and limitations of the registrant and to provide the registrant with a copy. The Committee decided that an annual assessment should also be required for LMFT and LPCC applicants.

Section Affected: 16 CCR §1821(b)(10) Change also proposed for LMFT (LCSW law already requires).

28. Supervisory Plan: Current regulations require the supervisor and the supervisee to develop a “supervisory plan” that describes the goals and objectives of supervision. The registrant is required to submit the signed plan when applying for licensure. The Committee has requested language requiring that the supervisor and supervisee collaborate to develop the goals and objectives. This form will be merged with the Supervision Agreement as discussed in item #29 below.

Section Affected: CCR §1820(c); Change also proposed for LCSW and LMFT.

29. Supervision Agreement: Currently, all supervisors must sign a “Supervisor Responsibility Statement” whereby the supervisor signs under penalty of perjury that he or she meets the requirements to become a supervisor, and understands his or her specific responsibilities as set forth in law.

The Committee has proposed that a “Supervision Agreement” would replace both the “Supervisor Responsibility Statement” and the “Supervisory Plan” described in #28 above. The “Supervision Agreement” would be completed by both the supervisor and supervisee, and signed under penalty of perjury. It would include information about the supervisor’s qualifications, an acknowledgement of supervisor and supervisee responsibilities, and a description of the collaboratively developed goals and objectives of supervision. The original would be retained by the supervisee and submitted to the Board upon application for licensure. (See LMFT Language, Attachment C for an example draft “Supervision Agreement”).

Sections Affected: 16 CCR §§1820(b),(c), 1821(d),(e); Change also proposed for LCSW and LMFT.

30. Weekly Log: The “Weekly Log” form is for the purpose of tracking completed supervised experience. The form is currently incorporated by reference into the actual regulation, which means that a regulation change process is necessary in order to change the text of the form. To avoid this hurdle, staff has proposed language that would instead specify the required content of the weekly log, rather than including the actual form in the regulation.

Section Affected: 16 CCR §1820(d); Change also proposed for LMFT (weekly log will be newly required for LCSW).

31. Experience Verification: Staff became aware that current regulations do not explicitly specify that supervisors must sign off on experience hours at the completion of supervision. The proposed regulations now clarify this requirement.

Section Affected: 16 CCR §1820(e); Change also proposed for LCSW and LMFT.

32. Supervisor Self-Assessment and Listing of Supervisors: The Board has no record of the licensees who are currently supervising trainees and associates. This information is only known once an applicant for licensure submits verification of completed supervised experience. This also means that registrants seeking supervision do not have any straightforward way to search for a supervisor.

To address these issues, and in light of the benefits detailed below, the Committee proposed requiring all supervisors to perform a self-assessment of qualifications, which would confirm that the licensee meets all requirements to be a supervisor. The self-assessment would be submitted to the Board for review within 60 days of commencing supervision. For supervisors who are BBS licensees, a “supervisor” notation would be added to the licensee’s public online record (the Board is unable to add a notation to Psychologist and Psychiatrist records).

The Committee’s goal in creating the self-assessment process was to create a framework that increases accountability without creating a significant impact on current or future supervisors.

Some of the benefits to this new process for supervisors are:

- Supervisees will have more assurance that his or her supervisor meets all requirements.
- Supervisors will have more awareness of (and better adherence to) requirements, which better protects the supervisee.
- Supervisors will be searchable online through Breeze, which would assist individuals in finding a supervisor.
- The Board will have the ability to target communications directly to supervisors.

The supervisor’s listing with the Board would be initiated by submission of the “Supervisor Self-Assessment” report signed under penalty of perjury. This report would indicate the supervisor’s specific qualifications, and will require the supervisor to acknowledge certain responsibilities set forth in law.

Implementation of this framework would create a significant new workload that cannot be absorbed by existing staff. In addition, there would be a fiscal impact to the Board for new positions and Breeze changes.

The effective date of this requirement would be delayed to January 1, 2020 to allow time for the Breeze system to be modified so that supervisors who are BBS licensees will be searchable. New supervisors would be required to submit the “Supervisor Self-Assessment Report” within 60 days of commencing any supervision. The deadline date for existing supervisors (those supervising prior to January 1, 2020) is proposed to be December 31, 2020.

This extended deadline is necessary so that this new workload will be manageable. The Board currently has over 68,000 licensees with an active, inactive or expired license. The California Association of Marriage and Family Therapist's 2015 demographic survey indicates that about 30% of licensees are also clinical supervisors. Similar data could not be located for the LPCC profession.

See LMFT language, Attachment D for the draft "Supervisor Self-Assessment Report".

Sections Affected: 16 CCR §§ 1820(b), 1821(d),(e); Change also proposed for LCSW and LMFT.

33. Timelines for Supervisors: The proposed regulations establish timelines to complete specified activities as follows:

- The "Supervisor Self-Assessment" must be completed and submitted to the Board within 60 days of a new supervisor commencing any supervision. The effective date would be January 1, 2020. For existing supervisors, the report must be submitted by December 31, 2020.
- The "Supervision Agreement" would be implemented upon approval of the proposed regulations, and must be completed within 60 days of commencing supervision with any individual supervisee.
- The initial 15-hour supervision training course must be completed by new supervisors within one of the following time frames:
 - Within two (2) years prior to commencing supervision OR
 - Within four (4) years prior to commencing supervision if taken from a graduate program at an accredited or approved school OR
 - Within 60 days after commencing supervision.

Sections Affected: 16 CCR §§ 1820(b),(c), 1821(d),(e), 1821.2(a); Change also proposed for LCSW and LMFT.

34. Audits of Supervisors: A section has been added to allow the Board to audit a supervisor's records to verify they meet the supervisor qualifications specified in statute and regulations. It requires supervisors to maintain records of completion of the required supervisor qualifications for seven years after the completion of supervision, (consistent with statute regarding record retention) and to make these records available to the Board for an audit upon request.

The Board would likely audit a supervisor during a continuing education audit or if a complaint was received. The "Supervisor Self-Assessment Report," would be used in such audits.

Section 1886 of the Board's regulations already provides authority to issue citations and fines to licensees for violations of its statutes and regulations. Supervisors found to be in violation would be subject to citation and fine.

Section Added: BPC §4999.46.5; Change also proposed for LCSW and LMFT.

Policy and Advocacy Committee Meeting

At its September 30, 2016 meeting, the Policy and Advocacy Committee directed staff to make certain prescribed changes, and to bring the language to the Board for consideration as a legislative and regulatory proposal.

ATTACHMENTS:

Attachment A: Proposed LPCC Supervision Language

Attachment B: Reference Sections – Current Law: BPC §§4999.12, 4999.46, 16 CCR §§ 1820-1822

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ATTACHMENT A

PROPOSED LPCC SUPERVISION LANGUAGE

- **Blue** strikeout/underline indicates text that has simply been moved from one location to another.
- **Red** or **Green** strikeout/underline indicates new language, which ranges from minor changes in wording to more significant changes.
 - Text shown in **Red** are amendments made by the Supervision Committee.
 - Text shown in **Green** are amendments made after the last Policy and Advocacy Committee meeting.

§4999.12. DEFINITIONS

For purposes of this chapter, the following terms have the following meanings:

(a) “Board” means the Board of Behavioral Sciences.

(b) “Accredited” means a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education.

(c) “Approved” means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant’s graduation from the school, college, or university.

(d) “Applicant for licensure” means an unlicensed person ~~who has completed a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, and whose application for registration as an intern is pending or who has applied for examination eligibility, or an unlicensed person~~ who has completed the required education and required hours of supervised experience requirements for licensure as specified in this chapter ~~and is no longer registered with the board as an intern.~~

(e) “Licensed professional clinical counselor” or “LPCC” means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.

(f) “~~Intern~~” Associate” means an unlicensed person who meets the requirements of Section 4999.42 and ~~is registered with the board.~~ meets one of the following definitions, unless otherwise specified:

- 1) The individual is registered with the board as an associate.
- 2) The individual’s degree was awarded and he or she applies for registration as an associate within 90 days of the degree award date.

(g) “Clinical counselor trainee” means an unlicensed person who is currently enrolled in a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(h) “~~Approved supervisor~~Supervisor” means an individual who meets the following requirements:

(1) Has ~~documented two years of clinical experience~~ been actively licensed in California or has held an active equivalent license in any other state as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical psychologist, licensed clinical social worker, or licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, for at least two (2) of the past five (5) years immediately prior to commencing any supervision.

(2) Meets the additional training and education requirements specified in paragraph (3) of subdivision (a) of section 4999.20, if the supervisor is a licensed professional clinical counselor who is supervising an associate marriage and family therapist or a marriage and family therapist trainee; or is supervising an associate professional clinical counselor or licensee seeking experience to treat couples and families in compliance with section 4999.20(a)(3)(B) of the code.

(3) Has practiced psychotherapy or provided direct clinical supervision of MFT trainees, associate MFTs, associate PCCs, or associate clinical social workers, who perform psychotherapy, for at least two (2) years within the five (5) year period immediately preceding any supervision. Supervision of social work students enrolled in an accredited master’s or doctoral program, or LPCC trainees, who perform psychotherapy, shall be accepted toward the required two (2) years if the supervision provided to the student is substantially equivalent to the supervision required for registrants.

~~(24)~~ Has received professional training in supervision, as specified in this chapter and by regulation.

~~(35)~~ Has not provided therapeutic services to the ~~clinical counselor trainee or intern~~supervisee.

~~(46)~~ Has and maintains a current and ~~valid~~active California license that is not under suspension or probation.

(7) Complies with supervision requirements established by this chapter and by board regulations.

(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) "Advertising" or "advertise" includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(k) "Referral" means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) "Research" means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) "Supervision" means responsibility for, and control of, the quality of services being provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, the following:

(1) Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised.

(2) ~~Reviewing client or patient records, m~~Monitoring and evaluating assessment, diagnosis, and treatment decisions of the ~~clinical counselor trainees~~supervisee and providing regular feedback.

(3) Monitoring and evaluating the supervisee's ability ~~of the intern or clinical counselor trainee~~ to provide services to the particular clientele at the site or sites where he or she will be practicing.

(4) Monitoring for and addressing clinical dynamics such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or the practitioner-patient relationship.

(45) Ensuring the supervisee's compliance with laws and regulations governing the practice of licensed professional clinical counseling.

~~(56)~~ Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

~~(7) That amount of~~ With the client's written consent, providing direct observation, or review of audio or video ~~tapes recordings~~ of the supervisee's counseling or therapy, as

deemed appropriate by the supervisor.

(n) The term “clinical setting,” as used in this ~~article~~chapter means any setting that meets all the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy; and,

(2) Provides oversight to ensure that the ~~associate's or trainee's~~ work at the setting meets the experience and supervision requirements set forth in ~~Chapter 16 (Commencing with Section 4999.10) of Division 2 of the Business and Professions Code~~ ~~this chapter and in regulation~~, and is within the scope of practice of the profession as specified therein.

(o) The term “community mental health setting,” as used in Section 4999.46 of the Code, means a clinical setting that meets all of the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy;

(2) Clients routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or other psycho-social interventions;

(3) Clients receive coordinated care that includes the collaboration of mental health providers; and,

(4) Is not a private practice. ~~owned by a licensed professional clinical counselor, licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician or surgeon, a professional corporation of any of these licensed professions or a corporation of unlicensed individuals.~~

~~§4999.34. PRACTICUM AND FIELD EXPERIENCE; SETTING REQUIREMENTS; TRAINEE~~

~~A clinical counselor trainee may be credited with predegree supervised practicum and field study experience completed in a setting that meets all of the following requirements:~~

~~(a) Lawfully and regularly provides mental health counseling and psychotherapy.~~

~~(b) Provides oversight to ensure that the clinical counselor trainee's work at the setting meets the practicum and field study experience and requirements set forth in this chapter and is within the scope of practice for licensed professional clinical counselors.~~

~~(c) Is not a private practice.~~

~~(d) Experience may be gained by the clinical counselor trainee solely as part of the position for which the clinical counselor trainee volunteers or is employed.~~

§4999.36. TRAINEE ACTIVITIES AND SERVICES; APPLICANT AND SCHOOL RESPONSIBILITIES

(a) A clinical counselor trainee may perform activities and services provided that the activities and services constitute part of the clinical counselor trainee's supervised course of study and that the person is designated by the title "clinical counselor trainee."

(b) All practicum and field study hours gained as a clinical counselor trainee shall be coordinated between the school and the site where hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site.

(c) If an applicant has gained practicum and field study hours while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant's responsibility to provide to the board satisfactory evidence that those practicum and field study hours were gained in compliance with this section.

(d) A clinical counselor trainee shall inform each client or patient, prior to performing any professional services, that he or she is unlicensed and under supervision.

(e) No hours earned while a clinical counselor trainee may count toward the 3,000 hours of required postdegree internship hours supervised experience.

~~(f) A clinical counselor trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. For purposes of this subdivision, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.~~

§4999.44. PROFESSIONAL EXPERIENCE; SETTING REQUIREMENTS; REGISTERED INTERN

~~An intern may be credited with supervised experience completed in any setting that meets all of the following requirements:~~

~~(a) Lawfully and regularly provides mental health counseling or psychotherapy.~~

~~(b) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as specified in Article 2 (commencing with Section 4999.20).~~

~~(c) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.~~

~~(d) An intern shall not be employed or volunteer in a private practice until registered as an intern.~~

~~§4999.45. INTERN EMPLOYMENT; DUTIES, RESPONSIBILITIES AND LIMITATIONS; EFFECTIVE JANUARY 1, 2016~~

~~(a) An intern employed under this chapter shall:~~

~~(1) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an intern.~~

~~(2) Not be employed or volunteer in a private practice until registered as an intern.~~

~~(3) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.~~

~~(4) Renew annually for a maximum of five years after initial registration with the board.~~

~~(b) When no further renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.~~

~~(c) This section shall become operative on January 1, 2016.~~

~~§4999.455. EMPLOYMENT OR SUPERVISION OF REGISTRANTS; MAXIMUM NUMBER OF REGISTRANTS~~

~~(a) A licensed professional in private practice who has satisfied the requirements of subdivision (h) of Section 4999.12 may supervise or employ, at any one time, no more than a total of three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.~~

~~(b) A professional clinical counselor corporation may employ, at any one time, no more than three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (h) of Section 4999.12. In no event shall any professional clinical counselor corporation employ, at any one time, more than 15 individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the professional clinical counselor corporation and shall be actively engaged in performing professional services at and for the professional clinical counselor corporation.~~

~~Employment and supervision within a professional clinical counselor corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.~~

§4999.46. SUPERVISED EXPERIENCE REQUIREMENTS; QUALIFICATION FOR LICENSURE; EFFECTIVE JANUARY 1, 2016

(a) To qualify for licensure as specified in Section 4999.50, applicants shall complete experience related to the practice of professional clinical counseling under ~~an approved~~ a supervisor. The experience shall comply with the following:

(1) A minimum of 3,000 postdegree hours of supervised experience performed over a period of not less than two years (104 weeks).

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,750 hours of direct clinical counseling with individuals, groups, couples, or families in a setting described in Section ~~4999.44~~4999.46.3 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(4) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section ~~4999.12~~ 1820 of Title 16 of the California Code of Regulations.

(5) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that have been approved by the applicant's supervisor.

(b) An individual who submits an application for ~~examination eligibility licensure~~ between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements of this section that were in place on January 1, 2015.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for ~~examination eligibility licensure~~ was filed.

~~(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.~~

~~(e) All applicants and interns shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of professional clinical counseling.~~

~~(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.~~

~~(g) Except for experience gained by attending workshops, seminars, training sessions, or conferences as described in paragraph (5) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.~~

~~(1) No more than six hours of supervision, whether individual or group, shall be credited during any single week. This paragraph shall apply to supervision hours gained on or after January 1, 2009.~~

~~(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.~~

~~(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.~~

~~(4) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.~~

~~(h) This section shall become operative on January 1, 2016.~~

§4999.46.1 REGISTRATION AS AN ASSOCIATE

(a) All applicants for licensure and registrants/associates shall be at all times under the supervision of a supervisor as specified in this chapter and by regulation.

(b) Except as provided in subdivision (c), all persons shall have an active associate registration with the board in order to gain postdegree hours of supervised experience.

(c) Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for registration as an associate within 90 days of the granting of the qualifying degree and is thereafter granted registration as an associate by the board. An applicant shall not be employed or volunteer in a private practice until an associate registration has been issued by the board.

(d) An associate employed under this chapter shall:

(1) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an associate.

(2) Not be employed or volunteer in a private practice until registered as an associate.

(3) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.

(4) Renew annually for a maximum of five (5) years after initial registration with the board.

(e) When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent associate registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant issued a subsequent associate registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

§4999.46.2 DIRECT SUPERVISOR CONTACT

(a) A clinical counselor trainee shall receive an average of at least one (1) hour of direct supervisor contact in each week for every five (5) hours of ~~client contact~~ direct clinical counseling that is performed in each setting.

(b) Except for experience gained by attending workshops, seminars, training sessions, or conferences as described in paragraph (5) of subdivision (a) of section 4999.46, supervision shall include at least one (1) hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) An associate gaining experience shall receive at least one (1) additional hour of direct supervisor contact ~~for~~in every week in which more than 10 hours of ~~face-to-face psychotherapy~~ direct clinical counseling is performed in each setting. No more than six (6) hours of supervision, whether individual or group, shall be credited during any single week.

(c) "One (1) hour of direct supervisor contact" means any of the following:

(1) Individual supervision, defined as one (1) hour of face-to-face contact between one (1) supervisor and one (1) supervisee.

(2) Triadic supervision, defined as one (1) hour of face-to-face contact between one (1) supervisor and two (2) supervisees.

(3) Group supervision, defined as two (2) hours of face-to-face contact between one (1) supervisor and no more than eight (8) supervisees. Segments of group supervision may be split into no less than one (1) continuous hour.

(d) Direct supervisor contact shall occur within the same week as the hours claimed.

(e) An applicant for licensure shall have received at least one (1) hour per week of direct supervisor contact that is individual and/or triadic, as specified in subdivisions (1) or (2) of subsection (c), for a minimum of 52 weeks.

(f) When conducting group supervision, the supervisor shall ensure that the amount and degree of supervision is appropriate for each supervisee.'s needs.

(g) Notwithstanding subsection (c), an associate working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld compliance with state and federal laws relating to confidentiality of patient health information.

(h) The six (6) hours of supervision that may be credited during any single week pursuant to paragraph (1) of subdivision (b) shall apply to supervision hours gained on or after January 1, 2009.

(i) Notwithstanding any other provision of law, once the required number of experience hours are gained, associates and applicants for licensure who have finished gaining experience hours shall receive a minimum of one (1) hour of direct supervisor contact per week for each setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice as defined in section 4999.46(a)(5) is at the supervisor's discretion.

§4999.46.3 SUPERVISION: ACCEPTABLE SETTINGS: ACCEPTABLE SUPERVISION PRACTICES

(a) Clinical counselor trainees, interns, and applicants for licensure shall perform services only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of clinical mental health experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor. Clinical counselor trainees, associates, and applicants for licensure shall only perform services as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. No clinical counselor trainee, associate, or applicant for licensure shall perform any services or gain any experience within the scope of practice of the profession, as defined in Section 4999.20, as an independent contractor.

(1) If employed, an clinical counselor associate shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure. as a professional clinical counselor.

(2) If volunteering, an ~~clinical counselor-associate~~ shall provide the board with a letter from his or her employer verifying the ~~associate's status as a volunteer during the dates the experience was gained. The letter shall be provided to the board upon application for licensure. as a professional clinical counselor.~~

(b) (1) A ~~clinical counselor trainee~~ shall not perform services in a private practice. A clinical counselor trainee may be credited with predegree supervised practicum and field study experience completed in a setting that meets all of the following requirements:

(A) Lawfully and regularly provides mental health counseling and psychotherapy.

(B) Provides oversight to ensure that the clinical counselor trainee's work at the setting meets the practicum and field study experience and requirements set forth in this chapter and is within the scope of practice for licensed professional clinical counselors.

~~(C) Is not a private practice.~~

~~(2) Experience may be gained by the clinical counselor trainee solely as part of the position for which the clinical counselor trainee volunteers or is employed. Only experience gained in the position for which the clinical counselor trainee either volunteers or is employed shall qualify as supervised experience.~~

(c) (1) An ~~associate~~ may be credited with supervised experience completed in any setting that meets both of the following requirements:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the ~~associate's~~ work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as specified in Article 2 (commencing with Section 4999.20).

(2) While an ~~associate~~ may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration.

~~(3) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed. Only experience gained in the position for which the associate either volunteers or is employed shall qualify as supervised experience.~~

~~(4) An applicant for registration as an associate shall not be employed or volunteer in a private practice until an associate registration has been issued by the board.~~

(d) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience.

Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(e) Clinical counselor trainees, associates, and applicants for licensure shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(f) Clinical counselor trainees, associates, and applicants for licensure shall have no proprietary interest in the employer's business and shall not lease or rent space, pay for furnishings, equipment or supplies, or in any other way pay for the obligations of their employers.

(g) Clinical counselor trainees, associates, and applicants for licensure who provide ~~volunteered~~ voluntary services in any lawful work setting other than a private practice, or other services, and who only receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by ~~these~~ the clinical counselor trainees, interns associate, and applicants for licensure for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit an applicant for licensure who receives reimbursement for expenses and the applicant shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(h) Trainees, associates and applicants for licensure who received a stipend or educational loan repayment from a program designed to encourage demographically underrepresented groups to enter the profession, or to improve recruitment and retention in underserved regions or settings, shall be considered an employee and not an independent contractor. The board may audit applicants who receive a stipend or student loan repayment, and the applicants shall have the burden of demonstrating that the payments received were for the specified purposes.

(i) Each educational institution preparing applicants pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her associates and clinical counselor trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

§4999.46.4 OVERSIGHT OF SUPERVISEES; MAXIMUM NUMBER OF REGISTRANTS

(a) Clinical counselor trainees, associates, and applicants for licensure shall only perform services at the place where their employer regularly conducts business and services, which may include other locations, as long as the services are performed

under the direction and control of their employer and their supervisor, and in compliance with the laws, statutes and regulations pertaining to supervision.

(b) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer. Except for periods of time during a supervisor's vacation or sick leave, an associate who is employed or volunteering in private practice shall be under the direct supervision of a supervisor who is either employed by and practices at the same site as the associate's employer, or is an owner or shareholder of the private practice.

(c) A licensed professional in private practice who has satisfied the requirements of subdivision (h) of Section 4999.12 may supervise or employ, at any one time, no more than a total of three individuals registered as an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker in that private practice.

(d) The following limits shall apply to professional clinical counselor corporations:

- (1) A professional clinical counselor corporation may employ-retain, at any one time, no more than a total of three individuals employees and volunteers registered as an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (h) of Section 4999.12.
- (2) In no event shall any professional clinical counselor corporation employ-retain, at any one time, more than a total of 15 individuals employees and volunteers registered as an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker.
- (3) In no event shall any supervisor supervise, at any one time, more than a total of three individuals employees and volunteers registered as an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker. Persons who supervise individuals employees and volunteers registered as an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker shall be employed full time by the professional clinical counselor corporation and shall be actively engaged in performing professional services at and for the professional clinical counselor corporation.
- (4) Employment and supervision within a professional clinical counselor corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

(e) In a private practice setting, the registered intern's supervisor must be an owner or shareholder of the private practice. Alternatively, the supervisor may be employed by the private practice and regularly conduct business at the same site as the registered

intern.

(e) In a setting which is not a private practice, a written agreement, as specified in regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(f) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where an associate will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a professional clinical counselor; and (2) the experience is in compliance with the requirements set forth in section 1820 and section 4999.46 of the Code.this chapter and in regulation.

(g) Alternative supervision for a supervisee may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements set forth in this chapter and in regulation.

§4999.46.5 AUDITS OF SUPERVISORS

The board shall have the right to audit the records of any supervisor to verify the completion of the supervisor qualifications specified by this chapter and by regulation. Supervisors shall maintain records of completion of the required supervisor qualifications for a period of seven (7) years after termination of supervision, and shall make these records available to the board for auditing purposes upon request.

§4999.47. EMPLOYMENT; TRAINEE, REGISTERED INTERN AND APPLICANTS; REMUNERATION

(a) Clinical counselor trainees, interns, and applicants shall perform services only as an employee or as a volunteer.

The requirements of this chapter regarding gaining hours of clinical mental health experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(1) If employed, a clinical counselor intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure as a professional clinical counselor.

(2) If volunteering, a clinical counselor intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure as a professional clinical counselor.

(b) Clinical counselor trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

~~(c) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration.~~

~~(d) Clinical counselor trainees, interns, and applicants who provide voluntary services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those clinical counselor trainees, interns, and applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor.~~

~~(e) The board may audit an intern or applicant who receives reimbursement for expenses and the intern or applicant shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.~~

~~(f) Clinical counselor trainees, interns, and applicants shall only perform services at the place where their employer regularly conducts business and services, which may include other locations, as long as the services are performed under the direction and control of the employer and supervisor in compliance with the laws and regulations pertaining to supervision. Clinical counselor trainees, interns, and applicants shall have no proprietary interest in the employer's business.~~

~~(g) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and clinical counselor trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.~~

§4999.90. UNPROFESSIONAL CONDUCT

The board may refuse to issue any registration or license, or may suspend or revoke the registration or license of any intern-associate or licensed professional clinical counselor, if the applicant, licensee, or registrant has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter shall be deemed to be a conviction within the meaning of this section.

The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using any of the dangerous drugs specified in Section 4022, or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing licensed professional clinical counseling services.

(d) Gross negligence or incompetence in the performance of licensed professional clinical counseling services.

(e) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

(f) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity.

(g) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee or registrant, allowing any other person to use his or her license or registration.

(h) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(i) Intentionally or recklessly causing physical or emotional harm to any client.

(j) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(k) Engaging in sexual relations with a client, or a former client within two years following termination of therapy, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a licensed professional clinical counselor.

(l) Performing, or holding oneself out as being able to perform, or offering to perform, or permitting any trainee, applicant, or registrant under supervision to perform, any professional services beyond the scope of the license authorized by this chapter.

(m) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client which is obtained from tests or other means.

(n) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(o) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional clinical counseling services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (n).

(p) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(q) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device.

(r) Any conduct in the supervision of a registered intern, associate clinical social worker, or clinical counselor trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

(s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(t) Permitting a clinical counselor trainee, ~~or intern~~ associate or applicant for licensure under one's supervision or control to perform, or permitting the clinical counselor trainee, ~~or intern~~ associate or applicant for licensure to hold himself or herself out as

competent to perform, professional services beyond the clinical counselor trainee's ~~or intern's associate's or applicant for licensure's~~ level of education, training, or experience.

(u) The violation of any statute or regulation ~~of the standards of the profession, and the nature of the services being rendered,~~ governing the gaining and supervision of experience required by this chapter.

(v) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(w) Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(x) Failing to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(y) Repeated acts of negligence.

(z) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(aa) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of an examination as described in Section 123.

(ab) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as a professional clinical counselor, clinical social worker, educational psychologist, or marriage and family therapist.

(ac) Failing to comply with the procedures set forth in Section 2290.5 when delivering health care via telehealth.

(ad) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

§1820 EXPERIENCE SUPERVISED EXPERIENCE: REQUIRED DOCUMENTATION

~~(a) In order for experience to qualify under Section 4999.50(a)(2) of the Code, it must have been gained in accordance with Sections 4999.44 through 4999.47 of the Code and the regulations contained in this article.~~

~~(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern; monitoring and evaluating the ability of the intern to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and ensuring compliance with laws and regulations governing the practice of professional clinical counseling. Supervision shall include that amount of direct observation, or review of audio or video tapes of counseling, as deemed appropriate by the supervisor.~~

~~(c) The term "clinical setting," as used in this article means any setting that meets all the following requirements:~~

~~(1) Lawfully and regularly provides mental health counseling or psychotherapy; and,~~

~~(2) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in Chapter 16 (Commencing with Section 4999.10) of Division 2 of the Business and Professions Code and is within the scope of practice of the profession as specified therein.~~

~~(d) The term "community mental health setting," as used in Section 4999.46 of the Code, means a clinical setting that meets all of the following requirements:~~

~~(1) Lawfully and regularly provides mental health counseling or psychotherapy;~~

~~(2) Clients routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or other psycho-social interventions;~~

~~(3) Clients receive coordinated care that includes the collaboration of mental health providers; and,~~

~~(4) Is not a private practice owned by a licensed professional clinical counselor, licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician or surgeon, a professional corporation of any of these licensed professions or a corporation of unlicensed individuals.~~

~~(e) Supervision shall be credited only upon the following conditions:~~

~~(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant or intern shall have at least one (1) hour of~~

~~one-on-one, individual, face-to-face supervisor contact or two (2) hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.~~

~~(2) The applicant or intern shall have received at least one (1) hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of fifty-two (52) weeks.~~

~~(3)(a) Pursuant to Section 4999.46.4 of the Business and Professions Code, in a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement ~~must~~shall be executed between the supervisor and the ~~organization,~~employer when the supervisor is not employed by the supervisee's employer or is a volunteer.~~

(1) The written agreement shall be executed prior to commencement of supervision.

(2), in which the supervisor agrees The written agreement shall contain a declaration from the supervisor agreeing to ensure that the extent, kind, and quality of counseling performed by the ~~intern~~supervisee is consistent with the ~~intern's~~supervisee's training, education, and experience, and is appropriate in extent, kind, and quality.

(3) The agreement shall contain an acknowledgment by the employer that the employer:

(1)(i) Is aware of the licensing requirements that must be met by the ~~intern~~supervisee and that the employer agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and

(2)(ii) Agrees to provide the supervisor access to clinical records of the clients counseled by the ~~intern~~supervisee.; and

(iii) Is aware that the supervisor will be providing clinical perspectives need to provide clinical direction to the supervisee in order to ensure compliance with the standards of practice of the profession, and agrees not to interfere with this process.

(b) Effective January 1, 2020, supervisors shall complete and submit a self-assessment report of qualifications to be a supervisor, as specified in section 1821.

(c) A supervisor who assumes responsibility for providing supervision under section 4999.46 of the Code shall collaborate with the supervisee to develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the "Supervisory Plan". (form no. 1800 37A-521, Rev. 3/10),

hereby incorporated by reference. This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted to the supervisee within 60 days of commencing supervision.

(c) (1) Within 60 days of the commencement of any supervision, the supervisor and supervisee shall sign a supervision agreement under penalty of perjury. The original signed supervisory agreement shall be retained by the supervisee and submitted to the Board with the supervisee's application for licensure.

(2) A supervisor and a supervisee who are in a supervisory relationship that existed prior to the effective date of this regulation are not required to complete a supervision agreement. The supervisee shall instead submit the previously required signed **supervisor responsibility statement** with his or her application for licensure.

(3) The supervision agreement shall include all of the following:

(A) The supervisor's qualifications to be a supervisor as specified in section 1821, and in section 4999.12 of the Code.

(B) The supervisor states that he or she understands the requirements pertaining to registration of the supervisee, acceptable supervision practices and work settings, supervisee employment and oversight of supervisees as specified in sections 4999.46.1, 4999.46.3 and 4999.46.4 of the Code.

(C) The supervisor states that he or she understands the requirements pertaining to direct supervisor contact as specified in section 4999.46.2 of the Code.

(D) The supervisor states that he or she understands the supervision documentation required by section 1820 and the Board's right to audit a supervisor's compliance with the requirements specified in this article and in the Code.

(E) The supervisee states that he or she understands all of the following:

(i) Requirements pertaining to registration as an associate as specified in section 4999.46.1 of the Code.

(ii) The supervisee's supervisor must hold a current and active California license while supervising in order for hours to count toward licensure as specified in section 1821.

(iii) Requirements pertaining to documentation of completed supervised experience as specified in this section.

(iv) Prohibited practices pertaining to employment and supervisory relationships as specified in section 4999.46.3 of the Code.

(v) The six (6)-year limit pertaining to experience hours as specified in section 4999.46 of the Code.

(F) A supervisory plan that describes the goals and objectives of supervision, and whereby the supervisor affirms his or her understanding of the responsibilities pertaining to monitoring and evaluating the supervisee as specified in section

1821, and in section 4999.12 of the Code. This plan shall be developed collaboratively by the supervisor and supervisee.

~~(4)(d) The applicant or intern-associate shall maintain a record/weekly log of all hours of experience gained toward licensure, on the “Weekly Summary of Experience Hours for Professional Clinical Counselor Interns” (form No. 1800-37A-645 Revised 02/15), hereby incorporated by reference. The record/log of hours must be signed by the supervisor on a weekly basis. An intern-associate shall retain all “Weekly Summary of Experience Hours for Professional Clinical Counselor Interns”/the signed logs until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the “Weekly Summary of Experience Hours for Professional Clinical Counselor Interns” log as it deems necessary to verify hours of experience. The log shall include all of the following:~~

- ~~(1) The name and address of the supervisee’s work setting.~~
- ~~(2) Hours of experience gained by category in a given week.~~
- ~~(3) Total hours gained per week and in each category overall.~~

~~(e) Completed hours of experience shall be documented at the completion or termination of supervision. Such documentation shall be submitted by the supervisee upon application for licensure and shall include all of the following:~~

- ~~(1) The supervisor’s telephone number, and the supervisor’s license information.~~
- ~~(2) The supervisee’s employer’s name, address and telephone number.~~
- ~~(3) Whether the supervisee’s work setting complies with sections 4999.46.3 and 4999.46.4 of the Code.~~
- ~~(4) Documentation of employment or volunteer status, as specified in section 4999.46.3 of the Code.~~
- ~~(5) The applicant’s accumulated hours of experience broken down by category.~~
- ~~(6) The amount and type of supervision provided to the applicant.~~
- ~~(7) The dates during which the experience was gained.~~
- ~~(8) The supervisor’s signature under penalty of perjury.~~

~~(f) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern’s employer.~~

NOTE: Authority cited: Sections 4990.20, 4999.48 and 4999.50, Business and Professions Code. Reference: Sections 4999.44, 4999.12, 4999.45, and 4999.46; through 4999.46.4-4999.47 Business and Professions Code.

§1821. REQUIREMENTS FOR SUPERVISORS

(a) Any person supervising an intern-associate (hereinafter "supervisor") within California shall comply with the requirements set forth in this section.

~~(b) Prior to the commencement of any counseling or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern" (form No.1800-37A-643, New 3/10), hereby incorporated by reference, requiring that:~~

(1) The supervisor possesses and maintains a current valid and active California license that is not under suspension or probation as either a professional clinical counselor, marriage and family therapist, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4999.12 (h) of the Code and has been so licensed in California or in any other state for at least two (2) of the past five (5) years immediately prior to commencing any supervision.

(2) A supervisor who is not licensed as a professional clinical counselor, shall have sufficient experience, training, and education in professional clinical counseling to competently practice professional clinical counseling in California.

~~(3) The supervisor shall be competent in the areas of clinical practice and techniques being supervised, and shall keepThe supervisor keeps himself or herself informed of developments in professional clinical counseling and in California law governing the practice of professional clinical counseling.~~

(4) The supervisor ~~has and maintains a current license in good standing and~~ will immediately notify the intern-associate of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects the supervisor's ability or right to practice or supervise.

(5) The supervisor has practiced psychotherapy or provided direct clinical supervision of MFT trainees, associate MFTs, interns, associate PCCs, or associate clinical social workers, who perform psychotherapy, for at least two (2) years within the five (5) year period immediately preceding any supervision. Supervision of social work students enrolled in an accredited master's or doctoral program, or LPCC trainees, who perform psychotherapy, shall be accepted toward the required two (2) years if the supervision provided to the student is substantially equivalent to the supervision required for registrants.

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise ~~interns-associates~~. Persons licensed by the board who provide supervision shall complete the minimum supervision training or coursework specified in Section 1821.3.

~~(A) Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework in each renewal~~

~~period while providing supervision. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.~~

~~(B) Persons licensed by the board who provide supervision and who have not met requirements of subsection (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.~~

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of interns associates and the experience required for licensure as a professional clinical counselor.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed by the internsupervisee is consistent with the education, training, and experience of the intern-associate.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the internsupervisee by review of progress notes, process notes, and other treatment records, and also by that amount of direct observation, or review of audio or video recordings of therapy, with the client's written consent, as deemed appropriate by the supervisor. ~~direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.~~

(10) The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate at least once a year and at the completion or termination of supervision. The supervisor shall provide the associate with a copy of all assessments.

~~(10)(11)~~ The supervisor shall address with the intern the manner in which emergencies will be handled-establish written procedures for associates to contact the supervisor, or, in the supervisor's absence, procedures for contacting an alternative on-call supervisor to assist associates in handling crises and emergencies. The supervisor shall provide these procedures to the associate.

(12) If the supervisor is a licensed professional clinical counselor who is supervising an associate marriage and family therapist or a marriage and family therapist trainee; or who is supervising an associate professional clinical counselor or licensee seeking experience to treat couples and families in compliance with section 4999.20(a)(3)(B) of the code, then the supervisor shall meet the additional training and education requirements specified in paragraph (3) of subdivision (a) of section 4999.20.

~~(c) Each supervisor shall provide the intern with the original signed "Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern" (new 03/10, form No. 1800-37A-643) prior to the commencement of any counseling or supervision. Interns shall provide the board with the signed "Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern" (new 03/10, form No. 1800-37A-643) from each~~

~~supervisor upon application for examination eligibility.~~

~~(d)(b)~~ A supervisor shall give at least one (1) week's prior written notice to an ~~intern~~ associate of the supervisor's intent not to sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

~~(e)(c)~~ The supervisor shall obtain from each ~~intern-associate~~ for whom supervision will be provided, the name, address, and telephone number of the ~~intern's~~ associate's most recent supervisor and employer.

~~(f) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where an intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a professional clinical counselor; and (2) the experience is in compliance with the requirements set forth in section 1820 and section 4999.46 of the Code.~~

(d) Effective January 1, 2020, a supervisor shall complete and sign under penalty of perjury a self-assessment report which includes all of the following:

- (1) The supervisor's qualifications to be a supervisor as specified in section 4999.12 of the Code.
- (2) The supervisor's telephone number and email address.
- (3) The date the licensee began supervising.
- (4) The supervisor's compliance with the training required by section 1821.3.
- (5) The supervisor states that he or she understands all of the following:
 - (A) The supervisor's license must meet the supervisor requirements set forth in section 4999.12 of the Code for a supervisee's experience hours to be credited.
 - (B) The supervisee notification requirement set forth in paragraph (a)(4) of this section.
 - (C) The requirements set forth in section 4999.46.4 of the Code pertaining to the maximum number of registrants.
 - (D) The Board's right to audit records pertaining to supervisor qualifications in accordance with section 4999.46.5 of the Code.
 - (E) The requirement to complete a supervision agreement for each supervisee as specified in section 1820.

(e) New supervisors shall submit a self-assessment report to the Board within 60 days of the commencement of any supervision.

(f) Pre-existing supervisors, defined as individuals acting as a supervisor prior to January 1, 2020, shall submit a self-assessment report to the Board by December 31, 2020.

(g) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

~~(h) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in subsection (a) (6) (A).~~

NOTE: Authority cited: Sections 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12, 4999.20, and 4999.46 through 4999.46.4 4999.34, 4999.36, 4999.44 through 4999.48 and 4999.54, Business and Professions Code.

§1821.1 SUBSTITUTE SUPERVISORS

(a) When it becomes necessary for a supervisee to obtain supervision temporarily from a substitute supervisor, the substitute supervisor shall meet all supervisor qualifications required by the Code and in this article.

(b) The substitute supervisor and the supervisee shall sign the supervision agreement required by section 1820, and the **substitute** supervisor shall sign the weekly log specified in section 1820.

(c) If the substitute supervisor will be supervising for 30 consecutive calendar days or less:

1) A new supervisory plan is not required. The substitute supervisor shall follow the supervisee's pre-existing supervisory plan.

2) The experience gained during that 30-day period may be verified by the regular supervisor.

(d) If the substitute supervisor will be supervising for more than 30 consecutive calendar days, a new supervisory plan shall be required, and the substitute supervisor shall verify the supervisee's experience gained during that time as required by section 1820.

NOTE: Authority cited: Sections 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12, 4999.46, and 4999.46.4, Business and Professions Code.

§1822. SUPERVISORY PLAN

~~(a) All licensed mental health professionals acceptable to the board as defined in Section 4999.12 of the Code who assume responsibility for providing supervision under section 4999.46 of the Code shall develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the "Supervisory Plan", (form no. 1800-37A-521, Rev. 3/10), hereby incorporated by reference.~~

~~(b) This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the professional clinical counselor intern to the board upon application for examination eligibility.~~

~~Note: Authority cited: Section 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12, 4999.34, 4999.36, 4999.44 through 4999.48 and 4999.54 Business and Professions Code.~~

§1821.2. SUPERVISION OF EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

Experience gained outside of California must have been supervised in accordance with the following criteria:

At the time of supervision, the supervisor was licensed or certified by the state or jurisdiction in which the supervision occurred, and possessed a current and active license which was not under suspension or probation. The supervisor was licensed or certified by that state or jurisdiction for at least two (2) of the past five (5) years immediately prior to acting as a supervisor, as either a psychologist, clinical social worker, licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, professional clinical counselor, marriage and family therapist or similarly titled marriage and family practitioner, or other equivalent license that allows the practitioner to independently provide clinical mental health services.

NOTE: Authority cited: Sections 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12, 4999.60 and 4999.61, Business and Professions Code.

§1821.3. SUPERVISOR TRAINING AND COURSEWORK

Persons licensed by the board who provide supervision shall complete, at a minimum, supervision training or coursework as follows:

- (a) Beginning January 1, 2019, supervisors who commence supervision for the first time in California shall obtain fifteen (15) contact hours in supervision training or coursework obtained from a government agency or from a continuing education provider specified as acceptable by the board in regulation. If taken from a continuing education provider specified as acceptable by the board in regulation, training may apply towards the approved continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.

- 1) The content of such training shall include, but not be limited to, current best practices and current standards regarding the following:
 - (A) Competencies necessary for new supervisors;
 - (B) Goal setting and evaluation;
 - (C) The supervisor-supervisee relationship;
 - (D) California law and ethics, including legal and ethical issues related to supervision;
 - (E) Cultural variables, including, but not limited to, race, gender, social class, and religious beliefs;
 - (F) Contextual variables, such as treatment modality, work settings, and use of technology;
 - (G) Supervision theories and literature; and
 - (H) Documentation and record keeping of the supervisee's client files, as well as supervision.
 - 2) If taken from a government agency or from a continuing education provider specified as acceptable by the board in regulation, this course shall have been taken within two (2) years prior to commencing supervision, or within 60 days after commencing supervision.
 - 3) If taken at a master's or higher level from an accredited or approved postsecondary institution, this course shall have been taken within four (4) years prior to commencing supervision, or completed within 60 days after commencing supervision.
- (b) A six (6)-hour supervision training course shall be taken by an individual who has previously qualified as a supervisor, but has not supervised for at least two (2) years within the five (5) year period immediately preceding any supervision.
- (c) Supervisors shall complete a minimum of six (6) hours of continuing professional development in supervision in each subsequent renewal period while providing supervision. This shall consist of one or more of the following activities and shall be documented:
- 1) Training or coursework directly covering the topic of supervision, obtained from a government agency or from a continuing education provider specified as acceptable by the board in regulation. If taken from a continuing education provider specified as acceptable by the board in regulation, it may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code;
 - 2) Teaching a supervision course as specified in subparagraph (1).

- 3) Authoring research pertaining to directly focused on supervision that has been published professionally. This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, newsletters, or other industry or academic published work deemed equivalent by the board. It shall not include personal opinion papers, editorials, or blogs.
- 4) Receiving mentoring of supervision or supervision of supervision from another board licensee who also qualifies as a supervisor. Collaboration with another board licensee who also qualifies as a supervisor through use of mentoring or consultation.
- 5) Documented Attendance at supervisor peer discussion groups with other board licensees who also qualify as supervisors.

(d) (1) In lieu of subparagraphs (a), (b), and (c), the Board shall accept a valid and active approved supervisor certification from one of the following entities:

- (A) The American Association for Marriage and Family Therapy (AAMFT)
- (B) The American Board of Examiners in Clinical Social Work (ABECSW)
- (C) The California Association of Marriage and Family Therapists (CAMFT)
- (D) The Center for Credentialing and Education (CCE)

(2) These licensees shall maintain a current and active California license, but are not required to have been actively licensed for at least two (2) of the past five (5) years immediately preceding any supervision, and are not required to have practiced psychotherapy or provided direct supervision of trainees or registrants for at least two (2) of the past five (5) years immediately preceding any supervision.

(3) The board may, in its sole discretion, accept an approved supervisor certification from another entity if the licensee can demonstrate that the certification requirements of that entity meet or exceed those of the above entities.

(e) The board shall not deny hours of experience gained towards licensure by any associate due to failure of his or her supervisor to complete the training, coursework, or continuing professional development requirements in this section.

NOTE: Authority cited: Sections 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12 and 4999.48, Business and Professions Code.

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ATTACHMENT B

Reference Sections – Current Law: BPC §§4999.12, 4999.46, 16 CCR §§ 1820-1822

§4999.12. DEFINITIONS

For purposes of this chapter, the following terms have the following meanings:

- (a) “Board” means the Board of Behavioral Sciences.
- (b) “Accredited” means a school, college, or university accredited by the Western Association of Schools and Colleges, or its equivalent regional accrediting association.
- (c) “Approved” means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant’s graduation from the school, college, or university.
- (d) “Applicant” means an unlicensed person who has completed a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, and whose application for registration as an intern is pending or who has applied for examination eligibility, or an unlicensed person who has completed the requirements for licensure specified in this chapter and is no longer registered with the board as an intern.
- (e) “Licensed professional clinical counselor” or “LPCC” means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.
- (f) “Intern” means an unlicensed person who meets the requirements of Section 4999.42 and is registered with the board.
- (g) “Clinical counselor trainee” means an unlicensed person who is currently enrolled in a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.
- (h) “Approved supervisor” means an individual who meets the following requirements:
 - (1) Has documented two years of clinical experience as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical psychologist, licensed clinical social worker, or licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.
 - (2) Has received professional training in supervision.

(3) Has not provided therapeutic services to the clinical counselor trainee or intern.

(4) Has a current and valid license that is not under suspension or probation.

(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) “Advertising” or “advertise” includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(k) “Referral” means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) “Research” means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) “Supervision” includes the following:

(1) Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised.

(2) Reviewing client or patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the clinical counselor trainee.

(3) Monitoring and evaluating the ability of the intern or clinical counselor trainee to provide services to the particular clientele at the site or sites where he or she will be practicing.

(4) Ensuring compliance with laws and regulations governing the practice of licensed professional clinical counseling.

(5) That amount of direct observation, or review of audio or videotapes of counseling or therapy, as deemed appropriate by the supervisor.

§4999.46. SUPERVISED EXPERIENCE REQUIREMENTS; QUALIFICATION FOR LICENSURE; EFFECTIVE JANUARY 1, 2016

(a) To qualify for licensure as specified in Section 4999.50, applicants shall complete experience related to the practice of professional clinical counseling under an approved supervisor. The experience shall comply with the following:

(1) A minimum of 3,000 postdegree hours of supervised experience performed over a period of not less than two years (104 weeks).

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,750 hours of direct counseling with individuals, groups, couples, or families in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(4) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(5) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that have been approved by the applicant's supervisor.

(b) An individual who submits an application for examination eligibility between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements that were in place on January 1, 2015.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(e) All applicants and interns shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has

had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained by attending workshops, seminars, training sessions, or conferences as described in paragraph (5) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(1) No more than six hours of supervision, whether individual or group, shall be credited during any single week. This paragraph shall apply to supervision hours gained on or after January 1, 2009.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.

(4) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(h) This section shall become operative on January 1, 2016.

§1820 EXPERIENCE

(a) In order for experience to qualify under Section 4999.50(a)(2) of the Code, it must have been gained in accordance with Sections 4999.44 through 4999.47 of the Code and the regulations contained in this article.

(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern; monitoring and evaluating the ability of the intern to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and ensuring compliance with laws and regulations governing the practice of professional clinical counseling. Supervision shall include that amount of direct observation, or review of audio or video tapes of counseling, as deemed appropriate by the supervisor.

(c) The term "clinical setting," as used in this article means any setting that meets all the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy; and,

(2) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in Chapter 16 (Commencing with Section 4999.10) of Division 2 of the Business and Professions Code and is within the scope of practice of the profession as specified therein.

(d) The term "community mental health setting," as used in Section 4999.46 of the Code, means a clinical setting that meets all of the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy;

(2) Clients routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or other psycho-social interventions;

(3) Clients receive coordinated care that includes the collaboration of mental health providers; and,

(4) Is not a private practice owned by a licensed professional clinical counselor, licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician or surgeon, a professional corporation of any of these licensed professions or a corporation of unlicensed individuals.

(e) Supervision shall be credited only upon the following conditions:

(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant or intern shall have at least one (1) hour of one-on-one, individual, face-to-face supervisor contact or two (2) hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.

(2) The applicant or intern shall have received at least one (1) hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of fifty-two (52) weeks.

(3) In a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement must be executed between the supervisor and the organization, prior to commencement of supervision, in which the supervisor agrees to ensure that the extent, kind, and quality of counseling performed by the intern is consistent with the intern's training, education, and experience, and is appropriate in extent, kind, and quality. The agreement shall contain an acknowledgment by the employer that the employer:

(A) Is aware of the licensing requirements that must be met by the intern and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and

(B) Agrees to provide the supervisor access to clinical records of the clients counseled by the intern.

(4) The applicant or intern maintains a record of all hours of experience gained toward licensure on the "Weekly Summary of Experience Hours for Professional Clinical Counselor Interns" (form No. 1800 37A-645 Revised 02/15), hereby incorporated by reference. The record of hours must be signed by the supervisor on a weekly basis. An intern shall retain all "Weekly Summary of Experience Hours for Professional Clinical Counselor Interns" until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the "Weekly Summary of Experience Hours for Professional Clinical Counselor Interns" as it deems necessary to verify hours of experience.

(f) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer.

NOTE: Authority cited: Section 4990.20, 4999.48 and 4999.50, Business and Professions Code. Reference: Sections 4999.44, 4999.45, 4999.46, 4999.47 Business and Professions Code.

§1821. REQUIREMENTS FOR SUPERVISORS

(a) Any person supervising an intern (hereinafter "supervisor") within California shall comply with the requirements set forth in this section.

(b) Prior to the commencement of any counseling or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern" (form No.1800 37A-643, New 3/10), hereby incorporated by reference, requiring that:

(1) The supervisor possesses and maintains a current valid California license as either a professional clinical counselor, marriage and family therapist, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4999.12 (h) of the Code and has been so licensed in California for at least two years prior to commencing any supervision.

(2) A supervisor who is not licensed as a professional clinical counselor, shall have sufficient experience, training, and education in professional clinical counseling to competently practice professional clinical counseling in California.

(3) The supervisor keeps himself or herself informed of developments in professional clinical counseling and in California law governing the practice of professional clinical counseling.

(4) The supervisor has and maintains a current license in good standing and will immediately notify the intern of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects the supervisor's ability or right to supervise.

(5) The supervisor has practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision.

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise interns.

(A) Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework in each renewal period while providing supervision. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.

(B) Persons licensed by the board who provide supervision and who have not met requirements of subsection (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of interns and the experience required for licensure as a professional clinical counselor.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed by the intern is consistent with the education, training, and experience of the intern.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.

(10) The supervisor shall address with the intern the manner in which emergencies will be handled.

(c) Each supervisor shall provide the intern with the original signed "Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern" (new 03/10, form No. 1800 37A-643) prior to the commencement of any counseling or supervision. Interns shall provide the board with the signed "Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern" (new 03/10, form No. 1800 37A-643) from each supervisor upon application for examination eligibility.

(d) A supervisor shall give at least one (1) week's prior written notice to an intern of the supervisor's intent not to sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(e) The supervisor shall obtain from each intern for whom supervision will be provided, the name, address, and telephone number of the intern's most recent supervisor and employer.

(f) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where an intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a professional clinical counselor; and (2) the experience is in compliance with the requirements set forth in section 1820 and section 4999.46 of the Code.

(g) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(h) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in subsection (a) (6) (A).

NOTE: Authority cited: Sections 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12, 4999.34, 4999.36, 4999.44 through 4999.48 and 4999.54, Business and Professions Code.

§1822. SUPERVISORY PLAN

(a) All licensed mental health professionals acceptable to the board as defined in Section 4999.12 of the Code who assume responsibility for providing supervision under section 4999.46 of the Code shall develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the "Supervisory Plan", (form no. 1800 37A-521, Rev. 3/10), hereby incorporated by reference.

(b) This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the professional clinical counselor intern to the board upon application for examination eligibility.

Note: Authority cited: Section 4990.20 and 4999.48 Business and Professions Code. Reference: Sections 4999.12, 4999.34, 4999.36, 4999.44 through 4999.48 and 4999.54 Business and Professions Code.

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members **Date:** October 13, 2016
From: Christy Berger **Telephone:** (916) 574-7817
Regulatory Analyst
Subject: LCSW Statutes and Regulations: Proposed Supervision Amendments

The Board's Supervision Committee met 11 times beginning in April 2014, and ending in August 2016. The Committee's work initially resulted in the 2015 legislation which streamlined the experience categories required for licensure. This document represents the remainder of the Committee's work, and pertains mainly to qualifications of supervisors, supervisor responsibilities, types of supervision provided, and employment.

Some of the changes being proposed are significant, and are based on the results of a survey of supervisors and supervisees, a large amount of stakeholder feedback, and supervision standards in other states. When considering proposed changes, the Committee attempted to balance any potential barriers to providing supervision with the needs expressed by stakeholders, as well as the need for public protection.

Attachment A contains a draft of proposed amendments to licensed clinical social worker (LCSW) statutes and regulations based on the prior discussions and decisions of the Committee.

The proposed language changes in **Attachment A** are color coded as follows:

- **Blue** strikeout/underline indicates text that has simply been moved from one location to another.
- **Red** or **Green** strikeout/underline indicates new language, which ranges from minor changes in wording to more significant changes.
 - Text shown in **Red** are amendments made by the Supervision Committee.
 - Text shown in **Green** are amendments made after the last Policy and Advocacy Committee meeting.

To follow is a summary of the proposed amendments. Most of the amendments are the same across all three license types (LCSW, LMFT and LPCC). However, some are specific to the LCSW program. *Italicized text at the bottom of each item indicates whether the amendments are the same or if they differ by license type.* This should assist the Board and stakeholders to perform a streamlined review of all three related agenda items.

1. **Unprofessional Conduct:** There are inconsistencies in the unprofessional conduct provisions between the license types pertaining to supervision. Changes are proposed so that the LCSW statutes will mirror the LMFT and LPCC statutes.

Section Affected: BPC §4992.3; Change proposed for LCSW only.

2. **3,000 Supervised Experience Hours:**

At the request of stakeholders, the amount of supervised experience hours required for LCSW licensure is proposed to be reduced from 3,200 hours to 3,000 hours. Additionally, the maximum for the “nonclinical” category is also proposed to be reduced from 1,200 hours to 1,000 hours. The purpose is to put California in alignment with the majority of other states and with the LPCC and LMFT professions.

Sections Affected: BPC §§4996.17 and 4996.23; Change proposed for LCSW only.

3. **Supervisors Licensed for at Least Two Years:** Current regulations require a supervisor to have been licensed in California or in any other state for at least two years prior to commencing supervision.

The amendments allow a licensee to supervise if he or she has been actively licensed in California or held an equivalent license in any other state for at least 2 of the past 5 years immediately prior to commencing any supervision.

Additionally, the amendments add subparagraphs (a)(4) prohibiting a supervisor from having provided therapy to the associate, and (a)(5) requiring maintenance of an active license not under suspension or probation, for consistency with the LMFT and LPCC professions.

Sections Affected: BPC §4996.20(a), 16 CCR §1870; Change also proposed for LPCC and LMFT.

4. **Experience Required of Supervisors:** In order to supervise a registrant, current regulations require a supervisor to have practiced psychotherapy or provided direct clinical supervision for 2 of the past 5 years.

However, the wording of this law is inconsistent across the Board’s license types, and in some cases it is unclear if supervision of LPCC trainees or master’s level social work students counts as qualifying supervisory experience. This amendment would clarify that

supervision of social work students or LPCC trainees is acceptable as experience to qualify as a supervisor, and would make the language consistent for each of the Board's license types. This language has been added to both statute and regulation for clarity.

Section Affected: BPC § 4996.20, 16 CCR §1870(a); Change also proposed for LPCC and LMFT.

5. Definition of Supervision: The proposed changes are based on the following items requested by the Supervision Committee:

- An amendment to require the supervisor to monitor for and address clinical dynamics, such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or the practitioner-patient relationship; *(Note – significant amendments to this subsection were made at the Policy and Advocacy Committee meeting.)*
- An amendment stating that the supervisor should review progress notes, process notes, and other treatment records as he or she deems appropriate, and also an amendment stating the supervisor should engage in direct observation or review of audio or video recordings, with client written consent, as the supervisor deems appropriate.

Additionally, a minor change to (b)(1) was made for consistency with the LMFT and LPCC professions.

Sections Affected/Added: BPC §4996.20(b), 16 CCR §1870; Change also proposed for LPCC and LMFT.

6. Split BPC Section 4996.23 and Move BPC Section 4996.24: BPC Section 4996.23 has been divided into smaller sections, with each new section focused on a specific topic of supervision. BPC Section 4996.24 has been moved into a new section, in order to group it with the other related provisions pertaining to supervision and employment settings.

Sections Affected/Added: BPC §§4996.23 – 4996.23.3; Change proposed for LCSW only.

7. Employees, Volunteers and Independent Contracting: Gaining Experience vs. Performing Services:

Current LCSW statute allows associates to gain experience only as an employee or a volunteer, consistent with the other professions. The Supervision Committee decided to clarify that no associates or applicants for licensure are allowed to perform services or gain experience within the defined scope of practice of the profession, as an independent contractor.

Section Added: BPC §4996.23.2(a); Change also proposed for LPCC and LMFT.

8. **Handling Crises and Emergencies:** The American Counseling Association’s Ethical Code requires supervisors to establish and communicate to supervisees procedures for contacting either the supervisor, or an alternate on-call supervisor, in a crisis. The Supervision Committee decided to adopt this requirement for all supervisors.

Section Added: 16 CCR §1870(d); Change also proposed for LPCC and LMFT.

9. **Amount of Direct Supervisor Contact Required for Applicants Finished Gaining Experience Hours:** Currently, the statute specifically defines how much direct supervisor contact an associate or applicant for licensure needs once he or she is finished gaining experience hours for LCSW applicants only. (If all experience hours have been gained, one hour of supervision per week per setting is required). An associate who is gaining experience hours must obtain at least one hour of direct supervisor contact in each week, plus one additional hour in that week if more than 10 hours of direct client contact is performed in that week, in order for the hours to count.

At a previous meeting, the Committee recommended that the amount of supervision should be specified even if experience hours are no longer being counted, for all three license types, and that the requirements should be consistent across license types. This amendment specifies that once the required number of experience hours are gained, associates and applicants for licensure must obtain at least one hour of supervision per week for each setting in which direct clinical counseling is performed. (Previously, it was one hour of supervision per week per work setting.) Supervision for nonclinical practice would be at the supervisor’s discretion.

Sections Affected/Added: BPC §4996.23.1(h) ; Change also proposed for LPCC and LMFT.

10. **Definition of “One Hour of Direct Supervisor Contact”; Triadic Supervision:** The revisions provide a specific definition of “one hour of direct supervisor contact.” Triadic supervision (one supervisor meeting with two supervisees) is now included in this definition.

Section Added: BPC §4996.23.1(a); Change also proposed for LPCC and LMFT.

11. **Amount of Individual Supervision:** Current statute requires an applicant to have obtained a minimum of one hour of individual supervision per week for at least 52 of the 104 weeks required. The proposed amendment would allow the 52 weeks of supervision to either be individual or triadic.

Section Added: BPC §4996.23.1(d); Change also proposed for LPCC and LMFT.

12. Individual Supervision Under a LCSW: Current statute requires 13 weeks of an applicant's supervised experience to include a minimum of one hour of individual supervision specifically under a LCSW. The proposed amendment would allow these 13 weeks of supervision to either be individual or triadic.

Section Added: BPC §4996.23.1(e); Change proposed for LCSW only.

13. Supervision in a Group: Current statute allows group supervision to consist of up to 8 supervisees. An amendment states that the supervisor must ensure that the amount of group supervision is appropriate for each supervisee. (A minor wording change was made at the request of the Policy and Advocacy Committee)

Section Added: BPC §4996.23.1(f); Change also proposed for LPCC and LMFT.

14. Supervision via Videoconferencing and HIPAA Compliance: Current statute allows an associate working in an exempt setting to obtain supervision via videoconferencing. The Committee asked to add a statement requiring the videoconferencing be HIPAA compliant.

In the past, the Board has expressed a preference to refrain from mentioning HIPAA directly in statute, as its name could possibly change over time. Therefore, staff has added a statement that *"The supervisor shall be responsible for ensuring compliance with state and federal laws relating to confidentiality of patient health information."*

Section Added: BPC §4996.23.1(g); Change also proposed for LPCC and LMFT.

15. Licensed Clinical Social Workers' Corporations: Current statute limits the number of registrants a licensed clinical social workers' corporation may employ. However, the use of the word employ is intended to include employees and volunteers. Since volunteers are not actually employed, the language has been revised to more accurately account for this.

Additionally, the language regarding these limits on registrants working for licensed clinical social workers' corporations has been separated into subsections for clarity purposes.

Section Affected: BPC §4996.23.3; Change also proposed for LPCC and LMFT.

16. Employment, Supervision and Work Settings – Consistency with LMFT and LPCC: A number of provisions in current LMFT and LPCC statute are proposed to be added to LCSW statute for consistency. This would be helpful for supervisors, many of whom supervise for more than one different license type. The provisions proposed to be added are summarized below:

- A. All experience and supervision requirements are applicable equally to employees and volunteers.
- B. Experience may be gained solely as part of the position for which the associate volunteers or is employed.
- C. Associates and applicants who receive reimbursement for expenses incurred for services rendered in a setting other than a private practice, and are issued a tax form 1099, shall be considered an employee and not an independent contractor. Applicants have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.
- D. Associates and applicants who receive a stipend or educational loan repayment as an incentive for working in an underserved region, or from a program designed to encourage demographically underrepresented groups to enter the profession, and are issued a tax form 1099, shall be considered an employee and not an independent contractor. Applicants have the burden of demonstrating that the payments received were for this purpose.
- E. A supervisor must evaluate the associate's work site and determine that the site provides experience within the scope of practice, and that experience gained will be in compliance with all legal requirements.
- F. In any setting, associates and applicants shall only perform services where their employer regularly conducts business, which may include other locations if the services are performed under the direction and control of the employer and supervisor.
- G. In a private practice setting, the associate's supervisor must be one of the following:
 - o An owner or shareholder of the private practice OR
 - o Employed by the private practice AND practices at the same site as the associate's employer.

Sections Added: BPC §§4996.23.2, 4996.23.3; Changes are specific to LCSW due to differences in current statute, but the resulting language is the same for LMFT and LPCC.

17. Supervision – Written Agreement – Consistency with LMFT and LPCC: Currently, an associate working in any setting, including private practice, may obtain supervision from a person not employed by the associate's employer if the supervisor signs an agreement with the employer to "take supervisory responsibility for the associate's social work services." The following amendments to this provision are proposed for consistency with LMFT and LPCC law:

- A. Disallow in a private practice setting: No longer allow supervision by a person not employed by the private practice. This goes hand-in-hand with item #16 G above, which would require the supervisor to be an owner, shareholder or employed by the private

practice. These provisions would avoid situations where an associate is working in a private practice without adequate supervisory oversight. Other settings, such as an agency, are more appropriate for this arrangement as they typically have more structure, support and other supervisory oversight.

B. Change the content of the written agreement:

- Rather than simply requiring the individual to take “supervisory responsibility,” which is inherent in any supervisory relationship, the proposed language would instead require the supervisor to, “ensure that the extent, kind, and quality of counseling performed by the supervisee is consistent with the supervisee’s training, education, and experience, and is appropriate in extent, kind, and quality.” The agreement would also require an acknowledgment by the employer that the employer:
 - Is aware of the licensing requirements that must be met by the supervisee and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; AND
 - Agrees to provide the supervisor access to clinical records of the clients counseled by the supervisee.

The Supervision Committee recommended requiring the written agreement to contain an acknowledgement that the employer is aware the supervisor will need to provide clinical direction to the supervisee in order to ensure compliance with the standards of practice of the profession.

Stakeholders were concerned about the statement that the supervisor would “need to provide clinical direction” to the supervisee. They noted that some registrants, especially ASWs, work in CPS settings or mental health clinic settings. They had concerns that these settings would be hesitant about agreeing with the above statement, and may decide to limit registrant work in their settings. After discussion, the Committee and stakeholders decided on language in the agreement that the supervisor will provide “clinical perspectives” to the supervisee, and the employer would agree not to interfere.

Sections Added: BPC §4996.23.3(e), 16 CCR §1869(a); Changes are specific to LCSW due to differences in current statute, but the resulting language is the same for LMFT and LPCC.

- 18. Substitute Supervisors:** It is sometimes necessary for supervisees to temporarily have a substitute supervisor. This situation may happen with or without warning. The Supervision Committee has recommended language that would clarify the specific requirements and necessary documentation for a temporary substitute supervisor, based on how long the substitute will be filling in.

Section Added: 16 CCR §1870.1; Change also proposed for LPCC and LMFT.

19. Required Training and Coursework for Supervisors: Current law requires Board licensed supervisors commencing supervision for the first time to complete a 15 hour supervision course covering specified topic areas. Age limits for the course are now specified (would apply only to new supervisors), and the course can be counted as continuing education if taken from an accepted provider. Also, any supervisor who has not supervised in two (2) of the last five (5) years must retake a six (6) hour course.

This new section also specifies that supervisors must complete six (6) hours of continuing professional development in each renewal period while supervising. This can consist of a supervision course, or other professional development activities such as teaching, research, or supervision mentoring. All of these activities must be documented.

The option to count research published professionally toward the continuing professional development requirement was recently amended. The language now states the following: *“This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, ~~newsletters~~, or other industry or academic published work deemed equivalent by the board. It shall not include personal opinion papers, editorials, or blogs.”*

An exception to the initial and ongoing training requirements is proposed for a supervisor who holds a supervision certification from one of four specified entities. The Board also has discretion to accept certification from another entity if it believes its requirements are equivalent or greater. Such a certification exempts the supervisor from the 15 hour coursework and six (6) hour professional development requirements, and it allows them to waive the requirement that they must have been licensed and either supervising or practicing psychotherapy for two (2) of the past five (5) years prior to commencing any supervision.

The proposed language is specifically worded so that it only applies to supervisors who are also Board licensees. Supervisors who are licensed psychologists or psychiatrists would not need to complete the supervision training and coursework, consistent with current law.

Recently, staff made amendments to clarify that the 15-hour training and coursework requirements apply to supervisors who commence supervision for the first time in California as of January 1, 2019.

Section Added: 16 CCR §1871; Change also proposed for LPCC and LMFT.

20. Supervisory Plan: Current regulations require the supervisor and the supervisee to develop a “supervisory plan” that describes the goals and objectives of supervision. The registrant is required to submit the signed plan when applying for licensure. The Committee has requested language requiring that the supervisor and supervisee collaborate to develop the goals and objectives. This form will be merged with the Supervision Agreement as discussed in item #21 below.

Section Affected: 16 CCR §1870; Change also proposed for LPCC and LMFT.

21. Supervision Agreement: Currently, all supervisors must sign a “Supervisor Responsibility Statement” whereby the supervisor signs under penalty of perjury that he or she meets the requirements to become a supervisor, and understands his or her specific responsibilities as set forth in law.

The Committee has proposed that a “Supervision Agreement” would replace both the “Supervisor Responsibility Statement” and the “Supervisory Plan” described in #20 above. The “Supervision Agreement” would be completed by both the supervisor and supervisee, and signed under penalty of perjury. It would include information about the supervisor’s qualifications, an acknowledgement of supervisor and supervisee responsibilities, and a description of the collaboratively developed goals and objectives of supervision. The original would be retained by the supervisee and submitted to the Board upon application for licensure. (See LMFT Language, Attachment C for an example draft “Supervision Agreement”).

Sections Affected: 16 CCR §§ 1869(b),(c) and 1870(g); Change also proposed for LPCC and LMFT.

22. Weekly Log: A weekly log for the purposes of tracking supervised experience is not currently required for LCSW licensure, though it is required for LMFT and LPCC. This log is proposed to also be required for LCSW.

Section Affected: 16 CCR §1869(d); Change specific to LCSW only.

23. Experience Verification: Staff became aware that current regulations do not explicitly specify that supervisors must sign off on experience hours at the completion of supervision. The proposed regulations now clarify this requirement.

Section Affected: 16 CCR §1869(e); Change also proposed for LPCC and LMFT.

24. Supervisor Self-Assessment and Listing of Supervisors: The Board has no record of the licensees who are currently supervising trainees and associates. This information is only known once an applicant for licensure submits verification of completed supervised experience. This also means that registrants seeking supervision do not have any straightforward way to search for a supervisor.

To address these issues, and in light of the benefits detailed below, the Committee proposed requiring all supervisors to perform a self-assessment of qualifications, which would confirm that the licensee meets all requirements to be a supervisor. The self-assessment would be submitted to the Board for review within 60 days of commencing supervision. For supervisors who are BBS licensees, a “supervisor” notation would be added to the licensee’s public online record (the Board is unable to add a notation to Psychologist and Psychiatrist records).

The Committee's goal in creating the self-assessment process was to create a framework that increases accountability without creating a significant impact on current or future supervisors.

Some of the benefits to this new process for supervisors are:

- Supervisees will have more assurance that his or her supervisor meets all requirements.
- Supervisors will have more awareness of (and better adherence to) requirements, which better protects the supervisee.
- Supervisors will be searchable online through Breeze, which would assist individuals in finding a supervisor.
- The Board will have the ability to target communications directly to supervisors.

The supervisor's listing with the Board would be initiated by submission of the "Supervisor Self-Assessment" report signed under penalty of perjury. This report would indicate the supervisor's specific qualifications, and will require the supervisor to acknowledge certain responsibilities set forth in law.

Implementation of this framework would create a significant new workload that cannot be absorbed by existing staff. In addition, there would be a fiscal impact to the Board for new positions and Breeze changes.

The effective date of this requirement would be delayed to January 1, 2020 to allow time for the Breeze system to be modified so that supervisors who are BBS licensees will be searchable. New supervisors would be required to submit the "Supervisor Self-Assessment Report" within 60 days of commencing any supervision. The deadline date for existing supervisors (those supervising prior to January 1, 2020) is proposed to be December 31, 2020.

This extended deadline is necessary so that this new workload will be manageable. The Board currently has over 68,000 licensees with an active, inactive or expired license. The California Association of Marriage and Family Therapist's 2015 demographic survey indicates that about 30% of licensees are also clinical supervisors. Similar data could not be located for the LPCC profession.

See LMFT language, Attachment D for the draft "Supervisor Self-Assessment Report".

Sections Affected: 16 CCR §§ 1869(b) and 1870(g); Change also proposed for LPCC and LMFT.

25. Timelines for Supervisors: The proposed regulations establish timelines to complete specified activities as follows:

- The “Supervisor Self-Assessment” must be completed and submitted to the Board within 60 days of a new supervisor commencing any supervision. The effective date would be January 1, 2020. For existing supervisors, the report must be submitted by December 31, 2020.
- The “Supervision Agreement” would be implemented upon approval of the proposed regulations, and must be completed within 60 days of commencing supervision with any individual supervisee.
- The initial 15-hour supervision training course must be completed by new supervisors within one of the following time frames:
 - Within two (2) years prior to commencing supervision OR
 - Within four (4) years prior to commencing supervision if taken from a graduate program at an accredited or approved school OR
 - Within 60 days after commencing supervision.

Sections Affected: 16 CCR §§ 1869, 1870, 1871; Change also proposed for LPCC and LMFT.

26. Audits of Supervisors: A section has been added to allow the Board to audit a supervisor’s records to verify they meet the supervisor qualifications specified in statute and regulations. It requires supervisors to maintain records of completion of the required supervisor qualifications for seven years after the completion of supervision, (consistent with statute regarding record retention) and to make these records available to the Board for an audit upon request.

The Board would likely audit a supervisor during a continuing education audit or if a complaint was received. The “Supervisor Self-Assessment Report” would be used in such audits.

Section 1886 of the Board’s regulations already provides authority to issue citations and fines to licensees for violations of its statutes and regulations. Supervisors found to be in violation would be subject to citation and fine.

Section Added: BPC §4996.21; Change also proposed for LPCC and LMFT.

Policy and Advocacy Committee Meeting

At its September 30, 2016 meeting, the Policy and Advocacy Committee directed staff to make certain prescribed changes, and to bring the language to the Board for consideration as a legislative and regulatory proposal.

ATTACHMENTS:

Attachment A: Proposed LCSW Supervision Language

Attachment B: Reference Sections – Current Law: BPC §§4996.18, 4996.23 and 4996.24; 16 CCR §§ 1870, 1871, 1874

ATTACHMENT A

PROPOSED LCSW SUPERVISION LANGUAGE

- **Blue** strikeout/underline indicates text that has simply been moved from one location to another.
- **Red** or **Green** strikeout/underline indicates new language, which ranges from minor changes in wording to more significant changes.
 - Text shown in **Red** are amendments made by the Supervision Committee.
 - Text shown in **Green** are amendments made after the Policy and Advocacy Committee meeting.

§4992.3. UNPROFESSIONAL CONDUCT; EFFECT ON LICENSEE OR REGISTRANT

The board may deny a license or a registration, or may suspend or revoke the license or registration of a licensee or registrant if he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter is a conviction within the meaning of this section. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using any of the dangerous drugs specified in Section 4022 or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a

registration or license or revoke the license or registration of any person who uses or offers to use drugs in the course of performing clinical social work. This provision does not apply to any person also licensed as a physician and surgeon under Chapter 5 (commencing with Section 2000) or the Osteopathic Act who lawfully prescribes drugs to a patient under his or her care.

(d) Incompetence in the performance of clinical social work.

(e) An act or omission that falls sufficiently below the standard of conduct of the profession as to constitute an act of gross negligence.

(f) Violating, attempting to violate, or conspiring to violate this chapter or any regulation adopted by the board.

(g) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity. For purposes of this subdivision, this misrepresentation includes, but is not limited to, misrepresentation of the person's qualifications as an adoption service provider pursuant to Section 8502 of the Family Code.

(h) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee, allowing any other person to use his or her license or registration.

(i) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(j) Intentionally or recklessly causing physical or emotional harm to any client.

(k) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(l) Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a clinical social worker.

(m) Performing, or holding ~~one's one~~self out as being able to perform, or offering to perform or permitting, any registered associate clinical social worker, trainee, or intern registrant or applicant under supervision to perform any professional services beyond the scope of the license authorized by this chapter. one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(n) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.

(o) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(p) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (o).

(q) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(r) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device. A licensee shall limit access to that test or device to persons with professional interest who are expected to safeguard its use.

(s) Any conduct in the supervision of any registered associate clinical social worker, intern, or trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

(t) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(u) Permitting an applicant for licensure, trainee or registrant under one's supervision or control to perform, or permitting the supervisee to hold himself or herself out as competent to perform, professional services beyond the supervisee's level of education, training or experience.

(v) The violation of any statute or regulation governing the gaining and supervision of experience required by this chapter.

~~(tw)~~ Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

~~(ux)~~ Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

~~(vy)~~ Failure to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

~~(wz)~~ Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

~~(xaa)~~ Failure to comply with Section 2290.5.

(yab) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(zac) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

§4996.17. ACCEPTANCE OF EDUCATION AND EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

(a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) Commencing January 1, 2014, an applicant with education gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(b) The board may issue a license to any person who, at the time of application, holds a valid active clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than ~~3,200~~ 3,000 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(4) The applicant's license is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid, active clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) Commencing January 1, 2016, an applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination specified in Section 4996.1 if the applicant obtained a

passing score on the licensing examination set forth in regulation as accepted by the board.

**§4996.18. ASSOCIATE CLINICAL SOCIAL WORKER; REGISTRATION
EMPLOYMENT; SUPERVISION; CREDIT**

(a) A person who wishes to be credited with experience toward licensure requirements shall register with the board as an associate clinical social worker prior to obtaining that experience. The application shall be made on a form prescribed by the board.

(b) An applicant for registration shall satisfy the following requirements:

(1) Possess a master's degree from an accredited school or department of social work.

(2) Have committed no crimes or acts constituting grounds for denial of licensure under Section 480.

(3) Commencing January 1, 2014, have completed training or coursework, which may be embedded within more than one course, in California law and professional ethics for clinical social workers, including instruction in all of the following areas of study:

(A) Contemporary professional ethics and statutes, regulations, and court decisions that delineate the scope of practice of clinical social work.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of clinical social work, including, but not limited to, family law.

(C) The current legal patterns and trends in the mental health professions.

(D) The psychotherapist-patient privilege, confidentiality, dangerous patients, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values, and his or her professional behavior and ethics.

(F) Differences in legal and ethical standards for different types of work settings.

(G) Licensing law and process.

(c) An applicant who possesses a master's degree from a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education shall be eligible, and shall be required, to register as an associate clinical social worker in order to gain experience toward licensure if the applicant has not committed any crimes or acts that constitute grounds for denial of licensure under Section 480. That applicant shall not, however, be eligible to take the clinical examination until the school or department of social work has received accreditation by the Commission on Accreditation of the Council on Social Work Education.

~~(d) All applicants and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being~~

~~supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work.~~

~~(e) Any experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.~~

(fd) An applicant who possesses a master's degree from an accredited school or department of social work shall be able to apply experience the applicant obtained during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education toward the licensure requirements, if the experience meets the requirements of Section 4996.23. This subdivision shall apply retroactively to persons who possess a master's degree from an accredited school or department of social work and who obtained experience during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education.

(ge) An applicant for registration or licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a master's of social work degree that is equivalent to a master's degree issued from a school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work Education. These applicants shall provide the board with a comprehensive evaluation of the degree and shall provide any other documentation the board deems necessary. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.

~~(h) A registrant shall not provide clinical social work services to the public for a fee, monetary or otherwise, except as an employee.~~

(f) All applicants and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work.

(ig) All applicants and registrants shall inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional.

§4996.20. ASSOCIATE CLINICAL SOCIAL WORKER; ACCEPTABLE SUPERVISORS AND SUPERVISION DEFINITION

(a) "Supervisor," as used in this chapter, means an individual who meets the requirements set forth in this chapter and in regulation. The requirements include the following: For purposes of Section 4996.23(a), a licensed mental health professional acceptable to the board is one who, at the time of supervision, has possessed for at least two years a valid license

(1) Has been actively licensed in California or has held an active equivalent license in any other state, as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical psychologist, licensed clinical social worker, or licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, for at least two (2) of the past five (5) years immediately prior to commencing any supervision.

(2) Has practiced psychotherapy or provided direct clinical supervision of associate clinical social workers, associate marriage and family therapists or trainees, or associate professional clinical counselors, who perform psychotherapy, for at least two (2) years within the five (5) year period immediately preceding any supervision. Supervision of social work students enrolled in an accredited master's or doctoral program who perform psychotherapy, or PCC trainees who perform psychotherapy, shall be accepted toward the required two (2) years if the supervision provided to the student is substantially equivalent to the supervision required for registrants.

(3) Has received professional training in supervision, as specified in this chapter and by regulation.

(4) Has not provided therapeutic services to the supervisee.

(5) Has and maintains a current and active California license that is not under suspension or probation.

(6) Complies with supervision requirements established by this chapter and by board regulations.

(b) "Supervision" means responsibility for, and control of, the quality of services being provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, the following:

(1) Ensuring that the extent, kind and quality of clinical social work performed by the ~~associate supervisee~~ is consistent with the education, training and experience of the person being supervised.

(2) ~~Review client or patient records, m~~Monitoring and evaluating the supervisee's assessment, diagnosis and treatment decisions ~~of the associate clinical social worker~~ and providing regular feedback.

(3) Monitoring and evaluating the supervisee's ability to provide services to the particular clientele being served at the site or sites where he or she will be practicing.

(4) Monitoring for and addressing clinical dynamics such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or the practitioner-patient relationship.

(5) Ensuring the supervisee's compliance with all laws and regulations governing the practice of clinical social work.

(6) Reviewing the supervisee's progress notes, process notes and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.

§4996.21 AUDITS OF SUPERVISORS

The board shall have the right to audit the records of any supervisor to verify the completion of the supervisor qualifications specified by this chapter and by regulation. Supervisors shall maintain records of completion of the required supervisor qualifications for a period of seven (7) years after termination of supervision, and shall make these records available to the board for auditing purposes upon request.

§4996.23. SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA ~~EFFECTIVE~~ JANUARY 1, 2002

(a) To qualify for licensure as specified in Section 4996.2, each applicant shall complete ~~3,200~~ 3,000 hours of post-master's degree supervised experience related to the practice of clinical social work under a supervisor who meets the qualifications set forth in Section 4996.20. Experience shall not be gained until the applicant is actively registered as an associate clinical social worker. The experience shall comply with the following:

(1) At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of ~~a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board~~ a supervisor holding any of the license types listed as acceptable in this chapter.

(2) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(3) A maximum of ~~1,200~~ 1,000 hours in client centered advocacy, consultation, evaluation, research, direct supervisor contact, and workshops, seminars, training sessions, or conferences directly related to clinical social work that have been approved by the applicant's supervisor.

(4) Of the 2,000 clinical hours required in paragraph (2), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(5) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(6) Experience shall not be credited for more than 40 hours in any week.

(7) No more than six (6) hours of supervision, whether individual or group, shall be credited during any single week.

(b) An individual who submits an application for examination-eligibility licensure between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements of this section that were in place on January 1, 2015.

~~(c) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.~~

~~(d) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.~~

~~(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. For purposes of this subdivision, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group conducted within the same week as the hours claimed.~~

~~(3) An associate shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained. No more than six hours of supervision, whether individual or group, shall be credited during any single week.~~

~~(4) Supervision shall include at least one hour of direct supervisor contact during each week for which experience is gained in each work setting. Supervision is not required for experience gained attending workshops, seminars, training sessions, or conferences as described in paragraph (3) of subdivision (a).~~

~~(5c) The six hours of supervision that may be credited during any single week pursuant to paragraph (3) (7) of subsection (a) shall apply only to supervision hours gained on or after January 1, 2010.~~

~~(6) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.~~

~~(7) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.~~

~~(8) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a~~

~~nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.~~

~~(e) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.~~

~~(f) Experience shall only be gained in a setting that meets both of the following:~~

~~(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.~~

~~(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.~~

~~(g) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.~~

~~(h) Employment in a private practice as defined in subdivision (i) shall not commence until the applicant has been registered as an associate clinical social worker.~~

~~(i) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed professional clinical counselor, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.~~

~~(j) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.~~

~~(k) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.~~

~~(l) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.~~

~~(m) An associate shall not do the following:~~

~~(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.~~

~~(2) Have any proprietary interest in the employer's business.~~

~~(3) Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of his or her employer.~~

~~(n) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written~~

~~agreement with the employer to take supervisory responsibility for the associate's social work services.~~

~~(o) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.~~

4996.23.1 DIRECT SUPERVISOR CONTACT

(a) "One (1) hour of direct supervisor contact" means any of the following:

(1) Individual supervision, defined as one (1) hour of face-to-face contact between one (1) supervisor and one (1) supervisee.

(2) Triadic supervision, defined as one (1) hour of face-to-face contact between one (1) supervisor and two (2) supervisees.

(3) Group supervision, defined as two (2) hours of face-to-face contact between one (1) supervisor and no more than eight (8) supervisees. Segments of group supervision may be split into no less than one (1) continuous hour.

(b) Except for experience gained by attending workshops, seminars, training sessions or conferences as described in paragraph (3) of subdivision (a) of section 4996.23, supervision shall include at least one (1) hour of direct supervisor contact during each week for which experience is gained in each work setting. An associate clinical social worker gaining experience shall receive at least one (1) additional hour of direct supervisor contact ~~for~~ every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting.

(c) Direct supervisor contact shall occur within the same week as the hours claimed.

(d) Of the 104 weeks of required supervision, 52 weeks shall be individual and/or triadic supervision.

(e) Of the 52 weeks of required individual or triadic supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.

(f) When conducting group supervision, the supervisor shall ensure that the amount and degree of supervision is appropriate for each supervisee's needs.

(g) Notwithstanding subsection (a), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved compliance with state and federal laws relating to confidentiality of patient health information.

(h) Notwithstanding any other provision of law, once the required number of experience hours are gained, associate clinical social workers and applicants for licensure for examination who have finished gaining experience hours toward licensure shall receive a minimum of one (1) hour of supervision direct supervisor contact per week for each

setting in which he or she is working face to face psychotherapy direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision is not required for nonclinical practice as defined in section 4996.23(a)(3) is at the supervisor's discretion.

§4996.24. SUPERVISION OF REGISTRANTS; MAXIMUM NUMBER OF REGISTRANTS

~~(a) A licensee in private practice who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations may supervise or employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.~~

~~(b) A licensed clinical social workers' corporation may employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations.~~

~~(c) In no event shall any licensed clinical social workers' corporation employ, at any one time, more than a total of 15 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the licensed clinical social workers' corporation and shall be actively engaged in performing professional services at and for the licensed clinical social workers' corporation. Employment and supervision within the licensed clinical social workers' corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.~~

§4996.23.2. ASSOCIATE CLINICAL SOCIAL WORKER: ACCEPTABLE SETTINGS; ACCEPTABLE SUPERVISION PRACTICES

(a) Associate clinical social workers and applicants for licensure shall only perform services as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained. No associate or applicant for licensure shall perform any services or gain any experience within the scope of practice for the profession, as defined in Section 4996.9, as an independent contractor.

(1) If employed, the associate shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, the associate shall provide the board with a letter from his or her employer verifying the associate's status as a volunteer during the dates the experience was gained. This letter shall be provided to the board upon application for licensure.

(b) "Private practice" is defined as a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed professional clinical counselor, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(c) Employment in a private practice shall not commence until the applicant has been registered as an associate clinical social worker.

(d) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(e) While an associate clinical social worker may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration.

~~(f) Experience may be gained by the associate solely as part of the position for which the associate volunteers or is employed. Only experience gained in the position for which the associate clinical social worker either volunteers or is employed shall qualify as supervised experience.~~

(g) Any experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(h) An associate or applicant for licensure shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(3) Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of his or her employer.

(i) Associate clinical social workers and applicants for licensure who provide voluntary services in any lawful work setting other than a private practice who only receive reimbursement for expenses actually incurred by the associate or applicant, shall be considered an employee and not an independent contractor. The board may audit applicants for licensure who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(j) Associates and applicants for licensure who received a stipend or educational loan repayment from a program designed to encourage demographically underrepresented groups to enter the profession, or to improve recruitment and retention in underserved regions or settings, shall be considered an employee and not an independent contractor. The board may audit applicants who receive a stipend or student loan repayment, and the applicants shall have the burden of demonstrating that the payments received were for the specified purposes.

4996.23.3 OVERSIGHT OF SUPERVISEES; MAXIMUM NUMBER OF REGISTRANTS

(a) Associate clinical social workers and applicants for licensure shall only perform services at the place where their employer regularly conducts business and services, which may include other locations, as long as the services are performed under the direction and control of the employer and their supervisor, and in compliance with the statutes and regulations pertaining to supervision.

(b) Except for periods of time during a supervisor's vacation or sick leave, an associate clinical social worker who is employed or volunteering in private practice shall be under the direct supervision of a supervisor who is either employed by and practices at the same site as the associate's employer, or is an owner or shareholder of the private practice.

(c) A licensed professional in private practice who has satisfied the supervisor qualifications required by section 4996.20(a), may supervise or employ, at any one time, no more than a total of three individuals registered as either an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker in that private practice.

(d) The following limits shall apply to licensed clinical social workers' corporations:

(1) A licensed clinical social workers' corporation may ~~employ-retain~~, at any one time, no more than a total of three ~~individuals employees and volunteers~~ registered as either an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker for each employee or shareholder who has satisfied the supervisor qualifications required by section 4996.20(a).

(2) In no event shall any licensed clinical social workers' corporation ~~employ-retain~~, at any one time, more than a total of 15 ~~individuals employees and volunteers~~ registered as either an associate marriage and family therapist, associate

professional clinical counselor, or associate clinical social worker.

(3) In no event shall any supervisor supervise, at any one time, more than a total of three ~~individuals-employees and volunteers~~ registered as either an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker. Persons who supervise ~~individuals-employees and volunteers~~ registered as an associate marriage and family therapist, associate professional clinical counselor, or associate clinical social worker shall be employed full time by the licensed clinical social workers' corporation and shall be actively engaged in performing professional services at and for the licensed clinical social workers' corporation.

(4) Employment and supervision within the licensed clinical social workers' corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

(e) In a setting that is not a private practice, a written agreement, as specified in regulation, shall be executed between the ~~associate's or applicant's~~ supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(f) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where an associate clinical social worker will be gaining hours of experience toward licensure and shall determine that:

(1) The site provides experience which is within the scope of practice of a clinical social worker.

(2) The experience is in compliance with the requirements set forth in this chapter and in regulation.

(g) Alternative supervision ~~for an associate or applicant~~ may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements set forth in this chapter and in regulation.

§1869. SUPERVISED EXPERIENCE: REQUIRED DOCUMENTATION

(a) Pursuant to section 4996.23.3 of the Business and Professions Code, in a setting which is not a private practice, a written agreement ~~must~~ shall be executed between the supervisor and the employer when the supervisor is not employed by the ~~associate's or applicant's~~ supervisee's employer or is a volunteer.

1) The written agreement shall be executed prior to the commencement of supervision.

2) The written agreement shall contain a declaration from the supervisor agreeing to ensure that the extent, kind, and quality of counseling performed by the

supervisee is consistent with the supervisee's training, education, and experience, and is appropriate in extent, kind, and quality.

3) The agreement shall contain an acknowledgment by the employer that the employer:

(i) Is aware of the licensing requirements that must be met by the supervisee and that the employer agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements;

(ii) Agrees to provide the supervisor access to clinical records of the clients counseled by the supervisee; and

(iii) Is aware that the supervisor will ~~be providing clinical perspectives need to provide clinical direction~~ to the supervisee in order to ensure compliance with the standards of practice of the profession, and agrees not to interfere with this process.

~~(b) Prior to the commencement of any counseling or supervision, a supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form #1800-37A-522) hereby incorporated by reference.~~

(b) Effective January 1, 2020, supervisors shall complete and submit a self-assessment report of qualifications to be a supervisor, as specified in section 1870.

~~(c) On and after January 1, 1999, all associate clinical social workers and licensed clinical social workers or licensed mental health professionals acceptable to the board as defined in Section 1874, (form no. 1800-37A-521, revised 3/10), hereby incorporated by reference. This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the associate clinical social worker to the board upon application for licensure.~~

(c) (1) Within 60 days of the commencement of any supervision, the supervisor and supervisee shall sign a supervision agreement under penalty of perjury. The original signed supervisory agreement shall be retained by the supervisee and submitted to the Board with the supervisee's application for licensure.

(2) A supervisor and a supervisee who are in a supervisory relationship that existed prior to the effective date of this regulation are not required to complete a supervision agreement. The supervisee shall instead submit the previously required signed ~~supervisor responsibility statement~~ with his or her application for licensure.

(3) The supervision agreement shall include all of the following:

(A) The supervisor's qualifications to be a supervisor as specified in section 1870, and in section 4996.20 of the Code.

(B) The supervisor states that he or she understands the requirements

pertaining to registration of the supervisee, work settings and employment, supervision practices and oversight of supervisees as specified in sections 4996.18, 4996.23.2 and 4996.23.3 of the Code.

- (C) The supervisor states that he or she understands the requirements pertaining to direct supervisor contact as specified in section 4996.23.1 of the Code.
- (D) The supervisor states that he or she understands the supervision documentation required by section 1869 and the Board's right to audit a supervisor's compliance with the requirements specified in this article and in the Code.
- (E) The supervisee states that he or she understands all of the following:
 - (i) Requirements pertaining to registration as an associate as specified in section 4996.18 of the Code.
 - (ii) The supervisee's supervisor must hold a current and active California license while supervising in order for hours to count toward licensure as specified in section 1870.
 - (iii) Requirements pertaining to documentation of completed supervised experience as specified in this section.
 - (iv) Prohibited practices pertaining to employment and supervisory relationships as specified in section 4996.23.2 of the Code.
 - (v) The six (6)-year limit pertaining to experience hours as specified in section 4996.23 of the Code.
- (F) A supervisory plan that describes the goals and objectives of supervision, and whereby the supervisor affirms his or her understanding of the responsibilities pertaining to monitoring and evaluating the supervisee as specified in section 1870, and in section 4996.20 of the Code. This plan shall be developed collaboratively by the supervisor and supervisee.

(d) Associates shall maintain a log of all hours of experience gained toward licensure. The log shall be signed by the supervisor on a weekly basis. An associate shall retain all logs until such time as the associate is licensed by the board. The board shall have the right to require an associate to submit all or such portions of the log as it deems necessary to verify hours of experience. The log shall include all of the following:

- (1) The name and address of the supervisee's work setting
- (2) Hours of experience gained by category in a given week.
- (3) Total hours gained per week and in each category overall.

(e) Completed hours of experience shall be documented at the completion or termination of supervision. Such documentation shall be submitted by the supervisee upon application for licensure and shall include all of the following:

- (1) The supervisor's telephone number and license information.

- (2) The supervisee's employer's name, address and telephone number.
- (3) Whether the supervisee's work setting complies with section 4996.23.2 of the Code
- (4) Documentation of employment or volunteer status, as specified in section 4996.23.2 of the Code.
- (5) The applicant's accumulated hours of experience broken down by category.
- (6) The amount and type of supervision provided to the applicant.
- (7) The dates during which the experience was gained.
- (8) The supervisor's signature under penalty of perjury.

Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Sections 4996.20, 4996.23, 4996.23.1 and 4996.23.2, Business and Professions Code.

§1870. REQUIREMENTS FOR ~~ASSOCIATE CLINICAL SOCIAL WORKER~~ SUPERVISORS

(a) Any person supervising an associate clinical social worker registered with the board (hereinafter called "supervisor") within California shall comply with the requirements set forth below.

~~(a) Prior to the commencement of any therapy or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form #1800-37A-522) hereby incorporated by reference, which requires that:~~

~~(1) The supervisor possesses and **will** maintains a current **valid and active** California license **that is not under suspension or probation** as a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in Section ~~4874~~ **4996.20 of the Code and has been so licensed in California or in any other state for a total of at least two (2) of the past five (5) years immediately prior to commencing any supervision.**~~

~~(2) The supervisor has been so licensed in California or in any other state for a total of at least two (2) years prior to commencing any supervision.~~

~~(2) A supervisor who is not licensed as a clinical social worker shall have sufficient **experience, training and education in clinical social work to competently practice clinical social work in California.**~~

~~(3) The supervisor shall be competent in the areas of clinical practice and techniques being supervised, and shall keep himself or herself informed of developments in clinical social work and in California law governing the practice of clinical social work.~~

~~(34) The supervisor **has and will maintains** a current **and active** California license in **good standing** and will immediately notify the associate of any disciplinary action,~~

including revocation, suspension (even if stayed), probation terms, inactive license, or any lapse in licensure, that affects the supervisor's ability or right to practice or supervise.

(45) The supervisor has practiced psychotherapy or provided direct clinical supervision of associates ~~clinical social workers, or associate~~ marriage and family therapists ~~interns or marriage and family therapist~~ trainees, ~~or associate professional clinical counselors~~ who perform psychotherapy, for at least two (2) years within the ~~last five (5) years~~ period immediately preceding any supervision. Supervision of social work students enrolled in an accredited master's or doctoral program who perform psychotherapy, or PCC trainees who perform psychotherapy, shall be accepted toward the required two (2) years if the supervision provided to the student is substantially equivalent to the supervision required for registrants.

(56) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates. Persons licensed by the board who provide supervision shall complete the minimum supervision training or coursework specified in Section 1871.

~~(A) Persons licensed by the board who provide supervision shall have a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code. The content of such training shall include, but not be limited to:~~

~~(i) Familiarity with supervision literature through reading assignments specified by course instructors;~~

~~(ii) Facilitation of therapist-client and supervisor-therapist relationships;~~

~~(iii) Evaluation and identification of problems in therapist-client and supervisor-therapist relationships;~~

~~(iv) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;~~

~~(v) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and~~

~~(vi) The practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.~~

(67) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

~~(78) The supervisor shall do all of the following:~~

~~(A) Ensure ensure~~ that the extent, kind and quality of clinical social work performed by the ~~associate supervisee~~ is consistent with the ~~education~~, training and experience of the person being supervised.

~~(B) Review client/patient records and monitor and evaluate assessment and treatment decisions of the associate clinical social worker.~~

~~(C) Monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.~~

~~(D) Ensure compliance with all laws and regulations governing the practice of clinical social work.~~

~~(8) The supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1. The associate shall submit the original signed plan for each supervisor to the board upon application for licensure.~~

~~(9) The supervisor shall provide the associate with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form #1800 37A-522), prior to commencement of any supervision. The associate shall provide the board with the original signed form for each supervisor upon application for licensure.~~

~~(b) The board shall not deny hours of experience gained toward licensure by any associate due to the failure of his or her supervisor to complete the training requirements specified in subsection (a)(4)(A).~~

~~(b) The supervisor shall monitor and evaluate the supervisee's extent, kind, and quality of counseling performed by the supervisee by review of progress notes, process notes, and other treatment records, and also by that amount of direct observation, or review of audio or video recordings of therapy, with the client's written consent, as deemed appropriate by the supervisor.~~

~~(c) The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate clinical social worker. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor. The supervisor shall provide the associate clinical social worker with a copy of all assessments.~~

~~(d) The supervisor shall establish and communicate to the associate or applicant procedures for contacting the supervisor, or, in the supervisor's absence, alternative on-call supervisors to assist in handling crises and emergencies. establish written procedures for associate clinical social workers to contact the supervisor, or, in the supervisor's absence, procedures for contacting an alternative on-call supervisor to~~

assist associate clinical social workers in handling crises and emergencies. The supervisor shall provide these procedures to the associate clinical social worker.

~~(a10e)~~ A supervisor shall give at least one (1) week's written notice to an associate clinical social worker of the supervisor's intent not to sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

~~(a11) The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.~~

(f) The supervisor shall obtain from each associate clinical social worker or applicant for licensure for whom supervision will be provided, the name, address, and telephone number of the associate clinical social worker's or applicant for licensures's most recent supervisor and employer.

(g) Effective January 1, 2020, a supervisor shall complete and sign under penalty of perjury a self-assessment report which includes all of the following:

(1) The supervisor's qualifications to be a supervisor as specified in section 4996.20 of the Code.

(2) The supervisor's telephone number and email address.

(3) The date the licensee began supervising.

(4) The supervisor's compliance with the training required by section 1871.

(5) The supervisor states that he or she understands all of the following.

(A) The supervisor's license must meet the supervisor requirements in section 4996.20 of the Code, for a supervisee's experience hours to be credited.

(B) The supervisee notification requirement set forth in paragraph (a)(4) of this section.

(C) The requirements set forth in section 4996.23.3 of the Code pertaining to the maximum number of registrants.

(D) The Board's right to audit records pertaining to supervisor qualifications in accordance with section 4996.21 of the Code.

(E) The requirement to complete a supervision agreement for each supervisee as specified in section 1869.

(h) New supervisors shall submit a self-assessment report to the Board within 60 days of the commencement of any supervision.

(i) Pre-existing supervisors, defined as individuals acting as a supervisor prior to January 1, 2020, shall submit a self-assessment report to the Board by December 31,

2020.

(a12j) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

Note: Authority cited: Section ~~4980.60~~ and 4990.20, Business and Professions Code. Reference: Sections ~~4980.54, 4996.22 and 4996.20,~~ 4996.23, 4996.23.2, and 4996.23.3, Business and Professions Code.

§1870.1. SUPERVISORY PLAN

~~(a) On and after January 1, 1999, all associate clinical social workers and licensed clinical social workers or licensed mental health professionals acceptable to the board as defined in Section 1874 who assume responsibility for providing supervision shall develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the "Supervisory Plan", (form no. 1800 37A-521, revised 3/10), hereby incorporated by reference.~~

~~(b) This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the associate clinical social worker to the board upon application for licensure.~~

~~Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Sections 4996.18 and 4996.23, Business and Professions Code.~~

§1870.1 SUBSTITUTE SUPERVISORS

(a) When it becomes necessary for a supervisee to obtain supervision temporarily from a substitute supervisor, the substitute supervisor shall meet all supervisor qualifications required by the Code and in this article.

(b) The substitute supervisor and the supervisee shall sign the supervision agreement required by section 1869, and the substitute supervisor shall sign the weekly log specified in section 1869.

(c) If the substitute supervisor will be supervising for 30 consecutive calendar days or less:

1) A new supervisory plan is not required. The substitute supervisor shall follow the supervisee's pre-existing supervisory plan.

2) The experience gained during that 30-day period may be verified by the regular supervisor.

(d) If the substitute supervisor will be supervising for more than 30 consecutive calendar days, a new supervisory plan shall be required, and the substitute supervisor shall

verify the supervisee's experience gained during that time as required by section 1869.

NOTE: Authority cited: Sections 4990.20 Business and Professions Code. Reference: Sections 4996.20, 4996.23, and 4996.23.3, Business and Professions Code.

§1870.5. SUPERVISION OF EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

Experience gained outside of California must have been supervised in accordance with the following criteria:

At the time of supervision, the supervisor was licensed or certified by the state or jurisdiction in which the supervision occurred, and possessed a current and active license which was not under suspension or probation. The supervisor was licensed or certified by that state or jurisdiction for at least two (2) of the past five (5) years immediately prior to acting as a supervisor, as either a psychologist, clinical social worker, licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, professional clinical counselor, marriage and family therapist or similarly titled marriage and family practitioner, or other equivalent license that allows the practitioner to independently provide clinical mental health services.

Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Sections 4996.17, 4996.20, Business and Professions Code.

§1871 SUPERVISOR TRAINING AND COURSEWORK

Persons licensed by the board who provide supervision shall complete, at a minimum, supervision training or coursework as follows:

(a) Beginning January 1, 2019, supervisors who commence supervision for the first time in California shall obtain fifteen (15) contact hours in supervision training or coursework obtained from a government agency or from a continuing education provider specified as acceptable by the board in regulation. If taken from a continuing education provider specified as acceptable by the board in regulation, training may apply towards the approved continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code.

(1) The content of such training shall include, but not be limited to, current best practices and current standards regarding the following:

- (A) Competencies necessary for new supervisors;
- (B) Goal setting and evaluation;
- (C) The supervisor-supervisee relationship;
- (D) California law and ethics, including legal and ethical issues related to supervision;

- (E) Cultural variables, including, but not limited to, race, gender, social class, and religious beliefs;
- (F) Contextual variables, such as treatment modality, work settings, and use of technology;
- (G) Supervision theories and literature; and
- (H) Documentation and record keeping of the supervisee's client files, as well as supervision.

(2) If taken from a government agency or from a continuing education provider specified as acceptable by the board in regulation, this course shall have been taken within two (2) years prior to commencing supervision, or within 60 days after commencing supervision.

(3) If taken at a master's or higher level from an accredited or approved postsecondary institution, this course shall have been taken within four (4) years prior to commencing supervision, or completed within 60 days after commencing supervision.

(b) A six (6)-hour supervision training course shall be taken by an individual who has previously qualified as a supervisor, but has not supervised for at least two (2) years within the five (5)-year period immediately preceding any supervision.

(c) Supervisors shall complete a minimum of six (6) hours of continuing professional development in supervision in each subsequent renewal period while providing supervision. This shall consist of one or more of the following activities and shall be documented:

- 1) Training or coursework directly covering the topic of supervision, obtained from a government agency or from a continuing education provider specified as acceptable by the board in regulation. If taken from a continuing education provider specified as acceptable by the board in regulation, it may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the Code;
- 2) Teaching a supervision course as specified in subparagraph (1).
- 3) Authoring research pertaining to directly focused on supervision that has been published professionally. This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, newsletters, or other industry or academic published work deemed equivalent by the board. It shall not include personal opinion papers, editorials, or blogs.
- 4) Receiving mentoring of supervision or supervision of supervision from another board licensee who also qualifies as a supervisor. Collaboration with another board licensee who also qualifies as a supervisor through use of mentoring or

consultation.

- 5) Documented Attendance at supervisor peer discussion groups with other board licensees who also qualify as supervisors.

(d)(1) In lieu of subparagraphs (a), (b), and (c), the Board shall accept a valid and active approved supervisor certification from one of the following entities:

- (A) The American Association for Marriage and Family Therapy (AAMFT)
- (B) The American Board of Examiners in Clinical Social Work (ABECSW)
- (C) The California Association of Marriage and Family Therapists (CAMFT)
- (D) The Center for Credentialing and Education (CCE)

(2) These licensees shall maintain a current and active California license, but are not required to have been actively licensed for at least two (2) of the past five (5) years immediately preceding any supervision, and are not required to have practiced psychotherapy or provided direct supervision of trainees or registrants for at least two (2) of the past five (5) years immediately preceding any supervision.

(3) The board may, in its sole discretion, accept an approved supervisor certification from another entity if the licensee can demonstrate that the certification requirements of that entity meet or exceed those of the above entities.

(e) The board shall not deny hours of experience gained towards licensure by any associate due to failure of his or her supervisor to complete the training, coursework, or continuing professional development requirements in this section.

Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Section 4996.20, Business and Professions Code.

§1874. DEFINITION OF ACCEPTABLE MENTAL HEALTH PROFESSIONALS

~~For purposes of Section 4996.23 (a), a licensed mental health professional acceptable to the board is one who, at the time of supervision, has possessed for at least two years a valid license as a psychologist, marriage and family therapist, licensed professional clinical counselor or physician certified in psychiatry by the American Board of Psychiatry and Neurology.~~

~~Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Section 4996.23, Business and Professions Code.~~

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ATTACHMENT B

LCSW EXISTING LAW FOR REFERENCE

§4996.18. ASSOCIATE CLINICAL SOCIAL WORKER; REGISTRATION; EMPLOYMENT; SUPERVISION; CREDIT

(a) A person who wishes to be credited with experience toward licensure requirements shall register with the board as an associate clinical social worker prior to obtaining that experience. The application shall be made on a form prescribed by the board.

(b) An applicant for registration shall satisfy the following requirements:

(1) Possess a master's degree from an accredited school or department of social work.

(2) Have committed no crimes or acts constituting grounds for denial of licensure under Section 480.

(3) Commencing January 1, 2014, have completed training or coursework, which may be embedded within more than one course, in California law and professional ethics for clinical social workers, including instruction in all of the following areas of study:

(A) Contemporary professional ethics and statutes, regulations, and court decisions that delineate the scope of practice of clinical social work.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of clinical social work, including, but not limited to, family law.

(C) The current legal patterns and trends in the mental health professions.

(D) The psychotherapist-patient privilege, confidentiality, dangerous patients, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values, and his or her professional behavior and ethics.

(F) Differences in legal and ethical standards for different types of work settings.

(G) Licensing law and process.

(c) An applicant who possesses a master's degree from a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education shall be eligible, and shall be required, to register as an associate clinical social worker in order to gain experience toward licensure if the applicant has not committed any crimes or acts that constitute grounds for denial of licensure under Section 480. That applicant shall not, however, be eligible for examination until the school or department of social work has received accreditation by the Commission on Accreditation of the Council on Social Work Education.

(d) All applicants and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be

responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work.

(e) Any experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(f) An applicant who possesses a master's degree from an accredited school or department of social work shall be able to apply experience the applicant obtained during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education toward the licensure requirements, if the experience meets the requirements of Section 4996.23. This subdivision shall apply retroactively to persons who possess a master's degree from an accredited school or department of social work and who obtained experience during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education.

(g) An applicant for registration or licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a master's of social work degree that is equivalent to a master's degree issued from a school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work Education. These applicants shall provide the board with a comprehensive evaluation of the degree and shall provide any other documentation the board deems necessary. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.

(h) A registrant shall not provide clinical social work services to the public for a fee, monetary or otherwise, except as an employee.

(i) A registrant shall inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional.

§4996.23. SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA EFFECTIVE JANUARY 1, 2002

(a) To qualify for licensure as specified in Section 4996.2, each applicant shall complete 3,200 hours of post-master's degree supervised experience related to the practice of clinical social work. The experience shall comply with the following:

(1) At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board.

(2) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(3) A maximum of 1,200 hours in client centered advocacy, consultation, evaluation, research, direct supervisor contact, and workshops, seminars, training sessions, or conferences directly related to clinical social work that have been approved by the applicant's supervisor.

(4) Of the 2,000 clinical hours required in paragraph (2), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(5) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(6) Experience shall not be credited for more than 40 hours in any week.

(b) An individual who submits an application for examination eligibility between January 1, 2016, and December 31, 2020, may alternatively qualify under the experience requirements that were in place on January 1, 2015.

(c) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(d) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. For purposes of this subdivision, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group conducted within the same week as the hours claimed.

(3) An associate shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(4) Supervision shall include at least one hour of direct supervisor contact during each week for which experience is gained in each work setting. Supervision is not required for experience gained attending workshops, seminars, training sessions, or conferences as described in paragraph (3) of subdivision (a).

(5) The six hours of supervision that may be credited during any single week pursuant to paragraph (3) shall apply only to supervision hours gained on or after January 1, 2010.

(6) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

(7) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.

(8) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.

(e) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The

associate shall submit to the board the initial original supervisory plan upon application for licensure.

(f) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(g) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(h) Employment in a private practice as defined in subdivision (i) shall not commence until the applicant has been registered as an associate clinical social worker.

(i) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed professional clinical counselor, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(j) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(k) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(l) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(m) An associate shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(3) Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of his or her employer.

(n) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(o) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

§4996.24. SUPERVISION OF REGISTRANTS; MAXIMUM NUMBER OF REGISTRANTS

(a) A licensee in private practice who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations may supervise or employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.

(b) A licensed clinical social workers' corporation may employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations.

(c) In no event shall any licensed clinical social workers' corporation employ, at any one time, more than a total of 15 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the licensed clinical social workers' corporation and shall be actively engaged in performing professional services at and for the licensed clinical social workers' corporation. Employment and supervision within the licensed clinical social workers' corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

§1870. REQUIREMENTS FOR ASSOCIATE CLINICAL SOCIAL WORKER SUPERVISORS

Any person supervising an associate clinical social worker registered with the board (hereinafter called "supervisor") within California shall comply with the requirements set forth below.

(a) Prior to the commencement of any therapy or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form #1800 37A-522), hereby incorporated by reference, which requires that:

- (1) The supervisor possesses and will maintain a current valid California license as a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in Section 1874.
- (2) The supervisor has been so licensed in California or in any other state for a total of at least two (2) years prior to commencing any supervision.
- (3) The supervisor has and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or any lapse in licensure, that affects the supervisor's ability or right to supervise.
- (4) The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy for at least two (2) years within the last five (5) years immediately preceding supervision.
- (5) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates.

(A) Persons licensed by the board who provide supervision shall have a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections

4980.54, 4996.22, and 4999.76 of the Code. The content of such training shall include, but not be limited to:

(i) Familiarity with supervision literature through reading assignments specified by course instructors;

(ii) Facilitation of therapist-client and supervisor-therapist relationships;

(iii) Evaluation and identification of problems in therapist-client and supervisor-therapist relationships;

(iv) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(v) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(vi) The practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.

(6) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

(7) The supervisor shall do all of the following:

(A) Ensure that the extent, kind and quality of clinical social work performed by the associate is consistent with the training and experience of the person being supervised.

(B) Review client/patient records and monitor and evaluate assessment and treatment decisions of the associate clinical social worker.

(C) Monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.

(D) Ensure compliance with all laws and regulations governing the practice of clinical social work.

(8) The supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1. The associate shall submit the original signed plan for each supervisor to the board upon application for licensure.

(9) The supervisor shall provide the associate with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 3/10, form #1800 37A-522), prior to commencement of any supervision. The associate shall provide the board with the original signed form for each supervisor upon application for licensure.

(10) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to sign for any further hours of experience for such person. A

supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(11) The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

(12) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(b) The board shall not deny hours of experience gained toward licensure by any associate due to the failure of his or her supervisor to complete the training requirements specified in subsection (a)(4)(A).

Note: Authority cited: Section 4980.60 and 4990.20, Business and Professions Code. Reference: Sections 4980.54, 4996.22 and 4996.23, Business and Professions Code.

§1870.1. SUPERVISORY PLAN

(a) On and after January 1, 1999, all associate clinical social workers and licensed clinical social workers or licensed mental health professionals acceptable to the board as defined in Section 1874 who assume responsibility for providing supervision shall develop a supervisory plan that describes the goals and objectives of supervision and shall complete and sign under penalty of perjury the "Supervisory Plan", (form no. 1800 37A-521, revised 3/10), hereby incorporated by reference.

(b) This supervisory plan shall be completed by each supervisor providing supervision and the original signed plan shall be submitted by the associate clinical social worker to the board upon application for licensure.

Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Sections 4996.18 and 4996.23, Business and Professions Code.

§1874. DEFINITION OF ACCEPTABLE MENTAL HEALTH PROFESSIONALS

For purposes of Section 4996.23 (a), a licensed mental health professional acceptable to the board is one who, at the time of supervision, has possessed for at least two years a valid license as a psychologist, marriage and family therapist, licensed professional clinical counselor or physician certified in psychiatry by the American Board of Psychiatry and Neurology.

Note: Authority cited: Section 4990.20, Business and Professions Code. Reference: Section 4996.23, Business and Professions Code.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members
From: Rosanne Helms
Legislative Analyst
Date: October 4, 2016
Telephone: (916) 574-7897
Subject: Proposed 2017 Omnibus Legislation

Upon review, staff has determined that several sections of the Business and Professions Code (BPC) pertaining to the Board of Behavioral Sciences require amendments. These amendments are as follows:

1. Amend BPC Sections 801, 801.1, and 802 – Judgment and Settlement Reporting Amounts

Background: Currently, healing arts licensees must report all judgments or settlements for negligence claims in excess of a certain dollar amount to his or her licensing board. For some boards, this amount is \$3,000.

For the Board's LMFT, LCSW, and LPCC licensees, this reporting amount is \$10,000. However, there is a reference error in law. The law states Board licensees subject to "Chapter 14 (commencing with Section 4990)" are subject to this reporting requirement. While Chapter 14 refers to LCSW statute, section 4990 is a reference to the beginning of the Board's general provisions. This error needs to be corrected.

In addition, LEPs are not included in the list of licensees that are subject to the \$10,000 reporting requirement. Instead, they are subject to the \$3,000 reporting requirement. The Board's Enforcement Unit notes that there is no known reason why the reporting threshold should be any different for LEPs, and such a difference for only one Board license type is arbitrary and potentially confusing for staff and licensees.

Recommendation: Amend BPC §§ 801, 801.1, and 802 to correct the reference error to Chapter 14, and amend these sections to include LEPs in the \$10,000 reporting requirement amount.

Additionally, BPC Section 801.1(b) refers to the Board as the "Board of Behavioral Science Examiners." This language was amended to reference the "Board of Behavioral Sciences."

2. Amend BPC Sections 4980.09 and 4999.12.5 – Registration Title Name Change for LMFT and LPCC Applicants

Background: In 2016, legislation was signed to change the “intern” title to “associate” for LMFT and LPCC registrants.

In the 2016 legislation, staff proposed language stating that any reference to a “marriage and family therapist intern” or “professional clinical counselor intern” shall be deemed a reference to an “associate marriage and family therapist” or an “associate professional clinical counselor,” respectively.

At the time the language was drafted, Legislative Counsel recommended adding a more generic statement that any reference in law or regulation to the term “intern” shall be deemed a reference to an “associate.” Although Legislative Counsel drafted this proposed language, it was not amended into last year’s bill. Therefore, staff believes it should be included in this year’s bill, ahead of the title change effective date of January 1, 2018.

Recommendation: Amend BPC §§4980.09 and 4999.12.5 to state that references in law or regulation to an “intern” shall be deemed a reference to an “associate.”

3. Amend BPC Sections 4980.44, 4984.7, 4999.32, 4999.42, 4999.53, 4999.62, 4999.63, and 4999.120, Evidence Code Section 1010, Penal Code Section 11165.7 – Changing “Intern” title to “Associate”

Background: As noted in Item #2 above, legislation was recently signed to change the “intern” title to “associate” for LMFT and LPCC registrants beginning on January 1, 2018.

Although language is being placed in the law stating that a reference to an “intern” shall be deemed a reference to an “associate,” staff has begun the process of amending the new title into law in sections that are already being amended.

Recommendation: Change the term “intern” to “associate” in sections that the Board is already planning to amend during the 2017 Legislative Session, and in certain other sections where staff believes it is critical to make the change.

In addition, an errant reference to LCSW code in Evidence Code Section 1010(c) was corrected.

4. Amend BPC Sections 4984.4, 4984.7, 4996.3, 4996.6, 4999.32, 4999.33, 4999.60, 4999.61, 4999.62, 4999.63, and 4999.120 - Changing the term “Examination Eligibility” to “Licensure”

Background: Under the Board’s previous examination structure, once applicants finished gaining all experience hours, they applied for “examination eligibility” to be able to take the two exams required for licensure.

Under the new Board's new examination structure, applicants must take the first exam – the California law and ethics exam – while they are still registered as an intern and gaining hours. After they are done gaining hours as an intern, they submit for eligibility to take the final exam. Because these individuals have already been eligible to take one exam, references to applying for “examination eligibility” are no longer accurate.

Recommendation: Change references in law to applying for “examination eligibility” to references to applying for “licensure.”

5. Amend BPC Sections 4984.9, 4989.46, 4992.8, and 4999.118 – Name Change Requirements

Background: Current law requires a licensee or registrant requesting a name change to submit a written request with a copy of the legal document authorizing the name change (such as a court order or a marriage certificate).

When the Department of Consumer Affairs transitioned to the Breeze database system, it began requiring applicants to also submit a copy of government-issued photo identification (such as a passport, driver's license, or alien registration). This was done for security reasons.

Although the Department is requiring this, it is not specifically mentioned in the Board's statutes that address name changes.

At its September 30, 2016 meeting, the Policy and Advocacy Committee asked whether requiring notices of a name change within 30 days was a reasonable amount of time, given processing times of the Social Security Administration and the DMV.

Staff reviewed the policies of the Social Security Administration (SSA), which issues social security cards, and the California Department of Motor Vehicles (DMV) which issues California drivers licenses and I.D. cards. Pertinent information from these agencies' web sites is shown in **Attachment B**.

- A name change with the Social Security Administration must be done first, before a DMV name change request. The SSA indicates the issuance time for a new social security card is approximately 10 days, however, DMV does state that it verifies the change with the SSA electronically.
- Once a person changes their name with the SSA, they may then request that their DMV license or ID card be changed. The DMV indicates that the new license/ID card will be issued within 60 days.

Given this information, it appears that requiring a government issued photo ID be produced within 30 days “after each change” (as current law states), to complete a name change may not be feasible. Therefore, staff recommends amendments to require Board notification of a name change within 30 days of the issuance of a new government issued photographic identification.

Recommendation: Amend Board statute for each license type to require that licensees or registrants notify the Board of a name change within 30 days of the issuance of a new government issued photo I.D. The licensee or registrant must provide a copy of the current government issued photo I.D and the legal document authorizing the name change, and must certify the information is correct by signing a statement under penalty of perjury.

6. Amend BPC Sections 4980.72, 4996.17, and 4999.60 – Requirements for Out-of-State Licensees

Background: BPC section 4996.17 outlines the licensing requirements for LCSW applicants who have education and experience gained outside of California.

The section outlines licensing requirements for those who hold a license in another state, and also allows licensees and registrants who have previously passed the national clinical exam currently accepted by the Board, to become licensed as an LCSW without having to take that same exam again.

However, these requirements do not specifically state that to qualify for the clinical exam exemption, the applicant's license must be active and in good standing. Although this is the intent of the law, the Board has reviewed applications from individuals who held a license at one time, or who hold an inactive license.

As an example, the Board received one application where the applicant had held a license in another state, but it was expired. That individual had passed the acceptable clinical exam, but the exam was taken in the mid-1990's.

The Board's LMFT law (BPC §4980.72) and LPCC law (4999.60) both state that a license must be valid to qualify as an out-of-state licensee applicant, but do not state that the license must be active to qualify for the clinical exam exemption. Therefore, language in all three sections has been amended for consistency: a license must be valid and in good standing to qualify as an out-of-state licensee, but it must be active and in good standing to qualify for the clinical exam exemption.

Recommendation: Amend BPC §4996.17 to do the following:

- a. Clarify that to apply as an out-of-state licensee, that license must be valid and in good standing; and
- b. Clarify that to qualify for waiver of the clinical exam, an applicant with an out-of-state license or registration who has already passed that exam must demonstrate that the out-of-state license or registration is active and in good standing.

Also amend BPC §§ 4980.72 and 4999.60 for consistency.

7. Amend BPC Section 4999.42 – LPCC Intern Registration

Background: This section outlines the requirements to qualify for registration as an LPCC intern.

LPCCs are the Board's newest license type. The initial legislation to license LPCCs needed to set a start date for the Board to begin issuing registrations. This section contains that start date, which was January 1, 2011.

Recommendation: Delete the start date for the Board to issue LPCC intern registrations, as it is no longer needed.

8. Amend BPC Section 4999.53 – Passage of the Clinical Exam for LPCC Applicants without an Associate Registration

Background: BPC Section 4999.53 specifies that a clinical counselor associate applying for licensure must pass a California law and ethics exam and a clinical exam.

However, the wording of this section does not address a situation in which the applicant is applying for licensure, but is no longer registered as an associate (These individuals may have completed their hours but no longer need a registration if they are not currently practicing, or if they are working in an exempt setting.)

BPC Section 4999.55 requires both registrants and applicants for licensure to pass the California Law and Ethics Exam. However, the statutes do not specifically state that applicants for licensure are required to take the clinical exam. Regulations do designate the California law and ethics and the clinical exam as the Board's LPCC licensing exams. However, statute should specify that all applicants must pass the clinical exam.

This amendment is needed for LPCC only; it is not necessary for the Board's other license types.

Recommendation: Amend BPC Section 4999.53 to specify that to qualify for licensure, all registrants or applicants for licensure must pass a California law and ethics exam and a clinical exam. Additionally, amend the law to specify that registrants or applicants for licensure may only take the clinical exam once they meet specific criteria.

Policy and Advocacy Committee Meeting

At its September 30, 2016 meeting, the Policy and Advocacy Committee discussed this proposal. It recommended some technical amendments, and it directed staff to research the name change process, in order to determine if 30 days to submit a name change is sufficient. Staff was then directed to submit this language to the Board for consideration as a legislative proposal.

Recommendation

Conduct an open discussion about the proposed amendments. Direct staff to make any discussed changes, and any non-substantive changes, and pursue a legislative proposal.

Attachments

Attachment A: Proposed Language

Attachment B: Name Change Information: California Department of Motor Vehicles and Social Security Administration

**ATTACHMENT A
PROPOSED LANGUAGE**

AMEND BUSINESS AND PROFESSIONS CODE (BPC) §801.

- (a) Except as provided in Section 801.01 and subdivisions (b), (c), and (d) of this section, every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 shall send a complete report to that agency as to any settlement or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

- (b) Every insurer providing professional liability insurance to a person licensed pursuant to Chapter 13 (commencing with Section 4980), [Chapter 13.5 \(commencing with Section 4989.10\)](#), Chapter 14 (commencing with Section ~~4990~~[4991](#)), or Chapter 16 (commencing with Section 4999.10) shall send a complete report to the Board of Behavioral Sciences as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

- (c) Every insurer providing professional liability insurance to a dentist licensed pursuant to Chapter 4 (commencing with Section 1600) shall send a complete report to the Dental Board of California as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

- (d) Every insurer providing liability insurance to a veterinarian licensed pursuant to Chapter 11 (commencing with Section 4800) shall send a complete report to the Veterinary Medical Board of any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional service. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

- (e) The insurer shall notify the claimant, or if the claimant is represented by counsel, the insurer shall notify the claimant's attorney, that the report required by subdivision (a), (b), or (c) has been sent to the agency. If the attorney has not received this notice within 45 days after the settlement was reduced to writing and signed by all of the parties, the arbitration award was served on the parties, or the date of entry of the civil judgment, the attorney shall make the report to the agency.
- (f) Notwithstanding any other provision of law, no insurer shall enter into a settlement without the written consent of the insured, except that this prohibition shall not void any settlement entered into without that written consent. The requirement of written consent shall only be waived by both the insured and the insurer. This section shall only apply to a settlement on a policy of insurance executed or renewed on or after January 1, 1971.

AMEND BPC §801.1.

(a) Every state or local governmental agency that self-insures a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) shall send a complete report to that agency as to any settlement or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

(b) Every state or local governmental agency that self-insures a person licensed pursuant to Chapter 13 (commencing with Section 4980), [Chapter 13.5 \(commencing with Section 4989.10\)](#), Chapter 14 (commencing with Section ~~4990~~[4991](#)), or Chapter 16 (commencing with Section 4999.10) shall send a complete report to the Board of Behavioral Sciences ~~Examiners~~ as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

AMEND BPC §802.

(a) Every settlement, judgment, or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar

authority from an agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) who does not possess professional liability insurance as to that claim shall, within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties, be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if the person is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if the claimant is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make the complete report. Failure of the licensee or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) or more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section or conspiracy or collusion not to comply with this section, or to hinder or impede any other person in the compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

(b) Every settlement, judgment, or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist, [a licensed educational psychologist](#), a clinical social worker, or a professional clinical counselor licensed pursuant to Chapter 13 (commencing with Section 4980), [Chapter 13.5 \(commencing with Section 4989.10\)](#), Chapter 14 (commencing with Section ~~4990~~[4991](#)), or Chapter 16 (commencing with Section 4999.10), respectively, who does not possess professional liability insurance as to that claim shall within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if he or she is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if he or she is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make a complete report. Failure of the marriage and family therapist, [licensed educational psychologist](#), clinical social worker, or professional clinical counselor or claimant (or, if represented by counsel, his or her counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section, or conspiracy or collusion not to comply with this section or to hinder

or impede any other person in that compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

AMEND BPC §4980.09.

(a) (1) The title “marriage and family therapist intern” or “marriage and family therapist registered intern” is hereby renamed “associate marriage and family therapist” or “registered associate marriage and family therapist,” respectively. Any reference in statute or regulation to a “marriage and family therapist intern” or “marriage and family therapist registered intern” shall be deemed a reference to an “associate marriage and family therapist” or “registered associate marriage and family therapist.”

(2) Any reference in statute or regulation to the term “intern” shall be deemed a reference to an “associate.” Any reference in statute or regulation to the abbreviation “MFTI” shall be deemed a reference to an “AMFT.”

(b) Nothing in this section shall be construed to expand or constrict the scope of practice of a person licensed or registered pursuant to this chapter.

(c) This section shall become operative January 1, 2018.

AMEND §4980.44.

An unlicensed associate marriage and family therapist ~~intern~~ employed under this chapter shall comply with the following requirements:

(a) Possess, at a minimum, a master’s degree as specified in Section 4980.36 or 4980.37, as applicable.

(b) Register with the board prior to performing any duties, except as otherwise provided in subdivision (h) of Section 4980.43.

(c) Prior to performing any professional services, inform each client or patient that he or she is an unlicensed registered associate marriage and family therapist ~~registered intern~~, provide his or her registration number and the name of his or her employer, and indicate whether he or she is under the supervision of a licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or a licensed physician and surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.

(d) (1) Any advertisement by or on behalf of a registered associate marriage and family therapist-~~registered intern~~ shall include, at a minimum, all of the following information:

(A) That he or she is a registered associate marriage and family therapist-~~registered intern~~.

(B) The ~~intern’s~~associate’s registration number.

(C) The name of his or her employer.

(D) That he or she is supervised by a licensed person.

(2) The abbreviation ~~“MFTI”~~ “AMFT” shall not be used in an advertisement unless the title ~~“marriage and family therapist registered intern”~~ “registered associate marriage and family therapist” appears in the advertisement.

AMEND §4980.72.

(a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:

(1) The applicant’s education is substantially equivalent, as defined in Section 4980.79. The applicant’s degree title need not be identical to that required by Section 4980.36 or 4980.37.

(2) The applicant complies with Section 4980.76, if applicable.

(3) The applicant’s supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a marriage and family therapist shall be accepted at a rate of 100 hours per month, up to a maximum of 1,200 hours, if the applicant’s degree meets the practicum requirement described in subparagraph (C) of paragraph (1) of subdivision (b) of Section 4980.79 without exemptions or remediation.

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is [active and](#) in good standing at the time of his or her application and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

AMEND BPC §4984.4.

A license that is not renewed within three years after its expiration may not be renewed, restored, reinstated, or reissued; however, the former licensee may apply for and obtain a new license if the following criteria are satisfied:

- (a) No fact, circumstance, or condition exists that, if the license were issued, would constitute grounds for its revocation or suspension.
- (b) He or she submits an application for [examination-eligibility licensure](#) and the fee for that application.
- (c) He or she takes and passes the current licensing examinations.
- (d) He or she submits the fee for initial license issuance.
- (e) He or she complies with the fingerprint requirements established by board regulation.

AMEND BPC §4984.7.

(a) The board shall assess the following fees relating to the licensure of marriage and family therapists:

- (1) The application fee for an [intern-associate](#) registration shall be seventy-five dollars (\$75).
 - (2) The renewal fee for an [intern-associate](#) registration shall be seventy-five dollars (\$75).
 - (3) The fee for the application for [examination-eligibility licensure](#) shall be one hundred dollars (\$100).
 - (4) The fee for the clinical examination shall be one hundred dollars (\$100). The fee for the California law and ethics examination shall be one hundred dollars (\$100).
- (A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.

(B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars (\$20).

(6) The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars (\$180).

(7) The fee for license renewal shall be a maximum of one hundred eighty dollars (\$180).

(8) The fee for inactive license renewal shall be a maximum of ninety dollars (\$90).

(9) The renewal delinquency fee shall be a maximum of ninety dollars (\$90). A person who permits his or her license to expire is subject to the delinquency fee.

(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

(12) The fee for issuance of a retired license shall be forty dollars (\$40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) This section shall become operative on January 1, 2016.

AMEND BPC §4984.9.

A licensee or registrant shall give written notice to the board of a name change ~~within 30 days after each change~~, giving both the old and new names. The written notice shall be submitted to the board within 30 days of the issuance of a new government issued photographic identification. The licensee or registrant shall certify the information is correct by signing a statement under penalty of perjury. A copy of the legal document authorizing the name change, such as a court order or marriage certificate, shall be submitted with the notice. A copy of the following documents evidencing the change shall be submitted with the notice:

(1) A current government issued photographic identification; and

(2) The legal document authorizing the name change, such as a court order or a

marriage certificate.

AMEND BPC §4989.46.

A licensee shall give written notice to the board of a name change ~~within 30 days after each change~~, providing both the old and new names. The written notice shall be submitted to the board within 30 days of the issuance of a new government issued photographic identification. The licensee or registrant shall certify the information is correct by signing a statement under penalty of perjury. A copy of the legal document authorizing the name change, such as a court order or marriage certificate, shall be submitted with the notice. A copy of the following documents evidencing the change shall be submitted with the notice:

- (1) A current government issued photographic identification; and
- (2) The legal document authorizing the name change, such as a court order or a marriage certificate.

AMEND BPC §4992.8.

A licensee or registrant shall give written notice to the board of a name change ~~within 30 days after each change~~, giving both the old and new names. The written notice shall be submitted to the board within 30 days of the issuance of a new government issued photographic identification. The licensee or registrant shall certify the information is correct by signing a statement under penalty of perjury. A copy of the legal document authorizing the name change, such as a court order or marriage certificate, shall be submitted with the notice. A copy of the following documents evidencing the change shall be submitted with the notice:

- (1) A current government issued photographic identification; and
- (2) The legal document authorizing the name change, such as a court order or a marriage certificate.

AMEND BPC §4996.3.

(a) The board shall assess the following fees relating to the licensure of clinical social workers:

- (1) The application fee for registration as an associate clinical social worker shall be seventy-five dollars (\$75).
- (2) The fee for renewal of an associate clinical social worker registration shall be seventy-five dollars (\$75).

- (3) The fee for application for ~~examination-eligibility-licensure~~ shall be one hundred dollars (\$100).
- (4) The fee for the clinical examination shall be one hundred dollars (\$100). The fee for the California law and ethics examination shall be one hundred dollars (\$100).
- (A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fees.
- (B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.
- (5) The fee for rescoring an examination shall be twenty dollars (\$20).
- (6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars (\$155).
- (7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars (\$155).
- (8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents (\$77.50).
- (9) The renewal delinquency fee shall be a maximum of seventy-five dollars (\$75). A person who permits his or her license to expire is subject to the delinquency fee.
- (10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).
- (11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).
- (12) The fee for issuance of a retired license shall be forty dollars (\$40).
- (b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.
- (c) This section shall become operative on January 1, 2016.

AMEND BPC §4996.6.

- (a) Licenses issued under this chapter shall expire no more than 24 months after the issue date. The expiration date of the original license shall be set by the board.

(b) To renew an unexpired license, the licensee shall, on or before the expiration date of the license, complete the following actions:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a two-year renewal fee prescribed by the board.

(3) Certify compliance with the continuing education requirements set forth in Section 4996.22.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the licensee's last renewal.

(c) To renew an expired license within three years of its expiration, the licensee shall, as a condition precedent to renewal, complete all of the actions described in subdivision (b) and pay a delinquency fee.

(d) A license that is not renewed within three years after its expiration may not be renewed, restored, reinstated, or reissued thereafter; however, the former licensee may apply for and obtain a new license if he or she satisfies all of the following requirements:

(1) No fact, circumstance, or condition exists that, if the license were issued, would justify its revocation or suspension.

(2) He or she submits an application for ~~examination-eligibility~~ licensure.

(3) He or she takes and passes the current licensing examinations.

(4) He or she submits the ~~fees for examination-eligibility~~ licensure application fees and the fee for initial license issuance.

(5) He or she complies with the fingerprint requirements established by board regulation.

AMEND BPC §4996.17.

(a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) Commencing January 1, 2014, an applicant with education gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(b) The board may issue a license to any person who, at the time of application, holds a valid ~~active~~-clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,200 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(4) The applicant's license is in good standing, and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid, active clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy,

standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is in good standing, and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) Commencing January 1, 2016, an applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination specified in Section 4996.1 if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

AMEND BPC §4999.12.5.

(a) (1) The title "professional clinical counselor intern" or "professional clinical counselor registered intern" is hereby renamed "associate professional clinical counselor" or "registered associate professional clinical counselor," respectively. Any reference in any statute or regulation to a "professional clinical counselor intern" or "professional clinical counselor registered intern" shall be deemed a reference to an "associate professional clinical counselor" or "registered associate professional clinical counselor."

(2) Any reference in statute or regulation to the term “intern” shall be deemed a reference to an “associate.”

(b) Nothing in this section shall be construed to expand or constrict the scope of practice of a person licensed or registered pursuant to this chapter.

(c) This section shall become operative January 1, 2018.

AMEND BPC §4999.32.

(a) This section shall apply to applicants for ~~examination-eligibility-licensure~~ or registration who begin graduate study before August 1, 2012, and complete that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4999.33.

(b) To qualify for ~~examination-eligibility-licensure~~ or registration, applicants shall possess a master’s or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is “counseling or psychotherapy in content” if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (d), the coursework in the core content areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 48 graduate semester or 72 graduate quarter units of instruction, which shall, except as provided in subdivision (d), include all of the following:

(1) The equivalent of at least three semester units or four and one-half quarter units of graduate study in each of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and

other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(2) In addition to the course requirements described in paragraph (1), a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Other recognized counseling interventions.

(I) A minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) (1) An applicant whose degree is deficient in no more than two of the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

(e) In addition to the degree described in this section, or as part of that degree, an applicant shall complete the following coursework or training prior to registration as an [intern-associate](#):

- (1) A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse dependency, as specified by regulation.
- (2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.
- (3) A two semester unit or three quarter unit survey course in psychopharmacology.
- (4) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.
- (5) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations adopted thereunder.
- (6) A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, and state and federal laws related to confidentiality of patient health information. When coursework in a master's or doctoral degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester unit or 72 quarter unit requirement in subdivision (c).
- (7) A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
- (8) A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.
- (f) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2019, deletes or extends that date.

AMEND BPC §4999.33.

(a) This section shall apply to the following:

(1) Applicants for ~~examination eligibility licensure~~ or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for ~~examination eligibility licensure~~ or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for ~~examination eligibility licensure~~ or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for ~~examination eligibility licensure~~ or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (f), the coursework in the core content areas listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 60 graduate semester or 90 graduate quarter units of instruction, which shall, except as provided in subdivision (f), include all of the following:

(1) The equivalent of at least three semester units or four and one-half quarter units of graduate study in all of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, group developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including California law and professional ethics for professional clinical counselors, professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and

advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(J) Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

(K) Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

(L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

(M) Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Professional writing including documentation of services, treatment plans, and progress notes.

(I) How to find and use resources.

(J) Other recognized counseling interventions.

(K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

AMEND BPC §4999.42.

(a) To qualify for registration as an ~~intern~~-associate, an applicant shall have all of the following qualifications:

(1) The applicant shall have earned a master's or doctoral degree as specified in Section 4999.32 or 4999.33, as applicable. An applicant whose education qualifies

him or her under Section 4999.32 shall also have completed the coursework or training specified in subdivision (e) of Section 4999.32.

(2) The applicant shall not have committed acts or crimes constituting grounds for denial of licensure under Section 480.

(3) The board shall not issue a registration to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

~~(b) The board shall begin accepting applications for intern registration on January 1, 2011.~~

AMEND BPC §4999.53.

(a) Effective January 1, 2016, a ~~clinical counselor intern applying~~ registrant or an applicant for licensure as a professional clinical counselor shall pass the following examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination administered by the board, or the National Clinical Mental Health Counselor Examination if the board finds that this examination meets the prevailing standards for validation and use of the licensing and certification tests in California.

(b) Upon registration with the board, a ~~clinical counselor intern~~ an associate professional clinical counselor shall, within the first year of registration, take an examination on California law and ethics.

(c) A registrant or an applicant for licensure may take the clinical examination or the National Clinical Mental Health Counselor Examination, as established by the board through regulation, only upon meeting all of the following requirements:

(1) Completion of all required supervised work experience.

(2) Completion of all education requirements.

(3) Passage of the California law and ethics examination.

(d) This section shall become operative on January 1, 2016.

AMEND BPC §4999.60.

(a) This section applies to persons who are licensed outside of California and apply for ~~examination-eligibility-licensure~~ on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4999.63.

(2) The applicant complies with subdivision (b) of Section 4999.40, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a professional clinical counselor shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant's degree meets the practicum requirement described in subparagraph (C) of paragraph (1) of subdivision (b) of Section 4999.63 without exemptions or remediation.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is active and in good standing at the time of his or her application and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

AMEND BPC §4999.61.

(a) This section applies to persons who apply for ~~examination-eligibility-licensure~~ or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) The board shall accept education gained while residing outside of California for purposes of satisfying licensure or registration requirements if the education is

substantially equivalent, as defined in Section 4999.62, and the applicant complies with subdivision (b) of Section 4999.40, if applicable.

(c) The board shall accept experience gained outside of California for purposes of satisfying licensure or registration requirements if the experience is substantially equivalent to that required by this chapter.

AMEND BPC §4999.62.

(a) This section applies to persons who apply for ~~examination-eligibility-licensure~~ or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an ~~intern-associate~~.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 280 hours of face-to-face counseling.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet those deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence,

treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an [intern-associate](#).

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an [intern-associate](#).

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraphs (2), (3), or (4) not already completed in his or her education while registered with the board as an [intern-associate](#).

AMEND BPC §4999.63.

(a) This section applies to persons who apply for [examination-eligibility-licensure](#) or registration on or after January 1, 2016, and who hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.60, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an [intern-associate](#).

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 280 hours of face-to-face counseling.

(i) An applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the practicum requirement, shall remediate the requirement by demonstrating completion of a total of 280 hours of face-to-face counseling, as specified in subparagraph (K) of paragraph (3) of subdivision (c) of Section 4999.33. Any postdegree hours gained to meet this requirement are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while the applicant is registered with the board as an ~~intern~~ [associate](#).

(D) The required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) An applicant whose degree is deficient in no more than six of the required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet those deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an ~~intern~~ [associate](#).

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an ~~intern~~ [associate](#).

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units or 45 hours of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit or 15 hours of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required by subparagraph (D) of paragraph (1) or paragraphs (2), (3), and (4) not already completed in his or her education while registered with the board as an [intern-associate](#), unless otherwise specified.

AMEND BPC §4999.118.

A licensee or registrant shall give written notice to the board of a name change ~~within 30 days after each change~~, giving both the old and new names. The written notice shall be submitted to the board within 30 days of the issuance of a new government issued photographic identification. The licensee or registrant shall certify the information is correct by signing a statement under penalty of perjury. A copy of the legal document authorizing the name change, such as a court order or marriage certificate, shall be submitted with the notice. A copy of the following documents evidencing the change shall be submitted with the notice:

- (1) A current government issued photographic identification; and
- (2) The legal document authorizing the name change, such as a court order or a marriage certificate.

AMEND BPC §4999.120.

The board shall assess fees for the application for and the issuance and renewal of licenses and for the registration of ~~interns~~ associates to cover administrative and operating expenses of the board related to this chapter. Fees assessed pursuant to this section shall not exceed the following:

- (a) The fee for the application for ~~examination eligibility licensure~~ shall be up to two hundred fifty dollars (\$250).
- (b) The fee for the application for ~~intern~~ associate registration shall be up to one hundred fifty dollars (\$150).
- (c) The fee for the application for licensure shall be up to one hundred eighty dollars (\$180).
- (d) The fee for the board-administered clinical examination, if the board chooses to adopt this examination in regulations, shall be up to two hundred fifty dollars (\$250).
- (e) The fee for the law and ethics examination shall be up to one hundred fifty dollars (\$150).
- (f) The fee for the examination described in subdivision (b) of Section 4999.54 shall be up to one hundred dollars (\$100).

- (g) The fee for the issuance of a license shall be up to two hundred fifty dollars (\$250).
- (h) The fee for annual renewal of an ~~intern~~associate registration shall be up to one hundred fifty dollars (\$150).
- (i) The fee for two-year renewal of licenses shall be up to two hundred fifty dollars (\$250).
- (j) The fee for issuance of a retired license shall be forty dollars (\$40).
- (k) The fee for rescoring an examination shall be twenty dollars (\$20).
- (l) The fee for issuance of a replacement license or registration shall be twenty dollars (\$20).
- (m) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

AMEND EVIDENCE CODE §1010

As used in this article, “psychotherapist” means a person who is, or is reasonably believed by the patient to be:

- (a) A person authorized to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of his or her time to the practice of psychiatry.
- (b) A person licensed as a psychologist under Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.
- (c) A person licensed as a clinical social worker under ~~Article 4 (commencing with Section 4996)~~ of Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, when he or she is engaged in applied psychotherapy of a nonmedical nature.
- (d) A person who is serving as a school psychologist and holds a credential authorizing that service issued by the state.
- (e) A person licensed as a marriage and family therapist under Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.
- (f) A person registered as a psychological assistant who is under the supervision of a licensed psychologist or board certified psychiatrist as required by Section 2913 of the Business and Professions Code, or a person registered as an associate marriage and

family therapist [intern](#) who is under the supervision of a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician and surgeon certified in psychiatry, as specified in Section 4980.44 of the Business and Professions Code.

(g) A person registered as an associate clinical social worker who is under supervision as specified in Section 4996.23 of the Business and Professions Code.

(h) A person who registered with the Board of Psychology as a registered psychologist and who is under the supervision of a licensed psychologist or board certified psychiatrist.

(i) A psychological intern as defined in Section 2911 of the Business and Professions Code who is under the supervision of a licensed psychologist or board certified psychiatrist.

(j) A trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, who is fulfilling his or her supervised practicum required by subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 of, or subdivision (c) of Section 4980.37 of, the Business and Professions Code and is supervised by a licensed psychologist, a board certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor.

(k) A person licensed as a registered nurse pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatric-mental health nursing and is listed as a psychiatric-mental health nurse by the Board of Registered Nursing.

(l) An advanced practice registered nurse who is certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code and who participates in expert clinical practice in the specialty of psychiatric-mental health nursing.

(m) A person rendering mental health treatment or counseling services as authorized pursuant to Section 6924 of the Family Code.

(n) A person licensed as a professional clinical counselor under Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(o) A person registered as an [associate professional](#) clinical counselor [intern](#) who is under the supervision of a licensed professional clinical counselor, a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician and surgeon certified in psychiatry, as specified in Sections 4999.42 to 4999.46, inclusive, of the Business and Professions Code.

(p) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code, who is fulfilling his or her supervised practicum required by paragraph (3) of subdivision (c) of Section 4999.32 of, or paragraph (3) of subdivision (c) of Section 4999.33 of, the Business and Professions Code, and is supervised by a licensed psychologist, a board-certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor.

AMEND PENAL CODE §11165.7

(a) As used in this article, “mandated reporter” is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher’s aide or teacher’s assistant employed by a public or private school.
- (4) A classified employee of a public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school.
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- (9) An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.

- (13) A public assistance worker.
- (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- (22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed [associate](#) marriage and family therapist [intern](#) registered under Section 4980.44 of the Business and Professions Code.

(26) A state or county public health employee who treats a minor for venereal disease or any other condition.

(27) A coroner.

(28) A medical examiner or other person who performs autopsies.

(29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, “commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) An [associate professional](#) clinical counselor ~~intern~~ registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise

servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or recording mechanism, auxiliary storage recording or memory capacity, or any other material relating to the operation and maintenance of a computer or computer network system, for a fee. An employer who provides an electronic communications service or a remote computing service to the public shall be deemed to comply with this article if that employer complies with Section 2258A of Title 18 of the United States Code.

(B) An employer of a commercial computer technician may implement internal procedures for facilitating reporting consistent with this article. These procedures may direct employees who are mandated reporters under this paragraph to report materials described in subdivision (e) of Section 11166 to an employee who is designated by the employer to receive the reports. An employee who is designated to receive reports under this subparagraph shall be a commercial computer technician for purposes of this article. A commercial computer technician who makes a report to the designated employee pursuant to this subparagraph shall be deemed to have complied with the requirements of this article and shall be subject to the protections afforded to mandated reporters, including, but not limited to, those protections afforded by Section 11172.

(44) Any athletic coach, including, but not limited to, an assistant coach or a graduate assistant involved in coaching, at public or private postsecondary educational institutions.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) Except as provided in subdivision (d), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State

Department of Education, and charter schools shall annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a child care licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a child care administrator or an employee of a licensed child day care facility shall take training in the duties of mandated reporters during the first 90 days when he or she is employed by the facility.

(2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child day care facility shall take renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

Attachment B[Login](#) | [Register](#)[Search](#)[Español](#) |[Shopping Ca](#)[Offices](#)[Online Services](#)[Driver License](#)[Vehicle Registr](#)

Name Change Check List

The requirements are:

- Change your name with the local Social Security Administration (SSA). DMV electronically verifies name, birth date and social security number (SSN) with the SSA.
- Complete an original Driver License or Identification Card Application form (DL 44) or Commercial Driver License Application (DL 44C). To obtain a DL 44 or DL 44C form by mail, call DMV's automated phone service 24 hours a day, 7 days a week at 1-800-777-0133.
- Commercial Driver License holders only:** Complete a 10 Year History Record Check form (DL 93) if you have been issued a driver license in the same or different name to operate any type of motor vehicle in another state or other jurisdiction within the previous ten years.
- Commercial Driver License holders only:** Obtain a new Medical Examiner's Certificate from the medical examiner who performed your current commercial medical examination.
- Provide evidence of your name change by showing an original or certified copy of a Birth Date/Legal Presence document.
- Pay the application fee.
- Surrender your current driver license.

Additional information regarding changing your name on your driver license and/or identification (ID) card

[Accessibility](#)[Conditions of Use](#)[Contact DMV](#)[Customer Surveys](#)

How to change your name on your driver license and/or identification (ID) card

To apply for a name change you will need to:

- Visit a DMV office (make an Appointment(s) for faster service).
- Complete a Driver License or Identification Card Application form (DL 44) or a Commercial Driver License Application form (DL 44C). An original DL 44 or 44C form must be submitted. Copies will not be accepted.
- Give a thumb print.
- Have your picture taken.
- Pay the driver license or identification card application fee.

Acceptable evidence of your new name may be provided by showing an original or certified copy of a Birth Date and Legal presence document or a true full name document.

Please contact the Social Security Administration (SSA) to change your name on SSA records before you make an appointment with DMV to have your name changed on DMV records. DMV electronically verifies your name, birth date and social security number with the SSA.

If your information does not verify, you will not receive your new California driver license or identification card. You will receive a Request for Verification of Information letter from DMV informing you that the information you provided (name, birth date, and/or SSN) does not match SSA's records.

You will be issued an interim license valid for 90 days and/or a receipt for your ID card until you receive your new photo license and/or photo ID card in the mail. Check your address before you leave DMV and tell the DMV representative if your address is incorrect. Your new license and/or ID card will be mailed to you within 60 days. If you do not receive your license and/or ID card after 60 days, call 1 (800) 777-0133 to check on the status. Have your interim license and/or ID card receipt with you to provide information when requested.

Note: A name change on your driver license or identification card will not change your vehicle registration information. [Follow this link to find out how to change or correct the name on your vehicle/vessel's DMV record.](#)

Source:

https://www.dmv.ca.gov/portal/dmv/?1dmy&uril=wcm:path:/dmv_content_en/dmv/dl/dl_info#two504

Social Security

MENU

SIGN IN / UP

Frequently Asked Questions

[FAQ Home](#) [Social Security Number and Card](#) [Cards for Adults](#)

Last Modified: 04/14/2016 | FAQ # 3785

How long will it take to get a Social Security card?

[Print](#)

[Share](#)

We will mail your Social Security card as soon as we have all of the necessary information and have verified the appropriate documents. Generally, you will get your card within 10 business days from the date your application is processed.

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Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members **Date:** October 18, 2016
From: Christy Berger **Telephone:** (916) 574-7897
Regulatory Analyst
Subject: Death or Incapacitation of a Supervisor

Occasionally, an applicant who is in the process of gaining supervised experience hours, or who has completed all supervised experience hours and is preparing to apply for licensure, learns that one of his or her supervisors is now deceased, or is incapacitated to the point that they cannot verify the applicant's experience.

This is problematic for the applicant if the signature necessary to verify experience was not obtained from the supervisor prior to this time.

Required Proof of Supervised Experience

The following are submitted with an application for licensure as proof of completed supervised experience (using LPCC applicants as an example):

- *Supervisor Responsibility Statement:* Must be signed by the supervisor and given to the applicant prior to the commencement of any counseling or supervision (see Attachment A).
- *Supervisory Plan:* Must be signed by the supervisor and given to the applicant prior to the commencement of any counseling or supervision (see Attachment B).
- *Experience Verification:* The supervisor should sign off on supervised experience at the completion or termination of supervision (see Attachment C).

In addition, applicants must maintain a *Weekly Summary of Experience Hours*, signed by the supervisor weekly (see Attachment D). The applicant does not submit this log to the Board except upon request.

Current Practice When Supervisor is Deceased or Incapacitated

Currently, in cases where an applicant's supervisor dies or is incapacitated before all paperwork is complete, board staff reviews documentation on a case by case basis in order to determine if it can accept the experience hours. The Board recommends the applicant submit all of the following for consideration:

- The previously signed, original *Supervisor Responsibility Statement* and *Supervisory Plan*
- The previously signed, original *Weekly Summary of Hours of Experience* logs
- Documentation by the employer verifying employment of the supervisor and supervisee
- The letter of agreement for supervision if the supervisor was not employed by the employer.

However, there is nothing specifically in law outlining acceptable methods of verifying supervised experience, in lieu of a supervisor's signature, should the supervisor pass away or become incapacitated.

Recommendation

Conduct an open discussion regarding the Supervision Committee's and Policy and Advocacy Committee's recommended language; direct staff to make any discussed changes, and any non-substantive changes, and pursue a regulatory proposal.

ATTACHMENTS:

Attachment A: *Responsibility Statement for Supervisors of a Professional Clinical Counselor Intern*

Attachment B: *Supervisory Plan*

Attachment C: *LPCC Experience Verification*

Attachment D: *LPCC Weekly Summary of Experience Hours*

Attachment E: *Proposed Language*



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**RESPONSIBILITY STATEMENT FOR SUPERVISORS
 OF A PROFESSIONAL CLINICAL COUNSELOR INTERN**

Title 16, California Code of Regulations (16 CCR) Section 1821 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Professional Clinical Counselor (PCC) license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.

Name of PCC Intern:	Last	First	Middle
Name of Qualified Supervisor:		Qualified Supervisor's Daytime Telephone Number:	

As the supervisor:

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1821(b)(1) and Business and Professions Code (BPC) § 4999.12(h)(1))

A. The license I hold is:

Licensed Professional Clinical Counselor

_____	_____
<i>License #</i>	<i>Issue Date</i>

Marriage and Family Therapist

_____	_____
<i>License #</i>	<i>Issue Date</i>

Licensed Clinical Social Worker

_____	_____
<i>License #</i>	<i>Issue Date</i>

*Licensed Clinical Psychologist

_____	_____
<i>License #</i>	<i>Issue Date</i>

*Licensed Physician and Surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology

_____	_____
<i>License #</i>	<i>Issue Date</i>

- **B. I have had sufficient experience, training, and education in professional clinical counseling to competently practice professional clinical counseling in California. (16 CCR§ 1821(b)(2))

C. I will keep myself informed about developments in professional clinical counseling and in California law governing the practice of professional clinical counseling. (16 CCR § 1821(b)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1821(b)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1821(b)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise interns. (16 CCR § 1821(b)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the two-year period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1821(b)(6)(A) and (B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of interns and the experience required for licensure as a licensed professional clinical counselor. (16 CCR § 1821(b)(7))

- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the intern. (16 CCR § 1821(b)(8))
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1821(b)(9))
- 9) I shall address with the intern the manner in which emergencies will be handled. (16 CCR § 1821(b)(10))
- 10) I agree not to provide supervision to an intern unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4999.20. (BPC § 4999.44)
- 11) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern. (16 CCR § 1820(e)(3))
- 12) I shall give at least (1) one week's prior written notice to an intern of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1821(d))
- 13) I shall obtain from each intern for whom supervision will be provided, the name, address, and telephone number of the intern's most recent supervisor and employer. (16 CCR § 1821(e))
- 14) In any setting that is not a private practice, I shall evaluate the site(s) where an intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a licensed professional clinical counselor; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1820 and 4999.44 of the Code. (16 CCR § 1821(f))
- 15) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1821. (16 CCR § 1821(g))
- 16) I shall provide the intern with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1821(c))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor

Signature of Qualified Supervisor

Date

Mailing Address: Number and Street

City

State

Zip Code

The supervisor shall provide the intern being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.

The intern shall submit this form to the board upon application for examination eligibility.

* Licensed Clinical Psychologists and Physicians certified in psychiatry are not required to comply with #5.

** Applies only to supervisors NOT licensed as a Licensed Professional Clinical Counselor.



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SUPERVISORY PLAN

Title 16, California Code of Regulations (CCR) Sections 1870.1 and 1822 require all associate clinical social workers and professional clinical counselor interns and licensed mental health professionals acceptable to the Board as defined in Business and Professions Code Section 4996.23(a), 4999.12(h), and CCR Section 1874, who assume responsibility for providing supervision to those working toward a license as a Clinical Social Worker or Professional Clinical Counselor to complete and sign the following supervisory plan. The original signed plan shall be submitted by the registrant to the board upon application for examination eligibility.

REGISTRANT: (Please type or print clearly in ink.)

Legal name:	Last	First	Middle	Registration Number
Address:	Number and Street			
City	State		Zip Code	
Business Telephone ()	Residence Telephone ()			

LICENSED SUPERVISOR: (Please type or print clearly in ink.)

Name:	Last	First	Middle	License No:	Expiration Date:										
Employer Name:	Telephone Number: ()														
Address:	Number and Street														
City	State		Zip Code												
Employment Setting:	<table border="0"> <tr> <td>a. Private Practice <input type="checkbox"/></td> <td>d. Licensed Health Facility <input type="checkbox"/></td> </tr> <tr> <td>a. Governmental Entity <input type="checkbox"/></td> <td>e. Social Rehabilitation Facility/Community Treatment Facility <input type="checkbox"/></td> </tr> <tr> <td>b. Nonprofit and Charitable Corporation <input type="checkbox"/></td> <td>f. Pediatric Day Health and Respite Care Facility <input type="checkbox"/></td> </tr> <tr> <td>c. School, College, or University <input type="checkbox"/></td> <td>g. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility <input type="checkbox"/></td> </tr> <tr> <td></td> <td>h. Community Mental Health Facility <input type="checkbox"/></td> </tr> </table>					a. Private Practice <input type="checkbox"/>	d. Licensed Health Facility <input type="checkbox"/>	a. Governmental Entity <input type="checkbox"/>	e. Social Rehabilitation Facility/Community Treatment Facility <input type="checkbox"/>	b. Nonprofit and Charitable Corporation <input type="checkbox"/>	f. Pediatric Day Health and Respite Care Facility <input type="checkbox"/>	c. School, College, or University <input type="checkbox"/>	g. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility <input type="checkbox"/>		h. Community Mental Health Facility <input type="checkbox"/>
a. Private Practice <input type="checkbox"/>	d. Licensed Health Facility <input type="checkbox"/>														
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c. School, College, or University <input type="checkbox"/>	g. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility <input type="checkbox"/>														
	h. Community Mental Health Facility <input type="checkbox"/>														

Briefly describe the goals and objectives:

I certify that I understand the responsibilities regarding clinical supervision, including the supervisor's responsibility to perform ongoing assessments of the supervisee, and I declare under penalty of perjury under the laws of the State of California that the information submitted on this form is true and correct.

Supervisor's Signature

Date signed

Registrant's Signature

Date signed

The **original** of this form must be submitted to the board upon application for examination eligibility.

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Applicant:	Last	First	Middle
------------	------	-------	--------

APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Business Phone	
Address	Number and Street	City	State Zip Code

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
2. Was this experience gained in a private practice setting? Yes No
3. Was this experience gained in a hospital or community mental health setting? Yes No
4. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
5. Was the applicant receiving pay? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status for these dates.* Yes No

EXPERIENCE INFORMATION:

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		Logged Hours
a. Total Direct Counseling Experience <i>(Minimum 1,750 hours)</i>		
<ul style="list-style-type: none"> • Of the above hours, how many were gained while working with Couples, Families and Children? 		
b. Total Non-Clinical Experience <i>(Maximum 1,250 hours)</i>		
<ul style="list-style-type: none"> • Of the above hours, how many were Face-to-face supervision? 		
	Hours per week	Logged Hours
Individual		
Group (group contained no more than 8 persons)		

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.

Signature of Supervisor: _____ Date: _____

ORIGINAL SIGNATURE REQUIRED



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 Telephone: (916) 574-7830 TTY: (800) 326-2297
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Attachment D

PROFESSIONAL CLINICAL COUNSELOR INTERN WEEKLY SUMMARY OF EXPERIENCE HOURS

OPTION 1 – NEW STREAMLINED METHOD

Use a separate log for each work setting

Name of Intern: Last	First		Middle							
Supervisor Name	Name of Work Setting									
Address of Work Setting			Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Indicate your status when the hours below are logged:			BBS File #: _____							
<input type="checkbox"/> Intern Application Pending		<input type="checkbox"/> Registered Intern - PCI Number: _____								
YEAR _____	WEEK OF:									Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families										
B. Non-Clinical Experience**										
B1. Supervision, Individual*										
B2. Supervision, Group*										
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)										
Of the above hours, how many included working with Couples, Families or Children?										
Supervisor Signature										

* Lines B1 and B2 are sub-categories of line "B." When totaling weekly hours do not include the subcategories - use the formula found in box "C."

**Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.

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Attachment E

§1815.8. DOCUMENTATION OF SUPERVISED EXPERIENCE: DECEASED OR INCAPACITATED SUPERVISOR

The Board, in its sole discretion, may accept documentation of supervised experience that has not been signed by the supervisor, if the supervisor is deceased or incapacitated. Satisfactory proof includes, but is not limited to, the following:

(a) Evidence satisfactory to the Board that the supervisor is deceased or incapacitated;

(b) All supervision documentation which had previously been signed by the supervisor;

(c) Documentation from the employer verifying the employment of the supervisor and supervisee; or, if the supervisor was not employed by the organization, the written supervision agreement executed between the supervisor and the organization.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 25, 2016

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

Subject: Rulemaking Proposal

Agenda item XXIII.f., Discussion and Possible Action Regarding Rulemaking Proposal, will be provided at the Board Meeting.

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Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 25, 2016

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

Subject: Business and Professions Code Section 4992

Agenda item XXIV, Discussion and Possible Action to Amend Business and Professions Code Section 4992 – Applications and Examinations, has been removed from the agenda.

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1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 20,
2016

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Review of Board-Sponsored and Monitored Legislation

BOARD-SPONSORED LEGISLATION

The Board sponsored the following legislative proposals:

1. **AB 1917 (Obernolte): Educational Requirements for Marriage and Family Therapists and Professional Clinical Counselor Applicants**

This bill modifies the education required to become an LPCC or an LMFT as follows:

1. It amends the coursework and practicum required of LPCC applicants in order to ensure that the degree was designed to qualify the applicant to practice professional clinical counseling.
2. It amends the law to define education gained out-of-state based on the location of the school, instead of based on the residence of the applicant.

Status: This bill was signed by the Governor. (Chapter 70, Statutes of 2016) It becomes effective on January 1, 2017.

2. **SB 1478 (Senate Business, Professions, and Economic Development Committee): Healing Arts (Omnibus Bill)**

This bill proposal makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

The proposal to change the marriage and family therapist and professional clinical counselor "intern" title to "associate," approved by the Board at its November 20, 2015 meeting, is also included in this bill.

Status: This bill was signed by the Governor. (Chapter 489, Statutes of 2016)

BOARD-SUPPORTED LEGISLATION

1. **AB 1001 (Maienschein): Child Abuse: Reporting: Foster Family Agencies**

This bill seeks to address a report that social workers who work for foster family agencies are sometimes prohibited by their supervisors from making mandated reports of child abuse. Foster family agencies are licensed by the Department of Social Services. The amendments in this bill give the Department of Social Services more authority to ensure that foster family agencies follow mandated reporting requirements.

At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill was signed by the Governor. (Chapter 782, Statutes of 2016) It becomes effective on January 1, 2017.

2. **AB 1808 (Wood): Minors: Mental Health Services**

This bill includes marriage and family therapist trainees and clinical counselor trainees in the list of professional persons who may perform mental health treatment or residential shelter services with a consenting minor 12 years of age or older under certain defined circumstances.

At its May 13, 2016 meeting, the Board took a “support” position on this bill.

This bill was amended on June 2, 2016, to require a trainee to notify his or her supervisor within 24 hours of treating such a minor. If the trainee believes the minor is a danger to self or others, the trainee must notify the supervisor immediately after the counseling session.

Status: This bill was signed by the Governor. (Chapter 292, Statutes of 2016) It becomes effective on January 1, 2017.

3. **AB 1863 (Wood): Medi-Cal: Federally Qualified Health Centers: Rural Health Centers**

This bill would allow Medi-Cal reimbursement for covered mental health services provided by a marriage and family therapist employed by a federally qualified health center or a rural health clinic.

At its May 13, 2016 meeting, the Board took a “support” position on this bill, and asked that LPCCs be included as well.

Status: This bill was signed by the Governor. (Chapter 610, Statutes of 2016) It becomes effective on January 1, 2017.

4. AB 2083 (Chu): Interagency Child Death Review

This bill would, at the discretion of the provider, allow medical and mental health information to be disclosed to an interagency child death review team.
At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill was signed by the Governor. (Chapter 297, Statutes of 2016) It becomes effective on January 1, 2017.

5. AB 2191 (Salas): Board of Behavioral Sciences

This bill would extend the Board’s sunset date until January 1, 2021.

At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill was signed by the Governor. (Chapter 458, Statutes of 2016)

6. AB 2199 (Campos): Sexual Offenses Against Minors: Persons in a Position of Authority

This bill would subject persons who engage in specified acts of a sexual nature with a minor to additional jail terms if they held a position of authority over the minor. Persons in a position of authority include the minor’s counselor or therapist.

At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill is dead.

7. AB 2507 (Gordon): Telehealth: Access

This bill would require a health care service plan or health insurer to cover patient services provided via telehealth to the same extent as services provided in-person.

At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill is dead.

8. SB 1034 (Mitchell): Health Care Coverage: Autism

This bill would delete the sunset date on the law that requires health care service plans or insurance policies to provide coverage for behavioral health treatment for pervasive development disorder or autism. It would also make some relatively minor adjustments to this law in areas that have been identified as needing further clarification.

At its May 13, 2016 meeting, the Board took a “support” position on this bill.

This bill has been amended since the last Board meeting. Instead of deleting the sunset date, it now sets it at January 1, 2022, and other technical changes were made to the proposed language.

Status: This bill is dead.

THE BOARD MONITORED THE FOLLOWING LEGISLATION:

1. AB 796 (Nazarian): Health Care Coverage: Autism and Pervasive Developmental Disorders

This bill deletes the sunset date on the law that requires health care service plans or insurance policies to provide coverage for behavioral health treatment for pervasive development disorder or autism.

At its May 13, 2016 meeting, the Board decided to take a “neutral” position on a different version of this bill.

Status: This bill was signed by the Governor. (Chapter 493, Statutes of 2016)

2. AB 1084 (Bonilla): Social Workers: Examination

This was a spot bill which contained a provision that is already included in the omnibus bill.

The Board did not take a position on this bill.

Status: This bill was amended to address a topic unrelated to the Board.

3. AB 1715 (Holden): Healing Arts: Behavior Analysis: Licensing

This bill establishes licensure for behavior analysts and assistant behavior analysts under the Board of Psychology. In addition, it would require behavior analyst interns and behavior analyst technicians to register with the Board of Psychology.

The Board decided not to take a position on this bill, but directed staff to provide technical assistance to the author regarding specified issues of concern.

Status: This bill is dead.

4. AB 2606 (Grove): Crimes Against Children, Elders, Dependent Adults, and Persons with Disabilities

This bill would require a law enforcement agency to inform a state licensing agency if it receives or makes a report that one of the licensing agencies’ licensees has allegedly committed certain specified crimes.

At its May 13, 2016 meeting, the Board decided to remain neutral on this bill, and directed staff to contact the author’s office to request technical changes.

Status: This bill is dead.

5. **AB 2649 (Jones): Marriage and Family Therapist Intern and Professional Clinical Counselor Intern: Renaming**

This Board is seeking these amendments in the omnibus bill.

The Board did not take a position on this bill.

Status: This bill is dead.

6. **SB 614 (Leno): Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification**

This bill required the State Department of Health Care Services to develop a peer, parent, transition-age, and family support specialist certification program.

At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, asking for clarifications regarding the scope of practice of these support specialists, and asking that LPCCs be included in the list of professionals allowed to supervise them.

Status: This bill was gut and amended to address an unrelated topic.

7. **SB 1101 (Wieckowski): Alcohol and Drug Counselors: Regulation**

This bill creates the Alcohol and Drug Counseling Professional Bureau under the Department of Consumer Affairs for the purpose of licensing alcohol and drug counselors.

At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, asking for clarifying amendments and language related to scope of practice.

Status: This bill is dead.

8. **SB 1155 (Morrell): Professions and Vocations: Licensees: Military Service**

This bill would require licensing board within the Department of Consumer Affairs to grant fee waivers for the application for and issuance of a license to persons who are honorably discharged veterans.

The Board did not take a position on this bill.

Status: This bill is dead.

9. **SB 1195/1194 (Hill): Professions and Vocations: Board Actions: Competitive Impact**

This bill seeks to ensure that boards under the Department of Consumer Affairs are in compliance with the recent Supreme Court ruling, *North Carolina State Board of Dental Examiners v. Federal Trade Commission*. This ruling stated that state licensing boards consisting of market participants in the industry regulated by the board can be held liable for violations of antitrust law unless their anti-competitive decision meets two requirements. The anti-competitive action or decision must be based on a clearly

articulated and affirmatively expressed state policy; and the board decision must be actively supervised by the state.

At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, and asked that the definition of “competitive impact” be revised.

Status: These bills are both dead.

10. SB 1334 (Stone): Health Practitioners: Reports

This bill would require a health care practitioner providing medical services to a patient to make a mandated report if the patient informs him or her that they are seeking treatment due to being the victim of assaultive or abusive conduct.

At its May 13, 2016 meeting, the Board took an “oppose unless amended” position, and asked that the Board’s licensees be excluded from the provisions of the bill.

Status: This bill is dead.

Updated: October 3, 2016

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Board Members

Date: October 19, 2016

From: Christy Berger
Regulatory Analyst

Telephone: (916) 574-7817

Subject: Status of Rulemaking Proposals

CURRENT REGULATORY PROPOSAL

English as a Second Language: Additional Examination Time: Add Title 16, CCR Section 1805.2

This proposal would allow the Board to grant time-and-a-half (1.5x) on a Board-administered examination to an English as a second language (ESL) applicant, if the applicant meets specific criteria demonstrating limited English proficiency.

The final proposal was approved by the Board at its meeting in November 2015. It was published in the California Regulatory Notice Register on January 1, 2016. The 45-day public comment period has ended, and the public hearing was held on February 15, 2016. This proposal is currently under review by the Business, Consumer Services and Housing Agency.

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