



Board of Behavioral Sciences

Memo

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Board Members

Date: April 25, 2023

From: Steve Sodergren
Executive Officer

Subject: Education & Outreach Report

SOCIAL MEDIA ENGAGEMENT

The Board has recognized an increase in social media engagement during the last quarter. Most notably the Board’s Facebook followers increased to 26,308. The Board’s Facebook page reach was up by 3.6% since the last report. The Instagram page reach continues to increase by 11.7% compared to the last report. Facebook page new likes increased by 12.6% and New Instagram followers has increased by 36.7%

CONSUMER INFORMATION CALL CENTER VOLUMES

Month	Calls Offered	Calls Handled	Avg Wait	Max Wait
January	1,214	1,155	2:10	31:41
February	1,183	1,136	1:08	12:48
March	1,271	1,230	1:25	16:20

BBS E-MAIL ACCOUNTS VOLUMES (RESPONDED TO)

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
23,047	21,653	22,315	

OUTREACH SOCIAL MEDIA SUPPORT

Staff continues to work with DCA’s Office of Public Affairs to create graphics for social media posts to regularly provide vital information and increase communication with our applicants and licensees.

PATHWAY TO LICENSURE VIDEOS

Board staff continue to collaborate with DCA’s Office of Public Affairs to create these videos. It is expected that most of the following videos will be ready for final review at the next Board meeting.

TITLE	STATUS
Pathway to Licensure	Post-production
Pathway to Licensure LEP	Pre-production
LMFT Degree Requirements	Post-production
LCSW Degree Requirements	Post-production
LPCC Degree Requirements	Post-production
CA Law & Ethics Examination	Production
Tips for Registrants	Production
Supervision Overview	Production
90 Day Rule Overview	Production
Applicant Conviction Reporting	Production

TELEHEALTH BEST PRACTICE DOCUMENTS

Last year the Telehealth Committee (Committee) discussed the development of a telehealth best practice document. Board staff developed three separate guidance documents designed to assist licensees, their employers, and consumers in making decisions when utilizing or providing telehealth (Attachment A). The considerations presented in these documents are based upon the Standards for Practice of Telehealth established in the California Code of Regulations, Title 16, §1815.5. Additionally, these documents include links to Board publications and pertinent resources from the various organizations. These documents will be posted on the website and noticed through social media and other outreach efforts.

OUTREACH EVENTS FY 22/23

During the last quarter we have been working to streamline out outreach with schools and associations. Beginning in April we created a new centralized calendar and email account geared specifically to outreach requests. Our Lead Licensing Analyst, Carl Peralta, will lead the effort keeping it organized and updated. He will also coordinate the presenters and ensure all presentations are updated and available. We are looking into other options for the future, possibly scheduling quarterly meetings via Zoom or YouTube and sending the invites out to CA based schools to attend.

DATE	EVENT
July 20, 2022	MFT Consortium Orange County
July 22, 2022	NASW-CA An Hour With the BBS
September 2, 2022	MFT Central Coast Consortium
September 9, 2022	MFT Consortium Greater LA
September 9, 2022	MFT Consortium Sacramento
September 9, 2022	CALPCC Educator's Forum
September 15, 2022	MFT Consortium Inland Empire
September 16, 2022	MFT Consortium Central Valley
September 21, 2022	MFT Consortium Orange County
October 12, 2022	NASW-CA An Hour With the BBS
October 29, 2022	USF-Law & Ethics
November 16, 2022	MFT Consortium Orange County
November 17, 2022	MFT Consortium Inland Empire
November 18, 2022	CALPCC Educator's Forum
December 2, 2022	MFT Consortium Greater LA
December 9, 2022	MFT Consortium Central Coast
January 13, 2023	CALPCC Educator's Forum
January 18, 2023	MFT Consortium Orange County
January 20, 2023	MFT Consortium Central Valley
February 16, 2023	MFT Consortium Inland Empire
February 24, 2023	MFT Central Coast Consortium (Santa Barbara)
March 10, 2023	MFT Consortium Greater LA
March 10, 2023	CALPCC Educator's Forum
March 15, 2023	MFT Consortium Orange County
March 15, 2023	NASW Lunch with BBS (Law Update)
March 24, 2023	Pepperdine (12:00)
April 4, 2023	NASW Lunch with BBS (ASW Registration)
April 16, 2023	NASW-CA Lobby Days
April 18, 2023	UC Berkeley, School of Social Welfare
April 22, 2023	CSCSW California "All you need to know"
April 22, 2023	CALPCC Student Symposium
May 5-6, 2023	CAMFT Annual Conference
May 15, 2023	CALPCC Educator's Forum
July 14, 2023	CALPCC Educator's Forum
July 17, 2023	NASW Lunch with BBS (Supervision)
November 13, 2023	NASW Lunch with BBS (Telehealth)



ARE YOU IN CALIFORNIA AND CONSIDERING RECEIVING MENTAL HEALTH SERVICES VIA TELEHEALTH?

Providers that offer mental health services via telehealth in California must hold one of the following California licenses or associate registrations through the Board of Behavioral Sciences:

Associate Marriage and Family Therapist (AMFT), Associate Social Worker (ASW), Associate Professional Clinical Counselor (APCC), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), or Licensed Educational Psychologist (LEP).

DURING YOUR FIRST SESSION, YOUR THERAPIST:

- Must provide you with their license or registration number.
- Must obtain your verbal or written consent to use telehealth when providing you services.
- Must inform you of the potential risks and limitations of receiving treatment via telehealth.
- Must ensure that they have contact information of relevant resources, including emergency services, in your geographic area.

DURING ANY ADDITIONAL SESSIONS WITH YOUR THERAPIST, YOUR THERAPIST:

- Must verify your full name and the address of your present location.
- Must consider whether the session is appropriate for telehealth.
- Must use industry best practices for telehealth to ensure your confidentiality, security of the communication medium, and your safety at all times.

You can verify if your therapist is a California licensee or registrant through our online license look up at www.breeze.ca.gov.

If you have concerns about the services that you have received, or believe that your therapist has engaged in unprofessional conduct related to their professional responsibility, you may submit a complaint to the Board at: www.breeze.ca.gov.



OTHER RESOURCES TO ASSIST YOU ON YOUR TELEHEALTH JOURNEY:

Self Empowerment: How to Choose a Mental Health Professional (Board of Behavioral Sciences)

Telehealth Guide for Patients (U.S. Department of Health and Human Services)

Telehealth and Behavioral Health (U.S. Department of Health and Human Services)

8 Things to Know Before Your First Telehealth Visit (California Telehealth Resource Center)

Virtual Care Security Tips for Patients (California Telehealth Resource Center)





PLANNING TO SUPERVISE VIA VIDEOCONFERENCING?

Proper supervision is an essential component to the development of future therapists and for consumer protection. While the legal requirements for supervision are similar for supervising in person or supervising via videoconferencing, extra considerations must be taken when deciding to supervise via videoconferencing.

The required individual, triadic, or group supervision must be provided via face-to-face contact. Face-to-face contact means in-person contact, contact via two-way, real-time videoconferencing, or some combination of these.

BEFORE BEGINNING SUPERVISION VIA VIDEOCONFERENCING, CONSIDER:

Do I have the necessary security-compliant software and hardware to conduct supervision via videoconferencing?

Do I understand the different types of devices that can be used for supervision via videoconferencing, and have I assessed and understand the varying levels of risk?

Do I have the proper training for telehealth counseling and remote supervision?

Do I have the skills and ability to provide effective supervision via videoconferencing?

WHEN BEGINNING SUPERVISION THAT INCLUDES VIDEOCONFERENCING:

You must assess the appropriateness of the supervisee to be supervised via videoconferencing. This must include, but is not limited to, the abilities of the supervisee, the preferences of both the supervisee and supervisor, and the privacy of the locations of the supervisee and supervisor while supervision is conducted.

As a best practice, consider conducting one or more initial in-person meetings between the supervisor and supervisee to jump-start the relationship-building process, develop the supervision agreement, and establish protocols for use of the technology.

Establish a protocol for how to handle serious and urgent crisis situations since you will not be physically present to walk the supervisee through these challenges.

Determine how you will maintain privacy during supervisory sessions. This should include how the supervisor and supervisee will conduct supervision in a confidential

space without interruptions as well as how case notes will be reviewed.

Discuss how loss of internet connections will be addressed during supervision.

MONITORING THE SUPERVISEE'S PROGRESS TOWARD GOALS:

Consider incorporating at least one method to monitor the supervisee's performance, such as the supervisor reviewing video- or audio-recorded sessions of the supervisee working with a client, or on-site managers or other licensed clinicians performing ongoing documentation review and/or direct observation of the supervisee's performance. The supervisor should be aware of the quality of the supervisee's interpersonal interactions with clients.

Establish lines of communication with any other professionals who are managing the supervisee or monitoring their practice.

Continue to evaluate the effectiveness of supervising via videoconferencing for the supervisee. Focus not only on the content of sessions and interpersonal processes but also on the adequacy of technology used.

SECURITY AND CONFIDENTIALITY:

Information about protected health information including the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act should be provided to the supervisee.

Supervisors and supervisees need to monitor the location of the supervisory sessions and the auditory and visual privacy of the sessions.

Client-identifying information should be kept to a minimum, with initials or codes used to describe the client whenever possible.

When the need arises to discuss sensitive cases or when identifying information needs to be shared, the supervisor and supervisee should ideally arrange to meet in person.

Supervisors and supervisees will need to continuously monitor risks that result from technology to ensure ethically sound practice while using videoconferencing for supervision.



RESOURCES TO ASSIST YOU IN YOUR ROLE AS A SUPERVISOR:

American Counseling Association Code of Ethics (2014): Distance Counseling, Technology, and Social Media

Association of Social Work Boards Technology and Social Work Regulations Resources

California Association of Marriage and Family Therapists Code of Ethics

National Association of Social Workers Code of Ethics

HIPAA & Telehealth: A Stepwise Guide to Compliance (National Consortium of Telehealth Resource Centers)

HIPAA For Professionals (U.S. Department of Health and Human Services)





You must have a current and active California license to provide marriage and family therapy, educational psychology, clinical social work, and professional clinical counseling services to clients located in California.

WHEN INITIATING TELEHEALTH SERVICES WITH A CLIENT IN CALIFORNIA, YOU MUST:

- Obtain and document verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering services.
- Inform the client of the potential risks and limitations of receiving treatment via telehealth.
- Provide the client with your license or registration number.

- Document your efforts to ascertain the contact information of relevant resources, including emergency services, in the patient’s geographic area.

DURING ANY ADDITIONAL SESSION WITH A CLIENT IN CALIFORNIA, YOU MUST:

- Verbally obtain and document the client’s full name and address of present location at the beginning of each telehealth session.
- Assess whether the client and the session are appropriate for telehealth, including, but not limited to, consideration of the client’s psychosocial situation.
- Utilize industry best practices for telehealth to ensure both client confidentiality, the security of the communication medium, and client safety.



ADDITIONAL RESOURCES THAT MAY BE HELPFUL:

American Association for Marriage and Family Therapy Online Therapy Guidelines

American Counseling Association Code of Ethics (2014): Distance Counseling, Technology, and Social Media

Association of Social Work Boards Technology and Social Work Regulations Resources

California Association of Marriage and Family Therapists Code of Ethics

National Association of Social Workers Code of Ethics

Telehealth: Virtual Service Delivery Updated Recommendations (National Association of School Psychologists)

Telehealth Resources for Health Care Providers (U.S. Department of Health and Human Services)

Telehealth Best Practice Guides for Providers (U.S. Department of Health and Human Services)

Guidelines for the Practice of Telepsychology (American Psychological Association)

HIPAA & Telehealth: A Stepwise Guide to Compliance (National Consortium of Telehealth Resource Centers)

HIPAA For Professionals (U.S. Department of Health and Human Services)

