



BOARD OF BEHAVIORAL SCIENCES
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone (916) 574-7830
TDD (916) 322-1700
Website Address: <http://www.bbs.ca.gov>



MEETING NOTICE

Consumer Protection Committee

September 20, 2006

9:30 a.m. – 4:00 p.m.

Ayres Hotel and Suites

325 Bristol Street

Costa Mesa, CA 92626

- I. Introductions
- II. Review and Approve April 17, 2006 Consumer Protection Committee Meeting Minutes
- III. Strategic Plan Goal #3 – Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes - Report on Progress
 - A. Objective 3.1 -- Complete Revisions for Continuing Education Laws by December 31, 2006.
 - B. Objective 3.2 -- Establish a Standard to Measure Quality of Continuing Education by June 30, 2007.
 - C. Objective 3.3 -- Complete 12 Substantive Changes in Laws and Regulations by January 1, 2008.
 - D. Objective 3.4 – Advocate for Five Laws that Protect the Privacy of Client/Therapist Relationships by December 31, 2010.
 - E. Objective 3.5 – Provide Four Educational Opportunities for Division of Investigation (DOI) and The Office of the Attorney General (AG) Regarding the Board of Behavioral Sciences (BBS) and It's Licensees by June 30, 2008
 - F. Objective 3.6 – Reduce time in which BBS cases are investigated and processed by DOI and AG by 30% by June 30, 2010.
 - G. Objective 3.7 – Complete Annual Review of Examination Program and Report the Results at a Public Meeting.
- IV. Discuss Letter from the Association of Social Work Boards (ASWB) Inviting California Participation in the National Examination for Social Workers
- V. Update Regarding Prior Discussion on Multi-Level Licensure of Social Workers
- VI. Discuss and Compare Exempt Settings Across the Practice Acts
- VII. Propose to Amend Title 16, California Code of Regulations Sections 1887(b), Continuing Education Requirements for Marriage and Family Therapists and Licensed Clinical Social Workers, 1887.2(a), Exceptions From Continuing Education Requirements, and 1887.3(a), Continuing Education Course Requirements

- VIII. Review Appeals Process for Continuing Education Provider Application Denials and Provider Revocations
- IX. Review Examination Program Statistics
- X. Review Enforcement Program Statistics
- XI. Review Expert Witness Selection Criteria
- XII. Review and Discuss Prior Recommendation to the Board to Sponsor Legislation to Add Violations of the Health and Safety Code to the Definition of Unprofessional Conduct
- XIII. *Review and Approve June 28, 2006 Communications Committee Meeting Minutes
- XIV. *Strategic Plan Goal #1 – Communicate Effectively With the Public and Mental Health Professionals - Report on Progress
 - A. Objective 1.1 -- Provide Six Educational Opportunities for Stakeholders and Staff on BBS Budget by July 30, 2006
 - B. Objective 1.2 -- Distribute a Handbook Outlining Licensing Requirements by December 31, 2006 to 100% of California Schools Offering Qualifying Degrees
 - C. Objective 1.3 -- Distribute Consumer Publication Regarding Professions Licensed by the Board by June 30, 2007
 - D. Objective 1.4 -- Achieve 60% on Customer Service Satisfaction Surveys by June 30, 2008
 - E. Objective 1.5 – Participate Four Times Each Year in Mental Health Public Outreach Events Through June 30, 2010
 - F. Objective 1.6 – Review and Revise Website Content Four Times Per Year
 - G. Objective 1.7 – Objective 1.7 Student Outreach
- XV. *Outreach and Communications Presentation by BP³
- XVI. *Update on Customer Service Satisfaction Surveys
- XVII. *Review and Discuss Updates to Licensed Clinical Social Work Examination Candidate Handbook
- XVIII. Discuss Future Agenda Topics

Adjournment

Public Comment on items of discussion will be taken during each item. The Chairperson will determine time limitations. Due to the convenience of the presenters, items may be heard out of the order listed on the Agenda. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

* -- The Communications Committee would ordinarily consider these items. Due to the small number of board members currently appointed, this committee will consider the items until sufficient board members are appointed to allow further appointments to the Communications Committee.

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 facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 13, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Agenda Item I - Introduction

The Consumer Protection Committee is one of the committees formed as part of a reorganization of the Board. Each of the Board committees now has express responsibility for overseeing specific goals in the strategic plan recently adopted by the Board as well as a general jurisdiction.

The Consumer Protection Committee is responsible for Goal #3 in the Strategic Plan – Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes.

Due to the small number of board members currently appointed to the board, this committee will also consider the items typically discussed by the Communications Committee. Once sufficient board members are appointed to the board, the Communications Committee will be reappointed.

Judy Johnson Committee Chair will introduce the Consumer Protection Committee Members and ask audience members to introduce themselves.

Consumer Protection Committee

Judy Johnson
D'Karla Leach
Howard Stein
Joan Walmsley

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 13, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

**Subject: Agenda Item II - Review and Approve April 17, 2006 Consumer Protection
Committee Meeting Minutes**

The Committee is asked to review and approve the minutes of the April 17, 2006 Consumer Protection Committee Meeting. (Attachment A)

ATTACHMENT A



BOARD OF BEHAVIORAL SCIENCES
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Draft

Meeting Minutes
 Consumer Protection Committee
 April 17, 2006

Radisson Hotel
 6225 W. Century Boulevard
 Los Angeles, CA 90045

I. Introductions

The meeting was called to order at 9:00 a.m., Mona Maggio called roll and a quorum was established.

Committee Members Present:

Howard Stein, Chair
 Robert Gerst
 Judy Johnson

Staff present:

Paul Riches, Executive Officer
 Mona Maggio, Assistant Executive Officer
 George Ritter, Legal Counsel

II. Review and Approve January 17, 2006 Consumer Protection Committee Meeting Minutes

Howard Stein moved and Robert Gerst seconded, for the Committee to approve the minutes of the January 17, 2006 Committee Meeting. Approval was unanimous.

III. Strategic Plan Goal #3 – Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes - Report on Progress

The Committee discussed the following objectives:

- A. Objective 3.1 -- Complete Draft Revisions for Continuing Education Laws by December 31, 2006.

Mr. Gerst questioned if the target date for this strategic plan objective was achievable. Paul Riches responded that the objective was for Board completion not enactment.

- B. Objective 3.6 – Reduce time in which BBS cases are investigated and processed by DOI and AG by 30% by June 30, 2010.

Mr. Stein queried the progress of the Division of Investigation's (DOI) recruitment of investigators. Ms. Maggio reported that she met with Bill Holland, Deputy Chief of DOI in early April to discuss investigator caseload and processing times. Mr. Holland reported that four new investigators would be on board by mid April 2006; however, four investigators are leaving due to retirement. Mr. Holland suggested the Board consider utilizing subject matter

experts (SMEs) to assist staff in the complaint handling process. Many health care boards use Enforcement staff to obtain documents to support the complaint and SMEs for the report writing. These boards utilize DO I for criminal matters; when documents must be retrieved via subpoena; and for interviewing witnesses.

Judy Johnson asked what the requirements are to serve as a SME for the Board. Mr. Riches provided a synopsis of the criteria used for selecting SMEs. He added that staff is currently developing a training program for SMEs. The training will be held in the Fall 2006. Ms. Johnson asked that the SME selection criteria be included for review at a future meeting.

C. Objective 3.7 – Complete Annual Review of Examination Program and Report the Results at a Public Meeting

Mr. Stein queried the frequency and number of exam complaints. Mr. Riches responded that the Board receives a small number of complaints and most are regarding the exam vendor or testing environment not the Board.

Mr. Stein thanked staff for the thorough report.

IV. Discuss the Definition of What Constitutes Online Continuing Education

Mr. Riches stated that Title 16, California Code of Regulations (CCR) Sections 1887.3 and 1887.2 require MFTs and LCSWs to complete 36 hours of Continuing Education (CE) to renew their license. (18 hours is required for a first-time renewal). The Board's current policy permits licensees to meet the CE requirement in three ways:

Conventional – defined as a course, convention, or seminar where physical attendance is required.

Self-study (home-study) –defined in California Code of Regulations (CCR) Section 1887(b). A “self-study course” means a form of systematic learning performed at a licensee’s residence, office, or other private location including, but not limited to, listening to audiotapes or participating in self-assessment testing (open-book tests that are completed by the [licensee], submitted to the provider, graded, and returned to the [licensee] with correct answers and an explanation of why the answer chosen by the provider was the correct answer. (Amended February 1, 2003)

Online – defined as a course taken on a computer, or any home study course where a participant can fax or email his or her post test back to the provider.

Mr. Riches added that though licensees are permitted to take an unlimited amount of continuing education by conventional or online means they are limited to obtaining only one-third of the total CE hours required by “self-study”. The Board defines the difference between “self-study” and “electronic” CE courses as the method by which the post-test is given. If the post-test is submitted to the provider electronically, including submission by fax, the Board considers that the licensee has completed CE online.

Mr. Gerst questioned how the Board measures what a licensee has learned by “the conventional method” when a post-test is not required. Licensees register for class and are given credit for just their attendance.

Mr. Janlee Wong, representing the National Association of Social Workers (NASW) advocated for the Board to open continuing education policies and not specify the means of learning. The Board should not limit how people learn.

Mary Riemersma, representing the California Association of Marriage and Family Therapists (CAMFT) thinks the Board's current "policy" is at odds with existing regulation and intent of online continuing education. Ms. Riemersma believes ultimately it should be the decision of the individual of how to obtain the CE.

After discussion, it was the consensus of the Committee that the Board should consider expanding CCR Section 1887(b) to include all acceptable methods for obtaining continuing education and not limit the amount of CE credits (hours) that can be obtained by any one method. Any delivery mechanism in any quantity should be acceptable.

The Committee directed staff to bring back a proposal amending CCR section 1887(b) as discussed.

V. Update on Supervision Survey for Marriage and Family Therapists Interns (IMF) and Associate Clinical Social Workers (ASW)

Mr. Riches reported as of February 27, 2006 - 687 IMF surveys were mailed, and 304 received with a response rate of 44% and for ASW 615 surveys were mailed, and 226 received with a response rate of 37%. Overall, candidates rate their supervision experience and quality of supervision as good, therefore there is no action to recommend on this matter.

VI. Discussion and Possible Action on Proposal to Allow Supervision of MFT Interns and ASW Registrants Via Video Conferencing

Ms. Maggio stated that the Committee considered this issue at its January 2006 meeting and directed staff to bring back a specific proposal for limited use of video conferencing for remote locations, and specialty access for ASWs and IMFs.

Staff prepared some initial draft language for the Committee's review and consideration which would permit an IMF or ASW to obtain up to maximum of 12 hours of direct supervision via videoconferencing, when a hardship exists in obtaining supervision at the setting. The supervisor would be required to certify that a hardship existed, and the applicant would retain that certification for submission with his or her licensure application.

Draft Language:

MFT

(a) An intern working in a governmental entity, a school, college or university, or an institution both nonprofit and charitable may obtain up to 12 hours of the required weekly direct supervisor contact via two-way, real time videoconferencing when a demonstrated hardship exists in obtaining supervision at the setting when required.

(b) The supervisor must provide the intern with a signed letter of self-certification which demonstrates that such circumstances existed. The intern shall provide this letter to the Board with his or her application for licensure.

LCSW:

(a) An associate clinical social worker working in a governmental entity, a school, college or university, or an institution both nonprofit and charitable may obtain up to 12 hours of the required weekly direct supervisor contact via two-way, real time videoconferencing when a demonstrated hardship exists in obtaining supervision at the setting when required.

(b) The supervisor must provide the associate with a signed letter of self-certification which demonstrates that such circumstances existed. The associate shall provide this letter to the Board with his or her application for licensure.

Ms. Riemersma inquired as to how staff arrived at 12 hours when at the January 2006 meeting it was discussed that 10% of the weekly supervision could be obtained by video conferencing. Ten percent would be 30 hours.

Mr. Riches responded that the licensing evaluators need to be able to evaluate units/hours and staff came up with 12 hours.

Mr. Wong agreed that if the purpose of video conferencing is to assist candidates working in a rural setting then 10% is a very small amount hours for credit. Why not 50%? Participants in distance learning programs can earn up to 75% of credit but must have 25% by face to face.

Mr. Gerst questioned whether we have established the professionalism of the practice of video supervision. He also raised the question of why limit this method of supervision just for those in rural settings.

Mr. Wong expressed his concerns of ensuring the client's privacy and ensuring a secure connection.

Carla Cross, Art Therapist stated she supervises art therapist trainees by video conferencing and has not encountered any problems.

Judy Johnson added that the Board should embrace technology but should also take time to develop guidelines and research the issues of privacy and security to protect the client.

Ms. Riemersma commented that the employer should be responsible for ensuring privacy and security even in off-site settings.

Mr. Gerst restated the need to assure confidentiality.

After discussion, and hearing audience comments, it was the consensus of the Committee to eliminate the hardship requirement from the proposed draft language.

Mr. Riches inquired if we should consider a formal pilot project in concert with a third party to oversee project and produce study result. The Committee directed staff to conduct further research on this issue and report back at a future meeting.

VII. Review and Discuss the Scope of Unprofessional Conduct Statutes and Regulations

Ms. Maggio stated that at the January 2006 meeting the Committee discussed the Board's complaint handling process and the various violations defined as unprofessional conduct in Business and Professions Code (BPC) Section 4982, (Marriage and Family Therapists [MFT]); BPC section 4998.1 (Licensed Clinical Social Worker [LCSW]); and BPC section 4986.70, (Licensed Educational Psychologist [LEP]). Additionally, Mr. Wong and Ms. Riemersma advised the Committee of the internal processes used by the associations when a complaint is filed against one of its members.

For the purpose of further discussion and possible consideration for expanding the definition of unprofessional conduct, staff provided a comparison of the Board's unprofessional conduct statutes, a copy of NASW's and CAMFT's Rules of Professional Conduct, and the types of reoccurring complaints where the Board does not have jurisdiction to take action.

Ms. Maggio reported that the Board receives numerous complaints regarding licensees who decline to provide client records pursuant to Health and Safety Code section 123110. Although the Enforcement Analysts contact the licensees in an attempt to assist clients in obtaining treatment records, we have no recourse for noncompliance because the Board does not have a provision in law to require licensees to provide the records. If the Enforcement Analyst is

unable to mediate the situation, then complainants are referred to the court or their legal counsel for possible assistance. This results in extensive costs for the clients.

Mr. Gerst queried whether there are elements in the NASW and/or CAMFT Codes of Ethics that should be incorporated in Board's laws as unprofessional conduct.

Ms. Riemersma cited major differences in defining unacceptable dual relationships and establishing best practices.

Mr. Wong stated that the range of practice of social work is too broad to codify a Code of Ethics.

Ms. Riemersma stated that in expanding the definition of unprofessional conduct to include a violation of Health and Safety Code section 123110, the Board should preserve the discretion of the therapist to provide a summary or to decline to provide if determined to be not in the interests of the patient.

The Committee recommended that the Board sponsor legislation to add violations of Health and Safety Code Section 123110, which requires healthcare providers to provide patient records upon request, to the definition of unprofessional conduct Business and Professions Code sections 4982 (MFT), 4986.70 (LEP) and 4992.3 (LCSW).

VIII. Review Enforcement Program

The Committee reviewed the statistical information provided by the Enforcement Unit.

Mr. Gerst requested that cost recovery data be broken down to exclude costs for surrender and revocation cases where it is unlikely the Board will recover costs.

IX. Review Enforcement Authority Available to the Board for Urgent/Emergent Cases

Ms. Maggio noted that in fiscal years 2000/01 through 2003/04 it took an average of 209 days from the date formal charges were filed (Accusation) to reach final disposition of a disciplinary action. However, complaints alleging psychological or physical impairment require immediate action, as do high profile arrests. In cases in which the licensee poses significant harm to self or others and necessitates a more timely suspension of the license, the Board's Enforcement Unit has utilized two resources, Interim Suspension Orders (ISO) and Penal Code Section 23 Orders (PC 23).

Ms. Maggio stated that Interim Suspension Orders have been used in those cases in which the licensee is subject to discipline pursuant to sections 820 and 822 of the Business and Professions Code, by reason of a physical and/or mental illness affecting the licensee's competency to practice. In the past five fiscal years the Board has issued Interim Suspension Orders in two cases. The respondents in both cases voluntarily surrendered their licenses.

Ms. Maggio stated that a PC 23 is used in those cases in which the licensee has been arrested for an egregious crime substantially related to the license and in the interest of justice and protection of the public the licensee or registrant must be immediately prohibited from practicing. PC 23 orders have been issued in seven cases in the last five fiscal years. The charges or convictions included lewd and lascivious acts upon four minor boys, voluntary manslaughter, stalking, and sexual battery by restraint. Two cases are currently pending, an associate clinical social worker convicted of a lewd act upon a child, and a marriage and family therapist convicted of 51 felony charges including committing lewd acts upon a child, aggravated sexual assault of a child and posing a minor for pictures involving sexual conduct. The closed cases resulted in revocation.

Ms. Maggio reported that the Enforcement Unit has not had an occasion to seek a temporary restraining order (TRO) injunction; however, if a case presents itself where a TRO is necessary, the Board would seek this procedural device.

X. Discuss Agenda Topics for Future Committee Meetings

There were no suggestions for future agenda items.

The meeting adjourned at 11:30 a.m.

State of California
Board of Behavioral Sciences

Memorandum

To: Consumer Protection Committee

Date: September 13, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: **Agenda Item III - Strategic Plan Goal #3 – Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes – Report on Progress**

Goal #3 – Promote higher professional standards through rigorous enforcement and public policy changes.

Objective 3.1 -- Complete Revisions for Continuing Education Laws by December 31, 2006.

Background

The Board's strategic plan identifies the need to "Complete Revisions for Continuing Education Laws by December 31, 2006."

Update

The proposed amendment to section 1886.40, Title 16, CCR, Sections 1816.7 and 1887.7, Delinquency Fees for Continuing Education Providers

This proposal would allow a registered provider of continuing education (PCE) two years from the registration's expiration date to renew an expired PCE number with a \$100 delinquency fee. Currently, when a PCE does not renew prior to the registration's expiration date, the registration is cancelled and a new registration must be obtained. At its June 21, 2006 meeting, the Board's Budget and Efficiency Committee recommended that the Board adopt these proposed regulations. The Board approved this proposal at its meeting on July 27, 2006. Staff is in the process of completing the necessary documents in order to notice the proposal in late September and initiate the regulatory change process.

Title 16, CCR, Sections 1887(b), 1887.2(a), and 1887.3(a) Continuing Education

Licenses are currently permitted to take an unlimited amount of continuing education (CE) by conventional or online means. However, hours earned through "self-study" courses are limited to one-third of the total required CE hours. This proposal would delete the definition of a self-study course and delete the limitations regarding hours of self-study. This issue will be reviewed at the September 20, 2006

Consumer Protection Committee meeting.

Title 16, CCR Section 1886, Citation and Fine of Continuing Education Providers

These regulations would provide the Board with the authority to issue a citation and fine to a continuing education provider. This regulation proposal is currently on hold due to staff workload considerations.

Board staff will continue to monitor changes regarding the continuing education law and will bring any issues to the attention of the Policy and Advocacy Committee.

Objective 3.2 --

Establish a Standard to Measure Quality of Continuing Education by June 30, 2007.

Background

The Board's strategic plan identifies the need to ensure high professional standards for Marriage and Family Therapists (MFT) and Licensed Clinical Social Workers (LCSW). In an effort to meet this objective, the board must develop a way to measure the quality of continuing education (CE) courses and thereby establish a minimum standard that all CE courses must meet to be or continue to be approved as a Board of Behavioral Sciences (BBS) approved provider.

Update

Staff has identified the basic tasks to begin researching this objective. Staff is completing the analysis of the data collection from other six identified entities (BAR Association, California Association of Marriage and Family Therapists (CAMFT), California Society for Clinical Social Work (CSCSW), National Association of Social Workers (NASW), UC Davis Continuing Medical Education, American Association of State Social Work Boards (AASWB) and DCA boards and bureaus). Team members will meet to determine methodologies to measure to the quality of CE courses and minimum uniform standards.

Objective 3.3 --

Complete 12 Substantive Changes in Laws and Regulations by January 1, 2008.

Background

The Board's strategic plan identifies the need to "Complete 12 substantive changes in laws and regulations by January 1, 2008."

Update

The Board is sponsoring Senate Bill 1475 (Figueroa), which would update the Licensed Educational Psychologist statutes and the Board's administration statutes. It would also make some changes regarding transparency of licensure for clinical social workers licensed in another state.

STATUS: This bill is awaiting hearing in the full Senate.

The Board is sponsoring Assembly Bill 1852 (Yee). This bill would allow marriage and family therapist interns and associate clinical social workers to be eligible to apply for educational loan repayment under the Licensed Mental Health Service Provider Education Program. The Health Professions Education Program, a division of the Office of Statewide Health Planning and Development, administers this program.

STATUS: This bill is awaiting signature by the Governor.

The Board has also approved several substantive regulatory changes, currently in process and expected to be complete by mid-2006:

Title 16, CCR Section 1886.40, Citations and Fines

These regulations would provide the Board with the authority to issue a fine between \$2,501 and \$5,000 for specified violations. These regulations become effective on September 4, 2006.

- Delegation to Executive Officer ability to compel psychiatric evaluation. *Title 16, CCR section 1803*, this proposal is pending a regulation hearing to be held on October 4, 2006.
- Supervisors Qualifications – *Title 16, CCR Sections 1833.3 and 1870, Supervisor Qualifications* Supervisors of registrants are currently required to have practiced psychotherapy for two out of the five years preceding any supervision. This proposal would allow supervisors to count time spent directly supervising persons who perform psychotherapy toward this requirement. At its April 19, 2006 meeting, the Board's Policy and Advocacy Committee voted to recommend this language to the Board. The Board reviewed the proposal at its May 18, 2006 meeting and sent it back to the Committee for further work. At its June 28, 2006 meeting, the Committee recommended to the Board that the original language of the proposal be retained, and additionally recommended to delete the requirement that supervisors of MFT Interns average 5 hours of client contact per week for two out of the five years prior to supervising. The Board approved this proposal at its meeting on July 27, 2006. Staff is in the process of completing the necessary documents in order to notice the proposal in late September and initiate the regulatory change process.

Objective 3.4 -- Advocate for Five Laws that Protect the Privacy of Client/Therapist Relationships by December 31, 2010.

Background

The Board's strategic plan identifies the need to "Advocate for five laws that protects the privacy of client/therapist relationships by December 2010."

Update

The Board has taken a position of support on Assembly Bill 3013 (Koretz). This bill would strengthen patient confidentiality laws by conforming California law to provisions of the Health Insurance

Portability and Accountability Act (HIPAA) which limit the release of patient information, provide the patient the opportunity to prohibit such a release, and permit the health care provider to make judgments regarding releases in emergency situations.

STATUS: This bill is awaiting signature by the Governor.

The Board is continuing to watch a number of bills, including the following:

- Assembly Bill 2257 (Committee on Business and Professions) – This bill requires a psychologist to retain patient records for 7 years from the patient's discharge date. This bill was signed by the Governor.

Board staff will monitor legislation and identify any that has the potential to protect the privacy of client/therapist relationships beginning with the 2006 legislative season. Any such legislation will be analyzed and brought before the Policy and Advocacy Committee who will make a recommendation to the Board whether to support the bill and when needed, suggest amendments.

Objective 3.5 --

Provide Four Educational Opportunities for Division of Investigation (DOI) and The Office of the Attorney General (AG) Regarding the Board of Behavioral Sciences (BBS) and It's Licensees by June 30, 2008.

Background

Team members identified the educational opportunities as training for DOI investigators and the Deputy Attorneys General regarding the Board's scope of authority, licensee scope of practice and the necessary requirements to conduct investigations and prosecute cases. The training will be conducted by the Executive Officer, representatives from the Department of Justice and the Board's Enforcement Unit.

Current Status:

Team members have received training material samples from other boards to assist in developing the training program for DOI investigators and the Deputy Attorneys General.

Objective 3.6 --

Reduce time in which BBS cases are investigated and processed by DOI and AG by 30% by June 30, 2010.

Background

Cases sent to DOI for formal investigation take an average of 9 months to one year for completion. The Administrative Hearing process averages another year for a proposed decision to be rendered and come before the Board. It is the goal of this objective to shorten the processing time for investigation and prosecution of cases to meet the Board's mandate to protect the public health, safety and welfare.

Status

Staff continues to monitor the case aging of cases assigned to DOI.

Paul Riches and Mona Maggio are scheduled to meet with Kathy Door, DOI Chief and Bill Holland, DOI Deputy Chief later this month to discuss the timelines for completing investigations.

Objective 3.7 --

Complete Annual Review of Examination Program and report the Results at a Public Meeting.

Background/Status

- Staff is currently working with the Office of Examination Resources (OER) on the MFT occupational analysis and resolving the problem of insufficient time allotted for the CV examinations.
- A presentation on the Board's Licensing and Examination Programs is given each year at the February Board meeting.
- Staff meets regularly with the OER to discuss the Board's current examination program, pass rates, examination development workshops and the examination vendor Thompson/Prometric.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 11, 2006

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Agenda Item – IV Discuss Letter from the Association of Social Work Boards (ASWB) Inviting California Participation in the National Examination for Social Workers

In February 2006, the Board of Behavioral Sciences (Board) received a letter from Roger A. Kryzaneck, MSW, LCSW and President of the Association of Social Work Boards (ASWB), formerly known as the American Association of State Social Work Boards (AASSWB). The purpose of Mr. Kryzaneck's letter is to ask the Board to consider rejoining the ASWB and to require candidates for clinical social work licensure to take ASWB's national examination.

Background

The Board was a member of ASWB from October 1991 through March 1999, and required the ASWB Clinical level examination, along with a state-constructed oral examination for licensure of clinical social workers. However, around 1998, the Board and the Department of Consumer Affairs, Office of Examination Resources (OER) began having concerns regarding the ASWB examination. These concerns included:

- The practice analysis conducted by ASWB did not include a representative number of licensees in California, just 16 participants.
- The sampling of participants in the practice analysis did not include demographics representative of California's population.
- The pass rate for California's first-time examination participants was too high at 89%.

Based on these concerns, and the results of a new California occupational analysis, the Board determined that there was a need for a state constructed written examination. The new California written examination was administered beginning in late Spring 1999.

About ASWB

Currently, ASWB is comprised of social work regulatory boards in 49 states, the District of Columbia, the Virgin Islands, and seven Canadian provinces. Presently, California is the only state that is not a member of ASWB and not participating in its examination program. ASWB contracts with ACT, Inc. to administer its examinations at test centers on or near college campuses, and also for psychometric and other support services.

ASWB last completed a practice analysis in 2003 which included 75 surveys returned by California social workers, 2.1% of the total responses. ASWB has five examination categories for social work, each consisting of 170 items (including 20 pre-test items). All examinations are administered over a four-hour period and cost the candidate \$175:

- *Associate* – Appropriate for paraprofessional social workers. This level uses the Bachelor's examination with a lower pass point.
- *Bachelors* – Appropriate for those who hold a Bachelor's degree in Social Work.
- *Masters* – Appropriate for those who hold a Master's degree in Social Work (MSW).
- *Advanced Generalist* – Appropriate for those who hold a MSW with a minimum of two years of post-degree experience in non-clinical practice.

- *Clinical* – Appropriate for those who hold an MSW with a minimum of two years of post-degree experience in clinical practice. This would be the examination evaluated for possible use in California for LCSWs.

Issues for Consideration

1. The Board would need to determine if the current ASWB national examination meets the standards of examination development and administration currently used by the Board and the OER. This would require an in-depth comparison and analysis of the examinations as well as examination policies and procedures.
2. Participation in the national examination may removing a barrier to transparency of licensure for social workers, a growing concern since the enactment of the Mental Health Services Act (MHSA) which is expected to increase demand for all types of mental health workers.
3. Membership in ASWB would give California a voice and vote in setting national standards for clinical social work licensure.
4. Should the Board invite Mr. Kryzanek to the February 2007 Board meeting to obtain more information and to discuss the invitation to rejoin ASWB?

Attachments

- A. Letter from Roger A. Kryzanek
- B. Letter from Donna DeAngelis
- C. ASWB Examination Outlines
- D. February 4, 1999 Examination Committee Meeting Minutes

ATTACHMENT A



BOARD OF
BEHAVIORAL SCIENCES

2006 FEB 24 AM 11:02

February 17, 2006

Mr. Paul Riches, Executive Officer
California Board of Behavioral Sciences
1625 North Market Boulevard, Suite S-200
Sacramento, California 95834

Dear Mr. Riches:

I am the President of the Association of Social Work Boards (ASWB) a nonprofit organization made up of social work regulatory boards in 49 states, the District of Columbia, the Virgin Islands, and seven Canadian provinces. At the present time California is the only state that is not a member of ASWB and not using our examination program. I am writing to ask that the California Board of Behavioral Sciences consider rejoining ASWB.

The California Board of Behavioral Sciences was a valued member of ASWB from 1991 through March, 1999, and provided a number of social workers who were involved with the examination program and other committees. It is my hope that, once again, all 50 states can stand together to ensure that the regulated practice of social work is based on sound national standards and that all involved in regulation can share information, learn from one another, and promote best practices within the regulatory arena.

The mission of the Association of Social Work Boards is to support social work licensing boards and promote regulation of social workers according to uniform standards in order to protect the public. ASWB develops and administers the licensing examinations used by the jurisdictions to determine whether a social work applicant for licensure has the minimum competence necessary to practice. The examination program is one of the most important services provided to regulatory boards by ASWB. There are five categories of examination: Associate for those who do not hold a formal social work degree; Bachelors for social workers with a baccalaureate degree; Masters for those with Masters of Social Work (MSW) degrees upon graduation; Advanced Generalist for MSWs with two or more years of general social work experience; and Clinical for MSWs with two or more years of clinical social work experience. Last year, ASWB tested over 25,000 candidates for social work licensure.

The ASWB licensing examinations are constructed according to the guidelines of the American Psychological Association, the Joint Commission on Standards for Educational and Psychological Testing, the American Educational Research Association, the National Council on Measurement in Education, and the Equal

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Mr. Paul Riches, Executive Officer
February 17, 2006
Page Two

Employment Opportunity Commission, with psychometric guidance from ACT, a national testing company. First, the examination questions are based on knowledge statements developed through a nationwide practice analysis survey in which social workers were asked to identify and rank the tasks they must know how to perform on the first day of their job. The data from this survey are analyzed by social work subject matter experts, who then construct the content outline. The survey sample and respondents statistically reflect the make-up of the profession, as does the composition of the group of subject matter experts who analyze the data. The most recent survey was conducted in 2001 – 2003. The examinations that began being administered on May 17, 2004 contain test content that was determined by the results from the survey information.

The final return rate for the usable surveys delivered in this most recent practice analysis was 42 percent overall, with a return rate of 40 percent of responses specifically for the Clinical examination. California social workers were included in this practice analysis. There were 442 surveys distributed to social workers in California, of which the return was 75 surveys, 17 percent of those sent in California and 2.1 percent of the total responses.

Social workers are trained every year to be item writers, and they are the people who develop the specific examination questions. The items that are written are reviewed by Item Development Consultants who either return them to the writer for changes, or approve them to go on to the Examination Committee for review.

The ASWB Examination Committee has 16 members from social work practice and education who are also diverse by race, ethnicity, culture, gender, and geography. This committee reviews every new item and must reach consensus on each item before it is pretested on the social work examinations. The committee specifically looks for only one correct answer for each item. If the committee cannot come to consensus, the question is either discarded or changed.

Items are pretested before they can be used as scored items. When an item is being pretested, it means that the item appears on the examination, but does not count toward the passing score. An item is approved for use as a scored item only if its statistical performance is acceptable. That means that statistically it performs a valid measure of the test taker's knowledge in a particular content area. The system of pretesting questions protects examination candidates by using only questions that have been proven effective in testing relevant knowledge. The answers to pretest items are never counted toward an examinee's score.

There are several versions of each ASWB examination category given at the same time. The members of the Examination Committee review all the items again on each version of the examination before it goes on-line to the test centers to be administered. The questions on each of these versions are different, but the content that is being tested is the same. Candidates are given a different version of the examination if they must retest.

Mr. Paul Riches, Executive Officer
February 17, 2006
Page Three

You can see from the work and care that goes into developing, monitoring, and maintaining the ASWB examination program, that we do not take this responsibility lightly. We perform our duties with adherence to social work ethics and psychometric standards. In 2000, ASWB had an independent psychometric evaluation of its examinations. The results of that evaluation were that the ASWB examinations are valid, reliable, and defensible.

The ASWB examinations are delivered electronically at 230 ACT test centers nationwide, with nine test centers located within California and ACT plans to expand the number of test centers there.

The examinations contain 150 questions that count toward the score and 20 pretest questions. They are given by computer over a four hour period. Prior to the examination, candidates are given the opportunity to learn how the test functions on the computer and practice making responses. There is also a satisfaction survey given at the end of the examination.

In addition to providing valid and defensible social work licensing examinations, ASWB provides its members with relevant, timely information and publications about professional regulation, as well as services such as continuing education meetings and new board member training. Each year ASWB has two meetings, a spring educational meeting and a fall business meeting of the Delegate Assembly, the governing body of the association. There is no charge to members or invited guests to attend these meetings. ASWB pays travel and lodging expenses for one delegate from each member jurisdiction to attend the fall business meeting. Members and staff of social work regulatory boards that are not ASWB members may attend without charge, but no travel or lodging expenses will be paid. Attendees at the spring educational meeting must pay for their own transportation, lodging, and some meals. The association usually provides a continental breakfast each day, and lunch on the full day of the meeting.

The 2006 Spring Education Meeting will be held in Portland, Oregon, April 27 – 30. The Annual Meeting is scheduled for Baltimore, Maryland, November 10 – 12.

Three new board member training sessions are held each year for members who have been recently appointed to their boards. As a service to our member boards, the association pays for one member from each jurisdiction to attend, on a space-available basis. We usually accommodate 15 to 20 trainees.

Through the ASWB publications, as well as these meetings, members are afforded the opportunity to learn about legal regulation of the profession, and to network with others involved with regulatory boards. Most of our members rate networking as the most important benefit of association membership. There is growing electronic communication among members to keep the networking going. We have a board administrators listserv and a listserv for board members.

Dues paid to the association are based on the number of licensees in the jurisdiction. The maximum amount of annual dues charged is \$2,000.00 for 10,001 or more licensees.

Mr. Paul Riches, Executive Officer
February 17, 2006
Page four

As you can see I feel that we have much to offer any jurisdiction who chooses to be one of our members. I also believe that our association has much to gain from having California once again become one of our members. I hope that you and the board members will favorably consider rejoining ASWB. Please let me know if you have any questions or need more information. More information can also be found on our website, www.aswb.org. I live in Bend, Oregon, which is not that far away. If you so desire, I would be pleased to come to Sacramento to talk with you and the members of the California Board of Behavioral Science Examiners. Thanks for your time and I will look forward to hearing from you.

Sincerely

A handwritten signature in black ink, appearing to read "Roger Kryzanek". The signature is fluid and cursive, with the first name "Roger" being more prominent than the last name "Kryzanek".

Roger Kryzanek, LCSW
President

cc: Ms. Charlene Zettel, Director
California Department of Consumer Affairs

ATTACHMENT B



Board of Directors

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Donna DeAngelis, LICSW, ACSW

May 2, 2006

Mr. Paul Riches
Executive Officer
Board of Behavioral Sciences
1625 North Market Boulevard, Suite S200
Sacramento, California 95834

Dear Mr. Riches:

I was very pleased to hear that the California Board of Behavioral Sciences is considering once again joining with 58 other social work regulatory boards in the United States and Canada in membership in the Association of Social Work Boards (ASWB). The ASWB Communications Director, Mr. Troy Elliott, today sent a membership application and a document describing member benefits to Ms. Christina Kitamura, Administrative Assistant in your office. I am enclosing with this letter a copy of the ASWB Bylaws and other materials about its Approved Continuing Education program, the Social Work Registry, and the report of the most recent practice analysis on which the content of the licensing examinations are determined. Additional publications relevant to examination development and other subjects of interest to social work regulatory boards are also enclosed. Please let me know if you would like to receive additional copies of these material to share with your board members and staff.

According to the ASWB Bylaws, an application for membership reinstatement in the association from a regulatory board that qualifies may be approved by the ASWB Board of Directors, "upon appropriate reapplication and compliance with all conditions set forth by the Board of Directors." Also according to the ASWB Bylaws:

Article III. Definitions, Section 3. Member Board, a "Member Board" shall mean any Board as defined above which is duly accepted into the Association pursuant to these Bylaws, and enters into a contract for the use of the Association's examinations, if applicable.

"If applicable" applies to all social work regulatory boards that use an examination to assess knowledge for minimum competency.

Mr. Paul Riches
May 2, 2006
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Whether or not your board decides to apply for reinstated membership in ASWB, members of the board are welcome to attend the Annual Meeting of the ASWB Delegate Assembly, November 10 – 12, 2006 in Baltimore, Maryland.

If the California Board of Behavioral Sciences makes application for reinstatement, I will keep you informed of the results of each step in the process as it goes along. In the meantime, please let me know if you have any questions or need more information. I hope to meet you in person at the November meeting.

Sincerely,

A handwritten signature in cursive script that reads "Donna DeAngelis". The signature is written in dark ink and is positioned above the typed name and title.

Donna DeAngelis, LICSW, ACSW
Executive Director

Enclosures

ATTACHMENT C

BACHELORS EXAMINATION CONTENT OUTLINE

Content Area	Items
I. Human Development and Behavior in the Environment	14%
A. Theoretical approaches to understanding individuals, families, groups, communities, and organizations	
B. Human growth and development	
C. Human behavior in the social environment	
D. Impact of crises and changes	
E. Addictive behaviors	
F. Dynamics of abuse and neglect	
II. Issues of Diversity	7%
III. Assessment in Social Work Practice	20%
A. Social history and collateral data	
B. Use of assessment instruments	
C. Problem identification	
D. Effects of the environment on client system behavior	
E. Assessment of client system's strengths and weaknesses	
F. Assessment of mental and behavioral disorders	
G. Indicators of abuse and neglect	
H. Indicators of danger to self and others	
I. Indicators of crisis	
IV. Direct and Indirect Practice	21%
A. Models of practice	
B. Intervention techniques	
C. Components of the intervention process	
D. Matching intervention with client system needs	
E. Professional use of self	
F. Use of collaborative relationships in social work practice	
V. Communication	10%
A. Communication principles	
B. Communication techniques	
VI. Professional Relationships	5%
A. Relationship concepts	
B. Relationship in practice	
VII. Professional Values and Ethics	13%
A. Responsibility to the client system	
B. Responsibility to the profession	
C. Confidentiality	
D. Self-determination	
VIII. Supervision in Social Work	2%
A. Educational functions of supervision	
B. Administrative functions of supervision	
IX. Practice Evaluation and the Utilization of Research	2%
A. Methods of data collection	
B. Research design and data analysis	
X. Service Delivery	5%
A. Client system rights and entitlements	
B. Implementation of organizational policies and procedures	
XI. Social Work Administration	1%
A. Staffing and human resource management	
B. Social work program management	

MASTERS EXAMINATION CONTENT OUTLINE

Content Area	Items
I. Human Development and Behavior in the Environment	18%
A. Theories and concepts	
B. Application of knowledge	
II. Diversity and Social/Economic Justice	7%
A. Diversity	
B. Social/economic justice and oppression	
III. Assessment, Diagnosis, and Treatment Planning	11%
A. Biopsychosocial history and collateral data	
B. Assessment methods and techniques	
C. Assessment indicators, components, and characteristics	
D. Indicators of abuse and neglect	
E. Intervention planning	
IV. Direct and Indirect Practice	22%
A. Intervention models and methods	
B. The intervention process	
C. Intervention techniques	
D. Intervention with couples and families	
E. Intervention with groups	
F. Intervention with communities and larger systems	
G. Consultation and interdisciplinary collaboration	
V. Communication	7%
A. Communication principles	
B. Communication techniques	
VI. Professional Relationships	5%
A. Relationship concepts	
B. Social worker and client roles	
C. Ethical issues within the relationship	
VII. Professional Values and Ethics	11%
A. Professional values	
B. Legal and ethical issues	
C. Confidentiality	
VIII. Supervision, Administration, and Policy	8%
A. Supervision and staff development	
B. Human resource management	
C. Finance and administration	
IX. Practice Evaluation and the Utilization of Research	2%
A. Data collection	
B. Data analysis	
C. Utilization of research	
X. Service Delivery	9%
A. Service delivery systems	
B. Obtaining services	
C. Effects of policies and procedures on service delivery	

ADVANCED GENERALIST EXAMINATION CONTENT OUTLINE

Content Area	Items
I. Human Development and Behavior in the Environment	10%
A. Theories and models	
B. Human growth and development	
C. Family functioning	
II. Issues of Diversity	5%
III. Assessment, Diagnosis, and Intervention Planning	24%
A. Social history	
B. Use of assessment instruments	
C. Problem identification	
D. Effects of the environment on client behavior	
E. Impact of life stressors on systems	
F. Evaluation of client strengths and weaknesses	
G. Evaluation of mental and behavioral disorders	
H. Abuse and neglect	
I. Indicators of danger to self and others	
J. General assessment issues	
K. Intervention planning	
IV. Direct and Indirect Practice	16%
A. Theories	
B. Methods and processes	
C. Intervention techniques	
D. Intervention with couples and families	
E. Intervention with groups	
F. Intervention with communities	
V. Communication	7%
A. Communication principles	
B. Communication techniques	
VI. Relationship Issues	5%
A. Concepts of social worker - client relationship	
B. Effects of social and psychological factors	
VII. Professional Values and Ethics	12%
A. Values and ethics	
B. Confidentiality	
C. Self-determination	
VIII. Supervision and Professional Development	3%
IX. Practice Evaluation and the Utilization of Research	4%
A. Data collection	
B. Data analysis and utilization	
X. Service Delivery	11%
A. Service delivery systems and processes	
B. Effects of policies, procedures, and legislation	
C. Methods of social work advocacy	
D. Interdisciplinary collaboration	
XI. Administration	3%
A. Management	
B. Human resource management	
C. Financial management	

CLINICAL EXAMINATION CONTENT OUTLINE

Content Area	Items
I. Human Development and Behavior in the Environment	22%
A. Theories of human development and behavior	
B. Human development in the life cycle	
C. Human behavior	
D. Impact of crises and changes	
E. Family functioning	
F. Addictions	
G. Abuse and neglect	
II. Issues of Diversity	6%
A. Effects of culture, race, and/or ethnicity	
B. Effects of sexual orientation and/or gender	
C. Effects of age and/or disability	
III. Diagnosis and Assessment	16%
A. Assessment	
B. Information gathering	
C. Diagnostic classifications	
D. Indicators of abuse and neglect	
E. Indicators of danger to self and others	
IV. Psychotherapy and Clinical Practice	16%
A. Intervention theories and models	
B. The intervention process	
C. Treatment planning	
D. Intervention techniques	
E. Intervention with couples and families	
F. Intervention with groups	
V. Communication	8%
A. Communication principles	
B. Communication techniques	
VI. The Therapeutic Relationship	7%
A. Relationship theories	
B. Relationship practice	
VII. Professional Values and Ethics	10%
A. Value issues	
B. Legal and ethical issues	
C. Confidentiality	
VIII. Clinical Supervision, Consultation, and Staff Development	4%
A. Social work supervision	
B. Consultation and interdisciplinary collaboration	
C. Staff development	
IX. Practice Evaluation and the Utilization of Research	1%
A. Evaluation techniques	
B. Utilization of research	
X. Service Delivery	5%
A. Policies and procedures of service delivery	
B. Processes of service delivery	
XI. Clinical Practice and Management	5%
A. Advocacy	
B. Finance	
C. Management and human resource issues	

ATTACHMENT D



BOARD OF BEHAVIORAL SCIENCES
400 R STREET, SUITE 3150, SACRAMENTO, CA 95814
TELEPHONE: (916) 445-4933 TDD: (916) 322-1700
WEBSITE ADDRESS: <http://www.bbs.ca.gov>



(approved June 4, 1999)

**BOARD OF BEHAVIORAL SCIENCES
EXAMINATION COMMITTEE
MEETING MINUTES**

FEBRUARY 4, 1999

**UNIVERSITY OF CALIFORNIA LOS ANGELES
BRADLEY HALL
LOS ANGELES, CA**

MEMBERS PRESENT

Marsena Buck, LCSW Member, Committee Chair
Selma Fields, MFCC Member
Lorie Rice, Public Member
Christina Chen, Public Member

MEMBERS ABSENT

STAFF PRESENT

Sherry Mehl, Executive Officer
Denise Pellerin, Assistant Executive Officer
Dan Buntjer, Legal Counsel
Julie McAuliffe, Administrative Analyst

GUEST LIST ON FILE

The meeting was called to order at 10:45 a.m.

1. APPROVAL OF MINUTES

LORIE RICE MOVED, SELMA FIELDS SECONDED, AND THE COMMITTEE CONCURRED TO APPROVE THE MINUTES OF AUGUST 6, 1998.

LORIE RICE MOVED, SELMA FIELDS SECONDED, AND THE COMMITTEE CONCURRED TO APPROVE THE MINUTES OF OCTOBER 29, 1998.

2. PRESENTATION REGARDING THE EXAMINATION PROCESS

Ms. Mehl introduced Dr. Norman Hertz from the Office of Examination Resources (OER) and stated that OER is under the Department of Consumer Affairs and provides oversight for all the examinations administered by the Board. In addition, the Board contracts with OER to assist in all of the development of our examinations. They are also responsible for analyzing all of the Board's statistical information. Dr. Hertz explained that OER is considered an independent agency. Their mission is to advocate for the candidates and for the consumers by building

examinations that test candidates ability to practice safely, which provides protection to the consumer.

Examination development and preparation for the Board are continual. OER and the Board have made great strides in examination redevelopment in the last two years. Occupational analysis for the MFCC and the LCSW professions were recently conducted. The results of the analysis define current practice in California, and are used as a basis for the development of the current written and oral examinations. The data showed that ethical and legal issues should be tested as separate areas. The data also indicated that the area of human diversity should be tested as a separate area also. Subject matter experts were able to design the examinations to test this issue sensitively.

The Board and OER has had concerns with the American Association of State Social Work Boards (AASSWB) national clinical written examination. Concerns included the job analysis survey conducted by the AASSWB which did not include a representative number of licensees in California and the fact that the first time pass rate is 89% for California candidates. Based on these concerns as well as the completion of the current occupational analysis, there was a determination made that there was a need for a new state constructed written examination. The examination has been developed and constructed and will begin to be administered in late April 1999. The work involved in developing an examination includes subject matter experts and numerous workshops.

The Master Service Agreement is in place and the vendor offers the written examinations electronically on a continuous basis. The MFT examination went on line on February 1, 1999, and ran very smoothly. The vendor has also been able to accommodate candidates who wish to take the written examination before the final filing date for the next oral examination. The Board was the first board within the Department to begin contracting with this vendor. All boards may eventually administer their examinations through this vendor. Ms. Mehl stated that this vendor has been very responsive to all of our needs. A modem is set up in the office and we are now able to know the results of candidates daily. Also, we will eventually be paperless in the written examination process.

Dr. Hertz added that examination security includes photographs of all candidates to ensure to actual person is participating in the examination. He then thanked Ms. Mehl for all of her interest and positive efforts in the implementation of this process.

Dr. Hertz stated that he feels very positive about the vignette development process. Also, the oral examination rating scale has been expanded and has been working very well. Another rating level has been added which allows examiners to make some distinctions in relation to minimum competency. The process of determining minimum competency includes a critical incident methodology workshop. Behaviors that represent performance are identified and how this behavior relates to subject matter areas in the examinations are determined. A questionnaire is created and mailed to licensees asking them to identify the content area where the identified behavior belongs and the level of effectiveness on a scale of one to nine. If there was a deviation of the survey determination the behavior was not used in the examination process. The data is also used to set the passing scores. Subject matter experts assist in this process.

Dr. Hertz feels that more work is needed in the written examination process. A larger item pool needs to be created. He explained every item written goes back to a reference book and has asked schools to assist in identifying which text books are currently being used in their programs.

Ms. Mehl stated that we have received quite a lot of information and OER and the Board are in the process of compiling this information. The Board now has its own library and hopes that we will eventually be able to provide a current reference list.

Dr. Hertz suggested creating more versions of the written examination. A Budget Change Proposal will be submitted for further written examination development. There is a need to create another complete examination in case there is ever a breach of examination security.

Dr. Hertz stated that he and Ms. Mehl work collaboratively together and it is a pleasure to work with her.

Ms. Mehl stated that the examination statistics continue to be strong and the inter rater reliability continues to be consistent.

Abby Franklin, LCSW and representing the California Society of Clinical Social Work, stated that as a person involved in the examination construction process, it has been very exciting and has been a privilege to be a part of this process. She then questioned about the provisions for security for the written examination. Ms. Mehl explained that photographs are taken of the candidate and are compared with the photograph included in the candidate's file and candidates are required to sign a security agreement. The Examination Unit and Board staff are located in a secure office and the examination materials are kept in a locked room.

The new contractor has assured Ms. Mehl that they have been offering examinations for quite a long time and are familiar with current possible examination confidentiality breaches. There is also specific examiner training that relates to security and examiners are trained on what to look for.

Ms. Mehl cautioned future candidates that the preparation materials currently offered by independent companies may contain inaccurate information.

Dr. Hertz indicated that OER provides a more secure item writing environment. One staffperson and one back up staffperson are the only two staff members in OER that have accessibility to the materials and all materials are kept in a locked room. Also, examination questions are scrambled for each examination so there is no possibility that two candidates can take the same examination.

Jan Lee Wong, Executive Director of the National Association of Social Workers, questioned the surveys that were sent by the AASSWB to California LCSW's. Ms. Mehl indicated that only twelve California LCSW's were surveyed by AASSWB and this is not a representative number of the current practice. Over 2,000 LCSW's were surveyed during the Board's 1998 occupational analysis. There were also questions on the AASSWB survey in relation to independent and private practice and their understandings of these practices are different than independent California practice. She then indicated that we did survey licensees in various types of settings to grasp a better understanding of the current practice. We also have compared the AASSWB examination outline and our outline and it is very easy to recognize the differences. Mr. Wong

questioned what will happen to licensees from out of state who apply for licensure in California and have taken the AASSWB clinical level examination. Ms. Mehl stated that we would accept passing AASSWB examination scores from an applicant so long as the examination was taken during the period of time the Board participated in the examination. After we begin administering the state constructed written examination, we will require an out of state application to take this examination. Mr. Wong then commented on the possibility of offering the examination in other languages in the future.

David Fox, MFCC, complimented the Board and Dr. Hertz on the current examination process. He then asked that the Board review the last MFT oral examination vignettes to determine if the issue of diversity is addressed throughout the vignettes.

Francine Neely from Pepperdine University complemented the Board and the Office of Examination Resources on the examination process. She offered to meet with Ms. Mehl and OER to assist in the book reference collaboration.

Mary Riemersma, Executive Director of the California Association of Marriage and Family Therapists, stated that the association was very excited and appreciative of the current MFT examination process and the statistical results.

Ms. Buck thanked Dr. Hertz for providing all of the information to the Committee.

3. EXAMINATION STATISTICS

The statistics were provided in the meeting binder. Ms. Mehl stated that the oral statistics were printed prior to the appeal results and pointed out that the pass rate for the first time takers has increased.

4. ORAL EXAMINATION APPEAL INFORMATION

Ms. Mehl stated that the Committee had requested to review this information. The appeal process has been streamlined within the office and has been working very smoothly.

The meeting adjourned at 11:50 a.m.

those who hold a MSW with little or no post-degree experience. See Attachment B for the examination outlines.

Update

Staff is researching duty statements for county workers in child and elder welfare to determine their current scope of work, and is researching the scopes of practice for different levels of licensure in other states and will report on the findings at a future meeting of the Committee. Staff also plans to have the ASWB provide information on the different types of social work examinations available.

Attachments

A. States Chart

B. ASWB Examination Outlines

ATTACHMENT A

State	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
Alabama	1986	Private Independent Practice Certification	LCSWPIP	None	MSW	2 yrs Post
		Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	0
Alaska	1990	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
Arizona	1986	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters, AG, or Clinical	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors, Masters, AG or Clinical	BSW	0
Arkansas	1986	Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
California	1991-1999	Licensed Clinical	LCSW	State	MSW	2 yrs Post
		Associate Clinical	ASW	N/A	MSW	0
Colorado	1985	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	1 yr/2yrs Post
		Licensed SW	LSW	Masters or Advanced Generalist or Clinical	MSW	0
Connecticut	1986	Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
Delaware	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
DC	1988	Licensed Independent Clinical	LICSW	Clinical	MSW	3000 hrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	3000 hrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Associate	LSWA	Bachelors	BSW	0
Florida	1984	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	Masters	MSW	2 yrs Post
Georgia	1986	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	3 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
Hawaii	1995	Licensed SW	LSW	Masters	MSW	0
		Licensed Clinical	LCSW	Clinical	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	3000 hrs Post

Idaho	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Master Independent	LMSWI	Masters	MSW	2 yrs Post
		Master SW	LMSW	Masters	MSW	0
		Independent SW	SWI	Bachelors	BSW	2 yrs Post
		Social Worker	SW	Bachelors	BSW	0
Illinois	1993	Licensed Clinical	LCSW	Clinical	DSW	2000 hrs Post
		Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
		Licensed SW	LSW	Masters	MSW	0
		Licensed SW	LSW	Masters	BSW	3 yrs Post
Indiana	1993	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Masters	MSW	0
		Licensed SW	LSW	Masters	BSW	2 yrs Post
Iowa	1996	Licensed Independent	LISW	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	0
Kansas	1986	Specialist Clinical	LSCSW	Clinical	MSW	2 yrs Post
		Master SW	LMSW	Masters	MSW	0
		Baccalaureate SW	LBSW	Bachelors	BSW	0
Kentucky	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA	2 yrs Post
Louisiana	1983	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	3 yrs Post
		Graduate SW	LGSW	Masters	MSW	0
		Registered SW	RSW	Bachelors	BSW/BA/BS	0
Maine	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA/BS	3200 hrs
		Certified SW - Independent	CSW-IP	Clinical	MSW	2 yrs Post
		Licensed SW - Conditional	LSX	None	BA/BS	2 yrs Post
		Licensed Master SW - Clinical Conditional	LMSW-CC	Masters	MSW	2 yrs Post
Maryland	1983	Licensed Certified - Clinical	LCSW/C	Clinical	MSW	2 yrs Post LGSW
		Licensed Certified	LCSW	Advanced Generalist	MSW	2 yrs Post LGSW
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Associate	LSWA	Bachelors	BSW	0

Massachusetts	1985	Licensed Associate	LSWA	Associate	AA	0
		Licensed Associate	LSWA	Associate	BA/BS	0
		Licensed Associate	LSWA	Associate	HS Diploma	4 yrs Post
		Licensed Associate	LSWA	Associate	75 sem./1000 qtr. hrs.	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA/BS	2 yrs
		Licensed SW	LSW	Bachelors	75 sem./1000 qtr. hrs.	5 yrs
		Licensed SW	LSW	Bachelors	60 sem/80 qtr hrs.	6 yrs
		Licensed SW	LSW	Bachelors	HS Diploma	10 yrs
		Licensed Certified	LCSW	Masters	MSW	0
		Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
Michigan	2004	Licensed Master Social Worker	LMSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Bachelor Social Worker	LBSW	Bachelors	BSW	2 yrs Post
		Social Worker	SW	Bachelors	MSW	0
		Social Service Technician	SST	None	AA	0
		Social Service Technician	SST	None	75 sem./1000 qtr. hrs.	0
		Social Service Technician	SST	None	HS Diploma	1 yr
Minnesota	1990	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Mississippi	1989	Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Missouri	1993	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Provisional Licensed Clinical	PLCSW	Clinical or Advanced Generalist	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	3000 hrs Post
		Provisional Baccalaureate	PBSW	Bachelors	BSW	0
Montana	1985	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
Nebraska	1989	Licensed Mental Health Practitioner	LMHP	Clinical	MSW	3000 hrs Post

		Certified Master	CMSW	Clinical or Advanced Generalist	MSW	3000 hrs Post
		Certified SW	CSW	None	BSW	0
Nevada	1988	Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	3000 hrs Post
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA	3000 hrs Post
New Hampshire	1984	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
New Jersey	1994	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Masters	MSW	0
		Certified SW	CSW	None	BSW	0
		Certified SW	CSW	None	BA/BS	1600 hrs (prior to 1995)
New Mexico	1990	Licensed Independent	LISW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
New York	1983	Licensed Master	LMSW	Masters	MSW	0
		Licensed Clinical	LCSW	Clinical	MSW	3 yrs Post
North Carolina	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	Masters	MSW	0
		Certified SW	CSW	Bachelors	BSW	0
		Certified SW Manager	CSWM	Advanced Generalist	BSW	2 yrs Post
North Dakota	1984	Licensed Independent Clinical	LICSW	Clinical	MSW	4 yrs Post
		Licensed Certified	LCSW	Masters or Advanced Generalist or Clinical	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Ohio	1986	Licensed Independent	LISW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed SW	LSW	Bachelors	BSW	0
		Registered SW Assistant	SWA	None	AAS	0
Oklahoma	1983	Licensed Associate	LSWA	Bachelors	BSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW - Administration	LSW	Advanced Generalist	MSW	2 yrs Post
		Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Advanced Generalist	MSW	2 yrs Post
Oregon	1991	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post

		Clinical Associate	CSWA	None	MSW	0
Pennsylvania	1990	Licensed Clinical	LCSW	Clinical	MSW	3 yrs Post or 3600 hrs.
		Licensed SW	LSW	Masters	MSW	0
Rhode Island	1985	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Clinical	LCSW	Masters	MSW	0
South Carolina	1989	Licensed Independent - Advanced Practice	LISW-AP	Advanced Generalist	MSW	2 yrs Post
		Licensed Independent - Clinical Practice	LISW-CP	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
South Dakota	1984	Private Independent Practice	CSW-PIP	Clinical or Advanced Generalist	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Social Worker	SW	Bachelors	BSW	0
		Social Worker	SW	Bachelors	BA	2 yrs Post
		Social Work Associate	SWA	Associate	AA	0
Tennessee	1985	Licensed Clinical - Independent Practitioner	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	None	MSW	0
Texas	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed Master - Advanced Practice	LMSW-AP	Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
Utah	1984	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Social Service Worker	SSW	Bachelors	BSW	0
		Social Service Worker	SSW	Bachelors	BA	1 yr
Vermont	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
Virginia	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Bachelors	BSW	2 yrs Post
		Licensed SW	LSW	Bachelors	MSW	0
Washington	1989	Licensed Independent Clinical	LICSW	Clinical	MSW	3 yrs Post
		Licensed Advanced	LASW	Clinical or Advanced Generalist	MSW	2 yrs Post
West Virginia	1986	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Certified	LCSW	Advanced Generalist	MSW	2 yrs Post

		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Wisconsin	1994	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Independent	CISW	Advanced Generalist	MSW	2 yrs Post
		Certified Advanced Practice	CAPSW	Masters	MSW	0
		Certified SW	CSW	Bachelors	BSW	0
Wyoming	1989	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Certified SW	CSW	Bachelors or Masters	BSW	0

ATTACHMENT B

Agenda Item V Attachment B is the same information as found under Agenda Item IV Attachment C.

LCSW BPC* § 4996.14	MFT BPC* § 4980.01(c)	Comment / Comparison
<ul style="list-style-type: none"> Federal, state, county or municipal governmental organizations United States Department of Health and Human Services 	<ul style="list-style-type: none"> Governmental entity 	<i>LCSW: The U.S. Department of Health and Human Services is a federal entity.</i>
<ul style="list-style-type: none"> Accredited colleges, junior colleges, or universities 	<ul style="list-style-type: none"> School, college, or university 	<i>The LCSW statute does not consider a K-12 school or non-accredited educational institution (i.e., state-approved college) exempt, though the MFT statute does consider them exempt.</i>
<ul style="list-style-type: none"> Nonprofit organizations engaged in research and education, and services defined by a board composed of community representatives and professionals 	<ul style="list-style-type: none"> Institution both nonprofit and charitable 	<i>The MFT statute requires an entity to be BOTH nonprofit and charitable; under the LCSW a nonprofit doesn't have to be charitable but has additional specifications about activities and board members.</i>
<ul style="list-style-type: none"> Family or children services agencies 	<ul style="list-style-type: none"> No such equivalent 	<i>LCSW: Many such agencies are governmental or nonprofit, but also included are private agencies such as adoption and foster family agencies.</i>
<ul style="list-style-type: none"> Proprietary or nonproprietary private psychiatric clinics 	<ul style="list-style-type: none"> No such equivalent 	<i>LCSW: Psychiatric health facilities and psychological clinics are licensed by the state**, but we find no mention of a "psychiatric clinic."</i>
<p><u>In exempt settings, practice must be performed either:</u></p> <ul style="list-style-type: none"> Within the confines or under the jurisdiction of the employer As part of the duties for which a person is employed 	<p><u>In exempt settings, practice must be performed both:</u></p> <ul style="list-style-type: none"> Under the supervision of the employer As part of the position for which a person is employed 	<i>The difference between the "either" or "both" means that under the LCSW statute, a person could be hired as an independent contractor. The MFT statute does not allow this.</i>

*Business and Professions Code

**Title 22, California Code of Regulations, Division 5

Questions for Consideration

- Is there a need to have different types of exempt settings in the MFT and LCSW statutes?
- Is there a need to have different requirements about how practice must be performed in exempt settings between the MFT and LCSW statutes?
- Is there a need for the LEP statute to specify exempt settings?
- What steps should the board take toward making changes, if any?

Attachments:

- A. Business and Professions Code Section 4996.14
- B. Business and Professions Code Section 4980.01(c)

ATTACHMENT A

§4996.14. EMPLOYEES OF CERTAIN ORGANIZATIONS; ACTIVITIES OF PSYCHOSOCIAL NATURE OR USE OF OFFICIAL TITLE OF POSITION

Nothing in this chapter shall restrict or prevent activities of a psychosocial nature or the use of the official title of the position for which they are employed on the part of the following persons, if those persons are performing those activities as part of the duties for which they are employed or solely within the confines or under the jurisdiction of the organization in which they are employed. However, they shall not offer to render clinical social work services, as defined in Section 4996.9, to the public for a fee, monetary or otherwise, over and above the salary they receive for the performance of their official duties with the organization in which they are employed.

- (a) Persons employed by the United States Department of Health and Human Services.
- (b) Persons employed in family or children services agencies.
- (c) Individuals employed in proprietary or nonproprietary private psychiatric clinics.
- (d) Individuals employed in accredited colleges, junior colleges, or universities.
- (e) Individuals employed in federal, state, county or municipal governmental organizations, or nonprofit organizations which are engaged in research, education, and services which services are defined by a board composed of community representatives and professionals.
- (f) Persons utilizing hypnotic techniques by referral from persons licensed to practice medicine, dentistry, or psychology, or persons utilizing hypnotic techniques which offer a vocational or vocational self-improvement and do not offer therapy for emotional or mental disorders.

ATTACHMENT B

§4980.01. CONSTRUCTION WITH OTHER LAWS; NONAPPLICATION TO CERTAIN PROFESSIONALS AND EMPLOYEES

(a) Nothing in this chapter shall be construed to constrict, limit, or withdraw the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, or the Psychology Licensing Act.

(b) This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of his or her pastoral or professional duties, or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his or her professional practice.

(c) This chapter shall not apply to an employee of a governmental entity or of a school, college, or university, or of an institution both nonprofit and charitable if his or her practice is performed solely under the supervision of the entity, school, or organization by which he or she is employed, and if he or she performs those functions as part of the position for which he or she is employed.

(d) A marriage and family therapist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

(e) Notwithstanding subdivisions (b) and (c) all persons registered as interns or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

ATTACHMENT A

BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
Title 16, California Code of Regulations (CCR)
Sections 1887(a), 1887.2(a), 1887.3(a)

Amend CCR Sections 1887(b), 1887.2(a), and 1887.3(a) as follows:

§1887

As used in this article:

(a) A continuing education "course" means a form of systematic learning at least one hour in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, viewing of videotapes or film instruction, viewing or participating in other audiovisual activities including interactive video instruction and activities electronically transmitted from another location which has been verified and approved by the continuing education provider, and self-study courses.

~~(b) A "self-study course" means a form of systematic learning performed at a licensee's residence, office, or other private location including, but not limited to, listening to audiotapes or participating in self-assessment testing (open-book tests that are completed by the member, submitted to the provider, graded, and returned to the member with correct answers and an explanation of why the answer chosen by the provider was the correct answer).~~

§1887.2

(a) An initial licensee shall complete at least eighteen (18) hours of continuing education, of which no more than six (6) hours may be earned through self-study courses, education prior to his or her first license renewal.

§1887.3

(a) A licensee shall accrue at least thirty-six (36) hours of continuing education courses as defined in Section 1887.4. A licensee may accrue no more than twelve (12) hours of continuing education earned through self-study courses during a single renewal period.

Proposed Procedures

In order to clarify section 1887.8 Revocation and Denial of Board-Approved Provider Status, and to aid in enforcing the section, board staff proposes the following procedures:

Process for Denial of Board–Approved Provider Status

- Receipt of provider application.
- Review by CE Technician within 6 – 8 weeks of receipt.
- Prepare and send denial letter. (Attachment 3)
- Include Request for Appeal of Denial form. (Attachment 4)
- *Appeal form must be returned within 15 days or denial is automatically upheld.*

Process for Revocation of Board-Approved Provider Status

- Prepare and send revocation letter. (Attachment 5)
- Include Request for Appeal of Revocation form. (Attachment 6)
- *Appeal form must be returned within 15 days or revocation is automatically upheld.*

Process for Provider Appeal

- Receipt of denial/revocation appeal.
- *Respond to appeal within 10 days of receipt of appeal.*
- Prepare and send acknowledgement/scheduling letter. (Attachments 7 & 8)
- *Schedule appeal conference within 60 days of receipt of appeal.*
- Appeal heard by Executive Officer.
- Prepare and send appeal decision letter. (Attachments 9, 10, 11 & 12)
If appeal denied, include Request for Appeal before Continuing Education Committee form. (Attachments 13 & 14)
- *Appeal decision letter must be sent to applicant within 10 days of appeal hearing.*

Process Request for Hearing before Continuing Education Appeals Committee

- Receipt of EO denial/revocation decision appeal.
- *Respond to appeal within 10 days of receipt of appeal.*
- Notify EO and AEO to notice hearing on next Board meeting agenda.
- Send acknowledgement/scheduling letter. (Attachment 15)

Process for Continuing Education Appeals Committee

- The CE Appeals Committee hearing is conducted in the same manner as other Board committee meetings.
- Only committee members should sit on dais. Board members not on the committee may sit in the audience.
- The evidence/testimony is given in open session.
- The committee also deliberates in open session. (This doesn't qualify for a Bagley-Keene closed session exemption.)
- The decision of the committee is "final." The decision cannot be further appealed to the Board. (The next appeal step for the aggrieved applicant/provider is to petition the Superior Court for a writ of mandamus.)
- The committee prepares a written decision. There is no one "magic" format for the decision that needs be used.

- Applicant notified of hearing decision within 30 days of hearing date. (Attachments 16, 17, 18 & 19)

Note: Currently there are no restrictions on how soon someone may reapply for a PCE Approval following a denial/revocation. Imposing a one could be done by regulation.

Attachments

1. Continuing Education Provider Application Packet
2. California Code of Regulations, Title 16, Division 18, Article 8
3. Denial Letter Regarding PCE Application
4. Request for Appeal of Denial
5. Revocation of PCE Approval
6. Request for Appeal of Revocation
7. Notification of Appeal Conference - Denial
8. Notification of Appeal Conference – Revocation
9. Decision Following Appeal Conference – to Grant Approval of PCE Provider Application
10. Decision Following Appeal Conference – to Uphold Denial of PCE Provider Application
11. Decision Following Appeal Conference – to Reinstate PCE Provider Number
12. Decision Following Appeal Conference – to Uphold Revocation of PCE Provider Approval
13. Request Form for Appeal Before Continuing Education Appeals Committee (Denial)
14. Request Form for Appeal Before Continuing Education Appeals Committee (Revocation)
15. Acknowledgement Letter for Appeal Before Continuing Education Appeals Committee
16. Decision of Continuing Education Appeals Committee to Grant Approval of PCE Provider Application
17. Decision of Continuing Education Appeals Committee to Uphold Denial of PCE Provider Application
18. Decision of Continuing Education Appeals Committee to Reinstate PCE Provider Number
19. Decision of Continuing Education Appeals Committee to Uphold Revocation of PCE Provider Number

ATTACHMENT 1



BOARD OF BEHAVIORAL SCIENCES
1625 N MARKET BLVD, SUITE S-200, SACRAMENTO, CA 95834
TELEPHONE: (916) 574-7830 TDD: (916) 322-1700
WEBSITE ADDRESS: <http://www.bbs.ca.gov>



CONTINUING EDUCATION (CE) PROVIDER APPLICATION PACKET

Thank you for your interest in becoming a provider of continuing education (CE) for licensed marriage and family therapists (MFTs) and licensed clinical social workers (LCSWs) in California. This packet contains the following:

- CE Provider Requirements (FAQ's)
- CE Provider Application

As of January 1, 2000, the law requires MFTs and LCSWs to have 36 hours* of CE for each biennial license renewal. Business and Professions Code Sections 4980.54 (f)(1) and 4996.22(d)(1) states in part that licensees must take courses from accredited/approved schools or Board-approved providers, and course subject matter must be related to the MFT's or LCSW's scope of practice.

It is important that you read the CE Requirements for providers carefully, as it will be your responsibility as the provider to meet all Board requirements. Violation of these requirements could result in adverse action on your provider approval.

Please complete and return the application form, along with the non-refundable \$200 application fee (make your check or money order payable to the Board of Behavioral Sciences). Once the Board receives your fee and approves you as a CE provider, you will be issued a provider number valid for two years. You may begin offering CE credit to both MFTs and LCSWs after you are issued a provider number. The Board will not be approving individual courses. A valid provider approval enables you to offer any courses that meet Board criteria.

If you have any questions, please contact the Board's Continuing Education Unit at (916) 445-4933 x1008.

* Licensees who are renewing for the very first time, are required to take 18 hours of CE and 36 for each subsequent renewal.

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

CONTINUING EDUCATION PROVIDER REQUIREMENTS (FAQs)

Revised 3/04

(contained in the California Business and Professions Code Chapters 13 and 14 and the California Code of Regulations Title 16, Division 18)

WHAT TYPES OF COURSEWORK ARE ACCEPTABLE?

Coursework needs to be related to the MFT/LCSW scope of practice and incorporate at least one of the following:

- (1) Aspects of counseling or social work that are fundamental to the understanding or practice of counseling or social work;
- (2) Aspects of counseling or social work in which significant recent developments have occurred; and
- (3) Aspects of other related disciplines that enhance the understanding or practice of counseling or social work.

WHAT IS AN MFT'S SCOPE OF PRACTICE?

It is that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships. (B&P §4980.02)

WHAT IS AN LCSW'S SCOPE OF PRACTICE?

It is a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work. (B&P §4996.9)

WHAT ARE THE FEES RELATED TO APPROVAL?

- \$200 application fee (also good for first 2-year approval)
 - \$200 biennial renewal fee
- These fees are non-refundable.

WHAT DOES BOARD APPROVAL COVER?

A current, valid provider approval will cover any courses that meet Board requirements. There is no limit to the number of courses a provider can offer.

HOW LONG DOES BOARD APPROVAL LAST?

Approval is renewed biennially.

Your application fee will cover the first two years' approval. As a courtesy, three months before your expiration date, you will be sent a renewal notice. To renew, just send the bottom part of the notice along with the renewal fee to the Board.

THERE IS NO GRACE PERIOD. You are responsible for renewing your approval whether or not you receive the renewal notice.

WHAT IF MY BOARD APPROVAL EXPIRES?

If your Board approval expires, it immediately cancels and you will need to apply for a new approval. **Any course offered after your approval cancels will not count for CE.**

WILL MY PROVIDER APPROVAL BE LINKED TO MY PERSONAL LICENSE?

Yes. **If you as an individual are the provider**, any disciplinary action on your personal license (MFT, LCSW, LEP, PSY, etc.) may affect your provider approval, and any disciplinary action on your provider approval may affect your personal license.

CAN A PROVIDER APPLICATION BE DENIED?

Yes. Board approval will be denied for good cause, including:

- (1) a provider is convicted of a felony or misdemeanor offense related to the activities of a provider;
- (2) a provider, if a licensee, violates any laws or regulations relating to the practice of MFT, LCSW, or LEP; or
- (3) a provider makes a material misrepresentation of fact in

information submitted to the Board.

A notice of denial will be sent to the provider and the provider will have an opportunity to appeal the denial to the Board's designee. Thereafter, if still not satisfied with the outcome, the provider will have a chance to appeal to a committee of the Board. The decision of this committee is final.

CAN BOARD APPROVAL BE REVOKED?

Yes. The Board may revoke its approval of a provider for good cause.

ARE COURSES APPROVED BY THE BOARD?

No, it is the provider's responsibility to ensure that courses meet Board requirements.

WHAT KINDS OF COURSES ARE ACCEPTABLE?

Any course relating to the MFT or LCSW scope of practice is acceptable. Courses can relate to direct patient/client care (theoretical frameworks, intervention techniques, etc.) or indirect patient/client care (legal issues, consultation, office management, insurance matters, supervision training, etc.).

CAN A COURSE BE OFFERED TO BOTH MFTs & LCSWs?

A course can be offered to both MFTs and LCSWs as long as it relates to both scopes of practice.

ARE ANY COURSES UNACCEPTABLE AS CE?

Courses outside the MFT or LCSW scope of practice are not acceptable.

The Board will be issuing your approval based on the sample course information you submit with your application. Although the Board will not be approving

individual courses, a provider application will not be approved if the course subject matter is outside the scope of practice.

WHAT IS A "SELF-STUDY COURSE"?

A self-study course is a course offered by a Board-approved provider, performed at a licensee's residence, office, or other private location. This includes listening to audiotapes or participating in self-assessment testing. Self-study courses must administer a test prior to issuing a record of course completion to the licensee. Licensees can earn up to one-third of their CE hours through self-study courses. **Please specify on the certificates you issue to our licensees if the hours were earned through self-study.**

PLEASE NOTE: AMENDED REGULATION REGARDING OBTAINING CE.

Effective February 1, 2003, licensees may obtain all of their hours of required continuing education through interactive, electronic means. This includes online, teleconferencing and videotape viewing.

WHAT IS THE SPOUSAL OR PARTNER ABUSE REQUIREMENT?

For renewals after January 1, 2004 all licensees will be required to complete a one-time course in spousal or partner abuse assessment, detection, and intervention strategies including community resources, cultural factors, and same gender abuse dynamics. There is no hour length specified for courses in 2004.

If the spousal or partner abuse course is taken on or after January 1, 2005, it must be at least seven hours. Licensees can use prior, equivalent coursework or experience to waive this requirement, but it will not count towards the CE

hours.

WHAT IS THE LAW & ETHICS REQUIREMENT?

For renewals after January 1, 2004, all licensees are required to complete at least six hours of CE in the area of Law and Ethics as a condition of **each renewal**.

WHAT IS THE AGING AND LONG-TERM CARE REQUIREMENT?

For renewals after January 1, 2005, those persons who began graduate study prior to January 1, 2004 must complete a three-hour continuing education course in aging and long term care. The course could include, but is not limited to, the biological, social, and psychological aspects of aging. Licensees can use prior, equivalent coursework or experience to waive this requirement, but it will not count towards the CE hours.

WHAT IS THE HIV/AIDS COURSE REQUIREMENT?

MFTs and LCSWs must take a one-time course in HIV and AIDS. This course must be at least 7 hours in length and taken during the licensee's first renewal period after the adoption of the CE regulations. Licensees can use prior, equivalent coursework or experience to waive this requirement, but it will not count towards the CE hours.

This coursework must cover the characteristics and method of assessment and treatment of people living with HIV and AIDS.

DOES EACH COURSE REQUIRE AN EVALUATION?

Yes. It is the provider's responsibility to ensure that

each attendee completes an evaluation upon course completion. Evaluations do not have to be kept as part of the course records.

ARE ANY TESTS REQUIRED?

The only testing required by the Board is a post-test for self-study courses. Otherwise, testing during a course is not required.

HOW MANY HOURS CAN BE EARNED PER COURSE?

Each provider decides this. In general, licensees will earn one hour of CE for each actual hour of instruction. Lunch and breaks can be counted as hours of CE only if actual instruction outlined in the course syllabus is occurring during that time.

HOW MANY HOURS CAN BE EARNED FOR AN ACADEMIC COURSE?

1 semester unit = 15 CE hours
1 quarter unit = 10 CE hours

WHAT ARE COURSE ADVERTISEMENT REQUIREMENTS?

Advertisements need to be accurate and include:

- (1) the provider's name;
- (2) the provider number;
- (3) the statement "Course meets the qualifications for _____ hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences."
- (4) the provider's policy on refunds in cases of non-attendance; and
- (5) a clear, concise description of the course content and objectives.

WHAT ARE COURSE INSTRUCTOR REQUIREMENTS?

Providers are responsible for

ensuring that instructors meet **at least 2** of the following criteria:

- (1) a current, valid license, registration, or certificate, free from disciplinary action, in an area related to the subject matter of the course;
NOTE: *If at any time an instructor's license is restricted pursuant to disciplinary action in California or any other territory, they must notify all approved providers that he/she is providing instruction for, BEFORE instruction begins or immediately upon notice of the decision whichever occurs first.*
- (2) a master's or higher degree from an educational institution in an area related to the subject matter of the course;
- (3) training, certification, or experience in teaching subject matter related to the subject matter of the course; or
- (4) at least 2 years' experience in an area related to the subject matter of the course.

The Board will be issuing your approval based on the sample instructor information you submit with your application. Although the Board will not be approving individual instructors, a provider application will be denied if the instructor information does not meet Board criteria.

ARE PROVIDERS REQUIRED TO ISSUE RECORDS OF COURSE COMPLETION?

Yes. Providers are responsible for issuing a record of course completion (e.g., letters of verification of attendance, certificates, or transcripts) to each attendee. These records of course completion must include:

- (1) name of licensee and license number or other identification number;
- (2) course title;

- (3) provider name and address;
- (4) provider number;
- (5) date of course;
- (6) number of hours of continuing education credit; and
- (7) signature of course instructor, provider, or provider designee.

WHAT TYPES OF RECORDS MUST PROVIDERS KEEP?

Providers are responsible for keeping the following records for **at least 4 years**:

- (1) syllabi for all courses;
- (2) the time & location of courses;
- (3) course advertisements;
- (4) instructors' vitae/resumes;
- (5) attendance rosters with the names & license numbers of licensees who attended the course;
- (6) sign-in sheets; and
- (7) records of course completion issued to licensees who attended the course.

Providers are required to submit the above records to the Board only when they are audited. Providers will be audited on a random basis to ensure compliance with Board criteria.

WHAT ABOUT AUDITS?

The Board is authorized to audit records, courses, instructors, related activities of a provider, and licensees to assure compliance with the law and regulations. Site visits may be scheduled in a CE provider's office.

The Board will conduct random audits of advertising. You are requested to respond to these audits by the dates specified in the audit notice. Failure to comply with the request may lead to administrative action.

LICENSEE LISTS/LABELS
To order lists of licensees

**and their addresses by
license type and/or
geographical location, please
contact:**

**DEPT OF CONSUMER
AFFAIRS
PUBLIC SALES OFFICE
(916) 574-8150**

**You will need to specify that
you are requesting
information for Marriage and
Family Therapists and/or
Licensed Clinical Social
Workers.**



LAWS AND REGULATIONS

**To obtain the laws and
regulations, please contact
the Board at:**

**1625 N Market Blvd, Suite S-200
Sacramento, CA 95834
(916) 574-7830
<http://www.bbs.ca.gov>**

**CONTINUING EDUCATION (CE)
PROVIDER APPLICATION**
\$200 FEE (Non-refundable)

(please type or print clearly in ink - use additional paper as necessary)

1. PROVIDER NAME <i>(limited to 40 characters)</i>		2. BUSINESS PHONE NUMBER ()	
3. MAILING ADDRESS <i>(street address, city, state, zip)</i>			
EMAIL OR WEBSITE ADDRESS (optional)		WILL OFFER ON-LINE COURSES YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. ORGANIZATION TYPE <i>(select one)</i> <input type="checkbox"/> association <input type="checkbox"/> 4-yr institution of higher Learning <input type="checkbox"/> non-profit corporation <input type="checkbox"/> licensed health facility <input type="checkbox"/> other educational organization <input type="checkbox"/> partnership <input type="checkbox"/> governmental agency <input type="checkbox"/> corporation <input type="checkbox"/> individual * <input type="checkbox"/> other <i>(please specify):</i> TYPE: _____ LIC. # _____			
5. HAVE YOU OR YOUR AGENCY EVER APPLIED TO BE A PROVIDER WITH THIS BOARD BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF APPROVED, PCE # _____ IF DENIED, DATE OF DENIAL _____			
6. CE COORDINATOR NAME		7. CE COORDINATOR PHONE NUMBER ()	
8. COURSE SUBJECT MATTER(S) <i>(list subject matter - attach course outlines and explanation of how it relates to the scope of practice of LCSWs and MFTs)</i>			
9. INSTRUCTOR QUALIFICATIONS <i>(check all that apply - attach instructor resumes)</i> <input type="checkbox"/> license, registration, or certificate in an area related to the course subject matter <input type="checkbox"/> master's or higher degree in an area related to the course subject matter <input type="checkbox"/> training, certification, or teaching experience in subject matter related to the course subject matter <input type="checkbox"/> at least 2 years' experience in an area related to the course subject matter <input type="checkbox"/> other <i>(please specify):</i>			
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>			
_____ CE Coordinator Signature		_____ Date	

- PLEASE ALLOW 6 TO 8 WEEKS FOR PROCESSING -

CE PROVIDER APPLICATION INSTRUCTIONS

SUBMIT YOUR COMPLETED APPLICATION AND FEE TO THE:

BOARD OF BEHAVIORAL SCIENCES
CONTINUING EDUCATION PROGRAM
1625 N MARKET BLVD, SUITE S-200
SACRAMENTO, CA 95824

1. **PROVIDER NAME:** Full business name or individual's name (limited to 40 characters) **NOTE:** *If provider is an individual, it will be listed by last name then first name.*
2. **BUSINESS PHONE NUMBER:** The business phone number will be provided to licensees upon request.
3. **MAILING ADDRESS:** The address is public information and will be placed on the internet.
4. **ORGANIZATION TYPE:** The primary organization type of the provider - collected for statistical purposes only.
5. **HAVE YOU OR YOUR AGENCY EVER APPLIED TO BE A PROVIDER WITH THIS BOARD:** This information is requested for historical purposes only and will not have any bearing on your current request for approval.
6. **CE COORDINATOR NAME:** The individual responsible for administering the provider's CE program – this person will be the primary contact for the Board of Behavioral Sciences.
7. **CE COORDINATOR PHONE NUMBER:** The CE Coordinator's phone number if different from business phone number will **not** be provided to licensees.
8. **COURSE SUBJECT MATTER(S):** A description of the types of subject matter to be covered in future MFT/LCSW courses offered by the provider. This list does not have to be all-inclusive but must include documentation that demonstrates subject matter (e.g., ads, course outlines, catalogs). If the provider does not have any courses planned at this time, list a sampling of the courses provided in the past.
9. **INSTRUCTOR QUALIFICATIONS:** Each instructor must have at least two of the four qualifications listed – check all boxes that apply and include instructor resumes that demonstrate the qualifications for a **sampling** (one to four) of the instructors.

INFORMATION COLLECTION, ACCESS, AND DISCLOSURE

The information provided on this application is maintained by the Executive Officer of the Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA 95814-6240, under the authority granted by the Business and Professions Code, Division 2, Chapter 13, Article 1, Section 4980.54, and Chapter 14, Article 4, Section 4996.22.

→→ **IT IS MANDATORY THAT YOU PROVIDE ALL INFORMATION REQUESTED. OMISSION OF ANY ITEM OF INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

Your completed application becomes the property of the Board of Behavioral Sciences and will be used by authorized personnel to determine your eligibility for approval as a provider of continuing education. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Board unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

ATTACHMENT 2

CALIFORNIA CODE OF REGULATIONS, TITLE 16, DIVISION 18, ARTICLE 8

§1887.8. REVOCATION AND DENIAL OF BOARD-APPROVED PROVIDER STATUS

(a) The board may revoke its approval of a provider or deny a provider application for good cause. Good cause includes, but is not limited to, the following:

(1) a provider is convicted of a felony or misdemeanor offense substantially related to the activities of a board-approved provider;

(2) a provider, who is a licensee of the board, fails to comply with any provisions of Chapters 13 and 14 of the Business and Professions Code or Title 16, Division 18 of the California Code of Regulations; or

(3) a provider makes a material misrepresentation of fact in information submitted to the board.

(b) After a thorough case review, should the board decide to revoke or deny its approval of a provider, it shall give the provider written notice setting forth its reasons for revocation or denial. The provider may appeal the revocation or denial in writing, within fifteen (15) days after receipt of the revocation or denial notice, and request a hearing with the board's designee. The revocation is stayed at this point.

Should the board's designee decide to uphold the revocation or denial, the provider may appeal the decision of the board's designee in writing, within seven (7) days after receipt of the decision of the board's designee, and request a hearing with a continuing education appeals committee appointed by the board chairperson. The hearing will take place at the next regularly scheduled board meeting, provided the appeal is received before the meeting is noticed to the public. It is at the discretion of the board's designee whether to stay the revocation further.

The continuing education appeals committee shall contain three board members, one public member and two members representing two of the three license types regulated by the board. The decision of the continuing education appeals committee is final.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code. Reference: Sections 4980.54 and 4996.22, Business and Professions Code. History

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).

ATTACHMENT 3



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line 1>
<Address Line 2>

RE: Case Number:

Dear Applicant:

Your application to become a continuing education provider is hereby denied for the following reason(s):

According to the Board's records, you were previously approved as a continuing education provider (PCE Number). Approval for (PCE Number) expired on (Date) and was subsequently cancelled. The Board has been notified that you have continued offering continuing education courses after the expiration of your provider approval.

In accordance with the California Code of Regulations Section 1887.8, the Board may deny a provider for good cause. Good cause includes, but is not limited to, "a provider makes a material misrepresentation of fact in information submitted to the Board." Your agency misrepresented itself as a Board-approved provider on (date) by (violation).

You are advised that the California Code of Regulations Section 1887.8 (b) states that the provider may appeal the denial in writing within fifteen (15) days after receipt of the denial notice, and request a hearing with the Board's designee. A form has been enclosed for you to sign requesting an appeal and allowing Paul Riches, the Board's Executive Officer, to hear your appeal as the Board's designee. When the Board receives the signed form, you will be sent a letter scheduling the appeal hearing.

Failure to send back the attached form will result in the forfeit of your appeal and the denial of your continuing education provider application will be upheld.

Sincerely,

Paul Riches
Executive Officer

Enclosures: Copy of California Code of Regulations Section 1887.8
Request for Appeal Form

ATTACHMENT 4



Request for Appeal of Denial of Continuing Education Provider Application

Provider Applicant Name: _____

Case Number: _____

A request for an Informal Denial Appeal Hearing may be withdrawn at any time prior to the date of the conference.

I hereby acknowledge receipt of the above referenced denial notice and notification of my right to appeal the denial. I hereby request:

- AN INFORMAL DENIAL APPEAL HEARING with the Executive Officer and, if I choose, legal counsel or an authorized representative. I understand the Executive Officer (or designee) may also have legal counsel or an authorized representative present at the conference.
- I choose to have the Conference held via a telephone conference, or
- I choose to have the Conference held in person in Sacramento at the Board's office.

The Denial of the Continuing Education Provider Application is appealed for the following reason(s):
(Attach extra pages if necessary)

Please indicate whether or not you will be represented by counsel

Name of CE Coordinator/Provider (please print)

Attorney's Name

Signature of CE Coordinator/Provider

Attorney's Address

Telephone Number

City State Zip

Address

Attorney's Telephone Number

City State Zip

Date

ATTACHMENT 5



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<CE Coordinator>
<Address Line1>
<Address Line2>

RE: <Case Number>

Dear <Coordinator>:

The Board of Behavioral Sciences has reviewed the facts and information submitted regarding the complaint against your provider approval and hereby revokes your provider approval for the following reason(s):

According to the Board's investigation, you <allegations>.

In accordance with the California Code of Regulations Section 1887.8 (a), "the Board may revoke its approval of a provider for good cause." Good cause includes, but is not limited to "a provider makes a material misrepresentation of fact in information submitted to the Board."

Pursuant to California Code of Regulations Section 1887.8 (b), you have the right to appeal this revocation in writing within fifteen (15) days after receipt of the revocation notice, and request a hearing with the Board's designee. An appeal request form has been attached for your convenience.

Sincerely,

Paul Riches
Executive Officer

Enclosures: Copy of California Code of Regulations Section 1887.8
Request for Appeal of Revocation Form

ATTACHMENT 6



Request for Appeal of Revocation of Continuing Education Provider Approval

Provider Applicant Name: _____

Case Number: _____

A request for an Informal Revocation Appeal Hearing may be withdrawn at any time prior to the date of the conference.

I hereby acknowledge receipt of the above referenced revocation notice and notification of my right to appeal the revocation. I hereby request:

- AN INFORMAL REVOCATION APPEAL HEARING with the Executive Officer and, if I choose, legal counsel or an authorized representative. I understand the Executive Officer may also have legal counsel or an authorized representative present at the conference.
- I choose to have the Conference via telephone conference, or
- I choose to have the Conference held in person in Sacramento at the Board's office.

The Revocation of the Continuing Education Provider Approval is appealed for the following reason(s):(Attach extra pages if necessary)

Please indicate whether or not you will be represented by counsel

Name of CE Coordinator/Provider (please print)

Attorney's Name

Signature of CE Coordinator/Provider

Attorney's Address

Telephone Number

City State Zip

Address

Attorney's Telephone Number

City State Zip

Date

ATTACHMENT 7



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line 1>
<Address Line 2>

RE: Case No:

Dear <Provider name/CE coordinator>

Pursuant to Section 1887.8 (b) of the California Code of Regulations, a continuing education provider applicant may appeal a denial in writing within fifteen (15) days after receipt of the denial notice, and request a hearing with the Board's designee. This letter is to acknowledge receipt of your signed request for an appeal within the required timeframe allowing Paul Riches, Executive Officer of the Board of Behavioral Sciences, to hear your appeal.

You are advised that your appeal is scheduled to take place via telephone conference at the following date and time: _____

If you have questions, please contact me at (916) 574 – 7869.

Sincerely,

Jason Reinhardt
Continuing Education/Enforcement Technician

ATTACHMENT 8



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: <Case Number>

Dear <Provider Name/CE Coordinator>:

Pursuant to Section 1887.8 (b) of the California Code of Regulations, a continuing education provider may appeal a revocation of approval status in writing within fifteen (15) days after receipt of the revocation notice, and request a hearing with the Board's designee. This letter is to acknowledge receipt of your signed request for an appeal within the required timeframe allowing Paul Riches, Executive Officer of the Board of Behavioral Sciences, to hear your appeal.

You are advised that your appeal is scheduled to take place via telephone conference at the following date and time: _____.

If you have questions, please contact me at (916) 574 -7869.

Sincerely,

Jason Reinhardt
Continuing Education/Enforcement Technician

ATTACHMENT 9



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: In the Matter of the Denial of the Continuing Education Provider Application for:
<PROVIDER NAME>, PCE Applicant, Case No: AP-XXXX-XXX

Dear Applicant:

It is the decision of the Board of Behavioral Sciences to approve your application as a continuing education provider. Your new PCE number is: _____. You will receive the certificate in the mail in approximately two weeks.

You are advised that pursuant to Section 1887.12 (c) "The Board may audit the course records of a provider to ensure compliance with the Board's continuing education requirements." Enclosed is a copy of the Laws and Regulations pertaining to Continuing Education providers.

Sincerely,

Paul Riches
Executive Officer

Enclosures: Copy of CE Laws and Regulations

ATTACHMENT 10



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: In the Matter of the Denial of the Continuing Education Provider Application for:
<PROVIDER NAME>, PCE Applicant, Case No: AP-XXXX-XXX

Dear Applicant:

It is the decision of the Board of Behavioral Sciences to uphold the denial of your Continuing Education Provider Application.

You are advised that pursuant to California Code of Regulations Section 1887.8 (b), you have the right to appeal this decision within 7 days of receipt of this letter. An appeal request form has been enclosed with this letter.

Sincerely,

Paul Riches
Executive Officer

Enclosures: Formal Appeal Request Form

ATTACHMENT 11



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: In the Matter of the Revocation of the Continuing Education Provider Approval for:
<PROVIDER NAME>, PCE <Number>, Case No: CE-XXXX-XXX

Dear <Provider Name>:

It is the decision of the Board of Behavioral Sciences to reinstate your provider approval under PCE <Number>. PCE _____ is valid until _____. You will receive a renewal notice 105 days before the expiration date listed above. Should you fail to renew, your provider approval will be automatically canceled, pursuant to Section 1887.7 of the California Code of Regulations.

You are advised that pursuant to Section 1887.12 (c) "The Board may audit the course records of a provider to ensure compliance with the Board's continuing education requirements." Enclosed is a copy of the Laws and Regulations pertaining to Continuing Education providers.

Sincerely,

Paul Riches
Executive Officer

Enclosures: Copy of CE Laws and Regulations

ATTACHMENT 12



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: In the Matter of the Revocation of the Continuing Education Provider Approval for:
<PROVIDER NAME>, PCE <Number>, Case No: CE-XXXX-XXX

Dear <Provider Name>:

It is the decision of the Board of Behavioral Sciences to uphold the revocation of your Continuing Education Provider Approval.

You are advised that pursuant to California Code of Regulations Section 1887.8 (b), you have the right to appeal this decision within 7 days of receipt of this letter. An appeal request form has been enclosed with this letter.

Sincerely,

Paul Riches
Executive Officer

Enclosures: Formal Appeal Request Form

ATTACHMENT 13



Request for Appeal Before the Continuing Education Appeals Committee

Provider Applicant Name: _____

Case Number: _____

The decision of the Continuing Education Appeals Committee is final. The hearing will take place at the next Board Meeting. You will be notified by mail ___ days prior to the meeting of the date, time, and location of the meeting.

I hereby acknowledge receipt of the above referenced denial notice and notification of my right to appeal the denial. I hereby request:

- A FORMAL APPEAL HEARING with the Continuing Education Appeals Committee, in accordance with Section 1887.8 (b) of Title 16 of the California Code of Regulations.

The Denial of the Continuing Education Provider Application is appealed for the following reason(s):
(Attach extra pages if necessary)

Please indicate whether or not you will be represented by counsel

Name of CE Coordinator/Provider (please print)

Attorney's Name

Signature of CE Coordinator/Provider

Attorney's Address

Telephone Number

City State Zip

Address

Attorney's Telephone Number

City State Zip

Date

ATTACHMENT 14



Request for Appeal Before the Continuing Education Appeals Committee

Provider Applicant Name: _____

Case Number: _____

The decision of the Continuing Education Appeals Committee is final. The hearing will take place at the next Board Meeting. You will be notified by mail ___ days prior to the meeting of the date, time, and location of the meeting.

I acknowledge receipt of the above referenced revocation notice and notification of my right to appeal the denial. I hereby request:

- A FORMAL APPEAL HEARING with the Continuing Education Appeals Committee, in accordance with Section 1887.8 (b) of Title 16 of the California Code of Regulations.

The Revocation of the Continuing Education Provider Approval is appealed for the following reason(s): (Attach extra pages if necessary)

Please indicate whether or not you will be represented by counsel

Name of CE Coordinator/Provider (please print)

Attorney's Name

Signature of CE Coordinator/Provider

Attorney's Address

Telephone Number

City State Zip

Address

Attorney's Telephone Number

City State Zip

Date

ATTACHMENT 15



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: <Case Number>

Dear <Provider Name/CE Coordinator>:

The Board of Behavioral Sciences acknowledges receipt of your request for a hearing with the Continuing Education Appeals Committee. Pursuant to Section 1887.8 (b) of the California Code of Regulations, this hearing will take place at the next available Board Meeting.

You are advised that the appeal hearing for <revocation of approval/denial of application> will take place in front of the Continuing Education Appeals Committee at the following date, time, and location: _____.

If you have questions, please contact me at (916) 574-7869.

Sincerely,

Jason Reinhardt
Continuing Education/Enforcement Technician

ATTACHMENT 16



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: Decision in the Matter of the Denial of the Continuing Education Provider Application for:
<PROVIDER NAME>, PCE Applicant, Case No: AP-XXXX-XXX

Dear Applicant:

It is the final decision of the Board of Behavioral Sciences Continuing Education Appeals Committee to approve your application to become a Continuing Education provider. Your new PCE number is: _____. The actual certificate will follow in the mail in approximately 3 weeks.

Please be advised that pursuant to California Code of Regulations Section 1887.12 (c) "The Board may audit the course records of a provider to ensure compliance with the Board's continuing education requirements." A copy of the Laws and Regulations pertaining to Continuing Education providers has been enclosed for your review.

Sincerely,

Jason Reinhardt
Continuing Education Technician

Enclosures: Copy of CE Laws and Regulations

ATTACHMENT 17



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: In the Matter of the Denial of the Continuing Education Provider Application For:
<PROVIDER NAME>, PCE Applicant, Case No: AP-XXXX-XXX

Dear Applicant:

It is the final decision of the Board of Behavioral Sciences Continuing Education Appeals Committee to uphold the denial of your Continuing Education Provider Application pursuant to Section 1887.8 of Title 16 of the California Code of Regulations.

The earliest date for which you may reapply for approval as a Provider for Continuing Education is

_____.

Sincerely,

Name of Official Signer

ATTACHMENT 18



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: Decision in the Matter of the Revocation of the Continuing Education Provider Approval for:
<PROVIDER NAME>, PCE <Number>, Case No: CE-XXXX-XXX

Dear <Provider Name>:

It is the final decision of the Board of Behavioral Sciences Continuing Education Appeals Committee to reinstate the approval status for PCE <number>. PCE _____ is valid until _____. You will receive a renewal notice 105 days before the expiration date listed above. Should you fail to renew the provider approval, your approval status will be automatically canceled, pursuant to Section 1887.7 of the California Code of Regulations.

Please be advised that pursuant to California Code of Regulations Section 1887.12 (c) "The Board may audit the course records of a provider to ensure compliance with the Board's continuing education requirements." A copy of the Laws and Regulations pertaining to Continuing Education providers has been enclosed for your review.

Sincerely,

Jason Reinhardt
Continuing Education Technician

Enclosures: Copy of CE Laws and Regulations

ATTACHMENT 19



CERTIFIED MAIL

September 14, 2006

<Provider Name>
<Address Line1>
<Address Line2>

RE: In the Matter of the Revocation of the Continuing Education Provider Approval for:
<PROVIDER NAME>, PCE <Number>, Case No: CE-XXXX-XXX

Dear Applicant:

It is the final decision of the Board of Behavioral Sciences Continuing Education Appeals Committee to uphold the revocation of your Continuing Education Provider Approval pursuant to Section 1887.8 of Title 16 of the California Code of Regulations.

The earliest date for which you may reapply for approval as a Provider for Continuing Education is

_____.

Sincerely,

Name of Official Signer

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 13, 2006

From: Kari Frank, Lead Analyst
Examination Unit

Telephone: (916) 574-7850

Subject: Agenda Item IX – Examination Statistics

The Examination Program's statistical reports are attached for the Committee's review and discussion.

**BOARD OF BEHAVIORAL SCIENCES
LCSW WRITTEN EXAMINATION STATISTICS
1/1/06-6/30/06**

762 Participated	468 Participated	151 Participated	74 Participated	69 Participated
360 Passed (47%)	282 Passed (60%)	50 Passed (33%)	21 Passed (28%)	7 Passed (10%)
402 Failed (53%)	186 Failed (40%)	101 Failed (67%)	53 Failed (72%)	62 Failed (90%)

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

BOARD OF BEHAVIORAL SCIENCES LCSW WRITTEN EXAMINATION STATISTICS

1/1/06-6/30/06

ACCREDITED UNIVERSITIES	PASS	FAIL	% PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
				PASS	FAIL	
CSU, Fresno	11	32	26%	5	14	26%
CSU, Los Angeles	3	14	18%	2	11	15%
CSU, San Bernardino	9	14	39%	7	6	54%
San Diego State University	28	19	60%	25	11	69%
San Jose State University	17	13	57%	15	3	83%
UC, Los Angeles	27	9	75%	21	4	84%
University of Southern California	36	49	42%	29	21	58%
OUT-OF-COUNTRY UNIVERSITIES	2	5	29%	1	2	33%

762 PARTICIPATED
360 PASSED (47%)
402 FAILED (53%)

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

**BOARD OF BEHAVIORAL SCIENCES
LCSW WRITTEN CLINICAL VIGNETTE
1/1/06 – 6/30/06**

572 Participated	352 Participated	124 Participated	74 Participated	22 Participated
272 Passed (48%)	192 Passed (55%)	46 Passed (37%)	28 Passed (38%)	6 Passed (27%)
300 Failed (52%)	160 Failed (45%)	78 Failed (63%)	46 Failed (62%)	16 Failed (73%)

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

BOARD OF BEHAVIORAL SCIENCES LCSW WRITTEN CLINICAL VIGNETTE

1/1/06 – 6/30/06

UNIVERSITIES						
CSU, Bakersfield	0	2	0%	0	2	0%
CSU, Long Beach	31	33	48%	22	18	55%
CSU, Sacramento	20	28	42%	13	13	50%
CSU, Stanislaus	4	5	44%	3	2	60%
San Francisco State	3	7	30%	3	2	60%
UC, Berkeley	18	10	64%	12	5	71%
Loma Linda University	1	7	12%	1	4	20%
Out-of-State	83	79	51%	57	48	54%

572 PARTICIPATED
272 PASSED (48%)
300 FAILED (52%)

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

**BOARD OF BEHAVIORAL SCIENCES
LEP WRITTEN EXAMINATION STATISTICS
1/1/06 – 6/30/06**

58 Participated	45 Participated	10 Participated	2 Participated	1 Participated
37 Passed (64%)	35 Passed (78%)	2 Passed (20%)	0 Passed (0%)	0 Passed (0%)
21 Failed (36%)	10 Failed (22%)	8 Failed (80%)	2 Failed (100%)	1 Failed (100%)

BOARD OF BEHAVIORAL SCIENCES LEP WRITTEN EXAM STATS

1/1/06-6/30/06

CSU, Chico	1	0	100%	1	0	100%
CSU, Long Beach	0	1	0%	0	0	0%
CSU, Northridge	0	4	0%	0	3	0%
Humboldt State University	1	0	100%	1	0	100%
UC, Davis	0	1	0%	0	1	0%
UC, Santa Barbara	3	0	100%	3	0	100%
Phillips Graduate Institute	1	0	100%	1	0	100%
Loyola Marymount University	2	1	67%	2	1	67%
Alliant International University	1	0	100%	1	0	100%
Out-of-State Universities	7	3	70%	6	1	86%

58 PARTICIPATED

37 PASSED (64%)

21 FAILED (36%)

**BOARD OF BEHAVIORAL SCIENCES
MFT WRITTEN EXAMINATION STATISTICS
1/01/06 – 6/30/06**

1,173 Participated	707 Participated	230 Participated	82 Participated	154 Participated
801 Passed (68%)	574 Passed (81%)	154 Passed (67%)	41 Passed (50%)	32 Passed (21%)
372 Failed (32%)	133 Failed (19%)	76 Failed (33%)	41 Failed (50%)	122 Failed (79%)

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

MFT WRITTEN EXAMINATION STATISTICS
1/1/06-6/30/06

California Polytechnic State University	6	0	100%	6	0	100%
CSU, Chico	10	1	91%	9	1	90%
CSU, Fresno	11	11	50%	6	4	60%
CSU, Hayward	20	11	65%	14	4	78%
7CSU, Los Angeles	8	3	73%	4	1	80%
CSU, Sacramento	11	5	69%	9	2	82%
CSU, Stanislaus	1	0	100%	1	0	100%
San Diego State University	8	3	73%	3	0	100%
San Jose State University	2	0	100%	2	0	100%
California State Polytechnic Univ.	1	0	100%	1	0	100%
Biola University	1	0	100%	1	0	100%
Phillips Graduate Institute	40	28	59%	31	5	86%
California Lutheran University	6	1	86%	6	1	86%
Chapman University	24	13	65%	18	5	78%
Notre Dame de Namur University	14	4	78%	12	1	92%
Fuller Theological Seminary	11	3	73%	9	2	82%
John F. Kennedy University	47	21	69%	32	8	80%
Loyola Marymount University	7	1	88%	4	1	80%
Mount St. Mary's College	2	2	50%	0	0	0%

New College of California	13	3	81%	12	2	86%
Pacific Oaks College	10	5	67%	3	0	100%
St. Mary's College of California	2	0	100%	2	0	100%
University of San Diego	15	1	94%	11	0	100%
Santa Clara University	27	4	87%	20	3	87%
University of the Pacific*	2	0	100%	0	0	0%
Bethel Theological Seminary	3	1	75%	3	0	100%
Institute for Transpersonal Psych.	5	0	100%	3	0	100%
APPROVED UNIVERSITIES	PASS	FAIL	% PASSED	1ST TIME TAKERS PASS	FAIL	% PASSED 1ST TIME
California Graduate Institute	7	2	78%	5	2	71%
Professional School of Psychology	3	2	60%	2	0	100%
Sierra University*	0	3	0%	0	0	0%
Institute of Imaginal Studies	4	0	100%	1	0	100%
San Francisco School of Psychology*	1	0	100%	1	0	100%
University of Phoenix, Sand Diego	6	5	55%	4	1	80%
University of Phoenix, Sacramento	10	1	91%	9	1	90%
University of Santa Monica	7	1	88%	5	1	83%
Antioch University, San Francisco*	0	2	0%	0	0	0%
San Diego University for Integrative Studies	2	0	100%	1	0	100%
OUT-OF-COUNTRY UNIVERSITIES	2	2	50%	2	1	67%

1,173 PARTICIPATED

801 PASSED (68%)

372 FAILED (32%)

*No longer has MFT program

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze

a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

**BOARD OF BEHAVIORAL SCIENCES
MFT WRITTEN CLINICAL VIGNETTE
1/1/06 – 6/30/06**

1,304 Participated	711 Participated	353 Participated	197 Participated	43 Participated
683 Passed (52%)	445 Passed (63%)	150 Passed (42%)	72 Passed (37%)	16 Passed (37%)
621 Failed (48%)	266 Failed (37%)	203 Failed (58%)	125 Failed (63%)	27 Failed (63%)

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

MFT WRITTEN CLINICAL VIGNETTE
1/1/06-6/30/06

California Polytechnic State University	4	2	67%	3	0	100%
CSU, Chico	4	6	40%	2	3	40%
CSU, Fresno	13	13	50%	2	6	25%
CSU, Hayward	12	21	36%	8	7	53%
CSU, Los Angeles	6	9	40%	2	2	50%
CSU, Sacramento	13	16	45%	7	3	70%
CSU, Stanislaus	4	2	67%	4	0	100%
San Diego State University	8	8	50%	6	2	75%
San Jose State University	1	2	33%	1	1	50%
California State Polytechnic University	1	4	20%	1	2	33%
Biola University	1	0	100%	1	0	100%
Phillips Graduate Institute	38	25	60%	31	11	74%
Calif. Lutheran University	2	4	33%	2	3	40%
College for Developmental Studies	0	1	0%	0	1	0%
Dominican University of California	12	5	71%	8	3	73%
Holy Names College	3	2	60%	0	0	0%
Loma Linda University	6	5	55%	4	2	67%
Mennonite Brethren Biblical Seminary	1	0	100%	1	0	100%
National University	60	53	53%	29	14	67%

New College of California						
Hope International University	5	4	56%	3	2	60%
Pepperdine University	29	31	48%	19	15	56%
Alliant International University	8	5	61%	6	4	60%
University of San Diego	14	3	82%	13	1	93%
Santa Clara University	12	13	48%	11	10	52%
University of the Pacific*	0	1	0%	0	1	0%
Bethel Theological Seminary	3	0	100%	3	0	100%
Institute of Transpersonal Psych.	7	2	78%	5	2	71%
APPROVED UNIVERSITIES	PASS	FAIL	TOTAL % PASSED	1ST TIME TAKERS PASS	FAIL	% PASSED 1ST TIME
California Graduate Institute	0	5	0%	0	2	0%
Professional School of Psychological Studies*	1	0	100%	0	0	0%
Ryokan College	3	6	33%	3	3	50%
Western Institute for Social Research	0	3	0%	0	1	0%
Institute for Imaginal Studies	0	1	0%	0	0	0%
Western American University*	0	1	0%	0	0	0%
University of Phoenix, San Diego	2	3	40%	2	3	40%
University of Phoenix, Sacramento	4	6	40%	4	6	40%
Antioch University, Marina Del Rey	44	35	56%	31	20	61%
San Diego University for Integrative Studies	2	1	67%	2	1	67%
OUT-OF-COUNTRY UNIVERISITIES	2	1	67%	2	1	67%

1,304 Participated

683 Passed (52%)

621 Failed (48%)

*No longer has MFT Program

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 13, 2006

From: Rosanna Webb-Flores, Lead Analyst
Enforcement Unit

Telephone: (916) 574-7864

Subject: Agenda Item X – Enforcement Statistics

The Enforcement Program's statistical reports are attached for the Committee's review and discussion.

BOARD OF BEHAVIORAL SCIENCES
Overview of Enforcement Activity

Fiscal Years	01/02	02/03	03/04	04/05	05/06	06/07*
Complaints / Cases Opened						
Complaints Received	493	514	560	626	801	138
Criminal Convictions Received	397	384	383	384	455	78
Total Complaints Received	890	898	943	1010	1256	216
Investigations Opened	42	25	11	25	44	15
Cases Sent to AG	31	41	17	25	55	4
Filings						
Citations Issued	30	24	19	63	160	20
Accusations Filed	27	17	22	17	29	7
Statement of Issues (SOI's) filed	7	4	4	2	1	1
Temporary Restraining Order	0	0	0	0	0	0
Interim Suspension Orders	0	0	1	0	1	0
Withdrawals/Dismissals						
Accusations Withdrawn or Dismissed	3	1	0	1	1	0
SOI's Withdrawn or Dismissed	1	1	0	0	0	0
Declined by the AG	0	7	3	1	3	1
Disciplinary Decision Outcomes						
Revoked	14	4	10	4	7	2
Revoked, Stayed, Susp & Probation	2	2	1	2	0	0
Revoked, Stayed, Probation	12	6	5	2	4	1
Surrender of License	6	7	7	7	9	1
Suspension	0	0	0	0	0	0
Susp., Stayed, Susp & Prob	0	0	0	0	0	0
Susp., Stayed Probation	0	1	0	0	0	0
Susp & Prob Only	0	0	0	0	0	0
License Probation Only	1	0	0	0	0	0
Reprimand / Reproval	0	1	0	0	0	0
Other Decisions	0	0	0	0	0	0
Total Decisions	35	21	23	15	20	4
Decisions (By Violation Type)						
Fraud	1	1	0	1	0	0
Health & Safety	0	0	0	1	2	0
Sexual Misconduct	13	5	5	5	5	0
Competence / Negligence	1	2	9	2	2	0
Personal Conduct	7	7	3	4	7	2
Unprofessional Conduct	8	4	4	2	4	2
Unlicensed Activity	0	0	0	0	0	0
Other	0	0	0	0	0	0
Violation of Probation	5	2	2	0	0	0

* Fiscal Year Period: 7/1/06 through 08/31/06.

Note: These statistics are for informational purposes only and should not be used as the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
ENFORCEMENT AGING DATA
2006 - 2007 FISCAL YEAR ⁽¹⁾**

	0-3 mo	4-6 mo	7-9 mo	10-12 mo	1-2 years	2-3 years	Over 3 Years	Total
Pending Complaints ⁽²⁾	193	74	31	13	10	0	0	321
Pending Investigations ⁽³⁾	17	5	9	5	9	0	0	45
Total Pending Complaints (Includes Inv) ⁽⁴⁾	210	79	40	18	19	0	0	366
Pending Cases at the AG - Pre Accusation ⁽⁵⁾	10	7	4	1	1	1	0	24
Pending Cases at the AG - Post Accusation ⁽⁶⁾	12	7	7	2	4	0	2	34
Total Pending Cases at the AG's Office	22	14	11	3	5	1	2	58

(1) Pending as of August 31, 2006.

(2) Pending Complaints are those complaints which are not currently being investigated by the Division of Investigation.

(3) Pending Investigations are those complaints which are being investigated by the Division of Investigation.

(4) Total Pending Complaints includes pending complaints and pending investigations.

(5) Pre Accusation are those pending cases at the AG's office where an accusation or statement of issues has not been filed yet.

(6) Post Accusation are those pending cases at the AG's office where a accusation or statement of issues has been filed.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
BREAKDOWN OF ENFORCEMENT COMPLAINT ACTIVITY BY LICENSEE POPULATION
2006 - 2007
FISCAL YEAR ⁽¹⁾

	OPENED	COMPLAINTS CLOSED	PENDING	Licenses In Effect (2)	% of Licenses to Pending Complaints
UNLICENSED	24	19	31	n/a	n/a
APPLICANTS	75	73	40	n/a	n/a
CE PROVIDERS	1	0	3	2261	0.13
DUAL LICENSEES (3)	1	2	4	n/a	n/a
DUAL W/BOP (3)	2	4	4	n/a	n/a
ASW	7	9	28	6883	0.41
LCSW	25	25	60	16555	0.36
IMF	20	21	53	10098	0.52
MFT	61	56	143	28335	0.50
LEP	0	0	2	1736	0.12
TOTAL	216	209	368	65868	0.56

- Note:
- (1) Activity is from July 1, 2006 through August 31, 2006. Pending as of August 31, 2006.
 - (2) Licenses in effect as of August 1, 2006. Does not include cancelled, revoked, or voluntary surrender of licenses.
 - (3) Dual licensees are those that hold dual licenses with BBSE. Dual w/BOP are licensed with BBSE and the Board of Psychology.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
BREAKDOWN OF ENFORCEMENT COMPLAINT CLOSURES BY TYPE
2006 - 2007
FISCAL YEAR ⁽¹⁾

	Unactionable (2)	Mediated (3)	Citation (4)	Violation (5)	Inv. (6)	District Attorney (7)	Rfrd Disp. (8)	Other (9)	TOTAL
UNLICENSED	17	0	0	1	0	0	0	1	19
APPLICANTS	0	0	0	72	0	0	1	0	73
CE PROVIDER	0	0	0	0	0	0	0	0	0
DUAL LICENSEES (10)	0	0	2	0	0	0	0	0	2
DUAL W/BOP (10)	3	0	1	0	0	0	0	0	4
ASW	8	0	0	1	0	0	0	0	9
LCSW	21	0	3	1	0	0	0	0	25
IMF	11	0	0	7	0	0	0	3	21
MFT	33	0	13	3	3	0	2	2	56
LEP	0	0	0	0	0	0	0	0	0
TOTAL	93	0	19	85	3	0	3	6	209

44% Unactionable

56% Actionable

Note:

- (1)** Closure activity is from July 1, 2006 through August 31, 2006.
- (2)** Unactionable: Complaints which after review are closed no violation, insufficient evidence, no jurisdiction etc.
- (3)** Mediated: Complaints which have no violation, but where a resolution was reached between parties.
- (4)** Citation: Complaints in which after review, violations have been found and the complaint was closed upon the issuance of a citation.
- (5)** Violation: Complaints which after review, violations have been found and were closed upon the issuance of a cease and desist or warning letter.
- (6)** Inv.: Complaints which were closed after an investigation was conducted.
- (7)** District Attorney: Complaints which, after review, a determination is made that the matter should be referred to the DA's office.
- (8)** Rfrd Disp: Complaints which are referred directly to the Attorney General's office for disciplinary action (no investigation was required).
- (9)** Other: Complaints closed in any manner which does not fit within one of the other categories.
- (10)** Dual licensees are those that hold dual licenses with BBSE. Dual w/BOP are licensed with BBSE and the Board of Psychology.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
CATEGORY OF PENDING COMPLAINTS
As of August 31, 2006

AGENCY CATEGORY	CE	UL	AP	DL	DP	AS	LC	IM	MF	LEP	TOTAL
Fraud	0	0	0	0	0	0	1	0	1	0	2
Fraudulent License	0	0	1	0	0	0	0	0	0	0	1
Insurance, Medi-Cal	0	0	0	0	0	0	0	0	0	0	0
Non-Jurisdictional	0	1	0	0	0	0	3	1	3	0	8
Custody	0	1	0	1	1	0	1	0	11	0	15
Fee Disputes	0	0	0	0	1	0	0	0	2	0	3
Exempt from licensure	0	3	0	0	0	0	0	1	6	0	10
Negligence	0	0	0	0	0	0	0	0	1	0	1
Beyond Scope	0	0	0	0	0	0	0	0	1	0	1
Dual Relationship	0	0	0	0	0	0	0	0	0	0	0
Abandonment	0	0	0	0	0	0	2	0	1	0	3
Improper Supervision	0	0	0	0	1	0	2	0	4	0	7
Misdiagnosis	0	0	0	0	0	0	0	0	0	0	0
Failure/Report Abuse	0	0	0	0	0	0	0	0	2	0	2
Aiding & Abetting	0	0	0	0	0	0	0	0	1	0	1
Other	0	0	0	0	0	0	0	0	2	0	2
Mental Illness	0	0	0	0	0	1	1	0	2	0	4
Self Use Drugs/Alcohol	0	0	1	0	0	3	2	6	2	0	14
Conviction of Crime	0	0	1	0	0	16	6	15	12	0	50
Unprofessional Conduct	1	0	0	0	1	3	18	14	52	1	90
Sexual Misconduct	0	0	0	0	0	0	0	4	10	1	15
Breach of Confidentiality	0	0	0	0	0	1	5	1	7	0	14
Emotional/Phys. Harm	0	0	0	1	0	0	1	1	0	0	3
Advertising / Misrepresentation	1	2	0	0	0	1	0	3	0	0	7
Unlicensed Practice	1	22	0	0	0	2	1	3	1	0	30
Repressed Memory	0	0	0	0	0	0	0	0	0	0	0
Third Party Complaint	0	2	0	0	0	1	5	3	8	0	19
Unsafe/Sanitary Conditions	0	0	0	0	0	0	0	0	0	0	0
Discipline by Another State	0	0	1	0	0	0	0	1	0	0	2
Criminal Convictions - Renewal Reported	0	0	0	0	0	0	1	0	0	0	1
Non Compliance with CE Audit	0	0	0	2	0	0	11	0	14	0	27
Applicant Referral for Criminal Conviction	0	0	36	0	0	0	0	0	0	0	36
Subvert Licensing Exam	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3	31	40	4	4	28	60	53	143	2	368

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
BREAKDOWN OF ENFORCEMENT ACTIVITY - CASES AT THE AG'S OFFICE
BY LICENSEE POPULATION
2006 - 2007 FISCAL YEAR ⁽¹⁾

	PENDING	Licenses In Effect (2)	% of Licenses to Pending Cases
UNLICENSED	0	n/a	n/a
APPLICANTS	4	n/a	n/a
SUSEQUENT DISP. (3)	2	n/a	n/a
DUAL LICENSEES (4)	1	n/a	n/a
DUAL W/BOP (4)	4	n/a	n/a
CE PROVIDERS	0	2261	0.00
ASW	2	6883	0.03
LCSW	10	16555	0.06
IMF	9	10098	0.09
MFT	26	28335	0.09
LEP	0	1736	0.00
TOTAL	58	65868	0.09

- Note:
- (1) Pending as of August 31, 2006.
 - (2) Licenses in effect as of August 1, 2006. Does not include cancelled, revoked, or voluntary surrender of licenses.
 - (3) Subsequent Discipline for violation of probation.
 - (4) Dual licensees are those that hold dual licenses with BBSE. Dual w/BOP are licensed with BBSE and the Board of Psychology.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
 CATEGORY TYPES OF DISCIPLINARY ACTION TAKEN
 2006 - 2007
 FISCAL YEAR ***

		MFT IMF	LCSW AWS	LEP	APPLICANT
REVOC. STAYED: PROB ONLY					
Unprofessional Conduct		1			
Aiding and Abetting					
Sexual Misconduct					
Discipline by Another State Agency					
Conviction of a Crime					
Subtotal	1	1	0	0	0
REVOKED					
Improper Supervision					
Discipline by Another State Agency					
Conviction of a Crime		1	1		
Sexual Misconduct					
Subtotal	2	1	1	0	0
SURRENDER OF LICENSE					
Unprofessional Conduct			1		
Mental Illness					
Emotional / Physical Harm					
Sexual Misconduct					
Conviction of a Crime					
Subtotal	1	0	1	0	0
TOTAL	4	2	2	0	0

* Time frame: July 1, 2006 through August 31, 2006

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
CITATIONS ISSUED BY CATEGORY**

	02/03	03/04	04/05	05/06	06/07*
Agency Category Types					
Improper Supervision	1	1	2		
Aiding & Abetting				1	
Failure/Report Abuse	1	1			
Breach of Confidence	2	6	5	5	
Advertising/Misrepresentation	1	1	1		
Unlicensed Practice	4	3	7	2	
Failure Report Conviction on Renewal	2				
Non Compliance with CE Audit	12	6	44	148	20
Failure Report Conviction on Application	1		1	1	
Subvert Licensing Exam		1			
Practicing Beyond Scope			1		
Client Abandonment				1	
Unprofessional Conduct			2	2	
TOTAL	24	19	63	160	20

	02/03	03/04	04/05	05/06	06/07*
Number Citations Ordered	24	19	63	160	20
Fines Assessed				\$61,650.00	\$5,450.00
Fines Collected (1)				\$37,150.00	\$5,400.00

(1) May reflect collection of fines ordered in previous fiscal years.

* 06/07 Fiscal Year through: August 31, 2006

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
RECOVERY COSTS**

	02/03	03/04	04/05	05/06	06/07*
Number Cases Ordered	12	9	12	11	3
Total Amount Ordered	\$36,258.50	\$25,497.50	\$73,791.25	\$47,751.25	\$27,637.00
Stipulation - Revocation (1)				\$1,320.00	\$1,350.50
Stipulation - Voluntary Surrender (2)				\$36,008.25	\$11,286.50
Stipulation - Probation				\$1,500.00	\$15,000.00
Decision - Revocation				\$6,410.50	
Decision - Probation				\$2,512.50	
Total Amount Collected (3)	\$57,867.25	\$20,600.08	\$23,791.89	\$15,168.57	\$1,008.00
Intercepted by FTB Program				\$314.73	
Cost Collected in Payments				\$8,058.34	\$1,008.00
Cost Collected in Lump Sum				\$6,795.50	

(1) Cost recovery only required if the respondent pursues reinstatement (may never be recovered).

(2) Cost recovery only required if the respondent reapplies for licensure (may never be recovered).

(3) May reflect collection of cost recovery ordered in previous fiscal years.

* 06/07 Fiscal Year through: August 31, 2006

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
REIMBURSEMENT OF PROBATION PROGRAM**

	02/03	03/04	04/05	05/06	06/07 *
# Cases Ordered		1	3	4	1
Amount Ordered Per Year (\$1,200)		\$6,000.00	\$16,800.00	\$19,200.00	\$6,000.00
Amount Collected		0	\$1,900.00	\$3,800.00	\$700.00
<hr/>					
<hr/>					

* 06/07 Fiscal Year through: August 31, 2006

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

ATTACHMENT A

**BOARD OF BEHAVIORAL SCIENCES
EXPERT REVIEWER
EXPERTISE QUESTIONNAIRE**

This questionnaire is designed to elicit specific information regarding your qualifications to be an expert reviewer for the Board of Behavioral Sciences. Please answer the questions below and indicate your area(s) of expertise on page 2.

◆ What is your clientele base?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Couples |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Groups |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Elderly | _____ |

◆ Do you perform psychological evaluations and testing? Yes No

◆ Do you have a thorough understanding of the *Statutes and Regulations Relating to the Practice of:*

- | | |
|--|--|
| <i>Marriage and Family Therapy</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>Licensed Clinical Social Work</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>Licensed Educational Psychology</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

◆ Do you have a thorough understanding of:

- | | |
|--|--|
| <i>The Code of Ethical Standards for Marriage and Family Therapist</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>The NASW Code of Ethics</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>The Ethical Principles of Psychologists and Code of Conduct</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

◆ Do you have experience in testifying as an expert? Yes No
If yes, please indicate the number of times and the types of cases.

◆ Describe your practice in detail, including type of setting and breadth of practice:

◆ Are you fluent in a language other than English? Yes No

If yes, which? _____

ATTACHMENT B

Areas of Expertise

The following is a list of areas of practice in which one may possess expertise. Please review the list carefully and check the area(s) in which you have demonstrated expertise, as evident in your curriculum vitae.

- GENERAL ETHICS**
 - Competence
 - Conflict of Interest
 - Confidentiality/Privilege
 - Informed Consent Issues
 - Multiple Role Relationships
 - Dual Relationships
 - Termination of Therapy
 - Transference/Counter-transference
 - Record Keeping/Access to Patient Records
 - SEXUAL MISCONDUCT**
 - Clients
 - Former Clients
 - SUBSTANCE/ALCOHOL ABUSE**
 - Evaluation
 - Treatment
 - PSYCHOPHARMACOLOGY**
 - ETHNIC DIVERSITY**
 - CULTURAL DIVERSITY**
 - TRANSGENDER ISSUES**
 - GAY AND LESBIAN ISSUES**
 - HIV/AIDS**
 - SEXUAL ABUSE**
 - Child
 - Adolescent
 - Adult
 - DOMESTIC VIOLENCE**
 - FAMILY COURT SERVICES**
 - Special Master
 - Custody Evaluations
 - Co-parenting Counseling
 - Mediation
 - Visitation Monitor
 - PSYCHOTHERAPY**
 - PSYCHOLOGICAL TESTING**
 - PSYCHOLOGICAL EVALUATIONS**
 - EDUCATIONAL COUNSELING (LEP)**
 - NEUROPSYCHOLOGY**
 - BIOFEEDBACK**
 - HYPNOSIS**
 - DISSOCIATIVE IDENTITY DISORDERS**
 - BORDERLINE PERSONALITY DISORDERS**
 - BIPOLAR DISORDER**
 - SUPERVISOR ISSUES**
 - REPPRESSED MEMORY**
 - RITUAL ABUSE**
 - ALIEN ABDUCTION**
 - INTERNET/TELEPHONE THERAPY**
 - BILLING**
 - Private Pay
 - Managed Care
 - Medi-care/Medi-cal
 - WORKERS' COMPENSATION EVALUATIONS**
 - DISABILITY/INSURANCE EVALUATIONS**
 - FITNESS FOR DUTY EVALUATIONS**
 - REPORTING AND LAW**
 - Tarasoff
 - Child Abuse Reporting
 - Elder or Dependent Adult Abuse Reporting
 - OTHER** (i.e., art therapy, touch therapy, music therapy, drama therapy, EMDR)
-
-

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Date

Signature of Applicant

Memorandum

To: Consumer Protection Committee
From: Christy Berger
Legislation Analyst
Date: September 14, 2006
Telephone: (916) 574-7847
Subject: **Agenda Item XII – Review and Discuss Prior Recommendation to the Board to Sponsor Legislation to Add Violations of the Health and Safety Code to the Definition of Unprofessional Conduct**

Background

Patient Records/Health and Safety Code

At the April 17, 2006 Consumer Protection Committee Meeting, the Committee reviewed the Board's unprofessional conduct statutes. The Committee was informed that the Board receives numerous complaints regarding licensees who decline to provide client records pursuant to Health and Safety Code (HSC) Section 123110. Although the Enforcement Analysts attempt to assist clients, there is no recourse for noncompliance because the Board does not have a provision in law that requires licensees to provide the records.

A proposal was brought before the Board at its May 18, 2006 meeting that would have added a violation of HSC Section 123110 to the definition of unprofessional conduct in each of the three practice acts. At this meeting, the suggestion was made to instead reference the chapter of the HSC that pertains to the release of patient records, as there are other applicable sections. This chapter is Chapter 1 of Part 1 of Division 106, of the HSC, which includes Section 123100, et al.

Telemedicine

In 1996, California passed legislation pertaining to the practice of "telemedicine" (Business and Professions Code [BPC] Section 2290.5). In 1999, the statute was amended to require marriage and family therapists (MFT) and clinical social workers (LCSW) to comply with the telemedicine statute. The Board has been treating BPC Section 2290.5 as part of our law even though it is part of the Medical Practice Act. However, it would be difficult for the Board to take enforcement action under a provision that is not directly a part of the Board's law.

Regulations vs. Statute

Staff reviewed the regulations pertaining to unprofessional conduct and noted that the regulations duplicate the statute, with a couple of exceptions. The failure to report abuse of a child, elder, or dependent adult are in MFT and LCSW regulations, but are not in statute. To have a consistent, cohesive unprofessional conduct law, it is preferable to list all instances of potential unprofessional conduct in one place.

Recommendation

Amend unprofessional conduct statutes for MFTs and LCSWs (BPC Sections 4982 and 4992.3, respectively) as follows:

- Delete the regulation for failure to comply with child, elder, or dependent adult abuse reporting requirements and add it to statute.

- Add to statute the failure to comply with Division 106, Part 1, Chapter 1 of the HSC pertaining to release of records
- Add to statute the failure to comply with telemedicine requirements of BPC Section 2290.5
- Make minor editorial changes

Amend unprofessional conduct statutes for LEPs (BPC Section 4986.70) as follows:

- Add to statute the failure to comply with Division 106, Part 1, Chapter 1 of the HSC pertaining to release of records

Attachments

- A. Proposed Language
- B. Division 106, Part 1, Chapter 1 of the HSC
- C. BPC Section 2290.5, Telemedicine

ATTACHMENT A

BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
Business and Professions Code (BPC) Sections 4982, 4986.70, and 4992.3
Title 16, California Code of Regulations (CCR) Sections 1845 and 1881

Amend BPC Sections 4982, 4986.70, and 4992.3 as follows:

MFT - §4982

The board may ~~refuse to issue any~~ deny a registration or license, or may suspend or revoke the license or registration of any registrant or licensee if ~~the applicant, licensee, or registrant~~ he or she has been guilty of unprofessional conduct. Unprofessional conduct ~~shall include, but not be limited to~~ includes, but is not limited to, the following:

(w) Failure to comply with the child abuse reporting requirements of Penal Code Section 11166.

(x) Failure to comply with the elder and dependent adult abuse reporting requirements of Welfare and Institutions Code Section 15630.

(y) Failure to comply with Division 106, Part 1, Chapter 1 of the Health and Safety Code.

(z) Failure to comply with Business and Professions Code Section 2290.5.

LEP §4986.70

The board may deny a license or may suspend or revoke the license of a licensee if he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(x) Failure to comply with Division 106, Part 1, Chapter 1 of the Health and Safety Code.

LCSW §4992.3

The board may ~~refuse to issue~~ deny a registration or a license, or may suspend or revoke the license or registration of any registrant or licensee if ~~the applicant, licensee, or registrant~~ he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to the following:

(t) Failure to comply with the child abuse reporting requirements of Penal Code Section 11166.

(u) Failure to comply with the elder and dependent adult abuse reporting requirements of Welfare and Institutions Code Section 15630.

(v) Failure to comply with Division 106, Part 1, Chapter 1 of the Health and Safety Code.

(w) Failure to comply with Business and Professions Code Section 2290.5.

Amend Title 16, CCR Sections 1845 and 1881 as follows:

MFT – § 1845

As used in Section 4982 of the code, unprofessional conduct includes, but is not limited to:

- ~~(a) Performing or holding himself or herself out as able to perform professional services beyond his or her field or fields of competence as established by his or her education, training and/or experience.~~
- ~~(b) Permitting a trainee or intern under his or her supervision or control to perform or permitting the trainee or intern to hold himself or herself out as competent to perform professional services beyond the trainee's or intern's level of education, training and/or experience.~~
- ~~(c) Failing to comply with the child abuse reporting requirements of Penal Code Section 11166.~~
- ~~(d) Failing to comply with the elder and dependent adult abuse reporting requirements of Welfare and Institutions Code Section 15630.~~

LCSW – § 1881

~~The board may suspend or revoke the license of a licensee or may refuse to issue a license to a person who:~~

- ~~(a) Misrepresents the type or status of license held by such person or otherwise misrepresents or permits the misrepresentation of his or her professional qualifications or affiliations.~~
- ~~(b) Impersonates a licensee or who allows another person to use his or her license.~~
- ~~(c) Aids or abets an unlicensed person to engage in conduct requiring a license.~~
- ~~(d) Intentionally or recklessly causes physical or emotional harm to a client.~~
- ~~(e) Commits any dishonest, corrupt, or fraudulent act which is substantially related to the qualifications, functions or duties of a licensee.~~
- ~~(f) Has sexual relations with a client, or who solicits sexual relations with a client, or who commits an act of sexual abuse, or who commits an act of sexual misconduct, or who commits an act punishable as a sexual related crime if such act or solicitation is substantially related to the qualifications, functions or duties of a Licensed Clinical Social Worker.~~
- ~~(g) Performs or holds himself or herself out as able to perform professional services beyond his or her field or fields of competence as established by his or her education, training and/or experience.~~
- ~~(h) Permits a person under his or her supervision or control to perform or permits such person to hold himself or herself out as competent to perform professional services beyond the level of education, training and/or experience of that person.~~

~~(i) Fails to maintain the confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client during the course of treatment and all information about the client which is obtained from tests or other such means.~~

~~(j) Prior to the commencement of treatment, fails to disclose to the client, or prospective client, the fee to be charged for the professional services, or the basis upon which such fee will be computed.~~

~~(k) Advertises in a manner which is false or misleading.~~

~~(l) Reproduces or describes in public or in publications subject to general public distribution, 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 such test or device. The licensee shall limit access to such test or device to persons with professional interest who are expected to safeguard their use.~~

~~(m) Commits an act or omission which falls sufficiently below that standard of conduct of the profession as to constitute an act of gross negligence.~~

~~(n) Pays, accepts or solicits any consideration, compensation or remuneration for the referral of professional clients. All consideration, compensation or remuneration must be in relation to professional counseling services actually provided by the licensee. Nothing in this section shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for such collaboration except when disclosure of such fee is made in compliance with subparagraph (j) above.~~

~~(o) Fails to comply with the child abuse reporting requirements of Penal Code Section 11166.~~

~~(p) Fails to comply with the elder and dependent adult abuse reporting requirements of Welfare and Institution Code Section 15630.~~

ATTACHMENT B

**DIVISION 106, PART 1, CHAPTER 1 OF THE HEALTH AND SAFETY CODE
SECTION 123100-123149.5**

123100. The Legislature finds and declares that every person having ultimate responsibility for decisions respecting his or her own health care also possesses a concomitant right of access to complete information respecting his or her condition and care provided. Similarly, persons having responsibility for decisions respecting the health care of others should, in general, have access to information on the patient's condition and care. It is, therefore, the intent of the Legislature in enacting this chapter to establish procedures for providing access to health care records or summaries of those records by patients and by those persons having responsibility for decisions respecting the health care of others.

123105. As used in this chapter:

- (a) "Health care provider" means any of the following:
 - (1) A health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2.
 - (2) A clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2.
 - (3) A home health agency licensed pursuant to Chapter 8 (commencing with Section 1725) of Division 2.
 - (4) A physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or pursuant to the Osteopathic Act.
 - (5) A podiatrist licensed pursuant to Article 22 (commencing with Section 2460) of Chapter 5 of Division 2 of the Business and Professions Code.
 - (6) A dentist licensed pursuant to Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code.
 - (7) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.
 - (8) An optometrist licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code.
 - (9) A chiropractor licensed pursuant to the Chiropractic Initiative Act.
 - (10) A marriage and family therapist licensed pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.
 - (11) A clinical social worker licensed pursuant to Chapter 14 (commencing with Section 4990) of Division 2 of the Business and Professions Code.
 - (12) A physical therapist licensed pursuant to Chapter 5.7 (commencing with Section 2600) of Division 2 of the Business and Professions Code.
- (b) "Mental health records" means patient records, or discrete portions thereof, specifically relating to evaluation or treatment of a mental disorder. "Mental health records" includes, but is not limited to, all alcohol and drug abuse records.
- (c) "Patient" means a patient or former patient of a health care provider.
- (d) "Patient records" means records in any form or medium maintained by, or in the custody or control of, a health care provider relating to the health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient. "Patient records" includes only records pertaining to the patient requesting the records or whose representative requests the records. "Patient records" does not include information given in confidence to a health care provider by a person other than another health care provider or the patient, and that material may be removed from any records prior to inspection or copying under Section 123110 or 123115. "Patient records" does not include information contained in aggregate form, such as indices, registers, or logs.

(e) "Patient's representative" or "representative" means a parent or the guardian of a minor who is a patient, or the guardian or conservator of the person of an adult patient, or the beneficiary or personal representative of a deceased patient.

(f) "Alcohol and drug abuse records" means patient records, or discrete portions thereof, specifically relating to evaluation and treatment of alcoholism or drug abuse.

123110. (a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient representative shall be entitled to inspect patient records upon presenting to the health care provider a written request for those records and upon payment of reasonable clerical costs incurred in locating and making the records available. However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. A health care provider shall permit this inspection during business hours within five working days after receipt of the written request. The inspection shall be conducted by the patient or patient's representative requesting the inspection, who may be accompanied by one other person of his or her choosing.

(b) Additionally, any patient or patient's representative shall be entitled to copies of all or any portion of the patient records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed twenty-five cents (\$0.25) per page or fifty cents (\$0.50) per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available.

The health care provider shall ensure that the copies are transmitted within 15 days after receiving the written request.

(c) Copies of X-rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's representative under this section, if the original X-rays or tracings are transmitted to another health care provider upon written request of the patient or patient's representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d) (1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, any patient or former patient or the patient's representative shall be entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. These programs shall be the Medi-Cal program, social security disability insurance benefits, and Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits. For purposes of this subdivision, "relevant portion of the patient's records" means those records regarding services rendered to the patient during the time period beginning with the date of the patient's initial application for public benefits up to and including the date that a final determination is made by the public benefits program with which the patient's application is pending.

(2) Although a patient shall not be limited to a single request, the patient or patient's representative shall be entitled to no more than one copy of any relevant portion of his or her record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's appeal, pending the outcome of that appeal.

For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If the patient's appeal regarding eligibility for a public benefit program specified in subdivision (d) is successful, the hospital or other health care provider may bill the patient, at the rates specified in subdivisions (b) and (c), for the copies of the medical records previously provided free of charge.

(f) If a patient or his or her representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(g) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. Nothing in this chapter shall be deemed to supersede any rights that a patient or representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. Nothing in this chapter shall require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(h) This chapter shall not be construed to render a health care provider liable for the quality of his or her records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X-rays or other patient records, or copies of these X-rays or records, to other providers as authorized by this section.

Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X-rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X-rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X-rays are transmitted.

(i) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars (\$100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(j) This section shall be construed as prohibiting a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services shall be subject to the sanctions specified in subdivision (i).

123111. (a) Any adult patient who inspects his or her patient records pursuant to Section 123110 shall have the right to provide to the health care provider a written addendum with respect to any item or statement in his or her records that the patient believes to be incomplete or incorrect. The addendum shall be limited to 250 words per alleged incomplete or incorrect item in the patient's record and shall clearly indicate in writing that the patient wishes the addendum to be made a part of his or her record.

(b) The health care provider shall attach the addendum to the patient's records and shall include that addendum whenever the health care provider makes a disclosure of the allegedly incomplete or incorrect portion of the patient's records to any third party.

(c) The receipt of information in a patient's addendum which contains defamatory or otherwise unlawful language, and the inclusion of this information in the patient's records, in accordance with subdivision (b), shall not, in and of itself, subject the health care provider to liability in any civil, criminal, administrative, or other proceeding.

(d) Subdivision (f) of Section 123110 and Section 123120 shall be applicable with respect to any violation of this section by a health care provider.

123115. (a) The representative of a minor shall not be entitled to inspect or obtain copies of the minor's patient records in either of the following circumstances:

(1) With respect to which the minor has a right of inspection under Section 123110.

(2) Where the health care provider determines that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being. The decision of the health care provider as to whether or not a minor's records are available for inspection under this section shall not attach any liability to the provider, unless the decision is found to be in bad faith.

(b) When a health care provider determines there is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of mental health records requested by the patient, the provider may decline to permit inspection or provide copies of the records to the patient, subject to the following conditions:

(1) The health care provider shall make a written record, to be included with the mental health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the provider anticipates would occur if inspection or copying were permitted.

(2) The health care provider shall permit inspection by, or provide copies of the mental health records to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, or licensed clinical social worker, designated by request of the patient. Any marriage and family therapist registered intern, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, may not inspect the patient's mental health records or obtain copies thereof, except pursuant to the direction or supervision of a licensed professional specified in subdivision (f) of Section 4980.40 of the Business and Professions Code. Prior to providing copies of mental health records to a marriage and family therapist registered intern, a receipt for those records shall be signed by the supervising licensed professional. The licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or marriage and family therapist registered intern to whom the records are provided for inspection or copying shall not permit inspection or copying by the patient.

(3) The health care provider shall inform the patient of the provider's refusal to permit him or her to inspect or obtain copies of the requested records, and inform the patient of the right to require the provider to permit inspection by, or provide copies to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, or licensed clinical social worker, designated by written authorization of the patient.

(4) The health care provider shall indicate in the mental health records of the patient whether the request was made under paragraph (2).

123120. Any patient or representative aggrieved by a violation of Section 123110 may, in addition to any other remedy provided by law, bring an action against the health care provider to enforce the obligations prescribed by Section 123110. Any judgment rendered in the action may, in the discretion of the court, include an award of costs and reasonable attorney fees to the prevailing party.

123125. (a) This chapter shall not require a health care provider to permit inspection or provide copies of alcohol and drug abuse records where, or in a manner, prohibited by Section 408 of the federal Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255) or Section 333 of the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (Public Law 91-616), or by regulations adopted pursuant to these federal laws. Alcohol and drug abuse records subject to these federal laws shall also be subject to this chapter, to the extent that these federal laws do not prohibit disclosure of the records. All other alcohol and drug abuse records shall be fully subject to this chapter.

(b) This chapter shall not require a health care provider to permit inspection or provide copies of records or portions of records where or in a manner prohibited by existing law respecting the confidentiality of information regarding communicable disease carriers.

123130. (a) A health care provider may prepare a summary of the record, according to the requirements of this section, for inspection and copying by a patient. If the health care provider chooses to prepare a summary of the record rather than allowing access to the entire record, he or she shall make the summary of the record available to the patient within 10 working days from the date of the patient's request. However, if more time is needed because the record is of extraordinary length or because the patient was discharged from a licensed health facility within the last 10 days, the health care provider shall notify the patient of this fact and the date that the summary will be completed, but in no case shall more than 30 days elapse between the request by the patient and the delivery of the summary. In preparing the summary of the record the health care provider shall not be obligated to include information that is not contained in the original record.

(b) A health care provider may confer with the patient in an attempt to clarify the patient's purpose and goal in obtaining his or her record. If as a consequence the patient requests information about only certain injuries, illnesses, or episodes, this subdivision shall not require the provider to prepare the summary required by this subdivision for other than the injuries, illnesses, or episodes so requested by the patient. The summary shall contain for each injury, illness, or episode any information included in the record relative to the following:

- (1) Chief complaint or complaints including pertinent history.
- (2) Findings from consultations and referrals to other health care providers.
- (3) Diagnosis, where determined.
- (4) Treatment plan and regimen including medications prescribed.
- (5) Progress of the treatment.
- (6) Prognosis including significant continuing problems or conditions.
- (7) Pertinent reports of diagnostic procedures and tests and all discharge summaries.
- (8) Objective findings from the most recent physical examination, such as blood pressure, weight, and actual values from routine laboratory tests.

(c) This section shall not be construed to require any medical records to be written or maintained in any manner not otherwise required by law.

(d) The summary shall contain a list of all current medications prescribed, including dosage, and any sensitivities or allergies to medications recorded by the provider.

(e) Subdivision (c) of Section 123110 shall be applicable whether or not the health care provider elects to prepare a summary of the record.

(f) The health care provider may charge no more than a reasonable fee based on actual time and cost for the preparation of the summary. The cost shall be based on a computation of the actual time spent preparing the summary for availability to the patient or the patient's representative. It is the intent of the Legislature that summaries of the records be made available at the lowest possible cost to the patient.

123135. Except as otherwise provided by law, nothing in this chapter shall be construed to grant greater access to individual patient records by any person, firm, association, organization, partnership, business trust, company, corporation, or municipal or other public corporation, or government officer or agency. Therefore, this chapter does not do any of the following:

(a) Relieve employers of the requirements of the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).

(b) Relieve any person subject to the Insurance Information and Privacy Protection Act (Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code) from the requirements of that act.

(c) Relieve government agencies of the requirements of the Information Practices Act of 1977 (Title 1.8 (commencing with Section 1798) of Part 4 of Division 3 of the Civil Code).

123140. The Information Practices Act of 1977 (Title 1.8 (commencing with Section 1798) of Part 4 of Division 3 of the Civil Code) shall prevail over this chapter with respect to records maintained by a state agency.

123145. (a) Providers of health services that are licensed pursuant to Sections 1205, 1253, 1575 and 1726 have an obligation, if the licensee ceases operation, to preserve records for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after the minor has reached the age of 18 years, and in any case, not less than seven years.

(b) The department or any person injured as a result of the licensee's abandonment of health records may bring an action in a proper court for the amount of damage suffered as a result thereof.

In the event that the licensee is a corporation or partnership that is dissolved, the person injured may take action against that corporation's or partnership's principle officers of record at the time of dissolution.

(c) Abandoned means violating subdivision (a) and leaving patients treated by the licensee without access to medical information to which they are entitled pursuant to Section 123110.

123147. (a) Except as provided in subdivision (b), all health facilities, as defined in Section 1250, and all primary care clinics that are either licensed under Section 1204 or exempt from licensure under Section 1206, shall include a patient's principal spoken language on the patient's health records.

(b) Any long-term health care facility, as defined in Section 1418, that already completes the minimum data set form as specified in Section 14110.15 of the Welfare and Institutions Code, including documentation of a patient's principal spoken language, shall be deemed to be in compliance with subdivision (a).

123148. (a) Notwithstanding any other provision of law, a health care professional at whose request a test is performed shall provide or arrange for the provision of the results of a clinical laboratory test to the patient who is the subject of the test if so requested by the patient, in oral or written form. The results shall be conveyed in plain language and in oral or written form, except the results may be conveyed in electronic form if requested by the patient and if deemed most appropriate by the health care professional who requested the test.

(b) (1) Consent of the patient to receive his or her laboratory results by Internet posting or other electronic means shall be obtained in a manner consistent with the requirements of Section 56.10 or 56.11 of the Civil Code. In the event that a health care professional arranges for the provision of test results by Internet posting or other electronic manner, the results shall be delivered to a patient in a reasonable time period, but only after the results have been reviewed by the health care professional. Access to clinical laboratory test results shall be restricted by the use of a secure personal identification number when the results are delivered to a patient by Internet posting or other electronic manner.

(2) Nothing in paragraph (1) shall prohibit direct communication by Internet posting or the use of other electronic means to convey clinical laboratory test results by a treating health care professional who ordered the test for his or her patient or by a health care professional acting on behalf of, or with the authorization of, the treating health care professional who ordered the test.

(c) When a patient requests to receive his or her laboratory test results by Internet posting, the health care professional shall advise the patient of any charges that may be assessed directly to the patient or insurer for the service and that the patient may call the health care professional for a more detailed explanation of the laboratory test results when delivered.

(d) The electronic provision of test results under this section shall be in accordance with any applicable federal law governing privacy and security of electronic personal health records. However, any state statute, if enacted, that governs privacy and security of electronic personal health records, shall apply to test results under this section and shall prevail over federal law if federal law permits.

(e) The test results to be reported to the patient pursuant to this section shall be recorded in the patient's medical record, and shall be reported to the patient within a reasonable time period after the test results are received at the offices of the health care professional who requested the test.

(f) Notwithstanding subdivisions (a) and (b), none of the following clinical laboratory test results and any other related results shall be conveyed to a patient by Internet posting or other electronic means:

- (1) HIV antibody test.
- (2) Presence of antigens indicating a hepatitis infection.
- (3) Abusing the use of drugs.
- (4) Test results related to routinely processed tissues, including skin biopsies, Pap smear tests, products of conception, and bone marrow aspirations for morphological evaluation, if they reveal a malignancy.

(g) Patient identifiable test results and health information that have been provided under this section shall not be used for any commercial purpose without the consent of the patient, obtained in a manner consistent with the requirements of Section 56.11 of the Civil Code.

(h) Any third party to whom laboratory test results are disclosed pursuant to this section shall be deemed a provider of administrative services, as that term is used in paragraph (3) of subdivision (c) of Section 56.10 of the Civil Code, and shall be subject to all limitations and penalties applicable to that section.

(i) A patient may not be required to pay any cost, or be charged any fee, for electing to receive his or her laboratory results in any manner other than by Internet posting or other electronic form.

(j) A patient or his or her physician may revoke any consent provided under this section at any time and without penalty, except to the extent that action has been taken in reliance on that consent.

123149. (a) Providers of health services, licensed pursuant to Sections 1205, 1253, 1575, and 1726, that utilize electronic recordkeeping systems only, shall comply with the additional requirements of this section. These additional requirements do not apply to patient records if hard copy versions of the patient records are retained.

(b) Any use of electronic recordkeeping to store patient records shall ensure the safety and integrity of those records at least to the extent of hard copy records. All providers set forth in subdivision (a) shall ensure the safety and integrity of all electronic media used to store patient records by employing an offsite backup storage system, an image mechanism that is able to copy signature documents, and a mechanism to ensure that once a record is input, it is unalterable.

(c) Original hard copies of patient records may be destroyed once the record has been electronically stored.

(d) The printout of the computerized version shall be considered the original as defined in Section 255 of the Evidence Code for purposes of providing copies to patients, the Division of Licensing and Certification, and for introduction into evidence in accordance with Sections 1550 and 1551 of the Evidence Code, in administrative or court proceedings.

(e) Access to electronically stored patient records shall be made available to the Division of Licensing and Certification staff promptly, upon request.

(f) This section does not exempt licensed clinics, health facilities, adult day health care centers, and home health agencies from the requirement of maintaining original copies of patient records that cannot be electronically stored.

(g) Any health care provider subject to this section, choosing to utilize an electronic recordkeeping system, shall develop and implement policies and procedures to include safeguards for confidentiality and unauthorized access to electronically stored patient health records, authentication by electronic signature keys, and systems maintenance.

(h) Nothing contained in this chapter shall affect the existing regulatory requirements for the access, use, disclosure, confidentiality, retention of record contents, and maintenance of health information in patient records by health care providers.

(i) This chapter does not prohibit any provider of health care services from maintaining or retaining patient records electronically.

123149.5. (a) It is the intent of the Legislature that all medical information transmitted during the delivery of health care via telemedicine, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, become part of the patient's medical record maintained by the licensed health care provider.

(b) This section shall not be construed to limit or waive any of the requirements of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

ATTACHMENT C

BUSINESS AND PROFESSIONS CODE SECTION 2290.5
TELEMEDICINE

2290.5. (a) (1) For the purposes of this section, "telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes "telemedicine" for purposes of this section.

(2) For purposes of this section, "interactive" means an audio, video, or data communication involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information.

(b) For the purposes of this section, "health care practitioner" has the same meaning as "licentiate" as defined in paragraph (2) of subdivision (a) of Section 805.

(c) Prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of the patient shall obtain verbal and written informed consent from the patient or the patient's legal representative. The informed consent procedure shall ensure that at least all of the following information is given to the patient or the patient's legal representative verbally and in writing:

(1) The patient or the patient's legal representative retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the patient or the patient's legal representative would otherwise be entitled.

(2) A description of the potential risks, consequences, and benefits of telemedicine.

(3) All existing confidentiality protections apply.

(4) All existing laws regarding patient access to medical information and copies of medical records apply.

(5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient.

(d) A patient or the patient's legal representative shall sign a written statement prior to the delivery of health care via telemedicine, indicating that the patient or the patient's legal representative understands the written information provided pursuant to subdivision (a), and that this information has been discussed with the health care practitioner, or his or her designee.

(e) The written consent statement signed by the patient or the patient's legal representative shall become part of the patient's medical record.

(f) The failure of a health care practitioner to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(g) All existing laws regarding surrogate decisionmaking shall apply. For purposes of this section, "surrogate decisionmaking" means any decision made in the practice of medicine by a parent or legal representative for a minor or an incapacitated or incompetent individual.

(h) Except as provided in paragraph (3) of subdivision (c), this section shall not apply when the patient is not directly involved in the telemedicine interaction, for example when one health care practitioner consults with another health care practitioner.

(i) This section shall not apply in an emergency situation in which a patient is unable to give informed consent and the representative of that patient is not available in a timely manner.

(j) This section shall not apply to a patient under the jurisdiction of the Department of Corrections or any other correctional facility.

(k) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Communications Committee

Date: September 13, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

**Subject: Agenda Item XIII - Review and Approve June 28, 2006 Communications
Committee Meeting Minutes**

The Committee is asked to approve the minutes of the June 28, 2006 Communications Committee Meeting. (Attachment A)

ATTACHMENT A

**Draft**

Meeting Minutes
Communications Committee
June 28, 2006

Sheraton Gateway LAX
6101 West Century Blvd.
Los Angeles, CA 90045

I. Introductions

Karen Pines called the meeting to order at 9:35 a.m. Mona Maggio called roll. All members were present and a quorum was established.

Committee Members Present:

Karen Pines, Chair
Peter Manoleas
Joan Walmsley

Staff Present:

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Kari Frank, Lead Analyst Licensing Program
George Ritter, Legal Counsel

Ms. Pines welcomed the audience members and encouraged their participation.

II. Review and Approve March 29, 2006 Communications Committee Meeting Minutes

Peter Manoleas moved and Joan Walmsley seconded, approval of the March 29, 2006 Communications Committee Meeting Minutes without amendment. The Committee approved the motion.

III. Strategic Plan Goal #1 – Communicate Effectively With the Public and Mental Health Professionals – Report on Progress

Ms. Pines provided the following summary of the strategic objectives and progress made for each objective.

A. Objective 1.1 -- Provide Six Educational Opportunities for Stakeholders and Staff on BBS Budget by July 30, 2006

At the November 2005 Board Meeting, Budget Analyst Paula Gershon presented a budget overview to the Board. Ms. Gershon also prepared an article entitled *Understanding the Board's Budget* for publication in the Spring 2006 newsletter. Additionally, a presentation tailored to the public is included during outreach presentations such as student and educator forums.

Staff has identified this objective as being met.

B. Objective 1.2 -- Distribute a Handbook Outlining Licensing Requirements by December 31, 2006 to 100% of California Schools Offering Qualifying Degrees

Ms. Maggio reported that staff is currently developing the handbook which will outline the licensing requirements for Marriage and Family Therapists (MFT); Licensed Clinical Social Workers (LCSW) and Licensed Educational Psychologists (LEP). However, to meet the immediate needs of examination candidates, staff drafted an informational pamphlet that answers the most commonly asked questions from candidates. The Committee reviewed the pamphlet and provided suggested edits at its March 29, 2006 meeting. The pamphlet has been reviewed by legal counsel and is now available for distribution.

Charlene Gonzalez questioned whether the pamphlet applies for both LCSW and MFT examination candidates. Ms. Maggio affirmed that the information in the pamphlet was prepared for both LCSW and MFT examination candidates. Because of differing standards, Ms. Gonzalez suggests the Board develop separate handbooks for each license type. The process for meeting the eligibility requirements can be very confusing and the lines between MFTs and LCSWs are blurring the value of the distinct professions. Ms. Gonzalez added that she is not in favor of pre-degree hours for MSWs. Ms. Walmsley concurred in keeping with distinctions between the professions and their licensing requirements. Ms. Maggio clarified that the pamphlet is an enclosure that is included with the candidate's notice of eligibility (letter); however, the actual candidate handbook is distinct for each profession.

Ms. Maggio noted that based on a recommendation from Mr. Manoleas, as part of today's agenda, item VI, the Committee would review two charts – one for MFT candidates and the other for LCSW candidates. The charts provide a break down the hours and supervised hours required, work settings, and timeframe for obtaining the hours. The purpose is to make the issue of gaining experience hours easier to understand for the students. Once finalized, the charts will be included in the student handbooks, posted to the Board's website and provided to the schools for distribution to students.

C. Objective 1.3 -- Distribute Consumer Publication Regarding Professions Licensed by the Board by June 30, 2007

Mr. Riches reported that as part of the continuing development of the Outreach Program, the Board is contracting with a public relations (PR) firm to assist in the development of pamphlets, handouts, and PowerPoint presentations as well as identify the Board's primary constituency groups and their needs. Staff finalized the Public Relations Statement of Work and Project Deliverables for the Public Relations contract bidding process. Bids were received and staff has completed the interview process. The contract is pending approval.

This objective will be discussed more thoroughly once the Board has secured a PR firm and the representative has an opportunity to evaluate the Board's current materials and the needs of the constituents. Mr. Riches reported the goal is to have a contract secured for the 2006/07 fiscal year. Mr. Riches confirmed that publications would be available in multiple languages and that representatives will make a presentation before the Committee at its September meeting.

D. Objective 1.4 -- Achieve 60% on Customer Service Satisfaction Surveys by June 30, 2008

Ms. Maggio reported on the early results from the general web site survey. The survey was posted to the Board's web site at the beginning of June and as of the 26th 112 responses had been received, most with positive responses. The implementation of the surveys to be mailed out will begin in July 2006. The rollout was delayed by due to the postage paid envelopes not being received. Mary Riemersma, Executive Director California Association of Marriage and Family Therapists (CAMFT) said the Board's staff does a good job in responding to the high volume of questions and tough individuals. She acknowledged that the pre-degree candidates can be difficult and believe they have a sense of entitlement when contacting the Board.

Ms. Gonzalez concurred stating she communicates with board staff regularly and receives excellent service. Responses are timely and she understands the important part of getting the right answer is to learn how to ask the right question.

Ms. Walmsley questioned how staff gets feedback on service problems and wanted to be assured that staff has an environment where they are free to vent about problem individuals. Ms. Maggio stated that management holds regular monthly staff meetings to share information with staff. Each program within the Board also holds monthly or weekly meetings. Management responds to the most complex complaints, inquires or difficult callers. Additionally, management has an open door policy for staff to discuss issues or talk when needed.

E. Objective 1.5 – Participate Four Times Each Year in Mental Health Public Outreach Events Through June 30, 2010

Mr. Riches provided an overview of the PR firms' responsibilities including assisting the Board in identifying the appropriate mental health outreach events. Mr. Riches provided an update on staff participation at outreach events. These events provide an opportunity to communicate the Board's mission and vision with its various stakeholders: On April 21-22, 2006, Sean O'Connor, Outreach Coordinator and Mr. Riches represented the Board at the NASW Conference in Los Angeles. The Board had a booth with handouts of information on license renewal, continuing education requirements, supervision, and advertising guidelines among other topics. Traffic at the booth was steady as the Board representatives answered questions from conference attendees on a variety of Board related topics. On May 4-7, 2006, Mr. O'Connor, Program Manager Kim Madsen and board member Joan Walmsley represented the Board at the CAMFT Annual conference in Palm Springs. Again the Board had a booth with handouts similar to those distributed at the NASW conference. Many of those in attendance at both conferences expressed gratitude for the Board having representation at these events. Ms. Walmsley stated she attended the CAMFT Business Meeting held during the conference and found it to be helpful and very informative. She commented that Mr. O'Connor did an outstanding job answering questions and assisting those who visited the Board's booth.

Mr. Manoleas gave an overview of the Board's conference "California's Diverse Consumers: Implications for Licensure – A Working Conference" held on April 28, 2006. This day long event consisted of presentations by Joe Hayes, Public Policy Institute of California; Dr. Sergio Aguilar-Gaxiola, UC Davis School of Medicine; Rachel G. Guerrero, LCSW, Chief, Office of Multicultural Services, California Department of Mental Health; Peter Manoleas,

Chairman of the Board and Paul Riches, Executive Officer. Staff has categorized the participants' suggestions into the following groups: 1) general ideas for the Board to consider; 2) topics for schools and students; 3) requirements to become licensed; 4) licensure examinations; 5) requirements for current board licensees; 6) research; 7) board professions; 8) workforce; and 9) other/resources. Staff will discuss which topics/issues are appropriate for the Board to address and which might best be addressed by other entities. Mr. Manoleas identified and discussed the consumers of mental health services and how the Board needs to address their issues.

Mr. Riches gave an update regarding staff's participation in the quarterly MFT Consortia with educators and students; as well as their participation on the various workforce groups as part of the Mental Health Services Act.

Mr. Manoleas discussed the social work competencies for Proposition 63 developed by California Social Work Education Center (CALSWEC).

Mr. Janlee Wong, Executive Director of the National Association of Social Workers (NASW) voiced his concern about "board certification" being discussed as part of Proposition 63 and by the Board as a charge of the Marriage and Family Therapist (MFT) Curriculum Committee.

Mr. Riches clarified that the MFT Curriculum Committee is a global review and not an endorsement of a certificate program.

Ms. Riemersma explained the Mental Health Planning Council organized the DACUM project. It pooled MFTs to identify knowledge, skills, experience and education necessary for MFTs to work in public mental health. This information will be provided to educators to incorporate into MFT programs. She clarified that the certificate program is separate from the Board. The Board will not be issuing the certificate; it might be CAMFT or the schools. The certification would demonstrate that certificate holders have taken additional courses to work in public mental health.

Ms. Gonzalez voiced her concern about the scopes of practice blurring between the professions.

Mr. Wong suggested the Committee recommend to the Board that it comprise a task force to review the original concept of licensure, which was for independent practice, and the protection of the public. Specifically, to research the movement towards licensure for public practice as well as private practice – multi-levels of licensure for social work. Mr. Riches stated the Consumer Protection Committee is already looking at this issue.

F. Objective 1.6 – Review and Revise Website Content Four Times Per Year

Ms. Maggio reported that since the quarterly schedule for this objective was implemented and the first quarter's review completed in December, staff found that the unit leads and various staff responsible for various content areas of the website have been forwarding necessary updates to the webmaster on a regular basis rather than waiting until the quarterly time frame to have revisions made to the website.

Staff has identified this as an ongoing objective and recommends the "review and revise website content" be completed every six months rather than four times per year. This will be completed so that it coincides with effective dates on legislation that may impact board operations, procedures, contents, processes, forms, etc.

Since the last update was completed in December, the next "bi-annual" review of the overall website is in progress during the month of June.

One task the PR firm will perform is to review the Board's current Website and make suggestions as to a more "user friendly" layout, site map, and appropriate placement of information to assist our audiences in locating the pertinent information they need.

Ms. Gonzalez stated she is pleased with the website. She requested putting notification of changes/revisions to forms/paperwork under the "What's New" link.

G. Objective 1.7 – Student Outreach

At its May 18, 2006 meeting, the Board adopted a new strategic plan objective to measure the number of student outreach visits completed in a 12-month period. The objective is to conduct 25 student outreach events per fiscal year at qualifying degree-granting colleges and universities by June 30, 2010. The Board has approximately 82 qualifying degree-granting institutions, so in a three-year period nearly all could be reached. As of June 2006, twelve events have been scheduled, eight visits completed. Most visits will occur in the Fall or Spring academic semesters.

Sean O'Connor, Outreach Coordinator recently presented to a group of MFT interns and trainees at the Whitehouse Counseling Center in Sacramento. On June 9, 2006, Kari Frank, Lead Analyst in the Licensing Unit gave a student presentation in conjunction with the MFT Consortium Meeting held at Phillips Graduate Institute. Mr. Riches, Ms. Maggio and Board Members, Dr. Ian Russ and Karen Pines also attended. Scheduled outreach events: July 8, 2006 – University of San Francisco, Sacramento Campus (MFT program) and August 17, 2006 – California State University, Chico (MFT program).

IV. **Review and Discuss Frequently Asked Questions (FAQ) From Students**

Ms. Pines shared that the intent of the newly drafted FAQ publications is to offer information to individuals gaining their hours in a logical format with understandable language. Sections of law are cited for the reader's reference. The previous FAQs, though informative, were written in language taken directly from the statutes and regulations and readers found the information confusing and intimidating. Once finalized, the publications will be available on the Board's website, by request from the office, at outreach events, and in registration packets for Associate Clinical Social Workers and Marriage and Family Therapist Interns.

The Committee and audience members provided suggested edits and comments. Staff will incorporate the edits and the documents will be brought back at a future date for the Committee's approval.

V. **Review and Discuss Handbook for Examination Candidates (Draft)**

Ms. Pines provided a brief overview of the initial review and revisions that staff have begun as part of the undertaking to revise the MFT and LCSW Candidate Handbooks. She asked the Committee and interested parties to email or fax suggested changes to Ms. Maggio.

VI. **Review and Discuss Chart that Defines Hours Needed for Examination Eligibility**

At the March 2006 meeting the Committee discussed the confusion surrounding the experience hours required for examination eligibility. Many questions received by Board staff via telephone, email, and at the student presentations are about gaining the experience hours for examination eligibility. After discussion, the Committee directed staff to create a

chart that would define hours of experience required for both MFT and LCSW licensure candidates.

Staff developed two separate charts, one for MFT and one for LCSW candidates for the Committee's review. The feedback received from the Committee and audience was very positive. Suggested edits were received for staff's review and consideration. Ms. Pines recommended the charts be "field tested." The Committee recommended staff take the charts to student presentations, distribute to schools and agencies and solicit feedback as to how helpful the charts are and how they could be improved. Ms. Pines requested the findings be brought back for review at the September 2006 meeting.

VII. Discuss Future Committee Meeting Agenda Items

The Committee received the following suggested topics for future discussion:

- Develop a simplified pamphlet explaining the complaint process: one for licensees and one for consumers.
- Open communication for licensees providing supervision.

Mr. Riches noted that a request for the Committee to discuss reinstating the oral examinations for both MFT and LCSW examination candidates would be referred to the Consumer Protection Committee.

Ms. Pines announced the next Committee meeting would be held on September 27, 2006.

The meeting adjourned at 11:00 a.m.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 14, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Agenda Item XIV - Strategic Plan Goal #1 - Report on Progress

Goal #1 - Communicate Effectively With the Public and Mental Health Professionals.

Objective 1.1 -- Provide Six Educational Opportunities for Stakeholders and Staff on BBS Budget by July 30, 2006.

Background

In an effort to demystify the state budget process, staff will present updates as part of its educational opportunities to its stakeholders.

Update

Ms. Gershon prepared an article *Understanding the Board's Budget* for the Spring 2006 newsletter. A presentation tailored to the public is included during outreach presentations, such as student and educator forums. Updates regarding the Board's budget are presented at Board and Committee Meetings.

Staff has identified this objective as being met.

Objective 1.2 -- Distribute a Handbook Outlining Licensing Requirements by December 31, 2006 to 100% of California Schools Offering Qualifying Degrees.

Background

The Board identified a need to provide students and educators with an outline of examination and licensing requirements to assist students in their education and career development.

Update

The MFT Student Handbook and LCSW Student Handbook have been drafted, approved by management and are currently in review with BP Cubed. The handbooks will be presented to the Committee at its next meeting. A LEP Student Handbook is currently being developed.

Objective 1.3 -- Distribute Consumer Publication Regarding Professions Licensed by the Board by June 30, 2007.

Background

The Board identified a need to provide information to its stakeholders regarding various services, i.e., complaint process, licensing process, examinations, how to select a therapist, etc.

Update

As part of the continuing development of an Outreach Program, the Board received contract approval on July 17, 2006 for public relations consulting services. The new consulting firm, BP Cubed, Inc. is working with the BBS Outreach Coordinator to assist in the development and implementation of the Board's outreach program. The services will include the development of brochures, handouts, PowerPoint Presentations and restructure of the Board's Web site, as well as identify the Board's primary constituency groups and their needs. The BBS Outreach Coordinator has attended several meetings with staff at BP Cubed, Inc. and the firm is in the process of formulating a Communication Plan around specific key messages. Next, the firm will be identify and creating specific objectives for the Board.

Objective 1.4 - Achieve 60% on Customer Service Satisfaction Surveys by June 30, 2008.

Background

At the Strategic Planning meetings, it was determined that good customer service is essential in meeting goal #1: to Communicate Effectively With the Public and Mental Health Professionals. This objective was created to measure the level of customer satisfaction with Board activities. The purpose of the surveys, which is to aid in the Board's goal of improving customer satisfaction levels.

Status

At the March 29, 2006 meeting, the Communications Committee reviewed and provided edits to the draft surveys. Each survey was designed to attain comment from the Board's various stakeholders. Currently, the survey can be accessed on the BBS Web site. Since the survey became available on the Web site, approximately 268 responses have been submitted. This month, Licensing Evaluators began mailing out the licensing survey with all registration and initial license packets. Enforcement Analysts are mailing out an enforcement survey when a complaint reaches a conclusion. The General Survey will be available for request over the phone and at the front counter. Outreach surveys will also be available at schools and consumer outreach events. This objective will be discussed during today's meeting under Agenda Item XVI.

Objective 1.5 -- Participate Four Times Each year in Mental Health Public Outreach Events Through June 30, 2010.

Background

In an effort to expand its outreach and provide effective communication to the public and mental health professionals, the Board determined that it should participate in mental health public outreach events four or more

times per year.

Status

Part of BP Cubed, Inc.'s responsibilities will be to help identify the appropriate mental health outreach events. Staff has participated in a number of events that has provided an opportunity to communicate the Board's mission and vision with its various stakeholders: On April 21-22, 2006, Sean O'Connor, Outreach Coordinator and Paul Riches, Executive Officer represented the Board at the NASW Conference in Los Angeles. The Board had a booth with handouts of information on license renewal, continuing education requirements, supervision, and advertising guidelines among other topics. Traffic at the booth was steady as the Board representatives answered questions from conference attendees on a variety of Board related topics. On May 4-7, 2006, Mr. O'Connor, former Program Manager Kim Madsen and board member Joan Walmsley represented the Board at the CAMFT Annual conference in Palm Springs. Again the Board had a booth with handouts similar to those distributed at the NASW conference. Many of those in attendance at both conferences expressed gratitude for the Board having representation at these events.

On April 28, 2006 the Board hosted "California's Diverse Consumers: Implications for Licensure – A Working Conference." This day long event consisted of presentations by Joe Hayes, Public Policy Institute of California; Dr. Sergio Aguilar-Gaxiola, UC Davis School of Medicine and Rachel G. Guerrero, LCSW Chief Office of Multicultural Services, California Department of Mental Health, Peter Manoleas, Chairman of the Board and Paul Riches, Executive Officer. Staff has categorized the participants suggestions into the following groups: 1) general ideas for the Board to consider; 2) topics for schools and students; 3) requirements to become licensed; 4) board examinations; 5) requirements for current board licensees; 6) research; 7) board professions; 8) workforce; and 9) other/resources. Staff will discuss which topics are appropriate for the Board to address and which topics might best be addressed by other entities.

Additionally, Mr. Riches and staff participate in the quarterly MFT Consortiums with educators and students; and Staff and Board Members are participating on the various workforce groups as part of the Mental Health Services Act.

Objective 1.6 -- Review and Revise Website Content Four Times Per Year.

Staff has identified this as an ongoing objective and recommends the "review and revise website content" be completed every six months rather four times per year. This will be completed so that it coincides with effective dates on legislation that may impacts board operations, procedures, contents, processes, forms, etc.

Background

One of the goals of the 2005 Strategic Plan is to communicate effectively

with the public and mental health professionals. The BBS Website provides valuable information regarding various Board services, regulatory functions, examinations, enforcement, licensing, licensee status, etc.

Status

Since the quarterly schedule for this objective was implemented and completed in December, we have found that the leads and various staff responsible for various content areas of the website have been forwarding necessary updates to the webmaster on a regular basis rather than waiting till the quarterly time frame to have revisions made to the website.

Since the last update was completed in December, the next "bi-annual" review of the overall website is in progress during the month of June.

One task that BP Cubed will perform is to review our current Website and make suggestions as to a more "user friendly" layout, site map, and appropriate placement of information to assist our audiences in locating the pertinent information they need.

Objective 1.7

Student Outreach

Staff determined that the success of the Board's Student Outreach Program warranted consideration for the adoption of a new student outreach objective to the Strategic Plan.

At its May 18, 2006 meeting, the Board adopted a new Strategic Plan Objective 1.7 – Student Outreach.

Objective defined: Conduct 25 student outreach events per fiscal year at qualifying degree-granting colleges and universities by June 30, 2010.

Measure: Number of student outreach visits completed in a 12-month period.

Team Members: Sean O'Connor, Kim Madsen

Prospective Goals for Student Outreach

Twenty-five student outreach events a year is an ambitious yet attainable goal. This is feasible from a staff resource standpoint. The Board has approximately 82 qualifying degree-granting institutions, so in a three-year period nearly all could be reached. Some schools have larger student populations; thus, these schools may require more than one visit in a three-year period. The Board will invite schools with smaller student populations to attend presentations at schools in close proximity. For the eight student events conducted thus far, the combined total attendance is approximately 340 students.

The Spring 2006 academic semester is the first full semester in which the Board has had an operational outreach program. Twelve events have been scheduled, eight visits completed. Most student outreach events will occur in the Fall or Spring academic semesters. Some schools have summer programs, so presentations during the summer months will be possible but likely less frequent. The response to the student outreach is overwhelmingly positive.

Status

Mr. O'Connor presented to a group of MFT interns and trainees at the Whitehouse Counseling Center in Sacramento. On June 9, 2006, Kari Frank, Lead Analyst in the Licensing Unit gave a student presentation in conjunction with the MFT Consortium Meeting held at Phillips Graduate Institute. Mr. Riches, Ms Maggio and Board Members, Dr. Ian Russ and Karen Pines also attended. Mr. O'Connor also presented at the following campuses in July and August 2006:

- Sacramento Campus of University of San Francisco (MFT) – July 8
- John F. Kennedy (MFT) – August 7-8 (3 campuses)
- CSU, Chico (MFT) - August 17
- UC Berkeley (LCSW) - August 23
- National University (MFT) - August 24

Upcoming presentations include:

- CSU, Long Beach (MFT) on September 22nd
- The Seneca Center (MFT and LCSW) on September 19th
- University of Southern California (MFT) on September 29th
- Pacific Oaks College (MFT) on October 24th
- Golden Gate University (MFT) on November 1st
- CSU, Fresno on November 16th
- University of Southern California (LCSW) on January 23, 2007

Memorandum

To: Consumer Protection Committee

Date: September 14, 2006

From: Sean O'Connor, Outreach Coordinator
Board of Behavioral Sciences

Telephone: (916) 574-7841
Extension:

Subject: Agenda Item XV – Outreach and Communications Presentation by BP Cubed

The Board of Behavioral Sciences (BBS) recently established a contract with the public relations firm BP Cubed. BP Cubed will assist BBS staff in creating an effective outreach program, improving customer service, updating current BBS publications, creating new publications, and developing a BBS logo and “branding.” The services that BP Cubed will provide directly relate to several of the goals identified in the 2005 Strategic Plan, specifically Goal 1 and Goal 4. Sean O'Connor will serve as the Board's liaison with BP Cubed. The length of the contract is two years.

The staff and management at BP Cubed have years of knowledge and experience in public relations. Bobby Pena, President, and Phil Perry, Managing Partner, are the two principals at the firm. Established in 2002, the local Sacramento firm has already compiled an impressive list of clients, including Alameda Alliance for Health, Blue Cross of California, California Association of Health Plans, and California Hospice and Palliative Care Association, among many others.

Currently, BP Cubed is working with the BBS to develop a communications plan, identifying key messages and themes. The staff at the BBS is excited to work with the firm in what is sure to be a productive collaboration.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 13, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Agenda Item XVI – Update on Customer Service Satisfaction Surveys

During the Board's strategic planning sessions, it was determined that good customer service is essential in meeting goal #1: *to Communicate Effectively With the Public and Mental Health Professionals*. This objective was created to measure the level of customer satisfaction with Board activities. The purpose of the surveys is to aid in the Board's goal of improving customer satisfaction levels.

Background

Staff determined that a customer satisfaction survey would establish a baseline for the current level of customer satisfaction and may possibly provide suggestions for improvement in customer service. The team considered available options for conducting the survey to achieve a high response from the types of constituents served by the Board. Possible options discussed were to have the survey on-line (website) and/or via the Board's telephone system.

Staff discovered that the new telephone system did not have the capability to perform the survey function and a survey conducted solely on-line would not adequately reach a cross section of our constituent base.

Staff developed five surveys each designed to attain comment from the Board's various stakeholders. The General Survey is available for request over the phone and at the front counter. Beginning in August, licensing evaluators began mailing out a survey with all registration and initial license packets. Enforcement analysts are mailing out a survey when a complaint reaches a conclusion. Surveys will also be available at schools and consumer outreach events.

The website version of the survey asks the user to identify with a particular profile (Licensee, Applicant, Consumer) prior to completing the survey. Results from the website survey can be exported into a database where staff at the Board can analyze the data collected. Since the survey became available on the website, approximately 268 responses have been submitted.

Status

Staff is beginning to receive results from mailed surveys and the online version is providing valuable responses. Overall satisfaction is categorized as excellent. However, the survey responses did reveal a problem in the response time to telephone calls. Staff research has revealed that this may be attributed to various functions not working properly on the telephone system or calls being routed to areas on the system that staff was not able to access. Immediate actions are being taken to resolve known problems and staff is in the process of

testing the system to identify other problems that may exist. In addition, a comprehensive evaluation of the telephone system structure, content, menu options, and functions will be conducted in order to ensure that the Board's telephone system is effectively serving the calling public.

Attachments

A. Survey Results - Overall Satisfaction Chart

ATTACHMENT A

Overall Satisfaction

Excellent	130	45%
Good	45	16%
Fair	37	13%
Poor	31	11%
Unacceptable	45	16%
	<hr/>	
	288	

	Courtesy		Responsiveness		Knowledge		Accessibility	
Excellent	133	46%	112	39%	143	50%	106	37%
Good	62	22%	53	18%	55	19%	49	17%
Fair	43	15%	31	11%	41	14%	46	16%
Poor	18	6%	36	13%	15	5%	31	11%
Unacceptable	32	11%	56	19%	34	12%	56	19%
							288	

Successful Service	166	58%
Helpful Website	194	67%
Receive Newsletter	189	66%
Newsletter Helpful	175	61%

Composition of Respondents

Applicant	30	10%
Consumer	23	8%
Licensee	230	80%
Unknown	5	2%

License Type

IMF	75	29%
MFT	58	22%
ASW	55	21%
LCSW	67	26%
LEP	0	0%
PCE	3	1%
	<hr/>	
	258	

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: September 13, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Agenda Item XVII – Review and Discuss Updates to Licensed Clinical Social Work Examination Candidate Handbook

The purpose of the candidate handbook is to provide examination candidates with the information they need to: 1) schedule their examination; 2) prepare and study for the examination; and 3) take the examination.

Both the Board and the examination vendor, Thomson Prometric provide the information contained in the handbook. The handbook is published and distributed by Thomson as part of its contract with the Department of Consumer Affairs.

Staff is revising the handbook to make it more “user friendly” and provide information that is clear, concise and helpful.

Request

This is the first draft revision of the handbook. Staff asks that the Committee review and provide suggested edits for consideration. Once the revisions to this handbook are deemed final, staff will begin to revise the other handbooks, and implement the approved revisions from the LCSW standard written examination handbook where appropriate.

Note: The candidate handbook will be provided under separate cover.

**State of California
Board of Behavioral Sciences**

M e m o r a n d u m

To: Consumer Protection Committee

Date: June 12, 2006

From: Mona C. Maggio
Assistant Executive Officer

Telephone: (916) 574-7841

Subject: Agenda Item XVIII - Discuss Future Committee Meeting Agenda Items

Proposed meeting dates and locations for the Committee in 2007:

January 10, 2007	Sacramento
April 11, 2007	Los Angeles
June 27, 2007	Sacramento

At this time the Committee and audience members may suggest future agenda items for consideration.