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To: Board Members **Date:** August 20, 2007

From: Christy Berger **Telephone:** (916) 574-7847
Legislation Analyst

Subject: **Discussion and Possible Action to Modify Text and Add Documents to the Rulemaking File for Proposed Amendments to 16 CCR Sections 1833.1 and 1870 Relating to Supervisory Requirements for Marriage and Family Therapist Trainees and Interns and Associate Clinical Social Workers**

Background

The Office of Administrative Law (OAL) is the agency responsible for review and approval of state regulations in line with the Administrative Procedure Act. Staff has been made aware that OAL has become more strict regarding Board motions that are intended to authorize staff to proceed with approved regulatory changes. Staff has reviewed motions for all rulemaking proposals in process, and found that the motions for the proposal listed above were likely too general, not containing all necessary components. This regulation package is at risk of being rejected by OAL.

Staff has also become aware that OAL has become more strict regarding any forms mentioned in regulation. Staff has been told that OAL requires the form title, number, and revision date to be stated in the regulation. They also require any revisions to forms mentioned in regulation to be approved by the Board and submitted to OAL for approval.

This proposal has two forms associated with it, both of which are mentioned in the regulations. Changes have been made to the forms to ensure compliance with this proposal and with current law. Additionally, a number of editorial and technical changes have been made. All required components regarding the form's mention in regulation have also been made. Once approved, staff will publish a 15-Day Notice of Modified Regulations along with the revised forms to ensure the public has had a chance to review and comment on the modifications.

This regulation proposal is in the final stage of the process and, after the 15-day notice period, will be ready for submission to OAL for final approval. Legal counsel will provide more information and guidance to assist in resolving this matter.

Requested Action

The Board is asked to do all of the following:

- Review, approve and adopt the proposed modified language
- Review, approve and adopt the proposed revised forms
- Review and approve the rulemaking file
- Provide a formal delegation that authorizes staff to take all steps necessary to complete the rulemaking process for this proposal

Attachments

Proposed Modified Language and Forms

15-Day Notice

Rulemaking File

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**TITLE 16 DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF BEHAVIORAL SCIENCES
NOTICE OF PROPOSED CHANGES IN THE REGULATIONS**

NOTICE IS HEREBY GIVEN that the Board of Behavioral Sciences (Board) is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at the Handlery Union Square Hotel, 351 Geary Street, San Francisco, CA, 94102 on **November 16, 2006 at 1:00 p.m.** Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Board at its office no later than 5:00 p.m. on **November 15, 2006** or must be received by the Board at the hearing.

The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposal substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Sections 4980.35, 4980.40(f), 4980.60, and 4990.14 of the Business and Professions Code, and to implement, interpret, or make specific Sections 4980.35, 4980.40(f), 4980.42 through 4980.45, 4980.54, 4996.21, 4996.22, and 4996.23 of the Business and Professions Code, the Board is considering changes to Division 18 of Title 16 of the California Code of Regulations (CCR) as follows:

INFORMATIVE DIGEST / POLICY STATEMENT OVERVIEW

Amend Section 1833.1 – Requirements for Supervisors

Amend Section 1870 – Requirements for Associate Clinical Social Worker Supervisors

Section 1833.1 sets forth the requirements for supervisors of MFT Interns and Trainees, including a requirement that the supervisor "...has practiced psychotherapy for at least two years in the five year period immediately preceding any supervision and has averaged at least five patient/client contact hours per week."

Section 1870 sets forth the requirements for supervisors of Associate Clinical Social Workers (ASW), including a requirement that the supervisor "...has practiced psychotherapy as part of his/her clinical experience for at least two years within the last five years immediately preceding supervision."

The Board currently interprets supervision of an MFT Intern, MFT Trainee, or ASW to be "psychotherapy" for the purposes of meeting the practice requirements in Sections 1833.1 and 1870. This proposal would make this interpretation explicit in the regulations. It would also delete the requirement that supervisors of MFT Interns or Trainees average five patient/client contact hours per week.

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None

Nondiscretionary Costs/Savings to Local Agencies: None

Local Mandate: None

Cost to Any Local Agency or School District for Which Government Code Section 17561 Requires Reimbursement: None

Business Impact: The Board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

The following studies/relevant data were relied upon in making the above determination:
N/A

Impact on Jobs/New Businesses: The Board has determined that this regulatory proposal will not have any impact on the creation of jobs or businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California.

Cost Impacts on Representative Private Persons or Businesses: The Board is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

Effect on Housing Costs: None

EFFECT ON SMALL BUSINESS

The Board has determined that the proposed regulatory action would not affect small businesses. This proposal would add clarification to the Board's regulations pertaining to requirements for supervisors.

CONSIDERATION OF ALTERNATIVES

The Board must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposal described in this Notice.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Board has prepared an Initial Statement of Reasons for the proposed action and has available all the information upon which the proposal is based.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained upon request from the Contact Person listed below.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All of the information upon which the proposed regulations are based is contained in the rulemaking file, which is available for public inspection by contacting the Contact Person named below.

You may obtain a copy of the Final Statement of Reasons, once it has been prepared, by making a written request to the Contact Person named below (or by accessing the website listed below).

CONTACT PERSON

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Justin Sotelo
Address: Board of Behavioral Sciences
1625 North Market Blvd, Suite S200
Sacramento CA 95834
Telephone: 916-574-7836
Fax: 916-574-8625
Email: Justin_Sotelo@dca.ca.gov

The backup contact person is:

Name: Christy Berger
Address: Board of Behavioral Sciences
1625 North Market Blvd, Suite S200
Sacramento CA 95834
Telephone: 916-574-7830
Fax: 916-574-8625
Email: Christy_Berger@bbs.ca.gov

WEBSITE ACCESS

Materials regarding this proposal can be found at www.bbs.ca.gov.

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**STATE OF CALIFORNIA – DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF BEHAVIORAL SCIENCES
INITIAL STATEMENT OF REASONS**

HEARING DATE: November 16, 2006

SUBJECT MATTER OF PROPOSED REGULATIONS: Requirements for Supervisors;
Requirements for Associate Clinical Social Worker Supervisors

SECTIONS AFFECTED: Sections 1833.1 and 1870 of Division 18 of Title 16 of the California Code of Regulations

SPECIFIC PURPOSE OF EACH ADOPTION, AMENDMENT, OR REPEAL:

The specific purpose of this proposal is to make clarifying changes to Sections 1833.1 and 1870. The Board currently interprets supervision of an MFT Intern, MFT Trainee, or ASW to be “psychotherapy” for the purposes of meeting the practice requirements in Sections 1833.1 and 1870. This proposal would make this interpretation explicit in the regulations. It would also delete the requirement that supervisors of MFT Interns or Trainees average five patient/client contact hours per week.

FACTUAL BASIS/RATIONALE

This proposal is reasonably necessary in order to more explicitly set forth the requirements for supervisors of MFT Interns and Trainees and supervisors of Associate Clinical Social Workers.

UNDERLYING DATA

None

BUSINESS IMPACT

This proposal will not have a significant adverse economic impact on businesses. This proposal pertains to requirements for supervisors of MFT Interns and Trainees and supervisors of Associate Clinical Social Workers.

SPECIFIC TECHNOLOGIES OR EQUIPMENT

The proposed regulations do not mandate the use of specific technologies or equipment.

CONSIDERATION OF ALTERNATIVES

No reasonable alternative to the regulation would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.

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BOARD OF BEHAVIORAL SCIENCES
Proposed Language

Amend Section 1833.1 of Division 18 of Title 16 as follows:

1833.1. REQUIREMENTS FOR SUPERVISORS

~~(a) Any person supervising a trainee or an intern or trainee (hereinafter "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" revised 2-05 requiring that: below.~~

(a) Prior to the commencement of supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" revised 12-05 requiring that:

(1) The supervisor possess and maintains a current valid California license as either a marriage and family therapist, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section ~~4980.40 (f)~~ 4980.03 (g) of the Code and has been so licensed in California for at least two years prior to commencing any supervision; or

(A) Provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40 (a) of the Code; and

(B) Has been licensed in California as specified in Section ~~4980.40 (f)~~ 4980.03 (g) of the Code, and in any other state, for a total of at least two years prior to commencing any supervision.

~~(2) If such supervisor is~~ A supervisor who is not licensed as a marriage and family therapist, ~~he or she~~ shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

(3) The supervisor keeps himself or herself informed of developments in marriage and family therapy and in California law governing the practice of marriage and family therapy.

(4) The supervisor has and maintains a current license in good standing and will immediately notify the trainee or intern or trainee of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(5) The supervisor has practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision ~~and has averaged at least five (5) patient/client contact hours per week.~~

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns.

(A) ~~Effective January 1, 2000, supervisors~~ Supervisors who are licensed by the board shall complete a minimum of six (6) hours of supervision training or coursework every two (2) years. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code.

~~(B) Supervisors who are licensed by the board who have completed a minimum of six (6) hours of supervision training or coursework between January 1, 1997, and December 31, 1999, may apply that training towards the requirement described in subsection (A).~~

~~(C) (B) Supervisors who are licensed by the board who commence supervision on and after January 1, 2000, and have not met requirements of subsection paragraph (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.~~

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern or trainee.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern or trainee by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.

(10) The supervisor shall address with the trainee or intern or trainee the manner in which emergencies will be handled.

(b) Each supervisor shall provide the trainee or intern or trainee with the original signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 prior to the commencement of any counseling or supervision. ~~The intern~~ Trainees and interns shall provide the board with his or her the signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 from each supervisor upon application for licensure. ~~The trainee shall provide the board with his or her signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 from each supervisor upon application for internship.~~

(c) A supervisor shall give at least one (1) week's written notice to ~~an~~ a trainee or intern or trainee of the supervisor's intent not to certify any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(d) The supervisor shall obtain from ~~any~~ each trainee or intern or trainee for ~~whom~~ whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's or trainee's most recent supervisor and employer.

(e) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where ~~an~~ a trainee or intern or trainee will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of marriage and family therapy; and (2) the experience is in compliance with the requirements set forth in this section.

(f) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

~~(g) The supervisor responsibility statement required by this section shall be used for supervisory relationships commencing on or after 1-1-98.~~

~~(h)~~ (g) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in ~~subsection (a) (6)~~ subparagraph (a)(6)(A).

NOTE: Authority cited: Section 4980.35, 4980.40(f) and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40(f), 4980.42 through 4980.45, 4980.54 and 4996.22, Business and Professions Code.

BOARD OF BEHAVIORAL SCIENCES
Proposed Language

Amend Section 1870 of Division 18 of Title 16 as follows:

1870. REQUIREMENTS FOR ASSOCIATE CLINICAL SOCIAL WORKER SUPERVISORS

~~(a) Any person supervising an associate clinical social worker registered with the board on and after May 10, 1999, (hereinafter called "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 07/05), which requires that: below.~~

(a) Prior to the commencement of supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 12/05), which requires that:

(1) The supervisor possesses and will maintain a current valid California license as ~~either~~ a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in ~~Section 4996.21(a) of the Code and Section 1874 of California Code of Regulations.~~

(2) The supervisor has and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(3) The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy as part of his/her clinical experience for at least two (2) years within the last five (5) years immediately preceding supervision.

(4) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates. ~~Effective January 1, 2001, supervisors who are licensed by the board shall have:~~

(A) A-Effective January 1, 2001, supervisors who are licensed by the board shall have a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code. The content of such training shall include, but not be limited to:

~~1. familiarity~~ (i) Familiarity with supervision literature through reading assignments specified by course instructors;

~~2. facilitation~~ (ii) Facilitation of therapist-client and supervisor-therapist relationships;

~~3. evaluation (iii) Evaluation and identification of problems in therapist-client and supervisor-therapist relationships;~~

~~4. structuring (iv) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;~~

~~5. knowledge (v) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and~~

~~6. the (vi) The practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.~~

(5) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

~~(6) The supervisor shall ensure that the extent, kind and quality of clinical social work performed is consistent with the training and experience of the person being supervised and shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.~~

(6) The supervisor shall do all of the following:

(A) Ensure that the extent, kind and quality of clinical social work performed by the associate is consistent with the training and experience of the person being supervised.

(B) Review client/patient records and monitor and evaluate assessment and treatment decisions of the associate clinical social worker.

(C) Monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.

(D) Ensure compliance with all laws and regulations governing the practice of clinical social work.

~~(7) Effective January 1, 1999, the~~ The supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1 of the California Code of Regulations. This ~~The associate shall submit the original signed plan for each supervisor shall be submitted to the board upon application for licensure.~~

(8) The supervisor shall provide the ~~board~~ associate with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 12-05), ~~within 30 days of prior to commencement of any supervision. A copy of this form shall be provided to the associate by the supervisor. The associate shall provide the board with the original signed form for each supervisor upon application for licensure.~~

(9) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to certify any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(10) ~~Effective January 1, 1999, the~~ The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

(11) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(b) The board shall not deny hours of experience gained toward licensure by any associate due to the failure of his or her supervisor to complete the training requirements specified in subparagraph (a)(4)(A).

Note: Authority cited: Section 4990.14, Business and Professions Code. Reference: ~~Section~~ Sections 4980.54, 4996.21, 4996.22, and 4996.23, Business and Professions Code.

AVAILABILITY OF MODIFIED TEXT

NOTICE IS HEREBY GIVEN that the Board of Behavioral Sciences (Board) has proposed modifications to the text of Sections 1833.1 and 1870 in Title 16 of the California Code of Regulations which were the subject of a regulatory hearing on November 16, 2006. A copy of the modified text is enclosed. Any person who wishes to comment on the proposed modifications may do so by submitting written comments on or before January 12, 2007 to the following:

Contact Person: Justin Sotelo
Board of Behavioral Sciences
1625 North Market Blvd Suite S200
Sacramento CA 95834
Telephone: (916) 574-7836
Fax: (916) 574-8625
Email: Justin_Sotelo@dca.ca.gov

DATED: December 20, 2006

Paul Riches, Executive Officer

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BOARD OF BEHAVIORAL SCIENCES
Modified Text

Changes to the originally proposed language are shown by double underline for new text and double strikethrough for deleted text.

Amend Section 1833.1 of Division 18 of Title 16 of the California Code of Regulations to read as follows:

1833.1. REQUIREMENTS FOR SUPERVISORS

~~(a) Any person supervising a trainee or an intern or trainee (hereinafter "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" revised 2-05 requiring that: below.~~

(a) Prior to the commencement of supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" revised 12-05 requiring that:

(1) The supervisor possess and maintains a current valid California license as either a marriage and family therapist, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section ~~4980.40 (f)~~ 4980.03 (g) of the Code and has been so licensed in California for at least two years prior to commencing any supervision; or

(A) Provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40 (a) of the Code; and

(B) Has been licensed in California as specified in Section ~~4980.40 (f)~~ 4980.03 (g) of the Code, and in any other state, for a total of at least two years prior to commencing any supervision.

~~(2) If such supervisor is~~ A supervisor who is not licensed as a marriage and family therapist, ~~he or she~~ shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

(3) The supervisor keeps himself or herself informed of developments in marriage and family therapy and in California law governing the practice of marriage and family therapy.

(4) The supervisor has and maintains a current license in good standing and will immediately notify the trainee or intern or trainee of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(5) The supervisor has practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision and ~~has averaged at least five (5) patient/client contact hours per week.~~

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns.

(A) ~~Effective January 1, 2000, supervisors~~ Supervisors who are Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework ~~every two (2) years in each renewal period while providing supervision.~~ This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code.

~~(B) Supervisors who are licensed by the board who have completed a minimum of six (6) hours of supervision training or coursework between January 1, 1997, and December 31, 1999, may apply that training towards the requirement described in subsection (A).~~

~~(C)~~ (B) Supervisors who are Persons licensed by the board who provide supervision and who commence supervision ~~on and after January 1, 2000,~~ and have not met requirements of subsection paragraph (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern or trainee.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern or trainee by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.

(10) The supervisor shall address with the trainee or intern or trainee the manner in which emergencies will be handled.

(b) Each supervisor shall provide the trainee or intern or trainee with the original signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 prior to the commencement of any counseling or supervision. The intern Trainees and interns shall provide the board with ~~his or her~~ the signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 from each supervisor upon application for licensure. ~~The trainee shall provide the board with his or her signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 from each supervisor upon application for internship.~~

(c) A supervisor shall give at least one (1) week's prior written notice to ~~an a trainee or intern or trainee~~ of the supervisor's intent not to ~~certify~~ sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(d) The supervisor shall obtain from ~~any~~ each trainee or intern or trainee for which whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's or trainee's most recent supervisor and employer.

(e) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where ~~an a trainee or intern or trainee~~ will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in ~~this~~ section 4980.43 of the Code.

(f) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

~~(g) The supervisor responsibility statement required by this section shall be used for supervisorial relationships commencing on or after 1-1-98.~~

~~(h)~~ (g) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in ~~subsection (a) (6)~~ subparagraph (a)(6)(A).

NOTE: Authority cited: Section 4980.35, 4980.40(f) and 4980.60, Business and Professions Code. Reference: Sections 4980.35, 4980.40(f), 4980.42 through 4980.45, 4980.54 and 4996.22, Business and Professions Code.

BOARD OF BEHAVIORAL SCIENCES
Modified Text

Changes to the originally proposed language are shown by double underline for new text and double strikethrough for deleted text.

Amend Section 1870 of Division 18 of Title 16 of the California Code of Regulations to read as follows:

1870. REQUIREMENTS FOR ASSOCIATE CLINICAL SOCIAL WORKER SUPERVISORS

~~(a) Any person supervising an associate clinical social worker registered with the board on and after May 10, 1999, (hereinafter called "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 07/05), which requires that: below.~~

(a) Prior to the commencement of supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 12/05), which requires that:

(1) The supervisor possesses and will maintain a current valid California license as either a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in ~~Section 4996.21(a) of the Code and Section 1874 of California Code of Regulations.~~

(2) The supervisor has and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(3) The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy as part of his/her clinical experience for at least two (2) years within the last five (5) years immediately preceding supervision.

(4) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates. ~~Effective January 1, 2001, supervisors who are licensed by the board shall have:~~

(A) A-Effective January 1, 2001, supervisors who are Persons licensed by the board who provide supervision shall have a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education

requirements set forth in Sections 4980.54 and 4996.22 of the Code. The content of such training shall include, but not be limited to:

- ~~1. familiarity (i) Familiarity~~ with supervision literature through reading assignments specified by course instructors;
- ~~2. facilitation (ii) Facilitation~~ of therapist-client and supervisor-therapist relationships;
- ~~3. evaluation (iii) Evaluation~~ and identification of problems in therapist-client and supervisor-therapist relationships;
- ~~4. structuring (iv) Structuring~~ to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;
- ~~5. knowledge (v) Knowledge~~ of contextual variables such as culture, gender, ethnicity, and economic issues; and
- ~~6. the (vi) The~~ practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.

(5) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

~~(6) The supervisor shall ensure that the extent, kind and quality of clinical social work performed is consistent with the training and experience of the person being supervised and shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.~~

(6) The supervisor shall do all of the following:

(A) Ensure that the extent, kind and quality of clinical social work performed by the associate is consistent with the training and experience of the person being supervised.

(B) Review client/patient records and monitor and evaluate assessment and treatment decisions of the associate clinical social worker.

(C) Monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.

(D) Ensure compliance with all laws and regulations governing the practice of clinical social work.

(7) ~~Effective January 1, 1999, the~~ The supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1 ~~of the California Code of Regulations.~~

~~This~~ The associate shall submit the original signed plan for each supervisor shall be submitted to the board upon application for licensure.

(8) The supervisor shall provide the ~~board~~ associate with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 12-05), ~~within 30 days of prior to commencement of any supervision. A copy of this form shall be provided to the associate by the supervisor.~~ The associate shall provide the board with the original signed form for each supervisor upon application for licensure.

(9) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to certify any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(10) ~~Effective January 1, 1999, the~~ The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

(11) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(b) The board shall not deny hours of experience gained toward licensure by any associate due to the failure of his or her supervisor to complete the training requirements specified in subparagraph (a)(4)(A).

Note: Authority cited: Section 4990.14, Business and Professions Code. Reference: ~~Section~~ Sections 4980.54, 4996.21, 4996.22, and 4996.23, Business and Professions Code.

AVAILABILITY OF MODIFIED TEXT

NOTICE IS HEREBY GIVEN that the Board of Behavioral Sciences has proposed modifications to the text of Sections 1833.1 and 1870 in Title 16 of the California Code of Regulations which were the subject of a regulatory hearing on August 30, 2007. A copy of the modified text is enclosed. Any person who wishes to comment on the proposed modifications may do so by submitting written comments on or before September 19, 2007 to the following:

Contact Person: Cassandra Kearney, Regulations Coordinator

Board of Behavioral Sciences
1625 North Market Blvd Suite S200
Sacramento CA 95834

DATED: September 4, 2007

Paul Riches, Executive Officer

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BOARD OF BEHAVIORAL SCIENCES
Supervisor Qualifications for Marriage and Family Therapist Trainees and Interns
Revised Modified Text

Changes to the originally proposed language are shown as follows:

- *Initially modified text:* Double underline for new text and ~~double strikethrough~~ for deleted text.
- *Revised modified text:* Highlighted and double underlined for new text and ~~highlighted and double strikethrough~~ for deleted text.

Amend Section 1833.1 of Division 18 of Title 16 of the California Code of Regulations to read as follows:

1833.1. REQUIREMENTS FOR SUPERVISORS

~~(a) Any person supervising a trainee or an intern or trainee (hereinafter "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" revised 2-05 requiring that: below.~~

(a) Prior to the commencement of any counseling or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" ~~revised 12-05~~ (revised 08/07, form #1800 37A-523) requiring that:

(1) The supervisor possess and maintains a current valid California license as either a marriage and family therapist, licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section ~~4980.40 (f)~~ 4980.03 (g) of the Code and has been so licensed in California for at least two years prior to commencing any supervision; or

(A) Provides supervision only to trainees at an academic institution that offers a qualifying degree program as specified in Section 4980.40 (a) of the Code; and

(B) Has been licensed in California as specified in Section ~~4980.40 (f)~~ 4980.03 (g) of the Code, and in any other state, for a total of at least two years prior to commencing any supervision.

~~(2) If such supervisor is~~ A supervisor who is not licensed as a marriage and family therapist, he or she shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

(3) The supervisor keeps himself or herself informed of developments in marriage and family therapy and in California law governing the practice of marriage and family therapy.

(4) The supervisor has and maintains a current license in good standing and will immediately notify the trainee or intern or trainee of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(5) The supervisor has practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision ~~and has averaged at least~~

five (5) patient/client contact hours per week.

(6) The supervisor has had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns.

~~(A) Effective January 1, 2000, supervisors~~ Supervisors who are Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework ~~every two (2) years in each renewal period while providing supervision~~. This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code.

~~(B) Supervisors who are licensed by the board who have completed a minimum of six (6) hours of supervision training or coursework between January 1, 1997, and December 31, 1999, may apply that training towards the requirement described in subsection (A).~~

~~(C) (B) Supervisors who are~~ Persons licensed by the board who provide supervision and who commence supervision on and after January 1, 2000, and have not met requirements of subsection paragraph (A), shall complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.

(7) The supervisor knows and understands the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist.

(8) The supervisor shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern ~~or trainee~~.

(9) The supervisor shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern ~~or trainee~~ by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate by the supervisor.

(10) The supervisor shall address with the trainee or intern ~~or trainee~~ the manner in which emergencies will be handled.

(b) Each supervisor shall provide the trainee or intern ~~or trainee~~ with the original signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 (revised 08/07, form #1800 37A-523) prior to the commencement of any counseling or supervision. ~~The intern~~ Trainees and interns shall provide the board with ~~his or her~~ the signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 (revised 08/07, form #1800 37A-523) from each supervisor upon application for licensure. ~~The trainee shall provide the board with his or her signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist Intern or Trainee" revised 12-05 from each supervisor upon application for internship.~~

(c) A supervisor shall give at least one (1) week's prior written notice to ~~an~~ a trainee or intern ~~or trainee~~ of the supervisor's intent not to certify sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(d) The supervisor shall obtain from ~~any~~ each trainee or intern ~~or trainee~~ for which whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's ~~or trainee's~~ most recent supervisor and employer.

(e) In any setting that is not a private practice, a supervisor shall evaluate the site(s) where ~~an a~~ trainee or intern or trainee will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in ~~this section~~ 1833 and section 4980.43 of the Code.

(f) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

~~(g) The supervisor responsibility statement required by this section shall be used for supervisory relationships commencing on or after 1-1-98.~~

~~(h)~~ (g) The board shall not deny hours of experience gained towards licensure by any supervisee due to failure of his or her supervisor to complete the training or coursework requirements in ~~subsection (a) (6)~~ subparagraph (a)(6)(A).

NOTE: Authority cited: Sections 4980.03(g), 4980.35, 4980.40(f) and 4980.60, Business and Professions Code. Reference: Sections 4980.03(g), 4980.35, 4980.40(f), 4980.42 through 4980.45, 4980.54 and 4996.22, Business and Professions Code.

BOARD OF BEHAVIORAL SCIENCES
Supervisor Qualifications for Associate Clinical Social Workers
Revised Modified Text

Changes to the originally proposed language are shown as follows:

- **Initially modified text:** Double underline for new text and ~~double strikethrough~~ for deleted text.
- **Revised modified text:** Highlighted and double underlined for new text and ~~highlighted and double strikethrough~~ for deleted text.

Amend Section 1870 of Division 18 of Title 16 of the California Code of Regulations to read as follows:

1870. REQUIREMENTS FOR ASSOCIATE CLINICAL SOCIAL WORKER SUPERVISORS

~~(a) Any person supervising an associate clinical social worker registered with the board on and after May 10, 1999, (hereinafter called "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 07/05), which requires that: below.~~

(a) Prior to the commencement of any therapy or supervision, the supervisor shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 12/05 08/07, form #1800 37A-522), which requires that:

(1) The supervisor possesses and will maintain a current valid California license as ~~either a licensed clinical social worker or a licensed mental health professional acceptable to the Board as specified in Section 4996.21(a) of the Code and Section 1874 of California Code of Regulations.~~

(2) The supervisor has and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or any lapse in licensure, that affects the supervisor's ability or right to supervise.

(3) The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy as part of his/her clinical experience for at least two (2) years within the last five (5) years immediately preceding supervision.

(4) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates. ~~Effective January 1, 2001, supervisors who are licensed by the board shall have:~~

(A) A-Effective January 1, 2001, supervisors who are persons licensed by the board who provide supervision shall have a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code. The content of such training shall include, but not be limited to:

~~1. familiarity~~ (i) Familiarity with supervision literature through reading assignments specified by course instructors;

- ~~2. facilitation~~ (ii) Facilitation of therapist-client and supervisor-therapist relationships;
- ~~3. evaluation~~ (iii) Evaluation and identification of problems in therapist-client and supervisor-therapist relationships;
- ~~4. structuring~~ (iv) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;
- ~~5. knowledge~~ (v) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and
- ~~6. the~~ (vi) The practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.

(5) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

~~(6) The supervisor shall ensure that the extent, kind and quality of clinical social work performed is consistent with the training and experience of the person being supervised and shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.~~

(6) The supervisor shall do all of the following:

(A) Ensure that the extent, kind and quality of clinical social work performed by the associate is consistent with the training and experience of the person being supervised.

(B) Review client/patient records and monitor and evaluate assessment and treatment decisions of the associate clinical social worker.

(C) Monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.

(D) Ensure compliance with all laws and regulations governing the practice of clinical social work.

~~(7) Effective January 1, 1999, the~~ The supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1 of the California Code of Regulations. ~~This~~ The associate shall submit the original signed plan ~~for each supervisor shall be submitted~~ to the board upon application for licensure.

(8) The supervisor shall provide the ~~board~~ associate with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised 12-05 08/07, form #1800 37A-522), ~~within 30 days of prior to~~ commencement of any supervision. ~~A copy of this form shall be provided to the associate by the supervisor.~~ The associate shall provide the board with the original signed form for each supervisor upon application for licensure.

(9) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to ~~certify~~ sign for any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

(10) ~~Effective January 1, 1999, the~~ The supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

(11) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(b) The board shall not deny hours of experience gained toward licensure by any associate due to the failure of his or her supervisor to complete the training requirements specified in subparagraph (a)(4)(A).

Note: Authority cited: Section 4990.14, Business and Professions Code. Reference: ~~Section~~ Sections 4980.54, 4996.21, 4996.22, and 4996.23, Business and Professions Code.

**RESPONSIBILITY STATEMENT FOR SUPERVISORS
OF AN ASSOCIATE CLINICAL SOCIAL WORKER**

1800 37A-522 (REV. 12/05 08/07)

1625 NORTH MARKET BLVD, SUITE S 200

SACRAMENTO CA 95834

TELEPHONE:(916) 574-7830

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

Title 16, California Code of Regulations (16 CCR) Section 1870 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a license as a Clinical Social Worker to complete and sign, under penalty of perjury, the following statement prior to the commencement of supervision.

Associate's Name	ASW Number
Supervisor's Name	

As the supervisor:

- 1) I am licensed in California. The license I hold is: (16 CCR § 1870(a)(1))

Licensed Clinical Social Worker	<i>License #</i>	<i>Issue Date</i>
*Marriage and Family Therapist	<i>License #</i>	<i>Issue Date</i>
*Psychologist	<i>License #</i>	<i>Issue Date</i>
*Physician certified in psychiatry by the <i>American Board of Psychiatry and Neurology</i>	<i>License #</i>	<i>Issue Date</i>
- 2) I have and will maintain a current and valid license in good standing and will immediately notify the associate of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1870(a)(1)&(2))
- 3) I have practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy as part of my clinical experience for at least two (2) years within the last five (5) years immediately preceding this supervision. (16 CCR § 1870(a)(3))
- 4) I have completed a minimum of fifteen (15) contact hours in supervision training that includes content specified in 16 CCR Section 1870(a)(4) obtained from a state agency or approved continuing education provider. ** (16 CCR § 1870(a)(4)(A))
- 5) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise associates. (16 CCR § 1870(a)(4))
- 6) I know and understand the laws and regulations pertaining to both the supervision of associates and the experience required for licensure as a clinical social worker. (16 CCR § 1870(a)(5))
- 7) I shall ensure that the extent, kind, and quality of clinical social work performed is consistent with the training and experience of the associate. (16 CCR § 1870(a)(6)(A))
- 8) I shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work. (16 CCR § 1870(a)(6)(B)-(D))

*** MFTs, Psychologists, and Physicians certified in psychiatry must be licensed for two years prior to commencement of supervision.**

**** Psychologists and Physicians board certified in psychiatry are not required to comply with #4.**

RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN

1800 37A-523 (REV. 42/05 08/07)

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

Title 16, California Code of Regulations (16 CCR) Section ~~1833 &~~ 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.

Trainee's or Intern's Name	IMF Number
Supervisor's Name	

As the supervisor:

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision.
A. The license I hold is: (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4980.03(g)(1))

Marriage and Family Therapist.....	_____	_____
	<i>License #</i>	<i>Issue Date</i>
Licensed Clinical Social Worker.....	_____	_____
	<i>License #</i>	<i>Issue Date</i>
*Psychologist.....	_____	_____
	<i>License #</i>	<i>Issue Date</i>
*Physician certified in psychiatry by the	_____	_____
<i>American Board of Psychiatry and Neurology</i>	<i>License #</i>	<i>Issue Date</i>
{Business and Professions Code Section 4980.40(f)}		

- **B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California and I will keep myself informed about developments in marriage and family therapy. (16 CCR § 1833.1(a)(2))

C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern or trainee under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision and I have averaged at least five (5) patient/client contact hours per week. (16 CCR § 1833.1(a)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns. (16 CCR § 1833.1(a)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the two-year period immediately preceding this supervision, and must complete such coursework every two years in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and every two years thereafter in each renewal period while providing supervision. (16 CCR § 1833.1(a)(6)(A)&(B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern or trainee. (16 CCR § 1833.1(a)(8))

* Psychologists and Physicians certified in psychiatry are not required to comply with #5.
** Applies only to supervisors NOT licensed as a Marriage and Family Therapist.

THE TRAINEE OR INTERN SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.

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BOARD OF BEHAVIORAL SCIENCES

FINAL STATEMENT OF REASONS

Hearing Date: November 16, 2006

Subject Matter of Proposed Regulations: Requirements for Supervisors;
Requirements for Associate Clinical Social Worker Supervisors

Sections Affected: Title 16, California Code of Regulations Sections 1833.1 and 1870

The Notice of Availability of Modified Text and the modified text were made available to the public from December 20, 2006 to January 12, 2007. A second Notice of Availability of Modified Text and further modified text were made available to the public from September 4, 2007 to September 19, 2007. There were no further modifications after the final 15-day comment period.

Updated Information

The Initial Statement of Reasons is included in the file (Tab II). The information contained therein is updated and the proposed text modified as follows:

- Section 1833.1 (a) was amended to add, “any counseling” for consistency with section 1833.1 (b).
- Section 1833.1 (a) was amended to change “revised 12-05” to “(revised 08/07, form #1800 37A-523).” The modification provided the form updates for the ‘Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern’ form and ensures compliance with rulemaking standards.
- Section 1833.1 (a)(6)(A) was amended to change “supervisors who are licensed by the board” to “persons licensed by the board who provide supervision.” The Board does not license supervisors as ‘supervisors.’
- Section 1833.1 (a)(6)(A) was amended to change “every two (2) years” to “in each renewal period while providing supervision.” A renewal period is a two-year period. The modification would facilitate audits to determine whether the licensee has complied with the requirements.
- Section 1833.1 (a)(6)(B) was amended to change “supervisors who are licensed by the board” to “persons licensed by the board who provide supervision and.” The Board does not license supervisors as ‘supervisors.’
- Section 1833.1 (b) was amended to change “revised 12-05” to “(revised 08/07, form #1800 37A-523).” The modification provided the form updates for the ‘Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern’ form and ensures compliance with rulemaking standards.
- Section 1833.1 (c) was amended to add “prior.” The modification clarifies that the supervisor shall give one week’s prior written notice.
- Section 1833.1 (c) was amended to replace “certify” with “sign for.” The modification clarifies the intent and accurately reflects that a supervisor signs for hours, but does not certify them.
- Section 1833.1 (e) was amended to add “practice of a.” The modification was proposed for clarity regarding the scope of practice.
- Section 1833.1 (e) was amended to replace “therapy” with “therapist.” The

- modification was proposed for clarity regarding the scope of practice.
- Section 1833.1 (e) was amended to add “1833 and section 4980.43 of the Code.” The modification provides specific sections of law, which address experience requirements for Marriage and Family Therapist Interns or Trainees.
 - Authority cited and Reference sections were amended to add “4980.03(g)”. The modification was added for proper authority and reference.
 - Authority cited and Reference sections were amended to delete “4980.40 (f).” The modification deleted an outdated reference.
 - Section 1870 (a) was amended to change “revised 12-05” to “(revised 08/07, form #1800 37A-522).” The modification provided the form updates for the ‘Responsibility Statement for Supervisors of an Associate Clinical Social Worker’ form and ensures compliance with rulemaking standards.
 - Section 1870 (a)(4)(A) was amended to change “supervisors who are licensed by the board” to “persons licensed by the board who provide supervision.” The Board does not license supervisors as ‘supervisors’ and in order to clarify the language the proposed language was modified.
 - Section 1870 (a) (8) was amended to change “revised 12-05” to “(revised 08/07, form #1800 37A-522).” The modification provided the form updates for the “Responsibility Statement for Supervisors of an Associate Clinical Social Worker’ form and ensures compliance with rulemaking standards.
 - Section 1870 (a) (9) was amended to change “certify” to “sign for.” The modification clarifies the intent and accurately reflects that a supervisor signs for hours, but does not certify them.
 - ‘Responsibility Statement for Supervisors of an Associate Clinical Social Worker’, Form # 1800 37A-522, was amended as follows:
 - amended the revision date in the header from “12/05” to “08/07” to reflect the latest version.
 - amended the header section to add the acronym “(16 CCR)” for clarification.
 - amended the header section to add “prior to the commencement of supervision” to clarify when the form must be completed.
 - added the appropriate law reference for items 1) through 14) for ease of reference.
 - amended item 2) to add “and valid” for consistency with current regulations.
 - amended item 2) to add “any” clarifying a supervisor must inform the associate of any lapse in licensure.
 - amended item 3) to add “or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy” for consistency with the proposed text.
 - amended item 4) to add “that includes content specified in 16 CCR Section 1870 (a) (4)” for consistency with current regulations.
 - added item 10) which clarifies appropriate work settings for an associate clinical social worker for consistency with current statute.
 - renumbered items 10) to 14) to adjust for added item.
 - amended item 11) to change “board” to “associate” for consistency with the proposed text.
 - amended item 11) to change “within 30 days of” to “prior to the” for consistency with the proposed text.
 - amended item 11) to delete “I shall provide a copy of this form to the associate” for consistency with the proposed text.

- amended item 13) to change “weaknesses” to “limitations” for consistency with current regulations.
- amended item 14) to change “this” to “16 CCR” and “1870” for ease of reference.
- amended the bottom of page two to clarify who has responsibility for providing the form to whom and when for consistency with the proposed text.
- o ‘Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern’, Form # 1800 37A-523, was amended as follows:
 - amended the revision date in the header from “12/05” to “08/07” to reflect the latest version.
 - amended the header section to add the acronym “16 CCR” for clarification.
 - amended the header section to delete “1833 &” as this is an incorrect reference.
 - amended the header section to add “prior to the commencement of any counseling or supervision” to clarify when the form must be completed.
 - added the appropriate law reference for items 1) through 17) for ease of reference.
 - added sections A, B, and C to item 1) for clarification and ease of reference.
 - amended item 1) A. to delete “Business and Professions Code Section 4980.40(f)” as this is an outdated reference.
 - amended item 1) B. to delete “California and I will keep myself informed about developments in marriage and family therapy” as this was moved to item 1) C. for clarification.
 - added two asterisks (**) to item 1) B. to clarify that this requirement only applies to supervisors not licensed as a Marriage and Family Therapist.
 - amended item 1) C. to add, “I will keep myself informed about the developments in marriage and family therapy and in California Law governing the practice of marriage and family therapy.” for consistency with current regulations.
 - amended item 2) to add “and valid” for consistency with current regulations.
 - amended item 2) to change “intern or trainee” to “trainee or intern” for consistency with current regulations.
 - amended item 2) to add “any” clarifying that a supervisor must inform the associate of any lapse in licensure.
 - amended item 3) to add “or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy” for consistency with proposed text.
 - amended item 3) to delete “and I have averaged at least five (5) patient/client contact hours per week” for consistency with proposed text.
 - amended item 5) to change “every two years” to “in each renewal period” for consistency with proposed text.
 - amended item 5) to change “every two years thereafter” to “in each renewal period while providing supervision” for consistency with proposed text.
 - amended item 7) to change “intern or trainee” to “trainee or intern” for consistency with current regulations.
 - added “**Applies only to supervisors NOT licensed as a Marriage and Family Therapist” at the bottom of page one, referring to the asterisks in item 1) B. for clarification.

- amended item 8) to change “intern or trainee” to “trainee or intern” for consistency with current regulations.
- amended item 9) to change “intern or trainee” to “trainee or intern” for consistency with current regulations.
- amended item 10) to change “trainee” to “TRAINEE” to emphasize the difference between items 10) and 11).
- amended item 10) to add “BPC” for clarification.
- amended item 11) to change “intern” to INTERN” to emphasize the difference between items 10) and 11).
- amended item 11) to add “BPC” for clarification.
- amended item 12) to add “in a setting which is not a private practice” for consistency with current regulations.
- amended item 13) to add “prior” for consistency with proposed text.
- amended item 13) to change “any intern or trainee” to “a trainee or intern” for consistency with proposed text.
- amended item 13) to change “certify” to “sign for” for consistency with proposed text.
- amended item 14) to change “any intern or trainee” to “a trainee or intern” for consistency with proposed text.
- amended item 14) to change “which” to “whom” for consistency with proposed text.
- amended item 14) to change “intern’s or trainee’s” to “trainee’s or interns” for consistency with proposed text.
- amended item 15) to change “an intern or trainee” to “a trainee or intern” for consistency with proposed text.
- amended item 15) to add “practice of a” for consistency with proposed text.
- amended item 15) to change “Title 16, California Code of Regulations” to “16 CCR” for ease of reference.
- amended item 15) to change “& 1833.1” to “and Section 4980.43 of the Code” for consistency with the proposed text.
- amended item 16) to change “this section” to “16 CCR Section 1833.1” for clarification and ease of reference.
- added item 17) which states, “I shall provide the intern or trainee with the original of this signed statement prior to the commencement of any counseling or supervision.” for consistency with current regulations.
- deleted the line following the “Qualified Supervisor’s Daytime Telephone Number” as it is extra unneeded space.
- amended bottom of page two to change “ANY” to “THE” for clarification.
- added to the bottom of page two, “THE TRAINEE OR INTERN SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.” for clarification and consistency with proposed text.

Local Mandate

The proposed regulations do not impose any mandate on local agencies or school districts.

Business Impact

This proposal will not have a significant adverse economic impact on businesses. This proposal pertains to requirements for supervisors of MFT Interns and Trainees and

supervisors of Associate Clinical Social Workers.

Consideration of Alternatives

The Board has determined that no reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Board would be either more effective in carrying out the purpose for which the regulation is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.

Underlying Data

1. "Responsibility Statement for Supervisors of an Associate Clinical Social Worker", form number 1800 37A-522 (Revised 08/07).
2. "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern", form number 1800 37A-523 (Revised 08/07).

Objections or Recommendations/Responses

The following recommendations and/or objections were made regarding the proposed action during the 45-day comment period:

1. An objection was received which indicated although the proposed regulation clarified the definitions regarding supervision vs. psychotherapy, it did not provide the language to allow licensees who do not practice traditional psychotherapy the ability to supervise.

This objection was rejected because: the practice of psychotherapy is necessary in order to become an effective supervisor. The proposed regulation assists individuals who have practiced psychotherapy, who then became supervisors and discontinued seeing clients.

2. Recommendation to substitute the language "persons licensed by the Board who provide supervision" for "supervisors who are licensed by the Board."

This recommendation was accepted. The Board does not license supervisors as 'supervisors' and in order to clarify the language the proposed language was modified as follows to accommodate it:

- Section 1833.1 (a)(6)(A) was amended to change "supervisors who are licensed by the board" to "persons licensed by the board who provide supervision."
 - Section 1833.1 (a)(6)(B) was amended to change "supervisors who are licensed by the board" to "persons licensed by the board who provide supervision and."
 - Section 1870 (a)(4)(A) was amended to change "supervisors who are licensed by the board" to "persons licensed by the board who provide supervision."
3. Recommendation that the six (6) hours of supervision training or coursework be tied to the supervisor's renewal period and not to a two-year period.

This recommendation was accepted. The change would facilitate audits to determine whether the licensee has complied with the requirements. The proposed language was

modified as follows to accommodate it:

- Section 1833.1 (a)(6)(A) was amended to change “every two (2) years” to “in each renewal period while providing supervision.”
4. Recommendation that the proposed language clarifies the intent and accurately reflects that a supervisor signs for hours, but does not certify them.

This recommendation was accepted and the proposed language was modified as follows to accommodate it:

- Section 1833.1 (c) was amended to add “prior.”
 - Section 1833.1 (c) was amended to replace “certify” with “sign for.”
 - Section 1870 (a) (9) was amended to replace “certify” with “sign for.”
5. Recommendation that the proposed language be modified to change the “scope of marriage and family therapy” to “the scope of practice of a ...” for clarity.

This recommendation was accepted and the proposed language was modified as follows to accommodate it:

- Section 1833.1 (e) was amended to add “practice of a.”
 - Section 1833.1 (e) was amended to replace “therapy” with “therapist.”
6. Recommendation that the specific section of law be cited which addresses experience requirements for Marriage and Family Therapist Interns or Trainees.

This recommendation was accepted and the proposed language was modified as follows to accommodate it:

- Section 1833.1 (e) was amended to add “4980.43 of the Code.”
7. Recommendation for Section 1870 (a)(4)(A)(iv) to delete or clarify the phrase “problem-solving ability” as it seemed unclear and redundant within its current context.

This recommendation was noted, however it was rejected. The purpose of this proposal is to make technical or clarifying changes. This recommendation would require additional review and consideration.

8. Recommendation for Section 1870 (a)(4)(A)(v) to change the phrase “knowledge of contextual variables” as it is too general.

This recommendation was noted, however it was rejected. The purpose of this proposal is to make a technical change, i.e., renumbering the subparagraphs. The recommendation to specify what qualifies as knowledge of contextual variable as they affect the supervisory relationship, would be a substantive change and would require additional review and consideration.

9. Recommendation for Section 1870 (a)(4)(A)(vi) to change “knowledge of ethical and legal issues” to “knowledge of legal and ethical issues affecting supervision.”

This recommendation was noted, however it was rejected. The purpose of this proposal is to make technical or clarifying changes. This recommendation would require additional review and consideration.

There were no comments received during either 15-day comment period.

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maintaining high
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professional
ethics and
qualifications,
and to expanding
the recognition
and utilization of
the profession.*

California Association
of Marriage and
Family Therapists

7901 Raytheon Road
San Diego, CA 92111
P: (858) 292-2638
F: (858) 292-2666
www.camft.org

BOARD OF
BEHAVIORAL SCIENCES

2006 OCT 19 PM 12:00

October 20, 2006

Justin Sotelo
Christy Berger
Board of Behavioral Sciences
1625 North Market Street, Suite S200
Sacramento, CA 95834
Justin_Sotelo@dca.ca.gov
Christy_Berger@bbs.ca.gov

RE: Proposed Regulations Regarding Requirements for Supervisors, CCR 1833.1
Proposed Regulations Regarding Delinquency Fees, CCR 1816.7
Proposed Regulations Regarding Board Approved Providers, CCR1887.7
and 1887.75
Proposed Regulations Regarding Applications, CCR 1805
Proposed Regulations Regarding Examination Application Fees, CCR 1816.4
Proposed Regulations Regarding Inactive License Fees, CCR 1816.6

Dear Justin and Christy:

We appreciate the opportunity to comment on the various proposed changes to the Regulations of the Board of Behavioral Sciences. Most of our recommendations are intended to clarify the intent and understanding of the Regulations.

Requirements for Supervisors, CCR 1833.1(a)(6)(A)

We recommend changes as follows: "Persons licensed by the Board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework in each renewal period while providing supervision. . ."

Since supervisors are not licensed as "supervisors" by the Board, we request the clarification provided above. Additionally, we believe that the CE requirement for supervisors should be tied to the renewal period and not to a two year period. Further, such a change would facilitate audits to determine whether or not the requirement has been complied with.

CCR 1833.1(c)

We recommend changes as follows: "A supervisor shall give at least one (1) week's prior written notice to a trainee or intern of the supervisor's intent not to sign for any further hours of experience for such person. . ."

These suggested changes would clarify intent and accurately reflect that a supervisor signs for hours, but does not certify them.

CCR 1833.1(e)

We recommend changes as follows: "In any setting that is not a private practice, a supervisor shall evaluate the site(s) when a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provide(s) experience that is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in ~~this~~ section. . . ."

Number (1) above does not identify the intended "scope," e.g., scope of practice or license, scope of competence, etc. Since "this section" does not provide experience requirements, the appropriate section(s) should be identified or (2) should be omitted.

Board Approved Providers, CCR1887.7

We recommend that the regulations specifically state that the Board has a responsibility to send renewal notices to Board Approved Providers of Continuing Education that would specify as follows:

"The Board shall send a renewal notice, at least thirty (30) days prior to the expiration, to any continuing education provider approved by the Board, to the address of record for such provider."

CCR 1887.75(d)

We recommend changes as follows: "Submission of a letter stating that no courses were presented while the provider's approval status was expired. If a course was presented during that time, the letter shall state that all participants have been notified that the ~~course was not valid for continuing education credit for licensees of the Board of Behavioral~~ provider's approval status at the time of the completion of the continuing education was expired.

We would also recommend that this letter contain a sentence something like: The letter shall also advise the participant that the continuing education hours will not be disallowed by the BBS solely because of the expired approval status of the provider.

We have concerns about the Board disallowing continuing education that was gained in good faith by a licensee from a provider that he/she believed to be, and who he/she may even have verified with the BBS to be, an appropriately approved CE provider. The educational information delivered and acquired would have been the same had it been taken from a provider whose approval status was current vs. a provider whose approval status expired. The provider should suffer the consequences, not the licensee who acted

in good faith and relied upon the representations made by the provider in advertising (BBS provider number displayed in CE promotional information) and otherwise.

Applications, CCR 1805(b)

We have concerns about the proposal to require a 180-day waiting period between examinations for any applicant retaking an examination. The Board needs to have the latitude to allow for a lesser period of time when there may be reasons for such that are beyond the control of the applicant. For example, if an applicant has taken an exam that proved to be faulty but not due to the fault of the examinee, that person should not be expected to wait 180 days to take a new exam. Such person has already been disadvantaged and should be permitted to take the examination as soon as a new version of the exam is available.

Examination Application Fees, CCR 1816.4

The application form identified in this section should bear the same title used for the same form in other parts of the licensing law and regulations. Elsewhere, this application is referred to as the "MFT Request for Examination."

Inactive License Fees, CCR 1816.6

Regarding (d), (e), and (f) of this section, we are curious why there is no delinquency fee charged for the delinquent inactive license?

Delinquency Fees, CCR 1816.7

The title of this section should be changed from Delinquent Fees to "Delinquency Fees" since the fees are referred to as delinquency fees throughout the section.

We respectfully request that the Board give thoughtful consideration to our proposed changes, requests for consideration, and questions with regard to these various proposed regulations. We thank you for considering our recommendations to clarify the regulations and to make them more understandable.

Sincerely,



Mary Riémersma
Executive Director

MR/

Blank Page



Christy
Berger/BBS/DCANotes
10/03/2006 02:06 PM

To Justin Sotelo/BBS/DCANotes@DCANotes
cc Paul Riches
bcc
Subject Fw: Regulations

Hi Justin,

Here is a comment on the regulation proposal re: Qualifications of Supervisors (16CCR1833.1 and 1870).

To sum it up, this licensee believes that this proposal would not have much impact on the number of therapists qualified to supervise. Her reasoning is that in order to start supervising, a licensee would still need to first meet the psychotherapy practice requirement. There is no way to substitute supervision for psychotherapy until you actually become a supervisor.

I might respond that experience in practicing psychotherapy is necessary in order to become an effective supervisor. I might also respond that this regulation will help those who have practiced psychotherapy, went on to become a supervisor but later stopped seeing clients. These people can continue to supervise.

However, it is true that people like her who practiced psychotherapy in the past but then went on to other activities such as teaching or case management would not benefit from this proposal.

Let me know if you have any questions.

Christy

----- Forwarded by Christy Berger/BBS/DCANotes on 10/03/2006 01:40 PM -----



"stacey peyer"
<speyer@csulb.edu>
10/03/2006 01:32 PM

To <Christy_Berger@dca.ca.gov>
cc
Subject RE: Regulations

Thanks Christy. I actually received this in hard copy in today's mail. Justin must have sent it. Anyway, the problem as I see it is this. I have wanted to provide supervision and am often asked to do so. Could be individual, group or both. However, as I teach full time in the Department of Social Work at California Sate University Long Beach, and have since 1994, I have not practiced full time since 1994. From 1995-2000 or so, I was a contract therapist seeing a couple of clients per week with a non-profit, but that was not enough to meet the regulations for MFT's due to the number of client hours. For ACSW's, perhaps I could have still provided supervision for the first two years after I stopped seeing clients for the non-profit, if indeed there was never a requirement for a minimum number of hours. But even if that were the case, and it looks to me now that it has been, once I got to the place where I had not seen my own clients in five years I would have had to stop providing supervision. And so I would be exactly where I am now.

The proposed change in the language is good as it clarifies the supervision vs. psychotherapy issue. But, since I and many others who no longer practice traditional psychotherapy have been unable to supervise under the current

language, we would continue to be unable to since the language requires supervision or psychotherapy in the last 5 years. (I do many other things that keep me in the practice loop, as many others do, including but not limited to teaching Integrative Field Seminar, being a Field liaison for 30 plus MSW students each academic year and 8 in the summer, I maintain my clinical license, I do consulting, I do adoption work, support groups, etc)

I imagine that it is important to look at the purpose of the change in language. I looked at the Initial Statement of Reasons but do not really see much to explain the reason, other than to be more explicit. Is one of the reasons for the change to allow those who have been unable to provide supervision to do so? If that is part of the reason, it sees this change does not go far enough.

Please let me know your thoughts and if there is anything else I can do to contribute. Thx.

Stacey Peyer
LCSW 184

-----Original Message-----

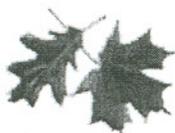
From: Christy_Berger@dca.ca.gov [mailto:Christy_Berger@dca.ca.gov]
Sent: Tuesday, October 03, 2006 10:32 AM
To: speyer@csulb.edu
Subject: Regulations

I have attached the proposed language for your reference. Section 1870 refers to supervision of Associate Clinical Social Workers, and Section 1833.1 refers to supervision of Marriage and Family Therapist Interns.

Look forward to hearing from you!

Christy Berger
Board of Behavioral Sciences
(916) 574-7847

(See attached file: 1870 ProposedLanguage-R.doc) (See attached file: 1833.1 Proposed Language-R.doc)



Christy
Berger/BBS/DCANotes
10/11/2006 03:12 PM

To "stacey peyer" <speyer@csulb.edu>
cc Justin Sotelo/BBS/DCANotes@DCANotes
bcc
Subject RE: Regulations

Hi Stacey,

Your email was clear, helpful, and appreciated. I forwarded it to Justin Sotelo, the Board's regulation coordinator. This regulation will be discussed by the Board at its next meeting on November 16, 2006. Your comments will be provided to the Board, and we will also prepare a response to your comments that will become a part of the regulation package.

Sincerely,
Christy Berger
Board of Behavioral Sciences
(916) 574-7847
"stacey peyer" <speyer@csulb.edu>



"stacey peyer"
<speyer@csulb.edu>
10/09/2006 04:08 PM

To <Christy_Berger@dca.ca.gov>
cc
Subject RE: Regulations

Hi. Did you receive my email and was it clear? Helpful? When might there be some discussion/decision on this? Thx. Stacey peyer

-----Original Message-----

From: Christy_Berger@dca.ca.gov [mailto:Christy_Berger@dca.ca.gov]
Sent: Tuesday, October 03, 2006 10:32 AM
To: speyer@csulb.edu
Subject: Regulations

I have attached the proposed language for your reference. Section 1870 refers to supervision of Associate Clinical Social Workers, and Section 1833.1 refers to supervision of Marriage and Family Therapist Interns.

Look forward to hearing from you!

Christy Berger
Board of Behavioral Sciences
(916) 574-7847

(See attached file: 1870 ProposedLanguage-R.doc) (See attached file: 1833.1 Proposed Language-R.doc)

Paul Riches/BBS/DCANotes
11/03/2006 12:04 PM

To justin_sotelo@dca.ca.gov@DCANotes
cc
bcc
Subject Fw: Supervision Training Regs.

Paul Riches, Executive Officer
Board of Behavioral Sciences
916-574-7840.

----- Forwarded by Paul Riches/BBS/DCANotes on 11/03/2006 12:08 PM -----



"cscsw"
<cscsw@pacbell.net>
11/03/2006 10:51 AM

To "Paul Riches" <Paul_Riches@dca.ca.gov>
cc
Subject Supervision Training Regs.

Dear Paul,

I have solicited comment from several of my members who teach the required supervision course, and have received some response (see attachment).

I hope the Board will give some consideration to these suggestions.

One of our members, Robin Emerson, who made most of the suggestions teaches supervision for LA County, and I believe she has some excellent long term experience behind her observations.

I look forward to seeing you in San Francisco.

Best Regards,
Geri

Geraldine Esposito, Executive Director
California Society for Clinical Social Work
720 Howe Avenue, Suite 112
Sacramento, CA 95825
(916) 923-0255
FAX (916) 923-3832



cscsw@pacbell.net 1870 Suggested changes (WP).pdf

Comments from CA Society for Clinical Social Work - 11/3/2006
Geraldine Esposito, Ex-Dir.

Re: Proposed Changes to Regulation 1870. Requirements for Associate Clinical Social Worker Supervisors

These are suggestions for a few additional changes to Regulation 1870 of Division 18 of Title 16. As it stands now, some of the wording makes it difficult for providers of supervision training courses to interpret the regulation, and difficult for licensees to evaluate whether a specific course meets BBS requirements.

Paragraph (A) of 1870 states that the content of any supervision training shall include 6 different topics. The following items contain phrasing that is ambiguous and possibly misleading:

Item (iv) -- It is unclear what the phrase "problem-solving ability" means in this context and, as it stands now, it seems redundant. Does "problem-solving ability" refer to something different here from what is covered in the preceding item (iii)? If so, what exactly?

Suggested revision: Drop or clarify this phrase.

Item (v) -- The phrase "Knowledge of contextual variables" is too general. The wording of this requirement should specify that this refers to knowledge of contextual variables as *they affect the supervisory relationship*, or as they can be integrated into the supervision of clinical work. In addition: 1) age is one of the most important variables that affects supervision; and 2) the phrase "economic issues" is not clear in the context of this requirement.

Suggested revision: Change wording to (v) Knowledge of how contextual variables such as age, gender, race, ethnicity and culture can impact the supervisory relationship and/or knowledge of how contextual variables can be integrated into the supervision of clinical work to enhance culturally competent practice.

Item (vi) -- This is confusing for the following reasons:

- The requirement that supervision training "include, but not be limited to . . . the practice of clinical social work" does not make sense. The content of any supervision training should remain focused on the supervision of clinical work; it should not involve training related to the practice of psychotherapy or clinical social work in general.
- A licensed person who is going to supervise would be expected to know the mandated reporting laws. Supervision trainings should not be required to devote time to teaching reporting laws.
- The requirement that supervision training cover "knowledge of legal and ethical issues" should be narrowed to specify that supervision training cover knowledge of legal and ethical issues affecting supervision. Unless a

particular legal or ethical issue relates to the practice of supervision, it is more appropriately covered in a CE course on legal and ethical issues.

Suggested revision: Change wording to (vi) Knowledge of legal and ethical issues affecting supervision.

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

To: Board Members

Date: August 15, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Review and Possible Action Regarding Proposed Amendments to:

- 16 CCR Section 1870 – Supervisor Qualifications
- 16 CCR Sections 1887, 1887.3, and 1887.7 – Cleanup of Continuing Education Regulations

Background

The Office of Administrative Law (OAL) is the agency responsible for review and approval of state regulations in line with the Administrative Procedure Act. Staff has been made aware that OAL has become more strict regarding Board motions that are intended to authorize staff to proceed with approved regulatory changes. Staff has reviewed motions for all rulemaking proposals in process, and found that the motions for the proposals listed above were likely too general, not containing all necessary components. These regulation packages are at risk of being rejected by OAL.

Staff has also been made aware that OAL has become more strict regarding any forms mentioned in regulation. Staff has been informed that OAL requires the form title, number, and revision date to be stated in the regulation, and that was not done for this proposal. They also require any revisions to forms mentioned in regulation to be approved by the Board and then submitted to OAL for approval. 16 CCR Section 1870 has one form associated with it, mentioned in the regulation.

Changes have been made to the form to ensure compliance with the proposal. All required components regarding the form's mention in the regulation have also been made. Additionally, staff re-reviewed the proposed language and found some non-substantive editorial/technical changes to be necessary.

Each of these proposals were recently approved by the Board at its meeting in May of 2007, so they are at the beginning stage of the regulatory process. Once approved by the Board, staff will file the regulations with OAL for notice to the public. Legal counsel will provide more information and guidance to assist in this matter.

Requested Action

The Board is asked to do all of the following:

- Review, approve and adopt the revised language
- Review, approve and adopt the revised form
- Provide a formal delegation that authorizes staff to take all steps necessary to complete the rulemaking process for these proposals

Attachments

Revised Language (2)

Revised Form (Responsibility Statement for Supervisors of Associate Clinical Social Workers)

PROPOSED LANGUAGE
REQUIREMENTS FOR SUPERVISORS OF
ASSOCIATE CLINICAL SOCIAL WORKERS

The Board of Behavioral Sciences hereby proposes to amend and repeal regulations in Division 18 of Title 16 of the California Code of Regulations as follows:

Amend Section 1870:

(a) Any person supervising an associate clinical social worker registered with the board on and after May 10, 1999, (hereinafter called "supervisor") within California shall comply with the requirements set forth below and shall, prior to the commencement of such supervision, sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised ~~07/05-08/07~~ form #1800 37A-522), which requires that:

(1) The supervisor possesses and will maintain a current valid California license as either a licensed clinical social worker or a one of the following licensed mental health professionals acceptable to the Board as ~~specified in Section 4996.21(a) of the Code and Section 1874 of California Code of Regulations.~~ defined as follows. :

(A) Psychologist

(B) Marriage and family therapist

(C) Physician certified in psychiatry by the American Board of Psychiatry and Neurology.

(2) The supervisor has been so licensed in California or in any other state for a total of at least two (2) years prior to commencing any supervision.

~~-(2)~~ (3) The supervisor has and will maintain a ~~current~~ license in good standing and will immediately notify the associate of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, that affects the supervisor's ability or right to supervise.

~~(3)-(4)~~ (4) The supervisor has practiced psychotherapy as part of his/her clinical experience for at least two (2) years within the last five (5) years immediately preceding supervision.

~~(4)-(5)~~ (5) The supervisor has had sufficient experience, training and education in the area of clinical supervision to competently supervise associates. Effective January 1, 2001, supervisors who are licensed by the board shall have:

(A) A minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider. This training may apply towards the approved continuing education requirements set forth in Sections 4980.54 and 4996.22 of the Code. The content of such training shall include, but not be limited to:

1. familiarity with supervision literature through reading assignments specified by course instructors;

2. facilitation of therapist-client and supervisor-therapist relationships;

3. evaluation and identification of problems in therapist-client and supervisor-therapist relationships;

4. structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

5. knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

6. the practice of clinical social work, including the mandated reporting laws, and knowledge of ethical and legal issues.

~~(5)~~ (6) The supervisor knows and understands the laws and regulations pertaining to both supervision of associates and the experience required for licensure as a clinical social worker.

~~(6)~~ (7) The supervisor shall ensure that the extent, kind and quality of clinical social work performed is consistent with the training and experience of the person being supervised and shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.

~~(7)~~ (8) Effective January 1, 1999, the supervisor and the associate shall develop the "Supervisory Plan" as described in Section 1870.1. of the California Code of Regulations. This original signed plan shall be submitted to the board upon application for licensure.

~~(8)~~ (9) The supervisor shall provide the board with the original, signed "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" (revised ~~09-04~~ 08/07 form #1800 37A-522), within 30 days of commencement of any supervision. A copy of this form shall be provided to the associate by the supervisor.

~~(9)~~ (10) A supervisor shall give at least one (1) week's written notice to an associate of the supervisor's intent not to certify any further hours of experience for such person. A supervisor who has not provided such notice shall sign for hours of experience obtained in good faith where such supervisor actually provided the required supervision.

~~(10)~~ (11) Effective January 1, 1999, the supervisor shall complete an assessment of the ongoing strengths and limitations of the associate. The assessments shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the associate by the supervisor.

~~(11)~~ (12) Upon written request of the board, the supervisor shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

Note: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4996.20, 4996.21, 4996.23, Business and Professions Code.

Repeal Section 1874:

~~§1874. DEFINITION OF ACCEPTABLE MENTAL HEALTH PROFESSIONALS~~

~~For purposes of Sections 4996.20(b) and 4996.21(a), a licensed mental health professional acceptable to the board is one who, at the time of supervision, has possessed for at least two years a valid license as a psychologist, marriage and family therapist or physician certified in psychiatry by the American Board of Psychiatry and Neurology.~~

~~Note: Authority cited: Section 4990.14, Business and Professions Code. Reference: Sections 4996.20 and 4996.21, Business and Professions Code.~~

PROPOSED LANGUAGE
CONTINUING EDUCATION – MINOR CLEANUP

The Board of Behavioral Sciences hereby proposes to amend regulations in Division 18 of Title 16 of the California Code of Regulations as follows:

Amend Sections 1887, 1887.3 and 1887.7

§1887. DEFINITIONS

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).

(c) A continuing education "provider" means an accredited or approved school, or an association, health facility, governmental entity, educational institution, individual, or other organization that offers continuing education courses and meets the requirements contained in this article.

(d) An "initial renewal period" means the period from issuance of an initial license to the license's first expiration date.

~~(d)~~(e) A "renewal period" means the two-year period which spans from a license's expiration date to the license's next expiration date.

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

§1887.3. CONTINUING EDUCATION COURSE REQUIREMENTS

(a) A ~~During each renewal period,~~ a licensee shall accrue at least thirty-six (36) hours of continuing education ~~courses~~ coursework 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~~ each renewal period.

(b) Pursuant to Section 29 of the Code, a licensee who started graduate study prior to January 1, 1986, shall take a continuing education course in the detection and treatment of alcohol and other chemical substance dependency during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 29 of the Code. This is a one-time requirement for those licensees specified above.

Equivalent alcohol and other chemical substance dependency courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours towards the continuing education requirements.

(c) Pursuant to Section 32 of the Code, a licensee shall take a continuing education course in the characteristics and methods of assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 32 of the Code. This is a one-time requirement for all licensees.

Equivalent HIV and AIDS courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours towards the continuing education requirements.

(d) Any person renewing his or her license on and after January 1, 2004 shall ~~have completed not less than complete a minimum of~~ six (6) hours of continuing education in the subject of law and ethics for each renewal period. The six (6) hours shall be considered part of the thirty-six (36) hour continuing education requirement.

(e) If a licensee teaches a course, the licensee may claim credit for the course only one time during a single renewal period, receiving the same amount of hours of continuing education credit as a licensee who attended the course.

(f) A licensee may not claim the same course more than once during a single renewal period for hours of continuing education credit.

(g) A licensee who takes a course as a condition of probation resulting from disciplinary action by the board may not apply the course as credit towards the continuing education requirement.

Note: Authority Cited: Sections 4980.60 and 4990.14, Business and Professions Code.
Reference: Sections 29, 32, 4980.54 and 4996.22, Business and Professions Code.

§1887.7. BOARD-APPROVED PROVIDERS

(a) A continuing education provider must meet the board's course content and instructor qualifications criteria, as provided under this article, to qualify to become a board-approved provider.

(b) A continuing education provider shall submit a completed Continuing Education Provider Application (form no. 1800 37A-633, ~~new 5/97~~revised 12/05), hereby incorporated by reference, remit the appropriate fees, and obtain a continuing education provider number from the board to become a board-approved provider.

(c) A provider approval issued under this section shall expire on the last day of the twenty-fourth month after the approval issue date. To renew an unexpired provider approval, the provider shall, on or before the expiration date of the approval, pay the two-year renewal fee set forth in Section 1816 of these regulations.

A provider approval which is not renewed by the expiration date may not be renewed, restored, reinstated, or reissued thereafter, but the provider may apply for a new approval.

(d) Board-approved provider status is non-transferable.

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

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**RESPONSIBILITY STATEMENT FOR SUPERVISORS
OF AN ASSOCIATE CLINICAL SOCIAL WORKER**

1800 37A-522 (REV. ~~12/05~~ 08/07)

1625 NORTH MARKET BLVD, SUITE S 200

SACRAMENTO CA 95834

TELEPHONE:(916) 574-7830

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

Title 16, California Code of Regulations Section 1870 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a license as a Clinical Social Worker to complete and sign, under penalty of perjury, the following statement.

Associate's Name	ASW Number
Supervisor's Name	

As the supervisor:

- 1) I am licensed in California ~~and have been so licensed for at least two years prior to commencing this supervision.~~ The license I hold is:

Licensed Clinical Social Worker	<i>License #</i>	<i>Issue Date</i>
*Marriage and Family Therapist	<i>License #</i>	<i>Issue Date</i>
*Psychologist	<i>License #</i>	<i>Issue Date</i>
*Physician certified in psychiatry by the <i>American Board of Psychiatry and Neurology</i>	<i>License #</i>	<i>Issue Date</i>

- 2) I have and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or lapse in licensure, that affects my ability or right to supervise.
- 3) I have practiced psychotherapy as part of my clinical experience for at least two (2) years within the last five (5) years immediately preceding this supervision.
- 4) I have completed a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider.**
- 5) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise associates.
- 6) I know and understand the laws and regulations pertaining to both the supervision of associates and the experience required for licensure as a clinical social worker.
- 7) I shall ensure that the extent, kind, and quality of clinical social work performed is consistent with the training and experience of the associate.
- 8) I shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.

*** MFTs, Psychologists, and Physicians certified in psychiatry must be licensed for two years prior to commencement of supervision.**

**** Psychologists and Physicians board certified in psychiatry are not required to comply with #4.**

- 9) I shall develop a supervisory plan as described in Section 1870.1 of the California Code of Regulations. The original signed plan shall be submitted to the board upon the associate's application for licensure.
- 10) I shall provide the board with this original signed form within 30 days of commencement of any supervision. I shall provide a copy of this form to the associate.
- 11) I shall give at least one (1) week's written notice to the associate of my intent not to certify any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision.
- 12) I shall complete an assessment of the ongoing strengths and weaknesses of the associate at least once a year and upon completion or termination of supervision and will provide copies of all assessments to the associate.
- 13) Upon written request of the board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in this section.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and the information submitted on this form is true and correct.

<i>Printed Name of Qualified Supervisor</i>	<i>Signature of Qualified Supervisor</i>	<i>Date</i>
---	--	-------------

<i>Mailing Address:</i>	<i>Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Qualified Supervisor's Daytime Telephone Number: () _____

A copy of this form must be provided to the associate by the supervisor.

The **original** of this form must be mailed to:

Board of Behavioral Sciences
1625 North Market Blvd, Suite S 200
Sacramento CA 95834

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

To: Board Members

Date: August 14, 2007

From: Paul Riches
Executive Officer

Telephone: (916) 574-7840

Subject: Strategic Plan Objective Relating to Board Effectiveness

Introduction

The strategic planning cycle initiated in 2007 resulted in a strategic goal to “Be a model state licensing board.” To accomplish this goal, the board must improve every aspect of its performance. Draft objectives are in place to increase overall board staff productivity, customer satisfaction, staff communication, outreach, etc. However, the goal cannot be accomplished without highly effective governance which is provided by the board appointees. The objective was developed with the intent of having the board appointees commit to improving their effectiveness to match the commitment of board staff to increase productivity 10% over the five year planning horizon.

Draft Strategic Objective 1.7 – Increase Board appointees’ effectiveness index 10% by July 1, 2012.

The objective presents two fundamental challenges:

1. *There is no concrete articulation of what it means to be an “effective” board.* When appointed, board members are presented with a broad range of prohibitions and warnings regarding their roles (conflict of interest, ex parte communications, etc.) and California law provides extensive guidance regarding board procedures for major functions (Bagley Keene Open Meetings Act, Administrative Procedures Act, etc.). Both the confirmation process and Sunset Review processes have historically focused on the negative conduct of appointees. However, “effectiveness” is not satisfactorily defined as the absence of negative conduct or performance.

Arriving at a “concrete articulation” is primarily an exercise in the board members developing a list of the attributes of an “effective” board. Today’s meeting provides an opportunity for the board to have a collective discussion of the subject and arrive a set of “effectiveness” attributes.

2. *How effectiveness is measured.* Board appointees have relatively little “work product” in the traditional sense which present significant challenges in developing measurements of their effectiveness. Governance issues tend to focus on sound policy judgments, organizational oversight, enforcing organizational integrity, commitment to open processes, and effective communication. None of these areas are easy subjects for traditional measurements, but measurement is essential to satisfy expectations from control agencies and to provide feedback that is necessary to any strategic management initiative.

If the board members reach consensus on a set of “effectiveness” attributes, the newly formed Planning Committee can work on developing measures for those attributes and bring a suggested methodology back to the board for its consideration.

Significance

This objective is central to becoming a model state licensing board. The board’s performance will always be limited by the quality of its governance, but this objective has impact beyond this particular goal. There is a notable vacuum of thought and writing about what constitutes an effective licensing board from the appointees’ perspective. This objective has the potential to establish a standard, or at least an available methodology, for assessing the performance of a board in an affirmative sense rather than the negative assessments that have prevailed in years past.

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To: Board Members **Date:** August 20, 2007

From: Mona Maggio **Telephone:** (916) 574-7841
Assistant Executive Officer

Subject: **Review and Possible Action on the Board's Draft Strategic Plan**

Background

In December 2006, the Board of Behavioral Sciences (Board) contracted with Hatton Management Consultants for a five-year period to guide the strategic planning process and to serve as a resource throughout the plan's implementation. The Board last underwent such an effort in 2005.

The process began with a survey of the Board's stakeholders, staff and members. The survey was designed to measure the Board's effectiveness and to analyze its strengths, weaknesses, opportunities, and threats (SWOT). Staff used the results of this survey to assist them in updating the Board's vision, mission and value statements and in developing new goals and objectives. The Board reviewed, revised and approved new vision and mission statements and the new goals and objectives at its May 31, 2007 meeting.

To maintain the momentum of this dynamic framework, staff was invited to volunteer to serve on the first ever Strategic Planning Council (SPC). The role of the SPC is to serve as a staff-driven internal board of directors who will shepherd the Strategic Plan; serve as an accountability mechanism; act as a stepping stone for building a visionary organization; provide guidance and leadership to staff; and, model the BBS Way. Christy Berger was elected to serve as Chair of the SPC. Council members are: Christy Berger, Michelle Eernisse, Paula Gershon, Cheree Lasley, Julie McAuliffe, Sean O'Connor, Sandra Wright, Steve Sodergren, Mona Maggio and Paul Riches.

After selection of the SPC, staff was recruited to serve as "champions" for each objective identified as needing a champion, a total of 16. (Some objectives were identified as not needing a champion as they are part of the Board's operations and on-going responsibilities). The champion serves as a team leader, spearheading the coordination for achieving an objective and has direct responsibility for implementing and achieving an objective. A "Breakfast of Champions" was held on July 12, 2007. All champions held a torch and took an oath to serve as the leader and motivator for their objective.

The champions have selected their teams and are in the process of formulating the work action plans (WAP) for the objective. The WAP includes the major steps to achieve the objectives, the person responsible for each step, the deadline date and the resources needed to successfully meet the objective.

Requested Action

Review and approve the Board's Mission, Vision, and Values Statements and the Strategic Plan Goals and Objectives.

Attachments

1. Mission, Vision and Values Statements
2. Strategic Plan Goals and Objectives
3. Objective Champions
4. Objective Champions and Team Members

California State Board of Behavioral Sciences

Vision

Strong minds, lives, families, and communities.

Mission

**Protect Californians by promoting consumer awareness,
advocating for improved mental health services,
and setting, communicating and enforcing standards.**

Values

The BBS Way:

**Be a person of integrity.
Be professional and dedicated.
Serve with excellence.**

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California State Board of Behavioral Sciences

2007 Strategic Plan Goals, Outcomes, Objectives, and Measures

Goal 1: Be a Model State Licensing Board

Outcome: Superior Consumer Protection

1.1. Increase the board's accessibility rating on the customer satisfaction survey to 85% by July 1, 2012.

Measure: Percent increase in accessibility rating

1.2. Improve internal communications by 33% as measured by the internal communications survey by July 1, 2011.

Measure: Percent improvement in survey

1.3. Increase staff productivity index by 10% by July 1, 2012.

Measure: Percent increase in index

1.4. Improve complainant satisfaction by 50% by July 1, 2012.

Measure: Percent improvement in satisfaction

1.5. Have all employees complete BBS certification by July 1, 2010.

Measure: Number of employees with certification

1.6. Conduct 45 outreach events per fiscal year by July 1, 2012.

Measure: Number of outreach events

1.7. Increase Board appointees' effectiveness index by 10% by July 1, 2012.

Measure: Increase in effectiveness index

1.8. Implement a plan that enables the Board and its professions to assist Californians during an emergency by July 1, 2012.

Measure: An implemented emergency plan

Goal 2: Influence changes in mental health services throughout California.

Outcome: Better Access to Mental Health Services

2.1. Advocate for five (5) laws that expand access to mental health services by July 1, 2012.

Measure: Number of laws advocated

2.2. Implement four (4) strategies to improve the quality of clinical supervision by July 1, 2012.

Measure: Number of strategies implemented

2.3. Secure passage of legislation to revise the curriculum for marriage and family therapist licensure by January 1, 2009.

Measure: Passage of legislation

2.4 Implement 6 strategies to improve the quality of treatment for co-occurring disorders by July 1, 2012.

Measure: Number of implemented strategies

Goal 3: Promote quality mental health services.

Outcome: Better Informed Consumers

3.1. Implement four (4) consumer awareness initiatives on the roles of mental health services by July 1, 2012.

Measure: Number of initiatives implemented

3.2. Provide 3 new publications in at least two (2) additional languages by July 1, 2012.

Measure: Number of publications in additional languages

3.3 Implement four (4) strategies to address demographic disparities between providers of mental health services and consumers by July 1, 2012.

Measure: Number of strategies implemented

Goal 4: Expand the Board's access to resources.

Outcome: Effective Use of Board's Resources

4.1. Achieve 70% utilization of iLicensing in the first year of implementation.

Measure: Percent utilization achieved

4.2. 90% of BBS staff will participate in the Human Resource Management Plan by July 1, 2010.

Measure: Percent of staff participating

4.3. Obtain access to 7 external experts to address our competency gaps by July 1, 2009.

Measure: Number of experts accessed

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BBS OBJECTIVE CHAMPIONS		
	Objective	Champion
1.1	Increase the board's accessibility rating on the customer satisfaction survey to 85% by July 1, 2012.	Sandy
1.2	Improve internal communications by 33% as measured by the internal communications survey by July 1, 2011.	Kari F.
1.3	Increase staff productivity index by 10% by July 1, 2012.	Michelle
1.4	Improve complainant satisfaction by 50% by July 1, 2012.	Cheree
1.5	Have all employees complete BBS certification by July 1, 2010.	Steve
1.6	Conduct 45 outreach events per fiscal year by July 1, 2012.	Sean
1.7	Increase Board appointees' effectiveness index by 10% by July 1, 2012.	Paul
1.8	Implement a plan that enables the Board and its professions to assist Californians during an emergency by July 1, 2012.	Cassandra
2.2	Implement four (4) strategies to improve the quality of clinical supervision by July 1, 2012.	Mona
2.4	Implement 3 strategies to improve the quality of treatment for co-occurring disorders by July 1, 2012.	Christina and Julie
3.1	Implement four (4) consumer awareness initiatives on the roles of mental health services by July 1, 2012.	Sean
3.2	Provide 3 new publications in at least two (2) additional languages by July 1, 2012.	Elina
3.3	Implement four (4) strategies to address demographic disparities between providers of mental health services and consumers by July 1, 2012.	Christy
4.1	Achieve 70% utilization of iLicensing in the first year of implementation.	Lynné
4.2	90% of BBS staff will participate in the Human Resource Management Plan by July 1, 2010.	Paula
4.3	Obtain access to 7 external experts to address our competency gaps by July 1, 2009.	Jason

Strategic Plan Champions and Team Members

Objective	Champion	Team Members
1.1	Sandra Wright	Cindy Finan, Debbie Flewellyn, Marsha Gove, Mary Hanifen, Cassandra Kearney, Steve Sodergren
1.2	Kari Frank	Michelle Eernisse, Marilyn Schilling, Steve Sodergren
1.3	Michelle Eernisse	Kari Frank, Marsha Gove, Cheree Lasley, Terri Maloy, Paul Riches, Steve Sodergren
1.4	Cheree Lasley	Jason Reinhardt, Rosanna Webb-Flores
1.5	Steve Sodergren	Cindy Finan, Debbie Flewellyn, Kari Frank, Lora Romero
1.6	Sean O'Connor	Nikki Cotto, Michelle Eernisse
1.7	Paul Riches	--
1.8	Cassandra Kearney	Debbie Flewellyn, Paula Gershon, Marsha Gove, Christina Kitamura, Lynné Stiles
2.2	Mona Maggio	Christy Berger, Michelle Eernisse, Debbie Flewellyn, Terri Maloy, Pau Riches, Jessica Updahye
2.4	Christina Kitamura Julie McAuliffe	Christy Berger, Mary Hanifen, Elina Taylor, Lora Romero, Jessica Upadhye
3.1	Sean O'Connor	Christy Berger, Cindy Finan, Mona Maggio, Paul Riches, Elina Taylor
3.2	Elina Taylor	Sean O'Connor, Jason Reinhardt, Pearl Yu
3.3	Christy Berger	Cassandra Kearney, Christina Kitamura, Mona Maggio, Jessica Upadhye
4.1	Lynné Stiles	Kari Frank, Karmynne Williams
4.2	Paula Gershon	Kim Higginbotham, Steve Sodergren, Karmynne Williams, Sandra Wright
4.3	Jason Reinhardt	Paula Gershon, Cheree Lasley, Pearl Yu (Julie McAuliffe-alternate)

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To: Board Members

Date: August 14, 2007

From: Steve Sodergren
Program Manager

Telephone: (916) 574-7840

Subject: Personnel Update

New Employees

Cassandra Kearny joined the BBS in July filling the vacant analyst position in the Board's Administration Unit. Cassandra previously worked as an analyst for the Board of Barbering and Cosmetology.

Promotions

Sandy Wright has been promoted as an Assistant Governmental Program Analyst. She will be taking over the duties as the lead of the Board's Examination unit.

Recruitment

The recruitment process has begun for two analyst positions within the Enforcement Unit. The Board is awaiting Budget approval before filling these positions.

The Board is also in the process of finalizing, with Consumer Affairs Personnel office, a Staff Services Manager-Specialist position that will be responsible for the Mental Health Services Act project. Recruitment is expected to occur within the next two months.

Training

The following employees have completed the following training classes:

Lynne' Stiles	Government Technology Conference	5/16-5/18/07
Lora Romero	Defensive Driver Training	5/23/07
Cindy Finan	Welcome to DCA	5/24/07
Cindy Finan	Defensive Driver Training	5/30/07
Michelle Eernisse	Discover Your True Colors	5/30-5/31/07
Marsha Gove	Defensive Driver Training	6/7/07
Paul Riches	Action Plan for Behavioral Health Workforce Development	6/12/07
Michelle Eernisse	Introduction to Power Point	6/14/07
Cindy Finan	How To Be an Outstanding Receptionist	7/17/07
Marilyn Schilling	How To Be an Outstanding Receptionist	7/17/07
Lora Romero	How To Be an Outstanding Receptionist	7/17/07
Cassandra Kearney	Budget Form Class (STD 399)	8/3/07

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To: Board Members

Date: August 20, 2007

From: Steve Sodergren
Program Manager

Telephone: (916) 574-7840

Subject: Exam Administration Update

Psychological Services, LLC (PSI) began scheduling and administering the Board of Behavioral Sciences licensing examinations on June 1, 2007. While the transition has gone quite smoothly, considering the short time frame that PSI has had to implement the new program, there have been some complications. Some of the complications that have been encountered are as follows:

- Candidates were having difficulty scheduling exams because PSI was unable to determine the candidates' eligibility to take an exam. The cause of the problem was determined to be the way in which the original data files were transferred. PSI corrected the problem by conducting another file transfer.
- Candidate handbooks were being sent out without a candidate file number. Candidate handbooks are currently being sent with the number.
- Candidate handbooks were being sent out with the wrong expiration date. The Board is currently working with PSI to correct the problem.
- There was a delay in the opening of the PSI Santa Rosa and Bakersfield test sites. All testing sites are now open.
- Candidates were only able to schedule an examination thirty days in advance. Candidates are now able to schedule an exam sixty days in advance. PSI is working on extending this time.
- The Marriage and Family Therapist Clinical Vignette examination was not being presented correctly to the candidates. This was brought to the Board's attention on June 18th. PSI researched and corrected the problem on June 19th. Approximately 15 candidates were affected. These candidates were granted a free re-exam, early eligibility and a free initial licensure.
- Candidates who have passed the standard written examination version are receiving initial licensure applications with their score report instead of receiving an application for the clinical vignette. PSI has resolved this issue.

- Candidate handbooks contained wrong directions to testing sites. PSI has issued correct direction on their website.

Currently, the Board is working closely with the Department's Office of Examination Research to address any other issues that may arise. The Board has also made concessions to the candidates that have been having difficulties registering for examinations to ensure they are not adversely affected by the transition.

Attached to this memo is information regarding the number of exam administrations for each exam and customer satisfaction survey results from PSI's survey of examinees.

Below is a list of the amount of candidates who have taken an examination with PSI as of August 7:

TEST TYPE	NUMBER OF CANDIDATES
Licensed Clinical Social Worker Written Exam	185
Licensed Clinical Social Worker Clinical Vignette	172
Marriage and Family Therapist Written Exam	324
Marriage and Family Therapist Clinical Vignette	240
Licensed Educational Psychologist	17

A component of the testing experience is a survey that the candidates volunteer to fill out at the end of the exam. Below are the questions that are asked and the response of approximately 849 candidates who filled out the survey:

How would you rate the location of the test center?	
Excellent	34%
Good	44%
Average	17%
Poor	7%

How would you rate the computer testing system overall?	
Excellent	38%
Good	48%
Average	12%
Poor	3%

How would you rate the registration and scheduling procedures?	
Excellent	37%
Good	42%
Average	14%
Poor	7%

How would you rate the conditions of the test center?	
Excellent	27%
Good	42%
Average	23%
Poor	9%

How would you rate the convenience of the examination date and time?	
Excellent	42%
Good	45%
Average	11%
Poor	3%

How would you rate the test center staff?	
Excellent	59%
Good	33%
Average	7%
Poor	1%

How would you rate the information in the Candidate Information Brochure?	
Excellent	25%
Good	55%
Average	15%
Poor	4%

How would you rate the clarity of the computer tutorial?	
Excellent	37%
Good	48%
Average	12%
Poor	2%

QUARTERLY LICENSING STATISTICS

(4/1/2007- 6/30/2007)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	460	673	250	427	24	1,834
Applications Approved	389	591	217	350	16	1,563
Avg. Processing Time	24 days	25.4 days	33.1 days	36.8 days	35.3 days	30.9 days
Avg. Processing Time subtracting time for deficiencies	11.7 days	11 days	16.6 days	12.3 days	13.5 days	13 days

QUARTERLY LICENSING STATISTICS

(1/1/2007- 3/31/2007)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	312	645	266	372	28	1,623
Applications Approved	280	564	282	304	18	1,448
Avg. Processing Time	23.9 days	26.4 days	40.4 days	39.4 days	52.1 days	36.4 days
Avg. Processing Time subtracting time for deficiencies	13.1 days	13.3 days	23.3 days	13.8 days	8.3 days	14.4 days

QUARTERLY LICENSING STATISTICS

(10/1/2006- 12/31/2006)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	396	639	234	354	16	1,639
Applications Approved	422	593	181	308	14	1,518
Avg. Processing Time	24.7 days	26.6 days	43.6 days	43 days	34.2 days	34.4 days
Avg. Processing Time subtracting time for deficiencies	11.6 days	14.6 days	18.8 days	14.3 days	12.8 days	14.4 days

QUARTERLY LICENSING STATISTICS

(7/1/2006- 9/30/2006)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	661	1,027	231	336	24	2,279
Applications Approved	623	996	198	289	27	2,133
Avg. Processing Time	19.1 days	20.4 days	28.3 days	32.3 days	33.9 days	26.8 days
Avg. Processing Time subtracting time for deficiencies	8.6 days	9.3 days	9.5 days	9.4 days	7.6 days	8.9 days

QUARTERLY LICENSING STATISTICS

(4/1/2006- 6/30/2006)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	445	645	247	422	38	1,797
Applications Approved	380	564	199	417	26	1,586
Avg. Processing Time	21.4 days	27.9 days	40.7 days	38 days	46.1 days	34.8 days
Avg. Processing Time subtracting time for deficiencies	10.6 days	5.9 days	10.3 days	11.8 days	2.5 days	8.2 days

QUARTERLY LICENSING STATISTICS

(1/1/2006- 3/31/2006)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	298	548	231	372	13	1,462
Applications Approved	298	525	167	367	15	1,372
Avg. Processing Time	36.6 days	37.9 days	36.2 days	45.4 days	68.7 days	45 days
Avg. Processing Time subtracting time for deficiencies	9.5 days	12.6 days	13.5 days	19 days	12.3 days	13.4 days

QUARTERLY LICENSING STATISTICS

(10/1/2005- 12/31/2005)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	334	537	248	284	20	1,423
Applications Approved	339	621	194	298	14	1,466
Avg. Processing Time	39 days	34.4 days	26 days	64.1 days	50.6 days	42.8 days
Avg. Processing Time subtracting time for deficiencies	10.7 days	12.5 days	12.7 days	41.8 days	8.3 days	17.2 days

QUARTERLY LICENSING STATISTICS

(7/1/2005 - 9/30/2005)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	561	1,062	270	390	28	2,311
Applications Approved	547	957	252	325	20	2,101
Avg. Processing Time	28.1 days	33.3 days	35.6 days	60.3 days	41.3 days	39.7 days
Avg. Processing Time subtracting time for deficiencies	9.4 days	13.8 days	18.4 days	44.9 days	8.8 days	19.1 days

QUARTERLY LICENSING STATISTICS

(4/1/2005-6/30/2005)

	Associate Clinical Social Worker	Marriage and Family Therapist Intern	Licensed Clinical Social Worker	Marriage and Family Therapist	Licensed Educational Psychologist	Totals
Applications Received	377	599	263	338	37	1,614
Applications Processed	346	460	301	298	33	1,438
Avg. Processing Time	47.5 days	42.1 days	51.1 days	63.8 days	64.8 days	53.9 days
Avg. Processing Time subtracting time for deficiencies	11.1 days	12.6 days	37 days	49.9 days	6.4 days	23.4 days

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Sacramento, CA 95834
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www.bbs.ca.gov

To: Board Members

Date: August 16, 2007

From: Paul Riches
Executive Officer

Telephone: (916) 574-7840

Subject: Strategic Plan Update

Background

The board formally adopted the strategic plan at its November 2005 meeting. As part of the implementation of the strategic plan, each committee receives a progress update on the strategic objectives under its jurisdiction.

This regular exchange of information provided will provide mutual accountability between staff and board members in accomplishing our shared objectives. This is the final report that will be issued under the current strategic plan. The next board meeting will have the first report from the new strategic plan being considered by the board today.

Update on Objectives

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. Ms. Gershon also gave a budget overview presentation before the Board at its November 2005 and 2006 Board 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

Staff has completed the first draft of the Student Handbooks. The handbooks were created for students in marriage and family therapy and social work programs. The handbooks were developed from the "Frequently Asked Questions" handouts and by the questions and comments heard at outreach and student presentation events. The handbooks have been finalized and are currently in graphic design. Publication is expected in Fall 2007.

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

The consumer brochure *Empowering Consumers: Questions to Ask Your Mental Health Professional* is targeted for a Fall 2007 release. This brochure will provide the consumer with a variety of information, including the information required by this objective. Staff received comments on the draft during the July 2007 Consumer Protection Committee meeting and anticipates publication in Fall 2007.

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 is to aid in the Board's goal of improving customer satisfaction levels.

Status

In June 2006, the Board created a customer satisfaction survey accessible from the Board's website. Since August 2006, licensing evaluators have been sending out a Licensing Survey to all new registrants and exam candidates, and Enforcement analysts have been sending out a survey to all newly closed cases. A satisfied customer is a person who indicates a rating of either Excellent or Good in his or her survey response.

Website Customer Satisfaction Survey

Overall satisfaction has risen from 57% for June 12 2006 – August 31 2006 to 88% for July 1, 2007 – July 31, 2007. Aggregate satisfaction since the inception of the survey is 69%. The trendline is steadily up on this measure. In July 2007 74% of respondents rated overall satisfaction as excellent (up from 46% in the initial survey period).

Additionally, an increasing amount of comments submitted with the survey indicate a noticeable improvement in BBS customer service.

Licensing Survey

The average overall satisfaction rating from 8/1/2006 – 7/31/2007 was 84%. In that same time period, over 87% of all respondents indicated that their service need was addressed.

Enforcement Survey

As of early January 2007 the Board has received only 20 responses to the Enforcement Survey. Due to the aforementioned personnel changes, the Enforcement statistical data is not available at this time.

In general, staff reviewing the incoming Enforcement Surveys notice that the satisfaction indicated on the survey typically has more to do with the outcome of the case as opposed to the level of customer service received.

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

The Board is on track to meet or exceed this objective. In 2006, the Board participated in the following mental health public outreach events:

1. April 21-22, 2006 - NASW Conference in Los Angeles.
2. May 4-7, 2006 - CAMFT Annual Conference in Palm Springs.
3. April 28, 2006 the Board hosted "California's Diverse Consumers: Implications for Licensure – A Working Conference."
4. October 20-21st – NASW CE Fair in San Francisco

Events attended thus far in 2007:

1. March 8 - 10, 2007 - CASP Annual Conference
2. March 24, 2007 – Consumer Protection Day
3. April 15, 2007 – NASW Legislative Lobby Day
4. May 2, 2007 – CSU East Bay LCSW Job Fair
5. May 4 –5, 2007 - NASW Annual Conference, San Francisco
6. May 17 – 19, 2007 – CAMFT Annual Conference, Santa Clara

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 Board's Website provides valuable information

regarding various Board services, regulatory functions, examinations, enforcement, licensing, licensee status, etc.

Status

The board rolled out its newly designed website on June 1, 2007. Response from users has been consistently positive.

Objective 1.7 -- Conduct 25 student outreach events per fiscal year at qualifying degree-granting colleges and universities by June 30, 2010.

The success of BBS outreach during 2006 has led to an increasing demand from schools, agencies, and associations for the Board's presence at events in 2007. Events already scheduled for 2007 include the following:

Status

From January 31, 2006 – December 4, 2006, Mr. O'Connor made presentations to 25 marriage and family therapy programs, six presentations to social work programs, and three agencies presentations throughout the state.

2007 Schedule:

Events

1. January 22, 2007 – Agency Presentation: Laura's House, Orange County
2. January 23, 2007 – LCSW School Presentation: USC
3. January 23, 2007 – MFT School Presentation: Antioch University, Los Angeles
4. January 29, 2007 – LCSW School Presentation: UC Berkeley
5. February 6, 2007 – MFT School Presentation: Azusa Pacific University February 8, 2007 – MFT School Presentation: Azusa Pacific University February 9, 2007 – MFT School Presentation: San Diego State University
6. February 13, 2007 – LCSW School Presentation: USC, Orange County February 21, 2007 – LCSW School Presentation: CSU East Bay
7. March 6, 2007 – MFT School Presentation: Pepperdine University, W. LA Campus
8. March 7, 2007 – MFT School Presentation: Pepperdine University, Irvine Campus
9. March 20, 2007 – MFT School Presentation: Loyola Marymount University
10. March 28, 2007 – LCSW School Presentation: San Francisco State University
11. April 12, 2007 – MFT School Presentation: Alliant International University
12. April 13, 2007 – LCSW School Presentation: CSU, Chico
13. April 19, 2007 – MFT School Presentation: University of San Francisco, Santa Rosa
14. April 21, 2007 – MFT School Presentation: Bethany University
15. April 23, 2007 – LCSW School Presentation: CSU, Long Beach
16. April 24, 2007 – LCSW School Presentation: UCLA
17. May 3, 2007 – LCSW School Presentation: CSU, Sacramento
18. May 12, 2007 – LCSW School Presentation: CSU, Sacramento
19. May 24, 2007 – Agency Presentation: LA County Dept of Children's and Family Services
20. June 5, 2007 – Agency Presentation: Self Help for the Elderly, San Francisco
21. June 11, 2007 – Agency Presentation: Whitehouse Counseling Center, Sacramento
22. June 26, 2007 – MFT School Presentation: CSU, Long Beach
23. June 28, 2007 – MFT School Presentation: University of San Francisco, Sacramento
24. July 10, 2007 – LCSW School Presentation: CSU, East Bay, Concord Campus
25. July 26, 2007 – LCSW School Presentation: CSU, Long Beach
26. July 21, 2007 – MFT School Presentation: Argosy University, San Bernardino
27. August 6, 2007 – MFT School Presentation: John F. Kennedy University, Campbell
28. August 7, 2007 – MFT School Presentations: John F. Kennedy University, Oakland
29. August 7, 2007 – MFT School Presentations: John F. Kennedy University, Concord

30. August 13, 2007 – MFT School Presentation: Chapman University, Orange

Events Scheduled

1. August 22, 2007 – Agency Presentation: LA Unified School District
2. October 1, 2007 – MFT School Presentation: Notre Dame De Namur University
3. October 15, 2007 – Presentation: NASW San Bernardino County Chapter Meeting
4. November 19, 2007 – LCSW School Presentation: CSU, Long Beach

Goal 2: Build an excellent organization through effective leadership and professional staff.

Objective 2.1 -- Meet 80% of training goals identified in IDPs by June 30, 2006.

Methodology

Staff reviewed Individual Development Plans completed in the 2005/2006 fiscal year and found that the plans indicated 23 separate training courses be completed.

Target

Staff would need to complete 18 courses to satisfy the objective.

Current Performance

The backlog of Individual Development Plans (IDPs) has been eliminated, and the board is now current. Of those IDPs given in the current fiscal year, 8 staff members identified 23 classes they desired to attend. To date 21 classes have been completed. This is an 88% completion rate.

This objective has been satisfied for the current quarter. Staff will return with recommendations regarding either the revision or elimination of this objective at a future committee meeting.

Objective 2.2 -- Reduce average application processing time by 33% by December 30, 2006.

Applicants place a priority on the timely resolution of their application, and this objective was established to improve the board's responsiveness to its applicants.

Methodology

Application processing time is defined as follows:

Number of days from receipt of application - Number of days elapsed awaiting resolution of deficiencies

Results for Baseline Period

Baseline processing time was established in the period from April – June 2005 as 23.4 days.

For the 2006 calendar year the average processing time across all programs was 11.2 days (35.3 days with Deficiencies).

For the second quarter of 2007 the average processing time across all programs was 13 days (30.9 days with Deficiencies).

Target Processing Times

An average processing time of 15.7 days would satisfy this strategic objective. The processing time for the April – June 2007 quarter was 13 days which satisfies the objective, and is a 10% decrease in processing time over the prior quarter. Staff expects continued reductions in processing time in future quarters and a return to average times below 10 days.

Objective 2.3 -- Increase staff training hours by 15% by June 30, 2010.

Methodology

Staff reviewed training records for the prior two fiscal years to establish an average number of training hours to utilize as a baseline.

In the fiscal year 2003/2004, staff completed 150 hours of formal training. In the fiscal year 2004/2005, staff completed 813 hours of formal training. This data yields an average of 481 hours of staff training over the two-year period. Given the significant divergence between those two numbers, staff will use the 2004/2005 fiscal year as the baseline for this objective.

Target

Staff would need to complete 934 hours per year to satisfy the objective.

Current Performance

In the fiscal year 2004/2005, 813 hours were devoted to staff training. In 2005/06 961.5 hours staff training was completed (an 18% increase over the previous year).

In the 2006/07 fiscal year, staff completed 994.5 hours of training. This exceeds the target amount by 6%.

Objective 2.4 -- Joint participation by executive staff and board members in 20 external events (non-board meeting) by June 30, 2010.

This objective was included to develop closer working relationships between board members and board staff outside the context of formal board and committee meetings. The following list includes both past and currently scheduled events.

1. *October 2005* MSW educators meeting at USC [Peter Manoleas, Paul Riches]
2. *January 2006* MSW student meeting at UC Berkeley [Peter Manoleas, Paul Riches, Janene Mayberry]
3. *March 2006* National Association of School Psychologists meeting in Anaheim [Judy Johnson, Paul Riches]
4. *April 2006* MFT Student outreach meeting at Pepperdine University [Karen Pines, Sean O'Connor]
5. *May 2006* CAMFT annual meeting in Palm Springs [Joan Walmsley, Mona Maggio, Paul Riches]
6. *June 2006* MFT students and educators meeting at Phillips Graduate Institute [Ian Russ, Victor Law, Paul Riches, Kari Frank, Mona Maggio]
7. *July 2006* Orange County Community Counseling Consortium meeting at Pepperdine University, Orange County [Paul Riches, Joan Walmsley]
8. *October 2006* [Ian Russ, Paul Riches, Mona Maggio, Rosanna Webb-Flores, Pearl Yu, Mary Hanifen, Julie McAuliffe] Workgroup on Custody Evaluators with the Administrative Office of the Courts.

9. *November 2006* Presentation at Human Options agency [Sean O'Connor and Joan Walmsley]
10. January 23, 2007 - USC LCSW School Presentation [Sean O'Connor and Victor Law]
11. February 6, 2007 - Azusa Pacific MFT School Presentation [Sean O'Connor and Victor Law]
12. February 13, 2007 - USC Orange County LCSW School Presentation [Sean O'Connor and Joan Walmsley]
13. March 8, 2007 - CASP Annual Conference – [Judy Johnson, Sean O'Connor, Paul Riches, Steve Sodergren]
14. April 23, 2007 - CSU, Long Beach - LCSW School Presentation [Victor Law, Sean O'Connor]
15. April 24th - UCLA LCSW School Presentation [Victor Law, Sean O'Connor]
16. May 4-5, 2007 – NASW California Conference [Joan Walmsley, Sean O'Connor, Paul Riches]
17. May 16-19, 2007 – CAMFT Conference [Ian Russ, Paul Riches, Sean O'Connor, Steve Sodergren]

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

Title 16, CCR, Sections 1816.7 and 1887.7, 1887.75, and 1887.77, Delinquency Fees for Continuing Education Providers

This proposal would allow a registered provider of continuing education (PCE) a period of one year from the registration's expiration date in order to renew an expired PCE registration with a \$100 delinquency fee. Currently, when a PCE does not renew the registration prior to its 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 completed the required regulatory documents and the notice was published by the Office of Administrative Law (OAL) on September 29, 2006. The required regulatory documents were also mailed to the Board's interested party list and posted on the Board's web site; the Board received written comments regarding the proposal. The regulatory hearing was held on November 16, 2006; no public comments were received. On December 22, 2006, staff distributed a 15-day notice to the public to incorporate minor modifications into the language and will present the modified language to the Board for final approval at its February 2007 meeting.

Title 16, CCR, Sections 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. The original intent of this proposal was to delete the definition of a "self-study course" and delete the limitations regarding self-study hours. The Consumer Protection Committee approved this proposal at its September 20, 2006 meeting. The proposal went before the Board for preliminary approval at its November 16, 2006 meeting; however, the Board recommended modifications to the proposed language – to retain the definition of a "self-study course"

and to increase the self-study course limitations to one-half of the total required CE hours. Staff completed the required regulatory documents for noticing which were submitted to OAL on December 18, 2006. The notice was published on December 29, 2006, which initiated the 45-day public comment period. A public hearing will be held at the Board's next meeting on February 15, 2007.

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

This proposal would provide the Board with the authority to issue a citation and fine to a continuing education provider. This 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 sponsored Senate Bill 1475 (Figueroa), *Reorganization of Licensed Educational Psychologists (LEP) and Administrative Statutes; Portability of Licensure for Licensed Clinical Social Workers*. This bill, which takes effect on January 1, 2007, reorganizes and revises the Board's Administration statutes for clarity, removes obsolete provisions, and makes some minor refinements. This bill also reorganizes and revises the LEP statues to remove obsolete provisions, modernize statutes relating to licensure, scope of practice, continuing education, and enforcement, and creates better consistency with the Board' other practice acts. This bill also facilitates portability of licensure for clinical social workers licensed in another state. Additionally, this bill extends the Board's sunset date by one year to July 1, 2009.

STATUS: This bill became effective January 1, 2007,

The Board sponsored Assembly Bill 1852 (Yee). This bill allows 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, (OSHPD) administers this program.

STATUS: This bill became effective January 1, 2007.

Proposed legislation for 2007 will be discussed at the February 2007 Board Meeting under Agenda Item XIV Attachment H.

The Board has also approved several substantive regulatory changes, currently in process:

Title 16, CCR Section 1803, Delegation of Authority to the Executive Officer This proposal would allow the Board's executive officer to sign orders to compel a physical or mental evaluation of a Board licensee or registrant as part of an investigation of a complaint. A regulatory hearing was held on October 4, 2006; no public comments were received at the hearing. The Board gave final approval to this proposal at its meeting on November 16, 2006. The regulatory packet is pending DCA approval. Once approved staff will submit the final regulatory packet to the Office of Administrative Law (OAL) for final approval.

Title 16, CCR Sections 1833.3 and 1870, Supervisor Qualifications Supervisors of registrants

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 and delete the requirement that supervisors of MFT Interns and Trainees average 5 hours of client contact per week for two out of the five years prior to supervising. 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 completed the required regulatory documents, and the notice was published by OAL on September 29, 2006. The required regulatory documents were also mailed to the Board's interested party list and posted on the Board's web site; the Board received written comments regarding the proposal. The regulatory hearing was held on November 16, 2006; no public comments were received. Staff distributed a 15-day notice to the public to incorporate minor modifications into the language and will present the modified language to the Board for final approval at its February 2007 meeting.

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 voted to support Assembly Bill 3013 (Koretz), *Medical Information: Disclosures*. This bill strengthens 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: Became effective on January 1, 2007.

Assembly Bill 2257 (Committee on Business and Professions) – This bill would require a psychologist to retain patient records for 7 years from the patient's discharge date. This bill became effective on January 1, 2007.

The bill adds Section 2919 to the Business and Professions Code, to read:

2919. A licensed psychologist shall retain a patient's health service records for a minimum of seven years from the patient's discharge date. If the patient is a minor, the patient's health service records shall be retained for a minimum of seven years from the date the patient reaches 18 years of age.

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. DOI senior administrators Kathy Door and Bill Holland have left DOI for promotional opportunities elsewhere within state government. Ms. Maggio met with Rex Cowart, Acting Chief; however, there is no positive news on when DOI will be able to fill its vacancies. In an effort to handle more complaints in-house, Enforcement Staff, Rosanna Webb-Flores, Mary Hanifen, Pearl Yu and Cheree Lasley completed The Council on Licensure, Enforcement and Regulation's (CLEAR) Basic National Certified (NCIT) Investigator/Inspector Training Program and are designated as "Certified Investigator/Inspector." Mary Hanifen, Peal Yu and Cheree Lasley also completed the NCIT Advanced Investigative Analysis, Advanced Investigative Report Development, and Advanced Interviewing as part of the NCIT specialized program. Ms. Flores is scheduled to take the advanced NCIT training course and Julie McAuliffe is scheduled to take the basic course NCIT.

Enforcement staff has begun a review of the cases that are currently at DOI and may request some be returned to the office for handling in-house.

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.
- A presentation on the Board's Licensing and Examination Programs is given annually at a public 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.

Goal 4: Advocate for increased access to mental health services.

Objective 4.1 -- Participate in 15 public policy forums throughout the State addressing access to mental health services by June 30, 2010.

The board has been actively participating with the MHSA Education and Training initiative. This initiative is developing the strategic plan for spending MHSA revenues dedicated to building the mental health workforce. This initiative has an advisory group (where the board is represented by Peter Manoleas), which has formed nine workgroups to write elements of the plan. The board is actively participating in the following workgroups:

1. Needs Assessment [Mona Maggio]
 6. Distance Learning [Christy Berger]
 8. Post Secondary Education and Training [Judy Johnson]
 9. Licensing and Certification [Paul Riches]
- On June 12, 2006 Ms. Maggio attended the initiative's Needs Assessment workgroup.
 - On June 28, 2006 Ms. Berger will attend the Distance Learning workgroup.
 - On July 6, 2006, Ms. Johnson will attend the Post-Secondary Education/Training workgroup.
 - On July 12, 2006, Mr. Riches will attend the Licensing and Certification workgroup.
 - On July 19, 2006, Mr. Manoleas attended the Advisory Committee meeting.
 - On August 10, 2006 Ms. Maggio attended the Needs Assessment workgroup meeting.
 - On September 6, 2006 Mr. Riches attended the Licensing and Certification workgroup.
 - On October 18, 2006 Ms. Maggio and Peter Manoleas attended the Advisory Committee Meeting.
 - On March 7, 2007 Mr. Riches attended the Advisory Committee meeting.
 - On May 8, 2007 Mr. Riches participated in the Advisory Committee meeting regarding the creation of MHSA stipend programs for licensed mental health practitioners.

Mr. Riches has been invited to participate with two workgroups established by the California Social Work Education Center (CalSWEC) regarding implementation of the MHSA and Workforce development.

- On September 28, 2006 Mr. Riches made a presentation on board activities to the California Social Work Education Center (CalSWEC) Mental Health Initiative workgroup.
- On September 28, 2006 Mr. Riches attended the CalSWEC Workforce Initiative workgroup and was invited to join the group on an ongoing basis.

Objective 4.2 -- Develop 4 proposals related to behavioral science licensing law that address delivery of services to consumers in light of demographic changes in both the general and licensee populations by December 31, 2007.

A board-sponsored conference on diversity issues in professional licensing will be held on Friday, April 28 in Sacramento. The conference will feature state and national experts in demography and cultural competence in mental health care as well as working sessions designed to provide feedback and suggestions for the board's consideration. A report on the conference was provided at the May 18-19, 2006 board meeting. Staff is working through suggestions from that conference to begin developing proposals for board committees to consider. The Policy and Advocacy Committee reviewed the suggestions and took public input regarding prioritizing board efforts at its September 27, 2006 meeting.

A demographic survey of board licensees and registrants has been completed. Staff is continuing work on data entry. Results from the survey will provide the board with demographic information that will be important in its deliberations on this subject.

Objective 4.3 -- Advocate for 5 laws that expand access to mental health services by June 30, 2010.

The board has taken support positions on the following bills in the 2007 session. Both bills would substantially expand access to mental health services. Both bills are still pending in the Legislature.

Assembly Bill 423 (Beall) -- Mental Health Parity
Senate Bill 851 (Steinberg and Romero) -- Mental Health Courts

Goal 5: Utilize technology to improve and expand services.

Objective 5.1 -- Provide the ability to accept electronic payments by June 30, 2008.

Objective 5.2 -- Process 70% of all renewal applications on-line by June 30, 2009.

Objective 5.3 -- Process 33% of all new applications on-line by June 30, 2010

Objective 5.4 -- Provide the ability to check the status of all applications online by June 30, 2010.

These four goals are linked to the implementation of the iLicensing system being developed by the Department of Consumer Affairs. The Legislature included \$10.7 million in the 2006-07 budget bill (SB 1129) for the Department to implement the system. All of the boards and bureaus within the Department will share the expense of the system. It is expected that the system will provide a platform to meet these goals. The BBS budget was increased by \$50,000 in the 2006-07 fiscal year to reflect its share of the first year expense. Additional expenditures in future budget years are expected as the project is implemented. The budget action included total department-wide budget reductions of \$500,000 per year ongoing beginning in the 2009-10 fiscal year to reflect efficiencies from the system.

This project is underway and is in the early planning stages. Board staff is participating in the development of business requirements for the system. Current schedules anticipate deployment for the board in 2009.

Goal 6: Maximize the efficiency and effectiveness of the Board's resources.

The productivity targets in each of these objectives were established by projecting future workload based on an evaluation of the trends established in the past five years. These productivity increases are required if the new workload is to be absorbed without either an increase in staffing or reduction in service levels.

Objective 6.1 -- Increase licensing staff productivity 13% by June 30, 2010

With the close of the January – March 2006 quarter, we now have one full year of data available as a baseline measure of productivity. It is important to measure licensing productivity on an annual basis because of the substantial seasonality to the workload.

Methodology

Productivity is defined as the total number of completed applications divided by the total time. The licensing unit has 4.5 personnel years allocated to evaluate applications for registration and licensure. There are 246 working days in a personnel year (52 weeks x 5 days – 14 paid state holidays). Based on 8 hour workdays that allows 1107 total working days (8856 hours) for our license evaluators. This figure does not account for vacancies, training time, sick leave, or vacation so the resulting number is expected to understate the actual productivity, but including these confounding variables would make valid year to year comparisons unworkable.

Results for Baseline Period

In the period of April 1, 2005 to March 31, 2006 the license evaluators completed 6377 applications. Based on that performance the license evaluators completed 0.72 applications per work hour.

In the period of April 1 2006 to March 30, 2007 the license evaluators completed 6685 applications completed in 8856 staff hours. This yields a productivity of 0.75 applications per hour a 5% increase in productivity over the baseline period.

Productivity Target

To meet the 13% productivity increase target the license evaluators will have to complete .81 applications per work hour.

Objective 6.2 -- Increase enforcement staff productivity in processing consumer complaints 29% by June 30, 2010.

Methodology

Measuring productivity in enforcement poses a significantly greater challenge than in other board programs. This objective specifically references consumer complaints and therefore actions taken based on internal investigations or criminal conviction information were not considered. Both of these categories do include a significant portion of the enforcement unit workload, but the objective sought to focus on consumer complaints as the most important element of that workload.

First, it was not immediately apparent what the “product” is. After considerable reflection and discussion, we arrived at “resolution” as basic element in enforcement. Actions that resolved (or completed) a consumer complaint were deemed to be products. Consumer complaints are generally “resolved” in one of four categories:

1. Disciplinary Action
2. Citation and Fine
3. Cease/Desist Letter
4. Complaint Closure (No Action).

Second, it is very difficult to assign a numeric value to that “product.” There is little discernible difference in value in the principal products in the licensing and examination units. However, staff believes that there is a significant difference in the value assigned to different enforcement actions. To arrive at values for the four possible resolutions, staff assigned a score of 1-10 (1 = minimum 10 = maximum) based on the perceived impact or significance of the resolution by enforcement staff, complainants and the licensees. These values are highly subjective but are based on the experience of enforcement unit staff with all parties for a long period of time. Below are the values arrived at (maximum score = 30):

Discipline -- 30
Citation and Fine – 22
Cease/Desist – 12
Closure (No Action) – 9.5

Great care and consideration was given to arriving at these values. Specifically, staff focused on the perceived impact of the resolution, not the amount of resources required to reach it. For instance, while discipline was rated as the maximum impact, reaching a disciplinary outcome has roughly triple the “value” of a closure, but represents far more than triple the resources required to close a complaint. This is methodologically important because measuring productivity requires measuring outputs or products, not the inputs they require. It is also important for policy reasons, because we do not want to create incentives to take one action or another based on anything except for the objective assessment of whether we can prove a violation by clear and convincing evidence. We believe that the value scale presented accomplishes that balance. Individuals can fairly challenge the staff’s subjective assessments, but I believe that it meets the test of not establishing an incentive system. If applied over time, this system will consistently evaluate the enforcement staff’s productivity.

Results for Baseline Period

In the 2004-05 Fiscal Year the Enforcement Unit had three analysts handling consumer complaints. Total staff hours for the year (3 positions x 246 working days x 8 hours) were 5904. In that fiscal year consumer complaints had the following resolutions:

Discipline – 11
Citation and Fine – 18
Cease/Desist – 31
Closure (No Action) – 501

Based on the assigned values this yields a score of 5857.5 for the fiscal year.

Productivity for the fiscal year was 1.0 units per hour.

Productivity Target

The objective calls for a 29% increase in productivity in processing consumer complaints. This would require a productivity of 1.3 to satisfy the objective.

Fiscal Year 2005-06 Results

In the 2005-06 Fiscal Year the Enforcement Unit had two analysts handling consumer complaints. Total staff hours for the year (2 positions x 246 working days x 8 hours) were 3936. In that fiscal year consumer complaints had the following resolutions:

Discipline – 15
Citation and Fine – 11
Cease/Desist – 25
Closure (No Action) – 451

Based on the assigned values this yields a score of 5276.5 for the fiscal year.

Productivity (value score / staff hours) for the fiscal year was 1.3 units per hour. This result satisfied the objective.

Fiscal Year 2006-07 Results

In the 2006-07 Fiscal Year the Enforcement Unit had two analysts handling consumer complaints for the first six months and a third analyst working an 80% schedule contributing since January 2007. Total staff hours for the year 4723. Consumer complaints had the following resolutions:

Discipline – 11
Citation and Fine – 22
Cease/Desist – 32
Closure (No Action) – 468

Based on the assigned values, this yields a value score of 5644. Productivity for the 2006-07 Fiscal Year was 1.2 units per hour. This is an 8% decrease over the prior year. The decrease is primarily the result of adding staff to the unit. Enforcement work has a long learning curve and cases have very long resolution times. Accordingly, we don't expect to see the full impact of added staff for at least a year.

Objective 6.3 -- Increase examination staff productivity 15% by June 30, 2010.

Methodology

Productivity is defined as the total number of examinations administered divided by the total time. The exam unit has 3.0 personnel years allocated to develop and administer examinations for registration and licensure. There are 246 working days in a personnel year (52 weeks x 5 days – 14 paid state holidays). Based on 8-hour workdays that allow 5904 total working hours in the exam unit. This figure does not account for vacancies, training time, sick leave, or vacation so the resulting number is expected to understate the actual productivity. However, including these confounding variables would make valid year-to-year comparisons unworkable.

Baseline Period

The 2004-2005 fiscal year will serve as the baseline period. In that year, 6626 exams were administered which yields a productivity of 1.2 examinations per staff hour. (2.8 PY)

Productivity Target

To meet the 15% productivity increase target the examination unit will have to reach 1.4 examinations per staff hour.

Results for 2005-06 Fiscal Year

In the 2005-06 Fiscal Year, the board administered 7257 examinations, which yields a productivity of 1.3 examinations per staff hour. (2.8 PY)

Results for 2006-07 Fiscal Year

In the 2005-06 Fiscal Year, the board administered 6834 examinations, which yields a productivity of 1.15 examinations per staff hour. (3.0 PY)

Productivity declined in the past fiscal year due to three primary factors. First, the change in vendors resulted in fewer test administrations than would otherwise have occurred. Many candidates waited to test with the new vendor after June 1. Second, scheduling challenges in the first two months reduced the number of test administrations as well. Lastly, personnel shifts increased the number of personnel years in the examination unit from 2.8 to 3.0 which further diluted the productivity result. Absent the change in personnel years productivity would have been 1.24 examinations per staff hour.

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To: Board Members

Date: July 30, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Update on the Bureau for Private Postsecondary and Vocational Education

Current law recognizes three separate entities for approving or accrediting marriage and family therapy degree programs including:

- Western Association of Schools and Colleges (WASC)
- Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE)
- Bureau for Private Postsecondary and Vocational Education (BPPVE).

In order to qualify for registration as a marriage and family therapist (MFT) intern or for licensure as a MFT, the candidate must have a qualifying degree from a program approved or accredited by one of these three organizations.

On September 30, 2006 the Governor vetoed Assembly Bill 2810 (Liu). This bill, among other elements, would have extended the sunset date for the BPPVE by one year to July 1, 2008. The veto of this legislation had the effect of repealing both the BPPVE and the underlying statutes that govern the approval of thousands of educational institutions, including 21 programs offering degrees in marriage and family therapy. Absent further legislative action, the Board would have been unable to accept degrees conferred by these 21 programs on or after July 1, 2007.

At its February 2007 meeting, the Board agreed to sponsor legislation to address this problem. The proposal was submitted to the Legislature for consideration; however, it was unacceptable to Senator Perata who is sponsoring legislation to reform the private postsecondary school approval system (Senate Bill 823). Additionally, an urgency bill sponsored by Assembly Member Cook (Assembly Bill 1525) that would have generally extended BPPVE approvals, was pending at that time. Board staff conferred with counsel and the Department of Consumer Affairs regarding this situation, and developed an emergency regulation that would have allowed the Board to continue to accept degrees from approved schools through July 1, 2008. The Board approved the emergency regulatory proposal at its meeting in May 2007. Staff prepared the emergency regulation package and submitted it to the Office of Administrative Law for approval. It was scheduled to take effect on July 23, 2007.

However, on Thursday, July 12, 2007, the Governor signed Assembly Bill 1525 into law. This legislation temporarily extends school approvals formerly issued by the BPPVE until July 1, 2008 for schools that had a valid approval to operate as of June 30, 2007. This legislation is intended to allow these schools to retain

their approvals for the purpose of interpreting laws that require graduation from a BPPVE-approved school as a qualification for registration or licensure. This bill became effective immediately on July 12, 2007 and applies retroactively to July 1, 2007. AB 1525 also extends other student protections.

Due to the enactment of this legislation, staff withdrew the Board's emergency regulation and prepared an update for interested parties. This update was posted on the Board's website and sent to the Board's email subscriber's list.

There is still a reform proposal pending in the legislature. Senate Bill 823 (Perata) would create a new regulatory structure and a new bureau within the Department of Consumer Affairs to regulate private postsecondary education. Senator Perata has stated that this legislation is not yet a completed product. Numerous schools and agencies have expressed opposition to the bill (as amended July 2, 2007), including the Department of Consumer Affairs, but it does have some consumer support. It appears that progress is being made, but it is unclear whether SB 823 will pass this year due to the history and the complexities of regulating private postsecondary education in California. The bill was last amended on July 17, 2007 and is awaiting hearing by the Assembly Appropriations Committee.

Attachment

Update Regarding MFT Approved Schools

Update Regarding MFT Approved Schools

On Thursday, July 12, 2007, Governor Arnold Schwarzenegger signed Assembly Bill 1525 (Cook) into law. This legislation temporarily extends school approvals formerly issued by the Bureau for Private Postsecondary and Vocational Education (BPPVE) until July 1, 2008 for schools that had a valid approval to operate as of June 30, 2007.

This legislation is intended to allow these schools to retain their approvals for the purpose of interpreting laws that require graduation from a BPPVE-approved school as a qualification for registration or licensure. This bill became effective immediately on July 12, 2007 and applies retroactively to July 1, 2007.

AB 1525 also extends other student protections. **For further details regarding this and other related legislation, please contact your school or check for updates on the Department of Consumer Affairs' web site at www.bppve.ca.gov.**

What does this mean for a person whose degree was or will be conferred on or after July 1, 2007?

If your school's BPPVE approval was still in effect on June 30, 2007; your degree was or will be conferred on or after July 1, 2007 and before July 2, 2008; and, if your degree meets all other qualifications, it will be accepted for Marriage and Family Therapist (MFT) Intern registration and licensure.

What does this mean for prospective students considering entering a MFT program?

The provisions in AB 1525 relating to BPPVE approvals expire on July 2, 2008. If you are considering entering a degree program at a non-accredited school, we strongly suggest that you monitor the progress of the reform legislation, Senate Bill 823 (Perata). As currently written, this proposal would create a new regulatory structure and a new bureau within the DCA to regulate private postsecondary education.

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DRAFT BOARD MEETING MINUTES

April 20, 2007

7:45 a.m.

The Board of Behavioral Sciences met via telephone from the following locations:

1625 N. Market Boulevard, Suite S-200
Sacramento, CA 95834

4200 Suter Street
Oakland, CA 94619

415 Karla Court
Novato, CA 94949

16133 Ventura Boulevard
Suite 1235
Encino, CA 91436

920 Joyce Drive
Brea, CA 92821

16592 Nalu Circle
Huntington Beach, CA 92649

703 W. Valley Blvd.
Alhambra, CA 91803

12 Clear Creek
Irvine, CA 92620

5506 Ranchito Avenue
Sherman Oaks, CA 91401

FULL BOARD CLOSED SESSION

Victor Law, Board Chair, called the meeting to order at 7:57 a.m. Christina Kitamura called roll. A quorum was established.

Members Present:

Victor Law, Chair, Public Member
Gordonna DiGiorgio, Public Member
Judy Johnson, LEP Member
Renee Lonner, LCSW Member
Karen Roye, Public Member
Dr. Ian Russ, MFT Member
Howard Stein, Public Member
Joan Walmsley, LCSW Member

Members Absent:

D'Karla Leach, Public Member
Victor Perez, Public Member

Staff Present:

George Ritter, Legal Counsel
Christina Kitamura, Administrative Assistant

- I. Pursuant to Government Code Section 11126(c)(3) the Board deliberated on whether to adopt proposed decision in the matter of the accusation against James Thomas Hicks (MFC 11764).

The meeting adjourned at 8:31 a.m.

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To: Board Members **Date:** August 14, 2007
From: Christy Berger **Telephone:** (916) 574-7847
Legislation Analyst
Subject: **Review of Requirements Relating to Employment Documents for Marriage and Family Therapist Interns**

Background

A person who has completed a degree program designed to qualify for licensure as a marriage and family therapist (MFT) is designated as an "intern." An intern must gain a minimum of 1,700 hours of post-degree experience (a total of 3,000 hours are required for licensure). Those hours may be composed as follows:

- Minimum of 500 hours diagnosing and treating couples, families and children
- Maximum of 1000 hours of direct supervisor contact and professional enrichment activities
- Maximum of 500 hours of providing group counseling
- Maximum of 250 hours administering and evaluating psychological tests, writing clinical reports, progress notes, or process notes
- Maximum of 250 hours providing counseling or crisis counseling on the telephone

Interns are permitted to provide services in any setting that lawfully and regularly provides mental health counseling and psychotherapy and provides oversight to ensure that experience, supervision and scope of practice requirements are met.

Business and Professions Code (BPC) Section 4980.43(b) requires all hours of experience gained by interns to be obtained as either an employee or volunteer, and prohibits experience from being gained as an independent contractor.

The California Association of Marriage and Family Therapists (CAMFT) has asked the Board to consider collecting W-2 forms as evidence that an intern was employed while gaining the required hours of experience. If a person was employed as a volunteer, a letter of verification from the employer would be required. These documents would be collected upon application for licensure.

Submission of W-2s and verification of volunteer employment have been a requirement for associate clinical social workers since January 1, 1999. Due to the confidential and sensitive nature of W-2 forms, the Board has procedures in place to ensure these documents are securely destroyed once verified by the licensing evaluator.

Discussion

MFT licensing evaluators receive telephone calls frequently from interns asking whether they could be employed as an independent contractor. Because of these telephone calls, staff and CAMFT believe that interns are frequently employed as independent contractors, and the Board currently has no way of verifying this information. To do so would require a legislative change.

Board staff has indicated that collection of W-2s and verification of volunteer employment would not pose an administrative burden. However, it would likely result in a higher number of deficient MFT licensure applications.

Recommendation

At its meeting in July 2007, the Policy and Advocacy Committee recommended that the Board pursue collecting W-2's and verification of volunteer employment from MFT Interns upon application for licensure. This would require a legislative change.

Suggested motion: The Board pursue legislation to require MFT Interns to submit W-2's and verification of volunteer employment from MFT Interns upon application for licensure.

Attachments

BPC Section 4980.43(b)
Proposed Language

**BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
Verification of Employment for MFT Interns**

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

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

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctor's degree.

(4) Not more than 1,300 hours of experience obtained prior to completing a master's or doctor's degree. This experience shall be composed as follows:

(A) Not more than 750 hours of counseling and direct supervisor contact

(B) Not more than 250 hours of professional enrichment activities excluding personal psychotherapy.

(C) Not more than 100 hours of personal psychotherapy. The applicant shall be credited for three hours of experience for each hour of personal psychotherapy.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience gained more than six years prior to the date the application for licensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (b) of Section 4980.40 shall be exempt from this six-year requirement.

(7) Not more than 1000 hours of experience for direct supervisor contact and professional activities.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) Not more than 250 hours of experience administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes.

(10) Not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

(11) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees either as an employee or as a volunteer. The requirements of this

chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

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

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

(c) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.

(2) Each individual supervised after being granted a qualifying degree shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons.

(4) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation. The 5-to-1 and 10-to-1 ratios specified in this subdivision shall be applicable to all hours gained on or after January 1, 1995.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

- (3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.
- (4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee enumerated in subdivision (f) of Section 4980.40. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.
- (5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.
- (f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.
- (g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.
- (h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.
- (i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in the employer's business.
- (j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.
- (k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

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§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

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

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To: Board Members **Date:** July 30, 2007
From: Christy Berger **Telephone:** (916) 574-7847
Legislation Analyst
Subject: **Review and Discussion Regarding Assembly Bill 64 (Berg)**

Background

Assembly Bill 64 (Berg), otherwise known as the "Uniform Emergency Volunteer Health Practitioners Act" was presented to the Board at its meeting on May 31, 2007. However, staff had discovered the legislation just prior to that Board meeting, so a full consideration of the issues was not possible. A full analysis is important because of the legislation's importance and scope. Additionally, the Board had not previously discussed the issue of emergency practice by volunteer health practitioners.

Staff prepared a revised analysis for review by the Policy and Advocacy Committee at its July 2007 meeting. The Committee identified a number of concerns with the proposed language, but also established their support for this bill in concept. Due to the speed with which this bill was moving through the legislature, staff sent a letter expressing the Committee's recommended position to the Board and the Committee's concerns to the appropriate policy committees in the legislature. A copy of that letter is attached.

Recommendation

At its meeting in July 2007, the Policy and Advocacy Committee recommended that the Board take a position of "support if amended" on AB 64, with the following amendments:

1. Require registration systems to perform criminal background checks of volunteers.
2. Clarify who has the greater authority to regulate the profession during a declared emergency (EMSA or the Board) or delegate all or some of that authority to a Board member or the Executive Officer.
3. Provide more specificity that would permit the Board to take administrative action against a person's license in another state for conduct in California.
4. Make it explicit that § 8599.57(e) only applies to VHPs licensed in another state.
5. Require one central registry or multiple linked registries for volunteer health practitioners.
6. Require at least minimal training in disaster response, and for Board licensees, in trauma and

PTSD to become a registered volunteer health practitioner.

7. The following two technical amendments:

- § 8599.55(b): This subdivision only applies to a person who is licensed in more than one state. This language should also apply to persons licensed in only one state, otherwise it could be interpreted to provide protections to someone whose license has been suspended, revoked, etc. just because they are licensed in more than one state. The following change would clarify this:

“A volunteer health practitioner qualified under subdivision (a) is not entitled to the protections of this article if ~~the practitioner is licensed in more than one state and~~ any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction.”

- § 8599.57(f): “In addition to the authority granted by the laws of this state, other than this article, to regulate the conduct of voluntary health practitioners, a licensing board or other disciplinary authority in this state has the following powers and duties:”

Suggested motion: The Board take a position of support if the above amendments are made to AB 64.

Attachments

Support if Amended letter
Analysis of AB 64
AB 64 (As Amended July 11, 2007)

July 19, 2007

The Honorable Don Perata, Chair
Senate Rules Committee
State Capitol, Room 400
Sacramento, CA 95814

RE: Assembly Bill 64 – Support if Amended

Dear Senator Perata:

I am writing to inform you that the Board of Behavioral Sciences' (Board) Policy and Advocacy Committee has recommended that the Board take a position of "support if amended" on Assembly Bill 64 (As Amended July 11, 2007), relating to the Uniform Emergency Volunteer Health Practitioners Act. The full Board will meet on August 31, 2007 to formally vote on this recommendation. Since this bill is moving quickly through the legislature, I want to provide you with this information now.

This bill would:

- Provide procedures to register volunteer health practitioners (VHP) in California who are licensed in this and other states
- Allow a VHP to provide, through a host entity, health services in California during a declared emergency
- Set forth scope of practice standards for VHPs
- Allow the Emergency Medical Services Authority (EMSA) and applicable licensing boards to regulate specific aspects of practice during a declared emergency
- Exempt a VHP from unauthorized practice provisions unless the VHP had reason to know of the limitation, modification or restriction that exists for similarly licensed practitioners in California
- Allow a licensing board to impose administrative sanctions upon a VHP licensed in California for conduct outside of California or on a VHP licensed in another state for conduct in California, in response to a declared emergency

However, the Committee expressed a number of concerns about this legislation, and asks that amendments be taken regarding the following:

- 1) **Criminal Background Checks.** This legislation does not require VHP registries to perform criminal background checks, only to ensure that a VHP is "licensed and in good

standing.” This is of critical importance for people licensed in another state coming to California as some other states do not require their applicants or licensees to be fingerprinted.

- 2) Authority.** This proposal would permit the EMSA, while an emergency declaration is in effect to regulate, among other things:

“matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.”

At the same time, it would permit a licensing board to:

“modify or restrict the health services...regulated by that body that volunteer health practitioners may provide pursuant to this article.”

It is unclear then whether EMSA or a licensing board would have the greater authority to regulate services provided by VHPs. EMSA is likely better equipped to regulate VHPs during an emergency, as a board cannot take action until it meets. Even an emergency board meeting would take time to set up and would require a quorum. Another option would be to designate a single person, such as the Board Chair or Executive Officer to act on behalf of the Board.

- 3) Administrative Sanctions.** This proposal would permit a California licensing agency to impose “administrative sanctions” upon a practitioner who is either:

- licensed in California for conduct outside of California in response to an out-of-state emergency
- not licensed in California for conduct in California in response to an in-state emergency.

It would be very difficult for the Board to impose sanctions against a person licensed in another state. The only tool that the Board could use in this situation is a citation and fine. However, the only authority the Board has to collect an unpaid fine is an intercept through the Franchise Tax Board or by taking enforcement action for unprofessional conduct, neither of which are enforceable against a person licensed in another state. Should a board in another state take action against a California licensee, a link between state boards would be very helpful for reporting purposes.

Although this legislation is “not intended to modify the licensing requirements” imposed on VHPs, proposed Section 8599.57(e) states that a VHP:

“shall not be found to have engaged in unauthorized practice unless the practitioner has reason to know of any limitation, modification or restriction under this section that a similarly licensed practitioner in this state would not be permitted to provide the services.”

While the language implies that subdivision (e) only applies to VHPs licensed in another state, it is not explicit and should be. This is important because the Board’s standards for in-state practitioners are different – if a person commits an act or makes an omission that constitutes unprofessional conduct, it does not matter whether the person had a “reason to know” or a limit, modification or restriction.

4) Training. This proposal does not require VHPs to have even minimal training in disaster response. Experience has shown that people without training may actually compound problems during an emergency rather than help. Board licensees should additionally have some training regarding treatment of trauma, PTSD and helping the severely mentally ill during a disaster.

5) Registry. This proposal permits different types of agencies to act as registries of VHPs. A single registry may be more effective than multiple registries, and at minimum the registries should be linked.

6) Technical Amendments.

- § 8599.55(b). This subdivision only applies to a person who is licensed in more than one state. This language should also apply to persons licensed in only one state, otherwise it could be interpreted to provide protections to someone whose license has been suspended, revoked, etc. just because they are licensed in more than one state. The following change would clarify this:

“A volunteer health practitioner qualified under subdivision (a) is not entitled to the protections of this article if ~~the practitioner is licensed in more than one state~~ and any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction.”

- § 8599.57(f): “In addition to the authority granted by the laws of this state, other than this article, to regulate the conduct of voluntary health practitioners, a licensing board or other disciplinary authority in this state has the following powers and duties:”

The Board respectfully requests your support of Assembly Bill 64, (As Amended July 11, 2007), if the above amendments are made.

Sincerely,

Paul Riches
Executive Officer

cc: Members, Senate Rules Committee
Assembly Member Berg
Laura Zuniga, Deputy Director for Legislative and Regulatory Review, Department of Consumer Affairs

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

BILL ANALYSIS

BILL NUMBER: AB 64

VERSION: AMENDED JULY 11, 2007

AUTHOR: BERG

SPONSOR: NAACP, CALIFORNIA STATE
CONFERENCE AND THE CALIFORNIA
NURSE'S ASSOCIATION

RECOMMENDED POSITION: SUPPORT IF AMENDED

SUBJECT: UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT

Existing Law:

- 1) Ratifies, approves, and sets forth the provisions of the Interstate Civil Defense and Disaster Compact between the State of California and other states which are parties to the compact. The purpose of the compact is to provide mutual aid among the states in meeting any emergency or disaster from enemy attack or other cause (natural or otherwise). (GC § § 177-178.5)
- 2) Ratifies, approves, and sets forth provisions of the Emergency Management Assistance Compact (EMAC). The purpose of EMAC is to provide for mutual assistance between states in managing any emergency or disaster declared by the Governor, whether arising from natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency or enemy attack. EMAC does the following: (Public Law 104-321)
 - Requires each party state to develop plans and programs for interstate cooperation;
 - Requires party states to render mutual aid, except that the state rendering aid may withhold the resources necessary to provide reasonable protection for that state;
 - Deems licenses, certificates or other permits issued by one state to be licenses, certificates or other permits issued by the state requesting assistance;
 - Deems officers or employees rendering aid in another state to be agents of the other state for tort liability and immunity purposes. Protects any party state or its officers or employees rendering aid in another state pursuant to this compact from liability for any good faith act or omission;
 - Allows for supplementary agreements between member states;
 - Requires each party state to provide compensation and death benefits for injury or death suffered in another state pursuant to the compact in the same manner and to the same extent as if the injury or death had occurred within the state;
 - Requires any party state rendering aid to be reimbursed by the state receiving the aid; and,
 - Sunsets on January 1, 2008.

- 3) Allows the Governor to enter into reciprocal aid agreements or other interstate arrangements with other states and the federal government for the protection of life and property. (GC § 8619)

This Bill:

- 1) Creates the “Uniform Emergency Volunteer Health Practitioners Act.” (GC § 8599.5)
- 2) Defines “Disaster relief organization” as an entity that provides emergency or disaster relief services that include health or veterinary services provided by volunteer health practitioners and that meets either of the following requirements: (GC § 8599.51(a))
 - Recognized as a provider of those services pursuant to a disaster response and recovery plan adopted by an agency of the federal government or the Emergency Medical Services Authority (EMSA).
 - Regularly plans and conducts its activities in coordination with an agency of the federal government or the EMSA.
- 3) Defines “Emergency” as an event or condition that is a proclaimed state, local or health emergency or a state of war. (GC § 8599.51(b))
- 4) Defines “Emergency declaration” as a proclamation of emergency, a declaration of health emergency, or a declaration of war by the President. (GC § 8599.51(c))
- 5) Defines “Emergency Management Assistance Compact” as the interstate compact approved by Congress by Public Law No. 104-321. (GC § 8599.51(d))
- 6) Defines “Entity” as a person other than an individual. (GC § 8599.51(e))
- 7) Defines “Health facility” as an entity licensed to provide health or veterinary services. (GC § 8599.51(f))
- 8) Defines “Health practitioner” as an individual licensed under the laws of this or another state to provide health or veterinary services. (GC § 8599.51(g))
- 9) Defines “Health services” as the provision of treatment, care, advice, or guidance, or other services, or supplies, related to the health or death of individuals or human populations, to the extent necessary to respond to an emergency, including all of the following: (GC § 8599.51(h))
 - Services or supplies concerning the physical or mental condition or functional status of an individual or affecting the structure or function of the body, including the following:
 - Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care.
 - Counseling, assessment, procedures, or other services.
 - The sale or dispensing of a drug, a device, equipment, or another item to an individual in accordance with a prescription.
 - Funeral, cremation, cemetery, or other mortuary services.

- 10) Defines “Host entity” as an entity operating in this state that uses volunteer health practitioners to respond to an emergency. (GC § 8599.51(i))
- 11) Defines “License” as authorization by a state to engage in health or veterinary services that are unlawful without the authorization. The term includes authorization under the laws of California to provide health or veterinary services based upon a national certification issued by a public or private entity. (GC § 8599.51(j))
- 12) Defines “Person” as an individual, corporation, business trust, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity. (GC § 8599.51(k))
- 13) Defines “Scope of practice” as the extent of the authorization to provide health or veterinary services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner’s services are rendered, including any conditions imposed by the licensing authority in that state. (GC § 8599.51(l))
- 14) Defines “State” as a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States. (GC § 8599.51(m))
- 15) Defines “Volunteer health practitioner” as a health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services. “Volunteer health practitioner” does not include a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in this state, unless the practitioner is not a resident of this state and is employed by a disaster relief organization providing services in this state while an emergency declaration is in effect. (GC § 8599.51(o))
- 16) Applies to volunteer health practitioners registered with a registration system and who provide health or veterinary services in this state for a host entity while an emergency declaration is in effect. (GC § 8599.52)
- 17) Permits the EMSA while an emergency declaration is in effect to limit, restrict, or otherwise regulate all of the following immediately without prior notice or comment: (GC § 8599.53(a),(b))
 - The duration of practice by volunteer health practitioners.
 - The geographical areas in which volunteer health practitioners may practice.
 - The types of volunteer health practitioners who may practice.
 - Other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.
- 18) Requires a host entity that uses volunteer health practitioners to provide health or veterinary services in this state to do both of the following: (GC § 8599.53(c))
 - Coordinate its activities with the EMSA to the extent practicable to provide for the efficient and effective use of volunteer health practitioners.

- Comply with any laws relating to the management of emergency health or veterinary services.
- 19)** Requires the EMSA to coordinate its activities with the Office of Emergency Services (OES) to ensure that any deployment of volunteer health practitioners is consistent with the standard emergency management system. (GC § 8599.53(d))
- 20)** Requires a system to do all of the following to qualify as a volunteer health practitioner registration system: (GC § 8599.54(a))
- Accept applications for the registration of volunteer health practitioners before or during an emergency.
 - Include information about the licensure and good standing of health practitioners.
 - Ability to supply sufficient information about registered volunteer health practitioners to the EMSA or a designated agency in order to allow the agency to confirm whether a health practitioner is licensed and in good standing before health services or veterinary services are provided.
 - Meet at least one of the following conditions:
 - Be an emergency system for advance registration of volunteer health care practitioners established by a state and funded through the Health Resources Services Administration.
 - Be a local unit consisting of emergency response, public health, and medical personnel.
 - Be operated by one of the following:
 - A disaster relief organization.
 - A licensing board or bureau.
 - A national, state, or regional association of licensing boards or health practitioners.
 - A health facility that provides comprehensive inpatient and outpatient health care services.
 - A governmental entity.
 - Be designated by the EMSA as a registration system for purposes of this article.
- 21)** Permits the EMSA, an authorized person, or a host entity, while an emergency declaration is in effect, to confirm whether volunteer health practitioners are registered with an acceptable registration system. Limits confirmation to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing. (GC § 8599.54(b))
- 22)** Requires a registration system located in California to, upon request of a person authorized to manage the emergency response, or a similarly authorized person in another state, provide the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing. (GC § 8599.54(c))
- 23)** Does not require a host entity to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is

licensed and in good standing. (GC § 8599.54(d))

- 24)** Permits, while an emergency declaration is in effect, a registered volunteer health practitioner who is licensed and in good standing in the state in which the practitioner's registration is based, to practice in California to the extent authorized by this article as if the practitioner were licensed in this state. (GC § 8599.55(a))
- 25)** Does not entitle protections to a registered volunteer health practitioner if the practitioner is licensed in more than one state and any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction. (GC § 8599.55(b))
- 26)** Does not modify licensing requirements imposed on any health practitioner by licensing or regulatory provisions in the absence of an emergency declaration. (GC § 8599.55(c))
- 27)** Defines "Credentialing" as obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services in or for a health facility. (GC § 8599.56(a)(1))
- 28)** Defines "Privileging" as the authorizing by an appropriate authority of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill. (GC § 8599.56(a)(2))
- 29)** Does not affect credentialing or privileging standards of a health facility and does not preclude a health facility from waiving or modifying those standards while an emergency declaration is in effect. (GC § 8599.56(b))
- 30)** Requires a volunteer health practitioner to adhere to the scope of practice for a person similarly licensed in California, except as follows: (GC § 8599.57)
 - May not provide services outside the practitioner's scope of practice, even if a similarly licensed practitioner in this state would be permitted to provide the services.
 - Permits the applicable licensing agency to restrict the services (regulated by that body) that volunteer health practitioners may provide.
 - Permits such an order to take effect immediately, without prior notice or comment.
 - Permits applicable licensing agency to modify the services (regulated by that body) that volunteer health practitioners may provide, within the scope of practice for a person similarly licensed in California.
 - Permits such an order to take effect immediately, without prior notice or comment.
- 31)** Permits a host entity to restrict the health or veterinary services that a volunteer health practitioner may provide. (GC § 8599.57(d))
- 32)** Prohibits a volunteer health practitioner from being found to have engaged in unauthorized practice unless the practitioner has reason to know of any limitation, modification, or restriction under this section or that a similarly licensed practitioner in this state would not

be permitted to provide the services. A volunteer health practitioner has such a “reason to know” if either: (GC § 8599.57(e))

- The practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.
 - From all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.
- 33)** Provides a licensing board or other disciplinary authority in California with the following additional powers and duties to regulate the conduct of health practitioners: (GC § 8599.57(f))
- May impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency.
 - May impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency.
 - Shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board or other disciplinary authority in any other state in which the practitioner is known to be licensed.
- 34)** Requires a licensing board or other disciplinary authority, when determining whether to impose administrative sanctions under the additional powers and duties listed in #34 above, to consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner’s scope of practice, education, training, experience, and specialized skill. (GC § 8599.57(g))
- 35)** Clarifies that this law would not limit rights, privileges, or immunities provided to volunteer health practitioners by other laws. (GC § 8599.58)
- 36)** Requires a volunteer health practitioner who is providing health or veterinary services in California, or who is traveling to or from California to provide those services, to be considered an employee of this state for purposes of worker’s compensation coverage concerning any injury, occupational illness, or death incurred by the practitioner in providing the services or in traveling to or from California to provide the services. Limits worker’s compensation benefits for volunteer health practitioners to those benefits provided to state employees. (GC § 8599.59)
- 37)** Permits the EMSA to promulgate rules, after approval by the Commission on Emergency Medical Services, to implement this proposal. Requires the authority to consult with and consider the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact and also to consult with and consider rules promulgated by similarly empowered agencies in other states to promote uniformity of application of this article and make the emergency response systems in the various states reasonably compatible. (GC § 8599.6)
- 38)** Requires consideration to be given to uniformity of the law with respect to its subject matter among states that enact it. (GC § 8599.61)

Comment:

- 1) Author's Intent.** According to the author, this bill is intended to significantly streamline the process of credentialing health care professionals during an emergency. Currently, the qualifications for interstate recognition of health care volunteers vary from state to state. By pre-registering volunteers and establishing interstate agreements, health care practitioners can be dispatched to emergencies in other states more quickly without having to meet the other state's licensing requirements. Likewise, as this is part of a national effort to create a uniform system to recognize out-of-state health care professionals and veterinarians who volunteer their services during an emergency, this legislation will enable to governor to enter into mutual aid agreements which will allow out of state health care professionals to quickly begin assisting California in case of an emergency.

The author states that the delayed response following Hurricanes Katrina and Rita revealed that, although laws exist to provide for the interstate recognition of licenses issued to "federalized" healthcare workers and state public employees (EMAC provides for the deployment of "state resources"), no uniform and readily understood system exists to recognize licenses issued to other health professionals traveling from one state to another to assist during these disasters.

- 2) ESAR-VHP.** The ESAR-VHP is California's system that serves as the central point to register, verify, deploy and track medical and health care volunteers for response to disasters and terrorist events in California. This is required by the federal government, and is administered by EMSA. It is called the California Medical Volunteer Site, located at <http://www.medicalvolunteer.ca.gov>. The site currently allows nurses, doctors, pharmacists, and paramedics to register, and in the future will also permit mental health and other allied health professionals to register.
- 3) EMSA Disaster Medical Assistance Teams (DMATs).** DMATs are a national network of response teams composed of approximately 35 - 100 civilian volunteers from the health care professions. DMATs are a component of the National Disaster Medical System, an asset-sharing program among federal government agencies. DMATs can be federalized and activated to provide supplemental or replacement medical care and other services to communities impacted by a disaster. California currently has seven DMAT teams. Nationally, there are more than 20 teams. DMATs receive initial equipment and supplies from the federal government.
- 4) Criminal Background Checks.** This legislation does not require registries of volunteer health professionals to perform criminal background checks. This is of critical importance for people licensed in another state coming to California, as not all state licensing agencies perform such background checks. The registries are only required to ensure that a registered volunteer health practitioner is "licensed and in good standing."
- 5) Authority.** This proposal would permit the EMSA, while an emergency declaration is in effect, to regulate:

"...matters necessary to coordinate effectively the provision of health or veterinary services during the emergency."

At the same time, it would permit a licensing board to restrict or modify the services regulated by that body that volunteer health practitioners may provide.

It is unclear then which entity would have the greater authority to regulate services provided by volunteer health practitioners during a declared emergency. There is also a question of which agency would be better equipped to perform this task. EMSA would likely be the better choice, as the board cannot take action until it meets. Even an emergency board meeting would take time to set up and would require a quorum. Another option would be to delegate some or all of that authority to a single person, such as the Board Chair or Executive Officer.

- 6) **Administrative Sanctions.** This proposal would permit a California licensing agency to impose “administrative sanctions” upon a practitioner who is either:
- licensed in California for conduct outside of California in response to an out-of-state emergency
 - not licensed in California for conduct in California in response to an in-state emergency.

It would be very difficult for the Board to impose sanctions against a person licensed in another state. The only tool that the Board could use in this situation is a citation and fine. However, the only authority the Board has to collect an unpaid fine is an intercept through the Franchise Tax Board or by taking enforcement action for unprofessional conduct, neither of which are enforceable against a person licensed in another state. Should a board in another state take action against a California licensee, a link between state boards would be very helpful for reporting purposes.

Although this legislation is “not intended to modify the licensing requirements” imposed on VHPs, proposed Section 8599.57(e) states that a VHP:

“shall not be found to have engaged in unauthorized practice unless the practitioner has reason to know of any limitation, modification or restriction under this section that a similarly licensed practitioner in this state would not be permitted to provide the services.”

While this language implies that subdivision (e) only applies to VHPs licensed in another state, it is not explicit and should be. This is important because the Board's standards for in-state practitioners are different – if a person commits an act or makes an omission that constitutes unprofessional conduct, it does not matter whether the person had a “reason to know” or a limit, modification or restriction.

- 7) **Registry.** This proposal permits different types of agencies, including licensing boards, to act as registries of volunteer health practitioners willing to respond in the event of a disaster. A single registry would be more effective than multiple registries, and at a minimum the registries should be linked.
- 8) **Training.** This proposal does not require health practitioners to have specific training in disaster response. People without training may actually compound problems during an emergency rather than help. Even just a few hours of training regarding procedures and treatment of trauma, PTSD and helping the severely mentally ill during a disaster would be helpful.

9) Suggested Amendments. The following amendments are suggested:

- a) Require registration systems to perform criminal background checks of volunteers.
- b) Clarify who has the greater authority to regulate the profession during a declared emergency (EMSA or the Board) or delegate all or some of that authority to a Board member or the Executive Officer.
- c) Provide more specificity that would permit the Board to take administrative action against a person's license in another state for conduct in California.
- d) Make it explicit that § 8599.57(e) only applies to VHPs licensed in another state.
- e) Require one central registry or multiple linked registries for volunteer health practitioners.
- f) Require at least minimal training in disaster response, and for Board licensees, in trauma and PTSD to become a registered volunteer health practitioner.
- g) The following two technical amendments:
 - o § 8599.55(b): This subdivision only applies to a person who is licensed in more than one state. This language should also apply to persons licensed in only one state, otherwise it could be interpreted to provide protections to someone whose license has been suspended, revoked, etc. just because they are licensed in more than one state. The following change would clarify this:

“A volunteer health practitioner qualified under subdivision (a) is not entitled to the protections of this article if ~~the practitioner is licensed in more than one state and~~ any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction.”
 - o § 8599.57(f): “In addition to the authority granted by the laws of this state, other than this article, to regulate the conduct of voluntary health practitioners, a licensing board or other disciplinary authority in this state has the following powers and duties:”

10) Support and Opposition.

Support:

American Nurses Association of California
American Red Cross
Board of Registered Nursing
California Applicants' Attorneys Association
California Association of Physician Groups
California Dental Association
California Federation for Animal Legislation
California Funeral Directors Association
California Nurses Association (co-sponsor)
California Primary Care Association
California Professional Firefighters
California Society of Health-System Pharmacists
California State Conference of the NAACP (co-sponsor)
Humane Society of the United States
Regional Council of Rural Counties

United Animal Nations
Several individuals

Opposition:
None on file

11) History

2007

July 11 Read second time, amended, and re-referred to Com. on RLS.
July 10 From committee: Amend, do pass as amended, and re-refer to Com. on RLS. (Ayes 9. Noes 0.) .
June 28 Re-referred to Coms. on B., P. & E.D. and RLS.
June 26 From committee: Do pass, and re-refer to Com. on RLS. with recommendation: To Consent Calendar. Re-referred. (Ayes 8. Noes 0.).
June 11 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on G.O.
May 23 Referred to Coms. on G.O. and RLS.
May 17 In Senate. Read first time. To Com. on RLS. for assignment.
May 17 Read third time, passed, and to Senate. (Ayes 73. Noes 0. Page 1534.)
May 14 Read second time. To Consent Calendar.
May 10 From committee: Do pass. To Consent Calendar. (May 9).
Apr. 25 From committee: Do pass, and re-refer to Com. on APPR. with recommendation: To Consent Calendar. Re-referred. (Ayes 17. Noes 0.) (April 24).
Apr. 19 Re-referred to Com. on HEALTH.
Apr. 18 From committee: Do pass, and re-refer to Com. on HEALTH. Re-referred. (Ayes 10. Noes 0.) (April 17). From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
Apr. 11 Re-referred to Com. on B. & P.
Apr. 10 From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.
Mar. 29 From committee: Be re-referred to Coms. on B. & P. and HEALTH (Ayes 10. Noes 0.) March 29
Mar. 26 Re-referred to Com. on G.O.
Mar. 22 From committee chair, with author's amendments: Amend, and re-refer to Com. on G.O. Read second time and amended.
Mar. 12 Referred to Coms. on G.O. and B. & P.

2006
Dec. 5 From printer. May be heard in committee January 4.
Dec. 4 Read first time. To print.

AMENDED IN SENATE JULY 11, 2007

AMENDED IN SENATE JUNE 11, 2007

AMENDED IN ASSEMBLY APRIL 18, 2007

AMENDED IN ASSEMBLY APRIL 10, 2007

AMENDED IN ASSEMBLY MARCH 22, 2007

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

ASSEMBLY BILL

No. 64

**Introduced by Assembly Member Berg
(Coauthors: Assembly Members Beall, De Leon, DeVore, Huffman,
Horton, Jeffries, Jones, Krekorian, Niello, Portantino,
Richardson, and Wolk)**

December 4, 2006

An act to add Article 7.7 (commencing with Section 8599.5) to Chapter 7 of Division 1 of Title 2 of the Government Code, relating to volunteer emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 64, as amended, Berg. Uniform Emergency Volunteer Health Practitioners Act.

Existing law establishes the Emergency Medical Services Authority, in the Health and Welfare Agency, to establish planning and implementation guidelines for emergency medical service systems, as specified. The guidelines are required to address, among other things, disaster response, and the authority is required to provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems.

The authority is required to adopt rules and regulations, approved by the Commission on Emergency Medical Services, in order to carry out its duties.

This bill would enact the Uniform Emergency Volunteer Health Practitioners Act, which would provide procedures to register in this state volunteer health practitioners with valid and current licenses in other states. The bill would allow a volunteer to provide in this state, through a host entity, health or veterinary services as appropriate pursuant to his or her license for the duration of a state, local or health emergency or a state of war, and would require a host entity in this state to ~~consult and~~ coordinate its activities with the Emergency Medical Services Authority to the extent practicable.

This bill would set forth certain scope of practice standards for a registered volunteer health practitioner during an emergency and would allow the Emergency Medical Services Authority, ~~in consultation with the Office of Emergency Services,~~ and applicable licensing boards to limit, restrict, or otherwise regulate specific aspects of practice. The bill would require the authority to ~~consult and~~ coordinate its activities with the Office of Emergency Services, as specified. The bill would also permit a host entity to restrict the health or veterinary services that a volunteer practitioner may provide. The bill would exempt a registered volunteer health practitioner from the unauthorized practice provisions for a health or veterinary service unless he or she has reason to know of an applicable limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide that service. The bill would allow a health care licensing board to impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency, and to impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency, if certain conditions are met. The bill would also provide that volunteer health practitioners providing services in California shall be considered agents or employees of the state for the purpose of workers' compensation coverage while performing services in this state or traveling to or from this state for that purpose. The bill would authorize the authority to promulgate rules, after approval by the Commission on Emergency Medical Services, in order to implement the provisions of the Uniform Emergency Volunteer Health Practitioners Act.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Article 7.7 (commencing with Section 8599.5)
2 is added to Chapter 7 of Division 1 of Title 2 of the Government
3 Code, to read:

4
5 Article 7.7. Uniform Emergency Volunteer Health Practitioners
6 Act

7
8 8599.5. This article may be cited as the Uniform Emergency
9 Volunteer Health Practitioners Act.

10 8599.51. For the purposes of this article, the following terms
11 have the following meanings:

12 (a) “Disaster relief organization” means an entity that provides
13 emergency or disaster relief services that include health or
14 veterinary services provided by volunteer health practitioners and
15 that meets either of the following requirements:

16 (1) It is designated or recognized as a provider of those services
17 pursuant to a disaster response and recovery plan adopted by an
18 agency of the federal government or the Emergency Medical
19 Services Authority.

20 (2) It regularly plans and conducts its activities in coordination
21 with an agency of the federal government or the Emergency
22 Medical Services Authority.

23 (b) “Emergency” means an event or condition that is a state of
24 emergency proclaimed pursuant to Section 8588 or 8625, a local
25 emergency proclaimed pursuant to Section 8630, a health
26 emergency proclaimed pursuant to Section 101080 of the Health
27 and Safety Code, or a state of war.

28 (c) “Emergency declaration” means a proclamation of
29 emergency issued pursuant to Section 8588, 8625, or 8630, a
30 declaration of health emergency pursuant to Section 101080 of
31 the Health and Safety Code, or a declaration of war by the United
32 States.

33 (d) “Emergency Management Assistance Compact” means the
34 interstate compact approved by Congress by Public Law No.
35 104-321 and ratified in Article 3.7 (commencing with Section 179)
36 of Chapter 1 of Division 1 of Title 1.

37 (e) “Entity” means a person other than an individual.

1 (f) “Health facility” means an entity licensed under the laws of
2 this or another state to provide health or veterinary services.

3 (g) “Health practitioner” means an individual licensed under
4 the laws of this or another state to provide health or veterinary
5 services.

6 (h) “Health services” means the provision of treatment, care,
7 advice, or guidance, or other services, or supplies, related to the
8 health or death of individuals or human populations, to the extent
9 necessary to respond to an emergency, including all of the
10 following:

11 (1) Services or supplies concerning the physical or mental
12 condition or functional status of an individual or affecting the
13 structure or function of the body, including the following:

14 (A) Preventive, diagnostic, therapeutic, rehabilitative,
15 maintenance, or palliative care.

16 (B) Counseling, assessment, procedures, or other services.

17 (2) The sale or dispensing of a drug, a device, equipment, or
18 another item to an individual in accordance with a prescription.

19 (3) Funeral, cremation, cemetery, or other mortuary services.

20 (i) “Host entity” means an entity operating in this state that uses
21 volunteer health practitioners to respond to an emergency.

22 (j) “License” means authorization by a state to engage in health
23 or veterinary services that are unlawful without the authorization.
24 The term includes authorization under the laws of California to
25 provide health or veterinary services based upon a national
26 certification issued by a public or private entity.

27 (k) “Person” means an individual, corporation, business trust,
28 trust, partnership, limited liability company, association, joint
29 venture, public corporation, government or governmental
30 subdivision, agency, or instrumentality, or any other legal or
31 commercial entity.

32 (l) “Scope of practice” means the extent of the authorization to
33 provide health or veterinary services granted to a health practitioner
34 by a license issued to the practitioner in the state in which the
35 principal part of the practitioner’s services are rendered, including
36 any conditions imposed by the licensing authority in that state.

37 (m) “State” means a state of the United States, the District of
38 Columbia, Puerto Rico, the United States Virgin Islands, or any
39 territory or insular possession subject to the jurisdiction of the
40 United States.

1 (n) “Veterinary services” means the provision of treatment,
2 care, advice or guidance, or other services or supplies, related to
3 the health or death of an animal or to animal populations, to the
4 extent necessary to respond to an emergency, including all of the
5 following:

6 (1) Diagnosis, treatment, or prevention of an animal disease,
7 injury, or other physical or mental condition by the prescription,
8 administration, or dispensing of vaccine, medicine, surgery, or
9 therapy.

10 (2) Use of a procedure for reproductive management.

11 (3) Monitoring and treatment of animal populations for diseases
12 that have spread or demonstrate the potential to spread to humans.

13 (o) “Volunteer health practitioner” means a health practitioner
14 who provides health or veterinary services, whether or not the
15 practitioner receives compensation for those services. “Volunteer
16 health practitioner” does not include a practitioner who receives
17 compensation pursuant to a preexisting employment relationship
18 with a host entity or affiliate that requires the practitioner to provide
19 health services in this state, unless the practitioner is not a resident
20 of this state and is employed by a disaster relief organization
21 providing services in this state while an emergency declaration is
22 in effect.

23 8599.52. This article applies to volunteer health practitioners
24 registered with a registration system that complies with Section
25 8599.54 and who provide health or veterinary services in this state
26 for a host entity while an emergency declaration is in effect.

27 8599.53. (a) While an emergency declaration is in effect, the
28 Emergency Medical Services Authority, ~~in consultation with the~~
29 ~~Office of Emergency Services~~, may limit, restrict, or otherwise
30 regulate all of the following:

31 (1) The duration of practice by volunteer health practitioners.

32 (2) The geographical areas in which volunteer health
33 practitioners may practice.

34 (3) The types of volunteer health practitioners who may practice.

35 (4) Any other matters necessary to coordinate effectively the
36 provision of health or veterinary services during the emergency.

37 (b) An order issued pursuant to subdivision (a) may take effect
38 immediately, without prior notice or comment, and is not a
39 regulation within the meaning of the Administrative Procedure

1 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
2 Division 3).

3 (c) A host entity that uses volunteer health practitioners to
4 provide health or veterinary services in this state shall do both of
5 the following:

6 (1) ~~Consult and coordinate~~ *Coordinate* its activities with the
7 Emergency Medical Services Authority to the extent practicable
8 to provide for the efficient and effective use of volunteer health
9 practitioners.

10 (2) Comply with any laws other than this article relating to the
11 management of emergency health or veterinary services.

12 (d) The Emergency Medical Services Authority shall ~~consult~~
13 ~~and~~ coordinate its activities under this section with the Office of
14 Emergency Services to ensure that any deployment of volunteer
15 health practitioners is consistent with the standard emergency
16 management system, established pursuant to Section 8607.

17 8599.54. (a) To qualify as a volunteer health practitioner
18 registration system, a system must do all of the following:

19 (1) Accept applications for the registration of volunteer health
20 practitioners before or during an emergency.

21 (2) Include information about the licensure and good standing
22 of health practitioners that is accessible by authorized persons.

23 (3) Be capable of supplying sufficient information about
24 registered volunteer health practitioners to the Emergency Medical
25 Services Authority, or a similar designated agency, in order to
26 allow that authority or agency to confirm the accuracy of
27 information concerning whether a health practitioner is licensed
28 and in good standing before health services or veterinary services
29 are provided under this article.

30 (4) Meet at least one of the following conditions:

31 (A) Be an emergency system for advance registration of
32 volunteer health care practitioners established by a state and funded
33 through the Health Resources Services Administration under
34 Section 319I of the Public Health Services Act (42 U.S.C. Sec.
35 247d-7b).

36 (B) Be a local unit consisting of trained and equipped emergency
37 response, public health, and medical personnel formed pursuant
38 to Section 2801 of the Public Health Services Act (42 U.S.C. Sec.
39 300hh).

40 (C) Be operated by one of the following:

- 1 (i) A disaster relief organization.
- 2 (ii) A licensing board or bureau established pursuant to Division
- 3 2 (commencing with Section 500) of, or Chapter 12 (commencing
- 4 with Section 7600) of Division 3 of, the Business and Professions
- 5 Code.
- 6 (iii) A national, state, or regional association of licensing boards
- 7 or health practitioners.
- 8 (iv) A health facility that provides comprehensive inpatient and
- 9 outpatient health care services, including a tertiary care and
- 10 teaching hospital.
- 11 (v) A governmental entity.
- 12 (D) Be designated by the Emergency Medical Services Authority
- 13 as a registration system for purposes of this article.
- 14 (b) While an emergency declaration is in effect, the Emergency
- 15 Medical Services Authority, a person authorized to act on behalf
- 16 of the authority, or a host entity may confirm whether volunteer
- 17 health practitioners utilized in this state are registered with a
- 18 registration system that complies with subdivision (a).
- 19 Confirmation is limited to obtaining identities of the practitioners
- 20 from the system and determining whether the system indicates that
- 21 the practitioners are licensed and in good standing.
- 22 (c) Upon request of a person in this state authorized to manage
- 23 the emergency response, or a similarly authorized person in another
- 24 state, a registration system located in this state shall notify the
- 25 person of the identities of volunteer health practitioners and
- 26 whether the practitioners are licensed and in good standing.
- 27 (d) A host entity is not required to use the services of a volunteer
- 28 health practitioner even if the practitioner is registered with a
- 29 registration system that indicates that the practitioner is licensed
- 30 and in good standing.
- 31 8599.55. (a) While an emergency declaration is in effect, a
- 32 volunteer health practitioner, registered with a registration system
- 33 that complies with Section 8599.54 and licensed and in good
- 34 standing in the state in which the practitioner's registration is based,
- 35 may practice in this state to the extent authorized by this article as
- 36 if the practitioner were licensed in this state.
- 37 (b) A volunteer health practitioner qualified under subdivision
- 38 (a) is not entitled to the protections of this article if the practitioner
- 39 is licensed in more than one state and any license of the practitioner
- 40 is suspended, revoked, or subject to an order limiting or restricting

1 practice privileges, or has been voluntarily terminated under threat
2 of sanction.

3 (c) Nothing in this article is intended to modify the licensing
4 requirements imposed on any health practitioner by licensing or
5 regulatory provisions contained in Division 2 (commencing with
6 Section 500) of the Business and Professions Code, or by any other
7 laws or regulations of this state, in the absence of an emergency
8 declaration, as that term is defined in subdivision (c) of Section
9 8599.51.

10 8599.56. (a) For purposes of this section, the following terms
11 have the following meanings:

12 (1) “Credentialing” means obtaining, verifying, and assessing
13 the qualifications of a health practitioner to provide treatment,
14 care, or services in or for a health facility.

15 (2) “Privileging” means the authorizing by an appropriate
16 authority, such as a governing body, of a health practitioner to
17 provide specific treatment, care, or services at a health facility
18 subject to limits based on factors that include license, education,
19 training, experience, competence, health status, and specialized
20 skill.

21 (b) This article does not affect credentialing or privileging
22 standards of a health facility and does not preclude a health facility
23 from waiving or modifying those standards while an emergency
24 declaration is in effect.

25 8599.57. (a) ~~Subject to~~ *Except as further limited by*
26 subdivisions (b) and (c), a volunteer health practitioner shall adhere
27 to the scope of practice for a similarly licensed practitioner
28 established by the licensing provisions, practice acts, or other laws
29 of this state.

30 (b) Except as otherwise provided in subdivision (c), this article
31 does not authorize a volunteer health practitioner to provide
32 services that are outside the practitioner’s scope of practice, even
33 if a similarly licensed practitioner in this state would be permitted
34 to provide the services.

35 (c) The applicable licensing board or bureau may ~~modify or~~
36 *restrict or may, consistent with the limitations set forth in*
37 *subdivision (a), modify* the health services or veterinary services
38 regulated by that body that volunteer health practitioners may
39 provide pursuant to this article. An order under this subdivision
40 may take effect immediately, without prior notice or comment,

1 and is not a regulation within the meaning of the Administrative
2 Procedure Act (Chapter 3.5 (commencing with Section 11340) of
3 Part 1 of Division 3).

4 (d) A host entity may restrict the health or veterinary services
5 that a volunteer health practitioner may provide pursuant to this
6 article.

7 (e) A volunteer health practitioner shall not be found to have
8 engaged in unauthorized practice unless the practitioner has reason
9 to know of any limitation, modification, or restriction under this
10 section or that a similarly licensed practitioner in this state would
11 not be permitted to provide the services. A volunteer health
12 practitioner has reason to know of a limitation, modification, or
13 restriction or that a similarly licensed practitioner in this state
14 would not be permitted to provide a service if either:

15 (1) The practitioner knows the limitation, modification, or
16 restriction exists or that a similarly licensed practitioner in this
17 state would not be permitted to provide the service.

18 (2) From all the facts and circumstances known to the
19 practitioner at the relevant time, a reasonable person would
20 conclude that the limitation, modification, or restriction exists or
21 that a similarly licensed practitioner in this state would not be
22 permitted to provide the service.

23 (f) In addition to the authority granted by the laws of this state,
24 other than this article, to regulate the conduct of health
25 practitioners, a licensing board or other disciplinary authority in
26 this state has the following powers and duties:

27 (1) It may impose administrative sanctions upon a health
28 practitioner licensed in this state for conduct outside of this state
29 in response to an out-of-state emergency.

30 (2) It may impose administrative sanctions upon a practitioner
31 not licensed in this state for conduct in this state in response to an
32 in-state emergency.

33 (3) It shall report any administrative sanctions imposed upon a
34 practitioner licensed in another state to the appropriate licensing
35 board or other disciplinary authority in any other state in which
36 the practitioner is known to be licensed.

37 (g) In determining whether to impose administrative sanctions
38 under subdivision (f), a licensing board or other disciplinary
39 authority shall consider the circumstances in which the conduct
40 took place, including any exigent circumstances, and the

1 practitioner’s scope of practice, education, training, experience,
2 and specialized skill.

3 8599.58. This article does not limit rights, privileges, or
4 immunities provided to volunteer health practitioners by laws other
5 than this article.

6 8599.59. A volunteer health practitioner who is providing
7 health or veterinary services in this state pursuant to this article,
8 or who is traveling to or from this state to provide those services,
9 shall be considered an employee of this state for purposes of
10 worker’s compensation coverage concerning any injury,
11 occupational illness, or death incurred by the practitioner in
12 providing the services or in traveling to or from this state to provide
13 the services. Worker’s compensation benefits for volunteer health
14 practitioners are limited to those benefits provided to state
15 employees under the laws of this state.

16 8599.6. The Emergency Medical Services Authority may
17 promulgate rules, after approval by the Commission on Emergency
18 Medical Services, to implement this article. In doing so, the
19 authority shall consult with and consider the recommendations of
20 the entity established to coordinate the implementation of the
21 Emergency Management Assistance Compact and shall also consult
22 with and consider rules promulgated by similarly empowered
23 agencies in other states to promote uniformity of application of
24 this article and make the emergency response systems in the various
25 states reasonably compatible.

26 8599.61. In applying and construing this article, consideration
27 shall be given to the need to promote uniformity of the law with
28 respect to its subject matter among states that enact it.

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To: Board Members **Date:** August 30, 2007

From: Cassandra Kearney
Regulations Analyst **Telephone:** (916) 574-7836

Subject: Regulation Update

Title 16, CCR Section 1832.5, Interim Recognition of Degrees from Institutions Approved by the Bureau for Private Postsecondary and Vocational Education (Emergency Regulation)

This emergency regulatory proposal would allow the board to continue to accept degrees from state-approved schools through July 1, 2008. This regulation would allow students completing their programs designed for licensure as a Marriage and Family Therapist to register as an intern and begin accumulating hours towards licensure while the legislature works on a larger reform package.

The Board approved the proposal at its meeting on May 31, 2007. The proposed regulation was filed with the Office of Administrative Law (OAL) on July 12, 2007 (OAL Emergency Number Z-07-7712-03E). **On July 18, 2007, the Board withdrew its request for the emergency regulation as Assembly Bill 1525 (Cook) Bureau for Private, Postsecondary and Vocational Education (BPPVE) was approved and signed into law. This legislation temporarily extends school approvals formerly issued by the BPPVE until July 1, 2008 for schools that had a valid approval to operate as of June 30, 2007.**

Title 16, CCR Sections 1833.1 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 and delete the requirement that supervisors of MFT Interns and Trainees average 5 hours of client contact per week for two out of the five years before supervising.

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 and the notice was published by OAL on September 29, 2006 (OAL Notice Number Z-06-0919-03). The regulatory hearing was held on November 16, 2006; no public comments were received. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications

into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. The completed regulatory packet was submitted to the Legal Office in April for departmental approval. The regulatory package was approved by the Department. A second 15-day notice will be distributed on September 4, 2007 due to minor form medications. **The rulemaking file was forwarded to the Board for its review at the August 30, 2007 meeting.**

Title 16, CCR, Sections 1887, 1887.3, and 1887.7, Technical Cleanup - Licensed Educational Psychologists and Board Administration

This proposal would make technical and editorial changes to the Board's regulations in line with statutory changes proposed under SB 1475 to update the Licensed Educational Psychologist and Board administration statutes. At its June 28, 2006 meeting, the Board's Policy and Advocacy Committee recommended that the Board adopt these proposed regulations.

The Board approved this proposal at its meeting on July 27, 2006. The notice was published by OAL on September 29, 2006 (OAL Notice Number Z-06-0919-05). The regulatory hearing was held on November 16, 2006. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. The completed regulatory packet was submitted to the Legal Office in April for final departmental approval. The regulatory package was approved by the Department. **The rulemaking file was forwarded to the Board for its review at the August 30, 2007 meeting.**

Title 16, CCR Sections 1805, 1806, and 1833.3, Abandonment of Application Files.

Section 1806 currently requires candidates to take an examination within one year of notification of eligibility to take the examination. Section 1833.3 currently requires applicants who fail an examination to retake that examination within one year from the date of the failure. However, candidates who fail are provided with a notice of eligibility 180 days from the date of failure, so both sections apply and reflect two different time frames. This regulatory proposal would resolve the conflict between these two regulations, providing all candidates with a one-year period in which to take an examination to avoid abandonment of their application.

At its June 28, 2006 meeting, the Board's Policy and Advocacy Committee recommended that the Board adopt these proposed regulations. The Board approved this proposal at its meeting on July 27, 2006. The notice was published by OAL on September 29, 2006 (OAL Notice Number Z-06-0919-05). The regulatory hearing was held on November 16, 2006. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. The completed regulatory packet was submitted to the Legal Office in April for final departmental approval. The regulatory package was approved by the Department. **The rulemaking file was forwarded to the Board for its review at the August 30, 2007 meeting.**

Title 16, CCR, Sections 1816.7, 1887.7, 1887.75, and 1887.77, Delinquency Fees for Continuing Education Providers

This proposal would allow a registered provider of continuing education (PCE) a period of one year from the registration's expiration date in order to renew an expired PCE registration with a \$100 delinquency fee. Currently, when a PCE does not renew the registration before its 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. The notice was published by OAL on September 29, 2006 (OAL Notice Number Z-06-0919-05). The regulatory hearing was held on November 16, 2006. Staff

distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. The completed regulatory packet was submitted to the Legal Office in April for final departmental approval. The regulatory package was approved by the Department. **The rulemaking file was forwarded to the Board for its review at the August 30, 2007 meeting.**

Title 16, CCR, Sections 1887.2(a) and 1887.3(a) Continuing Education Self-Study

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. The original intent of this proposal was to delete the definition of a “self-study course” and delete the limitations regarding self-study hours.

The Consumer Protection Committee approved this proposal at its September 20, 2006 meeting. The proposal went before the Board for preliminary approval at its November 16, 2006 meeting; however, the Board recommended modifications to the proposed language – to retain the definition of a “self-study course” and to increase the self-study course limitations to one-half of the total required CE hours. The notice was published by OAL on December 29, 2006 (OAL Notice Number Z-06-1218-01), which initiated the 45-day public comment period. A regulatory hearing was held at the Board’s February 15, 2007 meeting. The Board gave this proposal its final approval at its meeting on May 31, 2007. The completed regulatory package was submitted to the Legal Office in April for final departmental approval. The regulatory package was approved by the Department. **The rulemaking file was forwarded to the Board for its review at the August 30, 2007 meeting.**

Title 16, CCR Section 1887.2, Exceptions to Continuing Education Requirements

This regulation sets forth CE exception criteria for MFT and LCSW license renewals. This proposal would amend the language in order to clarify and/or better facilitate the request for exception from the CE requirement process.

On January 10, 2007, the Consumer Protection Committee reviewed and approved the proposal. On February 15, 2007, the proposal went before the Board for preliminary approval. However, a modification to the language, which addresses minimum timeframes for circumstances that exempt licensees from the CE requirement, was recommended by the Board. Staff presented this recommended modification to the Committee on April 11, 2007; however, the Committee recommended that staff re-present the original proposal back to the Board in May 2007 as it provides consistency between the exception provisions within the regulation. The Board approved the originally proposed text at its meeting on May 31, 2007. **The proposal is being returned to the Committee for further work.**

Title 16, CCR Sections 1887, 1887.2, 1887.3, and 1887.7, Minor Clean-Up of Continuing Education Regulations

This proposal would make minor clean-up amendments to continuing education regulations. At its meeting on April 11, 2007, the Board’s Consumer Protection Committee recommended that the Board approve the proposed language. **The Board approved the originally proposed text at its meeting on May 31, 2007.**

Title 16, CCR Section 1870, Two-Year Practice Requirement for Supervisors of Associate Clinical Social Workers

This proposal would require supervisors of associate clinical social workers to be licensed for at least two years prior to commencing any supervision, and would make some technical changes for clarity. At its meeting on April 11, 2007, the Board’s Consumer Protection Committee recommended that the Board approve the proposed language. **The Board approved the originally proposed text at its meeting on May 31, 2007.**

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

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

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To: Board Members

Date: July 30, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Legislation Update

Board-Sponsored Legislation

SB 1048 (Senate Business, Professions and Economic Development Committee): *BBS Omnibus Bill*

This legislation would do all of the following:

- *Unprofessional Conduct*
Add the following to the Board's unprofessional conduct statutes:
 - A willful violation of the Health and Safety Code pertaining to release of records.
 - A violation of the telemedicine statute.
 - List all types of unprofessional conduct in one section.
- *Eliminate Extensions for Associate Clinical Social Worker Registrations*
Require an Associate Clinical Social Worker (ASW) to obtain new registration if needed, rather than one-year extensions, once his or her registration is no longer renewable.
- *Out-of-State MFT Education*
Clarify that persons seeking license as a Marriage and Family Therapist (MFT), who live in California yet attend a school located outside of California must meet California's education standards.
- *Reduce License Delinquency Period to Three Years*
Decrease the amount of time a license can remain delinquent from five years to three years.
- *Fictitious Business Names*
Addresses the use of fictitious business names for Licensed Clinical Social Workers (LCSWs) in private practice, in parallel with current MFT statute.
- *Fee Statutes*
Make a number of technical changes related to fee and renewal statutes for consistency and clarity.
- *Exempt Practice Settings*
Align exempt settings specified in LCSW statute with those specified in MFT statute.

- *Portability of MFT Licensure*
Modify California's licensing requirements for MFTs licensed at an equivalent level in another state by making reasonable allowances for equivalent coursework, and for supervised experience gained more than six years ago.
- *Qualifications for MFT Intern Registration*
Eliminate an outdated provision which permits applicants for MFT Intern registration to qualify under an alternative method.

Staff had intended for the following proposals to be a part of this omnibus legislation:

- *Award licensees with 6 hours of continuing education credit for attending one full day Board meeting.* There was some objection to this proposal, so this idea will need to be revisited by the Board.
- *Permit MFT Interns to count client-centered advocacy experience toward licensure.* This proposal was approved at the Board's May 2007 meeting. It was not included in SB 1048 as additional amendments were not being accepted. This proposal will be attempted at a later date.

The Board is currently monitoring the following legislation:

AB 64 (Berg) Uniform Emergency Volunteer Health Practitioners Act

This proposal would set up a registry of volunteer health practitioners licensed in this and other states. It would permit these volunteers to provide health services through a host entity during a declared emergency. The Policy and Advocacy Committee has recommended a position of "support if amended" to the Board.

AB 234 (Eng) Marriage and Family Therapy

This proposal would make a number of clarifying changes and updates to the Marriage and Family Therapy Licensing laws. The Board expects to become a co-sponsor of this legislation when the following amendments pertaining to Licensed Educational Psychologists are added to the bill. The proposed language will address changes made by SB 1475, Statutes of 2006:

- Change the CE requirement from 150 hours every five years to 36 hours every two years.
- Permit supervised experience in a school psychology program to have been gained at any time prior to application for licensure.
- Restore the Board's ability to deem different degree titles as equivalent.

AB 249 (Eng) Regulatory Gag Clauses

This proposal would prohibit Board licensees and registrants, as well as other healing arts licensees from including any of the following provisions in a civil settlement:

- Prohibiting the other party from contacting, cooperating or filing a complaint with the Board
- Requiring the other party to withdraw a complaint from the Board

The Board's Policy and Advocacy Committee recommended a position of "support" to the full Board, who, at its meeting on May 31, 2007, adopted the Committee's recommendation.

AB 423 (Beall) Mental Health Parity

This proposal would require health care service plan contracts and health insurance policies to provide coverage for the diagnosis and treatment of a mental illness to persons of all ages under the same terms and conditions applied to other medical conditions. Defines "mental illness" as mental disorders defined in the DSM-IV or subsequent editions, and includes substance abuse. The Board's Policy and Advocacy Committee recommended a position of

“support” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

AB 509 (Hayashi) *Suicide Prevention*

This proposal would establish the Office of Suicide Prevention (OSP) under the Department of Mental Health (DMH). The OSP would be required to coordinate and implement a statewide suicide prevention strategy modeled after the National Strategy for Suicide Prevention, among other tasks. The Board’s Policy and Advocacy Committee recommended a position of “support” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

AB 1025 (Bass) *Denial of Licensure*

This proposal would prohibit a person from being denied licensure or from having his or her license suspended or revoked based solely on a criminal conviction that has been expunged. The Board’s Policy and Advocacy Committee recommended a position of “oppose” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

AB 1178 (Hernandez) *Medical Information: Disclosures*

This proposal would permit a provider of health care to disclose medical information when a psychotherapist has reasonable cause to believe that the patient is in such a mental or emotional condition as to be dangerous to himself or herself or to the person or property of another and that disclosure is necessary to prevent the threatened danger. This proposal would conform the Civil Code to existing provisions established in case law and in the Evidence Code. At its meeting on May 31, 2007, the Board adopted a position of “support” on this legislation.

AB 1486 (Calderon) *Licensed Professional Counselors*

This proposal would establish title protection and licensure for Licensed Professional Counselors, with the program to be administered by the Board of Behavioral Sciences. At its meeting on May 31, 2007, the Board adopted a position of “support” for this bill. However, due to opposition by a number of organizations and individuals, this bill is now dead.

AB 1525 (Cook) *Bureau for Private, Postsecondary and Vocational Education (BPPVE)*

This legislation temporarily extends school approvals formerly issued by the Bureau for Private Postsecondary and Vocational Education (BPPVE) until July 1, 2008 for schools that had a valid approval to operate as of June 30, 2007. This legislation is intended to allow these schools to retain their approvals for the purpose of interpreting laws that require graduation from a BPPVE-approved school as a qualification for registration or licensure. This bill became effective immediately on July 12, 2007 and applies retroactively to July 1, 2007.

SB 823 (Perata) *Bureau for Private, Postsecondary and Vocational Education (BPPVE)*

This bill would create a new regulatory structure and a new bureau within the Department of Consumer Affairs to regulate private postsecondary education. The Board has not taken a position on this legislation.

SB 851 (Steinberg and Romero) *Mentally Ill Offenders*

This proposal would establish mental health courts statewide, and would require each county to establish a method for screening every defendant for mental illness. If the defendant is eligible and consents, he or she would be placed on probation and required to participate in the program for a minimum of one year. This proposal would also expand mental health and treatment programs for prisoners and probationers with severe mental illness. It would provide a structure and philosophy consistent with the Mental Health Services Act (MHSA) but does not use any MHSA funding. The Board’s Policy and Advocacy Committee recommended a position of “support” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

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BBS EXPENDITURE REPORT FY 2006/2007

OBJECT DESCRIPTION	FY 2005/2006	FY 2006/2007			
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	FINAL AS OF 6/30/07	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONAL SERVICES					
Salary & Wages (Civ Svc Perm)	1,045,321	1,289,337	1,186,425	1,186,425	102,912
Salary & Wages (Stat Exempt)	85,132	85,488	90,530	90,530	(5,042)
Temp Help (907)(Seasonals)	29,210	14,105	65,331	65,333	(51,228)
Temp Help (915)(Proctors)	0	19,444	0	0	19,444
Board Memb (Per Diem)	9,500	12,900	13,800	13,800	(900)
Overtime	6,203	7,533	6,797	6,796	738
Totals Staff Benefits	471,626	541,898	518,583	518,584	23,314
Salary Savings		(57,708)			(57,708)
TOTALS, PERSONAL SERVICES	1,645,992	1,912,997	1,881,466	1,881,468	31,530
OPERATING EXP & EQUIP					
Fingerprint Reports	4,394	36,954	3,478	4,204	32,750
General Expense	80,090	24,643	46,185	57,185	(32,542)
Printing	79,402	90,184	95,666	95,790	(5,606)
Communication	17,051	25,837	6,818	8,797	17,040
Postage	103,109	103,459	143,481	143,640	(40,181)
Travel, In State	63,898	57,955	110,103	110,103	(52,148)
Travel, Out-of-State	0	2,700	2,141	2,141	559
Training	21,767	16,149	10,796	10,796	5,353
Facilities Operations	178,368	187,951	168,954	168,954	18,997
C&P Services - Interdept.	0	27,287	0	0	27,287
C&P Services-External Contracts	8,405	9,632	42,511	42,511	(32,879)
DEPARTMENTAL PRORATA					
DP Billing	252,057	299,774	277,890	277,890	21,884
Indirect Distribution Costs	279,793	282,919	268,389	268,389	14,530
Communication/Educ. Division	16,539	10,701	10,702	10,447	254
D of I Prorata	7,880	8,327	7,154	7,154	1,173
Consumer Relations Division		11,218	11,219	10,918	300
OPP Support Services		0	448	464	(464)
Interagency Services (OER IACs)	196,680	0	270,569	270,569	(269,368)
Consolidated Data Services	15,000	21,390	1,786	2,385	19,005
Data Processing (Maint,Supplies,Contract)	12,839	4,630	11,021	11,231	(6,601)
Central Admin. Svcs - Pro Rata	146,345	141,971	141,971	141,971	0
EXAM EXPENSES					
Exam Site Rental	65,403	202,894	64,796	89,604	113,290
Exam Contract (Thomson) (404.00)	375,496	293,382	237,460	401,668	(108,286)
Expert Examiners (404.01)	255,957	473,460	248,673	248,673	224,787
ENFORCEMENT					
Attorney General	341,213	560,542	475,170	475,170	85,372
Office of Admin. Hearing	36,859	157,834	91,050	91,140	66,695
Court Reporters	2,623	0	21,337	22,842	(22,842)
Evidence/Witness Fees	42,462	62,583	25,228	25,408	37,175
Division of Investigation	43,063	82,632	68,860	70,028	12,604
Minor Equipment (226)	26,397	0	28,253	21,866	(21,866)
Replacement/Additional Equipment	448	0	14,069	14,069	(14,069)
TOTAL, OE&E	2,673,538	3,197,008	2,906,177	3,106,007	92,203
TOTAL EXPENDITURES					
	\$4,319,530	\$5,110,005	\$4,787,643	\$4,986,272	\$123,733
Fingerprints	4,494	(24,000)	3,762	(3,762)	(20,238)
Other Reimbursements	14,545	(26,000)	20,050	(20,050)	(5,950)
Unscheduled Reimbursements	17,903	0	24,820	(24,820)	24,820
Total Reimbursements	36,942	(50,000)	49,592	(48,632)	(1,368)
NET APPROPRIATION	\$4,356,472	\$5,060,005	\$4,787,643	\$4,937,640	\$122,365

0773 - Behavioral Science

Analysis of Fund Condition

(Dollars in Thousands)

NOTE: \$6.0 Million General Fund Repayment Outstanding

2006 Budget Act

	ACTUAL 2005-06	2006-07	2007-08	2008-09	2009-10
BEGINNING BALANCE	\$ 4,090	\$ 5,368	\$ 5,800	\$ 5,708	\$ 5,508
Prior Year Adjustment	\$ 47	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,137	\$ 5,368	\$ 5,800	\$ 5,708	\$ 5,508
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	\$ 95	\$ 103	\$ 106	\$ 106	\$ 106
125700 Other regulatory licenses and permits	\$ 1,546	\$ 1,581	\$ 1,599	\$ 1,599	\$ 1,599
125800 Renewal fees	\$ 3,581	\$ 3,626	\$ 3,635	\$ 3,635	\$ 3,635
125900 Delinquent fees	\$ 59	\$ 63	\$ 64	\$ 64	\$ 64
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -
150300 <i>Income from surplus money investments</i>	\$ 205	\$ 117	\$ 128	\$ 128	\$ 99
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
161400 Miscellaneous revenues	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2
Totals, Revenues	\$ 5,491	\$ 5,495	\$ 5,537	\$ 5,537	\$ 5,508
Transfers <i>from</i> Other Funds					
F00683 Teale Data Center (CS 15.00, Bud Act of 2005)	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers <i>to</i> Other Funds	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 5,491	\$ 5,495	\$ 5,537	\$ 5,537	\$ 5,508
Totals, Resources	\$ 9,628	\$ 10,863	\$ 11,337	\$ 11,245	\$ 11,016
EXPENDITURES					
Disbursements:					
<i>Budget Act of 2006</i>					
1110 Program Expenditures (State Operations) - Galley 2	\$ 4,260	\$ 4,903	\$ 5,625	\$ 5,738	\$ 5,852
1110 Allocation for Employee Compensation		\$ 140			
1110 Adjustment		\$ 20	\$ 4		
Total Disbursements	\$ 4,260	\$ 5,063	\$ 5,629	\$ 5,738	\$ 5,852
FUND BALANCE					
Reserve for economic uncertainties	\$ 5,368	\$ 5,800	\$ 5,708	\$ 5,508	\$ 5,163
Months in Reserve	12.7	12.4	11.9	11.3	10.4

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
- B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2008-09

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To: Board Members **Date:** August 14, 2007
From: Christy Berger **Telephone:** (916) 574-7847
Legislation Analyst
Subject: Review and Discussion of Supervision Rules for Associate Clinical Social Workers

Background

In a private practice setting, the supervision requirements for Marriage and Family Therapist (MFT) Interns differ from supervision requirements for Associate Clinical Social Workers (ASWs), including:

- **MFT Interns:** In a private practice setting, a supervisor may not supervise more than two MFT Interns (BPC § 4980.45(a)).
ASWs: A supervisor is not and has never been prohibited from supervising more than two ASWs in a private practice setting,
- **MFT Interns:** In a private practice setting, a supervisor must be either (1) employed by and practice at the same site as the intern's employer or (2) must be an owner or shareholder of the private practice (BPC § 4980.43(e)(4)).
ASWs: There is not currently such a requirement for supervisors of ASWs in a private practice setting. However, a similar law previously required ASWs working in a private practice setting to perform services only at the same location where their employer regularly conducts business (BPC § 4996.20(c)(3)). This requirement expired on December 31, 1998 (Senate Bill 1983, Ch. 589, Stats. 1998), and staff was unable to locate any documentation to explain why this change was made. It might be that this same legislation also expanded the laws regarding supervision of ASWs, including defining the supervisor's responsibilities and requiring a supervisory plan for each ASW.

Discussion

Because there are notable differences between private practice settings and other types of settings such as nonprofit and charitable corporations, schools, health facilities, or governmental entities, different requirements regarding supervision need to be considered. A private practice is typically owner-operated, with the owner responsible for all aspects of the business. Agencies are larger institutions which regularly offer services at one or more locations. They are generally able to provide more support to staff as they have greater resources, including more licensed and supervisory staff.

Though ASWs and MFT Interns have different content standards for registration and experience, the requirements for employment and supervision should be similar. Most importantly, differences regarding supervision requirements are confusing for supervisors and registrants, as more people are supervising

both ASWs and MFT Interns. These differences may discourage qualified people from offering supervision.

This proposal would permit a supervisor in a practice setting to have two MFT Interns and two ASWs.

The proposed language would also make several related changes pertaining to employment of ASWs, consistent with the requirements for MFT Interns, including:

- Prohibiting ASWs working in a private practice from obtaining supervision from a person not employed by the ASW's employer.
- Requiring an ASW working in a private practice to be under direct supervision by a licensee who is either:
 - Employed by and practices at the same site as the ASW's employer, or
 - Is an owner or shareholder of the private practice.
- Permitting an ASW working in a private practice to arrange for alternative supervision during a supervisor's vacation or sick leave.
- Requiring ASWs to only perform services at the place where their employers regularly conduct business. ASWs would still be permitted to perform services at other locations so long as the services are performed under the direction and control of their employer and supervisor.

Recommendation

At its meeting in July 2007, the Consumer Protection Committee recommended that the Board pursue the attached proposed language pertaining to supervision of ASWs. This would require a legislative change.

Suggested motion: The Board pursue legislation to enact the proposed changes regarding supervision requirements for ASWs.

Attachments

Proposed Language
Related MFT Laws

**BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
ASW SUPERVISION REQUIREMENTS**

§4996.23 SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA EFFECTIVE JANUARY 1, 2002

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post-master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. In addition, an associate shall receive an average of at least one hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week. Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker. For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons receiving supervision.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The

associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice setting as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(k) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(l) Associates shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(m) An associate working in any setting other than a private practice setting, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Except for periods of time during a supervisor's vacation or sick leave, an associate who is employed or volunteering in private practice setting shall be under the direct supervision of a licensee defined in regulation as a mental health professional acceptable to the board. The supervising licensee shall either be employed by and practice at the same site as the associate's employer, or shall be an owner or shareholder of the private practice setting. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(o) Associates shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws pertaining to supervision.

~~(n)~~ (p) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

(q) A licensee defined in regulation as a mental health professional acceptable to the board may supervise or employ, at any one time, no more than two associate clinical social workers in a private practice setting.

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RELATED MFT SUPERVISION LAWS

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

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

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctor's degree.

(4) Not more than 1,300 hours of experience obtained prior to completing a master's or doctor's degree. This experience shall be composed as follows:

(A) Not more than 750 hours of counseling and direct supervisor contact

(B) Not more than 250 hours of professional enrichment activities excluding personal psychotherapy.

(C) Not more than 100 hours of personal psychotherapy. The applicant shall be credited for three hours of experience for each hour of personal psychotherapy.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience gained more than six years prior to the date the application for licensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (b) of Section 4980.40 shall be exempt from this six-year requirement.

(7) Not more than 1000 hours of experience for direct supervisor contact and professional activities.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) Not more than 250 hours of experience administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes.

(10) Not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

(11) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees either as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to

employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(c) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.

(2) Each individual supervised after being granted a qualifying degree shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons.

(4) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation. The 5-to-1 and 10-to-1 ratios specified in this subdivision shall be applicable to all hours gained on or after January 1, 1995.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee enumerated in subdivision (f) of Section 4980.40. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or

shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in the employer's business.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

§4980.45. EMPLOYMENT OR TERMINATION OF INTERNS, NOTIFICATION TO BOARD

(a) A licensed professional in private practice who is a marriage and family therapist, a psychologist, a clinical social worker, a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a licensed physician who has completed a residency in psychiatry and who is described in subdivision (f) of Section 4980.40 may supervise or employ, at any one time, no more than two unlicensed marriage and family therapist registered interns in that private practice.

(b) A marriage and family therapy corporation may employ, at any one time, no more than two registered interns for each employee or shareholder who is qualified to provide supervision pursuant to subdivision (f) of Section 4980.40. In no event shall any corporation employ, at any one time, more than 10 registered interns. In no event shall any supervisor supervise, at any one time, more than two registered interns. Persons who supervise interns shall be employed full time by the professional corporation and shall be actively engaged in performing professional services

at and for the professional corporation. Employment and supervision within a marriage and family therapy corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

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	112	97	37	n/a	n/a
APPLICANTS	359	378	21	n/a	n/a
CE PROVIDERS	7	3	6	2329	0.26
DUAL LICENSEES ⁽³⁾	24	16	13	n/a	n/a
DUAL W/BOP ⁽³⁾	16	17	7	n/a	n/a
ASW	58	49	38	7247	0.52
LCSW	217	191	90	16684	0.54
IMF	98	91	68	10470	0.65
MFT	467	383	224	28897	0.78
LEP	5	4	3	1745	0.17
TOTAL	1363	1229	507	67372	0.75

- Note:
- (1)** Activity is from July 1, 2006 through June 30, 2007. Pending as of June 30, 2007.
 - (2)** Licenses in effect as of June 1, 2007. Does not include cancelled, revoked, or voluntary surrender of licenses.
 - (3)** Dual licensees are those that hold dual licenses with BBS. Dual w/BOP are licensed with BBS 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	83	0	2	7	1	0	0	4	97
APPLICANTS	3	0	0	360	0	0	4	11	378
CE PROVIDER	2	0	0	1	0	0	0	0	3
DUAL LICENSEES (10)	7	0	8	1	0	0	0	0	16
DUAL W/BOP (10)	7	0	6	3	0	0	1	0	17
ASW	25	0	0	12	1	0	5	6	49
LCSW	101	0	52	25	5	0	4	4	191
IMF	41	0	2	31	7	0	6	4	91
MFT	198	0	115	34	12	0	9	15	383
LEP	1	0	1	0	0	0	2	0	4
TOTAL	468	0	186	474	26	0	31	44	1229

38%

62% Actionable

Note:

- (1) Closure activity is from July 1, 2006 through June 30, 2007.
- (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 may have been 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 BBS. Dual w/BOP are licensed with BBS 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 June 30, 2007**

AGENCY CATEGORY	CE	UL	AP	DL	DP	AS	LC	IM	MF	LEP	TOTAL
Fraud	0	0	0	0	0	0	1	1	0	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	0	0	0	0	0	0	1	4	0	5
Custody	0	0	0	1	2	1	14	1	22	1	42
Fee Disputes	0	0	0	0	0	0	3	0	5	0	8
Exempt from licensure	0	3	0	1	0	1	2	1	2	0	10
Negligence	0	0	0	1	0	0	2	0	3	0	6
Beyond Scope	0	0	0	0	0	0	0	0	4	0	4
Dual Relationship	0	0	0	0	0	0	0	0	1	0	1
Abandonment	0	0	0	1	0	0	0	0	3	0	4
Improper Supervision	0	0	0	0	0	1	6	1	3	0	11
Misdiagnosis	0	0	0	0	0	0	2	0	1	0	3
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	3	0	3
Mental Illness	0	0	0	0	0	0	0	0	1	0	1
Self Use Drugs/Alcohol	0	0	0	0	0	1	0	0	5	1	7
Conviction of Crime	0	0	1	0	1	22	5	30	26	1	86
Unprofessional Conduct	5	1	0	5	3	3	18	12	78	0	125
Sexual Misconduct	0	0	0	1	0	0	0	3	12	0	16
Breach of Confidentiality	0	0	0	0	0	0	4	0	11	0	15
Emotional/Phys. Harm	0	0	0	0	0	0	2	0	3	0	5
Advertising / Misrepresentation	0	2	0	0	0	2	1	6	4	0	15
Unlicensed Practice	1	31	0	0	0	2	0	6	1	0	41
Repressed Memory	0	0	0	0	0	0	0	0	0	0	0
Third Party Complaint	0	0	0	0	0	4	9	6	9	0	28
Unsafe/Sanitary Conditions	0	0	0	0	0	0	0	0	0	0	0
Discipline by Another State	0	0	0	0	0	0	0	0	0	0	0
Criminal Convictions - Renewal Reported	0	0	0	0	1	1	3	0	4	0	9
Non Compliance with CE Audit	0	0	0	3	0	0	16	0	10	0	29
Applicant Referral for Criminal Convictior	0	0	19	0	0	0	0	0	0	0	19
Subvert Licensing Exam	0	0	0	0	0	0	0	0	0	0	0
Unregistered Referral Service	0	0	0	0	0	0	0	0	0	0	0
Failure to Provide Records	0	0	0	0	0	0	2	0	6	0	0
TOTAL	6	37	21	13	7	38	90	68	224	3 0	507

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	6	n/a	n/a
SUSEQUENT DISP. (3)	2	n/a	n/a
DUAL LICENSEES (4)	0	n/a	n/a
DUAL W/BOP (4)	1	n/a	n/a
CE PROVIDERS	0	2329	0.00
ASW	5	7247	0.07
LCSW	7	16684	0.04
IMF	9	10470	0.09
MFT	25	28897	0.09
LEP	0	1745	0.00
TOTAL	55	67372	0.08

- Note:
- (1) Pending as of June 30, 2007.
 - (2) Licenses in effect as of June 1, 2007. 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 BBS. Dual w/BOP are licensed with BBS 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 ASW	LEP	APPLICANT
REVOC. STAYED: PROB ONLY					
Unprofessional Conduct		2	2		
Aiding and Abetting					
Sexual Misconduct					
Discipline by Another State Agency		1			
Conviction of a Crime		4			
Subtotal	9	7	2	0	0
REVOC. STAYED: PROB, SUSPENSION					
Unprofessional Conduct		2		1	
Conviction of a Crime		1	1		
Fraud		1			
Subtotal	6	4	1	1	0
REVOKED					
Improper Supervision					
Discipline by Another State Agency					
Conviction of a Crime		2	3		
Sexual Misconduct		1			
Violation of Probaton		1			
Subtotal	7	4	3	0	0
SURRENDER OF LICENSE					
Unprofessional Conduct			1		
Discipline by Another State Agency			1		
Violation of Probation		1			
Sexual Misconduct		1			
Conviction of a Crime		1	1		
Subtotal	6	3	3	0	0
OTHER DISCIPLINE					
Discipline by Another State Agency				1	
Subtotal	1			1	
				3	
TOTAL	29	18	9	1	0

* Time frame: July 1, 2006 through June 30, 2007

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					
Fraud					1
Sexual Misconduct					1
Improper Supervision	1	1	2		5
Aiding & Abetting				1	
Failure/Report Abuse	1	1			
Breach of Confidence	2	6	5	5	4
Advertising/Misrepresentation	1	1	1		1
Unlicensed Practice	4	3	7	2	3
Failure Report Conviction on Renewal	2				1
Non Compliance with CE Audit	12	6	44	148	169
Failure Report Conviction on Application	1		1	1	
Subvert Licensing Exam		1			
Practicing Beyond Scope			1		
Client Abandonment				1	
Unprofessional Conduct			2	2	6
TOTAL	24	19	63	160	191

	02/03	03/04	04/05	05/06	06/07*
Number Citations Ordered	24	19	63	160	191
Fines Assessed				\$61,650.00	\$90,250.00
Fines Collected (1)				\$37,150.00	\$53,149.19

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

* 06/07 Fiscal Year through: June 30, 2007

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	22
Total Amount Ordered	\$36,258.50	\$25,497.50	\$73,791.25	\$47,751.25	\$101,778.25
Stipulation - Revocation(1)				\$1,320.00	\$1,350.50
Stipulation - Voluntary Surrender(2)				\$36,008.25	\$24,187.25
Stipulation - Probation				\$1,500.00	\$59,425.75
Stipulation - Accusation withdrawn					\$4,000.00
Decision - Revocation				\$6,410.50	\$10,419.25
Decision - Probation				\$2,512.50	\$2,395.50
Total Amount Collected(3)	\$57,867.25	\$20,600.08	\$23,791.89	\$15,168.57	\$15,244.98
Intercepted by FTB Program				\$314.73	
Cost Collected in Payments				\$8,058.34	\$9,456.98
Cost Collected in Lump Sum				\$6,795.50	\$5,788.00

(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: June 30, 2007

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	15
Amount Ordered Per Year (\$1,200)		\$6,000.00	\$16,800.00	\$19,200.00	\$80,400.00
Amount Collected		0	\$1,900.00	\$3,800.00	\$8,750.00
<hr/>					

* 06/07 Fiscal Year through: June 30, 2007

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
MFT WRITTEN EXAMINATION STATISTICS
1/01/07 – 6/30/07**

TOTAL EXAMINEES	1ST TIME TAKERS	2ND TIME TAKERS	3RD TIME TAKERS	4TH TIME TAKERS	5TH TIME TAKERS	6TH TIME TAKERS	7TH TIME TAKERS
1,046 Participated	700 Participated	131 Participated	73 Participated	35 Participated	28 Participated	19 Participated	15 Participated
591 Passed (57%)	507 Passed (72%)	54 Passed (41%)	13 Passed (18%)	9 Passed (26%)	4 Passed (14%)	2 Passed (11%)	1 Passed (7%)
455 Failed (43%)	193 Failed (28%)	77 Failed (59%)	60 Failed (82%)	26 Failed (74%)	24 Failed (86%)	17 Failed (89%)	14 Failed (93%)

8TH TIME TAKERS	9TH TIME TAKERS	10TH TIME TAKERS	11TH TIME TAKERS	12 TH + TIME TAKERS
10 Participated	7 Participated	8 Participated	5 Participated	15 Participated
0 Passed (0%)	0 Passed (0%)	1 Passed (12%)	0 Passed (0%)	0 Passed (0%)
10 Failed (100%)	7 Failed (100%)	7 Failed (88%)	5 Failed (100%)	15 Failed (100%)

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
1/1/07-6/30/07

ACCREDITED UNIVERSITIES	PASS	FAIL	% PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
				PASS	FAIL	
California Polytechnic State University	1	0	100%	1	0	100%
CSU, Bakersfield	2	5	29%	1	1	50%
CSU, Chico	5	2	71%	5	1	83%
CSU, Dominguez Hills	6	4	60%	5	2	71%
CSU, Fresno	16	8	67%	14	2	88%
CSU, Fullerton	12	17	41%	9	9	50%
CSU, Hayward	11	13	46%	6	5	54%
CSU, Long Beach	9	3	75%	9	2	82%
CSU, Los Angeles	5	5	50%	2	4	33%
CSU, Northridge	17	19	47%	15	5	75%
CSU, Sacramento	8	5	61%	6	3	67%
CSU, San Bernardino	2	0	100%	2	0	100%
CSU, Stanislaus	1	0	100%	1	0	100%
San Diego State University	9	3	75%	9	0	100%
San Francisco State University	12	5	71%	10	1	91%
San Jose State University	4	0	100%	4	0	100%
Sonoma State University	9	4	69%	8	1	89%
California State Polytechnic Univ.	1	3	25%	1	3	25%
Azusa Pacific University	9	13	41%	7	3	70%
California Baptist College	3	8	27%	3	5	38%
Phillips Graduate Institute	28	34	45%	25	14	64%
California Inst. of Integral Studies	26	2	93%	24	2	92%
California Lutheran University	7	3	70%	5	3	63%
Chapman University	21	15	58%	17	7	71%
College of Notre Dame	3	8	27%	3	4	43%
Dominican University of California	8	4	67%	7	2	78%
Fuller Theological Seminary	14	2	88%	14	1	93%
Holy Names University	0	2	0%	0	2	0%

ACCREDITED UNIVERSITIES	PASS FAIL		% PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
	PASS	FAIL		PASS	FAIL	
John F. Kennedy University	30	17	64%	24	8	75%
Loma Linda University	4	4	50%	3	2	60%
Loyola Marymount University	7	3	70%	7	2	78%
Mennonite Brethren Biblical Seminary	2	0	100%	2	0	100%
Mount St. Mary's College	4	1	80%	4	0	100%
National University	33	66	33%	24	21	53%
New College of California	9	6	60%	9	4	69%
Hope International University	6	3	67%	5	3	63%
Pacific Oaks College	5	10	33%	5	4	56%
Pepperdine University	36	23	61%	31	5	86%
St. Mary's College of California	1	1	50%	1	1	50%
Alliant University	5	7	42%	5	1	83%
University of La Verne	4	5	44%	4	0	100%
University of San Diego	6	2	75%	6	1	86%
University of San Francisco	20	18	53%	15	9	63%
Santa Clara University	16	4	80%	14	2	88%
University of Southern California	6	3	67%	5	0	100%
University of the Pacific*	0	3	0%	0	2	0%
Pacific Graduate School of Psychology*	1	0	100%	1	0	100%
Golden Gate University	2	1	67%	2	1	67%
Bethel Theological Seminary	3	0	100%	3	0	100%
Pacifica Graduate Institute	10	3	77%	9	2	82%
Institute for Transpersonal Psych.	5	1	83%	3	0	100%
Vanguard University	3	0	100%	2	0	100%

APPROVED UNIVERSITIES	PASS	FAIL	% PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
				PASS	FAIL	
Trinity College of Graduate Studies	6	5	54%	3	2	60%
California Graduate Institute	2	1	67%	1	0	100%
Argosy University	4	2	67%	4	2	67
Professional School of Psychology	3	1	75%	3	0	100%
Ryokan College	9	2	82%	9	2	82%
Sierra University*	0	1	0%	0	0	0%
Western Institute for Social Research	3	0	100%	3	0	100%
Institute of Imaginal Studies	3	0	100%	3	0	100%
Western Seminary	4	3	57%	3	1	75%
American Behavioral Studies Institute*	0	2	0%	0	2	0%
University of Phoenix, San Diego	2	4	33%	1	1	50%
Southern California Seminary	1	2	33%	1	1	50%
University of Phoenix, Sacramento	6	6	50%	6	4	60%
University of Santa Monica	4	2	67	3	1	75%
Antioch University, Marina Del Rey	34	20	63%	32	8	80%
Antioch University,, San Francisco*	0	2	0%	0	0	0%
Antioch University, Santa Barbara	12	9	57%	11	5	69%
San Diego University for Integrative Studies	1	0	100%	1	0	100%
HIS University	0	1	0%	0	1	0%
OUT-OF-STATE UNIVERSITIES	27	22	55%	24	12	67%
OUT-OF-COUNTRY UNIVERSITIES	3	2	60%	3	1	75%

*No longer has MFT program

1,046 PARTICIPATED
591 PASSED (57%)
455 FAILED (43%)

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
1/1/07 – 6/30/07**

TOTAL EXAMINEES	1ST TIME TAKERS	2ND TIME TAKERS	3RD TIME TAKERS	4TH TIME TAKERS	5TH TIME TAKER	6TH TIME TAKERS
1,020 Participated	576 Participated	180 Participated	149 Participated	93 Participated	18 Participated	4 Participated
525 Passed (51%)	349 Passed (61%)	85 Passed (47%)	55 Passed (37%)	31 Passed (33%)	4 Passed (22%)	1 Passed (25%)
495 Failed (49%)	227 Failed (39%)	95 Failed (53%)	94 Failed (63%)	62 Failed (67%)	14 Failed (78%)	3 Failed (75%)

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MFT WRITTEN CLINICAL VIGNETTE
1/1/07-6/30/07

ACCREDITED UNIVERSITIES	PASS FAIL		TOTAL % PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
	PASS	FAIL		PASS	FAIL	
California Polytechnic State University	2	4	33%	1	3	25%
CSU, Bakersfield	2	11	15%	1	2	33%
CSU, Chico	3	8	27%	3	3	50%
CSU, Dominguez Hills	4	4	50%	3	1	75%
CSU, Fresno	12	11	52%	7	5	58%
CSU, Fullerton	12	13	48%	8	4	67%
CSU, Hayward	11	14	44%	4	5	44%
CSU, Long Beach	8	3	73%	5	2	71%
CSU, Los Angeles	7	6	54%	5	3	63%
CSU, Northridge	9	13	41%	7	6	54%
CSU, Sacramento	10	8	56%	4	2	67%
CSU, San Bernardino	3	1	75%	3	0	100%
CSU, Stanislaus	1	0	100%	1	0	100%
Humboldt State University	2	0	100%	1	0	100%
San Diego State University	13	5	72%	6	4	60%
San Francisco State University	20	8	71%	14	2	88%
San Jose State University	0	2	0%	0	1	0%
Sonoma State University	9	5	64%	6	2	75%
California State Polytechnic University	1	1	50%	1	1	50%
Azusa Pacific University	4	10	29%	2	2	50%
Calif. Baptist University	4	5	44%	2	3	40%
Phillips Graduate Institute	23	17	58%	16	7	70%
Calif. Institute of Integral Studies	22	10	69%	17	8	68%
Calif. Lutheran University	3	6	33%	3	4	43%
Chapman University	24	19	56%	15	4	79%
College for Developmental Studies	0	1	0%	0	0	0%
College of Notre Dame	7	12	37%	4	5	44%

ACCREDITED UNIVERSITIES			TOTAL % PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
	PASS	FAIL		PASS	FAIL	
Dominican University of California	6	2	75%	3	1	75%
Fuller Theological Seminary	9	8	53%	9	7	56%
Holy Names College	2	2	50%	1	1	50%
John F. Kennedy University	45	27	63%	33	13	72%
Loma Linda University	2	7	25%	1	2	33%
Loyola Marymount	12	2	86%	9	2	82%
Mount St. Mary's College	0	2	0%	0	0	0%
National University	28	43	39%	16	21	43%
New College of California	12	7	63%	9	2	82%
Hope International University	2	6	25%	2	4	33%
Pacific Oaks College	6	6	50%	3	3	50%
Pepperdine University	35	24	59%	24	10	71%
St. Mary's College of California	0	2	0%	0	0	0%
Saybrook Institute	1	0	100%	1	0	100%
Alliant International University	4	7	36%	2	2	50%
University of La Verne	2	6	25%	2	1	67%
University of San Diego	3	5	38%	2	4	33%
University of San Francisco	9	22	29%	8	5	62%
Santa Clara University	10	10	50%	8	3	73%
University of Southern California	1	3	25%	1	1	50%
Golden Gate University	2	0	100%	0	0	0%
Bethel Theological Seminary	1	0	100%	1	0	100%
Pacifica Graduate Institute	13	4	76%	8	3	73%
Institute of Transpersonal Psych.	0	3	0%	0	2	0%
Vanguard University of Southern California	4	1	80%	3	0	100%

APPROVED UNIVERSITIES	PASS	FAIL	TOTAL % PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
				PASS	FAIL	
Trinity College of Graduate Studies	2	4	33%	0	3	0%
California Graduate Institute	2	5	29%	0	4	0%
Argosy University	3	2	60%	2	1	67%
Professional School of Psychology	1	1	50%	1	1	50%
Ryokan College	5	3	63%	4	0	100%
Western Institute for Social Research	2	0	100%	0	0	0%
Institute for Imaginal Studies	3	1	75%	2	0	100%
Western Seminary	7	5	58%	4	2	67%
American Behavioral Studies Institute*	1	2	33%	0	1	0%
University of Phoenix, San Diego	3	4	43%	1	4	20%
Southern California Seminary	2	2	50%	1	2	33%
University of Phoenix, Sacramento	4	1	80%	2	1	67%
Remington College*	1	0	100%	1	0	100%
University of Santa Monica	2	4	33%	1	1	50%
Antioch University, Marina Del Rey	27	31	47%	20	18	53%
Antioch University, Santa Barbara	8	14	36%	5	11	31%
San Diego University for Professional Studies	1	0	100%	1	0	100%
OUT-OF-STATE UNIVERSITIES	24	19	56%	17	11	61%
OUT-OF-COUNTRY UNIVERSITIES	2	1	67%	2	0	100%

*No longer has MFT Program

1,020 Participated
525 Passed (51%)
495 Failed (49%)

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
1/1/07-6/30/07

TOTAL EXAMINEES	1ST TIME TAKERS	2ND TIME TAKERS	3RD TIME TAKERS	4TH TIME TAKERS	5TH TIME TAKERS	6TH TIME TAKERS	7TH +TIME TAKERS
706 Participated	377 Participated	160 Participated	79 Participated	35 Participated	25 Participated	8 Participated	22 Participated
326 Passed (46%)	235 Passed (62%)	55 Passed (34%)	19 Passed (24%)	7 Passed (20%)	7 Passed (28%)	1 Passed (13%)	2 Passed (9%)
380 Failed (54%)	142 Failed (38%)	105 Failed (66%)	60 Failed (76%)	28 Failed (80%)	18 Failed (72%)	7 Failed (87%)	20 Failed (91%)

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
1/1/07-6/30/07**

ACCREDITED UNIVERSITIES			% PASSED	1 st TIME TAKERS		% PASSED 1 st TIME
	PASS	FAIL		PASS	FAIL	
CSU, Bakersfield	0	1	0%	0	1	0%
CSU, Chico	1	1	50%	1	1	50%
CSU, Fresno	9	26	26%	5	5	50%
CSU, Long Beach	45	59	43%	32	19	63%
CSU, Los Angeles	6	14	30%	3	5	38%
CSU, Sacramento	28	27	51%	18	9	67%
CSU, San Bernardino	6	15	29%	1	5	17%
CSU, Stanislaus	4	11	27%	3	4	43%
San Diego State University	20	19	51%	17	9	65%
San Francisco State University	7	22	24%	5	8	38%
San Jose State University	14	19	45%	12	12	50%
UC, Berkeley	16	8	67%	14	3	82%
UC, Los Angeles	16	11	59%	16	4	80%
Loma Linda University	4	9	31%	3	2	60%
University of Southern California	46	51	47%	27	26	51%
OUT-OF-STATE UNIVERSITIES	101	83	55%	76	27	74%
OUT-OF-COUNTRY UNIVERSITIES	3	4	43%	2	2	50%

706 PARTICIPATED
326 PASSED (46%)
380 FAILED (54%)

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**

1/1/07 – 6/30/07

TOTAL EXAMINEES	1ST TIME TAKERS	2ND TIME TAKERS	3RD TIME TAKERS	4TH TIME TAKERS	5TH TIME TAKERS	6TH TIME TAKERS	7TH TIME TAKERS
674 Participated	397 Participated	156 Participated	65 Participated	34 Participated	17 Participated	4 Participated	1 Participated
258 Passed (38%)	159 Passed (40%)	64 Passed (41%)	18 Passed (28%)	8 Passed (24%)	6 Passed (35%)	2 Passed (50%)	1 Passed (100%)
416 Failed (62%)	238 Failed (60%)	92 Failed (59%)	47 Failed (72%)	26 Failed (76%)	11 Failed (65%)	2 Failed 50%	0 Failed (0%)

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
1/1/07 – 6/30/07**

UNIVERSITIES	TOTAL PASS	TOTAL FAIL	% PASSED	1 ST TIME TAKERS		% PASSED 1 ST TIME
				PASS	FAIL	
CSU, Bakersfield	1	2	33%	1	1	50%
CSU, Chico	1	0	100%	1	0	100%
CSU, Fresno	3	16	16%	3	4	43%
CSU, Long Beach	28	60	32%	16	40	29%
CSU, Los Angeles	7	6	54%	5	4	56%
CSU, Sacramento	23	31	43%	12	17	41%
CSU, San Bernardino	2	18	10%	1	12	8%
CSU, Stanislaus	2	4	33%	0	2	0%
San Diego State	23	26	39%	15	11	58%
San Francisco State	9	18	33%	4	11	27%
San Jose State	13	23	36%	9	16	36%
UC, Berkeley	17	15	53%	11	10	52%
UCLA	17	20	46%	13	16	45%
Loma Linda University	2	5	29%	2	1	67%
USC	32	53	38%	18	28	39%
Out-of-State	73	114	39%	44	61	42%
Out-of-Country	5	5	50%	4	4	50%

674 PARTICIPATED
258 PASSED (38%)
416 FAILED (62%)

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
1/1/07 – 6/30/07**

TOTAL EXAMINEES	1ST TIME TAKERS	2ND TIME TAKERS	3RD TIME TAKERS	4TH + TIME TAKERS
61 Participated	46 Participated	7 Participated	5 Participated	3 Participated
40 Passed (66%)	33 Passed (72%)	3 Passed (43%)	3 Passed (60%)	1 Passed (33%)
21 Failed (34%)	13 Failed (28%)	4 Failed (57%)	2 Failed (40%)	2 Failed (67%)

**BOARD OF BEHAVIORAL SCIENCES
LEP WRITTEN EXAM STATS
1/1/07-6/30/07**

UNIVERSITIES			TOTAL % PASSED	1ST TIME TAKERS		% PASSED 1ST TIME
	PASS	FAIL		PASS	FAIL	
CSU, Chico	1	0	100%	1	0	100%
CSU, Dominguez Hills	1	1	50%	1	1	50%
CSU, Hayward	2	1	67%	2	0	100%
CSU, Long Beach	2	1	67%	2	1	67%
CSU, Los Angeles	5	1	83%	4	1	80%
CSU, Northridge	2	2	69%	0	1	0%
CSU, Sacramento	2	0	100%	2	0	100%
CSU, San Bernardino	1	0	100%	1	0	100%
Humboldt State University	1	0	100%	1	0	100%
San Francisco State University	1	1	50%	1	1	50%
San Jose State University	0	2	0%	0	2	0%
Sonoma State University	1	0	100%	1	0	100%
UC, Davis	1	0	100%	1	0	100%
UC, Riverside	1	0	100%	1	0	100%
Azusa Pacific University	4	1	80%	3	0	100%
Chapman University	2	1	67%	2	1	67%
Loma Linda University	1	0	100%	1	0	100%
Loyola Marymount University	2	1	67%	1	0	100%
National University	4	5	44%	3	3	50%
University of the Redlands	0	1	0%	0	0	0%
University of Southern California	1	0	100%	1	0	100%
University of the Pacific	1	0	100%	1	0	100%
Fresno Pacific University	0	1	0%	0	1	0%
Out-of-State Universities	4	2	67%	3	1	75%

61 PARTICIPATED
40 PASSED (66%)
21 FAILED (34%)

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To: Board Members

Date: August 20, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Report of the Marriage and Family Therapist Education Committee

Background

At its meeting on May 18, 2006, the Board appointed a committee to review the educational requirements for marriage and family therapist (MFT) licensure and to make recommendations for revisions to those requirements. The MFT Education Committee has met five times since its inception and has had participation from schools, agencies, individual licensees, consumers and professional associations. It is scheduled to meet next on September 28, 2007 in San Diego.

Discussion

Attached to this memo is the most recent "concept draft" of curriculum requirements for marriage and family therapists (MFT). The most significant proposed changes are as follows:

- Adding instruction in areas needed for practice in a public mental health environment (including case management, systems of care for the severely mentally ill, etc.) which may be provided in credit level coursework or through extension programs.
- Infusing the culture and norms of public mental health work and principles of the Mental Health Services Act (including recovery, consumer empowerment and participation, a greater emphasis on culture, etc.) throughout the curriculum.
- Increasing the total unit requirement from 48 to 60.
- Requiring coursework currently permitted to be taken outside of the degree program to be taken within the degree program. Many of these courses are currently required prior to sitting for the licensing examinations. They would now be required prior to registration as an intern.
- Providing more flexibility in the curriculum requirements (i.e., fewer requirements for specific hours or units for particular coursework) to allow for innovation in curriculum design.
- Adding three units and 75 contact hours to the practicum requirement.
- Addressing the impact of socio-economic status on behavior and treatment.

These requirements would be phased in over a period of time to ensure that schools are able to make the changes.

Attachment

Concept Draft for MFT Curriculum

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**Concept Draft for MFT Curriculum
June 2007**

§4980.37. DEGREE PROGRAM

(a) Applicants shall possess a doctor's or master's degree conferred by a school, college or university accredited by the Western Association of Schools and Colleges, Commission on the Accreditation of Marriage and Family Therapy Education, or approved by the Bureau for Private Postsecondary and Vocational Education¹ in one of the following disciplines:

- (1) marriage, family, and child counseling,
- (2) marital and family therapy,
- (3) psychology,
- (4) clinical psychology,
- (5) counseling psychology,
- (6) counseling with an emphasis in marriage, family, and child counseling, or
- (7) counseling with an emphasis in marriage and family therapy.

(b) A qualifying doctor's or master's degree shall:

- (1) Integrate marriage and family therapy principles throughout its curriculum.
- (2) Integrate the principles and methods of service delivery in recovery model practice environments throughout its curriculum.
- (3) Allow for innovation and individuality in the education of marriage and family therapists.
- (4) Encourage students to develop those personal qualities that are intimately related to effective practice such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
- (5) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.
- (6) Integrate the understanding of various cultures and the social and psychological implications of socio-economic position throughout its curriculum.
- (7) Encourage students to meet with various consumers and family members of mental health services so as to understand their experience of mental health treatment.

(c) In order to qualify for licensure, a doctor's or master's degree program shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to:

- (1) Diagnosis, assessment, prognosis and treatment of mental disorders, including severe mental disorders, including psychological testing.
- (2) At least 12 semester or 18 quarter units in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, children, and groups to improve, restore, or maintain healthy relationships.
- (3) Developmental issues from infancy to old age. This instruction shall include:

¹ This will be changed to reflect whatever is the final outcome regarding reform of the BPPVE and recent board actions to sponsor legislation recognizing regional accreditation agencies.

- (A) The effects of developmental issues on individuals, couples, and family relationships.
 - (B) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.
 - (C) Aging and its biological, social, cognitive, and psychological aspects.
 - (D) A variety of cultural understandings of human development.
 - (E) The understanding of human behavior within the social context of socio-economic status and a representative variety of the various cultures found within California.
- (4) The broad range of matters that may arise within marriage and family relationships and life events within a variety of California cultures including:
- (A) Child abuse assessment and reporting
 - (B) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics
 - (C) Cultural factors relevant to abuse of partners and family members.
 - (D) Childbirth
 - (E) Child rearing, parenting and stepparenting,
 - (F) Marriage
 - (G) Divorce
 - (H) Blended families
 - (I) Long term care
 - (J) End of life
 - (K) Grief

Instruction shall include the psychological, psychotherapeutic, community, and health implications of these matters and life events.

- (5) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
- (6) An understanding of the effects of socio-economic status on behavior, treatment and available resources.
- (7) Human sexuality including the study of physiological-psychological and social-cultural variables associated with sexual identity, sexual behavior and sexual disorders.
- (8) Provide specific instruction in substance abuse and addiction which shall include each of the following areas.
 - (A) The definition of alcoholism and other chemical dependency, and evaluation of the affected person.
 - (B) Medical aspects of alcoholism and other chemical dependency.
 - (C) Current theories of the etiology of substance abuse.
 - (D) The role of persons and systems that support or compound the abuse.
 - (E) Major treatment approaches to alcoholism and chemical dependency.
 - (F) Legal aspects of substance abuse.
 - (G) Populations at risk with regard to substance abuse.
 - (H) Community resources offering assessment, treatment and follow-up for the affected person and family.
 - (I) The process of referring affected persons.
 - (J) The prevention of substance abuse.

(9) California law and professional ethics for marriage and family therapists. This course shall include, but not be limited to, the following areas of study:

- (A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.
- (B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.
- (C) The current legal patterns and trends in the mental health profession.
- (D) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
- (E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(10) Psychopharmacology.

(11) No less than nine semester or thirteen quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience including a minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. The practicum shall provide training in the following areas:

- (A) applied psychotherapeutic techniques.
- (B) assessment.
- (C) diagnosis.
- (D) prognosis.
- (E) treatment of individuals and premarital, couple, family, and child relationships, including:
 - (1) dysfunctions,
 - (2) healthy functioning,
 - (3) health promotion, and
 - (4) illness prevention.
- (F) professional writing including documentation of services, treatment plans, and progress notes

Educational institutions are encouraged to design the practicum required by this paragraph to include marriage and family therapy experience in low-income and multicultural mental health settings.

(d) A degree qualifying for licensure shall include instruction in the following areas:

- (1) Case management
- (2) Systems of care for the severely mentally ill
- (3) Public and private services and supports available for the mentally ill
- (4) Community resources for victims of abuse
- (5) Disaster/Trauma response
- (6) Advocacy for the mentally ill

The instruction required in this subdivision may be provided either in credit level coursework or through extension programs offered by the degree granting institution.

(e) The board has the authority to make the final determination as to whether a degree meets

all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(f) Each applicant shall submit to the board a certification from the educational institution stating that the institution's required curriculum for graduation and any associated coursework completed by the applicant satisfies the requirements of this section.

(g) The changes made to this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and is not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.