MEETING NOTICE

February 21-22, 2008

Doubletree Guest Suites Anaheim Resort/Convention Center
2085 S. Harbor Blvd.
Anaheim, CA 92802
(714) 750-3000

Thursday, February 21
8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order & Establishment of a Quorum

I. Petition for Reinstatement
   A. Lidia Zoila Waller, MFC 31054

FULL BOARD CLOSED SESSION

II. Pursuant to Government Code Section 11126(c)(3) to Deliberate on Disciplinary Decisions
   A. Petition for Reinstatement (Lidia Zoila Waller, MFC 31054)
   B. Proposed Stipulation (Brian Kenneth Chesher, MFC 28326)

FULL BOARD OPEN SESSION

III. Introductions

IV. Approval of November 8-9, 2007 Meeting Minutes

V. Discussion of Examination Complaints

VI. Chairperson’s Report
   A. Future Board Committee Activity
   B. Professional Ethics Review Process
   C. Supervision Workgroup Report and Possible Action to Approve Draft Curriculum for Supervisor Training

VII. Executive Officer’s Report
   A. Budget Update
   B. Quarterly Licensing Statistics
   C. Personnel Update
   D. Mental Health Services Act Coordinator’s Report
E. Future Board Meetings
F. Miscellaneous Matters

VIII. Marriage and Family Therapist Education Committee Recommendation to Sponsor Legislation to Revise Education Requirements for Marriage and Family Therapists

IX. Policy and Advocacy Committee Report
A. Recommendation #1 – Sponsor Legislation Recognizing Schools Accredited by the Transnational Association of Christian Colleges and Schools
B. Legislation Update
C. Regulation Update

X. Update on Proposed Legislation and Regulations Regarding Acceptance of Degrees Granted by Institutions Approved by the Bureau for Private Postsecondary and Vocational Education

XI. Public Comment for Items Not on the Agenda

XII. Suggestions for Future Agenda Items

UPON ADJOURNMENT

BOARD COMMITTEE MEETINGS

XIII. MFT Education Committee*
A. Review and Approval of December 7, 2007 Meeting Minutes

XIV. Consumer Protection Committee*
A. Review and Approval of the October 5, 2007 Meeting Minutes

XV. Planning Committee*
A. Review and Possible Action on Draft Board Self-Assessment Instrument
B. Brainstorming Session on Improving Board Member Participation in Outreach Events
C. Strategic Plan Update

* - A quorum of the Board may be present at the committee meetings. Board members who are not on the committee may observe, but may not participate or vote.
Friday, February 22
8:30 a.m.

FULL BOARD CLOSED SESSION - Call to Order & Establishment of a Quorum

XVI. Pursuant to Government Code Section 11126(c)(1) Regarding Administration of Licensing Examinations for Marriage and Family Therapists, Licensed Clinical Social Workers and Licensed Educational Psychologists.

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

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT www.bbs.ca.gov

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

Marriage and Family Therapist Interns and Associate Social Workers are required by law to gain supervised hours of clinical experience to qualify to sit for their prospective licensure examinations. Clinical supervision is one component in developing an individual’s competency to become licensed as a Marriage and Family Therapist (MFT) or Licensed Clinical Social Worker (LCSW). However, currently there is no accurate way to measure the quality of supervision the interns and associates receive. Recognizing the need to improve the quality of clinical supervision, the Board conducted a survey in 2005 of interns and associates to determine their supervision experience. Though results revealed most respondents were satisfied with the supervision received, the pass rates on the licensing examinations as well as the numerous inquiries from supervisees and supervisors alike indicate there is a need to improve the quality of clinical supervision.

To begin the discussion on this issue, staff sought the assistance from licensees who have experience in providing clinical supervision to interns and registrants. The Supervision Workgroup was formed with the guidance of board member, Joan Walmsley, LCSW, Gary Henderson, MFT and Michael Brooks, LCSW. Ms. Walmsley provides supervision for the Irvine School District, Mr. Henderson provides supervision in a private practice setting and conducts supervision courses to supervisors who work in a variety of employment settings. Mr. Brooks is a member of the American Board of Examiners in Clinical Social Work and assisted in the development of the publications: Clinical Supervision: A Practice Specialty of Clinical Social Work and Professional Development and Practice Competencies in Clinical Social Work.

Initially, the Workgroup and staff began with the idea of developing guidelines to assist supervisees in selecting a supervisor; however, the discussion soon led to the creation of a draft curriculum for training supervisors.

The purpose of the course is to provide supervisors with a clear understanding of what supervisees should expect from their supervision experience and to prepare the supervisee not
only for the licensure examination but also for a competent and successful career working in a variety of mental health settings and with diverse client population.

At the October 5, 2007 Planning Committee Meeting, staff shared the concept and initial draft of the Supervision Course and asked for input from the stakeholders present.

On December 1, 2007 Mr. Henderson conducted the first supervision workshop using the draft curriculum for the Sacramento Valley Chapter of the California Association of Marriage and Family Therapists. There were 11 participants present which represented a fair mix of both LCSWs and MFTs. All participants are in private practice and are currently supervising, either in their private practice or under contract with a non profit.

On January 29th, 2008 Mr. Henderson conducted the second supervision workshop for Placer County employees who are supervising clinicians in the licensing process. There were 8 participants present with representation of both LCSWs and MFTs. All except one are clinical supervisors who work either in the Adult System of Care or the Children's System of Care. Board staff also attended this training which provided an opportunity to share issues and a sampling of questions that they receive from both supervisors and supervisees.

The response from the supervision course has been overwhelmingly positive with many of the evaluation forms stating “thank you.”

What the course does:

- Normalizes the training supervisors receive while protecting the distinct differences of the MFT and Social Work Professions
- Develops mechanisms to connect the supervisees with supervisors
- Provides both the supervisor and supervisee with an understanding of the expectations of clinical supervision.
- Improved quality of supervision equates to improved quality in the delivery of mental health services provided by interns/registrants and licensees

Additionally, the Workgroup recommended language for two new brochures, *A Guide to Supervision for Associate Clinical Social Workers* and *A Guide to Supervision for Marriage and Family Therapist Interns and Trainees*. The brochures were developed by Sean O’Conner, Outreach Coordinator for the Board. The Workgroup also developed a Suggested Reference List to assist both the supervisor and supervisee in the supervision process. The reference list will be posted to the Board’s website and will be updated periodically. The reference list is not meant to be a comprehensive list but more of a starting point.

Next Steps:

- Standardize the documentation of required experience across the professions.
- Obtain “buy in” from supervisors.
- Webcast the Supervision Course on the BBS Website.
- Create sample Supervisory Plans, one for a private practice setting and the other for a public agency setting.
- Determine the appropriate methodology to evaluate the Supervision Course.

Requested Action:

Staff requests the Board approve the following:

- The Supervision Course Curriculum
- Posting the Suggested Reference List to the Board’s Website
- The brochures: *A Guide to Supervision for Associate Clinical Social Workers* and *A Guide to Supervision for Marriage and Family Therapist Interns and Trainees.*
Attachments:

A. Draft Supervision Course Curriculum
B. Suggested Reference List
C. Brochures A Guide to Supervision for Associate Clinical Social Workers and A Guide to Supervision for Marriage and Family Therapist Interns and Trainees
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The purpose of this course is to provide supervisors of Marriage and Family Therapist Interns and Associate Clinical Social Worker Registrants with a clear understanding of what supervisees should expect from their supervision experience. Not all materials contained in this course will be applicable to every supervisor, but this document can serve as a guideline for the content, context and responsibilities of supervision. Supervision should prepare supervisees not only for licensure but also for a competent and successful career working in a variety of mental health settings with diverse client populations.

For additional information please consult the Board of Behavioral Sciences (BBS) website at www.bbs.ca.gov and your professional organizations.

COURSE OBJECTIVES

1. Supervisors shall know how to conceptualize mental health services from a variety of theoretical orientations relevant to private, public, and non-profit settings.

2. Supervisors shall be familiar with the legal and ethical standards relevant to California and should be able to apply these standards in a variety of work cultures and with diverse client populations.

3. Supervisors shall assist supervisees in the development of a competent professional self, which includes:
   - Cognitive
   - Affective
   - Personal and interpersonal information
   - Skills and abilities.

COURSE OUTLINE

I. Supervision Foundations

   A. Supervisors shall have a strong theoretical understanding of a variety of theoretical orientations, including but not limited to the orientations described in the BBS examination plan for MFT or LCSW licensure. This includes: an understanding of the assumptions, concepts, methods, role of the therapist, and theory of change for these orientations.

   B. Supervisors shall have a thorough knowledge of the legal mandates and ethical standards relevant to California practice. This includes a familiarity with the application of these mandates and standards in various contexts, including public, non-profit, and private settings. This also includes an
understanding of how these standards and mandates are interpreted and applied within various work cultures and the conflicts that may arise therein.

C. Supervisors shall have a thorough understanding of the BBS requirements for gaining hours for licensure. This includes a familiarity with the forms and recordkeeping required for supervisees, as well as supervision ratios and the variety of ways that supervisees may obtain their required hours.

II. Supervision Context and Responsibilities

A. Supervisors shall have a clear understanding of the various modes of supervision available and shall utilize a variety of these modalities. These modalities include but are not limited to:
   - Direct supervision
   - Review case report
   - Review of case notes
   - Reviewing audio and videotape of therapy
   - Individual, group and live supervision.

B. Supervisors shall also be familiar with a variety of supervision styles including but not limited to the following:
   - Collaborative
   - Hierarchical
   - Directive
   - Developmental
   - Phenomenological
   - Integrated

The supervisor should be able to articulate their own supervisory style and be aware of the strengths and weaknesses of their preference. They should also be able to recognize when another style is preferable. Supervisors shall also be familiar with a variety of learning styles and be able to recognize the preferred learning styles of supervisees and respond accordingly.

C. Supervisors should be familiar with the elements of a supervision plan including goals and objectives. There needs to be specific expectations of supervisor and supervisee, clear outcome evaluations for both supervisor and supervisee, and a stated process of termination.

D. Supervisors should be able to clearly separate clinical from administrative supervision and refrain from combining them. Supervisors should also be able to clearly separate supervision from therapy and refrain from performing psychotherapy with supervisees.

E. Supervisors shall have a working knowledge of the developmental levels of supervisees and shall be able to respond appropriately to the developmental needs of the supervisee.
F. Supervisors shall have a clear awareness and understanding of the impact of
the specific work culture on the context and content of supervision. The
supervisor should also have a working knowledge of a variety of community
resources and an understanding of how and when to utilize these resources.

G. Supervisors shall be aware of evaluation errors and biases as well as the
tendency toward isomorphism and take appropriate measures to contain
these processes.

H. Supervisors shall be aware of, sensitive to, and educate supervisees about
relevant diversity issues including but not limited to:
- Culture
- Ethnicity
- Gender
- Sexual orientation
- Religion
- Disability
- Age
- Socio-economic status
- Political affiliation

Supervisors shall also be able to evaluate the impact of the diversity issues
upon treatment.

I. Supervisors shall be familiar with group structures, including but not limited
to: open or closed and time limited, or ongoing frameworks. Supervisors
shall be familiar with group processes including but not limited to educational,
goal oriented, and process oriented formats. Supervisors shall be familiar
with various group dynamics, including but not limited to, leadership styles,
group member roles, conflict resolution and allocation of time.

III. Supervision Content

A. Supervisors shall have a comprehensive knowledge of the cognitive
processes required of supervisees including but not limited to:
- Intake
- Assessment
- Diagnosis
- Treatment planning skills
- The development of conflict management and resolution skills

B. Supervisors shall have a comprehensive understanding of the interpersonal
processes required of supervisees, including but not limited to:
- The ability to form effective relationships with clients
- The ability to exhibit characteristics of empathy, gentleness, kindness,
  and other related skills.
C. Supervisors shall facilitate the development of supervisee’s professional self-identity, which may include but is not limited to:

- The development of the use of self
- Appropriate self-disclosure
- How to create change
- Understand the difference between counter transference and parallel process
- Become comfortable with ambiguity and paradox
- Learn to treat the person, not the diagnosis
# Suggested References for Supervisors

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<td><em>California Laws on Counseling and Psychotherapy</em> (2004). <em>Note does not contain changes that have occurred since 2005.</em></td>
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<td></td>
<td>Stoltenberg, C., and Delworth, U. (1987), <strong>Supervising Counselors and Therapists: A Developmental Approach</strong></td>
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An Introduction to the Value of Supervision

If you are interested in earning a license to independently practice marriage and family therapy in California, you have an interest in supervision. The law requires at least two years worth of supervised experience for you to be qualified to take your licensing examinations; however, the value of the relationship with your supervisor goes further than merely qualifying you to sit for your licensing examinations.

The value of clinical supervision to your development as a professional cannot be emphasized enough. Clinical supervision allows new professionals in the field to benefit from the experience and knowledge of licensed mental health professionals. Clinical supervision represents an opportunity for you to learn and mature into an experienced mental health professional.

Considering the importance of your clinical supervision relationship, the Board of Behavioral Sciences has developed this brochure to assist students and registrants in selecting and/or developing a positive working relationship and supervision experience with their clinical supervisors. Whether you are selecting a clinical supervisor or working in an environment where a supervisor is assigned, you should be aware of the responsibilities and expectations of you (the supervisee) and those of the clinical supervisor.

Develop a Working, Productive Relationship with Your Supervisor

Depending on your setting, workload, and type of supervision (individual vs. group), you most likely spend between 1-4 hours of your week in supervision. The time you spend working in the field outweighs the amount of time you spend with your supervisor. The Board would like to offer several strategies to help you better maximize the time you spend in supervision:

- Spend some time at the beginning of your supervisory relationship going over goals and objectives. Also, set aside some time in future meetings to revisit these goals and objectives.
- Be proactive with your supervisor. Make sure you are getting the value that you expected from supervision. Supervision should be a collaborative experience.
- Take a moment to thoroughly read the Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern. This form outlines some basic expectations from the supervisor.

Don’t Be Afraid to Ask Questions

Whether you are personally selecting your supervisor or meeting your assigned supervisor for the first time, you should ask some questions to better understand the professional background of your supervisor and his or her knowledge base. Questions to consider asking include:

- What type of license do you possess?
- Is your license current and valid?
- When were you licensed?
- Have you completed the mandatory supervision course?
- Have you practiced psychotherapy as part of your clinical experience for at least two years within the last five years and averaged at least five patient/client contact hours per week?
- Have you ever provided supervision to a Marriage and Family Therapist (MFT) Intern or Trainee before, and if so, how many?
- What is your practice background (private practice, agency, school, etc.)?
- Do you practice from a particular theoretical orientation, and if so, will other theoretical orientations be discussed?
- Do you have any specialty areas of practice?

Using Clinical Supervision to Prepare for the Licensing Examinations

Effective clinical supervision should prepare you to pass your licensing examinations. Some future licensees choose to wait until 6 months before their examination to begin studying. A more effective strategy would be to use the content tested on the examination to frame your supervised experience.

Consider reviewing the examination content outlines located in the MFT Standard and Written Clinical Vignette Candidate Handbooks (available in the “Forms and Publications” section of the Board’s Web site). Once you have reviewed the content outline, take it to your supervisor and discuss how your current work is preparing you for the examination. Revisit this practice on a bi-monthly or quarterly basis to ensure your supervision and experience supports your goal of licensure.

Also, ask your supervisor if he or she can provide you with any insight into exam preparation strategies. Supervisors have often supervised and mentored a number of
“licensees-to-be,” so they might have some useful advice on examination preparation.

**Stay on Top of Your Required Supervised Experience**

You are most likely not the only person gaining hours under your supervisor. Supervisors often supervise multiple individuals working towards different professional licenses, all with different experience and supervision requirements. You would be well served to familiarize yourself with your experience and supervision requirements. Here are some resources available to you to help you understand the requirements relating to your hours of required supervise experience:

- The Board’s Web site’s “Applicant/Registrant” section

- **Frequently Asked Questions Relating to MFT Trainees and Interns** (available via the Web site in “Forms and Publications”)

- Current and past issues of **BBS News** (available via the Web site in “Forms and Publications”)

Another helpful feature on the Web site is the Experience Calculator. This calculator uses a spreadsheet to help you track how close you are to finishing your supervised experience requirement. This feature is available for free at www.bbs.ca.gov/app-reg/exp_calc.shtml.

**Other Important Facts About Supervision**

- The status of your supervisor’s license affects your ability to claim hours. Visit the “Online License Verification” section of the Web site to verify your supervisor’s status.

- Once you are an MFT Intern registered with the Board, the status of your registration is important too. Renew your registration early to ensure no hours are lost due to a delinquent renewal.

- Supervisees who wish to file a complaint against their supervisor can do so using the **Consumer Complaint Form** available in the Forms and Publications section of the BBS Web site.

**Who to Contact for Questions**

If you or your supervisor has questions relating to your required hours of experience or any other topics explored in this brochure, please contact the Board.

The Board’s MFT Evaluators are available to answer questions relating to licensing requirements. You are assigned an evaluator based on the first initial of your last name.

MFT Evaluator (A-K) – (916) 574 – 7854
MFT Evaluator (L-Z) – (916) 574 – 7853

Email: BBSWebmaster@bbs.ca.gov

**Stay Updated**

Sign up for the Board’s free email subscriber list to receive updates regarding law changes, enforcement actions, meetings, and more.

www.bbs.ca.gov/quick_links/subscribe.shtml
An Introduction to the Value of Supervision

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- Have you ever provided supervision to an Associate Clinical Social Worker before, and if so, how many?
- What is your practice background (private practice, agency, school, etc.)?
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Effective clinical supervision should prepare you to pass your licensing examinations. Some future licensees choose to wait until 6 months before their examination to begin studying. A more effective strategy would be to use the content tested on the examination to frame your supervised experience.

Consider reviewing the examination content outlines located in the LCSW Standard and Written Clinical Vignette Candidate Handbooks (available in the “Forms and Publications” section of the Board’s Web site). Once you have reviewed the content outline, take it to your supervisor and discuss how your current work is preparing you for the examination. Revisit this practice on a bi-monthly or quarterly basis to ensure your supervision and experience supports your goal of licensure.

Also, ask your supervisor if he or she can provide you with any insight into exam preparation strategies. Supervisors have often supervised and mentored a number of “licensees-to-be,” so they might have some useful advice on examination preparation.
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- *Frequently Asked Questions Relating to Associate Clinical Social Workers* (available via the Web site in “Forms and Publications”)
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Another helpful feature on the Web site is the Experience Calculator. This calculator uses a spreadsheet to help you track how close you are to finishing your supervised experience requirement. This feature is available for free at www.bbs.ca.gov/app-reg/exp_calc.shtml.

**Other Important Facts About Supervision**

- The status of your supervisor’s license affects your ability to claim hours. Visit the “Online License Verification” section of the Web site to verify your supervisor’s status.
- The status of your registration is important too. Renew your registration early to ensure no hours are lost due to a delinquent renewal.
- As an Associate Clinical Social Worker, you are required to gain a minimum of 1,700 hours of experience under an LCSW.
- Supervisees who wish to file a complaint against their supervisor can do so using the *Consumer Complaint Form* available in the Forms and Publications section of the Web site.

**Who to Contact for Questions**

If you or your supervisor has questions relating to your required hours of experience or any other topics explored in this brochure, please contact the Board.

Social Work Evaluator – (916) 574 – 7851
Social Work Evaluator – (916) 574 – 7852
Email: BBSWebmaster@bbs.ca.gov

**Stay Updated**

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www.bbs.ca.gov/quick_links/subscribe.shtml
To: Board Members  
From: Paul Riches  
Subject: Budget Update  
Date: February 4, 2008  
Telephone: (916) 574-7840

2007-08 Fiscal Year

Attached to this item is a new expenditure report for the current fiscal year. This report has been reformatted to highlight the “fixed” and “variable” elements in the BBS budget.

Substantively, the budget shows significant improvement from the report in November which showed the board exceeding its spending authority by $64,000. At that meeting, I presented a range of actions designed to bring spending projections in line with our spending authority. With those actions taken, the current spending projections show a year-end reserve of approximately $100,000 out of a $5.6 million budget. That is a comfortable level of reserve.

There are two trends I wish to highlight at this time. First, expenses for the Attorney General are projected to be significantly above budgeted amounts (approximately $80,000 or 18%). Second, projections for exam administration expenses are significantly below budget ($116,000 or 28%). There is no problem if these projections hold true. The board has the ability to move money from one-pot to another so long as we remain within our total spending limit. However, should we experience a significant increase in exam administration costs it may trigger additional measures to keep within our spending authority.

2008-09 Fiscal Year

The Governor’s proposed 2008-09 Fiscal Year budget is very positive for the board. The good news runs as follows:

1) The budget includes two investigative analyst positions for the board. Currently, we rely almost exclusively on the DCA Division of Investigation to conduct investigations of consumer complaints. The division is backlogged and we routinely wait for a year or more to get completed investigations. With the new analyst positions we should be able to work the great majority of complaint investigations in-house with greatly reduced wait times. It will take time to get these positions filled (we fully expect the budget to be significantly delayed again this year) and staff trained, but we will have much more control over our own work. Total cost to the board is approximately $200,000.
2) The budget includes $200,000 in added Mental Health Services Act funding for hiring consultants in public mental health and psychometrics to advise the board on aligning current programs and policies with the treatment model proposed in the MHSA. We received a full position funded by MHSA dollars in the 2007-08 budget which was recently filled by Christy Berger.

3) The budget includes an additional position in the board's licensing program to improve our customer service. The position will focus on responding to applicant inquiries related to licensing processes and requirements. Our customer satisfaction surveys have consistently articulated a demand for more hands on help navigating the licensure process and this position will help the board satisfy that demand. Total cost to the board is approximately $60,000.

Procedurally, this budget is simply the Governor's proposal. It will be subject to extensive legislative scrutiny through the budget committee process. However, past practice indicates that BBS budgets are passed as proposed with little controversy. We expect much the same this year.
## BBS EXPENDITURE REPORT
### FY 2007/2008

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<td>D of I Prorata</td>
<td>7,154</td>
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<td>Consumer Relations Division</td>
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<td>OPP Support Services</td>
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<td>448</td>
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<td>448</td>
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<td>Facilities Operations</td>
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<td>57,136</td>
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<td>Communication</td>
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<td>Division of Investigation</td>
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<td>407,048</td>
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<td>4,426</td>
<td>4,897</td>
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<td>Interagency Services (OER IACs)</td>
<td>269,368</td>
<td>227,419</td>
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<td>236,504</td>
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<td>3,112,070</td>
<td>3,895,088</td>
<td>1,719,988</td>
<td>3,823,922</td>
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<td><strong>NONFIXED EXPENSES (Discretionary)</strong></td>
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<td>Temp Help (907)(Seasonals)</td>
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<td>14,105</td>
<td>29,240</td>
<td>55,000</td>
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<td>Overtime</td>
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<td>7,533</td>
<td>4,474</td>
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<td>Printing</td>
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<td>96,393</td>
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<td>Postage</td>
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<td>110,435</td>
<td>31,924</td>
<td>70,000</td>
<td>40,435</td>
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<td>Travel, In State</td>
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<td>61,255</td>
<td>48,759</td>
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<td>Travel, Out-of-State</td>
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<td>1,199</td>
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<td>Training</td>
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<td>132,200</td>
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<td>22,626</td>
<td>1,095</td>
<td>3,000</td>
<td>19,626</td>
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<td><strong>EXAM EXPENSES</strong></td>
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<td></td>
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<td>Exam Site Rental</td>
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<td>Exam Contract (PSI) (404.00)</td>
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<td>416,947</td>
<td>157,783</td>
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<td>116,947</td>
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<td>Expert Examiners (404.01)</td>
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<td>274,000</td>
<td>243,770</td>
<td>250,000</td>
<td>24,000</td>
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<td>Attorney General</td>
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<td>443,542</td>
<td>261,068</td>
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<td>37,436</td>
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<td>30,951</td>
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<td>10,000</td>
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<td>66,198</td>
<td>18,589</td>
<td>30,000</td>
<td>36,198</td>
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<td>Minor Equipment (226)</td>
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<td>3,330</td>
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<td>4,000</td>
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<td>Major Equipment (Replace/Addit)</td>
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<td>16,000</td>
<td>10,000</td>
<td>10,000</td>
<td>6,000</td>
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<td>1,769,233</td>
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<td>$5,593,155</td>
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### BOARD OF BEHAVIORAL SCIENCES

**Analysis of Fund Condition**

(Dollars in Thousands)

**NOTE:** $6.0 Million General Fund Repayment Outstanding

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<tr>
<th>Actual</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
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<tr>
<td>Prior Year Adjustment</td>
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<td>$-</td>
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<td>TOTAL ADJUSTED RESERVES</td>
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<td>$6,273</td>
<td>$6,163</td>
<td>$5,426</td>
<td>$4,836</td>
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<td><strong>REVENUES AND TRANSFERS</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues: Fees</td>
<td>$5,389</td>
<td>$5,435</td>
<td>$5,467</td>
<td>$5,576</td>
<td>$5,688</td>
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<td>Totals, Revenues</td>
<td>$5,709</td>
<td>$5,558</td>
<td>$5,575</td>
<td>$5,667</td>
<td>$5,783</td>
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<tr>
<td>Transfers from Other Funds</td>
<td>$5,709</td>
<td>$5,558</td>
<td>$5,575</td>
<td>$5,667</td>
<td>$5,783</td>
</tr>
<tr>
<td>F00683 Teale Data Center</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>TOTAL REVENUES AND TRANSFERS</td>
<td>$5,709</td>
<td>$5,558</td>
<td>$5,575</td>
<td>$5,667</td>
<td>$5,783</td>
</tr>
<tr>
<td><strong>TOTAL RESOURCES</strong></td>
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<td>$11,831</td>
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<td><strong>EXPENDITURES</strong></td>
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<td>Disbursements: State Controller (State Operations)</td>
<td>$3</td>
<td>$4</td>
<td>$-</td>
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<td>Program Expenditures (State Operations)</td>
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<td>Projected Expenses</td>
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<td>$593</td>
<td>$285</td>
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<td>TOTAL</td>
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<td>$5,668</td>
<td>$6,312</td>
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<td><strong>FUND BALANCE</strong></td>
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<td>Reserve for economic uncertainties</td>
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<td>$6,163</td>
<td>$5,426</td>
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<td>Months in Reserve</td>
<td>13.3</td>
<td>11.7</td>
<td>10.4</td>
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</table>

**NOTES:**

ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
### QUARTERLY LICENSING STATISTICS
(10/1/2007 - 12/31/2007)

<table>
<thead>
<tr>
<th></th>
<th>Associate Clinical Social Worker</th>
<th>Marriage and Family Therapist Intern</th>
<th>Licensed Clinical Social Worker</th>
<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Received</td>
<td>442</td>
<td>681</td>
<td>255</td>
<td>387</td>
<td>26</td>
<td>2,534</td>
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<tr>
<td>Applications Approved</td>
<td>449</td>
<td>661</td>
<td>251</td>
<td>359</td>
<td>25</td>
<td>2,600</td>
</tr>
<tr>
<td>Avg. Processing Time</td>
<td>13.7 days</td>
<td>16.8 days</td>
<td>24.1 days</td>
<td>32.6 days</td>
<td>36.5 days</td>
<td>24.7 days</td>
</tr>
<tr>
<td>Avg. Processing Time subtracting time for deficiencies</td>
<td>8.1 days</td>
<td>8.4 days</td>
<td>11.5 days</td>
<td>9.8 days</td>
<td>8.4 days</td>
<td>9.2 days</td>
</tr>
</tbody>
</table>

### QUARTERLY LICENSING STATISTICS
(7/1/2007 - 9/30/2007)

<table>
<thead>
<tr>
<th></th>
<th>Associate Clinical Social Worker</th>
<th>Marriage and Family Therapist Intern</th>
<th>Licensed Clinical Social Worker</th>
<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
<th>Totals</th>
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</thead>
<tbody>
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<td>1,136</td>
<td>278</td>
<td>384</td>
<td>44</td>
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<td>1,149</td>
<td>270</td>
<td>394</td>
<td>44</td>
<td>2,600</td>
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<tr>
<td>Avg. Processing Time</td>
<td>20 days</td>
<td>17.5 days</td>
<td>36.1 days</td>
<td>35.8 days</td>
<td>25 days</td>
<td>26.9 days</td>
</tr>
<tr>
<td>Avg. Processing Time subtracting time for deficiencies</td>
<td>12.8 days</td>
<td>11.2 days</td>
<td>17.8 days</td>
<td>12.6 days</td>
<td>10.9 days</td>
<td>13.1 days</td>
</tr>
</tbody>
</table>
### QUARTERLY LICENSING STATISTICS


<table>
<thead>
<tr>
<th></th>
<th>Associate Clinical Social Worker</th>
<th>Marriage and Family Therapist Intern</th>
<th>Licensed Clinical Social Worker</th>
<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Received</td>
<td>460</td>
<td>673</td>
<td>250</td>
<td>427</td>
<td>24</td>
<td>1,834</td>
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<td>591</td>
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<td>350</td>
<td>16</td>
<td>1,563</td>
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<td>24 days</td>
<td>25.4 days</td>
<td>33.1 days</td>
<td>36.8 days</td>
<td>35.3 days</td>
<td>30.9 days</td>
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<tr>
<td>Avg. Processing Time subtracting time for deficiencies</td>
<td>11.7 days</td>
<td>11 days</td>
<td>16.6 days</td>
<td>12.3 days</td>
<td>13.5 days</td>
<td>13 days</td>
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### QUARTERLY LICENSING STATISTICS


<table>
<thead>
<tr>
<th></th>
<th>Associate Clinical Social Worker</th>
<th>Marriage and Family Therapist Intern</th>
<th>Licensed Clinical Social Worker</th>
<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
<th>Totals</th>
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<tr>
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<td>372</td>
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<td>304</td>
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<td>40.4 days</td>
<td>39.4 days</td>
<td>52.1 days</td>
<td>36.4 days</td>
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<tr>
<td>Avg. Processing Time subtracting time for deficiencies</td>
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<td>13.3 days</td>
<td>23.3 days</td>
<td>13.8 days</td>
<td>8.3 days</td>
<td>14.4 days</td>
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## QUARTERLY LICENSING STATISTICS  
(10/1/2006- 12/31/2006)

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<th>Marriage and Family Therapist Intern</th>
<th>Licensed Clinical Social Worker</th>
<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
<td>Applications Received</td>
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<td>639</td>
<td>234</td>
<td>354</td>
<td>16</td>
<td>1,639</td>
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<tr>
<td>Applications Approved</td>
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<td>308</td>
<td>14</td>
<td>1,518</td>
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<td>43.6 days</td>
<td>43 days</td>
<td>34.2 days</td>
<td>34.4 days</td>
</tr>
<tr>
<td>Avg. Processing Time</td>
<td>11.6 days</td>
<td>14.6 days</td>
<td>18.8 days</td>
<td>14.3 days</td>
<td>12.8 days</td>
<td>14.4 days</td>
</tr>
<tr>
<td>subtracting time for deficiencies</td>
<td></td>
<td></td>
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<td></td>
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## QUARTERLY LICENSING STATISTICS  
(7/1/2006- 9/30/2006)

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<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
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<td>33.9 days</td>
<td>26.8 days</td>
</tr>
<tr>
<td>Avg. Processing Time</td>
<td>8.6 days</td>
<td>9.3 days</td>
<td>9.5 days</td>
<td>9.4 days</td>
<td>7.6 days</td>
<td>8.9 days</td>
</tr>
<tr>
<td>subtracting time for deficiencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associate Clinical Social Worker</td>
<td>Marriage and Family Therapist Intern</td>
<td>Licensed Clinical Social Worker</td>
<td>Marriage and Family Therapist</td>
<td>Licensed Educational Psychologist</td>
<td>Totals</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------</td>
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</tr>
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<td>38 days</td>
<td>46.1 days</td>
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<td>5.9 days</td>
<td>10.3 days</td>
<td>11.8 days</td>
<td>2.5 days</td>
<td>8.2 days</td>
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**QUARTERLY LICENSING STATISTICS**  
*(1/1/2006 - 3/31/2006)*

<table>
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<th>Licensed Clinical Social Worker</th>
<th>Marriage and Family Therapist</th>
<th>Licensed Educational Psychologist</th>
<th>Totals</th>
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<tbody>
<tr>
<td><strong>Applications Received</strong></td>
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<td>548</td>
<td>231</td>
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## QUARTERLY LICENSING STATISTICS
**(10/1/2005 - 12/31/2005)**

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<tr>
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<th>Associate Clinical Social Worker</th>
<th>Marriage and Family Therapist Intern</th>
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## QUARTERLY LICENSING STATISTICS

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## QUARTERLY LICENSING STATISTICS

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

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<td>6.4 days</td>
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</table>
To: Board Members  
From: Paul Riches  
Subject: Personnel Update  

Date: February 1, 2008  
Telephone: (916) 574-7840

There has been a significant number of personnel changes at the board since the November 2007 board meeting.

**Expanded Management Team**

The board has long been limited by an inadequate management structure. When I became the executive officer in November 2004, the board had only the executive officer (EO) and an assistant executive officer classified as a Staff Services Manager I (AEO) to manage and supervise an office staff of 30. This structure provided staff with inadequate support and severely restricted the ability of the EO and AEO to attend to broader organizational needs. The daily demands of supervising staff and a broad range of operations is demanding.

Below is a timeline of personnel actions taken to put an appropriate management team in place.

**October 2005**

A vacant technician position was reclassified to establish a program manager position. The program manager was responsible for most daily supervision and operational needs. The AEO remained responsible for the board’s enforcement program. This was a significant step forward and allowed more focus on operational improvement and for the AEO to assume more executive functions. However, overseeing the enforcement program still substantially restricted the ability of the AEO to fulfill needed executive functions. This position is currently filled by Steve Sodergren.

**December 2007**

The board filled a staff services manager position funded by the Mental Health Services Act (MHSA) to work on aligning licensing requirements with the mandates of the MHSA. This position also oversees the board’s administration unit (legislation, budgets, public meetings, outreach, legislation, regulations) which supports the board’s policymaking function. This position is currently filled by Christy Berger.
The board reclassified a vacant analyst position to Staff Services Manager II. This position serves functionally as the board’s AEO. All managers report to the AEO, and the AEO reports directly to the EO. Mona Maggio was promoted to fill this position.

January 2008

The board established a third manager position. This vacancy allowed Steve Sodergren, who has served as the program manager, to become the board’s enforcement manager overseeing the enforcement unit. Paula Gershon who has served as the board’s budget analyst was promoted to become the new program manager responsible for overseeing the licensing, cashiering and examination units.

The new management team provides an appropriate span of control for the first time. With three managers directly responsible for daily operations, staff will have appropriate support and oversight. This team will allow us to put our ongoing program and service improvement efforts on a more sustainable footing. These changes are particularly timely given the expansion of board staff in recent years. In the 2004-05 fiscal year the board was authorized for 29.4 personnel years. The Governor’s proposed budget for 2008-09 authorizes 35.5 positions for the board.

In the new management team, the role of the AEO changes significantly. Under this structure, the AEO will bear primary responsibility for directing staff work on the strategic objectives adopted in the board’s strategic plan. This is central to the board’s organizational development efforts. Strategic plan implementation is designed to develop the leadership and analytic skills of board staff by vesting primary responsibility for achieving individual objectives with individual staff members throughout the organization. These “champions” are responsible for developing the work plans and mustering available board resources to accomplish their objective.

Other Personnel Changes

Tracy Rhine joined the board on January 2, 2008 as our new legislation and regulation analyst. Tracy comes to the board from the Assembly Business and Professions Committee where she was a committee consultant.

Dawn LaFranco joined the board on January 22, 2008 as our new administrative analyst. Dawn will be responsible for budgets, purchasing, telecommunications, emergency planning, facilities and other administrative functions. Dawn comes to the board from the Board of Pharmacy where she worked in the enforcement program.

Nikki Cotto was promoted from a part-time position in the board’s enforcement unit to a full-time office technician position. In her new position Nikki will work at the board’s reception desk.

Lora Romero has accepted a full-time position at CalPERS. Lora has been a part-time employee with the board responding to customer inquiries and completing license certifications.

Vacancies

The board is currently recruiting for an enforcement analyst.
To: Board Members  
From: Christy Berger  
MHSA Coordinator  
Subject: Mental Health Services Act Coordinator’s Report  

Date: February 14, 2008  
Telephone: (916) 574-7834

I am thrilled to be serving as the Board’s new Mental Health Services Act (MHSA) Coordinator. My job is to serve as the Board’s specialist regarding the MHSA and its impact on and interrelationship with Board programs, to act as liaison between the Board and the Department of Mental Health (DMH), and to perform other functions relating to the MHSA. I will be attending various meetings, serving on task forces, preparing reports for the Board, and consulting with the DMH. I also will continue to serve as the champion for the board’s strategic plan objective 3.3, “Implement four strategies to address demographic disparities between providers of mental health services and consumers by July 1, 2012.”

At this point I have been doing a lot of learning and absorbing information. I have also been helping to prepare the proposal to amend the MFT educational requirements for introduction to the legislature. I have also created a web page that provides information and resources for MFT schools to help them implement the proposed new requirements, which is expected to be available soon. I am also in the planning and preparation stages for a number of other projects that are expected to be approved by the board at its February 2008 meeting.

I have also attended (or will be attending) the following training and meetings:

- January 24-25, 2008 - attended Mental Health Services Oversight and Accountability Commission (MHSOAC) meetings
- February 6, 2008 - attended training “Focus on Recovery – Transforming Mental Health”
- February 7, 2008 - attended California Social Work Education Center (CalSWEC) meetings
- February 13, 2008 – plan to meet with Warren Hayes and other DMH staff
- February 28, 2008 – plan to attend a Suicide Prevention Plan Advisory Committee meeting
To: Board Members  
From: Paul Riches  
Executive Officer  

Subject: Future Meeting Dates

Below is the calendar for 2008 board and committee meetings. However, a change in date for the November board meeting is being requested by the Department of Consumer Affairs (DCA). The Director is working to develop a “board conference” where each board and bureau in DCA will hold its meeting at a common location over a 3-5 day period. In addition to the board meetings, the conference will feature training and networking opportunities for board members. The conference is designed to highlight the breadth of work done by DCA boards and bureaus and provide opportunities for board members from various boards and members of the administration to meet. The conference is slated to occur the week of November 17 in the Los Angeles area. The tentative schedule has the BBS meeting on Tuesday, November 18. The board’s participation in this conference is important and I believe board members will get a lot out of the conference.

Full Board Meetings

May 29-30, 2008 - Sacramento 
August 21-22, 2008 – North Coast 
November 13-14, 2008 – TBA

Committee Meetings

I am in discussions with the board chair regarding committee work in the coming year. With several major new initiatives requiring board member participation, we are looking to reduce time commitments related to routine committee meetings. There will be a committee meeting on April 11 in Southern California to conduct routine business (including a review of 2008 legislation) but the committee has not been specified at this time.
In May 2006, the Board appointed a committee to review the curriculum required for marriage and family therapist (MFT) intern registration and licensure. This committee, which first met in July 2006, was charged with reviewing the current requirements and determining their appropriateness for today’s MFT practice. The Committee also reviewed different studies of competencies necessary for MFT practice as well as workforce data in order to determine ways in which the profession has evolved. The Committee’s work benefited greatly from the participation and feedback it received from a variety of stakeholders including schools, agencies, consumers and students. In December 2007, the Committee recommended specific curricular changes to the full Board, as indicated below.

These revisions, if approved by the Board, will be carried in 2008 legislation. If it passes, the legislation would technically take effect on January 1, 2009. However, in order to give schools enough time to implement the changes, the legislation would contain staggered dates that guide the implementation of the new requirements (see Attachment C, “Proposed Timeline”).

Summary of All Proposed Changes

The proposed changes to the MFT educational requirements would do all of the following:

- Increase the degree’s total unit requirement from 48 to 60 semester units (72 to 90 quarter units).
- Provide more flexibility in the curriculum requirements, such as fewer requirements for specific hours or units for particular coursework, to allow for innovation in curriculum design.
- Practicum to include:
  - An additional three semester units and 75 client contact hours, including client centered advocacy
  - Training in the applied use of theory, working with families, documentation skills, and how to find and use resources
- Require certain coursework, such as California law and ethics and child abuse assessment and reporting, which is currently required prior to licensure (and may be taken outside of the
degree program) to instead be completed prior to registration as an intern and within the degree program.

- Infuse the culture and norms of public mental health work and principles of the Mental Health Services Act throughout the curriculum, including the following:
  o Recovery oriented care and related methods of service delivery
  o Providing opportunities to meet with consumers and family members
  o Greater emphasis on culture throughout the degree program
  o Greater understanding of the impact of socioeconomic position

- Add instruction in areas needed for practice in a public mental health environment which may be provided in credit level coursework or through extension programs, including the following:
  o Case management
  o Working with the severely mentally ill
  o Collaborative treatment
  o Disaster and trauma response

- Degree program content to include instruction in:
  o Evidence based and best practices
  o End-of-life and grief
  o Co-occurring mental health and substance use disorders
  o Behavioral addiction
  o Psychosexual dysfunction
  o Differences in legal and ethical standards for different types of work settings
  o Licensing law and licensing process

- Changes to the requirements for persons who earned a degree outside of California effective January 1, 2014, including accepting education as substantially equivalent when all of the following are true:
  1) The applicant’s degree meets the following minimum requirements:
     a) 48 semester units (72 quarter units)
     b) 6 semester units (9 quarter units)
     c) 150 practicum hours of face-to-face counseling
     d) 12 semester units (18 quarter units) in MFT content
  2) The applicant remediates any deficiencies in content and units
  3) The applicant completes credit level coursework in the following areas:
     a) Recovery oriented care
     b) California cultures
     c) Social and psychological implications of socioeconomic position
     d) Meeting with consumers and family members
     e) Behavioral addiction
     f) Co-occurring mental health and substance abuse disorders
     g) California law and ethics

This legislation would also:

- Permit applicants to count experience for performing “client centered advocacy” activities toward licensure.
- Permit MFT interns to gain a portion of the required supervision via teleconferencing.
- Require applicants for MFT licensure to verify that supervised experience was gained as an employee or volunteer and not as an independent contractor.
• Effective January 1, 2014, no longer require an applicant licensed as an MFT for less than two years in another state to complete 250 hours in California as an intern.

Recommendation

At its meeting on December 7, 2007, the MFT Education Committee recommended that the Board sponsor legislation to update the MFT educational requirements as indicated in attachment A.

Attachments

A. Proposed MFT Curriculum Revisions
B. Draft MFT Curriculum Revisions Highlighting New Content
C. Proposed Timeline
D. Current MFT Educational Requirements
Blank Page
This document shows all of the major changes that are proposed to the MFT educational requirements. For conciseness, any subdivisions (i.e., letters (a), (b)) that are not proposed to be changed are not printed in this document.

Amend BPC § 4980.03 as follows:

(i) “Client centered advocacy” as used in this chapter includes researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

Add BPC § 4980.36 as follows:

(a) This section applies to applicants for licensure or registration began graduate study on or after August 1, 2012.

(b) Applicants for licensure or registration shall possess a doctor's or master's degree conferred by a school, college or university accredited by a regional accrediting agency recognized by the United States Department of Education, approved by the Bureau for Private Postsecondary and Vocational Education, or a program accredited by the Commission on the Accreditation of Marriage and Family Therapy Education, 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
7. counseling with an emphasis in marriage and family therapy

(c) A doctor’s or master’s degree program that qualifies for licensure or registration shall do all of the following:

1. Integrate marriage and family therapy principles throughout its curriculum.
2. Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery oriented 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. Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.
A doctor’s or master’s degree program that qualifies for licensure or registration shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to all of the following:

1. Diagnosis, assessment, prognosis and treatment of mental disorders, including severe mental disorders, evidence based practices, psychological testing and psychopharmacology.

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, adolescents, and groups to improve, restore, or maintain healthy relationships.

3. Developmental issues from infancy to old age. This instruction shall include:
   
   (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 socioeconomic status and other contextual issues affecting social position.
   (F) The understanding of human behavior within the social context of a representative variety of the 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 socioeconomic status on treatment and available resources.

7. Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender and disability and their incorporation into psychotherapeutic process.
(8) Human sexuality including the study of physiological, psychological and social-cultural variables associated with sexual behavior, gender identity and the assessment and treatment of psychosexual dysfunction.

(9) Substance abuse, co-occurring disorders, and addiction including all of the following:

(A) The definition of substance use disorders, co-occurring disorders and addiction.
(B) Medical aspects of substance use disorders and co-occurring disorders.
(C) The effects of psychoactive drug use.
(D) Current theories of the etiology of substance abuse and addiction.
(E) The role of persons and systems that support or compound substance abuse and addiction.
(F) Major approaches to identification, evaluation and treatment of substance use disorders, co-occurring disorders and addiction, including best practices.
(G) Legal aspects of substance abuse.
(H) Populations at risk with regard to substance use disorders and co-occurring disorders.
(I) Community resources offering screening, assessment, treatment and follow-up for the affected person and family.
(K) Recognition of substance use disorders, co-occurring disorders and addiction and appropriate referral.
(L) The prevention of substance use disorders and addiction.
(M) For purposes of this paragraph, “co-occurring disorders” is defined as a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(10) 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 professions.
(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.
(F) Differences in legal and ethical standards for different types of work settings.
(G) Licensing law and licensing process.

(11) Practicum that includes direct client contact, as follows:

(A) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.
(B) A minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. Up to 75 of such hours may be gained performing client centered advocacy as defined in Section 4980.43.
(C) A student must be enrolled in a practicum course while counseling clients.
(D) The practicum shall provide training in all of the following areas:
   (i) applied use of theory and psychotherapeutic techniques
   (ii) assessment
   (iii) diagnosis
   (iv) prognosis
   (v) treatment of individuals and premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, illness prevention.
and working with families
(vi) professional writing including documentation of services, treatment plans, and progress notes
(vii) how to find and use resources

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.

(e) A degree qualifying for licensure or registration 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 severely mentally ill
(4) Community resources for victims of abuse
(5) Disaster and trauma response
(6) Advocacy for the severely mentally ill
(7) Collaborative treatment

The instruction required in this subdivision may be provided either in credit level coursework or through extension programs offered by the degree granting institution.

(f) 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.

(g) 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.

(h) Each educational institution preparing applicants to qualify for licensure shall notify each of its students by means of its public documents or otherwise in writing that its degree program is designed to meet the requirements of Section 4980.36 and shall certify to the board that it has so notified its students.

(i) 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.

Amend BPC § 4980.37 as follows:

(a) This section applies to persons who begin graduate study prior to August 1, 2012.

(b) Applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional accrediting agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary and Vocational Education. 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. In order to qualify for licensure pursuant to this subdivision, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter
units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment.

The coursework shall include all of the following areas:

1. The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

2. Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

3. Developmental issues and life events from infancy to old age and their effect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

4. A variety of approaches to the treatment of children. The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor’s or master’s degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master’s or doctor’s degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(a) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program which meets the educational qualifications for licensure shall include all of the following:

1. Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

2. Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

3. Train students specifically in the application of marriage and family relationship counseling principles and methods.
(4) Encourage students to develop those personal qualities that are intimately related to the
counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and
personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that
may be utilized to improve, restore, or maintain healthy individual, couple, and family
relationships.

(6) 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.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity
with the wide range of racial and ethnic backgrounds common among California's
population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(b) (f) Educational institutions are encouraged to design the practicum required by subdivision (b)
of Section 4980.40 this section to include marriage and family therapy experience in
low-income and multicultural mental health settings.

(g) This section shall become inoperative effective January 1, 2019.

Amend BPC § 4980.38 as follows:

(a) This section applies to persons who begin graduate study prior to August 1, 2012.

(a)-(b) Each educational institution preparing applicants to qualify for licensure shall notify each of
its students by means of its public documents or otherwise in writing that its degree program is
designed to meet the requirements of Sections 4980.37 and 4980.40, and shall certify to the
board that it has so notified its students.

(b)-(c) In addition to all of the other requirements for licensure, each applicant shall submit to the
board a certification by the chief academic officer, or his or her designee, of the applicant's
educational institution that the applicant has fulfilled the requirements enumerated in Sections
4980.37 and 4980.40, and subdivisions (d) and (e) of Section 4980.41.

Amend BPC § 4980.39 as follows:

(a) Any applicant for licensure as a marriage and family therapist who began graduate study on
or after January 1, 2004 and prior to August 1, 2012, shall complete, as a condition of
licensure, a minimum of 10 contact hours of coursework in aging and long-term care, which
could include, but is not limited to, the biological, social, and psychological aspects of aging.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to
this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the
requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to
the board a certification from the chief academic officer of the educational institution from
which the applicant graduated stating that the coursework required by this section is
included within the institution's required curriculum for graduation, or within the coursework,
that was completed by the applicant.
(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

Amend BPC § 4980.40 as follows:

To qualify for a license, an applicant for licensure shall have all the following qualifications:

(a) Applicants shall possess a doctor’s or master’s degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau for Private Postsecondary and Vocational Education. 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. In order to qualify for licensure pursuant to this subdivision, a doctor’s or master’s degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment.

The coursework shall include all of the following areas:

1. The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

2. Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

3. Developmental issues and life events from infancy to old age and their effect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child-rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

4. A variety of approaches to the treatment of children. The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(b) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor’s or master’s degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

2. For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

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(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(c) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(d) All applicants shall, in addition, complete the coursework or training specified in Section 4980.41.

(a) Meet the educational qualifications of either Section 4980.36 or Sections 4980.37 and 4980.41.

(e) All applicants shall be at least 18 years of age.

(f) All applicants shall have at least two years experience that meet the requirements of Section 4980.43.

(g) The applicant shall pass a board administered written or oral examination or both types of examinations, except that an applicant who passed a written examination and who has not taken and passed an oral examination shall instead be required to take and pass a clinical vignette written examination.

(h) The applicant shall not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(i) An applicant for licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is equivalent to a degree earned from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau of Private Postsecondary and Vocational Education. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

Amend BPC § 4980.41 as follows:

This section applies to persons who begin graduate study prior to August 1, 2012.

All applicants for licensure shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (g) (d) of Section 4980.40:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(1) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.
(2) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(3) The current legal patterns and trends in the mental health profession.

(4) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(5) 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.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.40 4980.37.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40 4980.37.

(d) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40 4980.37.

(e) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(f) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40 4980.37.

(g) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40 4980.37.
The requirements added by subdivisions (f) and (g) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.

(i) This section shall become inoperative effective January 1, 2019.

Amend BPC § 4980.44 as follows:

(a) An unlicensed marriage and family therapist intern employed under this chapter shall:

(1) Have earned at least a master's degree as specified in Section 4980.40 4980.36 or 4980.37.

(2) Be registered with the board prior to the intern performing any duties, except as otherwise provided in subdivision (e) of Section 4980.43.

Add BPC § 4980.72 as follows:

This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2014.

The board may issue a license to a person who, at the time of application, holds a valid license issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority of any state or country, if all of the following are true:

(1) The applicant's education is substantially equivalent as defined in Section 4980.78.

(2) The applicant's supervised experience is substantially the equivalent of this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the applicant's initial licensure by that state as a marriage and family therapist.

(3) The person successfully completes the licensing examinations required by this chapter.

Add BPC § 4980.74 as follows:

This section applies to persons who apply for registration or licensure on or after January 1, 2014 and who are not licensed outside of California as described in Section 4980.72 and have education or experience gained outside of California.

(a) Education gained while residing outside of California shall be accepted toward the registration or licensure requirements if it is substantially equivalent as defined in Section 4980.78.

(b) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter.

Add BPC § 4980.76 as follows:

An applicant for registration or licensure trained in an educational institution outside the United
States shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

Add BPC § 4980.78 as follows:

This section applies to persons who apply for registration or licensure on or after January 1, 2014.

(a) The Board, in its discretion, may accept education gained outside of California when it is substantially equivalent to Section 4980.36. Substantial equivalency means that the applicant meets the following requirements:

(1) The applicant’s degree contains a minimum of all of the following:
   (A) 48 semester or 72 quarter units overall.
   (B) Six (6) semester or nine (9) quarter practicum units.
   (C) 150 practicum hours of face-to-face counseling.
   (D) 12 semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in paragraph (2) of subdivision (d) of Section 4980.36.

(2) The applicant’s degree title need not be identical to that required by subdivision (b) of Section 4980.36.

(3) Notwithstanding paragraph (1), if the applicant's degree does not contain all of the content or number of units required by subdivision (d) of Section 4980.36, the applicant shall complete the missing course content and units required by subdivision (d) of Section 4980.36.

(4) The applicant completes credit level coursework from a degree granting institution that provides all of the following:

   (A) Instruction regarding the principles of mental health recovery oriented care and methods of service delivery in recovery model practice environments
   (B) An understanding of various California cultures and the social and psychological implications of socio-economic position.
   (C) Structured meeting with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment and recovery.
   (D) Behavioral addiction and co-occurring substance abuse and mental health disorders as specified in paragraph (9) of subdivision (c) of Section 4980.36.

(5) The applicant completes a course in California law and professional ethics. The content shall include advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, HIPAA, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process.
Amend BPC § 4980.80 as follows:

The board may issue a license to a person who, at the time of application, has held for at least two years a valid license issued by a board of marriage counselor examiners, marriage therapist examiners, or corresponding authority of any state, if the education and supervised experience requirements are substantially the equivalent of this chapter and the person successfully completes the board administered licensing examinations as specified by subdivision (g) (d) of Section 4980.40 and pays the fees specified. Issuance of the license is further conditioned upon the person's completion of the following coursework or training:

(a) (1) An applicant who completed a two semester or three quarter unit course in law and professional ethics for marriage and family therapists that included areas of study as specified in Section 4980.41 as part of his or her qualifying degree shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, the following subjects: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, requirements of the Health Insurance Portability and Accountability Act of 1996, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to patients.

(2) An applicant who has not completed a two semester or three quarter unit course in law and professional ethics for marriage and family therapists that included areas of study as specified in Section 4980.41 as part of his or her qualifying degree, shall complete a two semester or three quarter unit course in California law and professional ethics that includes, at minimum, the areas of study specified in Section 4980.41.

(i) This section applies to persons who apply for licensure between January 1, 2009 and December 31, 2013, and shall become inoperative effective January 1, 2014.

Amend BPC § 4980.90 as follows:

(a) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter and if the applicant has gained a minimum of 250 hours of supervised experience in direct counseling within California while registered as an intern with the board. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure by that state as a marriage and family therapist.

(b) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed all of the following:

(1) A two semester- or three quarter-unit course in California law and professional ethics for marriage, family, and child counselors that shall include areas of study as specified in Section 4980.41.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.
(3) A minimum of 10 contact hours of training or coursework in sexuality as specified in Section 25 and any regulations promulgated thereunder.

(4) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation.

(5) (A) Instruction in spousal or partner abuse assessment, detection, and intervention. This instruction may be taken either in fulfillment of other educational requirements for licensure or in a separate course.

(B) On and after January 1, 2004, a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(6) On and after January 1, 2003, a minimum of a two semester- or three quarter-unit survey course in psychological testing. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(7) On and after January 1, 2003, a minimum of a two semester- or three quarter-unit survey course in psychopharmacology. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(8) With respect to human sexuality, alcoholism and other chemical substance dependency, spousal or partner abuse assessment, detection, and intervention, psychological testing, and psychopharmacology, the board may accept training or coursework acquired out of state.

(c) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant meets both of the following requirements:

(1) The applicant has been granted a degree in a single integrated program primarily designed to train marriage and family therapists.

(2) The applicant’s education meets the requirements of Sections 4980.37 and 4980.40. The degree title need not be identical to those required by subdivision (a) of Section 4980.40. If the applicant’s degree does not contain the content or overall units required by Section 4980.37 or the overall number of units required by subdivision (a) of Section 4980.40, the board may, in its discretion, accept the applicant’s education as substantially equivalent if the following criteria are satisfied:

(A) The applicant’s degree contains the required number of practicum units and coursework required in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in Section 4980.40.

(B) The applicant remediates his or her specific deficiency by completing the course content, overall units, or both, as required by Section 4980.37 or the units required by subdivision (a) of Section 4980.40.

(C) The applicant’s degree otherwise complies with this section.

(d) This section applies to persons who apply for registration or licensure between January 1, 2009 and December 31, 2013, and shall become inoperative effective January 1, 2014.
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This document highlights the major content and other changes that have been proposed. For all changes, refer to (document name). For conciseness, any subdivisions (i.e., letters (a), (b)) that are not proposed to be changed are not printed in this document.

Amend BPC § 4980.03 as follows:

(i) “Client centered advocacy” as used in this chapter includes researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

Add BPC § 4980.36 as follows:

(a) This section applies to applicants for licensure or registration began graduate study on or after August 1, 2012.

(b) Applicants for licensure or registration shall possess a doctor's or master's degree conferred by a school, college or university accredited by a regional accrediting agency recognized by the United States Department of Education, approved by the Bureau for Private Postsecondary and Vocational Education, or a program accredited by the Commission on the Accreditation of Marriage and Family Therapy Education, 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
(7) counseling with an emphasis in marriage and family therapy

(c) A doctor’s or master’s degree program that qualifies for licensure or registration shall do all of the following:

(1) Integrate marriage and family therapy principles throughout its curriculum.
(2) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery oriented 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) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.
(d) A doctor's or master's degree program that qualifies for licensure or registration shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to all of the following.

(1) Diagnosis, assessment, prognosis and treatment of mental disorders, including severe mental disorders, evidence based practices, psychological testing and psychopharmacology.

(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, adolescents, and groups to improve, restore, or maintain healthy relationships.

(3) Developmental issues from infancy to old age. This instruction shall include:

   (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 socioeconomic status and other contextual issues affecting social position.
   (F) The understanding of human behavior within the social context of a representative variety of the 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 socioeconomic status on treatment and available resources.

(7) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender and disability and their incorporation into psychotherapeutic process.
(8) Human sexuality including the study of physiological, psychological and social-cultural variables associated with sexual behavior, gender identity and the assessment and treatment of psychosexual dysfunction.

(9) Substance abuse, co-occurring disorders, and addiction including all of the following:

(A) The definition of substance use disorders, co-occurring disorders and addiction.
(B) Medical aspects of substance use disorders and co-occurring disorders.
(C) The effects of psychoactive drug use.
(D) Current theories of the etiology of substance abuse and addiction.
(E) The role of persons and systems that support or compound substance abuse and addiction.
(F) Major approaches to identification, evaluation and treatment of substance use disorders, co-occurring disorders and addiction, including best practices.
(G) Legal aspects of substance abuse.
(H) Populations at risk with regard to substance use disorders and co-occurring disorders.
(I) Community resources offering screening, assessment, treatment and follow-up for the affected person and family.
(K) Recognition of substance use disorders, co-occurring disorders and addiction and appropriate referral.
(L) The prevention of substance use disorders and addiction.
(M) For purposes of this paragraph, “co-occurring disorders” is defined as a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(10) 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 professions.
(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.
(F) Differences in legal and ethical standards for different types of work settings.
(G) Licensing law and licensing process.

(11) Practicum that includes direct client contact, as follows:

(A) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.
(B) A minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. Up to 75 of such hours may be gained performing client centered advocacy as defined in Section 4980.43.
(C) A student must be enrolled in a practicum course while counseling clients.
(D) The practicum shall provide training in all of the following areas:

(i) applied use of theory and psychotherapeutic techniques
(ii) assessment
(iii) diagnosis
(iv) prognosis
(v) treatment of individuals and premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, illness prevention.
and working with families
   (vi) professional writing including documentation of services, treatment plans, and
       progress notes
   (vii) how to find and use resources

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.

(e) A degree qualifying for licensure or registration 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 severely mentally ill
   (4) Community resources for victims of abuse
   (5) Disaster and trauma response
   (6) Advocacy for the severely mentally ill
   (7) Collaborative treatment

   The instruction required in this subdivision may be provided either in credit level coursework
or through extension programs offered by the degree granting institution.

(f) 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.

(g) 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.

(h) Each educational institution preparing applicants to qualify for licensure shall notify each of
its students by means of its public documents or otherwise in writing that its degree program
is designed to meet the requirements of Section 4980.36 and shall certify to the board that it
has so notified its students.

(i) 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.

Add BPC § 4980.72 as follows:

This section applies to persons who are licensed outside of California and apply for licensure on
or after January 1, 2014.

The board may issue a license to a person who, at the time of application, holds a valid license
issued by a board of marriage counselor examiners, board of marriage and family therapists, or
corresponding authority of any state or country, if all of the following are true:

(1) The applicant’s education is substantially equivalent as defined in Section 4980.78.
(2) The applicant’s supervised experience is substantially the equivalent of this chapter. The
board shall consider hours of experience obtained outside of California during the six-year
period immediately preceding the applicant’s initial licensure by that state as a marriage and
family therapist.
(3) The person successfully completes the licensing examinations required by this chapter.

Add BPC § 4980.74 as follows:

This section applies to persons who apply for registration or licensure on or after January 1, 2014 and who are not licensed outside of California as described in Section 4980.72 and have education or experience gained outside of California.

(a) Education gained while residing outside of California shall be accepted toward the registration or licensure requirements if it is substantially equivalent as defined in Section 4980.78.

(b) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter.

Add BPC § 4980.78 as follows:

This section applies to persons who apply for registration or licensure on or after January 1, 2014.

(a) The Board, in its discretion, may accept education gained outside of California when it is substantially equivalent to Section 4980.36. Substantial equivalency means that the applicant meets the following requirements:

(1) The applicant’s degree contains a minimum of all of the following:
   (A) 48 semester or 60 quarter units overall.
   (B) Six (6) semester or nine (9) quarter practicum units.
   (C) 150 practicum hours of face-to-face counseling.
   (D) 12 semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in paragraph (2) of subdivision (d) of Section 4980.36.

(2) The applicant’s degree title need not be identical to that required by subdivision (b) of Section 4980.36.

(3) Notwithstanding paragraph (1), if the applicant's degree does not contain all of the content or number of units required by subdivision (d) of Section 4980.36, the applicant shall complete the missing course content and units required by subdivision (d) of Section 4980.36.

(4) The applicant completes credit level coursework from a degree granting institution that provides all of the following:

   (A) Instruction regarding the principles of mental health recovery oriented care and methods of service delivery in recovery model practice environments
   (B) An understanding of various California cultures and the social and psychological implications of socio-economic position.
   (C) Structured meeting with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment and recovery.
   (D) Behavioral addiction and co-occurring substance abuse and mental health disorders as specified in paragraph (9) of subdivision (c) of Section 4980.36.
(5) The applicant completes a course in California law and professional ethics. The content
shall include advertising, scope of practice, scope of competence, treatment of minors,
confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping,
patient access to records, HIPAA, dual relationships, child abuse, elder and dependent
adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions
and unprofessional conduct, ethics complaints and ethical standards, termination of
therapy, standards of care, relevant family law, therapist disclosures to patients,
differences in legal and ethical standards in different types of work settings, and
licensing law and licensing process.
## DRAFT TIMELINE FOR PROPOSED CHANGES TO MFT EDUCATIONAL REQUIREMENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Time from Passage of Legislation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2009</td>
<td>N/A</td>
<td>Legislation takes effect</td>
</tr>
<tr>
<td>January 1, 2009 to December 31, 2009</td>
<td>1 year</td>
<td>BBS works with intensively with schools</td>
</tr>
<tr>
<td>January 1, 2009 to July 31, 2012</td>
<td>3.5 years</td>
<td>Schools work to implement new requirements</td>
</tr>
<tr>
<td>*August 1, 2012</td>
<td>3.5 years</td>
<td>Students beginning degree programs on and after this date must meet new requirements</td>
</tr>
<tr>
<td>*January 1, 2019</td>
<td>10 years</td>
<td>“Old” educational requirements sunset</td>
</tr>
</tbody>
</table>

*Dates proposed to be included in legislation
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CURRENT MFT EDUCATIONAL REQUIREMENTS

§4980.37. DEGREE PROGRAM; COURSE OF STUDY AND PROFESSIONAL TRAINING

(a) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program which meets the educational qualifications for licensure shall include all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) 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.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California’s population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(b) Educational institutions are encouraged to design the practicum required by subdivision (b) of Section 4980.40 to include marriage and family therapy experience in low-income and multicultural mental health settings.

§4980.39. ADDITIONAL COURSEWORK

(a) Any applicant for licensure as a marriage and family therapist who began graduate study on or after January 1, 2004, shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long-term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution’s required curriculum for graduation, or within the coursework, that was completed by the applicant.
(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

§4980.40. QUALIFICATIONS

To qualify for a license, an applicant shall have all the following qualifications:

(a) Applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau for Private Postsecondary and Vocational Education. 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. In order to qualify for licensure pursuant to this subdivision, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment.

The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

(4) A variety of approaches to the treatment of children. The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(b) (1) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.
(c) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(d) All applicants shall, in addition, complete the coursework or training specified in Section 4980.41.

(e) All applicants shall be at least 18 years of age.

(f) All applicants shall have at least two years experience that meet the requirements of Section 4980.43.

(g) The applicant shall pass a board administered written or oral examination or both types of examinations, except that an applicant who passed a written examination and who has not taken and passed an oral examination shall instead be required to take and pass a clinical vignette written examination.

(h) The applicant shall not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(i) (1) An applicant applying for intern registration who, prior to December 31, 1987, met the qualifications for registration, but who failed to apply or qualify for intern registration may be granted an intern registration if the applicant meets all of the following criteria:

(A) The applicant possesses a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, counseling with an emphasis in marriage, family, and child counseling, or social work with an emphasis in clinical social work obtained from a school, college, or university currently conferring that degree that, at the time the degree was conferred, was accredited by the Western Association of Schools and Colleges, and where the degree conferred was, at the time it was conferred, specifically intended to satisfy the educational requirements for licensure by the Board of Behavioral Sciences.

(B) The applicant's degree and the course content of the instruction underlying that degree have been evaluated by the chief academic officer of a school, college, or university accredited by the Western Association of Schools and Colleges to determine the extent to which the applicant's degree program satisfies the current educational requirements for licensure, and the chief academic officer certifies to the board the amount and type of instruction needed to meet the current requirements.

(C) The applicant completes a plan of instruction that has been approved by the board at a school, college, or university accredited by the Western Association of Schools and Colleges that the chief academic officer of the educational institution has, pursuant to subparagraph (B), certified will meet the current educational requirements when considered in conjunction with the original degree.

(2) A person applying under this subdivision shall be considered a trainee, as that term is defined in Section 4980.03, once he or she is enrolled to complete the additional coursework necessary to meet the current educational requirements for licensure.

(j) An applicant for licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is
equivalent to a degree earned from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau of Private Postsecondary and Vocational Education. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

§4980.41. ELIGIBILITY TO SIT FOR LICENSING EXAMINATIONS; COURSEWORK OR TRAINING

All applicants for licensure shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (g) of Section 4980.40:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(1) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(2) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(3) The current legal patterns and trends in the mental health profession.

(4) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(5) 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.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.40.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(d) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(e) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required
under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(f) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(g) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(h) The requirements added by subdivisions (f) and (g) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.
Background

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

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

In order to qualify for registration as a marriage and family therapist (MFT) intern or a license as a MFT, the candidate must have a qualifying degree from a program approved/accredited by one of the above organizations. The Board has devoted considerable time and resources to addressing the challenge presented when the BPPVE and its laws became inoperative on July 1, 2007. The administration and legislative leadership continue to work on reform proposals to establish a new law and administrative entity to succeed the BPPVE but it is unclear as to when this will happen.

At its February 2006 meeting, the Board voted to sponsor legislation allowing schools accredited by all regional accrediting bodies. In the course of that meeting a request was made for the Board to consider adding the Transnational Association of Christian Colleges and Schools (TRACS) as an acceptable accrediting organization. The Consumer Protection Committee heard a presentation and reviewed material submitted by TRACS and the Southern California Seminary at its July 2007 meeting.

This issue has been referred to this committee because the Consumer Protection Committee is not meeting prior to the February 2008 Board meeting and any action to add TRACS would require legislation. Should the board choose to take action on this request in 2008, an early action is necessary to respect the Legislature’s calendar.

Discussion

A number of other accrediting agencies exist that are approved through the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA). Information about the USDE and
CHEA are attached. These accrediting agencies are not recognized in current BBS law, and it is likely that a number of schools possess both BPPVE-approval and another type of accreditation.

Southern California Seminary is an example of a school both BPPVE-approved and accredited by the TRACS. The Board has had a request from the Seminary to recognize “TRACS” accreditation in BBS law. Such recognition would alleviate concerns about BPPVE-approval for schools accredited by TRACS.

TRACS:

- Is a voluntary, non-profit, self-governing organization of Christian postsecondary institutions.
- Promotes the welfare, interests, and development of postsecondary institutions through the accreditation process.
- Mission is distinctly Christian in purpose.
- Expects institutions to provide quality postsecondary education within the context of Christian values, with an emphasis on high academic standards and spiritual development.

Additional information regarding TRACS is attached, along with a list of California schools that are TRACS accredited. Only one of these currently has an MFT program.

TRACS is recognized as an institutional accrediting agency by both the USDE and CHEA. They are also a member of the International Network for Quality Assurance Agencies in Higher Education (INQAAHE). Information about INQAAHE is attached.

Representatives from Southern California Seminary and TRACS are scheduled to present at the July 20, 2007 Committee meeting and include Dr. Russell G. Fitzgerald, Executive Director of TRACS, Dr. T. Paul Boatner, Executive Vice President and Mr. Barry Lord, Program Coordinator of Southern California Seminary.

Dr. Boatner from Southern California Seminary prepared a comparison of WASC and TRACS accreditation standards. This comparison is attached. Dr. Boatner stated that he “identified the TRACS equivalent to the WASC standard using the WASC formats.” He additionally explained:

“This results in the TRACS standards appearing to be somewhat fragmented. In reality, TRACS has many more standards (most of which are more detailed representations of the same standards as WASC) but appear in a different order. Bits and pieces of TRACS standards were pulled from different sections in an attempt to match them to each WASC standard. Finally, in many cases I could have continued on and on with bits and pieces of TRACS standards to fully address every detail of each WASC standard, but felt that to do so, would not add any more strength to the presentation.”

Committee Recommendation

The committee recommends that the Board sponsor legislation to recognize TRACS accreditation. A review of the materials and testimony yielded no reason to exclude TRACS. TRACS is subject to review by the DOE and meets the same standards as WASC, COAMFTE, and other regional accrediting agencies all of which have been found acceptable by the Board.

Attachments

A. California-Based Colleges with TRACS Accreditation
B. TRACS “General Information”
C. CHEA “At a Glance”
D. USDE “Accreditation in the United States”
E. “About INQAAHE”
F. WASC and TRACS Comparison of Standards
California-Based Colleges with TRACS Accreditation

Bethesda Christian University
730 North Euclid Street
Anaheim, California 92801
Phone: (714) 517 - 1945
Fax: (714) 517 - 1948
E-mail: bcu@bcu.edu
Web Site: www.bcu.edu

California Christian College
4881 East University Avenue
Fresno, California 93703
Phone: (559) 251 - 4215
Fax: (559) 251 - 4231
E-mail: cccfresno@aol.com
Web Site: www.calchristiancollege.org

Institute for Creation Research
10946 Woodside Avenue North
Santee, California 92071
Phone: (619) 448 - 0900
Fax: (619) 448 - 3469
E-mail: kcumming@icr.edu
Web Site: www.icr.org

King’s College and Seminary, The
14800 Sherman Way
Van Nuys, California 91405
Phone: (818) 779 - 8040
Fax: (818) 779 - 8241
E-mail: info@kingscollege.edu
Web Site: www.kingscollege.edu or www.kingsseminary.edu

Shasta Bible College and Graduate School
2951 Goodwater Avenue
Redding, California 96002
Phone: (530) 221 - 4275
Fax: (530) 221 - 6929
E-mail: sbcadm@shasta.edu
Web Site: www.shasta.edu

Southern California Seminary
2075 East Madison Avenue
El Cajon, California 92019-1108
Phone: (619) 442 - 9841
Fax: (619) 442 - 4510
E-mail: info@socalsem.edu
Web Site: www.socalsem.edu

Trinity Life Bible College
5225 Hillsdale Boulevard
Sacramento, California 95842
Phone: (916) 348 - 4689
Fax: (916) 334 - 2315
E-mail: tlbc@email.com
Web Site: www.tlbc.edu
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GENERAL INFORMATION

PURPOSE

Transnational Association of Christian Colleges and Schools (TRACS) is a voluntary, non-profit, self-governing organization of Christian postsecondary institutions. TRACS was established in 1979 to promote the welfare, interests, and development of postsecondary institutions through the accreditation process, whose mission is characterized by a distinctly Christian purpose as set forth in the Foundational Standards. While TRACS encourages each affiliated institution to develop its own distinctives, TRACS expects institutions to provide quality postsecondary education within the context of Christian values, with emphasis on high academic standards and spiritual development.

SCOPE

TRACS is recognized by the United States Department of Education (USDOE), the Council on Higher Education Accreditation (CHEA), and the International Network for Quality Assurance Agencies in Higher Education (INQAAHE), as an institutional agency accrediting Christian postsecondary institutions (e.g. liberal arts colleges/universities, graduate schools/seminaries, Bible colleges) that offer associate’s, bachelor’s, or graduate degrees. TRACS works closely with state higher education agencies in the accrediting process.

ROLE AND VALUE OF ACCREDITATION

TRACS accreditation is granted to higher educational institutions that are in compliance with its Standards and Evaluative Criteria within the Policies and Procedures established by the TRACS Accreditation Commission. In the United States, accreditation is voluntarily sought by institutions and is conferred by independent, autonomous bodies. Voluntary, non-governmental, institutional accreditation, as practiced by TRACS and other accrediting agencies recognized by the United States Department of Education (USDOE), is uniquely characteristic of American education. For purposes of determining eligibility for federal government assistance under certain legislation, the USDOE publishes a list of nationally recognized accrediting agencies.
The two fundamental purposes of the accreditation process are: (1) to assure the quality and integrity of postsecondary institutions and (2) to assist the development and improvement of institutional higher learning. The Accreditation process involves continuous institutional self-evaluation, periodic self-study, long and short-range planning, and institutional research for the purpose of determining areas of strengths and weaknesses indicating effectiveness. Periodic peer evaluations by qualified professionals from other institutions serving on visiting teams serve to confirm that the institution is achieving its mission through compliance with the established Standards.

**ACCREDITATION COMMISSION**

The TRACS Accreditation Commission is charged with the responsibility of enforcing all the accreditation policies as well as approving all institutions for Accreditation or Candidacy. The decision of the Accreditation Commission is final. The Commission is made up of eighteen members, including three public commissioners.

**ELIGIBILITY REQUIREMENTS FOR APPLICATION**

Institutions must be legally constituted as a non-profit institution if so operated. They must meet the legal requirements established by the State to operate as an educational institution, to maintain its functions, and to conduct its programs. The educational institution should attain a satisfactory degree of stability before it applies. Pre-requisites are determined through the Institutional Eligibility Requirements (IERs).

**ACCREDITATION STANDARDS AND GUIDELINES**

The Accreditation Manual, which contains the Standards and Criteria, guide the accreditation process for those institutions seeking candidacy/accreditation. A copy of the Accreditation Manual may be obtained from the TRACS office.

**ACCREDITATION CLASSIFICATION**

*Candidate (Pre-accredited) Status:* Candidacy offers institutions the opportunity to establish an initial, formal, and publicly recognized membership with TRACS. Candidate institutions must satisfy the Institutional Eligibility Requirements (IERs). They must also demonstrate basic compliance with the TRACS Accreditation Standards that will, among other things, provide evidence of sound planning; adequate human, financial and physical resources and the potential to attain its goals within a five-year period. Following a successful staff visit, institutional self-study, and an on-site peer evaluation team visit, an institution may be awarded candidacy for a maximum of five years by the Accreditation Commission.

*Accredited Status:* Following an institutional self-study and an on-site peer evaluation team visit, accredited status may be granted for a period of five years by the Accreditation Commission to institutions that are in substantial compliance with the Standards and Criteria for accreditation.

The Accreditation Commission, after full deliberation and examination of all institutional and visiting team documentation, including self-study report, the visiting team report, and institutional response, may approve, defer, or deny an institution’s application for candidate or accredited status.

Revised 5/5/05
A national advocate and institutional voice for self-regulation of academic quality through accreditation, CHEA is an association of 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting organizations.

CHEA At-A-Glance

- Largest institutional higher education membership organization in the United States, with approximately 3,000 degree-granting colleges and universities.
- Sixty recognized institutional and programmatic accrediting organizations.
- Governed by a 20-person board of college and university presidents, institutional representatives and public members.

CHEA Purposes

Advocacy

- A primary national voice for voluntary accreditation and quality assurance to the U.S. Congress and U.S. Department of Education.
- A primary national voice for voluntary accreditation to the general public, opinion leaders, students and families.
- A representative of U.S. accreditation community to international audiences.

Service

- National leader in identifying and articulating emerging issues in quality assurance.
- National forum to address issues of mutual interest and concern in voluntary accreditation.
- Authoritative source of data and information about regional, faith-based, private career and programmatic accreditors.
- Projects and initiatives to strengthen accreditation and its role in serving the public interest.
- Conferences and meetings.
- Mediation and dispute-resolution service.
- Databases and directories of accredited institutions and programs and accreditation or quality assurance bodies.

Recognition

Recognition is the scrutiny and certification of the quality of regional, faith-based, private career and programmatic accrediting organizations. CHEA is the only nongovernmental higher education organization that undertakes this scrutiny. The federal government, through the U.S. Department of Education, conducts governmental recognition reviews.
CHEA Recognition Standards*

• **Advance academic quality.** Accreditors have a clear description of academic quality and clear expectations that the institutions or programs they accredit have processes to determine whether quality standards are being met.

• **Demonstrate accountability.** Accreditors have standards that call for institutions and programs to provide consistent, reliable information about academic quality and student achievement to foster continuing public confidence and investment.

• **Encourage, where appropriate, self scrutiny and planning for change and needed improvement.** Accreditors encourage self scrutiny for change and needed improvement through ongoing self-examination in institutions and programs.

• **Employ appropriate and fair procedures in decision making.** Accreditors maintain appropriate and fair organizational policies and procedures that include effective checks and balances.

• **Demonstrate ongoing review of accreditation practice.** Accreditors undertake self scrutiny of their accrediting activities.

• **Possess sufficient resources.** Accreditors have and maintain predictable and stable resources.

United States Accreditation

Accreditation in higher education is a collegial process of self-review and peer review for improvement of academic quality and public accountability of institutions and programs. This quality review process occurs on a periodic basis, usually every 3 to 10 years. Typically, it involves three major activities:

• A self-study by an institution or program using the standards or criteria of an accrediting organization.

• A peer review of an institution or program to gather evidence of quality.

• A decision or judgment by an accrediting organization to accredit, accredit with conditions or not accredit an institution or program.

CHEA Principles

CHEA’s commitment to the coordination and improvement of quality review is based on seven principles. These principles provide the foundation for the CHEA mission statement, the organizational functions described in the CHEA Bylaws and the CHEA Recognition Policy.

• **Quality Assurance.** CHEA will apply its recognition standards and sustain ongoing review of its participating accrediting organizations to assure high quality of organizational performance.

• **Leadership.** CHEA will provide thoughtful leadership to formulate issues related to quality assurance; to develop needed tools and strategies to sustain the value of quality assurance to institutions, accreditors and students; and to advance change and needed improvement in quality assurance in higher education.

• **Advocacy.** CHEA will be a forceful and articulate advocate for voluntary accreditation of higher education to the public, government and other interested individuals, groups and countries.

• **Service.** CHEA will consistently provide high-quality research, policy analysis and service to its member institutions, accrediting organizations, students and the public.

• **Core Values.** CHEA will maintain the core academic values central to higher education and quality assurance. These include, for example, the values of general education, collegiality and academic freedom.

• **Independence.** CHEA will be an independent and authoritative voice for the strengthening of accreditation to strengthen higher education.

• **Inclusion.** CHEA will sustain an environment of active consultation and participation among its member institutions and participating organizations, as well as encourage cooperation and exchange throughout the higher education and quality assurance communities.

*(Adopted by CHEA Board of Directors, January 2000)*

*This language illustrates the recognition standards and is not the full or official policy statement. Please consult the 2006 CHEA Recognition Policy and Procedures at www.chea.org for the formal policy language that is used in CHEA recognition reviews.*

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OVERVIEW OF ACCREDITATION

The goal of accreditation is to ensure that education provided by institutions of higher education meets acceptable levels of quality. Accreditation in the United States involves non-governmental entities as well as governmental agencies.

Accrediting agencies, which are private educational associations of regional or national scope, develop evaluation criteria and conduct peer evaluations to assess whether or not those criteria are met. Institutions and/or programs that request an agency's evaluation and that meet an agency's criteria are then "accredited" by that agency.

The U.S. Department of Education does not accredit educational institutions and/or programs. However, the Secretary of Education is required by law to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. An agency seeking national recognition by the Secretary must meet the Secretary's procedures and criteria for the recognition of accrediting agencies, as published in the Federal Register. Some of the criteria for recognition, such as the criterion requiring a link to Federal programs, have no bearing on the quality of an accrediting agency; however, they do have the effect of making some agencies ineligible for recognition for reasons other than quality. The recognition process involves not only filing an application with the U. S. Department of Education but also review by the National Advisory Committee on Institutional Quality and Integrity, which makes a recommendation to the Secretary regarding recognition. The Secretary, after considering the Committee's recommendation, makes the final determination regarding recognition.

The U.S. Secretary of Education also recognizes State agencies for the approval of public postsecondary vocational education and State agencies for the approval of nurse education. These agencies must meet the Secretary's criteria and procedures for such recognition and must undergo review by the National Advisory Committee.

The U. S. Department of Education does not accredit institutions in foreign countries. However, the Secretary of Education does appoint members to the National Committee on Foreign Medical Education and Accreditation. The law gives that Committee the responsibility for reviewing the standards that foreign countries use to accredit medical schools to determine whether those standards are comparable to the standards used to accredit medical schools in the United States. The comparability decisions made by the Committee affect whether U.S. students attending foreign medical schools can receive loans under the Federal Family Education Loan Program.

ACCREDITATION IN THE U.S.

The United States has no Federal Ministry of Education or other centralized authority exercising single national control over postsecondary educational institutions in this
country. The States assume varying degrees of control over education, but, in general, institutions of higher education are permitted to operate with considerable independence and autonomy. As a consequence, American educational institutions can vary widely in the character and quality of their programs.

In order to ensure a basic level of quality, the practice of accreditation arose in the United States as a means of conducting non-governmental, peer evaluation of educational institutions and programs. Private educational associations of regional or national scope have adopted criteria reflecting the qualities of a sound educational program and have developed procedures for evaluating institutions or programs to determine whether or not they are operating at basic levels of quality.

**Some Functions of Accreditation**

1. Verifying that an institution or program meets established standards;
2. Assisting prospective students in identifying acceptable institutions;
3. Assisting institutions in determining the acceptability of transfer credits;
4. Helping to identify institutions and programs for the investment of public and private funds;
5. Protecting an institution against harmful internal and external pressure;
6. Creating goals for self-improvement of weaker programs and stimulating a general raising of standards among educational institutions;
7. Involving the faculty and staff comprehensively in institutional evaluation and planning;
8. Establishing criteria for professional certification and licensure and for upgrading courses offering such preparation; and
9. Providing one of several considerations used as a basis for determining eligibility for Federal assistance.

**The Accrediting Procedure**

1. Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.
2. Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.
3. On-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.
4. Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or preaccreditation status and lists the institution or program in an official publication with other similarly accredited or preaccredited institutions or programs.
5. Monitoring: The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency's standards.
6. Reevaluation: The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or preaccredited status is warranted.

**Types of Accreditation**

There are two basic types of educational accreditation, one identified as "institutional" and one referred to as "specialized" or "programmatic."

Institutional accreditation normally applies to an entire institution, indicating that each of an institution's parts is contributing to the achievement of the institution's objectives, although not necessarily all at the same level of quality. The various commissions of the regional accrediting associations, for example, perform institutional accreditation, as do many national accrediting agencies.

Specialized or programmatic accreditation normally applies to programs, departments, or schools that are parts of an institution. The accredited unit may be as large as a college or school within a university or as small as a curriculum within a discipline. Most of the specialized or programmatic accrediting agencies review units within an institution of higher education that is accredited by one of the regional accrediting commissions. However, certain accrediting agencies also accredit professional schools and other specialized or vocational institutions of higher education that are free-standing in their operations. Thus, a "specialized " or "programmatic " accrediting agency may also function in the capacity of an "institutional " accrediting agency. In addition, a number of specialized accrediting agencies accredit educational programs within non-educational settings, such as hospitals.

Accreditation does not provide automatic acceptance by an institution of credit earned at another institution, nor does it give assurance of acceptance of graduates by employers. Acceptance of students or graduates is always the prerogative of the receiving institution or employer. For these reasons, besides ascertaining the accredited status of a school or program, students should take additional measures to determine, prior to enrollment, whether or not their educational goals will be met through attendance at a particular institution. These measures should include inquiries to institutions to which transfer might be desired or to prospective employers and, if possible, personal inspection of the institution at which enrollment is contemplated.

**Non-governmental Coordinating Agency**

For more than 50 years, there has been some type of nongovernmental coordinating agency for accreditation. This body, whatever its form, has existed primarily for the purpose of coordinating and improving the practice of accreditation. For example, the Council on Postsecondary Accreditation (COPA), which was established in 1974 and existed until December 1993, served as a nongovernmental organization whose purpose was to foster and facilitate the role of accrediting agencies in promoting and ensuring the quality and diversity of American postsecondary education. Through its Committee on Recognition, COPA recognized, coordinated, and periodically reviewed the work of its member accrediting agencies and the appropriateness of existing or proposed accrediting agencies and their activities, through its granting of recognition and performance of other related functions. COPA itself was created through the merger of two organizations: the National Commission on Accreditation, founded in 1949 as the first national organization to develop criteria and recognize accrediting agencies; and the Federation of Regional Accrediting Commission of Higher Education.

After COPA voted to dissolve in December 1993, a new entity, the Commission on Recognition of Postsecondary Accreditation (CORPA) was established in January 1994 to continue the recognition of accrediting agencies previously carried out by COPA until such time as a new national organization for accreditation could be established. CORPA was dissolved in April 1997 after the Council on Higher Education Accreditation (CHEA) was created. CHEA is currently the entity that carries out a recognition function in the private, nongovernmental sector. Information about CHEA may be found on the agency's website, www.chea.org.
NATIONAL RECOGNITION OF ACCREDITING AGENCIES BY THE U.S. SECRETARY OF EDUCATION

The U.S. Secretary of Education is required by statute to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. The Secretary only evaluates accrediting agencies that apply for recognition, and certain criteria for recognition that are unrelated to the quality of accrediting activities limit the scope of the Secretary's recognition activities. Most institutions attain eligibility for Federal funds by holding accredited or preaccredited status with one of the accrediting agencies recognized by the Secretary, in addition to fulfilling other eligibility requirements. For example, accreditation by a nationally recognized institutional accrediting agency enables the institutions it accredits to establish eligibility to participate in the Federal student financial assistance programs administered by the U.S. Department of Education under Title IV of the Higher Education Act of 1965, as amended.

The commissions of the institutional (regional and national) accrediting agencies that are recognized by the Secretary have no legal control over educational institutions or programs. They promulgate standards of quality or criteria of institutional excellence and approve or renew membership of those institutions that apply for meet their accreditation and standards or criteria.

The Accrediting Agency Evaluation Unit

The Accrediting Agency Evaluation Unit has been established within the Department of Education to deal with accreditation matters. Located in the Office of Postsecondary Education, the Unit carries out the following major functions with respect to accreditation:

1. Conduct a continuous review of standards, policies, procedures, and issues in the area of the Department of Education’s interests and responsibilities relative to accreditation;
2. Administer the process whereby accrediting agencies and State approval agencies secure initial and renewed recognition by the Secretary of Education;
3. Serve as the Department's liaison with accrediting agencies and State approval agencies;
4. Provide consultative services to institutions, associations, State agencies, other Federal agencies, and Congress regarding accreditation;
5. Interpret and disseminate policy relative to accreditation issues in the case of all appropriate programs administered by the Department of Education;
6. Conduct and stimulate appropriate research; and
7. Provide support for the Secretary's National Advisory Committee on Institutional Quality and Integrity.

Accrediting Agency Evaluation
Accreditation and State Liaison
U.S. Department of Education
1990 K Street, NW, #7105
Washington, DC 20006-8509
Telephone: (202) 219-7011
The International Network for Quality Assurance Agencies in Higher Education (INQAAHE) was established in 1991.

The Role of the Network
The main purpose of the Network is to collect and disseminate information on current and developing theory and practice in the assessment, improvement and maintenance of quality in higher education.

Through this information-sharing, and otherwise, it is intended that the Network should:

- promote good practices in the maintenance and improvement of quality in higher education;
- facilitate research into the practice of quality management in higher education and its effectiveness;
- be able to provide advice and expertise to assist the development of new quality assurance agencies;
- facilitate links between accrediting bodies especially insofar as they operate across national borders;
- assist members to determine the standards of institutions operating across national borders;
- permit better-informed international recognition of qualifications;
- be able to assist in the development and use of credit transfer schemes to enhance the mobility of students between institutions within and across national borders; and
- enable members to be alert to dubious accrediting practices and organisations.

Information and views are shared:

- through this Website;
- through the Network’s Newsletter ‘QA’, published every six months;
- through the Journal ‘Quality in Higher Education’ published three times a year;
- by access to the Network’s Members database; and
- through the Network’s biennial International Conference.

The Board
Members of the Board of INQAAHE, together with their contact details and their particular areas of responsibility, see Board members.

The Constitution
More details about the Network you may find in Constitution.

Membership
From 1st January 2007 the membership fees will be:
- Full Members Euro 380
- Full Members (LDC/LIC) Euro 195 (fn)
- Associate Members Euro 380
- Affiliates Euro 270

(fn) These countries are listed by OECD as less developed countries or low income countries.

Members receive the Networks Newsletter and Journal.

Further Information
Those interested in quality assurance in higher education and related matters can obtain further information about the Network, and forms for application for membership, from the Secretary or any of the other directors. While each director is responsible for particular areas, directors are always pleased to discuss any matter of mutual interest.
WASC and TRACS

Comparison of Standards

Prepared Spring 2007
Standard 1  
Defining Institutional Purposes and Ensuring Educational Objectives

The institution defines its purposes and establishes educational objectives aligned with its purposes and character. It has a clear and conscious sense of its essential values and character, its distinctive elements, its place in the higher education community, and its relationship to society at large. Through its purposes and educational objectives, the institution dedicates itself to higher learning, the search for truth, and the dissemination of knowledge. The institution functions with integrity and autonomy.

### Institutional Purposes

#### Criteria for Review (WASC)

1.1. The institution’s formally approved statements of purpose and operational practices are appropriate for an institution of higher education and clearly define its essential values and character.

Guidelines: The institution has a published mission statement that clearly describes its purposes. The institution’s purposes fall within recognized academic areas and/or disciplines, or are subject to peer review within the framework of generally recognized academic disciplines or areas of practice.

#### Standards and Evaluative Criteria (TRACS)

2.1 The institution must have a written mission/purpose statement that has been approved by the governing board and that reflects its Biblical Foundations Statement.

4.1 The institution must have a statement of ethical values and standards.  
   a. It is clearly written.  
   b. It is comprehensive.  
   c. It is approved by the governing board.

The institutional purpose statement serves as a frame of reference for decision-making in determining operational policies. Educational programs and all other operations of an institution are to be clearly related to the purpose of the institution.

1.2. Educational objectives are clearly recognized throughout the institution and are consistent with stated purposes. The institution has developed indicators and evidence to ascertain the level of achievement of its purposes and educational objectives.

Guideline: The institution has published educational objectives that are consistent with its purposes.

1.3. The institution’s leadership creates and sustains a leadership system at all levels that is marked by high performance, appropriate responsibility, and accountability.

#### Criteria for Review (WASC)

6.1 The chief executive officer must be responsible for carrying out published board policies and procedures. Each staff position must have a detailed job description.

6.3 There must be a chief academic officer chosen by the board who has the credentials, experience, and competence to provide leadership to the institution and to guide the institution toward quality outcomes.

6.4 There must be other administrative or leadership team members sufficient in number and competence to give direction to the major operational areas of the institution.

6.5 A system of evaluation for the administration must exist and be in use.

#### Standards and Evaluative Criteria (TRACS)

2.2 The institution must have clearly defined objectives.  
   a. They are available in writing and stated in measurable terms.  
   b. They are consistent with written institutional purpose/mission.  
   c. They have been approved by the governing board.  
   d. They are being evaluated.

2.6 There must be regular review of the purpose and objectives and assessment of actual outcomes.  
   a. There is a written review process.  
   b. Governing board and other official minutes indicate appropriate reviews.
<table>
<thead>
<tr>
<th>Integrity</th>
<th>Ethical Values and Standards</th>
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<tr>
<td><strong>1.4.</strong> The institution publicly states its commitment to academic freedom for faculty, staff, and students, and acts accordingly. This commitment affirms that those in the academy are free to share their convictions and responsible conclusions with their colleagues and students in their teaching and in their writing. <strong>Guidelines:</strong> The institution has published or has readily-available policies on academic freedom. For those institutions that strive to instill specific beliefs and world views, policies clearly state conditions, and ensure these conditions are consistent with academic freedom. Due process procedures are disseminated, demonstrating that faculty and students are protected in their quest for truth.</td>
<td><strong>14.11 A policy for faculty academic freedom and responsibility must be set forth in published form by the institution.</strong> a. The faculty handbook or other such publication of the institution contains the policy on faculty academic freedom and responsibility. It is clear and specific. <strong>5.4 The board must ensure academic freedom within the framework of the institution's biblical foundations, purpose, objectives, and philosophy.</strong> a. It has approved a general policy regarding academic freedom. b. It reviews any alleged breach of academic freedom. c. It demonstrates support and commitment to academic freedom.</td>
</tr>
<tr>
<td><strong>1.5.</strong> Consistent with its purposes and character, the institution demonstrates an appropriate response to the increasing diversity in society through its policies, its educational and co-curricular programs, and its administrative and organizational practices. <strong>Guideline:</strong> The institution has demonstrated institutional commitment to the principles enunciated in the WASC Statement on Diversity.</td>
<td><strong>...institutions define themselves by a set of values which are central to its purpose, educational philosophy and mission. These values govern every aspect of the operations and spell out the nature of the character the institution sees itself as instilling in its students—and all of its constituencies. These values result in standard of conduct, expectations, or guidelines for board members, administrators, faculty, staff and students. Their goal is to shape character by personal discipline resulting in a lifestyle that respects other persons equally, provides caring service and outreach, and exemplifies integrity. Catalog requirement: 18) Statement of nondiscrimination.</strong></td>
</tr>
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<td><strong>1.6.</strong> Even when supported by or affiliated with political, corporate, or religious organizations, the institution has education as its primary purpose and operates as an academic institution with appropriate autonomy. <strong>Guideline:</strong> The institution has no history of interference in substantive decisions or educational functions by political, religious, corporate, or other external bodies outside the institution's own governance arrangements.</td>
<td><strong>The governing board must be a well defined, legally constituted body responsible for establishing broad policy, appointing and evaluating the chief executive officer, establishing and maintaining financial stability and oversight of the effective pursuit of the stated purpose and objectives of the institution. 5.1 The institution must have a legally constituted governing board that holds the institution in trust and has final authority in matters of policy, operation and evaluation.</strong></td>
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<tr>
<td><strong>1.7.</strong> The institution truthfully represents its academic goals, programs, and services to students and to the larger public; demonstrates that its academic programs can be completed in a timely fashion; and treats students fairly and equitably through established policies and procedures addressing student conduct, grievances, human subjects in research, and refunds. <strong>Guidelines:</strong> The institution has published or a readily-available policy on student grievances and complaints, refunds, etc. and has no history of adverse findings against it with respect to violation of these policies. Records of student complaints are maintained for a six-year period. The institution clearly defines and distinguishes between the different types of credits it offers and between degree and non-degree credit, and accurately identifies the type and meaning of the credit awarded in its transcripts.</td>
<td><strong>8.2 The information in all institutional publications must be consistent, clear, factually accurate, current, and consistent with the institutional purposes and objectives. Catalog</strong> The institutions catalog must be readily available and must accurately reflect the academic program, faculty and facilities provided. The following is a list of information normally addressed in the catalog: 8) Degree and program completion requirements, including length of time required to obtain a degree or certificate of completion and number of credit hours required. 13) Rules and regulations for conduct. 14) Tuition, fees, and other program costs. 16) Policies and procedures for refunding fees and charges to students who withdraw from enrollment. Statement of nondiscrimination. 20) A refund policy for students. 17.7 The institution must have a legally approved, clearly stated, and published student complaint policy.</td>
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<td><strong>1.8.</strong> The institution exhibits integrity in its operations as demonstrated by the implementation of appropriate policies, sound business practices, timely and fair responses to</td>
<td><strong>17.7 The institution must have a legally approved, clearly stated, and published student complaint policy.</strong> 8.7 Faculty rights and responsibilities must be clearly stated</td>
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complaints and grievances, and regular evaluation of its performance in these areas.

Guideline: The institution has published or readily-available grievance procedures for faculty, staff, and students. Its finances are regularly audited by external agencies in the Faculty Handbook. Faculty Handbook The faculty handbook must list and clearly describe the rights and responsibilities of the faculty. The handbook will include a description of policies regarding (9) contractual issues, (10) due process.

| 1.9. The institution is committed to honest and open communication with the Accrediting Commission, to undertaking the accreditation review process with seriousness and candor, and to abiding by Commission policies and procedures, including all substantive change policies. | B. Purpose and Objectives TRACS requires member institutions to pursue their established educational purpose. TRACS measures institutional commitment by giving benchmark ratings for all areas of evaluation. These are listed in their Benchmark Standards as 5 = Far exceeds the standard, 4 = Exceeds the standard, 3 = Meets the standard, 2 = Falls below the standard, 1 = Fails to meet the standard. |
Standard 2
Achieving Educational Objectives Through Core Functions

The institution achieves its institutional purposes and attains its educational objectives through the core functions of teaching and learning, scholarship and creative activity, and support for student learning. It demonstrates that these core functions are performed effectively and that they support one another in the institution’s efforts to attain educational effectiveness.

Teaching and Learning

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<thead>
<tr>
<th>Criteria for Review (WASC)</th>
<th>Educational Programs</th>
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<tr>
<td>2.1. The institution’s educational programs are appropriate in content, standards, and nomenclature for the degree level awarded, regardless of mode of delivery, and are staffed by sufficient numbers of faculty qualified for the type and level of curriculum offered.</td>
<td>10.4 The curriculum must be appropriate for the educational level and must be consistent with national norms. a. The academic program is comparable with similar institutions. b. The educational experiences are appropriate for educational level. Distance Learning Programs 2) a) The content of external courses is the same as on-campus courses although special consideration may be given for different age groups.</td>
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<td>Guidelines: The content, length, and standards of the institution's academic programs conform to recognized disciplinary or professional standards and are subject to peer review.</td>
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<td>2.2. All degrees—undergraduate and graduate—awarded by the institution are clearly defined in terms of entry-level requirements and in terms of levels of student achievement necessary for graduation that represent more than simply an accumulation of courses or credits.</td>
<td>10.15 e. The admission policies of the institution set forth both qualitative and quantitative requirements aimed at admitting students who demonstrate reasonable ability for success</td>
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<td>Guideline: Competencies required for graduation are reflected in course syllabi for both General Education and the major.</td>
<td>10.6 The curriculum must progressively lead to student competency and learning.</td>
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<td>☐ Baccalaureate programs engage students in an integrated course of study of sufficient breadth and depth to prepare them for work, citizenship, and a fulfilling life. These programs also ensure the development of core learning abilities and competencies including, but not limited to, college-level written and oral communication; college-level quantitative skills; information literacy; and the habit of critical analysis of data and argument. In addition, baccalaureate programs actively foster an understanding of diversity; civic responsibility; the ability to work with others; and the capability to engage in lifelong learning. Baccalaureate programs also ensure breadth for all students in the areas of cultural and aesthetic, social and political, as well as scientific and technical knowledge expected of educated persons in this society. Finally, students are required to engage in an in-depth, focused, and sustained program of study as part of their baccalaureate programs.</td>
<td>10.14 All degree programs offered must include an appropriate general education core. a. The liberal arts college’s bachelors programs include a minimum of 44 semester hours/quarter hours equivalent, with a minimum of 3 semester hours/quarter hours equivalent, in each of the humanities/fine arts, behavioral sciences, communications, and natural sciences/math. b. The Bible college’s bachelor’s degree programs include a minimum of 36 semester hours/quarter hours equivalent, with a minimum of 3 semester hours/quarter hours equivalent, in each of the humanities/fine arts, behavioral sciences, communications, and natural science/math.</td>
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<td>Guideline: The institution has a program of General Education that is integrated throughout the curriculum, including at the upper division level, consisting of a minimum of 45 semester credit hours (or the equivalent), together with significant study in depth in a given area of knowledge (typically described in terms of a major).</td>
<td>11.1 The graduate curriculum must relate to the purpose and objectives of the institution. b. Course content and learning experiences are clearly equal to institutional, national, and state norms.</td>
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<td></td>
<td>11.3 Each graduate program offered by the institution must have as its central focus the imparting of a common core of knowledge, predicated on undergraduate studies, that will enhance the individual educationally and/or vocationally – and that is compatible with such programs in accredited postsecondary institutions.</td>
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<td></td>
<td>11.4 The programs (curriculum) of the institution must be at a post-baccalaureate level that reflects and extends the intellectual maturity of the students. There must be a clear distinction between graduate entry-level master’s degrees</td>
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</table>
Graduate programs are consistent with the purpose and character of their institutions; are in keeping with the expectations of their respective disciplines and professions; and are described through nomenclature that is appropriate to the several levels of graduate and professional degrees offered. Graduate curricula are visibly structured to include active involvement with the literature of the field and ongoing student engagement in research and/or appropriate high-level professional practice and training experiences. Additionally, admission criteria to graduate programs normally include a baccalaureate degree in an appropriate undergraduate program.

**Guideline:** The institution employs at least one full-time faculty member for each graduate degree program offered.

<table>
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<tr>
<th>2.3. The institution's expectations for learning and student attainment are clearly reflected in its academic programs and policies. These include the organization and content of the institution's curricula; admissions and graduation policies; the organization and delivery of advisement; the use of its library and information resources; and (where applicable) experience in the wider learning environment provided by the campus and/or co-curriculum.</th>
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<tr>
<td><strong>Guideline:</strong> The use of information and learning resources beyond textbooks is evidenced in syllabi throughout the undergraduate and graduate curriculum.</td>
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<tr>
<th>10.2 There must be in place an established faculty curriculum process for the development and assessment of the educational program.</th>
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<td><strong>10.3</strong> The curriculum must have as its central focus the education of students. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency.</td>
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<td><strong>10.13</strong> Innovative curricular activities must be supported by clear and explicit objectives and must be consistent with the institutional purpose, objectives, and philosophy.</td>
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<td><strong>11.11</strong> Individual courses, seminars, etc. within graduate programs must evidence a process for the evaluation of stated objectives and/or student outcomes and competencies through objectives which can be assessed and evaluated through student performances/learning experiences at critical periods.</td>
</tr>
<tr>
<td>* A course syllabus is prepared for each course and is distributed to each student at the beginning of the course. This syllabus for each course includes course requirements, the nature of the course contents, its objectives, and the methods of student evaluation.</td>
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<tr>
<th>2.4. The institution's expectations for learning and student attainment are developed and widely shared among its members (including faculty, students, staff, and where appropriate, external stakeholders). The institution's faculty takes collective responsibility for establishing, reviewing, fostering, and demonstrating the attainment of these expectations.</th>
</tr>
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<tr>
<td><strong>10.2</strong> There must be in place an established faculty curriculum process for the development and assessment of the educational program. a. Policies and procedures have been established to develop, evaluate, and modify the academic programs. b. Minutes of academic committees and official meetings indicate that members of the faculty are actively involved in curriculum matters.</td>
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<tr>
<td><strong>10.7</strong> The curriculum must be systematically and regularly evaluated, using established processes. a. Policies and procedures indicate a systematic process for curriculum evaluation. b. Minutes of appropriate academic committees reflect regular and systematic curriculum review.</td>
</tr>
</tbody>
</table>
| **11.11** Individual courses, seminars, etc. within graduate programs must evidence a process for the evaluation of stated objectives and/or student outcomes and competencies through objectives which can be assessed and evaluated.
2.5. The institution's academic programs actively involve students in learning, challenge them to achieve high expectations, and provide them with appropriate and ongoing feedback about their performance and how it can be improved.

10.3 The curriculum must have as its central focus the education of students. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. c. The grading system for rewarding and evaluating academic progress is published and designed to provide incentive, reward achievement, and assist in identifying student problems. C. The grading system is the same throughout the institution and grades are reported numerically (4.0, 3.0, 2.0, 1.0, etc.), by letter (A, B, C, D, etc.), or possible instances for specific courses as P-F.

2.6. The institution demonstrates that its graduates consistently achieve its stated levels of attainment and ensures that its expectations for student learning are embedded in the standards faculty use to evaluate student work.

10.7 The curriculum must be systematically and regularly evaluated, using established processes.

11.8 The graduate program(s) must include summative experience to measure student achievement, competency or cognitive growth such as final projects, papers, tests or practicums of a comprehensive nature.

2.7. In order to improve program currency and effectiveness, all programs offered by the institution are subject to review, including analyses of the achievement of the program's learning objectives and outcomes. Where appropriate, evidence from external constituencies such as employers and professional societies is included in such reviews.

Guideline: The institution incorporates in its assessment of educational objectives results with respect to student achievement, including program completion, license examination, and placement rates results.

2.8. The institution actively values and promotes scholarship, curricular and instructional innovation, and creative activity, as well as their dissemination at levels and of the kinds appropriate to the institution's purposes and character.

Traditional institutions that utilize selected non-traditional formats or delivery systems must carefully describe the distinctives in their non-traditional programs with careful reference to (1) educational purpose, (2) financial procedures, (3) student body (recruitment, admission, student profile), (4) degree offerings and (5a0 any adaptive measures in governance, organizational structure, resource allocation, faculty component, or other areas of the institution that may be necessitated by the presence of the non-traditional format.

2.9. The institution recognizes and promotes appropriate linkages among scholarship, teaching, student learning and service.

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E. Student Development Each institution must provide a variety of appropriate student services that will effectively support the educational purpose – services that enhance the educational, social, spiritual, moral, and physical development of the student. In order to achieve this development of the whole person, the institution must have a working plan for this purpose.

<table>
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<tr>
<th>Scholarship and Creative Activity</th>
<th>Non-Traditional Programs</th>
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<tbody>
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<td><strong>Standards and Evaluative Criteria (TRACS)</strong></td>
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### Support for Student Learning

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<tr>
<th>Criteria for Review (WASC)</th>
<th>Standards and Evaluative Criteria (TRACS)</th>
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<tr>
<td><strong>2.10.</strong> Regardless of mode of program delivery, the institution regularly identifies the characteristics of its students and assesses their needs, experiences, and levels of satisfaction. This information is used to help shape a learning-centered environment and to actively promote student success.</td>
<td>The Student Development plan must be based on the studies needs of its student body – based on a plenary profile of entering and current students. 10.3 The curriculum must have as its central focus the education of students. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. c. The grading system for rewarding and evaluating academic progress is published and designed to provide incentive, reward achievement, and assist in identifying student problems. C. The grading system is the same throughout the institution and grades are reported numerically (4.0, 3.0, 2.0, 1.0, etc.), by letter (A, B, C, D, etc.), or possible instances for specific courses as P-F.</td>
</tr>
<tr>
<td>Guideline: The institution’s policy on grading and student evaluation is clearly stated, and provides opportunity for appeal as needed; and periodic analyses of grades and evaluation procedures are conducted to assess the rigor and impact of these policies.</td>
<td>E. Student Development Each institution must provide a variety of appropriate student services that will effectively support the educational purpose – services that enhance the educational, social, spiritual, moral, and physical development of the student. In order to achieve this development of the whole person, the institution must have a working plan for this purpose.</td>
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<td><strong>2.11.</strong> Consistent with its purposes, the institution develops and implements co-curricular programs that are integrated with its academic goals and programs, and supports student professional and personal development.</td>
<td><strong>17.3</strong> There must be a thorough orientation program for all incoming students that covers major student issues needed by students during registration. <strong>17.9</strong> There must be an experienced and competent person(s) to provide academic, career, personal and spiritual counseling to students. <strong>8.2</strong> The information in all institutional publications must be consistent, clear, factually accurate, current, and consistent with the institutional purpose and objectives.</td>
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<tr>
<td><strong>2.12.</strong> The institution ensures that all students understand the requirements of their academic programs and receive timely, useful, and regular information and advising about relevant academic requirements.</td>
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</tr>
<tr>
<td>Guideline: Recruiting and admission practices, academic calendars, publications, and advertising are accurate, current, disclosing, and are readily available to support student needs.</td>
<td>Although institutions vary, a TRACS accredited institution must provide support services adequate for the prudent development of the student in his or her physical, social, moral, spiritual, and intellectual development. Such student services may include; security and health, housing, food, bookstore, mailroom, computing, intramurals, intercollegiate athletics, student government sponsorship, orientation, financial aid services, academic and other records, code of conduct, counseling (personal, academic, vocational placement, spiritual/moral), and opportunities for spiritual ministry and community service.</td>
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<td><strong>2.13.</strong> Student support services—including financial aid, registration, advising, career counseling, computer labs, and library and information services—are designed to meet the needs of the specific types of students the institution serves and the curricula it offers.</td>
<td>Although institutions vary, a TRACS accredited institution must provide support services adequate for the prudent development of the student in his or her physical, social, moral, spiritual, and intellectual development. Such student services may include; security and health, housing, food, bookstore, mailroom, computing, intramurals, intercollegiate athletics, student government sponsorship, orientation, financial aid services, academic and other records, code of conduct, counseling (personal, academic, vocational placement, spiritual/moral), and opportunities for spiritual ministry and community service.</td>
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<td><strong>2.14.</strong> Institutions that serve transfer students assume an obligation to provide clear and accurate information about transfer requirements, ensure equitable treatment for such students with respect to academic policies, and ensure that such students are not unduly disadvantaged by transfer requirements.</td>
<td><strong>10.11</strong> Academic policies, including entrance and exit requirements and student transfer or credits, must be published and disseminated.</td>
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Standard 3
Developing and Applying Resources and Organizational Structures to Ensure Sustainability

The institution sustains its operations and supports the achievement of its educational objectives through its investment in human, physical, fiscal, and information resources and through an appropriate and effective set of organizational and decision-making structures. These key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high quality environment for learning.

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<thead>
<tr>
<th>Faculty and Staff</th>
<th>Faculty (and Staff)</th>
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<tr>
<td><strong>Criteria for Review (WASC)</strong></td>
<td><strong>Standards and Evaluative Criteria (TRACS)</strong></td>
</tr>
<tr>
<td>3.1. The institution employs personnel sufficient in number and professional qualifications to maintain its operations and to support its academic programs, consistent with its institutional and educational objectives.</td>
<td>7.1 There must be a support staff sufficient in number and competence to adequately support the administration and academic functions of the institution.</td>
</tr>
<tr>
<td>3.2. The institution demonstrates that it employs a faculty with substantial and continuing commitment to the institution sufficient in number, professional qualifications, and diversity to achieve its educational objectives, to establish and oversee academic policies, and to ensure the integrity and continuity of its academic programs wherever and however delivered. Guideline: The institution has an instructional staffing plan that includes a sufficient number of full-time faculty with appropriate backgrounds by discipline and degree levels.</td>
<td>D. Faculty The faculty is integral to the educational quality of the institution. Therefore, the institution must employ, develop and support a faculty that is: Sufficient in number to provide for the curricular and student needs of the institution. In agreement with purpose, objectives, and philosophy of the institution. Cognizant of its role and responsibility in total institutional success. Academically qualified for the institution's educational level and goals. The institution must have a rationale for the number of faculty and staff it retains with reference to the size and level of educational program, and its full-time and part-time faculty ratio.</td>
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<td>3.3. Faculty and staff recruitment, workload, incentive, and evaluation practices are aligned with institutional purposes and educational objectives. Evaluation processes are systematic, include appropriate peer review, and, for instructional faculty and other teaching staff, involve consideration of evidence of teaching effectiveness, including student evaluations of instruction.</td>
<td>14.15 The institution must have a formal, written procedure for the hiring of faculty. 14.8 The institution must have policies regarding faculty appointment, retention, advancement and dismissal. 14.10 Policies must be established and published concerning teaching loads, advising, committee assignments and other required assignments. 14.12 Policy and procedures must be in evidence and practiced evaluating faculty performance. b. The faculty evaluation process is geared toward development of the faculty member as a professional – and includes the use of a standard form used in evaluation of faculty.</td>
</tr>
<tr>
<td>3.4. The institution maintains appropriate and sufficiently supported faculty development activities designed to improve teaching and learning consistent with its educational objectives and institutional purposes.</td>
<td>14.13 Policies and procedures must provide opportunities for the professional and spiritual growth of the faculty.</td>
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### Fiscal, Physical, and Information Resources

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<tr>
<th>Criteria for Review (WASC)</th>
<th>Standards and Evaluative Criteria (TRACS)</th>
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<tr>
<td><strong>3.5. Fiscal and physical resources are effectively aligned with institutional purposes and educational objectives, and are sufficiently developed to support and maintain the level and kind of educational programs offered both now and for the foreseeable future.</strong> Guideline: The institution has a history of financial stability, appropriate independent audits, and realistic plans to eliminate any accumulated deficits and to build sufficient reserves to support long-term viability.</td>
<td><strong>18.4 Finances must adequately support the institutional purpose and programs.</strong> 18.9 The institution must give evidence that the finances will continue to support the programs for the current students and provide the resources for them to complete their degree programs. a. Long-range plans and contingency plans must reflect positive cash flows and positive budget outcomes. b. The long-range plan must be realistic. 18.13 A certified external audit of the financial statements must be provided for each fiscal year.</td>
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<td><strong>3.6. The institution holds, or provides access to, information resources sufficient in scope, quality, currency, and kind to support its academic offerings and the scholarship of its members. For on-campus students and students enrolled at a distance, physical and information resources, services, and information technology facilities are sufficient in scope and kind to support and maintain the level and kind of education offered. These resources, services and facilities are consistent with the institution’s purposes, and are appropriate, sufficient, and sustainable.</strong></td>
<td><strong>27.4 The institution must use computers in the learning process.</strong>  a. Students and faculty are encouraged to become computer literate. b. Computers are available for instructional purposes. 3.a. Distance Learning Programs 7) Educational Resources c) Computer services necessary for curriculum requirements are available.</td>
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<td><strong>3.7. The institution’s information technology resources are sufficiently coordinated and supported to fulfill its educational purposes and to provide key academic and administrative functions.</strong></td>
<td><strong>1.3. It is recommended that provisions be made to incorporate use of the computer into the curriculum where it is appropriate. The faculty must be encouraged to use the computer and computer-related equipment where appropriate for instruction. Students must be provided computer access in courses normally requiring computer use. It is also recommended that computer literacy be part of the general education requirements. Equally important is the use of the computer systems for financial and student records. Budgeting for computers must be considered for acquisition, maintenance and replacement.</strong></td>
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### Organizational Structures and Decision-Making Processes

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<td><strong>3.8. The institution’s organizational structures and decision making processes are clear, consistent with its purposes, and sufficient to support effective decision making.</strong> Guideline: The institution has an organization chart that clearly depicts positions, associated responsibilities, and lines of authority.</td>
<td><strong>II.A.2. The Administration</strong> An administrative or leadership team must be in place, adequate in number, appropriate by title, function, appropriately degree, and competent to administer the institution effectively and efficiently. There must be a detailed job description for each position which is (a) appropriate to the position, (b) compatible with the purpose/objectives of the institution and the organization chart.</td>
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<td><strong>3.9. The institution has an independent governing board or similar authority that, consistent with its legal and fiduciary authority, exercises appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and</strong></td>
<td><strong>5.1 The institution must have a legally constituted governing board that holds the institution in trust and has final authority in matters of policy, operation and evaluation. 5.2 The board must formulate and maintain a written long-</strong></td>
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Creating an Organization Committed to Learning and Improvement

The institution conducts sustained, evidence-based, and participatory discussions about how effectively it is accomplishing its purposes and achieving its educational objectives. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection are used to establish priorities at different levels of the institution, and to revise institutional purposes, structures, and approaches to teaching, learning, and scholarly work.

Strategic Thinking and Planning

Institutional Effectiveness

(Research and Planning)

Criteria for Review (WASC)

4.1. The institution periodically engages its multiple constituencies in institutional reflection and planning processes which assess its strategic position; articulate priorities; examine the alignment of its purposes, core functions and resources; and define the future direction of the institution. The institution monitors the effectiveness of the implementation of its plans and revises them as appropriate.

Guidelines: A clear charge to planning bodies with a regular schedule and the existence of an understandable and coherent plan for assessing the attainment of educational objectives must be developed. Evidence of the ways the results of planning and evaluation are linked to decision-making is demonstrable.

4.2. Planning processes at the institution define and, to the

Standards and Evaluative Criteria (TRACS)

23.1 An approved strategic planning process must exist and must be in use.
23.2 The strategic plan must list goals in priority order for each area of the institution, such as academic, financial, administrative, etc.
23.3 The planning process must take into account both income and expenditure categories beyond the current year.
23.4 The planning process must take into account both internal and external factors.

H.1. Research and Planning The strategic
extent possible, align academic, personnel, fiscal, physical, and technological needs with the strategic objectives and priorities of the institution.

planning/assessment process must include short range (1-2 years) and long-range (3-5 years) projections and goal setting. ...the plan will be updated annually. The plan should list goals in all aspects of the institution: administrative, academic, facilities, financial, student affairs, and staff. The process must identify priorities, set time limits with target dates for action, and component and on-going evaluation and assessment. The plan must be consistent with the stated purpose of the institution as well as the institution's financial capabilities.

4.3. Planning processes are informed by appropriately defined and analyzed quantitative and qualitative data, and include consideration of evidence of educational effectiveness, including student learning.

23.5 The latest plan must have been widely distributed. The planning document must have been developed on sound research data by the faculty, staff, and administration. a. Historical data is collected and separated. b. An analysis of the data is reflected in the plan. c. Minutes of departmental and committee meetings are maintained.

Commitment to Learning and Improvement

Criteria for Review (WASC)

4.4. The institution employs a deliberate set of quality assurance processes at each level of institutional functioning, including new curriculum and program approval processes, periodic program review, ongoing evaluation, and data collection. These processes involve assessments of effectiveness, track results over time, and use the results of these assessments to revise and improve structures and processes, curricula, and pedagogy.

4.5. Institutional research addresses strategic data needs, is disseminated in a timely manner, and is incorporated in institutional review and decision-making processes. Included among the priorities of the institutional research function is the identification of indicators and the collection of appropriate data to support the assessment of student learning consistent with the institution’s purposes and educational objectives. Periodic reviews of institutional research and data collection are conducted to develop more effective indicators of performance and to assure the suitability and usefulness of data.

Guidelines: The institution exhibits existence of clear institutional research capacities with appropriate reporting lines and support appropriate to the institution’s size and scope. Institutional research or equivalent databases are developed that are sufficient to meet all external reporting needs (e.g. IPEDS), and there are appropriate ways to access or disseminate this information through publications, reports, or widely-accessible databases.

Evaluation and Outcomes Assessment

Standards and Evaluative Criteria (TRACS)

24.1 The institution must have developed and implemented a comprehensive assessment plan which includes all aspects of the institution.

23.6 The planning document must have been developed on sound research data by the faculty, staff, and administration. a. Historical data is collected and separated. b. An analysis of the data is reflected in the plan.

24.2 The assessment plan must provide a systematic evaluation of student learning outcomes, development and program outcomes

4.6. Leadership at all levels is committed to improvement based on the results of the processes of inquiry, evaluation and assessment used throughout the institution. The faculty takes responsibility for evaluating the effectiveness of the teaching and learning process and uses the results for improvement. Assessments of the campus environment in support of academic and co-curricular objectives are also

H.2. Evaluation and Outcomes Assessment One of the most crucial responsibilities of any institution is to determine how well its mission is being accomplished and to ensure that each phase of its operation is optimally effective and efficient. While there are many partial, imprecise ways of assessing performance levels, by far the most productive is a comprehensive, systematic, continuous evaluation of the
<table>
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<th>Undertaken and used, and are incorporated into institutional planning.</th>
<th>entire institution – resources, administration, financial management, student development, faculty, academic programs and student learning.</th>
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<td>Guideline: The institution has clear, well established policies and practices for gathering and analyzing information that leads to a culture of evidence and improvement.</td>
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<td>4.7. The institution, with significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, as well as into the conditions and practices that promote the kinds and levels of learning intended by the institution. The outcomes of such inquiries are applied to the design of curricula, the design and practice of pedagogy, and to the improvement of evaluation means and methodology.</td>
<td>24.3 The assessment plan must provide a systematic evaluation of student learning outcomes, development and program outcomes. a. The process includes graduation rates, job placement rates, student success rates on state and other licensing exams, and overall institutional and program retention rates. b. The process includes the assessment of student learning outcomes at the major/program level. 24.4 The assessment plan must provide for a systematic evaluation of the curriculum. b. The process indicates how the analysis of the data will be linked to strategic planning and budget planning.</td>
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<td>4.8. Appropriate stakeholders, including alumni, employers, practitioners, and others defined by the institution, are involved in the assessment of the effectiveness of educational programs.</td>
<td>H.2.d. In addition to the assessment of learning outcomes, there are other data that should be collected and analyzed. These include graduation rates, job placement, and further graduate education. Follow-up studies will indicate how an institution is achieving its objectives. Graduates are an especially strategic group in outcomes studies.</td>
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To: Board Members                        Date: February 14, 2008
From: Tracy Rhine                        Telephone: (916) 574-7847
Legislative Analyst

Subject: Review of Current Legislation

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**BOARD-SPONSORED LEGISLATION**

The Board is pursuing all of the following proposals during 2008:

- **Supervision via Videoconferencing**
  This proposal would permit marriage and family therapist (MFT) interns and associate clinical social workers (ASWs) to gain a portion of the required supervision via teleconferencing.

- **Technical Changes and Repeal Outdated Sections**
  This proposal would provide minor technical clean-up of the Board’s statutes.

- **Group Supervision**
  This proposal would permit group supervision for ASWs, MFT trainees and MFT interns to be provided in one-hour increments (rather than two-hour increments), as long as both hours are provided in the same week as the experience claimed.

- **Retired License Status**
  This proposal would permit licensees to have a retired status available to them. This proposal also includes provisions to allow a retired licensee to reactivate their license within a reasonable period of time.

- **Regional Accreditation**
  This proposal would permit the Board to accept degrees from schools accredited by regional accrediting bodies that are equivalent to Western Association of Schools and Colleges (WASC) for MFT intern registration or for MFT licensure.

- **Client Centered Advocacy**
  This proposal would allow applicants to count experience for performing “client centered advocacy” activities toward licensure as a MFT.

- **Verification of Employment Documents**
  This proposal would require applicants for MFT licensure to submit W-2 forms and verification of volunteer employment for each setting in which the applicant gained experience.

- **MFT Education**
This proposal would make major changes to the educational requirements for MFT intern registration or for MFT licensure for persons who begin graduate study on or after August 1, 2012.

**BILLS MONITORED BY THE BOARD**

**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 recommended a position of “support if amended” to the Board who, at its meeting on August 30, 2007, adopted the Committee’s recommendation. This bill is currently being held in the Senate Rules Committee.

**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. The Board recently received a letter from Assembly Member Hayashi regarding this legislation, which is attached. This letter states that the Governor has agreed to create the OSP by Executive Order. This bill is currently on inactive status.

**AB 1367 (DeSaulnier) Licensed Alcohol and Drug Abuse Counselors**
This proposal would establish title protection and licensure for Licensed Alcoholism and Drug Abuse Counselors, with the program to be administered by the Board of Behavioral Sciences. The Board’s Policy and Advocacy Committee did not make a position recommendation on this bill at its January 2008 meeting, but instead decided to table the discussion until the next meeting. This bill did not pass out of the Assembly Appropriations Committee and therefore, can not move forward, and is no longer a viable bill.

**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. This bill is currently pending hearing in the Senate Business, Professions and Economic Development Committee.

**SB 797 (Ridley-Thomas) Unprofessional Conduct; Statute of Limitations**
This bill would permit the board to discipline a licensee or deny a license for certain sexual acts with a minor that occurred prior to the person being licensed. Currently, when a complaint is received regarding a person who is not yet registered or licensed with the board, the board can investigate and deny a registration or license, if warranted. However when a complaint is received regarding conduct prior to licensure after a person becomes licensed, the board cannot take any action. This legislation would correct this problem in cases where sexual misconduct with a minor is alleged, and only when there is corroborating evidence. This bill also would create a different statute of limitations for these types of complaints, and would require the board to file an accusation within three years. This bill also proposes a number of substantive and technical changes pertaining to programs and boards in the Department of Consumer Affairs. This bill is currently on the Assembly Floor inactive file.

**SB 823 (Perata) Private, Postsecondary and Vocational Education**
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. This bill is currently in the Assembly Appropriations Committee on the suspense file.
SB 963 (Ridley-Thomas) Oversight of DCA Boards and Bureaus
This bill would create a new oversight mechanism for the boards and bureaus under DCA and would eliminate sunset dates for DCA boards and bureaus, establish the Office of the Consumer Advocate with the DCA with a range of powers, including serving as the “independent monitor” of boards reconstituted by the Legislature, establishing a “Consumer Participation Program,” hold hearings, subpoena witnesses, take testimony, compel production of documents and evidence, participate as an amicus curiae in disciplinary matters, and charge each board an annual pro-rata share of its operating costs. It would also enact broad new reporting requirements for boards and bureaus within the DCA, subject the appointment of board executive officers to the approval of the DCA Director and Senate confirmation, and establish criteria for reviewing board/bureau evaluations. The Board has not taken a position on this legislation, but decided, at its November 2007 meeting, to develop recommendations regarding this legislation. This bill is currently pending hearing in the Assembly Business and Professions Committee.
Blank Page
To: Policy and Advocacy Committee  
From: Tracy Rhine  
Subject: Rulemaking Update  

Date: February 8, 2008  
Telephone: (916) 574-7847  

Title 16, CCR Sections 1805, 1806, 1816, 1816.1, 1816.2, 1816.4, 1833.3, 1854, 1855, 1856, 1857, and 1858, Abandonment of Application Files, Fees, and Technical Cleanup  

This proposal: establishes a 180-day waiting period between examinations for any applicant retaking an examination in order to ensure that the applicant take a different version of the examination; provides all candidates with a one-year period in which to take an examination to avoid abandonment of their application; sets forth non-substantive changes that restructure the regulations and make text revisions in order to provide clarity, improve structure and order, provide consistency across the practice acts, and removes duplicative, outdated, or unnecessary language; and implements technical and/or editorial changes in line with statutory changes proposed under SB 1475 (Statutes of 2007). This proposal took effect on December 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. This proposal would also 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. This proposal took effect on January 26, 2008.  

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. This proposal would also provide protections to licensees who take a course from a PCE whose approval has expired. **This proposal took effect on January 26, 2008.**

**PENDING REGULATORY PROPOSALS**

*Title 16, CCR, Sections 1887.2(a) and 1887.3(a) Continuing Education Self-Study*

Licensees are currently permitted to take an unlimited amount of continuing education (CE) by conventional or online means. However, hours earned through “self-study” courses are limited to one-third of the total required CE hours. This proposal would increase the self-study course limitation to one-half of the total required CE hours. **The rulemaking file was forwarded to the Office of Administrative Law on January 16, 2008.**

*Title 16, CCR Section 1887.2, Exceptions to Continuing Education Requirements*

This regulation sets forth continuing education (CE) exception criteria for MFT and LCSW license renewals. This proposal would amend the language in order to clarify and better facilitate the request for exception from the CE requirement. **The Board approved the originally proposed text at its meeting on May 31, 2007. Staff is currently in the process of preparing the Initial Statement of Reason.**

*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. **The Board approved the originally proposed text at its meeting on May 31, 2007. Staff is currently in the process of preparing the Initial Statement of Reason.**

*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. **The Board approved the originally proposed text at its meeting on May 31, 2007. Staff is currently in the process of preparing the Initial Statement of Reason.**
DRAFT MEETING MINUTES
Marriage and Family Therapist Education Committee
December 7, 2007
Pepperdine University, Irvine Graduate Campus
Lakeshore Towers III
18111 Von Karman Avenue
Irvine, CA 92612

Committee Members Present:
Ian Russ, Ph.D., MFT, Chair
Donna DiGiorgio, Public Member

Staff Present:
Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Christy Berger, Legislation Analyst

Committee Members Absent:
Karen Pines, Committee Volunteer

Guest List:
On File

I. Introductions
Ian Russ called the meeting to order at approximately 10:06 a.m. Audience members, staff, and committee members introduced themselves.

Mr. Russ explained that this is going to be the last meeting of the committee before the proposal goes to the board. In the course of the legislation might want to meet again as a committee to discuss issues. Mr. Russ stated that this has been an exciting year for the marriage and family therapy profession and a lot of issues have been discussed. All of the feedback has been taken seriously. He asked the audience to introduce themselves.

II. Review and Approval of September 28, 2007 Committee Meeting Minutes
The minutes from the September 28, 2007 meeting of the MFT Education Committee were approved with no changes.

III. Discussion of Potential Impacts of Proposed Curriculum Changes to Schools with MFT Programs
Mr. Russ discussed the feedback that the board has received relating to the proposed increase in practicum. He stated that there were comments regarding the proposed
increase in overall units, the language pertinent to multicultural issues, suggestions to mandate therapy for people who want to become an MFT, and comments regarding the revised substance abuse training and addition of recovery-oriented care.

Michael Lewin from California State University (CSU) San Bernardino requested that the committee discuss the courses that used to be required pre-licensure. Mr. Riches stated that there have been comments about whether programs could accept undergraduate training to meet some of those requirements. Kathy Wexler from Phillips Graduate Institute asked for a discussion regarding requiring content in recovery-oriented care.

Mr. Russ asked that people state realistically what the impact would be on schools and on the MFT and mental health fields to help weigh those issues. He stated that he understands a lot of schools would be required to make very big changes if this passes, but the world is changing, mostly because of the Mental Health Services Act (MHSA) and the rethinking of mental health treatment.

Mr. Russ asked if there was more discussion regarding increasing the overall number of units. Mary Read from CSU Fullerton stated that it is important to make the increase because Licensed Clinical Social Workers (LCSW) are at 60 units and if Licensed Professional Counselor (LPC) bill passes they will also be at 60 units. The proposal also is helpful because it prevents the board from micromanaging a program because of the flexibility that is built in.

Dino Koutsoliotos from Pacific Oaks College stated his support for the increase in overall units. He explained that California has typically entrusted MFTs with the majority of mental health services and we need to honor that trust.

Ms. Wexler stated that she is somewhat reluctantly in favor of the increase. She still has concerns about the cost impact on students, but what balances that is the amount of room for people to develop specializations within those units. She likes that the content requirements are flexible.

Lesley Zwillinger from San Francisco State University stated that the statistics in the attachments don’t include her department, so she will update staff on that. She asked which courses still had specific unit or hour requirements. Mr. Riches responded that only practicum and MFT-specific content had such requirements. Mr. Russ stated that staff has some concern regarding the fact that some coursework, such as child abuse assessment and reporting would no longer have a specific hour or unit requirement, and that the stakeholders who worked to make those courses a requirement may have strong concerns about that.

Ms. Zwillinger asked why the practicum units are proposed to be increased. Mr. Riches responded that this is because direct client contact hours are being increased by 50%, so the same increase is proposed for the practicum units. However, there is nothing sacred about that number.

Mary Riemersma from the California Association of Marriage and Family Therapists (CAMFT) stated that they are happy with the direction of this whole process. In order to get all of the coursework in and cover it adequately, it needs to be 60 units so she is supportive.

Kenichi Yoshida from Fuller Theological Seminary asked for clarification of whether the degree itself, no matter how they structure it, must be 60 units and as long as it contains
the content specified it will meet the requirements. Fuller is currently at 71 semester units. Mr. Riches responded that staff uses a form that requires a program to certify that they are providing specific content and how, and this would still be done the same way.

Ms. Read stated that there is some anecdotal evidence about the potential cost impact on students in raising the number of units. CSU Fullerton went from 48 to 60 semester units and has not seen any decrease in students and has a very large Hispanic student population as well as many students who are the first in their family to go to college. Bita Ghafouri from CSU Long Beach confirmed the same experience.

Claudia Shields from Antioch University stated her support for the proposed change to 60 semester units. She also expressed concern about equity for the costs that would increase, but feels that those costs are outweighed by the benefit of having better-trained practitioners, especially for those clients being served by the MHSA.

Mr. Russ stated that the board is dedicated to increasing the number of diverse licensees. He stated that the loan reimbursement program administered by the Health Professions Education Foundation will be making its first disbursement totaling $150,000 to practitioners who are serving their own culture and working in underserved communities. The board is also working to increase that pot of money without increasing fees, and is also working on ways to help agencies that don’t have access to supervisors by allowing supervision via videoconferencing. The board wants to help increase the services available in California. He stated that it is important to make sure that people from all cultures are brought into the field.

Carmen Knudson-Martin from Loma Linda University stated that her department head is very concerned about the cost of private institution tuition and has been looking for ways to increase units without increasing the cost, such as block units. The economic issues for those attending private schools are substantial, and they are working on creative ways to be helpful with that.

Mr. Russ reviewed some of the written comments he had received regarding the increase to 60 units. He asked for responses to those comments. Barry Lord from Southern California Seminary responded that the increase is important for the profession. Michele Linden from CSU Dominguez Hills explained that when their program increased from 54 units to 60 the students were actually pleased because they embedded everything, including the courses that could be taken post degree within the program. Ms. Linden also stated that the data regarding her school was incorrect. Mr. Riches asked all of the educators to review the data for their schools and let Ms. Berger know if anything was incorrect or missing.

Mr. Riches stated that it is an advantage for students to know that when they are done with their degree, they don’t have to keep taking classes prior to licensure. Currently, some courses have to be taken before internship, and some before licensure, so it is not consistent. Mr. Russ stated that it is important to have all of the education completed before doing the internship. The psychopharmacology course is an example of that.

Duncan Wigg from Pepperdine University stated one concern he has about adding units is the issue of supervision. He is concerned about overly burdening students as well. He is concerned that the profession is losing its identity primarily due to the absence of supervision by MFTs. He asked where the supervision is going to come from for the recovery model. Mr. Russ stated he would make that a topic for discussion at the end of the day.
Ms. Wexler stated her strong support for putting all coursework within the degree program. She asked about the ability to provide more instruction and units without charging more tuition, and whether there is an allowance for extension courses rather than regular courses. Mr. Russ referred the audience to page four of the proposal, subdivision (e), indicating that certain courses would be permitted to be taken through extension programs. Ms. Wexler asked whether these courses have to be separate or if they can be integrated into the program. Mr. Riches stated that the idea is for this content to be integrated, but you will have to tell us which courses they are integrated into. He clarified that the schools should not be creating a curriculum based on how the statutes are organized. Ms. Wexler mentioned that psychopharmacology could be integrated into diagnosis and treatment, and she had suggested that in a letter.

Gary Zager from Casa Youth Shelter and Counseling Agency stated that many students are already doing the hours proposed, typically 20 hours per week. He doesn’t feel the board will get as much opposition to that as they would for raising the practicum units. Mr. Yoshida asked whether the extension courses have to be completed before the student graduates, and Mr. Riches confirmed that they would, and this would have to be indicated on the program certification form. All of the courses should be taken at one school, so they should not be taking the extension courses at another school that may be training from another perspective.

Trina O’Quinn from CSU Dominguez Hills explained that when the board increased the requirement form 36 to 48 semester units in the 1980s she was a student at that time and the increase was very difficult for her. It needs to be made very clear when the requirements are going to change and who it impacts. Mr. Riches responded that this proposal requires institutions to make broad scale changes, and how this affects students who are already in a program when the new requirements go into place needs to be considered. This proposal is not intended to make changes on people mid-stream.

Ms. Read stated that MFTs have to adapt to the marketplace, and it cannot be done with the training we used to have. This is not just about MFTs, it is the entire mental health profession. It is important to prepare them for the jobs that are available, and many of the jobs are in community mental health. It is important to have consumers come in early in the process and help to train them. Forty-eight units are not enough any more. Patricia Lopez White from LA County Department of Mental Health stated that she one of the few MFTs working for the county. She believes the proposal does reflect what is needed in mental health, and it seems to be in line with much of the training that they provide. They are very much in favor of the changes because people will be better suited to work in public mental health.

Mr. Russ asked if there were any additional comments against the increase in client contact hours. There was no response from the audience.

Mr. Russ opened the discussion regarding the increase in practicum units. Mr. Koutsolioutsos stated his support, but has another idea. What actually happens is that trainees are used as inexpensive clinical labor because our society has not been willing to give lots of money to mental health services, except for the MHSA, so somebody has to do it cheaply and by and large the graduate students are doing a good job. Many of his students do get paid. He suggested why not legitimize this work and do it more effectively by revising the practicum along the medical model and have all the coursework done in the first year or two and then have a paid traineeship where the agencies and students will be encouraged, monitored by the schools. Students can work for 40 hours full time for a whole year and gain their pre-degree hours this way.
Mr. Lewin stated that some of his students do hours in their first year but cannot count those hours because they have not completed enough units. He asked if there was any flexibility in that. Ms. Riemersma stated that the history behind that requirement is because a person just starting out is so inexperienced that they could be a danger to the public. The supervision ratios help a little bit, but they have to start with some grounding. Some people are capable of doing it but the typical trainee is not equipped from day one to see clients.

Mr. Lewin stated that CSU San Bernardino does just that by screening clients and heavily monitoring the trainees. They find it better prepares them for their practicum. Marty Glen from Santa Barbara Graduate Institute stated her favor for more practicum units and also for personal therapy. Her students are typically older, single parents that are underserved. Two years for them is a lot and their students don’t start the practicum until the second year so the increase to 225 hours places an undue burden because they can’t get their degree until those hours are completed. It works out to more like 300 hours because there is other work that goes along with seeing the clients. She asked if the requirement for the number of units needed prior to seeing clients could be decreased because it would help them finish their program earlier.

Mr. Zager stated that he prefers that his students have had some coursework prior to starting the practicum, especially law and ethics. Ms. Knutson-Martin stated that the courses are very enriched if the students start seeing clients right away, but other campuses have the philosophy that students have to wait. Ms. Wexler stated that students vary in their readiness to see clients. It has to be the school’s responsibility to know when a student is ready. Some students might be ready after 12 units but some are not ready after 24 units. She suggested that the contract between the school and training site should make the school responsible.

Susan Read-Weil from the Orange County Consortium stated her support for moving the practicum back but those students who receive financial aid might have to begin repaying their student loans prior to graduation. Mr. Koutsolioutsos stated that the school says whether a student is full time or part time attendance, so the student can get full financial aid even if they are enrolled in one unit. Deborah Butitta from Phillips Graduate Institute stated that she is in favor of waiting until students have completed 12 units. The other issue is that many agencies only recruit one time a year for students to work there.

Kathleen Wenger from Pepperdine University stated that she is in favor of keeping the 12 units as a requirement, and some of their students can’t see clients until they have done 30 units. By increasing practicum units students would be better prepared to go into these agencies that often wish the students had better training. She suggested including pre-practicum training, and there are different ways to go about accomplishing that. Mr. Lord said Southern California Seminary has a programs that last two years and eight months, and students don’t start practicum until they complete one year and have done 20 sessions of group and 20 sessions of individual therapy.

Ms. Read stated that she strongly values the flexibility in the proposal because she values the differences between schools and wouldn’t want to legislate how students can do practicum. This recognizes the complexity of the field. She believes it is both the university’s job and the agency’s job to make sure the student ready to be an intern.

Mr. Riches stated that he has received a lot of feedback that much learning goes on in the room with the client; this is a consistent theme. If we are asking them to learn more,
they are going to have to practice their skills more. He urged people to go back and look at whether content should be learned in the degree program or as part of the internship. He mentioned that Ms. Loewy worked with the Council of Community Mental Health Agencies (CCMHA) to do a survey of agencies to see where they thought these skills should be learned. The materials from the CCMHA are on the website from a prior meeting. This may be of help to educators.

Mr. Russ asked for clarification about the requirement for 12 units to be completed before counting any hours as a trainee. He asked for discussion of whether that requirement should be done away with altogether or whether it is a good safety net.

Ms. Shields stated that she has three suggestions. She proposed requiring a general readiness process that schools define to assess whether students are actually ready; currently once they meet the minimum requirement they are permitted to start seeing clients. This would leave some room for trust but also a safety net. Secondly, what holds students back in practicum more than anything else is their own personal issues, such as the ability to receive supervision and their own psychopathology. She would really like to see the board require some hours of personal psychotherapy before a student can provide psychotherapy. Third, there is no requirement that a practicum course be offered alongside the client contact hours. Ms. Shields asked whether practicum had to be its own course, not combined with any other and whether that was changing. Mr. Riches stated that it did not and that there is currently no such change proposed.

Ms. Riemersma stated that she is hearing some people say the board should remove the requirement for gaining 12 units before a student can count trainee hours toward licensure, and instead require that psychotherapy be mandatory. It is good for schools to have that requirement but it is not good for the state to require it because some people don’t need therapy. It can be expensive, schools can require it as they see fit, and it is true that some people really need it if they are going to be effective in performing psychotherapy. The current requirement makes it an incentive it rather than a mandate.

Mr. Russ stated his thinking is that a person absolutely should have therapy if they are going to be providing it, but to have the government mandate it is frightening. Mr. Riches stated from a layperson’s perspective it is hard to understand how someone can do therapy without having been in therapy. It is probably a good thing, but it should not be mandated. Ms. Shields stated that she understands but suggested that a mandate for an assessment would be good. Some people have to have a physical before they can be hired to do a job. We could be turning people loose that are not psychologically ready. Mr. Russ and Ms. DiGiorgio agreed that schools and agencies should do this but government should not be involved.

Mr. Wigg stated they have a very large student population and encounter many problems statistically. For some students with severe problems, psychotherapy is not going to be viable and other kinds of interventions are necessary. Mr. Levin stated this is why it is so important to interview students, and it is easy for him to do this because they have a small program. Mr. Lord stated that it is important to address when a student’s countertransference is getting in the way of the therapy. The psychotherapy gives them a chance to work on that, so it does have value. His school does an MMPI, interviews and requires 60 hours of psychotherapy. They do weed out some students but there are still always some that have difficulties.
Ms. Wenger explained that Pepperdine strongly encourages therapy for its students. Many have had therapy and that’s how they decided to become a therapist. Ms. Butitta stated that Phillips does require psychotherapy and prefers it not be required by state. Their alumni provide low-cost therapy for their students. They will hold students back from working with clients if they don’t meet certain marks, and put students in a remediation plan, which may include therapy, supervision or mentoring. This has been effective. An educator stated that her school requires psychotherapy and this is part of their student agreement; they will also hold students back if necessary. Mr. Koutsolioutsos stated that he believes strongly that a person should get therapy if they are going to provide therapy. Pacific Oaks requires 36 hours. It helps put them on more equal footing with the client.

Ms. Knudson-Martin stated that it would be good for people to have family therapy, but she is not suggesting the board require it. If we are requiring people to work with families, this is more important than individual therapy. Mr. Yoshida stated that Fuller strongly encourages therapy but doesn’t require it because it would place a financial burden on students. When students go through coursework and it triggers an issue they willingly go to therapy. He believes each school should have their own screening process. Ms. Read stated that the board could require a practicum agreement with the agencies, generally an approval process, and could do the same with students to see if they are ready to become trainees. Ms. Zwillinger stated that SFSU already has an agreement with agencies for approval and monitoring, so there is a constant monitoring of the student. They deal with the problem then and there with other professionals, and this is very powerful. She would not like to see the board mandate anything other than that. Ms. DiGiorgio agreed the Board should not mandate personal psychotherapy.

Mr. Russ asked for feedback regarding the proposed increase in practicum units and client contact hours. Mr. Lewin stated that it seems most don’t have a problem with the increase in hours but some have concerns about the increase in units. If units are increased, content has to be taken away from somewhere else. Mr. Russ asked if anyone thought the increase in hours was a problem. Susan Hastings from Hope International University stated that the increase might impact practicum sites if every school has an increase at the same time. Ms. Wexler asked whether there is really enough client hours out there. With the process of matching trainees with clients, the agencies may not be prepared to meet the need.

Mr. Russ stated that a number of schools wrote to the board expressing that they are against the increase in direct client contact hours. Ms. Wexler stated that the board hasn’t heard from the training sites and whether they can accommodate such an increase. Ms. Knudson-Martin stated that Loma Linda requires 500 hours and has no trouble with that amount. Ms. Read stated that CSU Fullerton had increased their client contact hours from 210 to 280. They asked their sites if this would be a difficulty, and so far it has not been a problem. CSU Fullerton works with about 60 community agencies.

Mr. Russ asked about whether schools having their own clinics would help with this concern. Mr. Zager stated that a lot of agencies ask for a one-year commitment and 20 hours per week and that is the norm for many agencies. Mr. Lord stated that 225 hours works out to 6.5 - 8 hours per week of client contact and his school is going to increase their hours beginning next year. Ms. Hastings stated that 3500 students are now doing 150 hours, so those numbers have to be taken into account. Mr. Riches stated that most people come in with at least 200 hours of direct client contact even from schools that have a 150-hour minimum. Ms. Zwillinger stated that her school’s program is accredited by the Council for Accreditation of Counseling and Related Educational
Programs (CACREP), which requires 280 hours, and it can sometimes be difficult and students have to add another semester. She explained that she doesn’t think this is a bad thing but it is the reality.

Mr. Wigg stated that many field placement sites offer direct client contact and supervision. He asked if the agencies that can’t provide much direct client could supplement those hours with onsite training, especially for those just starting out at a site. It would help them prepare to see clients, and could be a substitute for client contact.

Mr. Riches asked how many schools have their own clinic. Mr. Wigg said they are very expensive with high overhead and have a hard time breaking even. Ms. O’Quinn stated that their students already work full time so it is hard for them to find the time to fit in these other hours so they talked about getting a clinic on campus. However, her school’s budget was cut so she is not sure how they would find the money for this. Mr. Lewin stated that his school is able to do it because they are a small program. He believes it is worth the money spent, but not a viable option for all programs to do.

Ms. Wexler stated that Phillips has a clinic and it can accommodate only 30% of their students. It is competitive, and not feasible to provide for all of their students. Supervision is possible; they see 300 clients a week but don’t have enough to give all their students hours. Ms. Ghafoori stated that CSU Long Beach has a clinic but they also have to supplement with other sites. Mr. Koutsolioutsos said some smaller agencies are not good at planning how many trainees they can take in. Sometimes they don’t have enough clients for all of their trainees, even though the clients are out there and often on a waiting list.

Mr. Russ asked for people to raise their hands to show how many are supportive of raising the client contact hours to 225. The vast majority was supportive. An educator from HIS University stated that this would be difficult for their school, which is a bilingual program that serves the Korean community. In the Korean culture people do not frequently come to therapy. Ms. Glen says she is for increasing the hours but it would be good to have some flexibility in the requirement that they are all face-to-face. Mr. Russ asked if the audience would support the direct client contact requirement staying at 150 and allowing the other 75 to be gained doing other types of work that support recovery oriented healthcare. The audience was very supportive of this concept. Bobbi Thomas from Azusa Pacific University said this is great because it puts value on those type of hours.

Mr. Riches explained that the ability to count client centered advocacy hours toward licensure is a legislative proposal for 2008. Ms. Knudson-Martin said it would make it more likely that students would pick up the phone to call a child’s teacher, for example. Ms. Read says this would help put a value on those types of hours if you can count them toward licensure. It would also help the agencies and the consumers.

Mr. Wigg asked if agency-provided training in recovery-oriented care could also be counted. Currently trainees can count up to 250 hours of professional enrichment activities. Mr. Riches stated that training could count as curricula if the school decided to do that. Ms. Buttitata asked if that would apply to all placements or just recovery-oriented placements. Mr. Russ and Mr. Riches responded that it would apply to all.

Mr. Koutsolioutsos said he is in favor of expanding the types of hours students can count but it needs to be a careful consideration. Most of their students go to agencies
supported by the Department of Mental Health and spend a lot of time on case management and documentation. Students spend hundreds of hours on these activities and get no credit for them. If we are going to require this type of hours then it should go back to 1500 hours allowed to be gained pre-degree. Ms. Knudson-Martin added that accreditation standards for the Council on Accreditation for Marriage and Family Therapy Education (COAMFTE) in the past permitted other types of hours to take into account new models of treatment, so there is some precedent for this.

Mr. Russ asked for a show of hands to see how many are supportive of the increase in practicum units. About half of the room raised their hands, but only a few raised their hands against the increase. A number of people expressed feeling ambivalent about this change. Ms. Zwillinger stated they are already at 60 units so there would be nowhere to fit in the additional units. Mr. Lewin stated that the proposed increase in direct client contact hours meets the goal to increase those skills. He explained that practicum is not a full class, so an increase would handicap programs. Ms. Wexler feels there is a disconnect for offering academic credit for something that is not happening at school and collecting more tuition for not providing much more instruction. She would have trouble justifying an increase in practicum units.

Mr. Riches asked why practicum classes are important, what purpose do they serve. Mr. Wigg explained there is an increased liability for the school, and it serves an important oversight component to ensure students are not being exploited and to make sure that the experience is consistent with the curriculum. Students do case presentations and it would be good for them to be able to conceptualize cases, especially when they are practicing with the recovery model. Ms. Thomas stated that they do a lot of teaching in the practicum because it is often the first time they will be seeing clients. We teach them documentation, treatment planning, crisis management and finding community resources.

Ms. Knudson-Martin stated that Loma Linda already meets this number of practicum units but she doesn’t see that it is necessary to mandate. Ms. Wexler stated that Phillips already has nine units as well. She agreed that hours don’t necessarily have to have units attached. Mr. Yoshida stated that it would be difficult for Fuller to add any such specific units.

The meeting adjourned at approximately 12:35 for lunch.

The meeting reconvened at approximately 1:15 p.m.

Mr. Russ asked for any additional comments regarding the proposed increase in hours. Ms. Knudson-Martin stated that she and others have concerns that people can get a MFT license but are not required to ever see families as part of their experience, and not just group therapy. When people are more severely distressed they really need their family members involved. There is a demand for such services, and students are scared or don’t know how to work with families. If it is not done in practicum it will be harder to do it any other time. It may be as simple as asking the client who else is involved and would they be willing to come in for the first session.

Mr. Russ asked why this is not happening if the schools and agencies are working together. Ms. Wexler stated that some interpretations of the recovery model do not support working with families. Also, agencies are paid by the session so they prefer to see people individually. Ms. Riemersma stated that this issue has been discussed over many years and urges the board to not micromanage this as it could become very
difficult for applicants to get experience working with couples and families. When you are treating a child you are often treating the whole family, regardless of who is in the therapy room. Her understanding of the MHSA and the intention of the recovery model is a family oriented approach when the opportunity is there to do that. The problem should take care of itself over time, and there should be more opportunities to get that experience.

Ms. Read stated that at the last Orange County consortium meeting, they had a large discussion on this. COAMFTE schools already have this requirement and they polled the agencies on this issue. Many agencies said they have a couple of students from COAMFTE schools and they give all their families to them. Other students won’t be able to meet the needs of those agencies if this is a requirement. Ms. Shields asked if we could make this an incentive, such as counting one hour as one and a half hours. Ms. Wexler stated she is in total agreement that seeing more than one client at the same time is a critical skill, but she is not sure if or how that should be mandated. One possible fix would be to change the experience requirements so that it is no longer possible for all hours to be met by providing individual therapy.

Mr. Russ asked the agencies and schools that have clinics how it would impact them if some hours were required to be done with families or couples. Mr. Wigg feels it would be a disaster because there are so few supervisors prepared from a systems perspective. It could inadvertently create a situation where neither the trainee nor the supervisor knows what they are doing. He supports that MFTs be prepared from a variety of perspectives and the supervisors need to be prepared to do family systems supervision.

Mr. Zager stated that a lot of agencies would do whatever it takes to keep the trainees coming in because they are free labor. If the board says we have to provide a certain model for trainees to work in, we will work to meet those standards to keep the trainees. His agency runs from a family systems model so they would be able to meet that need. Burt Winer from the Institute of Advanced Studies and HIS University feels it is important to get families involved and encourages students to work with them, so he likes the idea of using systems but dislikes the idea of government mandating a certain percentage. It should be implemented through supervision and training.

Ms. O’Quinn has some students doing their practicum hours in recovery homes and while they can do it from a systems point of view some of the clients have not been in touch with their families for many years. Mr. Shields says Antioch has a counseling center that provides services to the community and feels there could be a way to get enough families in but getting the right supervisors would be a challenge. If we were going to mandate this we should also should adjust the requirements to become a supervisor. Ms. Wenger stated that she is opposed to requiring this in practicum but if it was required for some of the total 3000 hours she would be supportive. Mr. Russ said this is outside of the committee’s scope but will keep it in mind for the future. Ms. Read stated that if this becomes a part of the licensing requirements it acts as an incentive for the practicum piece.

Olivia Loewy from the American Association for Marital and Family Therapy, stated that the concern is that somebody can become licensed without ever having worked with more than one person, touching on the very issue of what distinguishes MFTs as a profession. If we do send people out there needing that experience it may change the way agencies do business. The MHSA’s prevention and early intervention piece is now being rolled out and there may be more programs that require this type of experience.
Mr. Russ stated this discussion should happen between the board, agencies, DMH, etc. Mr. Koutsolioutsos stated that as a discipline MFTs have spent generations convincing the American family that psychopathology is created out of family dysfunction and we wonder why families are reluctant to come in. He is against requiring hours with families or couples.

Ms. Riemersma stated that it is interesting to hear the perspective of the schools, and believes we would get a different response from the agencies. We know that it is difficult for applicants to meet that requirement yet all of the other disciplines can do family therapy, and what kind of training and experience have they been required to have? It would make it more difficult for the MFT profession than for the others that can already do it, so it would be unfair. She expressed her preference for an incentive for this type of experience.

IV. Review and Discussion of Draft Revisions to MFT Portability Statutes (BPC Sections 4980.80 and 4980.90)

Mr. Riches explained that the proposed curriculum is likely very different than the education most people would get in another state, and portability is already tough. One of the big challenges with this large of a change is how to handle portability of education from 49 other states. It is not a simple question. The baseline is that people who practice here should have a substantially equivalent background. We realize other states are going to address different subjects and call them different things. Some of the most significant changes we are proposing is the content that has to be integrated into the curriculum, so this makes the portability challenge even more difficult.

Staff spent a lot of time on this proposal, and came to the point of recommending that a degree from another state would, at minimum, have to look a lot like what we require now and after that point we look at how do we have them add on the material that is missing. We aren’t envisioning this as a simple add-on. The proposal says you have to have a basic qualifying degree, but how do you reach these larger issues. We came to the idea that they would need a supplement. We are looking to the schools to offer a wraparound product that would provide coursework in multiple contexts for people coming from another state, including things that are supposed to be infused throughout the curriculum. We wanted to ask schools if our thinking is correct, could a person with education outside of California go to one of the schools and take a remediation program.

Mr. Wigg asked how many people come in from outside of California every year. Mr. Riches responded that it is several hundred per year, but less than 500. Benjamin Caldwell from Alliant International University believes that Alliant may be interested in offering such a product. Ms. Read appreciates the discussion because there have been students who have been missing one class and have had to get a completely new master’s. It is important to get education in California because the climate is different here. It would make the profession comparable with other disciplines.

Mr. Riches stated that there is a lot of variability in programs as to whether they will let someone enroll to take just one or two courses. Ms. Ghafoori stated that CSU Long Beach is not set up to let people enroll in one course. If we could structure a law that allows that to happen and then the marketplace will let that happen, it would be helpful. Mr. Koutsolioutsos confirmed his support for this proposal because people cannot currently transition easily into the mental health system here. Ms. Knudson-Martin stated that offering a certificate would not be difficult for Loma Linda to offer. She discussed the difficulties she and others from outside of California have had in getting
licensed here. There should be some mechanism for giving people credit for experience.

Ms. Riemersma stated that she likes what staff has put together and has no major concerns with the proposal. It would still require a person to have a degree with the core of MFT coursework. Mr. Yoshida asked if this proposal addresses a person licensed outside of California who has had years of experience as well as persons who have just gotten their education. Mr. Riches stated they would be treated the same in terms of meeting the educational qualifications.

Mr. Russ asked if there should be some mechanism to credit a person who has been licensed for many years outside of California with that experience. Ms. Riemersma asked how that would be determined. She stated that people were licensed when the standards were very different than what they are today.

Ms. Knudson-Martin asked how many people in the room have a degree that would meet the current requirements. Also, people in other states have to get continuing education. Are people from outside of California somehow so different that they should have to go back to school? Mr. Riches stated that this is an extremely difficult question. To put it into context, at every national regulators meeting he goes to there are long, painful discussions about assessing continuing competency of licensees. Standards and training evolve and regulators often see the worst of the profession. This is a big question and would be great to talk about but too big for today.

An educator stated that for her school to be able to offer a remediation program there would have to be enough demand for the program and it would have to be cost effective. She asked if it would have to be done in class or could it be done online? Mr. Riches responded that it could be done either way.

Ms. DiGiorgio stated that California is very different, the cultural competency and laws have to be addressed and she doesn’t these issues being the same in all states. Different education is required to be able to serve the people of California.

Ms. Shields asked for clarification of whether they would need to offer a collection of individual classes that already exist, or would it instead need to be a package that is newly developed. Mr. Riches responded that as a whole it would have to meet the thematic needs, and it would be great these programs could be offered around the state. There is a population of applicants for whom the hurdles are too high. Ms. Shields responded that Antioch might be willing to discuss offering such a program. Mr. Wigg asked if the board would evaluate a person’s education and tells them where they are deficient. Mr. Riches responded yes, they currently do that and would continue to do that. The degree would need to be substantially equivalent. Our current process just tells people which classes are needed but that won’t work completely for this new proposal, which requires more content to be integrated throughout the program. It can be both a unit and content issue. Mr. Koutsolioutsos asked if the board would be open to degrees from outside of the country. Mr. Riches responded that the board does accept such degrees. They have to first be translated and analyzed by a service to allow us to evaluate their education. Mr. Koutsolioutsos asked if a person who is undocumented could qualify. Mr. Riches responded that we do require a social security number as a condition of licensure, though we do not inquire as to a person’s status otherwise.
Mr. Yoshida asked whether a person would be told they need specific courses or whether they are lacking in specific content. Mr. Riches responded that it would probably be a little bit of both. We can work with you on what the common deficiencies are to help schools put a package together with the thematic integrity as well as specific content and courses.

Mr. Russ stated that he is hearing a number of schools that sound like they would be willing to do this and asked if people would be okay with the board providing a list of schools to applicants. Mr. Riches asked schools to send him an email to let him know if they accept such students.

Mr. Riches asked whether a person should have to make up any educational deficiencies prior to registration as an intern, prior to taking the exams, or prior to licensure. Ms. Riemersma suggested requiring the law and ethics course prior to registration, and everything else prior to licensure. Mr. Caldwell and Ms. Read agreed.

Mr. Caldwell asked if someone came here and fell short and they got a feedback letter in terms of courses and content areas, is there a mechanism for them to show that they have had that content that maybe doesn’t show up on a transcript. Mr. Riches stated that this process already exists; we review course descriptions, etc. This process is fairly interactive.

V. Discussion of Draft Revisions to MFT Curriculum Statutes

Mr. Lewin asked for more information about operationalizing the recovery orientation because we are asking for it to be infused throughout the curriculum. He also had a question about evidence-based practice, whose evidence is a big question or are we going to leave that rather general. Mr. Riches stated that it is up to the programs; they need to decide from your program’s perspective what approach to take. Ultimately it will be driven at some level by the marketplace and what shows up in exams but the board is not going to direct programs so specifically. The MHSA requires the use of evidence-based practice, which is an important component for graduates to understand. The Board is not going to tell programs specifically how to do that, we do not judge which evidence based practices that have to be taught.

Mr. Russ asked what topics need to be covered before the meeting is over. Ms. Zwillinger is concerned about the mandate for schools to provide exposure to consumers. An educator asked about the timeline. Mr. Riches responded that it applies to students who begin their program after August 1, 2012.

Mr. Russ stated that a conclusion was not reached about the increase of practicum units. Ms. Read said there is a difference between public and private schools. Public schools don’t get paid to teach it if the law doesn’t say the students have to have it. Mr. Riches posed keeping the practicum at 6 units and increasing the direct client contact hours required to 225, but allowing 75 to be client centered advocacy. Mr. Russ asked if a trainee is practicing do they also have to be in practicum? Ms. Wexler said it is a liability issue and very important, even if it is just a one unit class. Ms. Shields said her concern about raising hours but not units in her school, which is private; it would increase the program by at least one or two additional terms. If the units increased they could charge more and be better able to offset those costs and to absorb the corresponding increase in work. Mr. Riches responded that schools can increase units without it being mandated. An educator mentioned that some schools require students...
to be in a one-unit practicum while seeing clients. Mr. Russ agreed with Mr. Riches suggestion for changes, but added that we should also require a student who is practicing to be in a practicum course. The majority of the audience agreed.

An educator asked if there would be legislation to address regional accreditation this year. Mr. Riches responded that it has not yet been introduced but it is a proposal the board is pursuing. Ms. Riemersma said she doesn’t want to jeopardize this legislation but wonders if this would be a good place to recognize regional accreditation. Also Section 4980.02, the scope of practice, should be revised to reflect the changes to the educational statutes.

Mr. Russ asked for thoughts about incorporating consumers into the process. Mr. Riches explained that the board would be supportive to schools in handling the recovery model, consumers, etc. He stated that the board is expecting to obtain some additional financial resources and he plans to allocate a significant amount toward the schools and community to bring together resources in a couple of large scale gatherings. This will help all 80 programs to not feel like they have to do this from scratch. Not that you all have to do this the same way, but this will give you resources to do that and help the process along.

Ms. Riemersma stated that anything to do with the MHSA consistently refers to the recovery model and evidence based practice. She believes it is incumbent for everyone that is teaching to get familiar with the terminology because it is very commonplace. Mr. Russ stated that in one year he would like to have a conference or another committee meeting and see where people are at and how it has affected their programs.

Ms. Wexler stated that she still has concerns about privileging in legislation the recovery model or recovery oriented care. There are some different themes and aspects that fits with MFT such as being collaborative, strength based, etc. She asked if we could find a way to talk about principles instead of brand names. Ms. Knudson-Martin asked if we could add a phrase to (c)(2), which would also help out of state people, “i.e., strength based approaches that emphasize improving, restoring and maintaining healthy relationships.” This suggestion has also been echoed in letters to the board. Mr. Riches suggested, “Throughout its curriculum integrate the principles of recovery oriented care in mental health practice environments that are (including but not limited to) strength based and emphasize improving, restoring and maintaining healthy relationships.” This definition can be found on the Connecticut website.

Ms. Riemersma stated that the most significant concept of the recovery model is that it is client-centered and that is not in the existing language. If we elaborate on what the recovery model means, should add that in. Mr. Wigg said that the definition seems limiting. Healthy lifestyles might be more appropriate. Mr. Russ stated that a central concept of the recovery orientation is that it is about the client - we don’t get to define it.

Ms. Read said there is a difference between what we put in the legislation and how we educate the profession. We don’t have to put it all in the legislation. It is clear that MFTs won’t get paid to do MHSA work if we don’t work from a recovery orientation. Mr. Koutsolioutsos advocated for keeping the existing phrase of recovery oriented practice rather than making it more specific. The recovery model is the first time that changes to the profession that are grassroots driven, not profession driven. This means that the profession has not yet really digested what recovery orientation means. Mr. Wigg agreed with Mr. Koutsolioutsos that we should not strictly define the recovery orientation, should keep it as open as possible.

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Ms. Knudson-Martin believes it is important to define the recovery model or there will be problems when you get people from another state. Mr. Riches stated that we are assuming we are not going to find those terms on a transcript from another state, but if they had something similar like psychosocial rehabilitation, we would accept that they had recovery-oriented content. Mr. Russ stated in every other area that we have had these discussions the educators want definitions to be limited. He asked why would schools want more definition regarding recovery when there is so much diversity. Ms. DiGiorgio feels that the less definition would be better so that if society changes the law would not necessarily have to be changed.

An educator stated it would at least be important to include that it is client directed. Ms. Butitta stated that although the word recovery has been historically associated with substance abuse disorders, conceptually it is very much in line with MFT practice. It troubles her that in California MFTs have strayed from those thoughts and ideas such as collaboration, strength based, non-pathologizing, non-medical model.

Ms. DiGiorgio stated that it is great that we are having these discussions and she is excited about the end product. Mr. Russ stated that he is not asking for consensus, but asked if we are close enough. He explained that it will become legislation if approved by the board. The next stage is going to require that we all feel that this proposal is close enough that it will be supported by the school community. Once the legislation is introduced, there will be groups that oppose the bill for various reasons.

Mr. Riches stated that other agendas will show up in the legislative process and asked the schools for letters of support for this legislation. A school, program or faculty can write these letters. There is strength in numbers and the community needs to overtly say it is good for the profession and most importantly it is good for the people of California. Ms. Wexler asked if the board can email them when the time comes to express support for the bill, and Mr. Riches responded yes. Mr. Russ clarified that when this proposal moves forward to the board in February 2008 there will be some other adjustments, and there is time to make comments prior to that. Ms. Knudson-Martin asked what people will be opposed to. Mr. Riches responded that there is the possibility of groups that who don’t believe in psychotherapy, psychology associations, the domestic violence and child abuse community and others because we took specific unit requirements out. There are also people who believe MFTs just should not exist.

An educator asked what literature has informed our understanding of the recovery model. Mr. Russ stated that many materials are available on the board’s website. The best integrated framework is from Connecticut. Mr. Riches clarified that there are studies, reports, surveys and other documents available on the page that provides the materials for meetings of this committee. Mr. Riches said he would also explore dedicating a web page to this topic. There is a massive amount of writing on this topic. Ms. Read stated that the Connecticut site was a great start for her to understand; it is a good, quick and approachable reference. Mr. Riches also recommended the Institute of Medicine’s report called “Crossing the Quality Chasm” and the subsequent volume on mental and behavioral health. It synthesizes a lot of work that has been done nationally. The Connecticut materials draw heavily on this resource. Mr. Riches stated that another great resource is the Annapolis Coalition. Ms. Butitta stated that the Village is offering free two-day immersion training for faculty around the LA area. It provides 12 units of continuing education credit.
VI. Discussion and Possible Action to Recommend MFT Curriculum Statute Revisions to the Board

The committee recommended that the board sponsor legislation to revise the educational requirements with the changes that have been discussed today.

Mr. Russ expressed his appreciation for the participation of the community over the past year and it has been a wonderful experience for him. The educators commended the board for their work as well.

The meeting adjourned at 2:55 p.m.
I. Introductions

Judy Johnson called the meeting to order at 1:03 p.m. Paul Riches called roll, and a quorum was established. Guests introduced themselves.

II. Review and Approve July 20, 2007 Consumer Protection Committee Meeting Minutes

Kristy Schieldge noted a correction to the first sentence of the last paragraph on page 4 to *Bureau for Private Postsecondary*.

Dr. Ian Russ moved to approve the minutes as amended. Judy Johnson seconded. The Committee voted (2 approve, 1 abstention) to approve the minutes as amended.

III. Review and Discussion of Supervision Rules for Associate Clinical Social Workers

Mr. Riches stated since Joan Walmsley was not present to discuss this item, it will be deferred until January.
IV. Discussion and Possible Action to Recommend Acceptance of Experience in Supervision Groups for Continuing Education Credit

Cassandra Kearney reported that the agenda item title does not represent the information contained in the agenda item memo. She explained that the information is regarding continuing education credits for accountability groups.

Ms. Johnson reported on her suggestion to allow continuing education (CE) credits for accountability groups. In other professions, these groups are sometimes referred to as “Peer Review.” Such groups consist of professionals who encourage and hold one another accountable to standards, and promote integrity.

Dr. Russ asked how to implement this as credit, and if someone wants to establish this group, would that person have to apply to obtain a CE provider approval. Mr. Riches responded yes, but that is not necessary. He added that the individual can also approach an existing CE provider to develop the course.

Geraldine Esposito, California Society for Clinical Social Work (CSCSW), provided a model that could be used as an example in creating an accountability group. CSCSW has a program known as Clinical Consultation Groups, in which peers can meet with a consultant. The group’s focus is on clinical education related to a single theme/topic. She explained that the groups are lead by the consultant.

Dr. Russ asked how the group would be structured, how to determine which participant of the group would be the teacher or consultant of each session, how to determine themes, and recordkeeping.

Ms. Esposito responded that each presenter would have to submit his or her credentials in order to instruct the other members at any given point.

Mr. Riches added that the existing regulations separate instructors from students. The students receive credit for the course, and the instructors may claim credit for teaching the course. All of the mechanics of CE still apply under current law. Appropriately structured, this could be done under the current law.

Ms. Johnson asked how to publicize this. Mr. Riches responded that the website and newsletters can be used to publicize this; descriptions would have to be developed.

Dr. Russ asked what ability does the Board have to monitor content? Mr. Riches responded that the Board has the same limited ability to monitor content as it does on CE providers.

Ms. Schieldge recommended the Board to refer to Business and Professions Code Section 166, which contains general guidelines for the content of mandatory CE courses. There may be some elements there that can be used to validate it.

Dr. Russ asked if the associations interested in doing this. Ms. Riemersma replied that CAMFT is currently looking into implementing something similar.

Dr. Russ stated that he likes the idea; however, he is concerned about accountability.
Ms. Johnson stated that this is important for the profession. If this is successful, more people will apply for CE providers.

V. Review and Possible Action to Propose Clarifying Rules Regarding Group Supervision

Mr. Riches explained that for each week in which experience is gained, one unit of supervision is required. One unit of supervision is equivalent to one hour of individual supervision or two hours of group supervision. The law is unclear as to whether group supervision can be provided in segments of less than two hours, and staff has no way of knowing whether an applicant actually received two hours every week, or whether the number submitted is just an average over a one-year period. Staff learned at the last July 2007 meeting that it is common for groups meet in 2 one-hour sessions in a single week. The Committee directed staff to draft a clarification stating that 2 one-hour sessions in a single week are acceptable.

Dr. Russ stated that the clarification will be useful to agencies.

Ms. Johnson asked for public comments. No public comments were made.

Victor Perez moved to recommend the proposed language got to the Board for review and approval. Dr. Ian Russ seconded. The Committee voted unanimously to approve the motion.

VI. Discussion and Possible Action to Recommend Rulemaking Changes Regarding Exceptions to Continuing Education Requirements

Jason Reinhardt reported that licensees are applying for continuing education (CE) exceptions for reasons that staff feels do not meet the qualifications. However, staff approved those exceptions based on the current law. Staff recommends modifying the Request for Continuing Education Exception form and the regulations to clarify that other reasonable accommodations may be provided rather than a complete exception for persons with a disability or medical condition.

Dr. Russ asked how many of those exception requests were received. Mr. Reinhardt responded that out of 20 requests that were received, approximately seven requests warranted a complete exception and the remainder were questionable.

Ms. Schieldge added that California state agencies must comply with both the Federal American Disabilities Act and the California Fair Employment and Housing Act. The two statutes were nearly identical in determining disabilities when the Board first adopted the regulation. About five to six years ago, the definition of disability changed under California law. The proposed language is consistent with that change. This will avoid the need for staff to evaluate whether a person has a disability or medical condition. Staff will instead focus on whether the requested accommodation is reasonable given the disability or medical condition. This will allow more flexibility to address different types of disabilities or medical conditions.

Ms. Esposito and Ms. Riemersma both expressed support for this idea.
Dr. Ian Russ moved to recommend that the Board pursue changes regarding exceptions to continuing education requirements through the regulatory process. Judy Johnson seconded. The Committee voted unanimously to approve the motion.

VII. Review Enforcement Program Statistics

Mr. Riches presented the enforcement statistics. The following activity took place through the end of September:

- 284 complaints were received
- 125 criminal convictions
- 37 citations were issued
- 2 accusations filed
- 3 final decisions

Dr. Russ asked when looking at the increase in complaints, is it relatively the same percentage as the increase in the number of licensees. Mr. Riches responded that it is well above the percentage. The licensee base grows 2 – 2.5 percent a year. These numbers reflect a growth in excess of 2 - 2.5 percent a year.

Dr. Russ asked if there were any specific reason for the increase. Mr. Riches believes that the increase is due to an increase of consumer reporting.

Ms. Maggio added that this is also a result of the Board’s outreach efforts.

Dr. Russ asked what types of complaints fall under personal conduct. Mr. Riches responded that some are related to substance abuse incidents.

Mr. Riches announced a new addition to the BBS staff. Marlon McManus joined the enforcement unit in September. He came from Workers Compensation and has several years experience in investigations.

VIII. Discussion of Concerns Regarding Language Usage on Sample Examination Items

Catherine Ralph from University of California, Berkeley presented on behalf of Dr. Stan Taubman. Dr. Taubman has concerns regarding the LCSW exam and its validity. Some of his concerns stem from the fluctuation of the pass rates for each six-month period. The pass rate ranges from 36% to 75%. The schools have an established curriculum, and are all preparing students the same manner. Why are students not passing the exam? The exam may be changing or fluctuating a bid.

Dr. Taubman provided indicators of exam invalidity such as errors he found when reviewing the sample exam questions that were used in the past. Ms. Ralph stated that if BBS is consistently making errors in sample exam questions that are available to the public, there may be invalid exam questions contributing in errors in answering the questions. It is a problem for consumer protection when the errors contained in the exam do not reflect good assessment in diagnosis and treatment planning.

Ms. Riemersma stated that CAMFT had similar concerns. She pointed out that the items selected to serve as examples are those that did not pre-test well, so they were not appropriate for use in an actual examination. She recommended that the Board use only items that have tested well.
Ms. Johnson reiterated that these are sample questions that did not test well, and have been removed for that reason. Ms. Johnson also recommended providing Ms. Riemersma’s suggestion to the Office of Examination Resources (OER). She also added that staff is currently working with the Office of Examination Resources to produce study guides for candidates, which are expected to be published in spring of 2008.

Mr. Riches added that the study guides will include sample items that better represent the items in the examinations and are expected to contain a minimum of two sample items per content area.

Ms. Johnson stated that the examination development is a very rigorous process. There is a group of subject matter experts that develops and designs the exam questions. There is another group that reviews those questions, and then another group that also reviews those questions. There are internal validity statistics on each test question, not just the actual test. The sample items that were removed are not a valid reflection of what is on the exam.

Dr. Russ asked what could account for a range from 36% to 75%. He also asked if it is true that the Board of Psychology provides retired license exams to professionals for review. Mr. Riches responded that staff’s endeavor is to get into the retired item bank and make those item banks available. However, releasing an entire form of an exam is not appropriate. Dr. Russ requested that staff find out if Board of Psychology is actually doing that.

Ms. Esposito added that certain cycles have a preponderance of repeat test-takers.

Mr. Riches stated that the Board’s website breaks down exam results based on the number of times an exam is taken in different exam cycles. Variance narrows with first time test-takers. There is a significant intervening variable between school and examination, which is the course of supervising experience. There is an enormous variance in the nature, quality, and variety of supervised experience from candidate to candidate. That experience is very influential in their development as a practitioner. There can still be wide variance between programs in how they teach, the relative emphases they make available, and elective courses that are taken versus core courses are available. These variables will affect any individual’s performance on the exam.

Mr. Riches explained that not everyone is going to get the equivalent quality or quantity of clinical experience. This exam tests one particular aspect of social work practice, it has a specific set of competencies attached to it, and much of it is fully creditable under current law in social work practice as supervised experience, however, that is not mental-health oriented. The minimum competent entry-level practitioner is the criteria, and many people will approach that criterion very differently, based on their experience.

Dr. Russ stated that he does not agree that because all the programs are accredited, they are all the same. It may not reflect the schools, but it may be a reflection that some are not being trained clinically, or choose to not be trained clinically.

Ms. Johnson stated that when looking at the numbers and the wide variances, we need to look at the specific breakdowns, such as the amount of time that passed from completion of school to the time that the exam was taken, and what was the individual’s area of specialty and what competencies were required. This is what we are aiming at when developing the study guides.
Ms. Ralph stated that she is concerned that the study guide will take the candidates off track.

Mr. Riches responded that the candidate handbook is not a study guide, and the items in the handbook are provided to give a sense of structure and format of the exam questions, not content.

Ms. Esposito stated that if one were to wait for supervision practice in preparation of licensure, there is almost a consumer protection issue. Diagnosis and treatment planning are the basics one should know before beginning supervised practice. There are certain fundamentals about clinical practice that should be gained in the educational arena before supervision. Many agencies that are not mental health oriented have begun to demand licensure. There needs to be some preparation for what the graduate is going to meet in the field of practice. This is the only license for social workers, and education is critical.

Jennifer Rowland, NASW California Chapter (NASW-CA), read a response from NASW CA to Ms. Ralph’s presentation on behalf of Dr. Taubman. NASW-CA was in agreement with Dr. Taubman’s points regarding the need to ensure exam validity. Several concerns were noted regarding: 1) the shortage of LCSWs, 2) exam pass rates norms, 3) Association of Social Work Boards national examination. The NASW-CA is vested in protecting consumers, and ensuring that the examination system is reliable and valid. Their overall goal is ensuring consumer protection, while addressing the shortage of LCSWs, and addressing the needs of California’s growing population. It is NASW’s opinion that this could be done by utilizing the national exam.

IX. Public Comment for Items Not on the Agenda

No public comments were received.

X. Suggestions for Future Agenda Items

Ms. Maggio asked if the Committee would like further information regarding enforcement statistics presented at future meetings. Ms. Johnson replied that she would provide that information at a later time. Mr. Perez agreed. Ms. Johnson requested that staff add review of disciplinary guidelines to the next agenda.

The meeting adjourned at 2:30 p.m.