



Board of
Behavioral
Sciences

1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TDD (916) 322-1700
Fax (916) 574-8625
www.bbs.ca.gov

MEETING NOTICE

July 28, 2010

State Capitol
Room 127
Sacramento, CA 95814

9:00 a.m.

FULL BOARD OPEN SESSION

- I. Introductions
- II. Petition for Modification of Probation Terms
 - a. William Clapham, MFC 22115
 - b. Dayle Conroy, LCS 19107

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

- III. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session for Discussion and Possible Action on Disciplinary Matters
- IV. Pursuant to Government Code Section 11126(c)(1) Regarding Possible Development and Administration of a Licensing Examination on the Differences Between the Practice of Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors and the Practice of Licensed Clinical Social Workers and Licensed Professional Clinical Counselors
- V. Pursuant to Government Code Section 11126(c)(1) Regarding Possible Use of the National Board of Certified Counselors for Licensure in California
- VI. Pursuant to Government Code Section 11126(c)(1) Regarding the Assessment of the Association of Social Work Boards Clinical Licensure Exam for Possible Use in California

FULL BOARD OPEN SESSION

- VII. Approval of the May 6-7, 2010 Board Meeting Minutes
- VIII. Approval of the June 28, 2010 Board Meeting Minutes
- IX. Chairperson's Report
- X. Executive Officer's Report
 - a. Budget Report
 - b. Operations Report
 - c. Personnel Update
 - d. Board Outreach Report
 - e. Mental Health Services Act Coordinator's Report



Arnold Schwarzenegger
Governor
State of California
State and Consumer
Services Agency
Department of
Consumer Affairs

- XI. Licensing and Examination Committee Report
 - a. Discussion and Possible Action Regarding the Licensed Professional Clinical Counselor Gap Examination
 - b. Discussion and Possible Action Regarding the Use of the National Counselor Examination and the National Clinical Mental Health Counselor Examination Professional Clinical Counselor National Examination National Board of Certified Counselors for Licensure in California, Presented by Dr. Tracy Montez
 - c. Discussion and Possible Action Regarding Revising the Board's Examination Program, Presented by Dr. Tracy Montez
 - d. Discussion and Possible Action on Accepting Degrees in Couples and Family Therapy Under Business and Professions Code Section 4980.36 and 4980.37
- XII. Discussion and Possible Action Regarding the Possible Use of the Association of Social Work Boards Clinical Licensure Exam in California
- XIII. Policy and Advocacy Committee Report
 - a. Discussion of Survey Results Related to Professional Clinical Counselor Education Requirements
 - b. Discussion and Possible Action on Marriage and Family Therapist Practicum Requirement; Trainees Counseling Clients; Exceptions
 - c. Discussion and Possible Action Regarding Title 16, CCR Sections 1800 – 1888, Relating to Licensed Professional Clinical Counselors and Licensed Educational Psychologists Continuing Education Requirement
- XIV. Discussion and Possible Action on Senate Bill 294(Negrete McLeod) and Any Other Legislation Not Previously Discussed That Has Been Recently Amended to Affect the Board
- XV. Legislative Update
- XVI. Rulemaking Update
- XVII. Compliance and Enforcement Committee Report
- XVIII. Public Comment for Items Not on the Agenda
- XIX. Suggestions for Future Agenda Items

Public Comment on items of discussion will be taken during each item. The Board may not discuss or comment on any pending investigation or disciplinary proceeding. 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 Marsha Gove at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7861, no later than one week prior to the meeting. If you have any questions, please contact the Board at (916) 574-7830.

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

To: Board Members

Date: July 14, 2010

From: Tracy Rhine
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: **Petition for Modification of Probation Terms**

The following individuals are before the Board to petition for modification of probation terms:

1. William Clapham, MFC 22115
2. Dayle Conroy, LCS 19107

BOARD MEETING MINUTES - *DRAFT*
May 6-7, 2010

Pepperdine University – Irvine Graduate Campus
Lakeshore Towers III
18111 Von Karman Ave, Rooms 324 & 326
Irvine, CA 92612

May 6, 2010

Members Present

Renee Lonner, Chair, LCSW Member
Elise Froistad, Vice Chair, MFT Member
Samara Ashley, Public Member
Jan Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Harry Douglas, Public Member
Mona Foster, Public Member
Judy Johnson, LEP Member
Patricia Lock-Dawson, Public Member
Victor Perez, Public Member
Michael Webb, MFT Member
Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
James Maynard, Legal Counsel
Marsha Gove, Examination Analyst
Rosanne Helms, Legislative Analyst

Members Absent

None

Guest List

On file

FULL BOARD OPEN SESSION

I. Introductions

Renee Lonner, Board Chair, called the meeting to order at 9:12 a.m.

Ms. Lonner expressed her thanks to Pepperdine University for providing the setting for the day's meeting, and to the members of the Pepperdine faculty and staff. In particular, Ms. Lonner thanked the Associate Dean, Dr. Robert Mayo, and Deans Margaret Webber and Kathleen Winger. Ms. Lonner also thanked Pepperdine University for providing meeting accommodations at several sites for various MFT educator training sessions held throughout the state.

Marsha Gove called roll, and a quorum was established.

II. Approval of the January 23, 2010 Board Meeting Minutes

Harry Douglas moved to approve the board meeting minutes of January 23, 2010. Judy Johnson seconded. The board voted 11-0 to adopt the minutes.

III. Approval of the February 16, 2010 Board Meeting Minutes

Gordonna DiGiorgio moved to approve the board meeting minutes of February 16, 2010. Michael Webb seconded. The board voted 11-0 to adopt the minutes.

IV. Chairperson's Report

a. Introduction of New Board Member – Janice Cone, LCSW

Ms. Lonner announced the Governor's appointment of Janice Cone, LCSW, to the Board in March 2010. She touched briefly on Ms. Cone's background and experience, and asked Ms. Cone to speak about her current practice. Ms. Cone reported she is in practice in San Diego.

Ms. Lonner next announced it was the first board meeting for new member Christine Wietlisbach, Public Member. Ms. Wietlisbach reported she is an occupational therapist with a specialty in upper extremity rehabilitation. She is also on faculty at Loma Linda University.

Ms. Lonner welcomed both new board members.

Ms. Lonner noted that the day's meeting would be the last for Victor Perez, Public Member, due to the conclusion of his term. She thanked Mr. Perez for the contributions he has made during his tenure as a member of the Board.

Ms. Lonner commended the new members and others who had joined the Board in recent months for their input and overall performance as board members.

b. Upcoming Board and Committee Meeting Dates

Ms. Lonner announced the following committee and full-board meeting dates and locations for the remainder of 2010.

FULL BOARD

July 28-29, 2010	Sacramento, CA
November 4-5, 2010	Sacramento, CA

POLICY AND ADVOCACY COMMITTEE

June 7, 2010	Sacramento, CA
October 12, 2010	Sacramento, CA

LICENSING AND EXAM COMMITTEE

June 14, 2010 Sacramento, CA
September 13, 2010 Sacramento, CA

COMPLIANCE AND ENFORCEMENT COMMITTEE

June 25, 2010 Sacramento, CA
September 24, 2010 Sacramento, CA

Board Member Harry Douglas asked if the meeting scheduled in July was to coincide with a meeting involving other boards within the Department of Consumer Affairs (DCA). Kim Madsen, Executive Officer, confirmed that the two-day meeting of the full board scheduled July 28-29, 2010 would follow a one-day gathering during which DCA would provide a board member training and provide an opportunity for interaction between members of the various boards. The board members briefly discussed the July meeting schedule. Ms. Madsen encouraged the members to plan attending the DCA and Board meetings in July. She noted a presentation later on the agenda by Kimberly Kirchmeyer, Deputy Director, DCA, during which information about the July 27th meeting would be provided.

V. Executive Officer's Report

a. Budget Report

2009-2010 Fiscal Year

Ms. Madsen noted that, given the economic climate in California, both Governor Schwarzenegger and the State and Consumer Services Agency had requested a minimizing of expenses related to travel. This impacted the Board's scheduling of board and committee meetings and outreach events. Ms. Madsen emphasized that the work of the Board would continue; however, when determining participation in an event the location of and need for the function will be carefully evaluated.

Ms. Madsen stated that despite the above-referenced cutbacks, the Board anticipates a year-end balance of more than \$209,000 for Fiscal Year (FY) 2009/10. She also noted that a year-end balance of over \$3,000 was projected for the Mental Health Services (MHSA) program at the Board.

Ms. Madsen reported that in March 2010, a meeting was held with DCA and the various Executive Officers and Bureau Chiefs to discuss the Governor's Job Creation Program. DCA directed that any board or bureau experiencing a licensing backlog take steps to reduce the backlog fifty percent by June 30, 2010. Ms. Madsen noted the steps the Board was allowed to take to achieve that objective. She stated that a backlog of 580 applications had been identified, leaving the goal of 290 applications to be processed by the end of June. Ms. Madsen reported that to date the backlog had been reduced to 285 applications. She stated the majority of that balance pertained to applications that had been reviewed but found deficient in some way. She explained it is the applicant's responsibility to ensure the missing documentation

is submitted to the Board. Ms. Madsen commended staff for their efforts in reducing the backlog.

Ms. Madsen stated the Board will continue to evaluate all expenditures, including purchasing and travel.

2010-2011 Fiscal Year

Ms. Madsen reported that the Board's budget will increase significantly in the next fiscal year, due in large part to the addition of the new licensing program, Licensed Professional Clinical Counselor (LPCC). She also indicated that the Board's MHSA program would see a significant reduction in funding, resulting from both the loss of one-time funding from the Department of Mental Health (DMH), and reductions to the DMH budget.

It was further reported that a recent Executive Order (S-01-10) issued in January 2010 directed state agencies to reduce personal services expenditures in FY 2010/2011. Ms. Madsen outlined the steps the Board will take in its efforts to achieve the five percent savings required by the Governor's order. These steps include elimination of paid overtime, staggered recruitment and hiring of staff for the LPCC program, and delayed recruitment for any vacant staff positions. Ms. Madsen expressed that while the prospect of beginning a large program is generally overwhelming, the prospect of doing so at the same time program staff is being hired and trained is even more daunting. Nonetheless, she spoke highly of the work existing staff has completed to date on the LPCC program and others.

Ms. Madsen spoke briefly about the end of the fiscal year and the expectation that a state budget would not be signed and in place by July 1, 2010. She indicated board staff has taken steps to ensure sufficient supplies are available and work can continue smoothly during the period from July 1 until a new state budget is in place.

Ms. Madsen indicated that her report contained information about the Board's expenditures, for the board members' reference. She stated the report also contained information about the upcoming LPCC program, including anticipated revenues. Ms. Madsen briefly explained the projected decrease in LPCC revenue expected in FY 2011/12, as noted in the report.

Ms. Madsen concluded this portion of her presentation by stating that while economic recovery appears to be occurring in California, the process remains slow. She anticipates the Board, although self-funded, will continue to feel the impact of statewide budget issues for the foreseeable future.

Note was made of the reconfiguration of the Board's office space to support staff growth. Ms. Madsen reported that existing office space is insufficient to accommodate the additional expansion that will be required to house employees hired for the LPCC program. She spoke briefly about the likelihood that the Board's offices will be moving within the next several months.

Mr. Douglas asked for confirmation of the availability of funding to sustain the Board's move while still ensuring timely service and consumer protection. Ms. Madsen confirmed the move would not impede the performance of the Board's

mandated functions. She indicated that approval and funding for the LPCC program was expected, but added that the program would not be implemented absent the necessary funds.

b. Operations Report

Ms. Madsen referred the board members to the Operations Report, indicating the document was intended to provide an overview of the Board's programs and business practices. She made specific reference to the increases in processing times reflected in the report. Ms. Madsen noted that such increases are scrutinized carefully and often are taken as cause for concern. Ms. Madsen attributed the areas of upsurge, in part, to the impact of reduced hours of operation brought about by mandatory furloughs. She added that the holiday season and staff vacations at year end also serve to explain the minor increases in processing times.

Ms. Madsen announced that the current Operations Report included the first presentation of Enforcement Unit statistics using the performance measures being put forth by DCA, and which the Board supports and is working to implement. She summarized those standards as seeking to reduce the complaint processing and investigation times from the more than three-years reported by some agencies within DCA, to 12-18 months. Ms. Madsen reported that the time frame was from receipt of the complaint to final disposition of the matter. She commented that the statistical information would be included in board meeting packets, as well as reviewed by the Compliance and Enforcement Committee, on a regular basis.

Ms. Lonner asked if the enforcement data was reflective of the Board's efforts to obtain fingerprints from individuals licensed prior to 1992, when the existing requirement was implemented. Ms. Madsen responded that some of the increases, particularly in the area of arrests and convictions, were a direct result of the retroactive fingerprinting project. She indicated that an increase has also been seen in the number of new applications submitted by individuals with an arrest and/or conviction history. Whether or not Board action is warranted, cases present a workload that must be monitored.

Ms. Madsen added that all criminal history reports received from the Department of Justice (DOJ) are reviewed on a case-by-case basis to determine what Board action is appropriate. Ms. Lonner asked if an applicant's failure to disclose a criminal history on the application was considered automatic grounds for denial of the application. Ms. Madsen responded that while failure to make such disclosure does not always result in rejection of the application, it does warrant attention by the Board. She indicated that factors such as recentness and nature of the conviction are considered when determining how to proceed in such cases.

Mr. Perez asked if the Board had the discretion to not take action if the incident is considered remote. Ms. Madsen confirmed the Board's discretion. She explained that in such cases, not only is the nature of the crime taken into consideration, but also the individual's history from the date of the conviction to present.

Christina Thomas, Deputy Attorney General, Board Liaison, offered perspective from the Office of the Attorney General (AG). She spoke about the level of analysis, by both Board and AG staff, involved in taking disciplinary action based on conviction

history. Ms. Thomas touched briefly on other factors, such as subsequent arrest history, that are considered when determining the legal practicality and need for the disciplinary action. She commended Ms. Madsen and board enforcement staff for their dedication and the ongoing quality of their work.

Ms. Madsen commented that the goal of the retroactive fingerprinting project is to have a method of notification should a licensee continue to engage in inappropriate or illegal conduct.

Ms. Froistad asked for an explanation of the different categories reflected on the Enforcement Unit report. Ms. Madsen provided a brief description of each category and the meaning of the numbers therein. She repeatedly commended staff for their thoroughness and dedication while carrying a heavy workload and experiencing a shortened work schedule due to furloughs.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), asked Ms. Madsen for clarification about an earlier comment regarding completion of the renewal application; specifically, that few of the renewals received reflect a response to the question about conviction of a crime. Ms. Madsen qualified her statement, stating it was not her intent to convey inaccurate information regarding the renewal application. She explained that it is difficult to determine if a licensee withheld information from the Board prior to the inclusion of a question regarding arrest and conviction on the renewal form. Ms. Thomas and Ms. Madsen both commented on the licensee or applicant responsibility to be forthcoming about arrests and convictions. Ms. Thomas noted that while failure to answer the question on the renewal application does not generally constitute the sole grounds for disciplinary action, neither is it taken as trivial by the Board or the AG's office staff.

Referring back to the report, Ms. Madsen stated that the benchmark pertaining to the performance measures is the average length of time (in days) required to close a case. She reported that DCA has proposed a 12-18 month timeframe; the Board for the first quarter of 2010 took an average of 119 days. She offered her assurance that necessary steps would be taken in an effort to continue meeting the recommended standard.

Ms. Madsen made note of the efforts being put forth by the AG staff as well as the Division of Investigation (DOI) to reduce the length of time needed to complete disciplinary orders and investigations, respectively.

c. Personnel Update

Ms. Madsen presented information about various personnel changes that have occurred at the Board since January 1, 2010.

Ms. Lonner complimented Ms. Madsen and board staff for their continued hard work and professionalism. She welcomed new staff and offered congratulations to individuals who had been promoted.

VI. DCA Update – Kimberly Kirchmeyer, Deputy Director, Board and Bureau Relations

Kim Kirchmeyer, Deputy Director of Board and Bureau Relations, DCA, expressed her appreciation to the Board for the invitation to present at the meeting. She commended Board staff for the thorough statistical information provided to the department on an ongoing basis, and expressed appreciation for the responsiveness shown when data is requested. Ms. Kirchmeyer specifically complimented board staff Lynne Stiles and Sean O'Connor for the regular input and assistance each provides to DCA.

Ms. Kirchmeyer stated she was appearing before the Board on behalf of the DCA Director Brian Stiger to present an update on the Consumer Protection Enforcement Initiative (CPEI). She made reference to a presentation made at a previous meeting, during which she discussed CPEI and the goal of reducing the time from receipt of a complaint until disciplinary action is taken. She spoke of the three-pronged approach taken in addressing the challenge, which included Administrative Improvements, Staffing and IT Resources, and Legislative Changes. Ms. Kirchmeyer provided updates in each of those areas.

Administrative Improvements

Ms. Kirchmeyer reported the initiation of the Enforcement Academy on April 19, 2010. She noted that 80 participants from the various enforcement programs within DCA were involved in the academy at that time. She expressed DCA's enthusiasm about the program in that it provides both training and education in enforcement, as well as affording participants the opportunity to interact with and learn from enforcement staff from other boards and bureaus.

Next, Ms. Kirchmeyer spoke about the department's requirement that the various boards and bureaus within DCA submit enforcement statistics. She indicated data has been received by DCA and is being reviewed. Ms. Kirchmeyer stated that Paul Riches, Deputy Director, Enforcement and Compliance, has met with boards to review the statistics as well as improvement plans the offices have been required to provide.

Staffing and IT Resources

Ms. Kirchmeyer announced that the budget change proposal for additional staff for the healing arts boards was approved by the Assembly Budget Committee and had moved to the Senate Budget Committee. Ms. Kirchmeyer conveyed the department's anticipation that the proposal would continue to be approved. She explained that the budget change proposal was for 107 enforcement positions in the current fiscal year and 138 in the following fiscal year. The positions would be distributed among the various boards. Ms. Kirchmeyer also commented about steps being taken to obtain a vendor to move forward with the new IT project.

Ms. Kirchmeyer spoke about Senate Bill (SB) 1111, noting that the legislation was not approved through the Senate Business and Professions Committee. Nonetheless, the determination was made that many of the provisions in the legislation could be implemented through the regulatory process. She provided a list of the items the DCA legal office identified as possibly meeting this criteria, and asked that the Board place an item on its next Board Meeting agenda to further discuss the nine provisions. Ms. Kirchmeyer also requested that board staff meet with legal counsel to draft language that

could implement the provisions, if necessary. She conveyed DCA's commitment to work with the boards to make improvements to the enforcement process.

In response to a question about timelines for implementation of the suggested changes, Ms. Kirchmeyer expressed the anticipation that new regulations might be put in place within the next year. Ms. Madsen commented that information regarding the suggested regulatory changes had only recently been received by the Board, and no action had yet been taken. She confirmed the Board's willingness to review the suggested changes, but could not commit to taking on additional regulatory work pending approval and implementation of the current regulatory package pertaining to the LPCC program. Ms. Rhine explained that the LPCC regulations amend every section of the Board's existing regulations, and it is not permissible to have concurrent regulatory packages amending the same section of regulations. She noted that it would be acceptable to have discussions regarding the changes suggested by DCA, and draft language as appropriate.

Continuing Competency

Ms. Kirchmeyer acknowledged DCA's focus on improving the manner in which a complaint is addressed, but also spoke about the idea of ensuring consumer safety through competent practitioners. She announced there would be a speaker at the department's July 27, 2010 meeting, to present information regarding continuing competency. She commented about steps taken by other boards within DCA to implement continuing competency, and the reduction in complaints that was subsequently noted.

Ms. Kirchmeyer also discussed legislation pertaining to standards for substance abusing licensees. She reported that legal counsel had identified five items requiring legislation. She indicated that SB 1172 provides the legal authority to implement portions of the standards. She again asked the Board to move forward with regulation or policy decisions which would serve to actuate those standards.

In closing, Ms. Kirchmeyer spoke briefly about the Board Member training scheduled July 27, 2010. She encouraged board members to attend.

VII. Compliance and Enforcement Committee Report

Ms. Madsen reported that the newly formed committee conducted its first meeting on March 25, 2010. She provided an overview of the meeting and points of discussion. Ms. Madsen indicated that the purpose of the committee is to review the enforcement process; monitor the Board's progress in implementing and meeting the uniform standards introduced by DCA; address issues that impact consumers; and otherwise look for avenues to improve the existing enforcement process and continue the Board's consumer protection efforts.

a. Review and Discussion of Senate Bill 1111 (Negrete McLeod)

Ms. Madsen noted that the legislation was not successful in passing through the legislative approval process.

b. Update on the Substance Abuse Coordination Committee Uniform Standards

Ms. Madsen reported having met with DCA representatives to review and approve revised language in the proposed enforcement standards. She noted that one issue which resulted from the meeting pertained to the frequency of drug testing for probationers. She indicated the standard is currently written to require testing twice per week, or 104 tests per year, during the first year of probation. Subsequently, the testing requirement would be once weekly. She noted that the requirement conflicts with the premise of random testing that the Board has been following. Ms. Madsen reported that DCA Director Brian Stiger had appointed a CPEI subcommittee to review and make recommendations regarding resolution of the issue. She described the Board's concerns regarding the frequency of the requirement, as well as the costs associated with the testing.

Mr. Perez asked if a probationer's failure to take a required drug test resulted in the presumption of a failed or "dirty" test. Ms. Madsen responded that was not her understanding. She described the current process followed by the Board in notifying probationers of the need to test. Discussion occurred, with individuals raising concern regarding the feasibility and fairness of requiring such frequent testing. Ms. Kirchmeyer added that it was those types of concerns that led DCA to appoint the subcommittee to review this issue. Ms. Madsen reported that she is part of the group, and committed to relaying the Board's concerns to the subcommittee for consideration. Ms. Kirchmeyer informed Ms. Madsen and the Board that a contract should be in place by July 1, 2010, providing one vendor for use by all boards and bureaus within DCA when scheduling and conducting drug testing.

Mr. Douglas asked about the process of changing regulation and/or policy, and the board members' involvement in that process. Ms. Madsen made reference to the Board's Policy and Advocacy Committee, whose duty is to review and consider staff suggestions for regulatory and policy changes, and make recommendations to the full Board for action as appropriate. She stated that the Board is involved in changing regulations or policies by reviewing and making informed decisions regarding the suggested changes.

c. Enforcement Performance Measures

Ms. Madsen referred Board Members to her earlier presentation of the Operations Report, which contained information about the measures. Meeting participants commended Ms. Madsen on the clarity of the information presented in the Operations Report. Ms. Madsen responded that Board's former executive officer had espoused the idea of using statistics when evaluating the performance of a program. She voiced her support of that concept, noting the importance of Board Members having the information contained in the report.

The meeting was adjourned for a break at 10:30 a.m. and reconvened at 10:50 a.m.

VIII. Policy and Advocacy Committee Report

Tracy Rhine, Assistant Executive Officer, presented information on the following legislation:

a. Recommendation #1 – Oppose Assembly Bill 612 (Beall)

Ms. Rhine reported that this bill pertains to parental alienation. She noted that the term “parental alienation syndrome (PAS)” is used when speaking about a custody situation in which one parent has brainwashed the child against the other parent. She referred board members to information regarding PAS that is included in the meeting package. She explained that AB 612 prohibits the court in any child custody or visitation proceeding from relying on “unproven, unscientific theory by an expert witness or court appointed professional who has relied on an unproven, nonscientific theory,” including PAS.

Ms. Rhine commented that the Board had discussed the bill previously, and since that time the legislation had been amended so the language was no longer within the jurisdiction of the Board. As a result, the Board did not take a formal position on the bill. She added that there are currently methods in place to address PAS. She also spoke of the “Kelley/Frey” test, commonly used in the court system, which provides that the reliability and scientific basis of the evidence must be generally accepted. Ms. Rhine indicated that the concern is that passage of AB 612 would take away the court’s discretion.

The matter was then opened for discussion. Mary Riemersma, CAMFT, commented that AB 612 had been somewhat replaced by AB 2475. She noted that AB 2475 as written would eliminate judicial and quasi-judicial immunity for persons such as mediators and therapists. There is a possibility the bill will be amended further to include responsibility placed on the judicial council to provide greater oversight for individuals who conduct court-ordered evaluations and similar assessments. Ms. Riemersma indicated it was very unlikely that AB 612 would move forward because the issue has been included in AB 2475. She noted CAMFT’s concern with AB 2475 as currently written.

Ms. Lonner asked if, given the new information, Board action was still required to take a stance on the bill. Ms. Rhine noted the committee’s recommendation that the Board oppose AB 612. Ms. Rhine indicated that taking a formal position would be prudent as it would allow the Board’s opinion to be on record in the event the issue was brought up in future legislation.

Gordonna DiGiorgio moved that the Board adopt a position of oppose on Assembly Bill 612. Victor Perez seconded. The board voted unanimously (11-0) to pass the motion.

b. Recommendation #2 – Support Assembly Bill 1310 (Hernandez)

Ms. Rhine stated there is currently in place a workforce clearinghouse that receives data on workforce issues related to professionals in California. She reported that this legislation, which had come before the board previously, would require the board to obtain certain information regarding licensees and registrants and provide that data to the Health Care Workforce Clearinghouse.

Ms. Rhine indicated that since the last time the board had discussed the legislation, it had been amended to address concerns previously expressed by the board. She cited as examples of previous issues with the bill the manner in which the Board would have been required to receive the data. Ms. Rhine stated that the previous version of the legislation required that the information be obtained as a condition of renewal. She also noted another concern had been the timeline for implementation of the data collection. She reported that the amendments included an extension of that timeline.

Ms. Rhine stated there remain technological concerns pertaining to implementation of the legislation, due to the Board's current database. She reported that the Board currently collects much of the required data. She reviewed a list of changes to the existing system that would be necessary in order to comply with the provisions of the legislation. Ms. Rhine added that in terms of policy changes, there were no noted concerns with implementation of the bill.

A brief discussion followed regarding the need for particular data.

Patricia Lock-Dawson moved that the Board adopt a position of support on Assembly Bill 1310. Samara Ashley seconded. The board voted unanimously (11-0) to pass the motion.

c. Recommendation #3 – Support Assembly Bill 2028 (Hernandez)

Ms. Rhine reported the bill is one of several pertaining to Confidentiality of Medical Information: Disclosure, before the Board that day. She indicated that Board licensees are mandated reporters of child and elder abuse. She reviewed existing provisions of law that apply to release of information. AB 2028 would clarify that a psychotherapist is allowed to disclose information relevant to an incident of child or elder or dependent adult abuse, without complying with the written request provisions specified in current law. Ms. Rhine noted that the committee was recommending that the Board support the legislation.

The matter was opened for discussion. Mr. Perez expressed concerns that the bill would allow a therapist to release information beyond the parameters of the allegations of abuse being investigated. Ms. Rhine expressed her understanding that the legislation would apply only to the reported abuse. She indicated the bill was sponsored by CAMFT, and deferred to Ms. Riemersma for response.

Ms. Riemersma clarified that the release of information is permitted in current statute, which provides that a licensee may disclose additional information to the investigator of child or elder abuse allegations. AB 2028 recognizes that discretion in the Confidentiality of Medical Information Act, as well as exempts the requestor of

the information from having to comply with the written request requirement. The bill does not add anything to current law that is not already permitted.

Ms. Johnson confirmed that the legislation would bring statute into alignment with current requirements for credentialing of school personnel.

Mr. Perez asked if the therapist would be permitted to refuse to answer questions he or she believes are irrelevant to the matter under investigation. Ms. Riemersma confirmed that the mandated reporter would maintain the discretion to answer or decline to respond, as appropriate.

Renee Lonner moved that the Board adopt a position of support on Assembly Bill 2028. Gordonna DiGiorgio seconded. The board voted unanimously (11-0) to pass the motion.

d. Recommendation #4 – Consider Assembly Bill 2086 (Coto)

Ms. Rhine reported that this bill would require defined institutions to publish an internet address linking prospective students to the license examination passage rates for previous graduates of the program of interest. She noted that the legislation has been revised several times. Ms. Rhine reported that since the time the legislation was discussed by the Policy and Advocacy Committee, it has again been amended to address staff concerns related to language clarity and barriers to implementation. Previous issues were resolved, such as the manner in which the required information would be provided and who would be required to supply the data. Ms. Rhine reported that the Board currently provides the licensing examination pass rates, by school, on the BBS website; hence, AB 2086 would not impact staff workload.

Ms. Lonner opened the matter for discussion. Ms. Rhine confirmed that the legislation required the school to provide the data, as available. She reiterated that, due to current Board practices, the information is already provided by the Board and passage of the bill would not impose additional workload on board staff.

Victor Perez moved that the Board adopt a position of support on Assembly Bill 2086. Elise Froistad seconded. Seven (7) votes were received in support of the motion, and the motion carried.

e. Recommendation #5 – Oppose Assembly Bill 2167 (Nava)

Ms. Rhine stated the committee's recommendation of an oppose position on this bill. She explained that existing law requires applicants for licensure as a Clinical Social Worker (LCSW) to be tested by the Board. Applicants currently must successfully complete both a standard written examination and a clinical vignette examination. Ms. Rhine reported that AB 2167 would require an applicant to pass a national examination administered by the Association of Social Work Boards (ASWB), and a California law and ethics examination.

Ms. Rhine provided a brief history of the Board's use of the ASWB examination, from late 1991 through early 1999. She noted that use of the ASWB examination in California was discontinued when the Board and DCA Office of Examination Resources began having concerns about the test. Ms. Rhine reported that in 2007 ASWB approached the BBS and asked the Board to consider rejoining ASWB and using the national licensure examination. Subsequently, the Board contracted with Dr. Tracy Montez, Applied Measurement Services, to audit the ASWB test. In May 2008, Dr. Montez presented her findings to the Board. Her position at that time was that it would be inappropriate for the Board to offer the ASWB exam. Dr. Montez recommended that the Board continue administering the state-board-constructed standard written and clinical vignette examinations, and provided the Board with an outline of the issues she saw with the national examination.

Ms. Rhine reported that, since that time, the Board decided to look at restructuring the existing examination programs related to all license types regulated by the Board, including LCSW. The Board created the Exam Program Review Committee (EPRC). A series of public meetings was held throughout the state, beginning in 2008. Topics of discussion included use of the national examination for clinical social workers. Ms. Rhine noted that one incentive for use of the ASWB exam is the existence of a national loan repayment program that requires individuals to have completed the national examination in order to be eligible for the program.

Ms. Rhine reported that in early 2010, staff began working on a proposal to restructure the Board's existing examination programs. The framework proposal would include completion of a standard written examination and a law and ethics examination. At such time as the national examination meets the California standards for minimum competency, the existing structure would then allow for the replacement of the standard written examination with the national examination. She emphasized that although the Board has been working on this issue for quite a while, the need remains for the national licensing examination to meet the California standards for competency. At the time Dr. Montez presented the findings from her audit of the ASWB examination, it did not meet those standards.

AB 2167 was introduced in the legislature in early 2010. It requires the Board to administer the ASWB examination. Staff has worked with the sponsor, the author's office, and ASWB toward resolution of problems presented by the legislation. She reported that the Board has contracted with Dr. Montez to perform an audit of the changes ASWB has made in an attempt to address the Board's concerns.

Ms. Rhine stated the current version of the bill, which was amended after the last committee meeting, gives the Board the discretion to allow licensees to take the ASWB examination when it is determined that the exam meets California standards. She recommended that the Board take a support position on the bill, as amended since the April 9, 2010 Policy and Advocacy Committee meeting.

Discussion among board members continued.

Patricia Lock-Dawson asked about current examination requirements for California candidates. Ms. Rhine confirmed that applicants for licensure in California must currently pass state-constructed examinations. Ms. Lonner provided historical comment about the Board's previous use of the ASWB test.

Ms. Madsen clarified that at the time of the April 9 committee meeting the proposed amendments to the bill were discussed, but had not been officially integrated into the legislation. The committee could only take a position on the version of the legislation before them at that time; hence, the recommendation of oppose.

Rebecca Gonzales, NASW, spoke briefly about California LCSWs who expressed frustration at being unable to take advantage of the loan repayment program because of the many impediments faced in trying to take the national examination. She reported having worked closely with Dr. Montez and the Board in an effort to make the Board more comfortable with the legislation moving forward. She voiced the position that the legislation has been helpful in opening communication between the Board and ASWB in an effort to reach the goal of the bill, which is to participate in the national examination process.

Discussion continued. The issue was raised of how the legislation, as amended, would be of benefit to the Board. Ms. Rhine explained that the bill would give the Board authority to have the national and law and ethics examinations. Implementation of the national examination, when determined appropriate, would then involve the regulatory process as opposed to requiring new legislation.

Ben Caldwell, AAMFT, asked if it would be helpful to the Board to introduce new legislation, or amend AB 2167, to establish similar authority for the MFT examination. Ms. Rhine agreed that discussion of legislation would be helpful, if necessary. She noted that discussion about the restructuring of the Board's examination process was on the agenda for the next day's meeting. Ms. Rhine suggested that discussion of Mr. Caldwell's question be deferred until after presentation of the next day's agenda.

Patricia Lock-Dawson moved that the Board adopt a position of support on Assembly Bill 2167, as amended since the April 9, 2010 Policy and Advocacy Committee meeting. Judy Johnson seconded. The board voted unanimously (11-0) to pass the motion.

f. Recommendation #6 – Consider Assembly Bill 2229 (Brownley)

Ms. Rhine reported that the legislation would change the definition of a multidisciplinary personnel team. She explained that currently, multidisciplinary personnel teams are three or more individuals trained in the prevention, identification, and treatment of child abuse and neglect cases, and who are qualified to provide a broad range of services related to child abuse. Such teams may include Board licensees. AB 2229 would change the minimum number of individuals required to comprise a multidisciplinary personnel team from three to two. It also proposes to allow the disclosure and exchange of information by MDT members to occur telephonically or electronically.

Ms. Rhine noted that the Policy and Advocacy committee did not have sufficient time to review the latest amendments prior to its last meeting, and had not recommended a position on this bill.

Renee Lonner moved that the Board adopt a position of support on Assembly Bill 2229. Gordonna DiGiorgio seconded. Ten (10) votes were received in support of the motion, with two (2) abstentions. The motion passed.

g. Recommendation #7 – Support Assembly Bill 2339 (Smyth)

Ms. Rhine reported that the bill would allow a therapist in making a report of child suffering serious emotional damage to share information with an investigator and to also give information to the Department of Social Services. She explained that current child abuse reporting requirements are written in a way that mandate therapists to report known or reasonably suspected child abuse or neglect, but in cases involving serious emotional damage, the statute is permissive in that it allows but does not require that a report be made. Ms. Rhine stated that as a result, the disclosure of information in cases of emotional damage does not have the same immunities from liability. AB 2339 would provide mandated reporters with the same immunities when making a report of emotional abuse as when reporting child abuse.

Ms. Rhine noted that the legislation is sponsored by CAMFT. She made reference to a suggested amendment to the bill reflected in her analysis, but noted that the committee's recommendation was to support AB 2339.

Ms. Lock-Dawson asked if there have been cases where therapists have reported emotional abuse and have experienced negative repercussions as a result.

Ms. Thomas commented about cases she has known where the therapist was not careful in sharing such information. She added that licensees have been disciplined as a result of inappropriate disclosure of confidential information.

Ms. Riemersma provided background on the legislation. She indicated that the Child Abuse Neglect and Reporting Act had been amended significantly several years earlier. One amendment was to remove reference to emotional abuse. Subsequently, the statute was again amended and emotional damage was once more included in the statutes pertaining to child abuse, although in a different section of the law. She noted that the intent of AB 2339 was to ensure that therapists would know the same immunities when reporting emotional damage as when reporting any other type of child abuse or neglect.

Ms. Lonner commented about her experiences working with cases of child abuse. She stated that historically the law has been ambivalent about cases of emotional suffering as opposed to physical abuse. She expressed the belief that as a result therapists have been resistant to making reports of emotional abuse due to the lack of protection afforded by law. Ms. Riemersma agreed.

Discussion continued among meeting participants, and touched on various related issues such as the difference between mental abuse and severe emotional damage.

Patricia Lock-Dawson moved that the Board adopt a position of support on Assembly Bill 2339. Judy Johnson seconded. The board voted unanimously (11-0) to pass the motion.

h. Recommendation #8 – Support Assembly Bill 2380 (Lowenthal)

Ms. Rhine reported that the bill pertains to child abuse reporting. It would clarify the meaning of “reasonable suspicion” when used in the context of child abuse reporting. She referred board members to the bill analysis for the current legal definition of reasonable suspicion. AB 2380 would add more specificity to the definition when speaking of child abuse.

A discussion followed, with participants exchanging ideas about the appropriate venue for prospective therapists to learn about child abuse reporting requirements and the responsibilities of a mandated reporter.

Ms. Lock-Dawson asked how the Board disseminates information about legislative and regulatory updates that are pertinent to its licensees. Ms. Rhine responded that there is a law and ethics component in the educational programs leading to licensure by the Board, as well as a continuing education requirement for individuals who have not completed the required necessary coursework before becoming licensed. She added that the Board’s laws and regulations publication is updated annually and distributed to board members and other interested parties.

Discussion continued briefly.

Renee Lonner moved that the Board adopt a position of support on Assembly Bill 2380. Gordonna DiGiorgio seconded. The board voted unanimously (11-0) to pass the motion.

i. Recommendation #9 – Support Assembly Bill 2435 (Lowenthal) if amended

Ms. Rhine reported that this legislation would require licensees to have training in assessment and reporting of elder and dependent adult abuse and neglect. She commented that board licensees currently are required to complete coursework and training in the areas of long-term care and aging. Current licensing law does not contain a similar requirement pertaining to elder and dependent adult abuse. AB 2435 would require licensees to receive, as necessary, instruction in assessment and reporting of elder and dependent adult abuse and neglect.

Ms. Rhine noted that the amendment which was requested by the committee was to clarify when candidates for LPCC licensure would be required to complete coursework in assessment and reporting of elder and dependent adult abuse and neglect. She noted that AB 2435 contains a delayed implementation provision, as does the new LPCC statute. Ms. Rhine commented that the requested amendment is technical in nature and would serve to reduce confusion about the requirement for completion of the coursework and training.

Ben Caldwell, AAMFT, voiced the association’s support of the legislation, as well as the amendments proposed by the Board.

Gordonna DiGiorgio moved that the Board adopt a position of support on Assembly Bill 2435, if amended. Renee Lonner seconded. The board voted unanimously (11-0) to pass the motion.

The Board adjourned for a lunch break at 12:00 p.m., and reconvened at approximately 1:15 p.m.

j. Recommendation #10 – Oppose Senate Bill 389 (Negrete McLeod)

Ms. Rhine reported that the legislation pertains to submission of fingerprints. She provided a brief history of the bill for new board members. Ms. Rhine reported the Board had previously chosen to oppose the legislation unless amended to address various concerns expressed by the Board. She indicated that technical amendments had since been made to the bill, but those amendments did not speak to the Board's concerns.

Ms. Rhine reported that SB 389 would require all licensees who have not been previously fingerprinted by the Department of Justice (DOJ) to submit electronic fingerprints. SB 389 was written to address the fingerprint issues for all boards and bureaus within the Department of Consumer Affairs.

Ms. Rhine noted that the Board has taken steps to pass regulations specific to fingerprinting of its licensees, with those regulations becoming effective June 2009. She explained the Board began requiring submission of electronic fingerprints in approximately 1992, one benefit of the requirement being notification to the Board of any subsequent arrests involving licensees fingerprinted with DOJ. However, subsequent arrest information could not be obtained for individuals who had become licensed prior to that time. Ms. Rhine reported that since June 2009, the Board has been retroactively fingerprinting licensees who did not have electronic fingerprints on file with DOJ.

The concern with SB 389 is that it would negate the board's efforts to date with respect to fingerprinting. Ms. Rhine outlined the various ways the bill would adversely impact board licensees, prospective licensees, and staff. She expressed the understanding that retroactive fingerprinting of licensees would be completed in 2011, likely before SB 389 has completed the legislative process.

Ms. Rhine noted that the Board was requesting to be exempted from the provisions of the legislation. She reported working with the Senate Business and Professions Committee and the author's office on the bill, and indicated both are clear about the Board's concerns with the bill as written. She expressed the belief that the legislation would be amended, but asked the Board to reaffirm their previous position of opposing the bill unless amended.

Gordonna DiGiorgio moved that the Board adopt a position of oppose on Senate Bill 389, unless amended to exempt the Board of Behavioral Sciences. Elise Froistad seconded. The board voted unanimously (11-0) to pass the motion.

k. Recommendation #11 – Consider Senate Bill 543 (Leno)

Ms. Rhine noted that the Board had previously discussed this legislation relating to a minor's ability to consent to mental health treatment, and taken a position of oppose at that time. She reported that although the bill has since been amended, those changes did not address the Board's earlier concerns.

Current law stipulates that a minor who is 12 years of age or older may consent to mental health services if the minor is mature enough to participate intelligently in the counseling services, and is either an alleged victim of incest or child abuse, or would present a danger to self or others if treatment was not received. Ms. Rhine explained that SB 389 would change the law to allow a minor 12 -17 years of age to participate in counseling without parental consent if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in that treatment. She summarized the impact of the bill as expanding the population of individuals who would be eligible for services without parental consent.

Ms. Rhine reported that previous board discussion regarding this issue centered mostly on parental rights and how those rights would be impacted by the bill. She indicated that, per the bill's author, the concern is that parental consent for mental health services can create a barrier to services for minors who may not be experiencing physical or mental harm, but who might resist seeking services due to the need for parental approval. Lesbian, gay, bisexual and transgender (LGBT) youth were identified as one such population, as were youth with a violent parent. Ms. Rhine noted that of previous concern to the Board was the bill's lack of specificity in that it allows any minor 12 – 17 years of age to consent for services.

Ms. Rhine closed by reiterating that the bill had been amended since it was discussed previously by the Board. Changes have been made which address the Board's concerns in part, but not completely.

The matter was opened for discussion. Ms. Johnson expressed concerns about the need for the legislation. She described in general terms the norm when a minor seeks counseling services in a school setting. She explained that others, including the student's parents, may ultimately be involved in addressing the minor's concerns, affording the minor a community of supporters. Ms. Johnson expressed concern about the effects of SB 543 upon both the minor and parental rights.

Ms. Riemersma noted that existing law, which would not be changed, encourages parental involvement unless determined inappropriate by the treating professional. She added that documentation is required in the client's record as to why parental involvement was deemed improper. Ms. Rhine confirmed that SB 543 retained that language.

Discussion continued, and included topics such as financial responsibility. Ms. Rhine responded that the legislation contains a provision that the parent is not liable for services that do not involve the parent. She clarified that this meant the parent was not financially responsible for the cost of services to which he or she did not consent.

Rebecca Gonzales, NASW, noted that one reason the bill has not moved forward is because the Appropriations Committee had been concerned about the issue of funding. She also commented that students may not feel comfortable availing themselves of treatment in a school setting, depending upon the reason for seeking counseling services.

Mr. Caldwell commented with respect to the issue of financial responsibility, citing the availability of a sliding scale at many of the clinics or agencies where youth might seek services. He also added AAMFT - CA to the list of supporters of SB 543.

Mr. Webb commented that when reviewed at committee level, concern was expressed as to the breadth of the legislation with respect to consumer protection, particularly parental rights. Mr. Webb stated his concerns about the law in terms of consumer protection for the minor, and noted his unease at the potential for the minor to be impacted inappropriately absent parental or family involvement.

Ms. Riemersma expressed the position, personally and on behalf of CAMFT, that there needs to be a way for children to seek services. She commented that there are professionals trained in family systems and that seeing a minor alone as a client does not serve to remove the youth from that system. She added that clinicians should have the training and resources available to know when a situation is outside his or her expertise and warrants referral or consultation. Ms. Riemersma noted that often services may be provided by interns or associates who are under the direction and supervision of fully licensed practitioners, all of whom can be expected to have the minor's best interest as the priority. She commented that those practitioners would know when it was appropriate to involve the parents or family in the minor's treatment. She expressed the position that although SB 543 may have flaws and opponents, it is helpful for the population in question.

Discussion continued. Mr. Caldwell echoed Ms. Riemersma's comments. Ms. Lonner, speaking as a committee member, restated that the group's concern with the breadth of the proposed legislation. Ms. Gonzales commented that the intent of the bill was to be able to assist the minor client before the situation becomes urgent. Mr. Webb also reiterated his concern with the range of the bill. Ms. Lock-Dawson asked for examples of how the legislation could be harmful to the minor. Mr. Webb responded with various sample scenarios. Ms. Lock-Dawson asked about provisions regarding parental involvement. Ms. Rhine responded that the assumption is that parental involvement will be part of the process unless deemed inappropriate by the health professional. She noted the legislation under review had previously been amended, and was improved. She commented that the previous version had assumed parents would not be involved at all; the version at hand assumes there will be parental involvement in treatment in most cases.

Discussion continued among meeting participants. Input was offered from the perspectives of educators, clinicians, and parents. The question was raised about the need for the legislation if the types of services being afforded by the bill are already available to minors through existing law.

In response to comment from Mr. Douglas, Ms. Rhine stated that the Board was not required to take a formal position on the legislation. She noted that although the Board had previously taken a position of oppose, the decision had not been

unanimous. She acknowledged the contentious quality of the issues raised by the legislation. Further discussion ensued.

Patricia Lock-Dawson moved that the Board not take a position on Senate Bill 543. Harry Douglas seconded. Seven (7) votes were received in support of the motion; two (2) votes in opposition; and three (3) abstentions. The motion passed.

I. Recommendation #12 – Consider Senate Bill 1282 (Steinberg)

Ms. Rhine reported that the bill creates the California Behavioral Certification Organization (CBCO), a nonprofit organization for the sole purpose of certifying individuals who provide applied behavioral analysis (ABA). She noted a point of interest about the legislation is that it creates a framework for certification of the practice of ABA, but does not serve to regulate that practice. Ms. Rhine summarized SB 1282 as affording certification allowing qualified individuals to refer to themselves as a Behavior Analysis Professional and engage in the practice of applied behavioral analysis. She emphasized that the legislation prohibits uncertified individuals from using the title Behavior Analysis Professional, but does not prohibit uncertified individuals from engaging in such practice.

Ms. Rhine stated there is currently a national non-profit agency that provides certification for individuals who provide ABA services.

Ms. Rhine reported that upon review of the bill by the committee, no position was taken on the legislation. She commented that the impact of the legislation on Board licensees is negligible. She stated that a concern with the bill was the potential for confusion to the consumer by allowing an individual to advertise themselves as being “California-certified” when the certifying entity is not a state-government agency. She stated there is generally a certain level of expectation for consumers when a profession is regulated by the government. Ms. Rhine noted that although the legislation would establish disciplinary provisions for the CBCO for its certificate holders, the State would have no control or responsibility for such discipline. She added that since the committee’s review of the bill, amendments have been made which include a provision prohibiting an individual from indicating they are “state-certified.” Ms. Rhine was unclear as to whether the change was sufficient to ensure consumer protection.

Ms. DiGiorgio commented that upon review by the committee, the need for the bill was questioned. Ms. Rhine restated that the legislation would only serve to afford title protection to the individuals in California who obtain certification as a provider of ABA. Discussion continued briefly. Ms. Riemersma shared her organization’s concerns with the legislation. She reported concerns with the bill had been communicated to the author, and a meeting was scheduled with stakeholders in an attempt to address those issues.

A marriage and family therapist in the audience provided input regarding her experiences obtaining ABA services as the parent of a child with severe Autism. She provided a brief history of the treatment of her son by unlicensed providers of ABA, and of the progress her son has experienced since being under the care of a

licensed professional. She expressed strong opposition to SB 1282 and to the concept of allowing unregulated individuals to provide ABA. A second audience member also provided input as a parent, sharing her concerns with the legislation and echoing many of the sentiments expressed by the previous speaker.

Ms. Lonner expressed appreciation to the two speakers for the assistance provided to the Board through their presentations.

Patricia Lock-Dawson moved that the Board adopt a position of oppose on Senate Bill 1282. Jan Cone seconded. The board voted unanimously (11-0) to pass the motion.

m. Recommendation #13 – Sponsor Amendments to Assembly Bill 2191 (Emmerson)

Ms. Rhine reported that the bill pertains to retired license status for Board licensees. She described the intent of the legislation, and provided a brief recap of the bill's background. Ms. Rhine delineated the proposed amendments to AB 2191 presented for Board consideration. She confirmed that the amendments reflected input received from the Board at a previous meeting, as well as subsequent discussions between Ms. Rhine and the Legislature to address other issues pertinent to the bill. An audience member asked if individuals who re-entered the workforce after retiring their license would be required to practice under supervision. Ms. Rhine responded that no supervision would be required. She indicated that AB 2191 had been drafted to be consistent with the requirements pertaining to inactive licenses and the steps that must be taken when moving a license from inactive to active status, including compliance with the continuing education (CE) requirement.

Ms. Madsen added that the bill was in response to requests from licensees who are not practicing and but want to retain the license. Board licensees retiring from practice previously have only had the option of putting the license in an inactive status. Ms. Madsen noted that the issue of a retired license came up recently when the Board began the retroactive fingerprinting of licensees. Many licensees holding an inactive license questioned the need for submission of the fingerprints since the individuals had no intention of returning to practice. Ms. Madsen described the maintenance of the license as a source of professional pride for licensees. She stated it was in response to those concerns that the legislation was pursued.

Upon request, Ms. Rhine explained that the CE requirement is thirty-six (36) hours per renewal period. She clarified that individuals moving from inactive to active status are currently required to complete a total of 36 hours of CE. She also confirmed that current law requires completion of CE coursework in law and ethics for each renewal cycle.

Ms. Rhine also provided clarification regarding the amendments that were being recommended to the Board, and how those changes were reflected in the legislation. James Maynard, the Board's legal counsel, provided additional clarification regarding the manner of presenting amendments in legislation as it moves through the process.

Renee Lonner moved that the Board direct staff to make the proposed amendments to Assembly Bill 2191. Gordonna DiGiorgio seconded. The board voted unanimously (11-0) to pass the motion.

The meeting was adjourned for a break at approximately 2:30 p.m. and reconvened at approximately 2:45 p.m.

n. Recommendation #14 – Initiate Rulemaking for Implementation of Senate Bill 788 (Wyland) Establishing Licensed Professional Clinical Counselors

Ms. Rhine opened by clarifying that the information before the Board is actually two concurrent rulemaking packages that were combined; she provided a brief explanation of the need to join the two. Ms. Rhine indicated that the information currently before the Board includes the proposed LPCC regulations and the proposed LEP regulations pertaining to continuing education (CE).

Ms. Rhine outlined the changes to the proposed LEP CE regulations, and the matter was opened for discussion. Ms. Johnson voiced her support of the CE requirement, speaking as a licensee. Mr. Webb asked about the LEP scope of practice. Ms. Johnson spoke about the scope of the LEP license, and included examples of presenting problems that would be within or outside that scope of practice. Discussion ensued.

Ms. Rhine then spoke about the LPCC regulations. She noted that the Policy and Advocacy Committee had reviewed the original rulemaking package at its April 9, 2010 meeting. She referred board members to her report for a list changes that had been made to the rulemaking proposal since it was discussed by the committee. Ms. Rhine reviewed each change for the Board and provided an explanation of the basis for the changes.

Ms. Rhine referred to questions in her report requiring policy discussion by the full Board.

The first question concerned LPCC eligibility to supervise registrants pursuing other BBS-regulated mental health licenses (Title 16, CCR Sections 1833.1 and 1874). Ms. Rhine noted that current law allows an MFT to supervise an associate clinical social worker (ASW), or an LCSW to supervise an MFT intern. She reported that the LPCC regulatory language was written to include LPCCs as acceptable supervisors for interns and associates. She opened the topic for discussion.

Ms. Froistad asked about any limitations that might be imposed as to the number of hours of supervision an individual could obtain from an LPCC. Ms. Rhine responded that it appeared such limitations could be restrictive to candidates seeking supervision; therefore, no restrictions were included in the proposed regulations. She clarified that the proposed language also addressed the issue of supervision of LPCC candidates by MFTs or LCSWs.

Mr. Douglas asked about special education or training required of supervisors. Ms. Rhine noted that the proposed language is consistent with existing regulations pertaining to other professions regulated by the Board.

Ms. Rhine moved to the next question regarding the appropriateness of requiring an LPCC intern to complete a supervisory plan (Title 16, CCR Section 1822). She explained that current law requires submission of a plan by ASWs. No such requirement is made of MFT interns. She noted that the requirement was supported by board evaluators who review applications for licensure.

Mr. Caldwell asked about reference to Section 4999.12 of the Business and Professions Code included in the proposed regulations; specifically, does the section of law apply to MFTs. Ms Rhine confirmed that the cited statute does pertain to MFTs when supervising LPCC candidates. Discussion followed regarding revisions to the proposed regulations regarding submission of the supervisory plan. Ms. Riemersma asked about the section of law that authorizes the Board to require a supervisory plan. Mr. Maynard responded with the general section of statute allowing the Board to implement provisions of the law by regulation. The question was raised regarding the need for the requirement of a supervisory plan for LPCCs if no such requirement was made of MFTs. Ms. Riemersma provided historical input. Lengthy discussion continued regarding the benefit of requiring submission of a supervisory plan by LPCC candidates. **(TAPE 4 – 32:00)**

Ms. Rhine commented that in order to have the LPCC regulations in place by the January 1, 2011 deadline, it was critical that Board approval of the proposal be obtained that day. She provided a summary description of the rulemaking process, including the public comment period. Following the public comment period, changes can be made to the text of the regulations, before final submission to the Office of Administrative Law. Ms. Rhine stated she would make note of the various concerns raised by the Board, and would include those issues for more in-depth discussion by the Policy and Advocacy Committee.

Ms. Riemersma asked if there might be an audience member who has served in the capacity of supervisor, who could possibly provide input regarding the value of the supervisory plan. One individual spoke about her experiences as a supervisor and expressed uncertainty about the need for the plan. Ms. Madsen offered to research the history of the requirement and provide information, as available, to the Board. Another individual commented about keeping the requirements the same for all license types.

Next, Ms. Rhine raised the issue of the definition of “community mental health setting” (Title 16, CCR Section 1820). She referred to language staff had developed in an attempt to define the term. The issue was opened for discussion.

Dean Porter, CCCL, provided history. She noted that at the request of the California Psychiatric Association, LPCCs will be required to gain 150 hours of clinical experience in a hospital or community health setting as part of the required internship. She explained that the desire was for LPCC candidates to work with psychopharmacology patients and to see the effects of medication, when necessary. Ms. Rhine asked Ms. Porter’s opinion about the drafted language. Ms. Riemersma suggested including language recognizing licensed health facilities. Discussion followed.

Ms. Rhine then asked if meeting participants had noted any other areas of concern not previously discussed.

Mr. Caldwell raised the question of whether interns and trainees would be allowed to count hours of experience toward multiple licenses at the same time. Ms. Rhine responded that the issue had been discussed at the staff level. She encouraged discussion of the topic at the committee level. Ms. Rhine explained that unless the Board intends to impose limitations, no language is required in the regulations.

Ms. Riemersma noted that with respect to the dual-track MFT/LCSW candidate, historically no attempts have been made to limit hours insofar as they crossed over. Mr. Caldwell encouraged further discussion of the issue. Ms. Rhine confirmed the plan to include this subject as an agenda item for discussion at the June 7 Policy and Advocacy Committee meeting.

Mr. Caldwell also expressed concern about the Board's agenda for the following day, specifically, the Board's apparent intent to review in closed session and possibly take action on a report by psychometrician Tracy Montez. Mr. Caldwell's concerns, voiced on behalf of AAMFT, were that action would be taken with no opportunity for public comment. Ms. Madsen explained that the closed session was scheduled to allow Dr. Montez opportunity to share information with the Board that could not be publicly disclosed based on an agreement between Dr. Montez and the national licensing agency for LPCCs. Ms. Madsen emphasized that no decisions would be made during closed session. Any decisions made regarding the LPCC gap analysis would be reached in a public forum and with input from the public. Mr. Caldwell expressed his appreciation for the clarification.

Jan Cone moved that the Board direct staff to take all steps necessary to initiate the formal rulemaking process, authorize the Executive Officer to make any non-substantive changes to the rulemaking package, and set the proposed regulations for hearing. Michael Webb seconded. The board voted unanimously (11-0) to pass the motion.

o. Recommendation #15 – Sponsor Amendments to Assembly Bill 1489 (Committee on Business, Professions, and Economic Development)

Ms. Rhine reported that AB 1489, the Board's Omnibus bill, is progressing. She noted that most of the amendments before the Board at that time had been discussed by the committee at its April meeting. Ms. Rhine reviewed each item individually. No input was received from meeting participants on any of the amendments except as pertain to the Marriage and Family Therapist Practicum Requirement.

Ms. Rhine reported that in 2009, legislation was passed (SB 33) resulting in significant changes to the educational requirements for MFT licensure. One of the changes would require a student who is in an educational program after 2012 to be involved in a practicum course while counseling clients. Ms. Rhine reviewed concerns with this provision that had been brought to the Board's attention. She referred board members to three suggested options for resolution of the concerns.

Mr. Caldwell expressed various concerns with the options. He noted that two of the options failed to address the issue of breaks between semesters. Mr. Caldwell expressed additional concerns, and offered suggested amendments to the language to address all of the noted concerns. Discussion followed among meeting participants.

Ms. Riemersma asked for background on the need for a change of statute, stating she was unaware of problems with the previous law. She supported the idea of identifying any problem that may have existed with the previous statute, and correcting that problem. Absent any such problems, she advocated keeping the law as it was previously. She expressed concern with the repercussions that could be felt if restrictions were imposed on a trainee's ability to provide counseling services.

Ms. Rhine clarified that staff was attempting to correct a discrepancy in current law. She explained that the practicum requirement to counsel clients is in existing statute, and the issue at hand was an attempt to correct the problem. She expressed her understanding of the issues raised by Ms. Riemersma. She also explained that when working on the overall restructuring of the MFT educational requirements, the original thought was to increase the number of hours of practicum. After much discussion, the result was to require individuals to continue being in practicum versus increasing the required number of units to be completed.

Ms. Rhine stated that the intent of the proposed amendments before the Board is to resolve the implementation issues with the current law, as identified in her report, and ensure continuity of client care during periods when school is not in session.

Discussion regarding the various options continued. Ms. Riemersma and Mr. Caldwell continued to express concern, with Mr. Caldwell encouraging the Board to make needed regulatory or statutory changes to address the issue. (TAPE 4 – 1:20:00)

The group discussed the three options, and reached consensus that Option 1, with some modification, would be most appropriate. Meeting participants then discussed the possible changes to Option 1, specifically the length of time a student would be allowed to provide client care absent concurrent enrollment in a practicum course.

Renee Lonner moved that the Board direct staff to make all recommended amendments to AB 1489 except as pertain to MFT practicum. Victor Perez seconded. The board voted unanimously (11-0) to pass the motion.

Renee Lonner moved to direct staff to draft language using Option 1 from Ms. Rhine's report to allow for breaks of forty-five (45) calendar days or less. Elise Froistad seconded. The board voted unanimously (11-0) to pass the motion.

p. Rulemaking Update

Ms. Rhine noted that the information presented to the Board was for information and reference. No discussion was held or action taken.

IX. Discussion and Possible Action Regarding Other Legislation Affecting the Board

Ms. Rhine reported on two pieces of legislation that were not previously under the purview of the Board, and had therefore not been reviewed by the Policy and Advocacy committee at its April 2010 meeting. Both bills have been amended since that time, and now fall within the jurisdiction of the Board.

AB 2699 (Bass) – Roseanne Helms, Board Legislative Analyst, reported the bill would allow healing arts licensees licensed in another state to practice in California under very specific circumstances. Ms. Helms outlined those circumstances, and provided background to AB 2699. She cited staff concerns about the legislation, most significantly the intent of the bill, which is to provide medical, dental, and vision services to individuals lacking necessary insurance. Given that board licensees do not provide those basic services, it was suggested that the scope of the bill be narrowed to include only medical, dental, and vision providers.

Ms. Riemersma commented that existing laws allow unlicensed individuals or individuals licensed in another state to provide services in California in a non-profit or exempt setting, with no licensure or regulation.

Victor Perez moved that the Board adopt a position of oppose on Assembly Bill 2699, unless amended. Samara Ashley seconded. The board voted unanimously (11-0) to pass the motion.

SB 1172 (Negrete McLeod) – Ms. Rhine reported that the bill would implement some of the standards in the DCA Uniform Standard Guidelines relating to substance abuse by licensees. The legislation, as relates to the Board, would mandate that a licensee be ordered to cease practice if a licensee tests positive for any substance as prohibited under the terms of his or her probation. The bill would also authorize the Board to promulgate regulations allowing the Board to order a licensee to cease practice for any major violation of probation, or if the licensee has been ordered by the Board to undergo clinical diagnostic evaluation.

Ms. Rhine noted that the bill had been amended shortly before the meeting. She expressed that the policy question before the Board that day pertained to the requirement that licensees be ordered to cease practice based upon a positive drug test. She again noted that the requirement was consistent with the DCA Uniform Standard Guidelines, which Ms. Kirchmeyer confirmed. Discussion followed pertaining to the probationer's right to appeal the order, and due process rights in general.

Jan Cone moved that the Board adopt a position of support on Senate Bill 1172. Victor Perez seconded. The board voted unanimously (11-0) to pass the motion.

X. Public Comment for Items Not on the Agenda

No public comment was offered.

XI. Suggestions for Future Agenda Items

Discussion of possible legislation to limit the use of Applied Behavioral Analysis to properly trained individuals.

The meeting adjourned at approximately 5:00 p.m.

May 7, 2010

Members Present

Renee Lonner, Chair, LCSW Member
Elise Froistad, Vice Chair, MFT Member
Samara Ashley, Public Member
Jan Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Harry Douglas, Public Member
Mona Foster, Public Member
Judy Johnson, LEP Member
Patricia Lock-Dawson, Public Member
Victor Perez, Public Member
Michael Webb, MFT Member
Christina Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
James Maynard, Legal Counsel
Marsha Gove, Examination Analyst
Roseanne Helms, Legislative Analyst

Members Absent

None

Guest List

On file

FULL BOARD CLOSED SESSION – Call to Order and Establishment of Quorum

XII. Pursuant to Government Code Section 11126(c)(1) Regarding Possible Development and Administration of a Licensing Examination on the Differences Between the Practice of Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors and the Practice of Licensed Clinical Social Workers and Licensed Professional Clinical Counselors

XIII. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session for Discussion and Possible Action on Disciplinary Matters

The Board discussed and took action on disciplinary matters.

The full board closed session ended at approximately 10:30 a.m.

FULL BOARD OPEN SESSION

Marsha Gove called roll, and a quorum was established.

XIV. Licensing and Examination Committee Report

Ms. Froistad reported that the Licensing and Examination Committee was formerly called the Examination Program Review Committee. The group was charged with reviewing the current examination plan. Meetings were held to hear stakeholder concerns. Additionally, Dr. Montez educated the Board in the development and review of licensing examinations.

a. Progress Report on the Licensed Professional Clinical Counselor Gap Analysis Project – Presented by Dr. Tracy Montez

Dr. Montez reported that the first phase of the study was to review the Licensed Professional Clinical Counselor profession as compared to the Licensed Clinical Social Worker and Marriage and Family Therapy professions. The analysis would determine if sufficient differences exist between the professions to warrant an additional examination for those MFTs and LCSWs wanting to be grand parented into the LPCC license.

Dr. Montez summarized her actions in conducting the review of the professions. As a result of the study, it was Dr. Montez' recommendation that the Board not adopt an examination requirement for LCSWs and MFTs who want to obtain licensure as an LPCC as long as the education and training requirements are met and the counselors adhere to their scope of practice as outlined in the Board's statutes.

Mr. Caldwell asked Dr. Montez why she referred to the national LPCC examination as a certification examination as opposed to a licensure examination. Dr. Montez responded that the NEC examination is referred to as a certification examination. She explained that there are national standards that should be met to be a counselor. A wide range of competencies has been identified for testing. Each state then makes the determination if the examination meets the state's specific needs for a licensure test.

A discussion continued between Mr. Caldwell and Dr. Montez. Mr. Caldwell asked why the recommendation was made not to adopt a separate test for use during the grand parenting period, if the professions were found to be unique. Dr. Montez explained her findings and the factors she took into consideration in reaching those conclusions. Discussion continued involving various meeting participants.

Victor Perez moved that the Board accept Dr. Tracy Montez' recommendation that the Board not offer an examination to cover the Gap for candidates who apply for LPCC licensure under the grand parenting clause. Elise Froistad seconded. The board voted unanimously (11-0) to pass the motion.

b. Discussion and Possible Action Regarding Revising the Board's Examination Program

Ms. Rhine referenced the committee meetings previously discussed by Ms. Froistad. She indicated that one outcome of the meetings was to direct staff to draft a proposal to restructure all of the exam processes under the Board's jurisdiction. The initial discussion of the proposal occurred at the January 23, 2010 Board meeting with staff subsequently reworking the proposal based on input obtained at that meeting. The

amended proposal was reviewed again by the committee at its December 2009 meeting, and the recommendation was made that the Board direct staff to draft language and initiate Board-sponsored legislation.

Ms. Rhine reviewed the modified proposal, which included previously identified concerns and proposed solutions to those concerns. In summary, registrants would be required to complete an examination in law and ethics during the first year of registration in order to renew the registration. If the individual is not successful in passing the test, a remedial course in law and ethics would be required in order to be eligible to retake the examination. Ms. Rhine emphasized that renewal of the registration would not be contingent upon passing the law and ethics examination, but rather completion of the test. If the individual does not pass the test by the end of the third year of registration, the registration would be cancelled and the individual would be required to pass the examination in order to obtain a new registration number.

Ms. Rhine reported that the restructuring proposal also includes a new Standard Written Examination. She explained that currently, candidates are required to take and pass a standard written examination in order to be eligible to sit for a clinical vignette examination. With the new proposal, individuals who do not pass the law and ethics examination would nonetheless be allowed to complete the standard written examination. Ms. Rhine outlined the requirements pertaining to passage of the law and ethics test.

Ms. Rhine also spoke about calculation of the “six year rule” pertaining to examination eligibility. She reviewed the new proposal as pertains to this requirement. She also provided a breakdown of how the change would impact the various populations involved in qualifying for or completing the examination.

The discussion that followed touched on various issues including the proposal to offer non-sequential examinations. Dr. Montez suggested that the Board maintain the sequential nature of the current examination program. Ms. Riemersma suggested the matter again be discussed by the committee in an effort to address and resolve the various points of concern. Ms. Lonner asked about any pending timelines that would impact the Board’s ability to refer the matter back for additional committee discussion. Ms. Rhine and Ms. Madsen confirmed no such due dates were involved. A brief discussion followed.

Renee Lonner moved that the restructuring proposal be referred back to the committee for further discussion and consideration of the points of concern. Michael Webb seconded. The board voted unanimously (11-0) to pass the motion.

XV. Discussion and Possible Action Regarding Modifications of Rulemaking Package Related to Continuing Education Requirements: Licensed Educational Psychologists, Exceptions and Providers

This item was discussed in the previous day’s proceedings.

XVI. Review and Possible Action of Strategic Plan

Ms. Madsen provided an update of the strategic plan. She noted events that have impacted the plan since it was approved in 2007. Ms. Madsen presented proposed revisions to the Strategic Plan necessitated by those events, and also made note of goals that had been reached and other significant accomplishments to date. A brief discussion followed regarding the history of some of the goals in the plan. The Board's role in the achievement of those goals was also discussed.

Judy Johnson moved to accept the strategic plan with amendments to sections 3.2 and 3.3 extending the date of completion for both sections to July 1, 2013. Christine Wietlisbach seconded. The board voted unanimously (11-0) to pass the motion.

XVII. Election of Board Officers for 2010-2011

Gordonna DiGiorgio moved to nominate Renee Lonner as Chair of the Board. Patricia Lock-Dawson seconded. The board voted unanimously (11-0) to pass the motion.

Renee Lonner moved to nominate Elise Froistad as Vice-Chair of the Board. Judy Johnson seconded. The board voted unanimously (11-0) to pass the motion.

XVIII. Public Comments for Items Not on the Agenda

Mary Riemersma, CAMFT, made note of a promotional brochure from the Board of Psychology that is used by DCA. She encouraged the Board, upon implementation of the new LPCC program, to create a similar brochure for use as a handout by the Department of Consumer Affairs.

XIX. Suggestions for Future Agenda Items

Ms. Lock-Dawson requested an update on the Board's outreach efforts.

The meeting adjourned at approximately 11:45 a.m.

BOARD MEETING MINUTES - *DRAFT* June 28, 2010

The Board of Behavioral Sciences met via telephone on June 28, 2010 at the following locations:

Department of Consumer Affairs
Stanislaus Room
2nd Floor South, S203
1625 N. Market Blvd.
Sacramento, CA 95834

925 Harbor Plaza
Long Beach, CA 90802

3900 Main Street
Riverside, CA 92522

1151 Dove Street, #170
Newport Beach, CA 92660

5506 Ranchito Avenue
Sherman Oaks, CA 91401

3539 Mt. Laurence Drive
San Diego, CA 92117

415 Karla Court
Novato, CA 94949

1615 E. 17th Street, Suite 100
Santa Ana, CA 92705

10800 E. Benavon Street
Whittier, CA 90606

Members Present

Renee Lonner, Chair, LCSW Member
Elise Froistad, MFT Member, Vice-Chair
Samara Ashley, Public Member
Jan Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Patricia Lock-Dawson, Public Member
Michael Webb, MFT Member
Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Interim Executive Officer
James Maynard, Legal Counsel
Marsha Gove, Examination Analyst

Members Absent

Harry Douglas, Public Member
Mona Foster, Public Member
Judy Johnson, LEP Member

I. Call to Order and Establishment of a Quorum

Roll was called and a quorum established.

Per board member request, the open session was conducted first.

FULL BOARD OPEN SESSION

II. Discussion and Possible Action on Revising Practicum Requirement for Degrees Granted Prior to 1996 During Licensed Professional Clinical Counselor Grand-Parenting Period

Ms. Rhine reported that concern had been expressed by the California Coalition for Counselor Licensure (CCCL) related to the practicum requirement for individuals applying for LPCC licensure during the grand-parenting period. Specifically, BPC Section 4999.32 allows the Board to accept an equivalent to practicum, while BPC Section 4999.54 states that the qualifying degree must include required practicum, or the equivalent. Ms. Rhine reported that while the Board has some discretion regarding the structure of the practicum or field study experience, it does not appear to have the authority to accept that experience outside the degree program. As a result, a barrier to licensure is created for individuals who have significant experience practicing in another state but whose degree did not contain the required practicum.

Ms. Rhine indicated that the intent of the statute is to allow the Board discretion in evaluating LPCC applicants during the grand-parenting period. She noted that the Policy and Advocacy Committee had previously directed staff to draft proposed statutory amendments to BPC Section 4999.54 that would allow the Board to accept degrees conferred prior to 1996 which include 3 semester units or 4.5 quarter units of practicum or field study experience. She referred board members to the draft language.

The matter was opened for discussion. Ms. Rhine outlined the action required by the Board in order to proceed with resolution of this issue. Various board members expressed their understanding and support of the proposed action.

Brian Hooper, audience member, commented that he is currently practicing in California in the capacity of pastoral counselor. He noted that his degree included no practicum, and expressed concern that the committee's action as proposed would eliminate him from the pool of candidates who would be eligible for licensure during the grand-parenting period. Ms. Rhine responded that statute is written to require that practicum must be a part of the qualifying degree program. She clarified that current law requires completion of a specific amount of practicum; the action before the Board at that time was to reduce that amount. Mr. Hooper asked if the Board could assist him in obtaining information about the national LPCC examination.

Jan Cummings, Vice-President, CCCL, encouraged Mr. Hooper to speak with Dean Porter, President, CCCL, and provided contact information for Ms. Porter. Ms. Cummings also commented about the CCCL request to reduce the hours of practicum required in existing law, and provided background in support of the request.

Patricia Lock-Dawson moved that staff be directed to draft appropriate language regarding the LPCC practicum requirement for inclusion in the Board's current omnibus bill. Renee Lonner seconded. The Board voted unanimously (8-0) to pass the motion.

Ms. Cummings thanked the Board for their action.

III. Public Comment for Items Not on the Agenda

No public comments were received.

IV. Suggestions for Future Agenda Items

No suggestions were received.

The open session meeting adjourned at 8:56 a.m.

FULL BOARD CLOSED SESSION

V. Pursuant to Government Code section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Take Action on Disciplinary Matters

The Board discussed and took action on disciplinary matters.

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

To: Board Members

Date: July 14, 2010

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Board Chair Report

Board Chair Renee Lonner will provide an update regarding board member activities.

Summary Fiscal Year 2009/2010

The ongoing state budget deficit remained in the forefront during the 2009/2010 fiscal year. Strategies to reduce unnecessary expenditures and reserving funds for mission critical functions were implemented through various directives. Although the Board is a self-funded agency, the Board received direction to achieve reductions in specified areas such as travel, personal service contracts, and personnel.

These directives impacted the Board's ability to conduct business as "usual." Meeting locations were moved to locations that did not require a fee. Outreach events were canceled. Contracts were renegotiated to achieve a 15% reduction. Purchases were reduced or eliminated. Overtime and temporary help was eliminated or significantly reduced.

Additionally, in response to Governor Schwarzenegger's Job Creation Program, the Board was directed to utilize necessary resources to reduce licensing backlogs by 50% no later than June 30, 2010. The Board was authorized to utilize the \$219,000 Operating Equipment and Expense (OE&E) reversion (previously identified budget savings) to fund this project. Staff's compensation for the project totaled over \$24,000.

Despite these circumstances, the Board's budget reflects an unexpended amount of approximately \$56,000 and estimates that over \$194,000 will be reverted. The Board's fund condition reflects 6.4 months in reserve as of March 23, 2010 and \$9 million dollars outstanding to the General Fund.

The Mental Health Services Act (MHSA) budget reflects an unexpended reserve of approximately \$3700.

Fiscal Year 2010/2011

The Board's budget for fiscal year 2010/2011 is \$8,258,000. This figure reflects a \$288,000 adjustment as a result of the reduced number of positions the Board will receive to implement the Licensed Professional Clinical Counselor (LPCC) program. The Budget Change Proposal (BCP) requesting twelve (12) positions and funding associated with the LPCC program was discussed at both the Assembly and Senate Budget Committee hearings. The committees disagreed as to the number of positions requested and as a result, the Board will receive five (5) positions.

The MHSA 2010/2011 budget is \$91,000. This figure reflects the loss of the \$200,000 one-time funding from the Department of Mental Health (DMH) as well as reductions to DMH's budget.

As of today, the state is without an approved budget which provides the backdrop for uncertainty. Although the furlough order ended and state employees returned to a 40 hour work week on July 1, 2010, state employee compensation is unknown at this time. The Governor's proposed budget includes a restructuring of state employee compensation in a manner that continues to achieve savings to the General Fund. State employee unions are in the process of

securing contracts for their members. Finally, the implementation of the Governor's order to reduce state employee salaries to minimum wage is undergoing legal challenges.

Further, the absence of an approved budget impacts Board operations. The Board is prohibited from spending any monies for any purpose. Therefore, all purchases, contract payments, and payments for many of the services we utilize on an ongoing basis have ceased.

Board staff anticipated and prepared for this situation so that the core functions of the Board would be minimally impacted. Vendors and individuals that routinely provide services to the Board were notified regarding the restrictions during the budget impasse. As in past years, many of the Board's services will continue to occur without interruption.

Budget Going Forward

The Board anticipates that the directive to limit expenditures to mission critical functions as well as the Executive Order (S-01-10) to achieve an additional five percent salary savings will remain in effect. The Board will continue to utilize its resources effectively and efficiently to achieve compliance with the directives and the highest level of service possible under these circumstances.

BBS EXPENDITURE REPORT FY 2009/10

OBJECT DESCRIPTION	08/09	FY 2009/10			
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 5/31/2010	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONAL SERVICES					
Salary & Wages (Civ Svc Perm)	1,433,012	1,579,636	1,301,345	1,543,000	36,636
Salary & Wages (Stat Exempt)	90,599	79,051	67,538	78,000	1,051
Temp Help (907)(Seasonals)	36,805	105	102,709	15,000	(14,895)
Temp Help (915)(Proctors)	0	444	0	0	444
Board Memb (Per Diem)	9,500	12,900	6,000	8,000	4,900
Overtime	70,115	7,533	1,921	2,100	5,433
Totals Staff Benefits	667,989	697,193	658,605	719,500	(22,307)
Salary Savings		(79,547)			(79,547)
TOTALS, PERSONAL SERVICES	2,308,020	2,297,315	2,138,118	2,365,600	(68,285)
OPERATING EXP & EQUIP					
Fingerprint Reports	5,159	36,954	29,640	35,000	1,954
General Expense	66,706	51,263	74,227	76,000	(24,737)
Printing	76,604	107,630	62,561	76,000	31,630
Communication	12,579	37,019	10,845	14,000	23,019
Postage	72,822	118,645	68,709	73,000	45,645
Travel, In State	104,351	98,665	70,566	98,665	0
Travel, Out-of-State	0	3,600	3,018	3,200	400
Training	13,448	22,202	8,348	10,000	12,202
Facilities Operations	166,926	219,547	168,753	182,500	37,047
C&P Services - Interdept.	0	14,939	0	0	14,939
C&P Services-External Contracts	59,349	10,978	15,194	18,000	(7,022)
DEPARTMENTAL PRORATA					
DP Billing	404,464	351,616	320,980	351,800	(184)
Indirect Distribution Costs	347,651	320,114	293,436	321,000	(886)
Public Affairs	17,424	27,988	25,652	28,000	(12)
D of I Prorata	14,015	12,859	11,792	12,859	0
Consumer Relations Division	17,090	15,545	14,245	15,545	0
OPP Support Services	0	490	0	490	0
Interagency Services (OER IACs)	237,692	245,065	193,641	223,426	21,639

Consolidated Data Services	2,295	24,382	3,504	15,000	9,382
Data Proc (Maint,Supplies,Cont)	8,378	7,357	7,612	8,000	(643)
Statewide Pro Rata	211,636	177,947	177,948	177,947	0
EXAM EXPENSES					
Exam Site Rental	63,193	99,630	49,836	85,000	14,630
Exam Contract (PSI) (404.00)	337,052	345,412	356,590	357,000	(11,588)
Expert Examiners (404.03)	279,555	295,260	178,345	295,260	0
ENFORCEMENT					
Attorney General	508,831	888,992	703,179	875,000	13,992
Office of Admin. Hearing	52,569	201,228	66,671	68,000	133,228
Court Reporters	3,224	0	5,316	5,500	(5,500)
Evidence/Witness Fees	30,368	71,334	50,488	60,000	11,334
Division of Investigation	289,156	366,725	336,160	370,000	(3,275)
Minor Equipment (226)	34,933	48,300	24,748	25,500	22,800
Equipment, Replacement (452)		7,000	0	0	7,000
Equipment, Additional (472)		24,000	26,096	27,000	(3,000)
OE&E Reduction Plan				219,000	(219,000)
TOTAL, OE&E	3,438,117	4,252,686	3,358,100	4,127,692	124,994
TOTAL EXPENDITURES	5,746,137	\$6,550,001	\$5,496,217	\$6,493,292	56,709
Fingerprints	(4,392)	(24,000)	38,989		
Other Reimbursements	(16,044)	(26,000)	10,940		
Unscheduled Reimbursements	(35,307)	0	68,458		
Total Reimbursements	(55,743)	(50,000)	118,387		
NET APPROPRIATION	5,690,394	\$6,500,001	\$5,496,217	\$6,493,292	\$56,709

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

OE&E Reduction Plan \$219,000
OT paid to staff (Estimate / March-June) \$21,365
Linda Alderman (Estimate / May&June) \$3,500 Linda A.(\$25.65/hr.)
Balance \$194,135

MHSA EXPENDITURE REPORT FY 2009/10

OBJECT DESCRIPTION	2008/09	FY 2009/10			
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 5/31/2010	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONAL SERVICES					
Salary & Wages (Civ Svc Perm)	61,104	64,000	56,466	63,000	1,000
Totals Staff Benefits	33,620	26,511	23,604	26,000	511
Salary Savings		(3,083)			(3,083)
TOTALS, PERSONAL SERVICES	94,724	87,428	80,070	89,000	(1,572)
OPERATING EXP & EQUIP					
General Expense	2,655	5,656	1,690	1,800	3,856
Printing	817	800	0	0	800
Communication	871	1,000	531	900	100
Postage	5,000	800	0	0	800
Travel, In State	3,580	200	3,336	4,000	(3,800)
Training	10,479	1,000	5,180	6,180	(5,180)
Facilities Operations	2,328	2,000	2,159	2,400	(400)
Minor Equipment (226)	433	0	0	0	0
C&P Svcs - External (402)	118,197	200,000	76,219	190,000	10,000
Statewide Prorata (438)		7,116	7,247	8,000	(884)
TOTAL, OE&E	144,360	218,572	96,362	213,280	5,292
TOTAL EXPENDITURES	239,084	\$306,000	\$176,432	\$302,280	\$3,720

Index - 3085

PCA - 18385

DGS Code - 057472

**0773 - Behavioral Science
Analysis of Fund Condition**

Prepared 3/23/2010

(Dollars in Thousands)

**NOTE: \$6.0 Million General Fund Outstanding (2002/03)
plus \$3.0 Million General Fund Outstanding (2008/09)**

2010-11 Governor's Budget + SB788 Revenue		ACTUAL 2008-09	CY 2009-10	Governor's Budget BY 2010-11	BY + 1 2011-12	2012-13	2013-14	2014-15
BEGINNING BALANCE		\$ 7,048	\$ 4,493	\$ 4,568	\$ 4,711	\$ 3,863	\$ 3,410	\$ 2,965
Prior Year Adjustment		\$ 110	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance		\$ 7,158	\$ 4,493	\$ 4,568	\$ 4,711	\$ 3,863	\$ 3,410	\$ 2,965
REVENUES AND TRANSFERS								
Revenues:								
125600	Other regulatory fees	\$ 49 \$ -	\$ 100 \$ -	\$ 103 \$ -	\$ 103	\$ 103	\$ 103	\$ 103
125700	Other regulatory licenses and permits	\$ 1,788 \$ -	\$ 2,217 \$ -	\$ 2,362 \$ -	\$ 2,362	\$ 2,362	\$ 2,362	\$ 2,362
	Additional SB788 Revenue			\$ 1,729	\$ 900	\$ 1,473	\$ 1,664	\$ 1,914
125800	Renewal fees	\$ 3,928 \$ -	\$ 4,148 \$ -	\$ 4,390 \$ -	\$ 4,390	\$ 4,390	\$ 4,390	\$ 4,390
125900	Delinquent fees	\$ 60 \$ -	\$ 64 \$ -	\$ 70 \$ -	\$ 70	\$ 70	\$ 70	\$ 70
141200	Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500	Miscellaneous services to the public	\$ 1 \$ -	\$ 1 \$ -	\$ 1 \$ -	\$ 1	\$ 1	\$ 1	\$ 1
150300	Income from surplus money investments	\$ 128	\$ 45 \$ -	\$ 43 \$ -	\$ 38 \$ -	\$ 34 \$ -	\$ 29 \$ -	\$ 26
160400	Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000	Escheat of unclaimed checks and warrants	\$ 2 \$ -	\$ 4 \$ -	\$ 4 \$ -	\$ 4	\$ 4	\$ 4	\$ 4
161400	Miscellaneous revenues	\$ 1 \$ -	\$ 1 \$ -	\$ 1 \$ -	\$ 1	\$ 1	\$ 1	\$ 1
Totals, Revenues		\$ 5,957	\$ 6,580	\$ 8,703	\$ 7,869	\$ 8,438	\$ 8,624	\$ 8,871
Transfers from Other Funds								
F00683	Teale Data Center (CS 15.00, Bud Act of 2005)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds								
T00001	GF loan per item, BA of 2008	\$ (3,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers		\$ 2,957	\$ 6,580	\$ 8,703	\$ 7,869	\$ 8,438	\$ 8,624	\$ 8,871
Totals, Resources		\$ 10,115	\$ 11,073	\$ 13,271	\$ 12,580	\$ 12,301	\$ 12,034	\$ 11,836
EXPENDITURES								
Disbursements:								
8860	FSCU (State Operations)	\$ 2	\$ 4	\$ 10	\$ -	\$ -	\$ -	\$ -
8880	Financial Information System for California			\$ 4				
1110	Program Expenditures (State Operations)	\$ 5,620	\$ 6,501 \$ -	\$ 8,546 \$ -	\$ 8,717	\$ 8,891	\$ 9,069	\$ 9,250
Total Disbursements		\$ 5,622 \$ -	\$ 6,505 \$ -	\$ 8,560 \$ -	\$ 8,717 \$ -	\$ 8,891 \$ -	\$ 9,069 \$ -	\$ 9,250
FUND BALANCE								
Reserve for economic uncertainties		\$ 4,493	\$ 4,568	\$ 4,711	\$ 3,863	\$ 3,410	\$ 2,965	\$ 2,586
Months in Reserve		8.3	6.4	6.5	5.2	4.5	3.8	

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2008-09 AND ON-GOING.
- B. ASSUMES INTEREST RATE AT 2%.
- C. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.

**This Agenda Item will be
Provided in a Supplemental
Package**

(Executive Officer's Report, Item b)

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

To: Board Members

Date: July 13, 2010

From: Laurie Williams
Personnel Liaison

Telephone: (916) 574-7850

Subject: Personnel Update

New Employees:

No new employees have been hired since the last board meeting.

Departures:

Vicki Baumbach has accepted a position with the Prison Industry Authority and her last day with the Board was June 30, 2010. Vicki functioned as the Licensed Educational Psychologist Evaluator and provided back-up duties to the Board's front desk.

Sean O'Connor has been promoted to a Staff Services Manager I within the Executive Office of the Department of Consumer Affairs. Sean's last day with the Board was June 30, 2010. Sean performed complex policy and statistical analysis related to the trends in the Board's licensing populations. He also prepared the performance measurement reports to provide data on the Board's Licensing, Examination, Enforcement and Cashiering Units.

Vacancies:

The Board is currently recruiting to fill the vacancies behind Vicki Baumbach and Sean O'Connor. We anticipate filling both positions by mid-August 2010.

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

To: Board Members

Date: July 13, 2010

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Outreach Events 2009/2010

The Board conducted 38 outreach events during fiscal year 2009/2010. These events provided students and registrants the opportunity to gain a better understanding of the California licensure process and requirements.

Board staff attended four (4) Marriage and Family Therapist Consortium Meetings, one by video conference. The meetings are attended by diverse groups of mental health professionals and provide an opportunity to discuss BBS regulatory issues and the trends for the MFT profession throughout the state.

Additionally, the Board participated in five (5) events to assist Marriage and Family Therapist educators as they prepare to implement the educational requirements under Senate Bill 33.

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

To: Board Members **Date:** July 14, 2010
From: Christy Berger **Telephone:** (916) 574-7834
Manager/Mental Health Services Act Coordinator
Subject: **MHSA Coordinator Activity Report for January - June 2010**

Background

The Mental Health Services Act (MHSA) became California law on January 1, 2005 after being passed by voters (as Proposition 63) in November 2004. The Act provides funding through a 1% surcharge on personal income over \$1 million to expand community-based public mental health services in six areas:

- *Prevention & Early Intervention*
- *Community Planning*
- *Community Services & Supports*
- *Innovative Programs*
- *Capital Facilities & Technology*
- *Workforce Education & Training*

The MHSA provides funding to increase staffing and other resources that support county mental health programs and increases access to services. The Workforce Education and Training component addresses the shortage of mental health service providers in California. Due to a history of under-funding, the mental health system has been impacted by a lack of diversity in the workforce and poor distribution of existing workers. Particular shortages exist for practitioners with skills to work with children, transition aged youth, older adults and diverse ethnic/cultural populations.

The Five-Year Workforce Education and Training Development Plan (attached), supports the vision of the MHSA to create a transformed system and provides the means for developing and maintaining a culturally competent workforce capable of providing consumer- and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

In 2007, the Board received approval for a new position to be funded by the MHSA, and entered into a Memorandum of Understanding with the state Department of Mental Health. My job is to serve as the Board's specialist regarding the MHSA and to determine its impact on and interrelationship with Board programs, to identify and address workforce issues, to act as liaison between the Board and the DMH, and to perform other functions relating to the MHSA.

Current Activities

The following major activities related to the MHSA have taken place over the past six months:

Marriage and Family Therapist (MFT) Education Legislation

(SB 33, Chapter 26, Statutes of 2009)

- Coordinated and assisted in providing training and technical assistance to MFT educators and schools
- Participated in AAMFT-CA's Educator's Collaborative conference calls and attended MFT educator's consortium meetings
- Researched external sources of technical assistance for MFT schools
- Worked with staff on implementation of new requirements
- Prepared resource documents related to education changes
- Developed and sent a notice and form to all MFT schools to allow BBS to begin the process of reviewing each school's proposed SB 33 curricula

*MFT / Licensed Clinical Social Worker (LCSW) Supervision Legislation
(SB 33; SB 821, Chapter 307, Statutes of 2009)*

- Provided guidance to staff regarding implementation
- Reviewed and provided feedback on draft guide to best practices in providing supervision via videoconferencing, created under contract by CSU Chico (expected to go to the Board for review in November 2010)

LCSW Education

- Attended CalSWEC meetings

*Licensed Professional Clinical Counselors (LPCC) Program Implementation
(SB 788, Chapter 619, Statutes of 2009)*

- Licensed Professional Clinical Counselor (LPCC) legislation
 - Suggested amendments to the legislation
 - Reviewed proposed regulations and suggested changes
 - Monitored analyses of the profession and national examination
 - Participated in BBS planning and implementation sessions
 - Developed a notice and form for schools relating to LPCC educational requirements
 - Provided guidance to staff by answering questions about the legislation
 - Developed LPCC updates and web page content

Workforce

- Located/monitored information and notified educators and other interested parties about available loan repayment programs, grants and other potential funding sources
- Monitored federal legislation proposing additional workforce funding and notified interested parties

Other Activities

- Wrote draft newsletter article/email blast for BBS licensees for the Governor's initiative Operation Welcome Home (to be implemented later this year)

Attachment

MHSA 5-Year Workforce Education and Training Plan

Mental Health Services Act Five-Year Workforce Education and Training Development Plan

For the Period April 2008
to April 2013



CALIFORNIA DEPARTMENT OF
Mental Health

Mental Health Services Act Five-Year Workforce Education and Training Development Plan

**For the Period April 2008
to April 2013**

**Developed in Response to Welfare and Institutions Code
Sections 5820 – 5822, the Mental Health Services Act**



CALIFORNIA DEPARTMENT OF
Mental Health

**Stephen W. Mayberg, Ph.D.
Director**

TABLE OF CONTENTS

EXECUTIVE SUMMARY3

INTRODUCTION4

VISION, VALUES AND MISSION STATEMENT5

GOALS, OBJECTIVES AND ACTIONS.....7

WORKFORCE NEEDS ASSESSMENT 10

GOVERNANCE AND FUNDING..... 11

EVALUATING THE FIVE-YEAR PLAN..... 12

APPENDIX A: TEXT OF THE MENTAL HEALTH SERVICES ACT 18

APPENDIX B: MENTAL HEALTH SERVICES ACT REGULATIONS.....20

APPENDIX C: RESOURCES.....21

EXECUTIVE SUMMARY

The California Department of Mental Health (DMH or the Department) has pledged through its Mission Statement to ensure the availability and accessibility of effective, efficient, culturally competent services, and to accomplish this service provision through education, outreach, advocacy, innovation, oversight, monitoring, and the promotion of multi-disciplinary training and quality improvement.

The passage of Proposition 63, the Mental Health Services Act (MHSA), in November 2004 provides a unique opportunity with funding to increase staffing and other resources that support county mental health programs, increase access to much-needed services, and monitor progress toward statewide goals for serving children, transition age youth, adults and older adults and their families.

Historically underfunded, California's mental health system has directed its efforts to overcoming these resource shortages in order to satisfy its mission. However, as the President's New Freedom Commission on Mental Health has found, the mental health system has not kept pace with the diverse needs of racial and ethnic minorities and other unserved and/or underserved populations, such as children and youth, transition age youth, adults and older adults.

In addition to its historic lack of funding, California has also suffered from a significant shortage of public mental health workers. High vacancy rates exist in certain occupational classifications. There is a recognized lack of diversity in the workforce, poor distribution of existing mental health workers, and under-representation of individuals with client and family member experience in the provision of services and supports. Particularly severe shortages exist for mental health practitioners with skills to work effectively with such groups as children, older adults and diverse ethnic/cultural populations heretofore unserved or underserved.

This Five-Year Workforce Education and Training Development Plan (Five-Year Plan) covers the period April 2008 to April 2013. Subsequent plans will be developed every five years, and each Five-Year Plan will be reviewed and approved by the California Mental Health Planning Council (WIC Sections 5820(c) – 5820(e)).

The Five-Year Plan provides a vision, values and mission for state and local implementation. It presents measurable goals and objectives, and proposes potential actions, or strategies, to assist in meeting these goals. It proposes principles for funding and governance at both the state and county level, and outlines performance indicators by which impact of workforce strategies can be measured over time. Finally, the Five-Year Plan provides guidance to assist in long-range planning toward an integrated mental health service delivery system.

This Five-Year Plan is intended as the beginning step in an ongoing dialogue between the Department, our partner agencies, clients and family members and other stakeholders to build the capacity of our current and prospective public mental health workforce.

INTRODUCTION

The California voters approved Proposition 63 during the November 2004 general election. Proposition 63 became effective on January 1, 2005, as the Mental Health Services Act (MHSA). Through imposition of a one percent tax on personal income in excess of \$1 million, the MHSA provides a unique opportunity to increase funding, personnel and other resources to support county mental health programs, and increase access to services for children, transition age youth, adults and older adults with mental health needs and their families. The MHSA also seeks to establish prevention and early intervention programs as well as to develop innovative programs.

The MHSA is comprised of five components of services and/or program supports for which the funding established under the MHSA may be spent. The Department of Mental Health has identified these components as follows: Community Services and Supports for children, transition age youth, adults and older adults, Workforce Education and Training, Capital Facilities and Technological Needs, Prevention and Early Intervention, and Innovative Programs. Given the scale of each component, DMH is implementing each component through a sequential or phased-in approach. The first component implemented was Community Services and Supports. This Five-Year Plan, mandated in the Mental Health Services Act, addresses implementation of the Workforce Education and Training component.

The Workforce Education and Training component addresses the serious shortage of mental health service providers in California. California was already facing a shortage of public mental health workers prior to the passage of the MHSA. Chapter 814, Statutes of 2000 (SB 1748, Perata) required that a Task Force be formed and identify and address options for meeting the mental health staffing needs of state and county health, human services, and criminal justice agencies. The Task Force found that for core occupations, such as psychiatrists, psychologists, licensed clinical social workers, registered nurses, and psychiatric technicians, vacancy rates were approximately 20 – 25 percent statewide. In rural parts of the State, vacancy rates were far higher.

Due to a history of under-funding, the mental health system has historically suffered from a lack of diversity in the workforce, poor distribution of existing mental health workers, and under-representation of individuals with client and family member experience in the provision of services and supports. Particularly severe shortages exist for mental health practitioners with skills to work effectively with such groups as children, transition aged youth, older adults and other diverse ethnic/cultural populations heretofore unserved or underserved.

This Five-Year Workforce Education and Training Development Plan carries forth the vision of the Mental Health Services Act to create a transformed, culturally-competent system that promotes wellness and recovery for adults and older

adults with severe mental illness, and resiliency for children and youth with serious emotional disorders and their families. The Five-Year Plan provides the means for developing and maintaining a culturally competent workforce, to include clients and family members, which is capable of providing client- and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

In accordance with Welfare and Institutions Code Sections 5820 through 5822 of the Mental Health Services Act, this Five-Year Plan covers the period April 2008 to April 2013. Subsequent plans will be developed every five years, and each Five-Year Plan will be reviewed and approved by the California Mental Health Planning Council, as required in statute.

VISION, VALUES AND MISSION STATEMENT

VISION

We envision a public mental health workforce, which includes clients and family members, sufficient in size, diversity, skills and resources to deliver compassionate, safe, timely and effective mental health services to all individuals who are in need and their families and caregivers, and contributes to increased prevention, wellness, recovery and resilience for the people of California.

Strength-based mental health service delivery that embodies the principles of wellness, recovery and resilience is being recognized as essential to preventing costly and often involuntary treatment. It also enables individuals to live, work, learn, and fully participate in the communities of their choice.

Significantly expanding the role of individuals, families and the community in the recovery process is an effective strategy to address workforce shortages, as the focus shifts to competencies that can be learned and utilized by many individuals who do not have advanced degrees, credentials or licenses.

The additional resources provided by the passage of the MHSA present the potential for new and expanded services to enable a full spectrum of care. Through the Five-Year Plan, resources may be utilized to facilitate the expansion of multi-disciplinary training which takes into account the diverse needs of racial and ethnic minorities and other unserved and underserved populations such as children and youth, transition aged youth, adults and older adults.

To bring the full vision of the MHSA to fruition, mental health and related systems must be able to develop a full range of strategic alliances and structures that can accommodate an ever-changing service needs picture and quickly respond to current and future opportunities.

VALUES

In collaboration with its stakeholders, the Department has developed a set of core values that guide all activities included in the Five-Year Plan:

- ***Develop a diverse workforce, including clients and families/caregivers, with the skills to:***
 - ***Promote wellness, recovery and resilience and other positive mental health outcomes***
 - ***Work collaboratively to deliver individualized, client- and family-driven services***
 - ***Use effective and, where possible, evidence-based practices***
 - ***Conduct outreach to unserved and underserved populations***
 - ***Provide services that are linguistically and culturally competent and relevant***
 - ***Promote multi-disciplinary and inter-disciplinary care***
- ***Include the viewpoints and expertise of clients and their families/caregivers***

The Department, again with input from its partner agencies, clients and family members and other stakeholders, utilized the vision and values to develop the following Mission Statement to guide all Workforce Education and Training activities:

MISSION STATEMENT

California's public mental health system will develop and maintain a sufficient workforce capable of providing client- and family-driven, culturally competent services using effective

methods that promote wellness, recovery and resilience and other positive mental health outcomes.

This Mission Statement provides a framework for development of the following goals and objectives. Potential actions, or strategies, have been proposed to assist in meeting the stated goals and objectives.

GOALS, OBJECTIVES AND ACTIONS

Cultural competence and the inclusion of the viewpoints and experience of individuals who have received services and their families/caregivers are an integral part of all goals, objectives and actions in this Five-Year Plan. All goals and objectives are intended to support the vision and values of the Mental Health Services Act. All Workforce Education and Training programs funded use methods and promote outcomes consistent with the values and priorities expressed in the MHSA.

The objectives presented in this Five-Year Plan are intended to develop a mental health workforce trained to provide services to an ethnically diverse population across the lifespan that can respond to the unique needs of children and youth, transition aged youth, adults and especially those of older adults, who comprise an increasing percentage of the overall population.

Actions that support all goals and objectives:

- Establish an ongoing Statewide Workforce Education and Training Advisory Group to support the fundamental changes needed in California's public mental health workforce
- Ensure that a well-designed and evolving needs assessment and evaluation of California's public mental health workforce guide MHSA Workforce Education and Training activities
- Develop leadership skills and abilities in the public mental health system in both county and community-based agencies
- Ensure multi-disciplinary and interdisciplinary training

Actions that support specific goals and objectives – to be implemented at the state and/or local level. The objectives presented promote the principles presented in Welfare and Institutions Code Section 5822 subsections (a) through (i) of the Mental Health Services Act:

Goal #1 – Develop sufficient qualified individuals for the public mental health workforce.

Objective A: Expand loan repayment and scholarship programs offered in return for a commitment to employment in California’s public mental health system and make loan repayment programs available to current employees of the public mental health system who want to obtain Associate of Arts, Bachelor of Arts, Masters Degrees, or Doctoral degrees (WIC Section 5822(b)).

- **Action:** Establish an MHSA Loan Assumption Program to provide loan repayments for current employees and for students wishing to become employed in the public mental health system.
- **Action:** Provide scholarship assistance to current employees and to students wishing to become employed in the public mental health system, whether in county or community based agencies, and employees and volunteers of client- and/or family-run organizations.

Objective B: Create a stipend program modeled after the federal Title IV-E stipend program for persons enrolled in academic institutions who want to be employed in the mental health system (WIC Section 5822(c)).

- **Action:** Establish stipend programs for psychiatrists, clinical psychologists, marriage and family therapists, psychiatric mental health nurse practitioners and social workers who commit to working in the public mental health system.

Objective C: Establish regional partnerships among the mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and promote the use of Web-based technologies and distance learning techniques (WIC Section 5822(d)).

- **Action:** Establish regional partnerships between the public mental health and educational systems in order to strengthen training and education of the public mental health workforce in accordance with the principles and provisions of the MHSA.
- **Action:** Establish and fund mental health career pathway programs for individuals currently employed, whether full-time or part-time, in the mental health system who want to increase their skills and scope of responsibility, and to outreach to individuals who represent populations and communities that have been identified as unserved or underserved by the public mental health system.
- **Action:** Promote the use of Web-based technologies and distance learning techniques to expand access to relevant training and technical assistance

and convert current training and technical assistance programs with demonstrated effectiveness into a blended learning format, which combines various learning methods to include classroom instruction and learning at a distance.

Objective D: Recruit high school students for mental health occupations, increasing the prevalence of mental health occupational training in high school career development programs, such as health science academies, human service academies, adult schools, and regional occupation centers and programs (WIC Section 5822(e)).

- **Action:** Increase the prevalence of mental health career development opportunities in high schools, adult education, regional occupational programs and community colleges.
- **Action:** Promote the development of culturally competent curricula in secondary education programs that promote careers in public mental health.

Objective E: Promote the employment of mental health clients and family members in the mental health system (WIC Section 5822(g)).

- **Action:** Establish a statewide client and family member technical assistance center to promote the employment, both full-time and part-time, of individuals with client and family member experience in the public mental health system.
- **Action:** Establish entry-level employment preparation programs and employment supports for individuals with client and/or family member experience receiving services in public mental health, to include travel and expense reimbursement, stipend and scholarship support.

Objective F: Increase eligibility for federal workforce funding by increasing the number of California communities recognized by the federal government as having a shortage of mental health professionals.

- **Action:** Collaborate with the Office of Statewide Health Planning and Development (OSHPD) to increase the number of mental health professional shortage area designations for California communities/counties.

Goal #2 – Increase the quality and success of educating and training the public mental health workforce in the expressed values and practices envisioned by the MHSA.

Objective G: Expand the capacity of postsecondary education to meet the needs of identified mental health occupational shortages (WIC Section 5822(a)).

- **Action:** Fund those portions of psychiatric residency programs that specialize in child or geriatric psychiatry, model a multidisciplinary team approach in a community public mental health setting, and/or focus on recruitment of residents who can meet diversity needs consistent with the vision and values of the MHSA.
- **Action:** Fund physician assistant and nurse practitioner programs that provide a mental health specialty and provide field placements in a public mental health setting.
- **Action:** Fund and support educational curricula that are consistent with MHSA values and priorities including wellness, recovery and resiliency
- **Action:** Include competencies consistent with MHSA values and priorities into internship hour, licensing and continuing education requirements.

Objective H: Develop curricula to train and retrain staff to provide mental health and other supportive services in accordance with the provisions and principles of the Mental Health Services Act (WIC Section 5822(f)).

- **Action:** Conduct ongoing assessments of state and local training needs and develop trainings to meet those documented needs.

Objective I: Promote the meaningful inclusion of mental health clients and family members and incorporate their viewpoint and experiences into all Workforce Education and Training programs (WIC Section 5822(h)).

- **Action:** Provide training to develop clients and family members as effective participants in the public mental health system.

Objective J: Promote the inclusion of cultural competence in all Workforce Education and Training programs (WIC Section 5822(i)).

- **Action:** Engage county ethnic services managers and other key experts in the field of cultural and linguistic competence in the development of all Workforce Education and Training strategies.

WORKFORCE NEEDS ASSESSMENT

According to Welfare and Institutions Code Section 5820(a), “It is the intent of this Part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.” Section 5820(b) further specifies, “Each county mental health program shall submit to the Department a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of

professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families...”

Pursuant to local stakeholder planning processes, county mental health programs submitted their initial Community Services and Supports (CSS) components of their Three-Year Program and Expenditure Plans¹. These initial County² CSS component plans were summarized and analyzed for potential new MHSA workforce positions, stated needs and challenges and cultural diversity and language proficiency issues. This preliminary analysis provided a high-level summary of workforce shortages statewide.

In addition to the above requirements, Welfare and Institutions Code Section 5822(c) directs the Department to “identify the total statewide needs for each professional and other occupational category and develop a five-year education and training development plan.” In order to more accurately assess the extent and complexity of the public mental health workforce shortage in California, the Department will develop a more comprehensive and detailed Workforce Needs Assessment to focus on statewide capacities and needs based upon skills and functions. This will provide a useful basis for determining funding and program priorities that truly have the capacity to create change.

The Department continues to seek input from mental health clients and family members/caregivers, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, the County Mental Health Directors Association, and other stakeholders in the development of this assessment.

GOVERNANCE AND FUNDING

Actions that address the mission, goals and objectives of the Five-Year Plan will be implemented by means of actions administered at both the state and county levels.

An initial investment of \$100 million from the Mental Health Services Fund (MHS Fund) has been authorized for County-administered Workforce Education and

¹ In order to receive MHSA funds, the Counties are required to submit to the Department a plan for MHSA programs and services, which the Department has called the Three-Year Program and Expenditure Plan (Three-Year Plan). The Three-Year Plan contains a Workforce Education and Training component, which includes County programs. This County Plan is distinct from the Department of Mental Health’s Five-Year Plan required by sections 5820 et seq.

² “County” means a county mental health program, two or more counties acting jointly, or a city-operated mental health program pursuant to Welfare & Institutions Code section 5701.5.

Training actions. An additional \$100 million has been set aside for statewide and regional programs. Each County has received a planning estimate that represents the maximum amount of MHSA funding that the County can initially request as part of the Workforce Education and Training component of its Three-Year Program and Expenditure Plan. Subsequent commitments from the MHS Fund will be made for state- and County-administered Workforce Education and Training programs.

In July 2007 the Department issued DMH Information Notice 07-14, the *Mental Health Services Act Workforce Education and Training Component—Proposed Three-Year Program and Expenditure Plan Guidelines for Fiscal Years 2006-07, 2007-08 and 2008-09*. Pending the promulgation of regulations, these guidelines assist the Counties in preparing Three-Year program and Expenditure Plans for Workforce Education and Training that will promote the employment of clients and family members, increase the cultural and linguistic competency of the workforce, outreach to heretofore unserved and underserved populations, enhance the effectiveness and diversity of the workforce, and increase access to services for mental health clients statewide.

Statewide, regional and local programs and/or activities will be consistent with this Five-Year Plan. Specific state- and County-administered programs and funding levels will be posted to the Department's Website as these decisions are finalized:

http://www.dmh.ca.gov/Prop_63/MHSA/Workforce_Education_and_Training/default.asp.

EVALUATING THE FIVE-YEAR PLAN

California is investing considerable resources into improving the public mental health workforce consistent with this Five-Year Plan. A means to evaluate the impact of this investment is needed in order to assess the effectiveness of the programs and activities undertaken, and to determine whether the Plan's goals are being met. Performance indicators directly linking the outcome of a program or activity to its impact on one or more of the goals in the Five-Year Plan will be identified concurrently with the development of the program or activity, and subsequently evaluated to assist in future resource allocation. Measurement criteria and outcomes have been developed by the Department with input from the California Mental Health Planning Council, the California Mental Health Directors Association, the Mental Health Services Oversight and Accountability Commission, clients and family members and other stakeholders.

These measurement criteria and outcomes were developed with the understanding that education and training programs and activities will promote statewide applicability and the equitable distribution of dollars, increase the diversity and cultural competence of the public mental health workforce and promote the participation of clients and family members. These programs and activities should also serve to prepare the workforce to meet the needs of diverse

ethnic/cultural populations heretofore unserved or underserved, including children, transition aged youth and older adults. Performance indicators and their measurement criteria and outcomes include:

Goal #1 – Develop sufficient qualified individuals for the public mental health workforce.

1. **Performance Indicator:** A decrease in hard-to-fill and/or hard-to-retain positions in the public mental health system workforce, particularly within small or rural counties.

Measurement: A baseline of positions will be obtained by compiling data from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. Hard-to-fill and/or hard-to-retain positions will be identified by county, region and state levels, county versus contract staff, and by small/rural counties. Changes will be tracked by subsequent County workforce needs assessments as to types of positions that are deemed hard-to-fill and/or hard-to-retain, and numbers needed versus filled.

2. **Performance Indicator:** An increase in the number and proportion of the public mental health workforce who are proficient in one or more non-English languages, including American Sign Language.

Measurement: A baseline of needed and available persons who are proficient in non-English languages will be compiled by language from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. Changes will be tracked by subsequent County workforce needs assessments as to number of needed and available persons who are proficient in non-English languages.

3. **Performance Indicator:** Increase employment opportunities for racial/ethnic populations that are underrepresented in the public mental health system workforce in order to provide equal opportunities for employment.

Measurement: A baseline of the workforce by race/ethnicity and the race/ethnicity of the target population to be served will be obtained by compiling data from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. The race/ethnicity of the workforce versus the target population to be served will be compared by county, region and state. Changes in race/ethnicity disparity will be tracked by subsequent County workforce needs assessments.

4. **Performance Indicator:** An increase in the number and proportion of individuals with client and/or family member experience successfully

employed, whether paid or volunteer, at all levels of the public mental health system workforce.

Measurement: A baseline of the number of authorized positions specifically designated for individuals with client and/or family member experience by occupational category will be obtained by compiling data from submitted Workforce Needs Assessment sections of Counties' Three-Year Program and Expenditure Plans. Changes in numbers of authorized positions within occupational categories and by county, region and statewide will be compared over time by subsequent County workforce needs assessments.

Goal #2 – Increase the quality and success of educating and training the public mental health workforce in the expressed values and practices envisioned by the MHSA.

1. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that focus on services and supports demonstrating the principles of wellness, recovery and resiliency.

Measurement: The number and type of training and technical assistance events focusing on wellness, recovery and resiliency will be compiled from Counties' Three-Year Program and Expenditure Plans, and will be compared to subsequent Three-Year Program and Expenditure Plans.

2. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that focus on the needs of unserved and underserved populations, especially older adults and transition aged youth.

Measurement: The number and type of training and technical assistance events focusing on older adults and transition aged youth will be compiled from Counties' Three-Year Program and Expenditure Plans, and will be compared to subsequent Three-Year Program and Expenditure Plans.

3. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that include individuals with client and/or family member experience who participate in the design and/or implementation of these events and activities.

Measurement: Via survey, providers of training and technical assistance events will report on the numbers and extent of participation of individuals with client and/or family member experience. Comparisons will be made by conducting surveys over time.

4. **Performance Indicator:** An increase in the number of training and technical assistance events and activities that include individuals and entities not

affiliated with the public mental health system (county or state) who participate in the design and implementation of these events and activities.

Measurement: Via survey, providers of training and technical assistance events will report on the numbers and extent of participation of individuals and entities not affiliated with the public mental health system. Comparisons will be made by conducting surveys over time.

5. **Performance Indicator:** An increase in the availability of workforce education and training programs and activities to the public mental health system throughout California, to include accessibility to rural areas.

Measurement: Utilizing Counties' Three-Year Program and Expenditure Plans, the number and location of MHSA-funded workforce education and training programs and activities will be mapped throughout California to determine accessibility and availability to the entire public mental health system workforce. Changes in availability will be determined by subsequent Three-Year Program and Expenditure Plans. In particular, use of distance learning and the establishment of new centers, courses and programs will be tracked, with emphasis on access by the workforce in rural communities.

6. **Performance Indicator:** An increase in the number of mental health career pathway programs, and in the number of individuals in the public mental health system workforce who participate in such programs and progress to higher levels of employment.

Measurement: Via optional, self-reported survey, mental health career pathway programs will report on the numbers and extent of participation of 1) multi-ethnic and multi-lingual participants, with number employed in the public mental health system upon graduation, 2) number of individuals with client and/or family member experience enrolled in mental health career pathway programs, with number employed in the public mental health system upon graduation, and 3) number of individuals who graduate from mental health career pathway programs and enter occupations that partner with the public mental health system. Comparisons will be made by conducting surveys over time.

7. **Performance Indicator:** An increase (1) in the number of residency and internship programs that specialize in public mental health, and (2) in the number of individuals in the public mental health system workforce who participate in such programs and become employed in the public mental health system.

Measurement: Via survey, residency and internship programs will report on the numbers and extent of participation of 1) numbers of urban and rural residency rotations, 2) number of internship opportunities, 3) number of

community-based agencies providing residency rotations and internship opportunities, and 4) the number of those completing their internship and residency component and subsequently becoming employed in the public mental health system. Comparisons will be made by conducting surveys over time.

These performance indicators and performance measures will be analyzed to inform development of statewide programs and guidelines for local programs that are currently being implemented. In addition, future Workforce Education and Training funding decisions will be guided by demonstrated successes achieved toward these performance indicators in this Workforce Education and Training Development Five-Year Plan.

The following principles will guide the development and implementation of new programs and activities:

- The public mental health system must remain relevant and responsive to unserved and underserved communities and populations.
- Ethnic diversity, linguistic capacity and cultural competence of the workforce must keep pace with changes in population demographics.
- Licensure and credentialing requirements may change as a result of changes in service delivery.
- The public mental health system must remain flexible to allow for implementation of the remaining MHSA components, most notably Prevention and Early Intervention and Innovation.
- The public mental health system must include education and training activities that increase expertise and inclusion of co-occurring disabilities, to include physical, developmental and substance abuse disorders.
- Consideration for accessibility issues must be broadened beyond mental health to include the wider disability community.

The dynamic nature of these variables dictates an ongoing dialogue at both the state and local level to continually and effectively assess need and allocate resources.

This Five-Year Plan provides the vision and the means to develop the capacity of the current and prospective mental health workforce to excel at services that are sensitive and responsive to the ever-evolving needs and cultures of California's diverse client and family member population. The public mental health system faces critical shortages in resources, but these shortages may be off-set by

developing both the workforce and the services delivered to meet the challenges. This process will require constant reassessment.

Throughout the next five years the Department of Mental Health will strive to ensure that its values, mission, goals, objectives and actions remain relevant and reflective of the changing needs of the clients and family members it serves. The Five-Year Plan will serve as a dynamic venue for an ongoing dialogue through which County Three-Year Program and Expenditure Plans are evaluated to increase the workforce and guide progress toward an effective and efficient integrated service delivery system.

APPENDIX A: TEXT OF THE MENTAL HEALTH SERVICES ACT

EXCERPT

SECTION 8. PART 3.1 EDUCATION AND TRAINING PROGRAM

5820.(a) It is the intent of this Part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.

(b) Each county mental health program shall submit to the Department a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families pursuant to Parts 3, 3.2, 3.6, and 4 of this Division. For purposes of this Part, employment in California's public mental health system includes employment in private organizations providing publicly funded mental health services.

(c) The Department shall identify the total statewide needs for each professional and other occupational category and develop a five-year education and training development plan.

(d) Development of the first five-year plan shall commence upon enactment of the initiative. Subsequent plans shall be adopted every five years.

(e) Each five-year plan shall be reviewed and approved by the California Mental Health Planning Council.

5821.(a) The Mental Health Planning Council shall advise the Department of Mental Health on education and training policy development and provide oversight for the department's education and training plan development.

(b) The Department of Mental Health shall work with the California Mental Health Planning Council so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

5822. The Department of Mental Health shall include in the five-year plan:

(a) Expansion plans for the capacity of postsecondary education to meet the needs of identified mental health occupational shortages.

(b) Expansion plans for the forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system and make loan forgiveness programs available to current employees of

the mental health system who want to obtain Associate of Arts, Bachelor of Arts, Masters Degrees, or Doctoral degrees.

(c) Creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system.

(d) Establishment of regional partnerships among the mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, to reduce the stigma associated with mental illness, and to promote the use of web-based technologies, and distance learning techniques.

(e) Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs such as health science academies, adult schools, and regional occupation centers and programs, and increasing the number of human service academies.

(f) Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Parts 3, 3.2, 3.6, and 4.

(g) Promotion of the employment of mental health clients and family members in the mental health system.

(h) Promotion of the meaningful inclusion of mental health clients and family members and incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).

(i) Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).

APPENDIX B: MENTAL HEALTH SERVICES ACT REGULATIONS

(Department of Mental Health regulations will be included upon approval and publication.)

APPENDIX C: RESOURCES

McRee T., Dower C., Briggance B., et al., *The Mental Health Workforce: Who's Meeting California's Needs?* 2003.

Achieving the Promise: Transforming Mental Health Care in America, The President's New Freedom Commission on Mental Health, 2003.

An Action Plan for Behavioral Health Workforce Development, Annapolis Coalition, 2007.

Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series, Institute of Medicine, 2006.

The Report on the Human Resources Shortage in Mental Health Services, California Department of Mental Health, 2002.

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

To: Board Members

Date: July 14, 2010

From: Tracy Rhine
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: Licensed Professional Clinical Counselor Gap Analysis Project

Background

Senate Bill 788 (Wyland), Chapter 619, Statutes of 2009 created the Licensed Professional Clinical Counselor Act which requires the Board of Behavioral Sciences (Board) to license and regulate Licensed Professional Clinical Counselors (LPCCs). Beginning January 1, 2011 through June 30, 2011, individuals may apply to the Board for licensure as an LPCC and may be issued a license by meeting specified requirements (Business and Professions Code Section 4999.54). The licenses issued under this section have been referred to as "grandparented licenses." Licensure under this grandparenting section requires fewer supervised experience hours, fewer specific educational courses to meet application eligibility and other considerations, including, licensure eligibility for current marriage and family therapists (MFTs) and Licensed Clinical Social Workers (LCSWs) (that meet the education and experience requirements), without taking an examination.

Business and Professions Code (BPC) Section 4999.54(b) states that the Board and the Office of Professional Examination Services shall develop an examination on the differences, if any differences exist, between the following:

1. The practice of professional clinical counseling and the practice of marriage and family therapy.
2. The practice of professional clinical counseling and the practice of clinical social work.

To this end, the Board has contracted with Applied Measurement Services, LLC (AMS) to perform the analysis necessary to determine if an additional exam is necessary for those MFTs and LCSWs applying for an LPCC license during the grandparenting period.

Previous Board Action

On May 7, 2010, Dr. Tracy Montez, of AMS, presented a progress report on her analysis of the LCSW, MFT and LPCC professions. After review of the AMS report, member discussion and public comment, the Board voted to not adopt a separate examination for LCSWs and MFTs

seeking licensure as an LPCC during the grandparenting period. This decision was based on findings reported by Dr. Montez which expressed that no significant or meaningful differences existed between the respective professions. The following recommendation was made by Dr. Montez:

“...based on the professions analysis conducted for this first phase of this contracted project, AMS recommends that the Board not adopt an examination requirement for the LCSWs and MFTs seeking to be grandparented as LPCCs as long as the education and training requirements are met and counselors adhere to their scopes of practice and competence as outlined in the Boards Statutes.”

Authority to NOT Exam on Differences

In making their decision at the May 7, 2010 meeting, the Board considered the significance of the differences found to exist between the professions. Dr. Montez reported that “it appeared that many of the gaps in assessment or requirement for licensure can be mitigated by additional coursework, training, and certification. Thus allowing LCSWs and MFTs to practice within scope of competence complying with the requirements outlined in SB 788.” BPC Section 4999.54(b)(2) gives the Board the authority to determine if an examination on the differences in the professions is necessary. The BPC paragraph reads:

(2) If the board, in consultation with the Office of Professional Examination Services, determines that an examination is necessary pursuant to this subdivision, an applicant described in paragraphs (2) and (3) of subdivision (a) shall pass the examination as a condition of licensure.

However, subsequent to the May meeting the Board received a letter from the American Association for Marriage and Family Therapy, California Division (AAMFT), requesting that the Board revisit the need for a “gap” examination. AAMFT argues that BPC Section 4999.54(b), read in whole, requires the Board to develop an examination on any differences that may exist between the professions and does not allow the Board to make an exception to the examination requirement based on the perceived significance of the differences.

Business and Professions Code Section 4999.54(b) states [emphasis added]:

(b) (1) The board and the Office of Professional Examination Services shall jointly develop an examination on the differences, if any differences exist, between the following:

(A) The practice of professional clinical counseling and the practice of marriage and family therapy.

(B) The practice of professional clinical counseling and the practice of clinical social work.

(2) If the board, in consultation with the Office of Professional Examination Services, determines that an examination is necessary pursuant to this subdivision, an applicant described in paragraphs (2) and (3) of subdivision (a) shall pass the examination as a condition of licensure.

(c) Nothing in this section shall be construed to expand or constrict the scope of practice of professional clinical counseling, as defined in Section 4999.20.

Section 4999.54(b), read in totality would, in the opinion of staff, require the Board to administer a gap examination to MFTs and LCSWs applying for a LPCC license during the grandparenting period, regardless of the significance of the differences that exist.

Recommendation

Discuss the need for a gap examination and if decided that an examination is warranted, direct staff to begin working with AMS and the Office of Professional Examination Services to develop an examination on the differences found between the professions.

Attachments

- A. Letter, AAMFT
- B. Analysis, Public Progress Report, AMS



AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
CALIFORNIA DIVISION

May 10, 2010

Kim Madsen
Executive Officer
Board of Behavioral Sciences
1625 N. Market Blvd., Suite S 200
Sacramento, CA. 95834

Dear Ms. Madsen,

On behalf of the American Association for Marriage and Family Therapy, California Division, we are writing to express deep concern that the Board of Behavioral Sciences acted counter to state law by voting on May 7 that Licensed Clinical Social Workers and Marriage and Family Therapists seeking to become Licensed Professional Clinical Counselors through the grandparenting process will not be required to pass an examination.

The exam consultant hired by the Board, Tracy Montez, returned a finding that there are identifiable differences between the MFT, LCSW, and LPCC professions. She reiterated that point in her presentation to the Board on May 7, noting that clear differences between the professions exist. In her report, she went on to note a belief that these gaps "can be addressed through coursework, training, and certification". The Board chose to accept her recommendation that an exam not be required for currently licensed MFTs and LCSWs seeking to grandparent into LPCC licensure.

However, if the Board accepts Ms. Montez's finding that clear differences between the professions exist -- a point with which no one at the Board meeting voiced disagreement -- allowing licensees to address these differences without an exam is **not an option available to the Board**. On this point, SB788 (chaptered as BPC Ch 16) is abundantly clear (emphasis added):

4999.54(b) (1) The board and the Office of Professional Examination Services shall jointly develop an examination on the differences, if any differences exist, between the following:

- (A) The practice of professional clinical counseling and the practice of marriage and family therapy.
- (B) The practice of professional clinical counseling and the practice of clinical social work.

Note that this section does not give the BBS authority to determine whether differences between the professions are considered numerous or significant enough to warrant examination. It also does not give the BBS authority to address differences between professions through any means other than examination. The language is clear: "if any differences exist" between the professions, an examination for LPCC licensure through grandparenting **must** be developed.

This is supported by additional language occurring earlier in the chapter:

4999.11. In enacting this chapter, the Legislature recognizes that licensed professional clinical counselors practice a separate and distinct profession from the professions practiced by licensed marriage and family therapists and licensed clinical social workers. As such, the Legislature recognizes the need to appropriately test licensed marriage and family therapists and licensed clinical social workers seeking to become licensed professional clinical counselors on the difference in practice between the professions.

This section similarly does not allow an exception based on the perceived number or significance of such differences -- **existing differences must be tested.**

Ms. Montez found and reported on differences between the professions, and the Board accepted her report without disputing these findings. Based on the above noted sections of law, we believe the Board vote against grandparenting exams was in error and must be revisited.

We respectfully request an opportunity to meet with you as expeditiously as possible, as the timeframe for development of the exam mandated by state law is quickly narrowing. Please feel free to contact me if you have any questions.

Sincerely,

Olivia Loewy

Olivia Loewy, Ph.D.

Executive Director

American Association for Marriage and Family Therapy, California Division

Ben Caldwell

Benjamin Caldwell, Psy.D.

Central Liaison

American Association for Marriage and Family Therapy

c.c. Renee Lonner, Chair, Board of Behavioral Sciences

Applied Measurement Services, LLC

April 29, 2010

California Department of Consumer Affairs
Board of Behavioral Sciences
Attn: Kim Madsen, Executive Officer
1625 N. Market Blvd., Ste. S-200
Sacramento, CA 95834

Dear Ms. Madsen:

The purpose of this letter is to notify the Board of Behavioral Sciences (BBS) that Applied Measurement Services, LLC (AMS) has completed the first phase of the contract to assist with examination-related evaluations for the Licensed Professional Counselor / Licensed Professional Clinical Counselor.

Attached is a public progress report presenting the results of the professions analysis and associated recommendation. These results and the associated recommendation will be discussed at the May 7, 2010 BBS board meeting in Irvine.

Based on the professions analysis, AMS recommends that the BBS *not* adopt a separate examination requirement for Licensed Clinical Social Workers and Marriage and Family Therapists seeking to be grandparented as Licensed Professional Clinical Counselors. This recommendation is based on applicants meeting the education and training requirements and that the counselors adhere to their respective scopes of practice and competence as outlined in the BBS Statutes and Regulations.

Sincerely,



Tracy A. Montez, Ph.D.
President

An Analysis of the
Licensed Clinical Social Worker,
Marriage and Family Therapist and
Licensed Professional Counselor
Professions

Performed for the
California Department of Consumer Affairs
Board of Behavioral Sciences

Performed by Applied Measurement Services, LLC

April 29, 2010

PUBLIC PROGRESS REPORT

Chapter 1: Introduction

Licensing boards and bureaus within the Department of Consumer Affairs are required to ensure that examination programs used in the California licensure process are in compliance with psychometric guidelines and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the respective profession.

In January 2010, the Department of Consumer Affairs Board of Behavioral Sciences (hereafter referred to as "Board") contracted with Applied Measurement Services, LLC (AMS) to assist with examination-related evaluations for the Licensed Professional Counselor (LPC). The first phase, a professions analysis, concluded April 29, 2010.

Specifically, AMS provided the following services: (a) determined whether significant differences exist between the LPC and Licensed Clinical Social Worker (LCSW) professions by comparing the national LPC occupational analysis to the California LCSW occupational analysis; (b) determined whether significant differences exist between the LPC and Marriage and Family Therapist (MFT) professions by comparing the national LPC occupational analysis to the California MFT occupational analysis; (c) prepared for and conducted interviews to obtain input related to the differences between the LPC and LCSW professions and the LPC and MFT professions; (d) prepared a confidential report providing the results of the analyses, feedback received from the interviews, and recommendations; and, (e) met with Board management to present the results and recommendations associated with grandparenting LCSWs and MFTs into the LPC profession.

The results of the professions analysis and associated recommendations will be presented at the May 7, 2010 Board meeting. This progress report provides those results.

During the first phase, AMS worked primarily with Kim Madsen, Executive Officer and Tracy Rhine, Assistant Executive Officer from the Board. AMS received and reviewed reports and reference materials provided by Shawn O'Brien, Vice President, Center for Credentialing and Education, National Board for Certified Counselors (NBCC). AMS also downloaded materials from relevant websites (see the Reference section of the *final* report for a complete listing).

Finally, these services were conducted according to professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)*¹ and *Business and Professions Code section 139* (see the *Examination Validation Policy*)².

¹ American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.

² California Department of Consumer Affairs. (2004). *Examination Validation Policy*. Sacramento, CA: California Department of Consumer Affairs.

Chapter 2: Information-Gathering

After discussions with Board management to confirm expectations associated with the scope of services and identify contacts from the NBCC, AMS began the process of gathering information about the LCSW, MFT and LPC professions for comparison purposes.

For the first phase of the contracted project, AMS reviewed several pertinent documents and reports including, for example, the following:

- Statutes and Regulations relating to the Practice of Professional Clinical Counseling, Marriage and Family Therapy, Educational Psychology, Clinical Social Work (Statutes);
- LCSW examination plan (see Appendix A for an abbreviated version);
- MFT examination plan (see Appendix B for an abbreviated version);
- National Counselor Examination (NCE) content outline (see Appendix C for a public version);
- National Clinical Mental Health Counseling Examination (NCMHCE) content outline;
- NBCC documents and reports;
- Coursework syllabi from California Masters of Social Work programs;
- A Competency-Based Curriculum in Community Mental Health for Graduate Social Work Students report from the California Social Work Education Center (CalSWEC);
- California Council of Community Mental Health Agencies: Recommendations to the California Board of Behavioral Sciences Regarding Marriage and Family Therapy Curriculum; and,
- DACUM Competency Profile for MFT produced by the California Community College Economic and Workforce Development Program Health Initiative.

Next, interviews and meetings were conducted to discuss the history associated with the passage of Senate Bill 788 (Wyland, Chapter 619, Statutes 2009) and the similarities and differences among the three professions. Participants in the interviews and meetings included individuals involved in the regulatory process associated with SB788 and subject matter expert LCSWs, MFTs, and LPCs (i.e., licensed in states other than California such as Florida, Texas, and Virginia).

The goal of the information-gathering process was twofold. First was to determine whether significant differences exist between the LPC and LCSW professions, and whether significant differences exist between the LPC and MFT professions. And second, to determine if an examination was needed to assess those differences prior to being grandparented into the LPC profession. It is important to note that the term “significant” was not intended to imply statistical significance, but merely a qualitative or descriptive term.

Below is a summary of the three professions as defined in the Board’s Statutes.

Chapter 3: Licensed Clinical Social Worker

According to Business and Professions Code of California, Chapter 14. Social Workers, Article 4. Licensure, Section 4996.9.,

... the practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments.

Further,

the application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.

As of April 1, 2010, there were 18,004 valid LCSW licensees. To qualify for a license to practice as a LCSW in California, the Board has three primary competency hurdles: education requirements, experience requirements, and examinations.

Education requirements include possessing a qualifying Master's degree as well as completion of additional coursework in key subject matter areas (e.g., child abuse assessment and reporting, substance abuse and dependency, and aging and long term care).

In addition to degree and coursework requirements, an applicant is also required to accrue 104 weeks of supervision and 3,200 hours of supervised work experience. The experience must be gained under the supervision of a licensed mental health professional.

Once an applicant meets all requirements and the Board approves the application for examination eligibility, the applicant receives an eligibility notice to take the LCSW Standard Written Examination. Upon passing the Standard Written Examination, the applicant must pass a LCSW Clinical Vignette Examination. Once an applicant passes both examinations, he or she must apply for an Initial License Issuance within one year of passing both examinations in order to receive a license number.

Business and Professions Code, Sections 4996.2. and 4996.23. of the Board's Statutes define LCSW qualifications in greater detail.

Chapter 4: Marriage and Family Therapist

According to Business and Professions Code of California, Chapter 13. Marriage and Family Therapists, Article 1. Regulation, Section 4980.02,

. . . the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling.

Further,

the application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.37 4980.40, and 4980.41.

As of April 1, 2010, there were 30,497 valid MFT licensees. To qualify for a license to practice as a MFT in California, the Board has three primary competency hurdles: education requirements, experience requirements, and examinations.

Education requirements include possessing a qualifying Master's or Doctor's degree, as well as completion of additional coursework in key subject matter areas (e.g., child abuse assessment and reporting, alcohol and chemical dependency, and aging and long term care).

In addition to degree and coursework requirements, an applicant is also required to accrue 104 weeks of supervision and 3,000 hours of supervised work experience. The experience must be gained under the supervision of a licensed mental health professional.

Once an applicant meets all requirements and the Board approves the application for examination eligibility, the applicant receives an eligibility notice to take the MFT Standard Written Examination. Upon passing the Standard Written Examination, the applicant must pass a MFT Clinical Vignette Examination. Once an applicant passes both examinations, he or she must apply for an Initial License Issuance within one year of passing both examinations in order to receive a license number.

Business and Professions Code, Sections 4980.40 of the Board's Statutes define MFT qualifications in greater detail.

Chapter 5: Licensed Professional Clinical Counselor

According to Business and Professions Code of California, Chapter 16. Licensed Professional Clinical Counselors, Article 1. Administration, Section 4999.20.,

... Professional clinical counseling” means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. “Professional clinical counseling” includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed rational decisions.

Further,

Professional clinical counseling” is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health, and is not intended to capture other, nonclinical forms of counseling for the purposes of licensure. For the purposes of this paragraph, “nonclinical” means nonmental health.

To qualify for registration and examination eligibility as a LPCC in California beginning after August 1, 2012 or completed after December 31, 2018, the Board has three primary competency hurdles: education requirements, experience requirements, and examinations.

Education requirements include possessing a qualifying Master’s or Doctoral degree, as well as completion of additional coursework in key subject matter areas (e.g., child abuse assessment and reporting, alcohol and chemical dependency, and aging and long term care).

In addition to degree and coursework requirements, an applicant is also required to accrue 104 weeks of supervision and 3,000 hours of supervised work experience. The experience must be gained under the supervision of a licensed mental health professional.

Once an applicant meets all requirements and the Board approves the application for examination eligibility, the applicant will be eligible to take the examination designated by the Board pursuant to Section 4999.52.

Business and Professions Code, Article 3: Licensure of the Board’s Statutes define LPCC qualifications in greater detail.

Chapter 6: Confidential Recommendations³

Based on the review and evaluation of relevant documents and reports, including information obtained from interviews and meetings, the professions analysis does show that each profession has its own distinct scope of practice, theoretical foundations, and philosophy. In addition, differences in education, training, and examination requirements associated with licensure were noted.

For example, the NCE content outline (i.e., examination) assesses the following competencies that are *not fully* measured in the LCSW examination plan (i.e., examination):

- Diagnostic and assessment services (Content Area III).
- Professional practice activities (Content Area IV).

Similarly, the NCE content outline (i.e., examination) assesses the following competencies that are *not fully* measured in the MFT examination plan (i.e., examination):

- Diagnostic and assessment services (Content Area III).
- Professional practice activities (Content Area IV).
- Professional development, supervision, and consultation activities (Content Area V).

It is important to note, however, that the NCE examination is considered a certification examination; whereas the Board examinations are for licensure purposes only. Typically, certification examinations are broader in content and assess a full spectrum of competencies associated with a profession. In this case, passage of the NCE means that an individual counselor has met national standards established by the counseling profession.

Licensing examinations, on the other hand, typically assess a more narrow range of competencies associated with public safety and competent practice. The intent of the licensing examination is to assess those critical competencies associated with entry-level performance as a practitioner and ensure that the depth of measurement of those competencies is reliable and valid. Therefore, state licensing examinations usually do not assess competencies associated with professional development and supervision. In the Board examinations, the concept underlying many of these competencies is measured under ethics or law content areas. For example, Task 164 "Implement therapeutic techniques to provide services within scope of practice" from the LCSW examination plan implies that practitioners recognize limits on scope and competence. Similarly, Task 85 "Manage clinical issues outside the therapist's scope of competence to meet client needs" demonstrates the recognition of professional boundaries.

³ In response to NBCC confidentiality parameters, additional examination content material will be discussed during closed session.

Based on the types of examination, it was expected that the scope of measurement across the professions would differ. Also, interviews with LPCs confirm that states have differing scopes of practice. Although the NCE assesses a broad range of competencies, many states consider certain competencies to be specialties thus requiring additional training and certification.

It appears that many of the “gaps” in assessment or requirement for licensure can be mitigated by additional coursework, training, and certification. Thus, allowing LCSWs and MFTs to practice within scope of *competence* complying with the requirements outlined in SB788. In fact, the Statutes specifically discuss scope and competence.

LCSW 4992.3. Unprofessional conduct includes, but is not limited to, the following: (m) Performing, or holding one's self out as being able to perform, or offering to perform or permitting, any registered associate clinical social worker or intern under supervision to perform any professional services beyond the scope of the license authorized by this chapter.

MFT 4982. Unprofessional conduct includes, but is not limited to, the following: (s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

LPCC 4999.90. Unprofessional conduct includes, but is not limited to, the following: (s) Performing or holding oneself out as being able to perform professional services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

Finally, LCSWs and MFTs seeking to be grandparented into the Licensed Professional Clinical Counselor (LPCC) profession must demonstrate completion of coursework beyond the minimum requirements for their respective license. These individuals seeking to become LPCCs have a six-month period to apply for licensure (January 1, 2011 to June 30, 2011), with one year from application date to meet the educational requirements and qualify under the grandparenting provision of SB788.

Therefore, based on the professions analysis conducted for this first phase of this contracted project, AMS recommends that the Board *not* adopt an examination requirement for the LCSWs and MFTs seeking to be grandparented as LPCCs as long as the education and training requirements are met and counselors adhere to their scopes of practice and competence as outlined in the Board Statutes.

Chapter 7: Next Steps

The second phase of the contract, assisting the Board with examination-related evaluations for LPC/LPCC, continues through June 30, 2011.

The next phase includes a more in-depth review of the NBCC NCE and the NCMHCE, including the underlying occupational analyses and examination development activities used to support the validity of the examinations.

Specifically, AMS will provide the following services: (a) review the NCE and NCMHCE examinations to determine whether they meet the prevailing standards for the validation and use of licensing and certification tests in California, and their suitability for use as a licensure requirement for LPCCs in California; (b) review the occupational analyses that were used for developing the national examinations to determine whether they adequately describe the licensing group (California LPCCs) and adequately determine the tasks, knowledge, skills and abilities that LPCCs need to perform the functions within their scope of practice in California; (c) prepare a confidential report that details the results of the review and provides recommendations; (d) meet with Board management and OPES to present results and recommendations; and, (e) present recommendations to Board members.

By completing the contracted work, AMS will meet the following objectives and goals:

- Determine whether there are meaningful differences between the LPC and LCSW professions and if so, what those differences are.
- Determine whether there are meaningful differences between the LPC and MFT professions and if so, what those differences are.
- Determine whether an examination will be necessary for MFTs or LCSWs who apply for a LPCC license during the grandparenting period
- Determine whether the national examinations meet the prevailing standards for the validation and use of licensing tests in California and their suitability for use in California.
- Determine whether the national occupational analyses adequately determine the tasks knowledge, skills and abilities that LPCCs need to perform the functions within their scope of practice in California.
- Determine whether the Board can use the national examinations or will need to work with OPES to develop a California LPCC examination.

References⁴

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.

California Council of Community Mental Health Agencies. (2007). *Recommendation to the California Board of Behavioral Sciences regarding the marriage and family therapy curriculum*. Sacramento, CA: Author.

California Department of Consumer Affairs. (January, 2010). *Statutes and regulations relating to the practice of: Marriage and family therapy, educational psychology, clinical social work*. Sacramento, CA: Author.

California Department of Consumer Affairs. (2004). *Examination validation policy*. Sacramento, CA: Author.

California Department of Consumer Affairs Office of Professional Examination Services. (In press). *Validation report: Licensed Clinical Social Worker*. Sacramento, CA: Author.

California Department of Consumer Affairs Office of Examination Resources. (August, 2007). *Validation report: Marriage and family therapist*. Sacramento, CA: Author.

California Social Work Education Center. (2006). *A competency-based curriculum in community mental health for graduate social work students*. Berkeley, CA: Author.

Equal Employment Opportunity Commission, Civil Service Commission, Department of Labor, and Department of Justice. (1978). *Federal Uniform Guidelines for Employee Selection Procedures*. Washington, DC: Author.

⁴ This is a partial list of reference material. The complete list of references will be provided in the final report.

Appendix A: Licensed Clinical Social Worker Examination Outline⁵

Content Area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Area Weight (%)	Subarea Weight (%)
I. Biopsychosocial Assessment	55		23	
A. Assessing for Risk		9		5
B. Assessment of Client Readiness and Appropriateness of Treatment		3		1
C. In-depth Assessment				
1. Comprehensive Exploration of Symptoms				
a. psychological factors		11		4
b. cultural/personal factors		5		2
2. Comprehensive Evaluation of Problem				
a. social-environmental history		7		3
b. medical and developmental history		7		3
c. history of substance abuse/abuse		3		1
3. Comprehensive Evaluation of Inter- and Intrapersonal Resources		10		4
II. Diagnostic Formulation	13		6	
III. Treatment Plan Development	26		11	
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		12		5
B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources		6		3
C. Monitoring, Evaluation and Revision		8		3
IV. Resource Coordination	22		9	
A. Service Identification and Coordination		10		4
B. Client Advocacy and Support		12		5
V. Therapeutic Interventions	106		40	
A. Crisis Intervention		7		3
B. Short-term Therapy		9		4
C. Therapy for Children and Adolescents		22		8
D. Therapy for Adults (Individual and Group)		24		9
E. Therapy for Couples		17		5
F. Therapy for Families		16		6
G. Managing the Therapeutic Process		11		5
VI. Legal Mandates and Obligations	11		5	
A. Protective Issues/Mandated Reporting		5		2
B. Professional Conduct		6		3
VII. Ethical Standards	14		6	
Total	247	-	100	-

⁵ This is the current LCSW examination plan. The updated examination plan will be presented in the LCSW validation report which is in press.

Appendix B: Marriage and Family Therapist Examination Outline

Content area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Number of Tasks in Content Sub-section	Area Weight (%)	Subarea Weight (%)	Sub-section Weight (%)
I. Clinical Evaluation	22			22		
A. Initial Assessment		6			7	
B. Additional Assessment		7			7	
C. Referrals		3			3	
D. Diagnosis		6			5	
II. Crisis Management	15			14		
A. Assessment		3			3	
B. Evaluation		5			5	
C. Management		7			6	
III. Treatment Planning	18			14		
A. Goals		3			3	
B. Clinical Factors		7			6	
C. Theoretical Orientation		8			5	
IV. Treatment	21			17		
A. Therapeutic Relationships		5			5	
B. Interventions		16			12	
1. Theory			8			5
2. Clinical Factors			4			4
3. Termination			4			3
V. Ethics	16			16		
A. Informed Consent		5			5	
B. Therapeutic Boundaries		4			5	
C. Management of Ethical Issues		7			6	
VI. Law	17			17		
A. Confidentiality and Privilege		7			7	
B. Exception		3			2	
C. Professional Conduct		7			8	
TOTAL	109			100		

Appendix C: National Counselor Examination (public version)

I. Fundamental Counseling Issues

This section encompasses counseling tasks related to the professional counselor's theoretical and applied knowledge to address the client's multifaceted issues.

II. Counseling Process

This section addresses tasks necessary for structuring, directing and facilitating counseling sessions as well as treatment interventions.

III. Diagnostic and Assessment Services

This section addresses the professional counselor's application of responsible and effective diagnostic and assessment procedures.

IV. Professional Practice

This section encompasses professional counseling activities typically undertaken as adjuncts to direct client service. Tasks in this section also include behaviors associated with the application of skills characteristic of the in-session counseling process.

V. Professional Development, Supervision, and Consultation

This section covers tasks related to the development and maintenance of counselor identity, competence, and professional collaboration.

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

To: Board Members

Date: July 15, 2010

From: Tracy Rhine
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: Acceptance of National Examination for LPCC Licensure

Senate Bill 788 (Wyland), Chapter 619, Statutes of 2009 created the Licensed Professional Clinical Counselor Act which requires the Board of Behavioral Sciences (Board) to license and regulate Licensed Professional Clinical Counselors (LPCCs).

Business and Professions Code Section 4999.52 requires every applicant for licensure as a professional clinical counselor to take an examination that measures knowledge and abilities demonstrably important to the safe, effective practice of the profession. This section of law requires the Board to evaluate various national examinations in order to determine whether they meet the prevailing standards for the validation and use of licensing and certification tests in California.

The Board has contracted with Dr. Tracy Montez, Applied Measurement Services, LLC (AMS) to perform the analysis necessary to determine if any national examination meets the standards required by law.

Attachment

Assessment of National Board for Certified Clinical Counselors National Counselors and National Clinical Mental Health Counselor Examinations, Dr. Tracy Montez, AMS

Applied Measurement Services, LLC

July 12, 2010

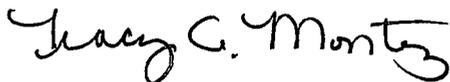
Kim Madsen, Executive Officer
California Department of Consumer Affairs
Board of Behavioral Sciences
1625 N. Market Blvd., Ste. S-200
Sacramento, CA 95834

Dear Ms. Madsen:

Applied Measurement Services, LLC (AMS) is concluding its assessment of the National Board for Certified Counselors (NBCC) National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination (NCMHCE). The purpose of the assessment was to determine whether the NCE and NCMHCE meet prevailing standards for fair, valid and legally defensible licensure examinations. Further, their suitability for use as a licensure requirement for Licensed Professional Clinical Counselors in California was being evaluated.

Due to confidentiality parameters outlined in the NBCC Confidentiality/Ownership Agreement, a report will be presented at the Board of Behavioral Sciences Board meeting on July 28, 2010 during closed session. AMS will also be available during open session to provide a summary and address questions, as appropriate under the confidentiality and security agreement provisions. Enclosed is an outline of the report, listing only the professional guidelines and technical standards that guided the evaluation of NCE and NCMHCE programs.

Sincerely,



Tracy A. Montez, Ph.D.
President

An Assessment of the
National Board for Certified Clinical Counselors
National Counselor and
National Clinical Mental Health Counselor
Examinations

Performed for the
California Department of Consumer Affairs
Board of Behavioral Sciences

Performed by Applied Measurement Services, LLC
Tracy A. Montez, Ph.D.

July 2010

**OUTLINE OF PROFESSIONAL GUIDELINES &
TECHNICAL STANDARDS**

Chapter 1: Introduction

Licensing boards and bureaus within the California Department of Consumer Affairs are required to ensure that examination programs being considered for use in the California-licensure process are in compliance with psychometric guidelines and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the respective profession.

In January 2010, the Department of Consumer Affairs Board of Behavioral Sciences (BBS) contracted with Applied Measurement Services, LLC (AMS) to conduct an assessment of the National Board for Certified Counselors, Inc. (NBCC) and Affiliates National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination (NCMHCE). The full contract concludes December 31, 2010.

The NBCC was incorporated in 1982 to establish and monitor a national certification system, identify counselors who have voluntarily sought and obtained certification, and maintain a register of those counselors (<http://www.nbcc.org>).

The NBCC Board of Directors is composed of six National Certified Counselors (NCC) and one public member who have staggered terms. The board members are elected to serve three-year terms and may be re-elected to a second three-year term. The NBCC Nominations Committee, a sub-committee of the NBCC Board, disseminates a notice to all NCCs when a position needs to be filled. Interested NCCs are provided a nomination packet. Then, the NCC Nominations Committee studies the needs of the Board and prepares a list of possible candidates, which then involves an interview process and voting by the full NBCC Board (NBCC, personal communication, June 18, 2010, p. 1).

The NBCC is accredited by the National Commission for Certifying Agencies, the accrediting body for the National Organization for Competency Assurance. The mission of the NBCC and Affiliates is to promote counseling through certification.

In pursuit of this mission, NBCC promotes quality assurance in counseling practice; promotes the value of counseling; promotes public awareness of quality counseling practice; promotes professionalism in counseling; promotes leadership in credentialing. (<http://www.nbcc.org>)

According to the NBCC, Applied Measurement Professionals, Inc. (AMP) is their computer-based testing vendor. AMP is a Kansas City headquartered company founded in 1982. AMP provides certification organizations, government agencies, professional associations and private industry with innovative assessment and management solutions (<http://www.goamp.com>).

AMS worked primarily with the NBCC through Shawn O'Brien, Vice President, Center for Credentialing and Education. AMS received and reviewed NCE and NCMHCE program documents provided by the NBCC and BBS. An evaluation of these documents

was made to determine whether the (a) job analysis¹, (b) examination development, (c) passing scores², (d) test administration, (e) examination performance, and (f) test security procedures meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)*³ and *Business and Professions Code Section 139* (see the *Examination Validation Policy*)⁴. It should be noted that since the statistical data presented in the documents were considered credible, they were not reanalyzed.

¹ A job analysis is also known as a practice analysis, an occupational analysis, or a task analysis.

² A passing score is also known as a pass point, cut score, or standard score.

³ American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.

⁴ California Department of Consumer Affairs. (2004). *Examination Validation Policy*. Sacramento, CA: California Department of Consumer Affairs.

Chapter 2: Job Analysis

Standards

The most relevant standard from the *Standards* relating to job analyses, as applied to credentialing or licensing examinations, is:

Standard 14.14

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted. (p. 161)

The comment following *Standard 14.14* emphasizes its relevance:

Comment: Some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the licensure or certification of people employed in a variety of settings and specialties, a number of different practice settings may need to be analyzed. Although the practice analysis techniques may be similar to those used in employment testing, the emphasis for licensure is limited appropriately to knowledge and skills necessary for the effective practice . . . In tests used for licensure, skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included. (p. 161)

Section 139 requires that every board, bureau, commission, and program report annually on the frequency of their occupational analysis, examination validation and development. The Department of Consumer Affairs' *Examination Validation Policy* states:

Occupational analyses and/or validations should be conducted every three to seven years, with a recommended standard of five years, unless the board, program, bureau, or division can provide verifiable evidence through subject matter experts or a similar procedure that the existing occupational analysis continues to represent current practice standards, task, and technology. (p. 2)

Findings and Issues

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

Chapter 3: Examination Development

Standards

Examination development includes many steps within an examination program, from the development and evaluation of a job analysis to scoring and analyzing questions or items following the administration of an examination. Specific activities evaluated in this section of the report include item writing, linking to content outline, and developing examination forms.

The most relevant standards from the *Standards* relating to examination development, as applied to credentialing or licensing examinations, are:

Standard 3.6

The type of items, the response formats, scoring procedures, and test administration procedures should be selected based on the purposes of the test . . . The qualifications, relevant experiences, and demographic characteristics of expert judges should also be documented. (p. 44)

Standard 3.7

The procedures used to develop, review, and try out items, and to select items from the item pool should be documented. If the items were classified into different categories or subtests according to the test specifications, the procedures used for the classification and the appropriateness and accuracy of the classification should be documented. (p. 44)

Standard 3.11

Test developers should document the extent to which the content domain of a test represents the defined domain and test specifications. (p. 45)

Findings and Issues

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

Chapter 4: Passing Scores⁵

Standards

The passing score of an examination is the score that represents the cut off that divides those candidates for certification or licensure who are minimally competent and those who are incompetent.

The most relevant standards from the *Standards* relating to passing scores, points, cut scores, or standard scores as applied to credentialing or licensing examinations, are:

Standard 4.21

When cut scores defining pass-fail or proficiency categories are based on direct judgments about the adequacy of item or test performance or performance levels, the judgmental process should be designed so that judges can bring their knowledge and experience to bear in a reasonable way. (p. 60)

Standard 14.17

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for acceptable performance in the occupation or profession and should not be adjusted to regulate the number or proportion of persons passing the test. (p. 162)

The supporting commentary on passing or cut scores in the Standards, Chapter 4 – Scales, Norms, and Score Comparability states that there can be no single method for determining cut scores for all tests and all purposes. The process used should be clearly documented and defensible. The qualifications of the judges involved, and the process of selection should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to assure that judges understand what they are to do.

In addition, the supporting commentary in the Standards – Chapter 14 – Testing in Employment and Credentialing states that the focus of credentialing standards is on “levels of knowledge and performance necessary for safe and appropriate practice” (p. 156). “Standards must be high enough to protect the public, as well as the practitioner, but not so high as to be unreasonably limiting” (p. 157).

Findings and Issues

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

⁵ Recall a passing score is also known as a pass point, cut score, or standard score.

Chapter 5: Test Administration

Standards

The most relevant standards from the *Standards* relating to test administration, as applied to credentialing or licensing examinations, are:

Standard 5.1

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer, unless the situation or a test taker's disability dictates that an exception should be made. (p. 63)

Standard 5.2

Modifications or disruptions of standardized test administration procedures or scoring should be documented. (p. 63)

Standard 5.5

Instructions to test takers should clearly indicate how to make responses. Instructions should also be given in the use of any equipment likely to be unfamiliar to test takers. Opportunity to practice responding should be given when equipment is involved, unless use of the equipment is being assessed. (p. 63)

Findings and Issues

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

Chapter 6: Examination Performance

Standards

The most relevant standards from the *Standards* relating to examination performance, as applied to credentialing or licensing examinations, are:

Standard 2.1

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant reliabilities and standard errors of measurement or test information functions should be reported. (p. 31)

Standard 3.9

When a test developer evaluates the psychometric properties of items, the classical or item response theory (IRT) model used for evaluating the psychometric properties of items should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are selected and the data used for item selection, such as item difficulty, item discrimination, and/or item information, should also be documented. When IRT is used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented. (pp. 44-45)

Findings and Issues

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

Chapter 7: Information Available to Candidates

The most relevant standards from the *Standards* relating to candidate information, as applied to credentialing or licensing examinations, are:

Standard 8.1

Any information about test content and purposes that is available to any test taker prior to testing should be available to *all* test takers. Important information should be available free of charge and in accessible formats. (p. 86)

Standard 8.2

Where appropriate, test takers should be provided, in advance, as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, and confidentiality protection as is consistent with valid responses. (p. 86)

Findings and Issues

Public information is being provided in this section; however, additional comments will be presented in closed session.

The NBCC website is located at www.nbcc.org. It provides extensive information about the NBCC as a central resource for information for both counselors and the general public.

Finding 30. By clicking on “Certification,” candidates can locate the following informational items in this section of the homepage:

- NCE
- FAQ
- Appeals
- Score Verifications
- Study Guides

Finding 31. By clicking on “State Licensure,” candidates can locate the following informational items in this section of the homepage:

- Registration
- State Board Directory
- Scoring
- Exams
- Statistics
- Study Guides

Finding 32. The NBCC Official Preparation Guide for the National Counselor Examination for Licensure and Certification contains detailed information how to prepare and take the examination. The cost is \$34.95 to purchase the guide.

Issue 11. In addition to the NBCC preparation guide, several other study guide and preparation materials are listed on the NBCC website. According to the website,

NBCC does not endorse or uphold any claims made by vendors of study materials listed. NBCC does not guarantee enhanced performance on any NBCC exam as a result of using study materials. No enhanced performance on any NBCC exam is expressed or implied for individuals purchasing or using ANY of the study materials listed below. NBCC does not guarantee the accuracy of information provided by study material advertisers (<http://nbcc.org/study/>).

Chapter 8: Test Security

Standards

The most relevant standards from the *Standards* relating to test security, as applied to credentialing or licensing examinations, are:

Standard 5.6

Reasonable efforts should be made to assure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent means.
(p. 64)

Standard 5.7

Test users have the responsibility of protecting the security of test materials at all times. (p. 64)

Findings and Issues

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

Chapter 9: Overall Conclusions

To be provided at the BBS Board Meeting on July 28, 2010 in closed session.

This Agenda Item will be
Provided in a Supplemental
Package

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

To: Board Members

Date: July 14, 2010

From: Rosanne Helms
Legislative and Regulatory Analyst

Telephone: (916) 574-7830

Subject: Consideration of “Couple and Family Therapy” Degree Title

Background

Alliant International University has asked the Board to consider seeking legislation that changes the Business and Professions Code (BPC) to accept degrees in “Couple and Family Therapy.” This change would reflect a growing trend to acknowledge a greater diversity of relationships with which Marriage and Family Therapists (MFTs) work.

BPC Sections 4980.36(b) and 4980.37(b) currently state that to qualify for a license or registration, applicants shall possess a doctor’s or master’s degree in one of the following:

- Marriage, family, and child counseling;
- Marriage 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.

Previously, the Counseling degree was stated as “Counseling with an emphasis in either marriage, family and child counseling, or social work with an emphasis in clinical social work.” This was changed with SB 724, Chapter 728, Statutes of 2001.

The remainder of the degree titles have been in place since at least 1986.

Other Programs with the “Couple and Family Therapy” Degree Title

Several other programs nationwide have Coalition on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited graduate programs awarding **degrees titled** “Couple and Family Therapy” or “Couples and Family Therapy.” They are as follows:

- University of Maryland
- North Dakota State University
- Ohio State University
- University of Oregon
- Drexel University

Additional COAMFTE-accredited programs *named* “Couple and Family Therapy” or “Couples and Family Therapy” include:

- Iowa State University
- University of Rhode Island
- Antioch University Seattle

Note: This list was provided by Alliant International University and is based on information obtained from the programs’ web sites, March-April 2010.

Licensing and Examination Committee Recommendation

At its meeting on June 14, 2010, the Licensing and Examination Committee approved a motion to recommend that the Board direct staff to draft language to add the “Couple and Family Therapy” degree title to the list of approved degree titles in BPC Sections 4980.36(b) and 4980.37(b)

Attachment

Letter, Alliant International University

April 16, 2010

Dear Board of Behavioral Sciences,

Marriage and family therapy programs around California and across the continent are beginning to change class titles and even program titles to be more inclusive. Because MFTs do not work solely with marital relationships, programs are frequently replacing the word "marital" (or "marriage") with "couple" in the names of classes, degrees, and the programs themselves.

Some of the most respected and prestigious COAMFTE-accredited programs in the country have changed the name of the degree they offer, in order to reflect this greater diversity of relationships with which students are trained to work. Ohio State, the University of Maryland, and North Dakota State are three examples of programs widely considered to be on the cutting edge of MFT research and practice, who have changed their degree titles to "Couple and Family Therapy."

BBS regulations allow for such degree titles to be accepted for California MFT licensure when the degree comes from out of state. However, current language prohibits programs in California from a similar respect for diversity. California MFT programs are precluded from changing their degree titles to be more inclusive of the many kinds of diverse nonmarital relationships with which MFTs work. Chapter 13 Sections 4980.36 and 37 of the California Business and Professions Code states (emphasis added): "(a) Applicants shall possess a doctor's or master's degree [...] in marriage, family, and child counseling, marriage 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."

Out-of-state degrees, including those under different names, may be recognized by the BBS if they are "substantially the equivalent" of requirements in California law (4980.80). This allows for degrees from universities like Ohio State, Maryland, North Dakota State, and others to be accepted. However, the lack of recognition for "couple and family therapy" degrees earned *within* the state ensures that California programs will not be on the leading edge of recognizing the diverse couple and family constellations treated by MFTs in the state.

At this time, we respectfully request the BBS seek legislation that changes the Business and Professions Code to accept degrees in "Couple and Family Therapy" awarded by accredited or approved degree programs within the state of California as meeting the educational requirements for MFT licensure, presuming such degrees meet all other standards in the law.

Regards,



Benjamin Caldwell, PsyD, MFT

On behalf of the systemwide faculty of the MFT programs at Alliant International University
San Diego, Irvine, Los Angeles, and Sacramento, CA

President's Office
One Beach Street
Suite 200
San Francisco, CA
94133-1221
415.955.2000

Fresno
5130 E. Clinton Way
Fresno, CA
93727-2014
559.456.2777

Irvine
2500 Michelson Drive
Suite 250
Irvine, CA
92612-1548
949.833.2651

Los Angeles
1000 S. Fremont Avenue
Unit 5
Alhambra, CA
91803-8835
626.284.2777

Sacramento
2090 W. El Camino
Sacramento, CA
95833
916.565.2955

San Francisco
One Beach Street
Suite 100
San Francisco, CA
94133-1221
415.955.2100

San Diego | Scripps Ranch
10455 Pomerado Road
San Diego, CA
92131-1799
858.635.4000

Alliant Mexico
[Red de
Universidades S.C.]
Alvaro Obregon #110
Colonia Roma
CP 06700
Mexico City, Mexico
(52.55) 5264.2187

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

To: Board Members **Date:** July 15, 2010

From: Tracy Rhine **Telephone:** (916) 574-7847
Assistant Executive Officer

Subject: **Use of the ASWB Clinical Licensure Exam by the Board**

The National Association of Social Workers (NASW), California Chapter, sponsored legislation this year, Assembly Bill 2167 (Nava) that would have required the Board to accept the Association of Social Work Boards (ASWB) Clinical Level examination in place of the current Board administered standard exam for clinical social worker licensure. The bill was subsequently amended to require the Board to accept the ASWB exam only if the Board determines that the examination meets the prevailing standards for validation and use in California. According to NASW, AB 2167 is needed to address the following issues:

- a. The US Health Resources and Services Administration (HRSA) does not consider current Licensed Clinical Social Workers (LCSWs) to have license portability since California uses its own exam.
- b. Lack of access to Federal Loan Repayment Programs. Currently LCSWs are ineligible for the federal HRSA National Health Services Corps loan repayment program because California uses its own licensing exam.
- c. Reduce state expenditures by having social workers take an exam administered by ASWB instead of an examination developed and administered by the State.

California is the only state that develops and administers its own standard written exam. All other states use a version of an exam administered by ASWB.

Past Use of the ASWB

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

- 1) The practice analysis conducted by ASWB did not include a representative number of licensees in California, just 16 participants.

- 2) The sampling of participants in the practice analysis did not include demographics representative of California's population.
- 3) The pass rate for California's first-time examination participants was very high at 89%.

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

Previous Audit of the ASWB

In February of 2008, the Board formed the Examination Program Review Committee (EPRC) to engage in a review of the Board's examination programs for all licensing types. EPRC held its first meeting December 8, 2008. There were five subsequent meetings held in the next year throughout the state. These public meetings included training on examination validation and discussions with stakeholders relating to concerns with current and future examination processes.

In May 2008, Tracy Montez, PhD, of Applied Measurement Services (AMS), LLC, presented her findings based on the audit of the ASWB LCSW exam plan. Dr. Montez outlined strengths and weakness, or issues with the ASWB program in the overall conclusions presented to the Board. The issues identified by Dr. Montez relating to the ASWB examination program were: 1) discrepant information, 2) role of Examination Committee members and Board of Directors, 3) multiple use of test centers, 4) availability and confidentiality of clinical exam data, and 5) differences between the LCSW exam plan and clinical exam content outline. Dr. Montez stated that it would be inappropriate at that time for the Board to use the ASWB exam in California. Based on these findings the Board made the following recommendations:

- 1) Staff should work with ASWB to ensure that a significant sample of California LCSWs participate in the ASWB occupational analysis process.
- 2) EPRC should consider the ASWB examination in its work as it relates to licensure for clinical social work.
- 3) Staff should engage ASWB in discussions regarding the following items identified in the audit report:
- 4) Update ASWB materials -- The ASWB should take steps to update association- and examination-related materials to better reflect current policies and practices. These steps should be reasonable given practical and fiscal constraints.
- 5) Use more and diverse subject matter experts -- The ASWB should make every effort to use a variety of subject matter experts as participants in the practice analysis, as item writers, as passing score study participants, members of the examination committee and board of directors. The ASWB should discourage individuals from being too closely tied to all phases of the ASWB examination program (i.e., other than ASWB administrative staff).
- 6) Explore, and implement as needed, additional security strategies at computer-based testing centers -- The ASWB should explore additional security strategies to protect the integrity of the examination process. Strategies determined to be practical and fiscally responsible should be implemented to prevent (or, at the minimum, discourage) both minor and major security breaches.
- 7) Development and use of task and knowledge statements -- The ASWB should consider writing task and knowledge statements in greater detail to provide depth and specificity. Further, ASWB should release the knowledge statements as part of the Clinical exam content outline, and the linkage to the task statements. One of the purposes of an examination plan or content outline is to provide

information about a profession. Specifically, the purposes of the LCSW examination plan include revising or establishing regulatory policies, assisting with curriculum development, preparing candidates for the examination, and developing the licensure examination. The Board would expect to use the ASWB clinical exam content outline to meet similar purposes.

- 8) Availability of examination data -- The ASWB should release confidential examination data to the Board upon request, given parameters are established to maintain the confidentiality and security of the data. Examples of requested data would be monthly cumulative examination statistics for California candidates and annual technical reports reviewed by a qualified psychometrician representing the Board.

As directed by the Board, staff has made efforts to work with ASWB. In January 2009, staff provided ASWB with addresses for active clinical social workers licensed with the Board. The Board's understanding is that the list of licensees provided to ASWB would be used to increase the number of California licensees used in the ASWB practice analysis sampling plan.

Board Review of Recent Changes Made by ASWB

On March 16, 2010, the ASWB responded to the Board's concerns based on the audit of the ASWB LCSW exam plan, noting that it had taken steps to address each of the Board's concerns. These steps included a significant sample of California social workers being included in the latest ASWB practice analysis, a review of the exam program to ensure consistency, additions to the pool of subject matter experts, and implementation of additional exam security strategies. Under the direction of the Board, Dr. Montez has reviewed the recent changes made by the ASWB. Her assessment and recommendations are attached.

Recommendation

Conduct an open discussion regarding the Board's participation in the ASWB. If determined that the Board should rejoin the ASWB, direct staff to work with the Office of Professional Examination Services, AMS and the ASWB to develop an implementation plan to be reviewed and discussed in the Licensing and Examination Committee.

Attachment

Letter regarding assessment report on ASWB, Dr. Tracy Montez
Contract Negotiation Points

Applied Measurement Services, LLC

July 12, 2010

Kim Madsen, Executive Officer
California Department of Consumer Affairs
Board of Behavioral Sciences
1625 N. Market Blvd., Ste. S-200
Sacramento, CA 95834

Dear Ms. Madsen:

The purpose of this letter is to follow up on the comprehensive assessment of the Association of Social Work Boards (ASWB) Clinical licensure exam conducted for the Department of Consumer Affairs Board of Behavioral Sciences (BBS) by Applied Measurement Services, LLC (AMS) in 2007-08. Specifically, the BBS requested that AMS contact the ASWB to determine what steps had been taken to address the points presented in the final assessment report.

Before detailing the results of the follow up activities, AMS would like to acknowledge the cooperation from the ASWB and timely responses to inquiries. AMS communicated primarily with Donna DeAngelis, Executive Director, Kathleen Hoffman, Deputy Executive Director and Phil Gullion, Examination Program Director.

Follow Up Results

Recall, the assessment report concluded that the ASWB Clinical exam program has several methodological strengths beyond traditional licensure examination programs (e.g., use of item response theory and differential item functioning, performance of readability studies, use of psychometric services, and ongoing research to improve examination program).

Given those strengths; however, there were additional points that the BBS should have considered before rendering a decision to adopt the ASWB Clinical exam. Both minor and major points were presented. Minor points included: (a) role of Exam Committee members and Board of Directors; (b) multiple uses of computer-based testing centers; and, (c) discrepancies across information presented in ASWB publications. Major points included: (a) availability and confidentiality of Clinical exam program data and information, and (b) differences between the BBS Licensed Clinical Social Worker (LCSW) examination plan and the ASWB Clinical exam content outline/test blueprint.

In response to inquiries about these points, the ASWB supplied documents and reports to AMS for purposes of follow up. Further, email communications with representatives from ASWB provided clarification to questions about the information provided. It should be noted that AMS conducted follow up activities under the same confidentiality/ownership agreement that was signed for the initial contracted assessment project. Therefore, information disclosed to the BBS

and the public will be done under the parameters outlined in the ASWB confidentiality/ownership agreement.

Minor Points

Regarding the minor points, documents such as the ASWB Examination Program Yearbook 2009 and the ASWB 2010 Passing Score Study show a diverse pool of subject matter experts involved in all phases of examination development. Approximately, 25% of the subject matter expert pool consists of individuals who have five years or less experience as a licensee. Unlike the BBS, however, the ASWB does allow academicians/faculty members to participate in examination development activities.

Further, a review the ASWB Request for Proposals (RFP) for Examination Development and Administration Services demonstrates an awareness of critical services that should be provided to maintain test security and protect the integrity of the licensure examination process during all phases, including test administration. The ASWB has entered into negotiations with a well-known psychometric vendor; and, therefore cannot disclose specific test administration details at this time. However, the RFP was provided to AMS to illustrate ASWB's expectations regarding test administration security.

Finally, in a letter to Ms. Madsen, dated March 16, 2010, Ms. DeAngelis stated that the "ASWB reviewed materials related to the exam program to ensure consistency in the presentation of current policies and practices..."

Major Points

Regarding the major points, if the BBS chooses to become an ASWB jurisdiction and agrees to the terms related to non-disclosure of confidential data, the ASWB would share annual test statistics from each Clinical exam form administered. If the BBS requests to review additional data or materials, the ASWB would consider the request on a case-by-case basis and work to seek a mutually agreeable solution with the BBS.

The final point to be addressed pertains to the practice analysis conducted by the ASWB and the resulting differences between the BBS LCSW examination plan and the ASWB Clinical exam content outline.

First, unlike past practice analyses conducted by the ASWB, the Practice Analysis Task Force included two representatives from California. Additional information about California's participation will be detailed in closed session adhering to confidentiality parameters.

The resulting Clinical exam content outline was slightly revised from the initial one reviewed in 2007-08. The most significant change, however, was that content directed toward management and clinical supervision was reduced “. . . as a reflection of the realities of the social work profession on entry to this level of practice” (ASWB, p. 5)¹.

A meeting was conducted on June 24, 2010 with LCSW subject matter experts to compare the ASWB Clinical exam content outline and the California LCSW examination plan. Although the content was organized and presented differently, it appears that most of the same competencies are measured across the exams. However, because the knowledge, skill, and ability statements are listed with little description, it was difficult for the LCSWs to conclude the depth and specificity of measurement which would be represented in actual test items (i.e., this was a similar concern noted in the 2008 assessment).

Therefore, measurement of competency associated with the following subjects did not appear as strongly measured on the ASWB Clinical exam plan when compared to the California LCSW examination plan:

- Acculturation and diversity
- Client empowerment
- Crisis
- Exploitation of children and the elderly
- Scope of competence
- Psychoeducation

The conclusion reached by the LCSWs, shared by the LCSW group in 2008, was that the ASWB Clinical exam appears to be a theory-driven examination versus the California LCSW exam which is practice-driven, relying on application and analysis of critical knowledge.

Another conclusion arrived by the LCSWs is that the ASWB Clinical exam content outline still reflects measurement of competencies under “Management of Cases” that is *not* considered appropriate for entry-level practitioners in California (e.g., performance appraisal and evaluation, effects of agency functioning on service delivery, impact of social welfare legislation, case recording for supervision).

These conclusions do not necessarily make one exam better than the other rather it reflects a difference in the measurement of entry-level competency.

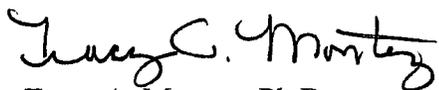
¹ Association of Social Work Boards. (2010). *Analysis of the practice of social work 2010*. Culpeper, VA: Author.

July 12, 2010
Madsen, K.
Page 4

Overall, the information presented to and reviewed by AMS demonstrates a continued commitment by the ASWB to make reliable and valid decisions about competency to practice social work at a clinical level. Further, the ASWB has responded to BBS concerns and taken steps to address those concerns in what appears to be a mutually favorable resolution.

AMS will be available to address questions about the follow up assessment at the July 28, 2010 BBS board meeting in Sacramento, California.

Sincerely,

A handwritten signature in cursive script that reads "Tracy A. Montez".

Tracy A. Montez, Ph.D.
President

Attachment

Contract Negotiation Points

1. Continue to diversify the subject matter expert pool

The ASWB should continue to use a variety of subject matter experts as participants in all phases of examination development, focusing on recruitment of *practitioners providing clinical social work services* and representation of entry-level practitioners.

2. Involve California subject matter experts and clinical item development resources to assist in developing more practice-oriented test questions.

California has a large pool of subject matter experts consisting of actively practicing clinical social workers who have extensive training and experience in writing application-oriented test questions.

3. Development and use of knowledge statements

The ASWB should again consider writing knowledge statements in greater detail to provide depth and specificity. This strategy would assist in the development of more practice-oriented questions rather than theory-driven. This strategy would also allow for more meaningful information to be provided to candidates without compromising the integrity of the examination.

4. Availability of examination data and review of Clinical exam program processes

The ASWB should release confidential examination data to the BBS upon request, given parameters are established to maintain the confidentiality and security of the data. Examples of requested data would be *monthly* cumulative examination statistics for California candidates and *annual* technical reports reviewed by a qualified psychometrician representing the BBS. The ASWB should expect the BBS to closely monitor the Clinical exam program to ensure that it continues to meet professional guidelines and technical standards for use in California licensure as a clinical social worker, recognizing consumer protection is the ultimate goal of the licensure process.

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

To: Board Members **Date:** July 14, 2010

From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative/Regulatory Analyst

Subject: **Summary of Responses – Licensed Professional Clinical Counselor Courses
Required for Licensure Survey**

Summary of Respondents

BBS asked schools throughout California to complete a survey listing courses offered that would satisfy Licensed Professional Clinical Counselor (LPCC) licensure requirements of the Board in thirteen “Core Content Areas” and eight “Additional Coursework Requirements.” Attached is the survey, a sample response, and a disclaimer that the board intends to use when posting program responses online. We requested this information from 104 schools (86 Marital & Family Therapy (MFT) programs and 18 Licensed Clinical Social Worker (LCSW) programs). There were 43 responses to our request.

Below is a summary of the types of degrees offered by responding programs:

- **Masters in Psychology** (Clinical Psychology, Counseling Psychology, or MFT emphasis) – 18 programs (42%)
- **Masters in Counseling** (Psychology or MFT emphasis) 10 programs (23%)
- **Masters in Marital and Family Therapy** – 9 programs (21%)
- **Master of Social Work** – 4 programs (9%)
- **Masters in Social Welfare** – 1 program (2%)
- **Clinical Psychology Ph.D.** – 1 program (2%)

Staff is planning on posting the responses to the BBS website so that students may access the information when planning their course schedule. The survey template will also be posted online so that additional schools may respond.

Lack of Courses Offered

Of the 43 responses, there was one “Core Content Area” in which about half of the programs offered no course content. There were 23 programs which stated they offered no course content in Item #3, “Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development”. No other “Core Content Area” had a significant number of programs offering no courses.

In the “Additional Coursework Requirements” category, five programs stated they have no courses offered in Item #8, “A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.” This is a new course requirement, and all other “Additional Coursework Requirements” are already required of current BBS licensees.

LPCC Programs

To date, staff has only compiled responses for MFT and LCSW school programs. In June, staff sent out a survey to the LPCC programs, and asked that these programs respond by July 30, 2010.

Board of Behavioral Sciences
LPCC Courses Required for Licensure
from

School Name

CORE CONTENT AREAS

For each section below please list the course title(s) and number(s) for courses that cover some or all of the subject matter identified in the core content area. You can use courses more than once across the different core content areas. In order for an applicant to receive full credit in the core content area, he or she must have taken the equivalent of three semester units or 4.5 quarter units of coursework.

<p>1. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.</p>	
<p>2. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.</p>	
<p>3. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.</p>	
<p>4. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.</p>	
<p>5. Assessment, appraisal, and testing of individuals,</p>	

<p>including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.</p>	
<p>6. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.</p>	
<p>7. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.</p>	
<p>8. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.</p>	
<p>9. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers,</p>	

strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients.	
10. Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.	
11. Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.	
12. Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.	
13. Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.	
ADDITIONAL COURSEWORK REQUIREMENTS For each section below please list the course title(s) and number(s) for courses that cover the subject matter identified. Please refer to the sample if you have questions.	
1. A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse	

dependency	
2. A minimum of 10 contact hours of instruction or coursework in human sexuality	
3. A two semester or three quarter unit survey course in psychopharmacology	
4. A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics	
5. A minimum of seven contact hours of training or coursework in child abuse assessment and reporting	
6. A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors	
7. A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging	
8. A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches	

EXAMPLE

BBS will determine on a case by case basis how many units from a particular course will be granted toward satisfaction of a core content area. Not all courses may satisfy the requirement in full. In order to meet a core content requirement, an individual may need to use portions of a course or courses to arrive at the mandatory 3 semester unit or 4.5 quarter unit equivalency. For example, after looking at the course syllabus and other information, BBS may determine that a 3 semester unit course covers 1 semester unit of content of a core content area. In that case, only 1 semester unit would be applied toward satisfaction of the requirement. The other 2 semester units in the core content area would need to be satisfied using other courses.

The hypothetical example below shows how, after reviewing course syllabi and course descriptions, BBS may decide to apply units toward satisfaction of the requirements. The example below is meant to demonstrate that BBS may only choose to use portions of some courses toward satisfying the core requirements; courses and course numbers shown for purposes of this example are fictional.

Core Content Areas	Applicant's Submittal	BBS Decision
1. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional	<i>Units shown in semester units</i> PSY 440 (3 units) PSY 441 (3 units) PSY 520 (3 units)	PSY 440 (3 units) - 1 unit accepted PSY 441 (3 units) - 1 unit accepted PSY 520 (3 units) - 1 unit accepted
2. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both	PSY 420 (3 units)	PSY 420 (3 units) - 3 units accepted
3. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.	PSY 548 (3 units)	PSY 548 (3 units) - 0 units accepted <i>*Course determined not in content area upon review - 3 unit deficiency</i>
4. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of	PSY 420 (3 units) PSY 522 (3 units)	PSY 420 (3 units) - 0 units accepted PSY 522 (3 units) - 3 units accepted
5. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting	PSY 493 (3 units)	PSY 493 (3 units) - 3 units accepted

PSY 420 units are exhausted (3 already used)

Core Content Areas	Applicant's Submittal	BBS Decision
6. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional	PSY 495 (3 units) PSY 520 (3 units)	PSY 495 (3 units) - 1 unit accepted PSY 520 (3 units) - 2 units accepted
7. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria	PSY 547 (3 units)	PSY 547 (3 units) - 2 units accepted <i>* 1 unit deficiency</i>
8. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs	PSY 430 (3 units)	PSY 430 (3 units) - 3 units accepted
9. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients.	PSY 440 (3 units)	PSY 440 (3 units) - 0 units accepted <i>* Course determined not in content area upon review - 3 unit deficiency</i>

PSY 520 units now exhausted (3 used)

Disclaimer for Licensed Professional Clinical Counselor Education Requirements

The courses listed within this document represent the educational program's opinion regarding which of its courses satisfy the Board of Behavioral Sciences (BBS) Licensed Professional Clinical Counselor (LPCC) program "Core Content" and "Additional Coursework" education requirements.

The content of these courses has **not** been verified by the BBS at this time. Upon submittal of an application for an LPCC license, each applicant will submit course syllabi and/or course descriptions from which the BBS will determine if the content meets a requirement in part or in full. BBS maintains full discretion in determining if a course satisfies a particular requirement as well as the number of units granted.

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

To: Board Members **Date:** July 15, 2010

From: Tracy Rhine **Telephone:** (916) 574-7847
Assistant Executive Officer

Subject: Marriage and Family Therapist Trainee; Practicum Requirement

Background

In early 2007, the Board began discussing some needed revisions to the education requirements for MFT licensure. Through a number of meetings of the Marriage and Family Therapist Education Committee (Committee), and subsequent discussion at Board meetings, board staff, MFT educators, licensee member associations and other stakeholders developed the concepts that eventually became Board sponsored legislation to change the education requirements of MFTs. SB 1218 (Correa) containing the Board's education change proposal was vetoed by the Governor in 2008, however, subsequent and identical legislation, SB 33 (Correa) Chapter 26, Statutes of 2009 was signed into law the following year and became effective January 1, 2010.

One change in the new law requires MFT trainees, after August 1, 2012, to be enrolled in a practicum course while counseling clients (BPC §4980.36(d)(1)(B)(iii)). Currently a trainee must take six semester units or nine quarter units of practicum as part of his or her degree program, and may not practice as a trainee until he or she has completed 12 semester units or 18 quarter units of coursework in a qualifying degree program and obtain an approval and written agreement from his or her degree program. Additionally, a trainee treating clients must be enrolled in a master's or doctorate degree program designed to qualify him or her for licensure (BPC §4980.03(c)). According to Committee minutes, the provision requiring enrollment in a practicum course for trainees counseling clients evolved from an initial proposal brought to the Committee that would have simply increased the number of units of practicum required for licensure to the equivalent of nine semester units, which represented a proportional increase corresponding to the increase in the direct client contact hours required. However, during discussions stakeholders conveyed to Board members that the increasing of the practicum unit requirement would be burdensome to some schools and the increase in units required may displace other courses integral to the MFT education program. In response to these concerns the Board did not mandate increased units of practicum, but instead, included in legislation the language currently found in law requiring trainees to be enrolled in practicum if he or she is counseling clients.

Language Issues

Two issues have been brought to staff's attention surrounding this change in law. First, with the passage of SB 33, there is a conflict between the following sections of the BPC:

BPC §4980.36(d)(1)(B)(iii) *A student must be enrolled in a practicum course while counseling clients.*

BPC §4980.42(a) *Trainees performing services in any work setting specified in subdivision (e) of Section 4980.43 may perform those activities and services as a trainee, provided that the activities and services constitute part of the trainee's supervised course of study and that the person is designated by the title "trainee." **Trainees may gain hours of experience outside the required practicum.** Those hours shall be subject to the requirements of subdivision (b) and to the other requirements of this chapter.* [emphasis added]

Currently, a conflict exists only for those students enrolled in educational institutions that have, or are going to, transition their educational programs to meet the post-2012 requirements before that date. Current requirements for those educational programs not choosing to move to the new requirements before the mandated date (August 1, 2012) allow for trainees to counsel clients and gain experience outside of practicum. However, for those beginning graduate study on August 1, 2012, the existing statutory language directs applicants that they both can and cannot gain hours outside of practicum.

This conflict can be remedied by clarifying that trainees may only gain experience outside required practicum if he or she is enrolled in a degree program in compliance with BPC section 4999.37 (current education requirements).

The second issue is related to the operation of this provision. Staff has been made aware of possible implementation problems with requiring a trainee to be enrolled in practicum while counseling clients. Several schools have inquired on how this provision would operate during intersession and summer break, when students may not be able to enroll in a practicum course. This could present both issues related to continuity of care, when a trainee would have to take a summer off of work leaving those clients with a different practitioner or without care, and barriers to licensure when a trainee will not be able to gain direct client hours because they are unable to enroll in practicum.

The intent of the Board in requiring practicum for trainees counseling clients is to ensure that these minimally trained individuals have greater oversight from the school and to also provide mentorship and support for the trainees that they would not get outside the practicum course. By requiring enrollment in practicum and not increasing the total units of practicum required for MFT licensure, the Board afforded the flexibility to the schools to provide more practicum with the same amount of units. For example, one school contacted staff and stated that their institution would be offering one quarter unit practicum courses so that the trainee could be enrolled in a course every quarter, but not have to take extra units to meet the requirement.

CAMFT Opposition

In a letter received by the Board dated June 2, 2010 (ATTACHMENT C), the California Association of Marriage and Family Therapists (CAMFT) stated that the Board's interpretation of the practicum requirement was inconsistent with the intent of the legislature. Specifically, CAMFT argues that BPC Code section 4980.36(d)(1)(B)(iii) "...makes it clear that students, and only students must be enrolled in a practicum while counseling clients. It does not say that trainees must be enrolled in a practicum while counseling clients."

The Board received a subsequent letter dated June 28, 2010 (ATTACHMENT B) in which CAMFT stated, in response to discussion at the June 7, 2010 Policy and Advocacy Committee regarding this issue, that it believed that "allowing trainees to continue gaining hours of experience outside the required practicum, pursuant to the strict requirements of the Marriage and Family Therapist Act...is consistent with the Board's mandate of public protection."

CAMFT has contended, both in writing and during Committee testimony, that their organization does not believe that there is a proven need to require trainees to be enrolled in practicum to counsel clients.

Furthermore, CAMFT has stated that, as currently written, this law does not actually prohibit trainees from counseling clients during the period he or she is not enrolled in a practicum course, but only prohibits *students* from counseling clients during periods on non-enrollment.

Previous Board Action

At its April 9, 2010 meeting the Policy and Advocacy Committee voted to request that staff prepare draft language allowing trainees to counsel clients during breaks in the scholastic calendar year such as winter intersession or spring break, and bring the issue back to the full Board for discussion.

At its May 2010 meeting, the Board considered the draft language, as well as other options offered by staff to address the issues outlined above, including allowing trainees to counsel clients outside of practicum and, alternatively, not allowing any exemptions from the practicum requirement (including breaks in the scholastic calendar). After a full discussion by the Board and the public, the Board voted to allow trainees to counsel clients outside of practicum if that period outside of practicum is 45 days or less.

At its June 7, 2010 meeting, the Policy and Advocacy Committee discussed the proposed amendments presented to the committee that allowed for a 45 day exception from the practicum requirement. The Committee also reviewed and discussed the letter from CAMFT (dated June 2, 2010) that had been received after the distribution of Committee meeting materials. After Board member discussion, public comment, and Board Counsel consultation, the Committee voted to direct staff to draft language that would clarify that a “trainee” (not a *student*) could not counsel clients unless he or she is enrolled in a practicum course, except for the 45 day exemption period, and also recommended that the Board direct counsel to conduct a statutory analysis and render a legal opinion for the Board on this matter.

Proposed Amendments

The attached draft amendments exempt trainees from the practicum requirement during periods 45 days or less. This proposal amends section 4980.42(a) to correct the inconsistency allowing trainees to gain experience outside of practicum if the trainee is in a degree program meeting the pre 2012 education requirements. Amendments to BPC 4980.42(a) and to BPC §4980.36(d)(1)(B)(iii) allow for an exception during a period of time of 45 days or less. An additional amendment has been made to BPC §4980.36(d)(1)(B)(iii) to clarify that this law applies to trainees, not students.

Recommendation

Review and discuss the proposed draft language and direct Board Counsel to conduct a statutory analysis and render a legal opinion on whether a trainee under current law would be required to enroll in practicum to counsel clients.

Attachment

- A. Proposed Draft Language for Practicum Amendments
- B. Letter, CAMFT, June 28, 2010
- C. Letter, CAMFT, June 2, 2010

Proposed Amendments Related to MFT Practicum (July 15, 2010).

4980.42. TRAINEES' SERVICES

(a) Trainees performing services in any work setting specified in subdivision ~~(e)~~ (d) of Section 4980.43 may perform those activities and services as a trainee, provided that the activities and services constitute part of the trainee's supervised course of study and that the person is designated by the title "trainee."

(b) Trainees may gain hours of experience outside the required practicum if the qualifying degree program in which the trainee is enrolled is in compliance with the requirements set forth in section 4980.37.

(c) Trainees may not gain hours of experience if he or she is not enrolled in a practicum course for more than forty-five days, except for as provided in subdivision (b).

(d) All hours of experience gained pursuant to subdivision (b) and (c) ~~Those hours~~ shall be subject to the requirements of subdivision ~~(e)~~ (e) and to the other requirements of this chapter.

~~(b)~~ (e) On and after January 1, 1995, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site. If an applicant has gained hours of experience while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant's responsibility to provide to the board satisfactory evidence that those hours of trainee experience were gained in compliance with this section.

§4980.36 QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION; BEGINNING GRADUATE STUDY AFTER AUGUST 1, 2012 OR COMPLETING GRADUATE STUDY AFTER DECEMBER 31, 2018

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage 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 approved by the Bureau for Private Postsecondary and Vocational Education or accredited by either the Commission on the Accreditation of Marriage and Family Therapy Education or a regional accrediting agency recognized by the United States Department of 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.

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

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) 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.

(5) 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) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework 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, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. Up to 75 of those hours may be gained performing client centered advocacy, as defined in Section 4980.03.

(iii) A ~~student-trainee~~ must be enrolled in a practicum course while counseling clients, except as specified in subdivisions (b) and (c) of Section 4980.42.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low-income and multicultural mental health settings.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects.

(iv) A variety of cultural understandings of human development.

(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) Child and adult abuse assessment and reporting.

(ii) Spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) Cultural factors relevant to abuse of partners and family members.

(iv) Childbirth, child rearing, parenting, and stepparenting.

(v) Marriage, divorce, and blended families.

(vi) Long-term care.

(vii) End of life and grief.

(viii) Poverty and deprivation.

(ix) Financial and social stress.

(x) Effects of trauma.

(xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, "co-occurring disorders" means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.

(ix) Community resources offering screening, assessment, treatment, and follow-up for the affected person and family.

(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.

(xi) The prevention of substance use disorders and addiction.

(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:

(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(iii) The current legal patterns and trends in the mental health professions.

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

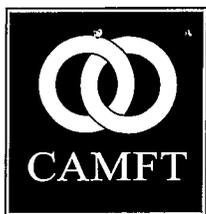
(v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(vi) Differences in legal and ethical standards for different types of work settings.

(vii) Licensing law and licensing process.

(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.



We're here for You!

CAMFT is dedicated to the advancement and understanding of the profession of marriage and family therapy as both an art and a science, to maintaining high standards of professional ethics and qualifications, and to expanding the recognition and utilization of the profession.

California Association of Marriage and Family Therapists

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

RECEIVED BY CALLIE
BOARD OF PHARMACY

2010 JUL -2 PM 2:28

June 28, 2010

Kim Madsen
Executive Officer
Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, California 95834

Dear Ms. Madsen and Members of the Board:

The purpose of this letter is to address an issue that was raised during the Monday, June 7, 2010, Board of Behavioral Sciences [hereinafter "Board"] Policy and Advocacy Committee Meeting. Specifically, whether allowing trainees to continue to gain hours of experience outside the required practicum was consistent with the Board's mandate "to protect the public from incompetent, unethical, or unprofessional practitioners." (See Bus. & Prof. Code, § 4980.34, subd. (c).)

It is the position of the California Association of Marriage and Family Therapists [hereinafter "CAMFT"] that allowing trainees to continue gaining hours of experience outside the required practicum, pursuant to the strict requirements of the Marriage and Family Therapist Act [hereinafter "Act"], is consistent with the Board's mandate of public protection.

Analysis of Marriage and Family Therapist Act As Applied To Trainees

Trainees have been continuously allowed to gain hours of experience outside the required practicum while adhering to the strict requirements of the Act. Allowing trainees to gain hours of experience in this fashion furthers the Board's mandate "to protect the public from incompetent, unethical, or unprofessional practitioners," by enabling trainees to develop important skills prior to becoming marriage and family therapists.

Who Is A Trainee?

As you are aware, a trainee, as defined by section 4980.03, subdivision (c), of the Code, is "an unlicensed person who is currently enrolled in a master's or doctor's degree program, as specified in Section 4980.36 and 4980.37, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program."

What Can A Trainee Do?

Trainees are allowed to accrue up to 1,300 hours of work experience towards the 3,000 hour requirement.

Section 4980.42, subdivision (a), of the Code, further expands on the role of trainees. It provides that trainees "may perform activities and services as a trainee, provided that the activities and services constitute part of the trainee's supervised course of study." As previously noted, this same subdivision allows trainees to gain hours of experience outside the required practicum.

How Does The Act Restrict Trainee Activities and Services?

Consistent with the Board's mandate of public protection, the Act has several built in restrictions that govern the activities and services of trainees. Some, but not all, of these restrictions also apply to interns.¹ As the following shows, the restrictions on how trainees perform activities and services, in many instances, are greater than those imposed on interns.

- (1) Trainees must be designated by the title, "trainee." (Bus. & Prof. Code, § 4980.42, subd. (a).)
- (2) All hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. (Bus. & Prof. Code, § 4980.42, subd. (b).)
- (3) The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site. (Bus. & Prof. Code, § 4980.42, subd. (b).)
- (4) Trainees, shall at all times, be under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the Board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. (Bus. & Prof. Code, § 4980.43, subd. (b).)
- (5) Trainees can gain hours of experience only as an employee or a volunteer. (Bus. & Prof. Code, § 4980.43, subd. (b).)
- (6) Trainees shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. (Bus. & Prof. Code, § 4980.43, subd. (c)(1).)

¹ Section 4980.03, subdivision (b), of the Code, defines an intern as, "an unlicensed person who has earned his or her master's or doctor's degree qualifying him or her for licensure and is registered with the Board."

- a. The supervision requirement for trainees is greater than for interns. Section 4980.43, of the Code provides that interns must receive at least one hour of direct supervisor contact in each week for which experience is credited in each work setting and must receive an additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting.
 - b. Additionally, interns working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. Trainees may not. (Bus. & Prof. Code, § 4980.43, subd. (c)(6).)
- (7) Trainees cannot earn hours or work experience in a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of these licensed professions. (Bus. & Prof. Code, § 4980.43, subds. (d)(1)(C), and (e)(2); See also Title 16, Calif. Code of Regs. § 1833, subd. (d)(2).)
 - a. There is no similar restriction for interns. In fact, only interns may gain hours of experience in a private practice setting. (See Bus. & Prof. Code, § 4980.43, subd. (e).)
- (8) Trainees shall not receive any remuneration from patients or clients, and shall only be paid by their employers. (Bus. & Prof. Code, § 4980.43, subd. (h).)
- (9) Trainees shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. (Bus. & Prof. Code, §4980.43, subd. (i).)
- (10) Trainees shall have no proprietary interest in their employers' business and shall not lease or rent space, pay for furnishings, equipment or supplies, or in any other way pay for the obligations of their employers. (Bus. & Prof. Code, § 4980.43, subd. (i).)
- (11) Trainees who provide volunteered services or other services can receive no more than a total from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred for services rendered. (Bus. & Prof. Code, § 4980.43, subd. (j).)
- (12) Trainees shall inform each client or patient, prior to performing any professional services, that he or she is unlicensed and under the supervision of a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology. (Bus. & Prof. Code, § 4980.48, subd. (a).)

Public Policy and Public Protection Mandate That Trainees Be Allowed To Continue Gaining Hours Of Experience Outside The Required Practicum Course

CAMFT agrees that the role of the Board is to protect the public from incompetent, unethical, and/or unprofessional practitioners. Protecting the public necessarily includes educating and training trainees to as to their ethical and professional duties. There is no better place to receive such education and training than in the workplace while under supervision.

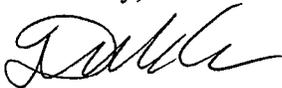
CAMFT supports that trainees should have some limitations on their activities while unlicensed. CAMFT's concern is that forcing trainees to be enrolled in a practicum course while counseling clients (Bus. & Prof. Code, § 4980.36, subd. (d)(1)(B)(iii)), is unduly harsh, prohibitive, unnecessary and disruptive to the treatment process with clients and employers.

To date, CAMFT is unaware of any concern regarding trainee's earning hours while not enrolled in a practicum course. The rules and regulations governing how, when and where trainees work, ensures the public that trainees are properly supervised, that their schools have agreements with places of employment. Patients who engage in therapy with trainees are aware of their unlicensed status.

From a more practical standpoint, requiring trainees to be enrolled in a practicum course while counseling clients jeopardizes patient safety and welfare, and places employers in potential jeopardy. A prime example of this is the situation where a trainee is working with a patient or patients and must stop because of summer break. Essentially, the trainee will be forced by the Board to abandon the patient, or at least refer the patient to another provider, thereby destroying the trust and relationship that patient has developed with the trainee.²

Finally, it should be noted that section 4980.01, subdivision (c), of the Code, exempts from the Act any individual, whether volunteer or employee, working in the following settings: A governmental entity; A school, college, or university; An institution that is both nonprofit and charitable. While subdivision (c), requires that the individual work under the supervision of the entity, school, or institution, it virtually allows anyone, whether licensed or not, whether registered or not, whether or not he or she has completed any Marriage and Family Therapy Coursework, to practice therapy in these settings. Trainees, on the other hand, are subjected to the rules and regulations set forth above, thereby providing greater public protection.

Sincerely,

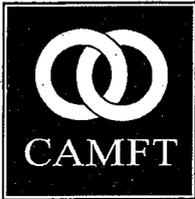


Douglas Lee
Staff Counsel



Mary Riemersma
Executive Director

² The other option is simply an exercise in futility. CAMFT has now been made aware that schools, in order to skirt the practicum requirement are simply going to create a one (1) unit practicum course which students can be enrolled in while counseling clients.



We're here for You!

June 2, 2010

*CAMFT is
dedicated to the
advancement and
understanding of
the profession of
marriage and
family therapy as
both an art
and a science, to
maintaining high
standards of
professional
ethics and
qualifications,
and to expanding
the recognition
and utilization of
the profession.*

Kim Madsen
Executive Officer
Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, California 95834

Dear Ms. Madsen:

This letter is in reference to the upcoming Monday, June 7, 2010, Board of Behavioral Sciences [hereinafter "Board"] Policy and Advocacy Committee Meeting in Sacramento. It is anticipated that there will be a discussion regarding the Marriage and Family Therapist Practicum Requirement as found in Business and Professions Code [hereinafter "Code"] section 4980.36, subdivision (d)(1)(B)(iii).

In short, it is the position of the California Association of Marriage and Family Therapists [hereinafter "CAMFT"] that the restriction now found in Business and Professions Code section 4980.36, subdivision (d)(1)(B)(iii), "A student must be enrolled in a practicum course while counseling clients," applies only to students who are not yet classified as a Marriage and Family Therapist Trainee. As a result, section 4980.42, subdivision (a), of the Code, which states in pertinent part, "Trainees may gain hours of experience outside the required practicum," remains good law and is unaffected by the enactment of section 4980.36 of the Code.

The Statutes

As noted above, there are two (2) statutes that pertain to this discussion:

- (1) Business and Professions Code section 4980.42, subdivision (a), provides in pertinent part, "Trainees may gain hours of experience outside the required practicum."
- (2) Business and Professions Code section 4980.36, subdivision (d)(1)(B)(iii), effective January 1, 2010, provides, "A student must be enrolled in a practicum course while counseling clients."

California Association
of Marriage and
Family Therapists

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

The Issue

It has come to the attention of CAMFT and CAMFT members, that the Board is interpreting newly enacted section 4980.36, subdivision (d)(1)(B)(iii), of the Code, as applying to both trainees and students, essentially anyone enrolled in a Marriage and Family Therapy Education program that is not an intern. Such an interpretation would prohibit trainees from gaining hours of experience outside the required practicum course as provided in section 4980.42, subdivision (a), of the Code.

Principles of Statutory Construction

There are four (4) principles of statutory construction which govern the analysis of sections 4980.36, subdivision (d)(1)(B)(iii), and 4980.42, subdivision (d), of the Code. Those are as follows:

- (1) When interpreting a statute, courts first examine the statutory language, giving it a plain and commonsense meaning. If the language is clear, courts must generally follow its plain meaning unless a literal interpretation would result in absurd consequences the Legislature did not intend. (*Coalition of Concerned Communities, Inc. v. City of Los Angeles* (2004) 34 Cal.4th 733, 737);
- (2) Courts presume that the Legislature, when enacting a statute, was aware of existing related laws and intended to maintain a consistent body of rules (*People v. Vessell* (1995) 36 Cal.App.4th 285, 289);
- (3) If two seemingly inconsistent statutes conflict, the court's role is to harmonize the law (*People v. Pieters* (1991) 52 Cal.3d 894, 899); and,
- (4) If inconsistent statutes cannot otherwise be reconciled, a particular or specific provision will take precedence over a conflicting general provision, and the specific provision will be considered as an exception to the general statute whether it was passed before or after such general enactment. (*People v. Gilbert* (1969) 1 Cal.3d 475, 479.)

CAMFT's Position

Adhering to the principals of statutory construction as set forth above, it is CAMFT's position that the Board's proposed interpretation of section 4980.36, subdivision (d)(1)(B)(iii), is inconsistent with the intent of the Legislature.

First, the plain language of section 4980.36, subdivision (d)(1)(B)(iii), of the Code, makes it clear that students, and only students must be enrolled in a practicum while counseling clients. It does not say that trainees must be enrolled in a practicum while counseling clients.

The Board's own publication, the Marriage and Family Therapist Student Handbook [hereinafter "Handbook"] makes it clear who is a trainee and who is a student. On page 5, the Handbook defines a Marriage and Family Therapist Trainee as one who has completed a

minimum of 12 semester or 18 quarter units in a qualifying degree program and has a written agreement between the school and each work site that details each party's responsibilities, including how supervision will be provided.

It is therefore CAMFT's position that the plain language of section 4980.36, subdivision (d)(1)(B)(iii), of the Code, makes it clear that students who are not yet trainees, must be enrolled in a practicum while counseling clients.

Second, regardless of which statute was enacted first, section 4980.36, subdivision (d)(1)(B)(iii), referring to students, is a general statute. It refers to all students in general. Section 4980.42, subdivision (a), of the Code, on the other hand, is a specific statute that creates a very limited exception for trainees. The language of section 4980.42, subdivision (a), makes it clear that once a student becomes a trainee, they can gain hours of experience outside the required practicum course. In accordance with the above principles of statutory construction, the specific provision, section 4980.42, subdivision (a), of the Code, takes precedence over the general provision, section 4980.36, subdivision (d)(1)(B)(iii), and is considered an exception to the general statute requiring that students be enrolled in a practicum course when counseling clients.

Lastly, to interpret section 4980.36, subdivision (d)(1)(B)(iii), of the Code, as now prohibiting trainees from earning hours of experience outside the practicum, would be an absurd consequence and would be inconsistent with the language of 4980.42, subdivision (a), of the Code. Essentially, the Board would be engaging in a rewriting of section 4980.36, subdivision (d)(1)(B)(iii), importing the word "trainee," where no such word is and creating two inconsistent statutes.

Conclusion

We look forward to attending the Board's Policy and Advocacy Committee meeting this coming Monday, June 7, 2010, in Sacramento, and having a chance to address the Committee regarding CAMFT's concerns with the Board's proposed interpretation of section 4980.36, subdivision (d)(1)(B)(iii) of the Code.

Sincerely,



Douglas Lee
Staff Counsel



Mary Riemersma
Executive Director

This Agenda Item will be
Provided in a Supplemental
Package

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

To: Board Members

Date: July 15, 2010

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Senate Bill 294 (Negrete Mc Leod) – Board Sunset Date

Sunset Date Background

In 1994, the legislature enacted the “sunset review” process, which permits the periodic review of the need for licensing and regulation of a profession and the effectiveness of the administration of the law by the licensing board. The Joint Committee on Boards, Commissions, and Consumer Protection (Joint Committee) is tasked with performing the sunset reviews. The sunset review process is in part built on an assumption in law that if a board is operating poorly, and lesser measures have been ineffective in rectifying the problems, the board should be allowed to sunset and the administration of the licensing act would be done more effectively if the board becomes a bureau under the Department of Consumer Affairs (DCA).

Under a bureau, a bureau chief is in charge and reports to the director of the Department. In bureaus, many decisions are made through a closed-door administrative management structure. Under a board structure, board members are appointed and hold hearings in public. The board members appoint an executive officer who manages the operations of the board and reports to the board in public. This process is more accountable and transparent and offers the public more opportunity to participate.

The Joint Committee has not been staffed since 2006. Therefore, boards subject to review have not been audited. The Legislature has introduced a number of measures to revise the sunset review process, however, changes have not yet been signed into law. As a result, boards scheduled to sunset over the last several years have been allowed to continue operating absent a formal review.

Despite the unsuccessful attempts to revise the sunset process, the Joint Committee intends to review all boards and bureaus within the DCA over the next four years. To implement this plan, SB 294 has been amended to change the sunset date of all DCA boards to correspond to a sunset review date within the next four years.

SB 294

Existing law establishes the Board of Behavioral Sciences (Business & Professions Code (BPC) §4990) and gives the Board the authority to appoint an executive officer (BPC §4990.04). The sunset date for these sections is January 1, 2011. SB 294 was amended on June 16, 2010 to extend the Board's sunset date until January 1, 2013.

Recommendation

Staff recommends to the Board a support position on this bill.

Attachments

Senate Bill 294 (McLeod) amended June 16, 2010.

AMENDED IN ASSEMBLY JUNE 16, 2010

AMENDED IN ASSEMBLY SEPTEMBER 4, 2009

AMENDED IN ASSEMBLY JULY 1, 2009

AMENDED IN ASSEMBLY JUNE 8, 2009

AMENDED IN SENATE MARCH 31, 2009

SENATE BILL

No. 294

Introduced by Senator Negrete McLeod

February 25, 2009

An act to amend Sections 27, 116, 160, 726, 802.1 803, 803.5, 803.6, 1695.5, 2365, 2663, 2666, 2715, 2770.7, 3534.1, 3534.5, 4365, 4369, and 4870 of, to add Sections 1695.7, 1699.2, 2365.5, 2372, 2669.2, 2770.16, 2770.18, 2835.7, 3534.12, 4375, 4870.5, and 4873.2 to, to add Article 10.1 (commencing with Section 720) to Chapter 1 of Division 2 of, to add and repeal Section 2719 of, and to repeal Article 4.7 (commencing with Section 1695) of Chapter 4 of, Article 15 (commencing with Section 2360) of Chapter 5 of, Article 5.5 (commencing with Section 2662) of Chapter 5.7 of, Article 3.1 (commencing with Section 2770) of Chapter 6 of, Article 6.5 (commencing with Section 3534) of Chapter 7.7 of, Article 21 (commencing with Section 4360) of Chapter 9 of, and Article 3.5 (commencing with Section 4860) of Chapter 11 of, Division 2 of, the Business and Professions Code, relating to healing arts. An act to amend Sections 2001, 2020, 2531, 2569, 2570.19, 2701, 2708, 2920, 2933, 3010.5, 3014.6, 3504, 3512, 3685, 3686, 4800, 4804.5, 4928, 4934, 4990, 4990.04, 5000, 5015.6, 5510, 5517, 5552.5, 5620, 5621, 5622, 5810, 6510, 6710, 6714, 7000.5, 7011, 7200, 7303, 8000, 8005, 8520, 8528, 8710, 11506, 18602, 18613, 22259 of, and to amend and repeal Section 2531.75 of, the Business and Professions Code, and to amend

Section 94950 of the Education Code, relating to the Department of Consumer Affairs.

LEGISLATIVE COUNSEL'S DIGEST

SB 294, as amended, Negrete McLeod. ~~Healing arts—Department of Consumer Affairs: regulatory boards.~~

(1) Existing law provides for the licensure and regulation of various healing arts licensees by various boards, as defined, within the Department of Consumer Affairs, including the California Board of Occupational Therapy, the Physician Assistant Committee of the Medical Board of California, and the Veterinary Medical Board. Existing law requires the committee and authorizes the Veterinary Medical Board to appoint an executive officer. Under existing law, those provisions regarding the California Board of Occupational Therapy will become inoperative on July 1, 2013, and will be repealed on January 1, 2014. Those provisions governing the Physician Assistant Committee of the Medical Board of California and the Veterinary Medical Board will become inoperative on July 1, 2011, and will be repealed on January 1, 2012.

Under this bill, the provisions relating to the California Board of Occupational Therapy would become inoperative and be repealed on January 1, 2014, and the provisions concerning the Physician Assistant Committee of the Medical Board of California and the Veterinary Medical Board would become inoperative and be repealed on January 1, 2013.

Existing law provides for the licensure and regulation of certain healing arts licensees by the Medical Board of California and the State Board of Optometry. Existing law authorizes these boards to employ an executive director or appoint an executive officer, respectively. Existing law repeals these provisions on January 1, 2013. Existing law makes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board responsible for the licensure of speech-language pathologists and audiologists and authorizes the board to appoint an executive officer. Existing law repeals these provisions on January 1, 2012. Under existing law, the Board of Psychology is responsible for the licensure and regulation of psychologists and is authorized to employ an executive officer. Existing law repeals these provisions on January 1, 2011.

Existing law provides for the regulation of registered dispensing opticians by the Medical Board of California and provides that the powers and duties of the board in that regard shall be subject to review by the Joint Committee on Boards, Commissions, and Consumer Protection as if those provisions were scheduled to become inoperative on July 1, 2003, and repealed on January 1, 2004.

This bill would make the powers and duties of the board subject to that review as if those provisions were scheduled to be repealed on January 1, 2014.

Existing law provides for the licensure and regulation of specified healing arts licensees by the Acupuncture Board and the Board of Behavioral Sciences (BBS). Existing law authorizes the Acupuncture Board to appoint an executive officer and requires BBS to appoint an executive officer. Under existing law, these provisions are repealed on January 1, 2011.

Under this bill, these provisions would be repealed on January 1, 2013.

Existing law provides for the licensure and regulation of registered nurses by the Board of Registered Nursing and requires the board to appoint an executive officer. Under existing law, these provisions are repealed on January 1, 2013.

This bill would instead repeal these provisions on January 1, 2012.

Existing law provides for the licensure and regulation of naturopathic doctors by the Naturopathic Medicine Committee within the Osteopathic Medical Board of California. Existing law provides that these regulatory provisions are repealed on January 1, 2013.

This bill would provide that those regulatory provisions are repealed on January 1, 2014.

(2) Existing law also provides for the licensure and regulation of various profession and vocations by boards within the department, including, the California Board of Accountancy, the California Architects Board, the Landscape Architects Technical Committee, Professional Fiduciaries Bureau, the Board for Professional Engineers and Land Surveyors, and the State Board of Guide Dogs for the Blind. Existing law requires or authorizes, with certain exceptions, these boards to appoint an executive officer or a registrar. With respect to the Professional Fiduciaries Bureau, existing law authorizes the Governor to appoint the chief of the bureau. Under existing law, these provisions will become inoperative on July 1, 2011, and will be repealed on January 1, 2012.

This bill would make these provisions, inoperative and repealed on January 1, 2012.

Existing law authorizes the California Architects Board to implement an intern development program until July 1, 2011.

This bill would authorize the board to implement that program until July 1, 2012.

Existing law establishes in the Department of Pesticide Regulation a Structural Pest Control Board and requires the board, with the approval of the director of the department, to appoint a registrar. These provisions shall become inoperative on July 1, 2011, and are repealed on January 1, 2012.

This bill would make those provisions inoperative and repealed on January 1, 2015.

Existing law provides for the certification and regulation of interior designers until January 1, 2013.

This bill would extend the operation of these provisions to January 1, 2014.

Existing law provides for the regulation of certified common interest development managers and tax preparers and repeals these provisions on January 1, 2012.

This bill would repeal these provisions on January 1, 2015.

Under existing law, there is the Contractors' State License Board within the department and it is responsible for the licensure and regulation of contractors and existing law requires the board to appoint a registrar. Under existing law, these provisions are repealed on January 1, 2011.

This bill would repeal these provisions on January 1, 2012.

Existing law provides for the licensure and regulation of barbering and cosmetology by the Board of Barbering and Cosmetology and existing law authorizes the board to appoint an executive officer. Under existing law, these provisions are repealed on January 1, 2012.

This bill would repeal these provisions on January 1, 2014.

Under existing law, the practice of shorthand reporting is regulated by the Court Reporters Board of California and existing law authorizes the board to appoint committees. These provisions are repealed on January 1, 2011.

This bill would repeal these provisions January 1, 2013.

Under existing law, the State Athletic Commission is responsible for licensing and regulating boxing, kickboxing, and martial arts matches

and is required to appoint an executive officer. Existing law repeals these provisions on January 1, 2011.

This bill would repeal these provisions on January 1, 2012.

(3) Existing law, the California Private Postsecondary Education Act of 2009, provides for the regulation of private postsecondary educational institutions by the Bureau for Private Postsecondary Education in the Department of Consumer Affairs. Existing law repeals that act on January 1, 2016.

This bill would repeal the act on January 1, 2015.

~~Existing law provides for the regulation of healing arts licensees by various boards within the Department of Consumer Affairs. The department is under the control of the Director of Consumer Affairs.~~

~~(1) Existing law requires certain boards within the department to disclose on the Internet information on their respective licensees.~~

~~This bill would additionally require specified healing arts boards to disclose on the Internet information on their respective licensees.~~

~~Existing law authorizes the director to audit and review, among other things, inquiries and complaints regarding licensees, dismissals of disciplinary cases, and discipline short of formal accusation by the Medical Board of California and the California Board of Podiatric Medicine.~~

~~This bill would additionally authorize the director to audit and review the aforementioned activities by any of the healing arts boards. The bill would also declare the intent of the Legislature that the department establish an information technology system to create and update healing arts license information and track enforcement cases pertaining to these licensees.~~

~~Existing law requires a physician and surgeon, osteopathic physician and surgeon, and a doctor of podiatric medicine to report to his or her respective board when there is an indictment or information charging a felony against the licensee or he or she been convicted of a felony or misdemeanor.~~

~~This bill would expand that requirement to any licensee of a healing arts board, as specified, would require these licensees to submit a written report, and would require a report when disciplinary action is taken against a licensee by another healing arts board or by a healing arts board of another state.~~

~~Existing law requires the district attorney, city attorney, and other prosecuting agencies to notify the Medical Board of California, the Osteopathic Medical Board of California, the California Board of~~

~~Podiatric Medicine, the State Board of Chiropractic Examiners, and other allied health boards and the court clerk if felony charges have been filed against one of the board's licensees.~~

~~This bill would instead require that notice to be provided to any healing arts board and the court clerk if felony charges are filed against a licensee. By imposing additional duties on these local agencies, the bill would impose a state-mandated local program.~~

~~Existing law requires, within 10 days after a court judgment, the clerk of the court to report to the appropriate board when a licentiate has committed a crime or is liable for any death or personal injury resulting in a specified judgment. Existing law also requires the clerk of the court to transmit to certain boards specified felony preliminary transcript hearings concerning a defendant licentiate.~~

~~This bill would instead require the clerk of the court to report that information and to transmit those transcripts to any described healing arts board.~~

~~(2) Under existing law, healing arts licensees are regulated by various boards and these boards are authorized to issue, deny, suspend, and revoke licenses based on various grounds and these boards are also authorized to take disciplinary action against their licensees for the failure to comply with its laws and regulations. Existing law requires or authorizes the board to appoint an executive officer or an executive director to, among other things, perform duties delegated by the board.~~

~~This bill would authorize the executive officer or the executive director of specified healing arts licensing boards, where an administrative action has been filed by the board to revoke the license of a licensee and the licensee has failed to file a notice of defense, appear at the hearing, or has agreed to surrender his or her license, to adopt a proposed default decision or a proposed settlement agreement. The bill would also provide that the license of a licensee shall be suspended if the licensee is incarcerated after the conviction of a felony and would require the board to notify the licensee of the suspension and of his or her right to a specified hearing. The bill would also specify the timeframes for suspending a license under certain circumstances if the conviction was substantially related to the qualifications, functions, or duties of the licensee's respective board.~~

~~The bill would also prohibit a licensee of specified healing arts boards from including certain provisions in an agreement to settle a civil dispute arising from his or her practice, as specified. The bill would make a licensee or a health care facility that fails to comply with a patient's~~

medical record request, as specified, within 15 days, or who fails or refuses to comply with a court order mandating release of records, subject to civil and criminal penalties, as specified. By creating a new crime, the bill would impose a state-mandated local program.

The bill would authorize the Attorney General and his or her investigative agents, and these healing arts boards to inquire into any alleged violation of the laws under the board's jurisdiction and to inspect documents subject to specified procedures.

The bill would require these healing arts boards to report annually, by October 1, to the department and the Legislature certain information, including, but not limited to, the total number of consumer calls received by the board, the total number of complaint forms received by the board, the total number of convictions reported to the board, and the total number of licensees in diversion or on probation for alcohol or drug abuse.

(3) Existing law establishes diversion and recovery programs to identify and rehabilitate dentists, osteopathic physicians and surgeons, physical therapists and physical therapy assistants, registered nurses, physician assistants, pharmacists and intern pharmacists, and veterinarians and registered veterinary technicians whose competency may be impaired due to, among other things, alcohol and drug abuse.

The bill would make the provisions establishing these diversion programs inoperative on January 1, 2012.

Existing law makes a licentiate terminated from a diversion program for failing to comply with the program's requirements subject to disciplinary action by his or her respective board.

This bill would instead provide that the participant's license shall be suspended until the participant petitions the board for reinstatement of his or her license, certificate, or board approval and is granted a probationary or unrestricted license, certificate, or board approval. The bill would also require a third party or state agency or private organization administering the diversion program to report, as specified, to the program manager or chairperson any act of substantial noncompliance, as defined, by the participant with the program.

(4) Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurses by the Board of Registered Nursing. Existing law authorizes the board to employ personnel as it deems necessary to carry out the act's provisions, except that the employment of personnel to provide investigative services shall be in the Division of Investigations within the Department of Consumer Affairs.

~~This bill would remove that limitation and would authorize the board to employ investigators, nurse consultants, and other personnel as it deems necessary. The bill would also specify that these investigators have the authority of peace officers while carrying out their board duties.~~

~~The bill would require the Director of Consumer Affairs, by March 1, 2010, to appoint an enforcement program monitor to serve until October 1, 2011, who would be required to, among other things, monitor and evaluate the board's disciplinary system and procedures. The bill would prohibit the enforcement program monitor from exercising authority over the board's disciplinary operations or staff. The bill would require the enforcement program monitor, by December 1, 2010, to submit a specified initial written report to the board, the department, and the Legislature and to issue a final written report by October 1, 2011.~~

~~Existing law provides for the certification and regulation of nurse practitioners and nurse-midwives by the Board of Registered Nursing and specifies requirements for qualification or certification as a nurse practitioner. Under the act, the practice of nursing is defined, in part, as providing direct and indirect patient care services, as specified, including the dispensing of drugs or devices under specified circumstances. The practice of nursing is also described as the implementation, based on observed abnormalities, of standardized procedures, defined as policies and protocols developed by specified facilities in collaboration with administrators and health professionals, including physicians and surgeons and nurses.~~

~~This bill would authorize the implementation of standardized procedures that would expand the duties of a nurse practitioner in the scope of his or her practice, as enumerated. The bill would make specified findings and declarations in that regard.~~

~~(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.~~

~~With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.~~

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

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

1 *SECTION 1. Section 2001 of the Business and Professions*
2 *Code is amended to read:*

3 2001. (a) There is in the Department of Consumer Affairs a
4 Medical Board of California that consists of 15 members, seven
5 of whom shall be public members.

6 (b) The Governor shall appoint 13 members to the board, subject
7 to confirmation by the Senate, five of whom shall be public
8 members. The Senate Committee on Rules and the Speaker of the
9 Assembly shall each appoint a public member.

10 (c) Notwithstanding any other provision of law, to reduce the
11 membership of the board to 15, the following shall occur:

12 (1) Two positions on the board that are public members having
13 a term that expires on June 1, 2010, shall terminate instead on
14 January 1, 2008.

15 (2) Two positions on the board that are not public members
16 having a term that expires on June 1, 2008, shall terminate instead
17 on August 1, 2008.

18 (3) Two positions on the board that are not public members
19 having a term that expires on June 1, 2011, shall terminate instead
20 on January 1, 2008.

21 (d) This section shall remain in effect only until January 1, ~~2013~~
22 2014, and as of that date is repealed, unless a later enacted statute,
23 that is enacted before January 1, ~~2013~~ 2014, deletes or extends
24 that date. The repeal of this section renders the board subject to
25 the review required by Division 1.2 (commencing with Section
26 473).

27 *SEC. 2. Section 2020 of the Business and Professions Code is*
28 *amended to read:*

29 2020. (a) The board may employ an executive director exempt
30 from the provisions of the Civil Service Act and may also employ
31 investigators, legal counsel, medical consultants, and other
32 assistance as it may deem necessary to carry into effect this chapter.
33 The board may fix the compensation to be paid for services subject
34 to the provisions of applicable state laws and regulations and may
35 incur other expenses as it may deem necessary. Investigators
36 employed by the board shall be provided special training in
37 investigating medical practice activities.

1 (b) The Attorney General shall act as legal counsel for the board
2 for any judicial and administrative proceedings and his or her
3 services shall be a charge against it.

4 (c) This section shall remain in effect only until January 1, ~~2013~~
5 2014, and as of that date is repealed, unless a later enacted statute,
6 that is enacted before January 1, ~~2013~~ 2014, deletes or extends
7 that date.

8 *SEC. 3. Section 2531 of the Business and Professions Code is*
9 *amended to read:*

10 2531. (a) There is in the Department of Consumer Affairs a
11 Speech-Language Pathology and Audiology and Hearing Aid
12 Dispensers Board in which the enforcement and administration of
13 this chapter are vested. The Speech-Language Pathology and
14 Audiology and Hearing Aid Dispensers Board shall consist of nine
15 members, three of whom shall be public members.

16 (b) This section shall remain in effect only until January 1, ~~2012~~
17 2014, and as of that date is repealed, unless a later enacted statute,
18 that is enacted before January 1, ~~2012~~ 2014, deletes or extends
19 that date. The repeal of this section renders the board subject to
20 the review required by Division 1.2 (commencing with Section
21 473).

22 *SEC. 4. Section 2531.75 of the Business and Professions Code,*
23 *as added by Section 4 of Chapter 35 of the Statutes of 2008, is*
24 *amended to read:*

25 2531.75. (a) The board may appoint a person exempt from
26 civil service who shall be designated as an executive officer and
27 who shall exercise the powers and perform the duties delegated
28 by the board and vested in him or her by this chapter.

29 (b) This section shall remain in effect only until January 1, ~~2012~~
30 2014, and as of that date is repealed, unless a later enacted statute,
31 that is enacted before January 1, ~~2012~~ 2014, deletes or extends
32 that date.

33 *SEC. 5. Section 2531.75 of the Business and Professions Code,*
34 *as amended by Section 5 of Chapter 33 of the Statutes of 2008, is*
35 *repealed.*

36 ~~2531.75. (a) The board may appoint a person exempt from~~
37 ~~civil service who shall be designated as an executive officer and~~
38 ~~who shall exercise the powers and perform the duties delegated~~
39 ~~by the board and vested in him or her by this chapter.~~

1 ~~(b) This section shall remain in effect only until January 1, 2012,~~
2 ~~and as of that date is repealed, unless a later enacted statute, that~~
3 ~~is enacted before January 1, 2012, deletes or extends that date.~~

4 *SEC. 6. Section 2569 of the Business and Professions Code is*
5 *amended to read:*

6 2569. The powers and duties of the board, as set forth in this
7 chapter, shall be subject to the review required by Division 1.2
8 (commencing with Section 473). The review shall be performed
9 as if this chapter were scheduled to ~~become inoperative on July 1,~~
10 ~~2003, and would be repealed as of January 1, 2004~~ 2014, as
11 described in Section 473.1.

12 *SEC. 7. Section 2570.19 of the Business and Professions Code*
13 *is amended to read:*

14 2570.19. (a) There is hereby created a California Board of
15 Occupational Therapy, hereafter referred to as the board. The board
16 shall enforce and administer this chapter.

17 (b) The members of the board shall consist of the following:

18 (1) Three occupational therapists who shall have practiced
19 occupational therapy for five years.

20 (2) One occupational therapy assistant who shall have assisted
21 in the practice of occupational therapy for five years.

22 (3) Three public members who shall not be licentiates of the
23 board or of any board referred to in Section 1000 or 3600.

24 (c) The Governor shall appoint the three occupational therapists
25 and one occupational therapy assistant to be members of the board.
26 The Governor, the Senate Rules Committee, and the Speaker of
27 the Assembly shall each appoint a public member. Not more than
28 one member of the board shall be appointed from the full-time
29 faculty of any university, college, or other educational institution.

30 (d) All members shall be residents of California at the time of
31 their appointment. The occupational therapist and occupational
32 therapy assistant members shall have been engaged in rendering
33 occupational therapy services to the public, teaching, or research
34 in occupational therapy for at least five years preceding their
35 appointments.

36 (e) The public members may not be or have ever been
37 occupational therapists or occupational therapy assistants or in
38 training to become occupational therapists or occupational therapy
39 assistants. The public members may not be related to, or have a
40 household member who is, an occupational therapist or an

1 occupational therapy assistant, and may not have had, within two
2 years of the appointment, a substantial financial interest in a person
3 regulated by the board.

4 (f) The Governor shall appoint two board members for a term
5 of one year, two board members for a term of two years, and one
6 board member for a term of three years. Appointments made
7 thereafter shall be for four-year terms, but no person shall be
8 appointed to serve more than two consecutive terms. Terms shall
9 begin on the first day of the calendar year and end on the last day
10 of the calendar year or until successors are appointed, except for
11 the first appointed members who shall serve through the last
12 calendar day of the year in which they are appointed, before
13 commencing the terms prescribed by this section. Vacancies shall
14 be filled by appointment for the unexpired term. The board shall
15 annually elect one of its members as president.

16 (g) The board shall meet and hold at least one regular meeting
17 annually in the Cities of Sacramento, Los Angeles, and San
18 Francisco. The board may convene from time to time until its
19 business is concluded. Special meetings of the board may be held
20 at any time and place designated by the board.

21 (h) Notice of each meeting of the board shall be given in
22 accordance with the Bagley-Keene Open Meeting Act (Article 9
23 commencing with Section 11120) of Chapter 1 of Part 1 of
24 Division 3 of Title 2 of the Government Code).

25 (i) Members of the board shall receive no compensation for
26 their services, but shall be entitled to reasonable travel and other
27 expenses incurred in the execution of their powers and duties in
28 accordance with Section 103.

29 (j) The appointing power shall have the power to remove any
30 member of the board from office for neglect of any duty imposed
31 by state law, for incompetency, or for unprofessional or
32 dishonorable conduct.

33 (k) A loan is hereby authorized from the General Fund to the
34 Occupational Therapy Fund on or after July 1, 2000, in an amount
35 of up to one million dollars (\$1,000,000) to fund operating,
36 personnel, and other startup costs of the board. Six hundred ten
37 thousand dollars (\$610,000) of this loan amount is hereby
38 appropriated to the board to use in the 2000–01 fiscal year for the
39 purposes described in this subdivision. In subsequent years, funds
40 from the Occupational Therapy Fund shall be available to the board

1 upon appropriation by the Legislature in the annual Budget Act.
2 The loan shall be repaid to the General Fund over a period of up
3 to five years, and the amount paid shall also include interest at the
4 rate accruing to moneys in the Pooled Money Investment Account.
5 The loan amount and repayment period shall be minimized to the
6 extent possible based upon actual board financing requirements
7 as determined by the Department of Finance.

8 ~~(l) This section shall become inoperative on July 1, 2013, and,~~
9 ~~as of January 1, 2014, is repealed, unless a later enacted statute~~
10 ~~that is enacted before January 1, 2014, deletes or extends the dates~~
11 ~~on which it becomes inoperative and is repealed. This section shall~~
12 ~~remain in effect only until January 1, 2014, and as of that date is~~
13 ~~repealed, unless a later enacted statute, that is enacted before~~
14 ~~January 1, 2014, deletes or extends that date.~~ The repeal of this
15 section renders the board subject to the review required by Division
16 1.2 (commencing with Section 473).

17 *SEC. 8. Section 2701 of the Business and Professions Code is*
18 *amended to read:*

19 2701. (a) There is in the Department of Consumer Affairs the
20 Board of Registered Nursing consisting of nine members.

21 (b) Within the meaning of this chapter, board, or the board,
22 refers to the Board of Registered Nursing. Any reference in state
23 law to the Board of Nurse Examiners of the State of California or
24 California Board of Nursing Education and Nurse Registration
25 shall be construed to refer to the Board of Registered Nursing.

26 (c) This section shall remain in effect only until January 1, ~~2013~~
27 ~~2012~~, and as of that date is repealed, unless a later enacted statute,
28 that is enacted before January 1, ~~2013~~ ~~2012~~, deletes or extends
29 that date. The repeal of this section renders the board subject to
30 the review required by Division 1.2 (commencing with Section
31 473).

32 *SEC. 9. Section 2708 of the Business and Professions Code is*
33 *amended to read:*

34 2708. (a) The board shall appoint an executive officer who
35 shall perform the duties delegated by the board and who shall be
36 responsible to it for the accomplishment of those duties.

37 (b) The executive officer shall be a nurse currently licensed
38 under this chapter and shall possess other qualifications as
39 determined by the board.

40 (c) The executive officer shall not be a member of the board.

1 (d) This section shall remain in effect only until January 1, ~~2013~~
2 2012, and as of that date is repealed, unless a later enacted statute,
3 that is enacted before January 1, ~~2013~~ 2012, deletes or extends
4 that date.

5 *SEC. 10. Section 2920 of the Business and Professions Code*
6 *is amended to read:*

7 2920. The Board of Psychology shall enforce and administer
8 this chapter. The board shall consist of nine members, four of
9 whom shall be public members.

10 This section shall remain in effect only until January 1, ~~2014~~
11 2014, and as of that date is repealed, unless a later enacted statute,
12 that is enacted before January 1, ~~2014~~ 2014, deletes or extends
13 that date.

14 *SEC. 11. Section 2933 of the Business and Professions Code*
15 *is amended to read:*

16 2933. Except as provided by Section 159.5, the board shall
17 employ and shall make available to the board within the limits of
18 the funds received by the board all personnel necessary to carry
19 out this chapter. The board may employ, exempt from the State
20 Civil Service Act, an executive officer to the Board of Psychology.
21 The board shall make all expenditures to carry out this chapter.
22 The board may accept contributions to effectuate the purposes of
23 this chapter.

24 This section shall remain in effect only until January 1, ~~2014~~
25 2014, and as of that date is repealed, unless a later enacted statute,
26 that is enacted before January 1, ~~2014~~ 2014, deletes or extends
27 that date.

28 *SEC. 12. Section 3010.5 of the Business and Professions Code*
29 *is amended to read:*

30 3010.5. (a) There is in the Department of Consumer Affairs
31 a State Board of Optometry in which the enforcement of this
32 chapter is vested. The board consists of 11 members, five of whom
33 shall be public members.

34 Six members of the board shall constitute a quorum.

35 (b) The board shall, with respect to conducting investigations,
36 inquiries, and disciplinary actions and proceedings, have the
37 authority previously vested in the board as created pursuant to
38 Section 3010. The board may enforce any disciplinary actions
39 undertaken by that board.

1 (c) This section shall remain in effect only until January 1, ~~2013~~
2 2014, and as of that date is repealed, unless a later enacted statute,
3 that is enacted before January 1, ~~2013~~ 2014, deletes or extends
4 that date. The repeal of this section renders the board subject to
5 the review required by Division 1.2 (commencing with Section
6 473).

7 *SEC. 13. Section 3014.6 of the Business and Professions Code*
8 *is amended to read:*

9 3014.6. (a) The board may appoint a person exempt from civil
10 service who shall be designated as an executive officer and who
11 shall exercise the powers and perform the duties delegated by the
12 board and vested in him or her by this chapter.

13 (b) This section shall remain in effect only until January 1, ~~2013~~
14 2014, and as of that date is repealed, unless a later enacted statute,
15 that is enacted before January 1, ~~2013~~ 2014, deletes or extends
16 that date.

17 *SEC. 14. Section 3504 of the Business and Professions Code*
18 *is amended to read:*

19 3504. There is established a Physician Assistant Committee
20 of the Medical Board of California. The committee consists of
21 nine members. ~~This section shall become inoperative on July 1,~~
22 ~~2011, and, as of January 1, 2012, is repealed, unless a later enacted~~
23 ~~statute, which becomes effective on or before January 1, 2012,~~
24 ~~deletes or extends the dates on which it becomes inoperative and~~
25 ~~is repealed.~~ *This section shall remain in effect only until January*
26 *1, 2013, and as of that date is repealed, unless a later enacted*
27 *statute, that is enacted before January 1, 2013, deletes or extends*
28 *that date.* The repeal of this section renders the committee subject
29 to the review required by Division 1.2 (commencing with Section
30 473).

31 *SEC. 15. Section 3512 of the Business and Professions Code*
32 *is amended to read:*

33 3512. (a) Except as provided in Sections 159.5 and 2020, the
34 committee shall employ within the limits of the Physician Assistant
35 Fund all personnel necessary to carry out the provisions of this
36 chapter including an executive officer who shall be exempt from
37 civil service. The board and committee shall make all necessary
38 expenditures to carry out the provisions of this chapter from the
39 funds established by Section 3520. The committee may accept
40 contributions to effect the purposes of this chapter.

1 (b) ~~This section shall become inoperative on July 1, 2011, and,~~
 2 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
 3 ~~that becomes operative on or before January 1, 2012, deletes or~~
 4 ~~extends the dates on which it becomes inoperative and is~~
 5 ~~repealed.~~*This section shall remain in effect only until January 1,*
 6 *2013, and as of that date is repealed, unless a later enacted statute,*
 7 *that is enacted before January 1, 2013, deletes or extends that*
 8 *date.*

9 *SEC. 16. Section 3685 of the Business and Professions Code*
 10 *is amended to read:*

11 3685. (a) The repeal of this chapter renders the committee
 12 subject to the review required by Division 1.2 (commencing with
 13 Section 473).

14 (b) The committee shall prepare the report required by Section
 15 473.2 no later than September 1, ~~2010~~ 2012.

16 *SEC. 17. Section 3686 of the Business and Professions Code*
 17 *is amended to read:*

18 3686. This chapter shall remain in effect only until January 1,
 19 ~~2013~~ 2014, and as of that date is repealed, unless a later enacted
 20 statute, that is enacted before January 1, ~~2013~~ 2014, deletes or
 21 extends that date.

22 *SEC. 18. Section 4800 of the Business and Professions Code*
 23 *is amended to read:*

24 4800. There is in the Department of Consumer Affairs a
 25 Veterinary Medical Board in which the administration of this
 26 chapter is vested. The board consists of seven members, three of
 27 whom shall be public members.

28 ~~This section shall become inoperative on July 1, 2011, and, as~~
 29 ~~of January 1, 2012, is repealed, unless a later enacted statute, which~~
 30 ~~becomes effective on or before January 1, 2012, deletes or extends~~
 31 ~~the dates on which it becomes inoperative and is repealed.~~

32 *This section shall remain in effect only until January 1, 2013,*
 33 *and as of that date is repealed, unless a later enacted statute, that*
 34 *is enacted before January 1, 2013, deletes or extends that date.* The
 35 repeal of this section renders the board subject to the review
 36 provided for by Division 1.2 (commencing with Section 473).

37 *SEC. 19. Section 4804.5 of the Business and Professions Code*
 38 *is amended to read:*

39 4804.5. The board may appoint a person exempt from civil
 40 service who shall be designated as an executive officer and who

1 shall exercise the powers and perform the duties delegated by the
2 board and vested in him or her by this chapter.

3 ~~This section shall become inoperative on July 1, 2011, and, as~~
4 ~~of January 1, 2012, is repealed, unless a later enacted statute, which~~
5 ~~becomes effective on or before January 1, 2012, deletes or extends~~
6 ~~the dates on which it becomes inoperative and is repealed.~~

7 *This section shall remain in effect only until January 1, 2013,*
8 *and as of that date is repealed, unless a later enacted statute, that*
9 *is enacted before January 1, 2013, deletes or extends that date.*

10 *SEC. 20. Section 4928 of the Business and Professions Code*
11 *is amended to read:*

12 4928. The Acupuncture Board, which consists of seven
13 members, shall enforce and administer this chapter. ~~The appointing~~
14 ~~powers, as described in Section 4929, may appoint to the board a~~
15 ~~person who was a member of the prior board prior to the repeal of~~
16 ~~that board on January 1, 2006.~~

17 This section shall remain in effect only until January 1, ~~2011~~
18 ~~2013~~, and as of that date is repealed, unless a later enacted statute,
19 that is enacted before January 1, ~~2011~~ 2013, deletes or extends
20 that date.

21 The repeal of this section renders the board subject to the review
22 required by Division 1.2 (commencing with Section 473).

23 *SEC. 21. Section 4934 of the Business and Professions Code*
24 *is amended to read:*

25 4934. (a) The board, by and with the approval of the director,
26 may employ personnel necessary for the administration of this
27 chapter, and the board, by and with the approval of the director,
28 may appoint an executive officer who is exempt from the
29 provisions of the Civil Service Act.

30 (b) This section shall remain in effect only until January 1, ~~2011~~
31 ~~2013~~, and as of that date is repealed, unless a later enacted statute,
32 that is enacted before January 1, ~~2011~~ 2013, deletes or extends
33 that date.

34 *SEC. 22. Section 4990 of the Business and Professions Code*
35 *is amended to read:*

36 4990. (a) There is in the Department of Consumer Affairs, a
37 Board of Behavioral Sciences that consists of the following
38 members:

- 39 (1) Two state licensed clinical social workers.
40 (2) One state licensed educational psychologist.

1 (3) Two state licensed marriage and family therapists.

2 (4) Commencing January 1, 2012, one state licensed professional
3 clinical counselor.

4 (5) Seven public members.

5 (b) Each member, except the seven public members, shall have
6 at least two years of experience in his or her profession.

7 (c) Each member shall reside in the State of California.

8 (d) The Governor shall appoint five of the public members and
9 the six licensed members with the advice and consent of the Senate.
10 The Senate Committee on Rules and the Speaker of the Assembly
11 shall each appoint a public member.

12 (e) Each member of the board shall be appointed for a term of
13 four years. A member appointed by the Speaker of the Assembly
14 or the Senate Committee on Rules shall hold office until the
15 appointment and qualification of his or her successor or until one
16 year from the expiration date of the term for which he or she was
17 appointed, whichever first occurs. Pursuant to Section 1774 of the
18 Government Code, a member appointed by the Governor shall
19 hold office until the appointment and qualification of his or her
20 successor or until 60 days from the expiration date of the term for
21 which he or she was appointed, whichever first occurs.

22 (f) A vacancy on the board shall be filled by appointment for
23 the unexpired term by the authority who appointed the member
24 whose membership was vacated.

25 (g) Not later than the first of June of each calendar year, the
26 board shall elect a chairperson and a vice chairperson from its
27 membership.

28 (h) Each member of the board shall receive a per diem and
29 reimbursement of expenses as provided in Section 103.

30 (i) This section shall remain in effect only until January 1, ~~2011~~
31 2013, and as of that date is repealed, unless a later enacted statute,
32 that is enacted before January 1, ~~2011~~ 2013, deletes or extends
33 that date.

34 *SEC. 23. Section 4990.04 of the Business and Professions Code*
35 *is amended to read:*

36 4990.04. (a) The board shall appoint an executive officer. This
37 position is designated as a confidential position and is exempt from
38 civil service under subdivision (e) of Section 4 of Article VII of
39 the California Constitution.

40 (b) The executive officer serves at the pleasure of the board.

1 (c) The executive officer shall exercise the powers and perform
2 the duties delegated by the board and vested in him or her by this
3 chapter.

4 (d) With the approval of the director, the board shall fix the
5 salary of the executive officer.

6 (e) The chairperson and executive officer may call meetings of
7 the board and any duly appointed committee at a specified time
8 and place. For purposes of this section, “call meetings” means
9 setting the agenda, time, date, or place for any meeting of the board
10 or any committee.

11 (f) This section shall remain in effect only until January 1, ~~2011~~
12 ~~2013~~, and as of that date is repealed, unless a later enacted statute,
13 that is enacted before January 1, ~~2011~~ 2013, deletes or extends
14 that date.

15 *SEC. 24. Section 5000 of the Business and Professions Code*
16 *is amended to read:*

17 5000. There is in the Department of Consumer Affairs the
18 California Board of Accountancy, which consists of 15 members,
19 seven of whom shall be licensees, and eight of whom shall be
20 public members who shall not be licentiates of the board or
21 registered by the board. The board has the powers and duties
22 conferred by this chapter.

23 The Governor shall appoint four of the public members, and the
24 seven licensee members as provided in this section. The Senate
25 Rules Committee and the Speaker of the Assembly shall each
26 appoint two public members. In appointing the seven licensee
27 members, the Governor shall appoint members representing a cross
28 section of the accounting profession with at least two members
29 representing a small public accounting firm. For the purposes of
30 this chapter, a small public accounting firm shall be defined as a
31 professional firm that employs a total of no more than four
32 licensees as partners, owners, or full-time employees in the practice
33 of public accountancy within the State of California.

34 ~~This section shall become inoperative on July 1, 2011, and as~~
35 ~~of January 1, 2012, is repealed, unless a later enacted statute, that~~
36 ~~becomes effective on or before January 1, 2012, deletes or extends~~
37 ~~the dates on which this section becomes inoperative and is repealed.~~

38 *This section shall remain in effect only until January 1, 2012,*
39 *and as of that date is repealed, unless a later enacted statute, that*
40 *is enacted before January 1, 2012, deletes or extends that date.*The

1 repeal of this section renders the board subject to the review
 2 required by Division 1.2 (commencing with Section 473).
 3 However, the review of the board shall be limited to reports or
 4 studies specified in this chapter and those issues identified by the
 5 Joint Committee on Boards, Commissions, and Consumer
 6 Protection and the board regarding the implementation of new
 7 licensing requirements.

8 *SEC. 25. Section 5015.6 of the Business and Professions Code*
 9 *is amended to read:*

10 5015.6. The board may appoint a person exempt from civil
 11 service who shall be designated as an executive officer and who
 12 shall exercise the powers and perform the duties delegated by the
 13 board and vested in him or her by this chapter.

14 ~~This section shall become inoperative on July 1, 2011, and, as~~
 15 ~~of January 1, 2012, is repealed, unless a later enacted statute, which~~
 16 ~~becomes effective on or before January 1, 2012, deletes or extends~~
 17 ~~the dates on which it becomes inoperative and is repealed.~~

18 *This section shall remain in effect only until January 1, 2012,*
 19 *and as of that date is repealed, unless a later enacted statute, that*
 20 *is enacted before January 1, 2012, deletes or extends that date.*

21 *SEC. 26. Section 5510 of the Business and Professions Code*
 22 *is amended to read:*

23 5510. There is in the Department of Consumer Affairs a
 24 California Architects Board which consists of 10 members.

25 Any reference in law to the California Board of Architectural
 26 Examiners shall mean the California Architects Board.

27 ~~This section shall become inoperative on July 1, 2011, and, as~~
 28 ~~of January 1, 2012, is repealed, unless a later enacted statute, which~~
 29 ~~becomes effective on or before January 1, 2012, deletes or extends~~
 30 ~~the dates on which it becomes inoperative and is repealed.~~

31 *This section shall remain in effect only until January 1, 2012,*
 32 *and as of that date is repealed, unless a later enacted statute, that*
 33 *is enacted before January 1, 2012, deletes or extends that date.*

34 The repeal of this section renders the board subject to the review
 35 required by Division 1.3 (commencing with Section 473).

36 *SEC. 27. Section 5517 of the Business and Professions Code*
 37 *is amended to read:*

38 5517. The board may appoint a person exempt from civil
 39 service who shall be designated as an executive officer and who

1 shall exercise the powers and perform the duties delegated by the
2 board and vested in him or her by this chapter.

3 ~~This section shall become inoperative on July 1, 2011, and, as~~
4 ~~of January 1, 2012, is repealed, unless a later enacted statute, which~~
5 ~~becomes effective on or before January 1, 2012, deletes or extends~~
6 ~~the dates on which it becomes inoperative and is repealed.~~

7 *This section shall remain in effect only until January 1, 2012,*
8 *and as of that date is repealed, unless a later enacted statute, that*
9 *is enacted before January 1, 2012, deletes or extends that date.*

10 *SEC. 28. Section 5552.5 of the Business and Professions Code*
11 *is amended to read:*

12 5552.5. The board may, by regulation, implement an intern
13 development program until July 1, ~~2011~~ 2012.

14 *SEC. 29. Section 5620 of the Business and Professions Code*
15 *is amended to read:*

16 5620. The duties, powers, purposes, responsibilities, and
17 jurisdiction of the California State Board of Landscape Architects
18 that were succeeded to and vested with the Department of
19 Consumer Affairs in accordance with Chapter 908 of the Statutes
20 of 1994 are hereby transferred to the California Architects Board.
21 The Legislature finds that the purpose for the transfer of power is
22 to promote and enhance the efficiency of state government and
23 that assumption of the powers and duties by the California
24 Architects Board shall not be viewed or construed as a precedent
25 for the establishment of state regulation over a profession or
26 vocation that was not previously regulated by a board, as defined
27 in Section 477.

28 (a) There is in the Department of Consumer Affairs a California
29 Architects Board as defined in Article 2 (commencing with Section
30 5510) of Chapter 3.

31 Whenever in this chapter “board” is used it refers to the
32 California Architects Board.

33 (b) Except as provided herein, the board may delegate its
34 authority under this chapter to the Landscape Architects Technical
35 Committee.

36 (c) After review of proposed regulations, the board may direct
37 the examining committee to notice and conduct hearings to adopt,
38 amend, or repeal regulations pursuant to Section 5630, provided
39 that the board itself shall take final action to adopt, amend, or
40 repeal those regulations.

1 (d) The board shall not delegate its authority to discipline a
 2 landscape architect or to take action against a person who has
 3 violated this chapter.

4 ~~(e) This section shall become inoperative on July 1, 2011, and,~~
 5 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
 6 ~~that becomes operative on or before January 1, 2012, deletes or~~
 7 ~~extends the dates on which it becomes inoperative and is~~
 8 ~~repealed.~~*This section shall remain in effect only until January 1,*
 9 *2012, and as of that date is repealed, unless a later enacted statute,*
 10 *that is enacted before January 1, 2012, deletes or extends that*
 11 *date.*

12 *SEC. 30. Section 5621 of the Business and Professions Code*
 13 *is amended to read:*

14 5621. (a) There is hereby created within the jurisdiction of the
 15 board, a Landscape Architects Technical Committee, hereinafter
 16 referred to in this chapter as the landscape architects committee.

17 (b) The landscape architects committee shall consist of five
 18 members who shall be licensed to practice landscape architecture
 19 in this state. The Governor shall appoint three of the members.
 20 The Senate Committee on Rules and the Speaker of the Assembly
 21 shall appoint one member each.

22 (c) The initial members to be appointed by the Governor are as
 23 follows: one member for a term of one year; one member for a
 24 term of two years; and one member for a term of three years. The
 25 Senate Committee on Rules and the Speaker of the Assembly shall
 26 initially each appoint one member for a term of four years.
 27 Thereafter, appointments shall be made for four-year terms,
 28 expiring on June 1 of the fourth year and until the appointment
 29 and qualification of his or her successor or until one year shall
 30 have elapsed whichever first occurs. Vacancies shall be filled for
 31 the unexpired term.

32 (d) No person shall serve as a member of the landscape
 33 architects committee for more than two consecutive terms.

34 ~~(e) This section shall become inoperative on July 1, 2011, and,~~
 35 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
 36 ~~that becomes operative on or before January 1, 2012, deletes or~~
 37 ~~extends the dates on which it becomes inoperative and is~~
 38 ~~repealed.~~*This section shall remain in effect only until January 1,*
 39 *2012, and as of that date is repealed, unless a later enacted statute,*

1 *that is enacted before January 1, 2012, deletes or extends that*
2 *date.*

3 *SEC. 31. Section 5622 of the Business and Professions Code*
4 *is amended to read:*

5 5622. (a) The landscape architects committee may assist the
6 board in the examination of candidates for a landscape architect's
7 license and, after investigation, evaluate and make
8 recommendations regarding potential violations of this chapter.

9 (b) The landscape architects committee may investigate, assist,
10 and make recommendations to the board regarding the regulation
11 of landscape architects in this state.

12 (c) The landscape architects committee may perform duties and
13 functions that have been delegated to it by the board pursuant to
14 Section 5620.

15 (d) The landscape architects committee may send a
16 representative to all meetings of the full board to report on the
17 committee's activities.

18 ~~(e) This section shall become inoperative on July 1, 2011, and,~~
19 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
20 ~~that becomes operative on or before January 1, 2012, deletes or~~
21 ~~extends the dates on which it becomes inoperative and is~~
22 ~~repealed.~~*This section shall remain in effect only until January 1,*
23 *2012, and as of that date is repealed, unless a later enacted statute,*
24 *that is enacted before January 1, 2012, deletes or extends that*
25 *date.*

26 *SEC. 32. Section 5810 of the Business and Professions Code*
27 *is amended to read:*

28 5810. (a) This chapter shall be subject to the review required
29 by Division 1.2 (commencing with Section 473).

30 (b) This chapter shall remain in effect only until January 1, ~~2013~~
31 ~~2014~~, and as of that date is repealed, unless a later enacted statute,
32 that is enacted before January 1, ~~2013~~ ~~2014~~, deletes or extends
33 that date.

34 *SEC. 33. Section 6510 of the Business and Professions Code*
35 *is amended to read:*

36 6510. (a) There is within the jurisdiction of the department
37 the Professional Fiduciaries Bureau. The bureau is under the
38 supervision and control of the director. The duty of enforcing and
39 administering this chapter is vested in the chief of the bureau, who
40 is responsible to the director. Every power granted or duty imposed

1 upon the director under this chapter may be exercised or performed
2 in the name of the director by a deputy director or by the chief,
3 subject to conditions and limitations as the director may prescribe.

4 (b) The Governor shall appoint, subject to confirmation by the
5 Senate, the chief of the bureau, at a salary to be fixed and
6 determined by the director with the approval of the Director of
7 Finance. The chief shall serve under the direction and supervision
8 of the director and at the pleasure of the Governor.

9 ~~(c) This section shall become inoperative on July 1, 2011, and,~~
10 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
11 ~~that becomes operative on or before January 1, 2011, deletes or~~
12 ~~extends the dates on which it becomes inoperative and is~~
13 ~~repealed.~~*This section shall remain in effect only until January 1,*
14 *2012, and as of that date is repealed, unless a later enacted statute,*
15 *that is enacted before January 1, 2012, deletes or extends that*
16 *date.*The repeal of this section renders the bureau subject to the
17 review required by Division 1.2 (commencing with Section 473).

18 Notwithstanding any other provision of law, upon the repeal of
19 this section, the responsibilities and jurisdiction of the bureau shall
20 be transferred to the Professional Fiduciaries Advisory Committee,
21 as provided by Section 6511.

22 *SEC. 34. Section 6710 of the Business and Professions Code*
23 *is amended to read:*

24 6710. (a) There is in the Department of Consumer Affairs a
25 Board for Professional Engineers and Land Surveyors, which
26 consists of 13 members.

27 (b) Any reference in any law or regulation to the Board of
28 Registration for Professional Engineers and Land Surveyors is
29 deemed to refer to the Board for Professional Engineers and Land
30 Surveyors.

31 ~~(c) This section shall become inoperative on July 1, 2011, and,~~
32 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
33 ~~that becomes effective on or before January 1, 2012, deletes or~~
34 ~~extends the dates on which it becomes inoperative and is~~
35 ~~repealed.~~*This section shall remain in effect only until January 1,*
36 *2012, and as of that date is repealed, unless a later enacted statute,*
37 *that is enacted before January 1, 2012, deletes or extends that*
38 *date.*The repeal of this section renders the board subject to the
39 review required by Division 1.2 (commencing with Section 473).

1 *SEC. 35. Section 6714 of the Business and Professions Code*
2 *is amended to read:*

3 6714. The board shall appoint an executive officer at a salary
4 to be fixed and determined by the board with the approval of the
5 Director of Finance.

6 ~~This section shall become inoperative on July 1, 2011, and, as~~
7 ~~of January 1, 2012, is repealed, unless a later enacted statute, that~~
8 ~~becomes effective on or before January 1, 2012, deletes or extends~~
9 ~~the dates on which it becomes inoperative and is repealed.~~

10 *This section shall remain in effect only until January 1, 2012,*
11 *and as of that date is repealed, unless a later enacted statute, that*
12 *is enacted before January 1, 2012, deletes or extends that date.*

13 *SEC. 36. Section 7000.5 of the Business and Professions Code*
14 *is amended to read:*

15 7000.5. (a) There is in the Department of Consumer Affairs
16 a Contractors' State License Board, which consists of 15 members.

17 (b) The repeal of this section renders the board subject to the
18 review required by Division 1.2 (commencing with Section 473).
19 However, the review of this board by the department shall be
20 limited to only those unresolved issues identified by the Joint
21 Committee on Boards, Commissions, and Consumer Protection.

22 (c) This section shall remain in effect only until January 1,
23 ~~2011,~~ 2012, and as of that date is repealed, unless a later enacted
24 statute, that is enacted before January 1, ~~2011,~~ 2012, deletes or
25 extends that date.

26 The repeal of this section renders the board subject to the review
27 required by Division 1.2 (commencing with Section 473).

28 *SEC. 37. Section 7011 of the Business and Professions Code*
29 *is amended to read:*

30 7011. The board, by and with the approval of the director, shall
31 appoint a registrar of contractors and fix his or her compensation.

32 The registrar shall be the executive officer and secretary of the
33 board and shall carry out all of the administrative duties as provided
34 in this chapter and as delegated to him or her by the board.

35 For the purpose of administration of this chapter, there may be
36 appointed a deputy registrar, a chief reviewing and hearing officer,
37 and, subject to Section 159.5, other assistants and subordinates as
38 may be necessary.

39 Appointments shall be made in accordance with the provisions
40 of civil service laws.

1 This section shall remain in effect only until January 1, ~~2011~~
 2 2012, and as of that date is repealed, unless a later enacted statute,
 3 that is enacted before January 1, ~~2011~~ 2012, deletes or extends
 4 that date.

5 *SEC. 38. Section 7200 of the Business and Professions Code*
 6 *is amended to read:*

7 7200. (a) There is in the Department of Consumer Affairs a
 8 State Board of Guide Dogs for the Blind in whom enforcement of
 9 this chapter is vested. The board shall consist of seven members
 10 appointed by the Governor. One member shall be the Director of
 11 Rehabilitation or his or her designated representative. The
 12 remaining members shall be persons who have shown a particular
 13 interest in dealing with the problems of the blind, and at least two
 14 of them shall be blind persons who use guide dogs.

15 ~~(b) This section shall become inoperative on July 1, 2011, and,~~
 16 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
 17 ~~which becomes effective on or before January 1, 2012, deletes or~~
 18 ~~extends the dates on which it becomes inoperative and is~~
 19 ~~repealed.~~ *This section shall remain in effect only until January 1,*
 20 *2012, and as of that date is repealed, unless a later enacted statute,*
 21 *that is enacted before January 1, 2012, deletes or extends that*
 22 *date. The repeal of this section renders the board subject to the*
 23 *review required by Division 1.2 (commencing with Section 473).*

24 *SEC. 39. Section 7303 of the Business and Professions Code*
 25 *is amended to read:*

26 7303. (a) Notwithstanding Article 8 (commencing with Section
 27 9148) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the
 28 Government Code, there is in the Department of Consumer Affairs
 29 the State Board of Barbering and Cosmetology in which the
 30 administration of this chapter is vested.

31 (b) The board shall consist of nine members. Five members
 32 shall be public members, and four members shall represent the
 33 professions. The Governor shall appoint three of the public
 34 members and the four professional members. The Senate
 35 Committee on Rules and the Speaker of the Assembly shall each
 36 appoint one public member. Members of the board shall be
 37 appointed for a term of four years, except that of the members
 38 appointed by the Governor, two of the public members and two
 39 of the professions members shall be appointed for an initial term

1 of two years. No board member may serve longer than two
2 consecutive terms.

3 (c) The board may appoint an executive officer who is exempt
4 from civil service. The executive officer shall exercise the powers
5 and perform the duties delegated by the board and vested in him
6 or her by this chapter. The appointment of the executive officer is
7 subject to the approval of the director. In the event that a newly
8 authorized board replaces an existing or previous bureau, the
9 director may appoint an interim executive officer for the board
10 who shall serve temporarily until the new board appoints a
11 permanent executive officer.

12 (d) The executive officer shall provide examiners, inspectors,
13 and other personnel necessary to carry out the provisions of this
14 chapter.

15 (e) This section shall remain in effect only until January 1, ~~2012~~
16 ~~2014~~, and as of that date is repealed, unless a later enacted statute,
17 that is enacted before January 1, ~~2012~~ ~~2014~~, deletes or extends
18 that date.

19 *SEC. 40. Section 8000 of the Business and Professions Code*
20 *is amended to read:*

21 8000. There is in the Department of Consumer Affairs a Court
22 Reporters Board of California, which consists of five members,
23 three of whom shall be public members and two of whom shall be
24 holders of certificates issued under this chapter who have been
25 actively engaged as shorthand reporters within this state for at least
26 five years immediately preceding their appointment.

27 This section shall remain in effect only until January 1, ~~2011~~
28 ~~2013~~, and as of that date is repealed, unless a later enacted statute,
29 that is enacted before January 1, ~~2011~~ ~~2013~~, deletes or extends
30 that date.

31 *SEC. 41. Section 8005 of the Business and Professions Code*
32 *is amended to read:*

33 8005. The Court Reporters Board of California is charged with
34 the executive functions necessary for effectuating the purposes of
35 this chapter. It may appoint committees as it deems necessary or
36 proper. The board may appoint, prescribe the duties, and fix the
37 salary of an executive officer. Except as provided by Section 159.5,
38 the board may also employ other employees as may be necessary,
39 subject to civil service and other provisions of law.

1 This section shall remain in effect only until January 1, ~~2012~~
2 2013, and as of that date is repealed, unless a later enacted statute,
3 that is enacted before January 1, ~~2012~~ 2013, deletes or extends
4 that date.

5 *SEC. 42. Section 8520 of the Business and Professions Code*
6 *is amended to read:*

7 8520. (a) There is in the Department of Pesticide Regulation
8 a Structural Pest Control Board, which consists of seven members.

9 (b) Subject to the jurisdiction conferred upon the director by
10 Division 6 (commencing with Section 11401) of the Food and
11 Agricultural Code, the board is vested with the power to and shall
12 administer the provisions of this chapter.

13 (c) It is the intent of the Legislature that consumer protection
14 is the primary mission of the board.

15 (d) ~~This section shall become inoperative on July 1, 2011, and,~~
16 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
17 ~~which becomes effective on or before January 1, 2012, deletes or~~
18 ~~extends the dates on which it becomes inoperative and is~~
19 ~~repealed.~~*This section shall remain in effect only until January 1,*
20 *2015, and as of that date is repealed, unless a later enacted statute,*
21 *that is enacted before January 1, 2015, deletes or extends that*
22 *date.**The repeal of this section renders the board subject to the*
23 *review required by Division 1.2 (commencing with Section 473).*

24 *SEC. 43. Section 8528 of the Business and Professions Code*
25 *is amended to read:*

26 8528. With the approval of the director, the board shall appoint
27 a registrar, fix his or her compensation and prescribe his or her
28 duties.

29 The registrar is the executive officer and secretary of the board.

30 ~~This section shall become inoperative on July 1, 2011, and, as~~
31 ~~of January 1, 2012, is repealed, unless a later enacted statute, which~~
32 ~~becomes effective on or before January 1, 2012, deletes or extends~~
33 ~~the dates on which it becomes inoperative and is repealed.~~

34 *This section shall remain in effect only until January 1, 2015,*
35 *and as of that date is repealed, unless a later enacted statute, that*
36 *is enacted before January 1, 2015, deletes or extends that date.*

37 *SEC. 44. Section 8710 of the Business and Professions Code*
38 *is amended to read:*

39 8710. (a) The Board for Professional Engineers and Land
40 Surveyors is vested with power to administer the provisions and

1 requirements of this chapter, and may make and enforce rules and
2 regulations that are reasonably necessary to carry out its provisions.

3 (b) The board may adopt rules and regulations of professional
4 conduct that are not inconsistent with state and federal law. The
5 rules and regulations may include definitions of incompetence and
6 negligence. Every person who holds a license or certificate issued
7 by the board pursuant to this chapter, or a license or certificate
8 issued to a civil engineer pursuant to Chapter 7 (commencing with
9 Section 6700), shall be governed by these rules and regulations.

10 (c) ~~This section shall become inoperative on July 1, 2011, and,~~
11 ~~as of January 1, 2012, is repealed, unless a later enacted statute,~~
12 ~~which becomes effective on or before January 1, 2012, deletes or~~
13 ~~extends the dates on which it becomes inoperative and is~~
14 ~~repealed.~~ *This section shall remain in effect only until January 1,*
15 *2012, and as of that date is repealed, unless a later enacted statute,*
16 *that is enacted before January 1, 2012, deletes or extends that*
17 *date.* The repeal of this section shall render the board subject to
18 the review required by Division 1.2 (commencing with Section
19 473).

20 *SEC. 45. Section 11506 of the Business and Professions Code*
21 *is amended to read:*

22 11506. This part shall be subject to the review required by
23 Division 1.2 (commencing with Section 473). This part shall
24 remain in effect only until January 1, ~~2012~~ 2015, and as of that
25 date is repealed, unless a later enacted statute, that is enacted before
26 January 1, ~~2012~~ 2015, deletes or extends that date.

27 *SEC. 46. Section 18602 of the Business and Professions Code*
28 *is amended to read:*

29 18602. (a) Except as provided in this section, there is in the
30 Department of Consumer Affairs the State Athletic Commission,
31 which consists of seven members. Five members shall be appointed
32 by the Governor, one member shall be appointed by the Senate
33 Rules Committee, and one member shall be appointed by the
34 Speaker of the Assembly.

35 The members of the commission appointed by the Governor are
36 subject to confirmation by the Senate pursuant to Section 1322 of
37 the Government Code.

38 No person who is currently licensed, or who was licensed within
39 the last two years, under this chapter may be appointed or
40 reappointed to, or serve on, the commission.

1 (b) In appointing commissioners under this section, the
 2 Governor, the Senate Rules Committee, and the Speaker of the
 3 Assembly shall make every effort to ensure that at least four of
 4 the members of the commission shall have experience and
 5 demonstrate expertise in one of the following areas:

6 (1) A licensed physician or surgeon having expertise or
 7 specializing in neurology, neurosurgery, head trauma, or sports
 8 medicine. Sports medicine includes, but is not limited to,
 9 physiology, kinesiology, or other aspects of sports medicine.

10 (2) Financial management.

11 (3) Public safety.

12 (4) Past experience in the activity regulated by this chapter,
 13 either as a contestant, a referee or official, a promoter, or a venue
 14 operator.

15 (c) Each member of the commission shall be appointed for a
 16 term of four years. All terms shall end on January 1. Vacancies
 17 occurring prior to the expiration of the term shall be filled by
 18 appointment for the unexpired term. No commission member may
 19 serve more than two consecutive terms.

20 (d) Notwithstanding any other provision of this chapter,
 21 members first appointed shall be subject to the following terms:

22 (1) The Governor shall appoint two members for two years, two
 23 members for three years, and one member for four years.

24 (2) The Senate Committee on Rules shall appoint one member
 25 for four years.

26 (3) The Speaker of the Assembly shall appoint one member for
 27 four years.

28 ~~(4) The appointing powers, as described in subdivision (a), may~~
 29 ~~appoint to the commission a person who was a member of the prior~~
 30 ~~commission prior to the repeal of that commission on July 1, 2006.~~

31 (e) This section shall remain in effect only until January 1, ~~2011~~
 32 ~~2012~~, and as of that date is repealed, unless a later enacted statute,
 33 that is enacted before January 1, ~~2011~~ ~~2012~~, deletes or extends
 34 that date.

35 The repeal of this section renders the commission subject to the
 36 review required by Division 1.2 (commencing with Section 473).

37 *SEC. 47. Section 18613 of the Business and Professions Code*
 38 *is amended to read:*

39 ~~18613. (a) (1) To assure the continuity and stable transition~~
 40 ~~as the commission is reformed on January 1, 2007, the person~~

1 serving as the bureau chief on December 31, 2006, shall serve as
2 the executive officer beginning January 1, 2007, for a term through
3 June 30, 2007. On or before June 30, 2007, but not earlier than
4 June 1, 2007, the commission shall determine whether to retain
5 the services of the person who was serving as the bureau chief on
6 December 31, 2006, or to follow the procedure set forth in
7 paragraph (2) of this subdivision to appoint a new executive officer.
8 During the period between January 1, 2007, and June 30, 2007,
9 any inconsistent provisions of this section notwithstanding, the
10 executive officer may be terminated for cause upon the affirmative
11 vote of a majority of the members of the commission.

12 ~~(2)~~

13 *18613. (a) (1)* The commission shall appoint a person exempt
14 from civil service who shall be designated as an executive officer
15 and who shall exercise the powers and perform the duties delegated
16 by the commission and vested in him or her by this chapter. The
17 appointment of the executive officer is subject to the approval of
18 the Director of Consumer Affairs.

19 ~~(3)~~

20 (2) The commission may employ in accordance with Section
21 154 other personnel as may be necessary for the administration of
22 this chapter.

23 (b) This section shall remain in effect only until January 1, ~~2011~~,
24 2012, and as of that date is repealed, unless a later enacted statute,
25 that is enacted before January 1, ~~2011~~, 2012, deletes or extends
26 that date.

27 *SEC. 48. Section 22259 of the Business and Professions Code*
28 *is amended to read:*

29 22259. This chapter shall be subject to the review required by
30 Division 1.2 (commencing with Section 473).

31 This chapter shall remain in effect only until January 1, ~~2012~~
32 2015, and as of that date is repealed, unless a later enacted statute,
33 that is enacted before January 1, ~~2012~~ 2015, deletes or extends
34 that date.

35 *SEC. 49. Section 94950 of the Education Code is amended to*
36 *read:*

37 94950. This chapter shall remain in effect only until January
38 1, ~~2016~~ 2015, and as of that date is repealed, unless a later enacted
39 statute, that is enacted before January 1, ~~2016~~ 2015, deletes or
40 extends that date.

1
2
3
4
5

All matter omitted in this version of the bill appears in the bill as amended in the Assembly, September 4, 2009. (JR11)

O

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

BILL ANALYSIS

BILL NUMBER: SB 686

VERSION: AMENDED JULY 1, 2010

AUTHOR: DESAULNIER

**SPONSOR: DEPARTMENT OF ALCOHOL AND
DRUG PROGRAMS**

RECOMMENDED POSITION: NONE

**SUBJECT: ALCOHOL AND OTHER DRUG
COUNSELOR LICENSING AND CERTIFICATION**

Existing Law:

- 1) Current Department of Alcohol and Drug Programs (Department) regulations specify the following:
 - By April 1, 2010, at least 30% of counselors in licensed facilities shall be in compliance with certification requirements and all other counseling staff shall be registered with a certifying organization (9 CCR §13010).
 - Any individual who was certified to provide counseling services in an alcohol or other drug program by a certifying organization as of April 1, 2005, is deemed to be certified pursuant to the requirements of the regulation. (9 CCR §13020)
 - Until April 1, 2007, any certifying organization may issue a certificate to any individual employed as an alcohol or other drug program counselor as of April 1, 2005 if the individual is certified and has achieved a score of at least 70% on an approved oral/written examination and has either been providing counseling services for 40 hours a week for a minimum of five years between April 1, 1995 and April 1, 2005 or possesses an Associates of Arts, Bachelor of Arts, or Master of Arts degree in the study of chemical dependency.(9 CCR §13025)
 - By October 1, 2005 or within six months of the date of hire, whichever is later, all non-licensed or non-certified individuals providing counseling services in an alcohol or other drug program must be registered to obtain certification as an alcohol or other drug program counselor. (9 CCR §13035 (f))
 - Registrants shall complete certification as an alcohol or other drug program counselor within five years from the date of registration. (9 CCR §13035 (f)(1))
 - In order for a certifying organization to issue alcohol or other drug program counselor certification, their certification requirements must meet Department minimum standards. These standards include: completing a minimum of 155 hours of formal classroom alcohol or other drug program counselor education, as defined, completing a minimum of 160 documented hours of supervised alcohol or other drug program counseling, completing 2,080 or more documented hours of work experience, and obtaining a score of at least 70% on an exam approved by the certifying organization. (9 CCR §13040)

- 2) Defines a psychotherapist as a person authorized to practice medicine specializing in psychiatry or practicing psychotherapy, a psychologist, a clinical social worker, a Marriage and Family Therapist (MFT), a psychological assistant, a MFT registered intern or trainee, or an associate clinical social worker. (Evidence Code §1010)

This Bill:

- 1) Creates the Alcohol and Other Drug Counselor Licensing and Certification Act (Act). (Health and Safety Code (HSC) Section 11975.10)
- 2) Provides that the Department shall administer and enforce the Act (HSC §11975.20(a)) and adopt rules and regulations necessary to do so. (HSC §11975.20(b(1)))
- 3) Defines “Registrant” (RAODC) as an uncertified or unlicensed person who is in the course of completing the requirements for certification or licensure and who is registered with a Counselor Preparation and Testing Organization (CPTO). (HSC §11975.15(a))
- 4) Defines a “Certified Alcohol and Other Drug Counselor” (CAODC) as a person certified by the Department to practice alcohol and drug counseling in a program licensed or certified by the Department. (HSC §11975.15(b))
- 5) Defines “Licensed Alcohol and Other Drug Counselor” (LAODC) as a person licensed by the Department to practice alcohol and other drug counseling, who may provide clinical supervision to any other person licensed, certified or registered pursuant to this bill and who may maintain an independent alcohol or other drug counseling practice outside of a program licensed or certified by the Department. (HSC §11975.15(d))
- 6) Defines “Counselor Preparation and Testing Organization” (CPTO) as a certifying organization approved to certify individuals as alcohol and other drug counselors. (HSC §11975.15(h))
- 7) Creates a seven-member Advisory Committee on Alcohol and Other Drug Counselor Training, Certification, and Licensing, to meet a minimum of four times per year to review and discuss implementation, counselor education and exam issues, code of conduct and ethics, disciplinary actions, counselor performance, and reciprocity provisions with other states. (HSC §11975.17(b))
- 8) The executive director of the Board of Behavioral Sciences will serve as a non-voting, ex officio member of this committee. (HSC §11975.17(g))
- 9) Requires the Department to adopt rules and regulations as necessary to carry out the provisions of this bill (HSC §11975.20(b)(1))
- 10) Requires the Department to issue licenses, certifications and registrations beginning January 1, 2012 to those who meet the Department’s qualifications and regulations. (HSC §11975.20(b)(2))
- 11) Requires the Department to, on or before January 1, 2012, conduct an initial review of each CPTO to determine whether it has met the Department’s qualifications and requirements. (HSC §11975.20(b)(6))

- 12) Requires the Department to, beginning January 1, 2014, inspect each CPTO once every two years to ensure compliance with applicable requirements and regulations. (HSC §11975.20(b)(7))
- 13) Requires the Department to create a process by which a CTPO is required to submit a request for registration, certification, or licensure to the Department on behalf of an applicant. (HSC §11975.20(b)(8-10))
- 14) Requires the Department to issue a RAODC registration to a person within 30 business days after receiving a request for registration on their behalf from a CPTO if that person has met the following requirements (HSC §11975.30(a)):
 - a. Completed and submitted an application for registration to a CPTO.
 - b. Completed an introductory alcohol and other drug abuse class approved by the CPTO, which includes:
 - i. At least 8 hours instruction in the subject of law and ethics as it relates to a registrant's ability to practice alcohol and other drug abuse counseling safely.
 - ii. At least 8 hours of education in an orientation class in the field of addiction treatment that includes screening and referral.
 - c. Signed the CPTO's code of ethics.
 - d. Submitted a live fingerprint scan.
 - e. Submitted and passed a state and federal level criminal offender record information search.
 - f. Paid the required fees
- 15) Allows a registrant to provide support services to certified or licensed counselors, but may not carry a caseload, or perform group or individual counseling in an unsupervised environment. (HSC §11975.30(b)):
- 16) Requires that before a person may begin obtaining work experience for certification or licensure, they must register with a CTPO and have a RAODC certification from the Department. (HSC §11975.30(d))

- 17) Requires the Department, beginning January 1, 2012, to issue CAODC certificates within 30 business days to persons that meet all of the following requirements if their completed applications are received by the Department prior to January 1, 2014, and if they meet all of the following requirements: (HSC §11975.35)
 - a. Was certified as a counselor on or before December 31, 2011, in accordance with the regulations of the Department in effect on that date.

- b. Has completed and submitted an application for certification to a CTPO.
 - c. Submitted and passed a state and federal level criminal offender record information search.
 - d. Paid the required fees.
- 18) Requires the Department, beginning January 1, 2012, to issue a CAODC certificate within 30 business days to a person if they meet all of the following requirements (HSC §11975.36):
- a. Either:
 - i. A CTPO documents that the person had met their education requirements (must be a minimum of 315 classroom hours and 160 hours of supervised practicum), passed their exam, and completed any other requirements, such as work experience, OR
 - ii. They possess an earned associate of arts or associate of science in alcohol and drug counseling, or other equivalent degree recognized by the Department from an institution of higher learning, has completed 160 hours of a supervised practicum, and passed a test administered by a CPTO.
 - b. Complete 2,080 hours of work experience, gained within 6 years of application for certification.
 - c. Submitted and passed a state and federal level criminal offender record information search.
 - d. Paid the required fees.
 - e. Completed the application for a certificate and satisfied any other requirements for certification.
- 19) Requires the Department, beginning January 1, 2012, to issue a LAODC license within 30 business days to persons if their completed applications are received by the Department by June 30, 2013, if the Department determines they were certified as a counselor on or before December 31, 2011 and they met one of the following requirements (HSC §11975.40):
- a. Possesses an earned master of arts, master of science, or doctoral degree in alcohol and drug counseling, psychology, or social work, or other major or an equivalent degree recognized by the Department, holds a valid advanced certification from a CPTO, and has completed the following:
 - i. Six hours of education in clinical supervision techniques.
 - ii. Sixteen hours of education on operating an independent counseling practice.
 - iii. Submitted and passed a state and federal level criminal offender record information search.
 - iv. Paid the required fees.
 - v. Completed the application for a license.

- vi. An “advanced certification” issued by a CPTO includes either a total of 315 hours of formal instruction in alcohol and other drug abuse counseling, or a total of 6,000 hours of work experience as an alcohol and other drug abuse counselor, OR
- b. Has completed the following:
- i. Passed a test recognized by a CPTO prior to January 1, 2012.
 - ii. Completed at least 315 hours of classroom instruction in alcohol and other drug abuse counseling, including a 45 hour practicum course.
 - iii. Completed 10,000 hours of work experience within the scope of practice of a counselor, and currently be certified as a counselor by a CPTO.
 - iv. Completed at least 255 hours of fieldwork in a clinically supervised practicum approved by a CPTO.
 - v. Completed at least 6 hours of education in supervision techniques.
 - vi. Completed at least 6 hours of education in the subject of law and ethics as it relates to a licensee’s ability to practice alcohol and other drug abuse counseling safely.
 - vii. Completed at least 10 hours of education in the recognition of co-occurring disorders, referral processes, and the evaluation of clients using placement criteria, to determine the most appropriate level of care for a client and a client’s eligibility for admission to a particular alcohol and other drug abuse treatment program.
 - viii. Completed 16 hours of education on operating an independent counseling practice.

20) Requires the Department, beginning January 1, 2012, to issue a LAODC license within 30 business days to a person who has met all of the following requirements:

- a. Possesses an earned master of arts, master of science, or doctoral degree in alcohol and drug counseling, psychology, social work, marriage, family and child counseling, marital and family therapy or other equivalent degree recognized by the Department from an institution of higher learning, and meets the requirements of a certified counselor.
- b. Has completed all of the following:
 - i. A total of 40 hours of education in clinical supervision techniques.
 - ii. A minimum of 65 hours of education on operating an independent counseling practice, including 20 hours of education in law and ethics, and 45 hours of education in psychopathology.
 - iii. Passed a test administered by the CPTO.

- iv. Completed a supervised practicum required by the institution granting the degree.
- v. Completed 3,120 hours of work experience.
- vi. Submitted and passed a state and federal level criminal offender record information search.
- vii. Paid the required fees.
- viii. Completed and submitted an application for a license.
- ix. Completed at least 6 hours of education in supervision techniques.

21) Sets forth standards for work experience gained to meet the certification and licensure requirements for this bill. (HSC §11975.60)

22) Exempts persons licensed under the Marriage and Family Therapist Act and the Clinical Social Worker Practice Act from the provisions of this bill. (HSC § 11975.70(e))

23) Provides that licensure and certification is not needed to practice of alcohol and drug counseling in the following settings, by the following individuals: (HSC §11975.70)

- a. An employee or volunteer of the Armed Forces.
- b. Peer or self-help group if the person is an unpaid member who performs peer group or self-help activities and does not use the title stating or implying that he or she is certified or licensed by the State.
- c. A cleric or other religious leader who provides advice and guidance to members of his or her congregation free of charge.
- d. A director of a live-in alternative to incarceration rehabilitation program.
- e. A person who is licensed by the State under the Medical Practice Act, the Nursing Practice Act, the Psychology Licensing Act, the Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, or the Substance Abuse Professionals as defined by the U.S. Department of Transportation.

24) States that nothing in this Act shall constrict, limit or withdraw the Marriage and Family Therapist Act or the Clinical Social Worker Practice Act. (HSC §11975.65)

25) Defines the practice of alcohol and drug abuse counseling to mean the performance of any of the following services for the purpose of treating alcohol and drug abuse: (HSC §11975.75(c))

- a. Screening
- b. Initial intake
- c. Orientation
- d. Alcohol and other drug abuse counseling

- e. Case management
- f. Crisis intervention
- g. Assessment
- h. Treatment planning
- i. Client education
- j. Referral
- k. Reports and record keeping
- l. Consultation with other professionals with regard to client treatment or services.

- 26) States that a licensee who operates an independent counseling practice shall refer any client assessed as needing additional services not within the scope of practice to another licensed professional. (HSC §11975.77)
- 27) Allows a person who has received a certificate, registration, or license to use the title CAODC, RAODC, or LAODC, in accordance with the type of certificate. (HSC § 11975.85)
- 28) States that it is unlawful for a person to engage in the practice of alcohol and other drug counseling unless that person holds a valid, unexpired, and unrevoked certificate, registration or license, unless otherwise exempted by this bill. (HSC § 11975.90(a))
- 29) Allows the Department to deny, revoke suspend or impose conditions upon a license, certification or registration for unprofessional conduct as outlined in this bill. (HSC § 11975.95)
- 30) Sets forth provisions for renewing an unexpired certificate or license, including the completion of 30 hours of continuing education. (HSC §11976.50 (b)(3))
- 31) Establishes the Alcohol and Other Drug Counselor License Fund in the State Treasury for the collection of all fees and fines collected by the Department pursuant to this Act. (HSC §11977.10)
- 32) Sets specified fees for licensure, certification, or registration. (HSC §11977.15)
- 33) Amends the Penal Code to include as a mandated reporter an alcohol or other drug counselor as defined in this bill. (PC § 11165.7(a)(38))

Comment:

- 1) **Author's Intent.** According to the Author's office, there is no specific statutory authority for the Department to certify or license an alcohol or other drug counselor or provide oversight and monitoring of California's counselor certification process. The Department has inadequate authority to develop regulations to ensure consumer protections for persons receiving counseling services or impose sanctions for unethical behavior of a counselor in the Department's current alcohol and other drug treatment delivery system.
- 2) **Previous Legislation and Board Action.** Previous legislation has been considered related to licensure of alcohol and other drug counselors. SB 707 (DeSaulnier) of 2009 defined

several different levels of CAODCs, depending on level of education. At its May 2009 meeting, the Board voted not to take a position on SB 707. SB 707 was held in the Senate and did not pass its house of origin in the appropriate amount of time.

AB 239 (DeSaulnier) of 2008 that created a licensing scheme for individuals providing alcohol and other drug counseling outside of state licensed facilities. At its May 2008 meeting the Board voted unanimously to take no action on the legislation. AB 239 was ultimately vetoed by the Governor. In his veto message the Governor directed the Department of Alcohol and Drug Programs to work with the Department of Consumer Affairs (DCA) and stakeholders to craft uniform standards for all alcohol and drug counselors to ensure all individuals seeking treatment are offered the same quality of care across all sectors.

- 3) **How SB 686 Differs from Previous Legislation.** The bill before the Committee today, SB 686, provides for the certification or licensure of three levels of practitioner. It also requires that applicants register with a CPTO and complete the requirements of their CPTO.
- 4) **Scope of Practice of Certificate and License Holder.** Individuals certified or licensed to practice alcohol and other drug counseling pursuant to the provisions of this bill may perform any of the following services for the purpose of treating alcohol and drug abuse:
 - Screening
 - Initial intake
 - Orientation
 - Alcohol and other drug abuse counseling
 - Case management
 - Crisis intervention
 - Assessment
 - Treatment planning
 - Client education
 - Referral
 - Reports and recordkeeping
 - Consultation with other professionals with regard to client treatment or services.

Although the bill states that the provisions contained therein shall not apply to LCSWs and MFTs, many of these activities can be perceived to be within the scope of those licensees, bringing into question if the education and training for an LAODC is sufficient for the work performed. Additionally, it is unclear what activities can be performed as “alcohol and drug counseling, including individual, group and significant others” and how this may differ from activities within the scope of practice of Board licensees.

- 5) **Single Diagnosis Practitioner.** This bill proposes to regulate the practice of drug and alcohol counseling in both licensed facilities and private practice by creating standards for certification and licensure as an alcohol and other drug counselor. As discussed in the previous section, alcohol and drug counseling as defined in this bill, is a number of specified activities performed for the purpose of treating alcohol or other drug problems only. This creates a license to treat only one diagnosis. An LAODC would therefore have to be able to differentiate between an issue that is solely attributed to alcohol and drug abuse problems and symptoms and issues that may be attributable to a diagnosis outside the scope of practice of the LAODC. And, with such a narrow focus of a LAODC (performance of service to treat alcohol and drug problems only), it is unclear how effective this licensee would be in treating the individual. One underlying issue may in determining where alcohol and other drug problems end and another distinct diagnosis begins.

6) Continuity of Care. HSC Section 11975.77 states that a licensee under this bill must refer any client assessed as needing additional services not within the scope of their practice to another licensed professional. Because alcohol and other drug counseling is a single diagnosis, it is likely to be common that a patient will have other diagnoses outside of their practitioner's scope of practice. This raises a concern about continuity of care, as the patient will likely need to seek out a new practitioner at some point within their treatment, which may be disruptive to their treatment and progress.

7) Reciprocity Provision. This bill allows the Department to issue a license or certificate to any person that at the time of application has held an active alcohol and other drug counseling license or certification issued in any other state, provided that person passes the licensing examination and background check required by this bill. However, this section of the bill does not require that the license or certificate have substantially equivalent requirements to those contained in this bill. The requirements for licensure and certification vary widely from state to state, and without assurances that a licensee would have to meet the education and experience requirements of California to practice in this state, the standard of care from California licensed and certified counselors may be compromised.

8) Licensed Professional Clinical Counselors (LPCCs) are not Exempted. Section 11975.65 of this bill states that nothing in this Act shall constrict, limit or withdraw the Marriage and Family Therapist Act or the Clinical Social Worker Practice Act. However, no mention is made of the Licensed Professional Clinical Counselor Act.

9) Support and Opposition.

Support: None on File

Opposition: None on File

10) History

Previously unrelated subject matter. Substantially amended July 1, 2010.

2010

July 1 From committee with author's amendments. Read second time. Amended. Re-referred to Com. on NAT. RES.

2009

May 11 To Com. on NAT. RES.

Apr. 27 In Assembly. Read first time. Held at Desk.

Apr. 27 Read third time. Passed. (Ayes 36. Noes 0. Page 648.) To Assembly.

Apr. 23 From Consent Calendar. Placed on third reading.

Apr. 22 Read second time. To Consent Calendar.

Apr. 21 From committee: Do pass. To Consent Calendar. (Ayes 7. Noes 0. Page 585.)

Apr. 14 Set for hearing April 20.

Apr. 2 Re-referred to Com. on EQ.

Mar. 19 To Com. on RLS.

Mar. 2 Read first time.

Feb. 28 From print. May be acted upon on or after March 30.

Feb. 27 Introduced. To Com. on RLS. for assignment. To print.

AMENDED IN ASSEMBLY JULY 1, 2010

SENATE BILL

No. 686

Introduced by Senator DeSaulnier

February 27, 2009

~~An act to amend Section 21086 of the Public Resources Code, relating to the environment. An act to add Part 4 (commencing with Section 11975.10) to Division 10.5 of the Health and Safety Code, to amend Section 11165.7 of the Penal Code, and to amend Section 15630 of the Welfare and Institutions Code, relating to public health.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 686, as amended, DeSaulnier. ~~Environment: CEQA exemption: addition and deletion.~~ *Alcohol and other drug counselor licensing and certification.*

Existing law provides for the registration, certification, and licensure of various healing arts professionals, including, but not limited to, setting forth the scope of practice, establishing the regulatory boards, department, or bureaus, and setting forth the powers and duties of these entities.

This bill would establish similar registration, certification, and licensure provisions relating to alcohol and other drug counselors to be administered by the State Department of Alcohol and Drug Programs, and would authorize the department to commence issuing these licenses, registrations, and certificates on January 1, 2012, and would make conforming changes related to child, elder, and dependent adult abuse reporting provisions. The bill would make a violation of these provisions a misdemeanor, and would specify various unlawful acts related to its provisions. The bill would authorize the department to assess related fees, and would require deposit of the fees into the Alcohol and Other

Drug Counselor License Fund, which the bill would establish for expenditure for the purposes of this bill, upon appropriation by the Legislature.

By establishing a new crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~The California Environmental Quality Act requires the Office of Planning and Research to adopt guidelines that include criteria for public agencies to follow in determining whether or not a proposed project may have a significant effect on the environment and a list of classes of projects that are exempted from the act's requirements. The act establishes procedures for the certification and adoption of the guidelines. The act authorizes a public agency to request, in writing, the addition or deletion of a class of projects to the list. The office is required to review each request and, as soon as possible, submit its recommendation to the Secretary of Natural Resources Agency.~~

~~This bill would make technical, nonsubstantive changes to the provision regarding the addition or deletion of a class of projects.~~

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

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

1 SECTION 1. Part 4 (commencing with Section 11975.10) is
2 added to Division 10.5 of the Health and Safety Code, to read:

3

4 PART 4. ALCOHOL AND OTHER DRUG COUNSELOR
5 LICENSING AND CERTIFICATION

6

7 CHAPTER 1. GENERAL PROVISIONS

8

9 11975.10. This part shall be known, and may be cited, as the
10 Alcohol and Other Drug Counselor Licensing and Certification
11 Act.

1 11975.15. For purposes of this part, the following terms have
2 the following meanings:

3 (a) “Registrant” or “RAODC” means an uncertified or
4 unlicensed person who is in the course of completing the
5 requirements for certification or licensure under this part and who
6 is registered with a Counselor Preparation and Testing
7 Organization (CPTO).

8 (b) “Certified Alcohol and Other Drug Counselor” or
9 “CAODC” means a person certified by the department pursuant
10 to Section 11975.35 or 11975.36 to practice alcohol and other
11 drug counseling in a program licensed or certified by the
12 department under this division.

13 (c) “Intern” means a person certified by the department who
14 is preparing for licensure.

15 (d) “Licensed Alcohol and Other Drug Counselor” or
16 “LAODC” means a person licensed by the department pursuant
17 to Section 11975.40 or 11975.42 to practice alcohol and other
18 drug counseling, who may provide clinical supervision to any other
19 person licensed, certified, or registered under this part, and who
20 may maintain an independent alcohol and other drug counseling
21 practice outside of a program licensed or certified by the
22 department pursuant to this part.

23 (e) “Independent counseling practice” means an individual or
24 individuals who are licensed under this part to engage in the
25 practice of alcohol and other drug counseling, as defined in Section
26 11975.75, in a setting outside of a licensed facility or certified
27 program.

28 (f) “Clinical supervision” means the ongoing process in which
29 the supervisor participates with one or more supervisees to ensure
30 high-quality service delivery across domains of counselor
31 development, professional and ethical standards, program
32 development, quality assurance, performance evaluation, and
33 administration, as described in the Technical Assistance
34 Publication Series No. 21, 2006 (TAP 21).

35 (g) “Advertise” includes, but is not limited to, the issuance of
36 any card, sign, or device to any person, or the causing, permitting,
37 or allowing of any sign or marking on or in any building or
38 structure, or in any newspaper or magazine or in any directory,
39 or any printed matter, with or without any limiting qualification.

40 “Advertise” also includes business solicitations communicated by

1 radio or television broadcasting, the Internet, or any other
2 electronic medium.

3 (h) “Counselor Preparation and Testing Organization” or
4 “CPTO” means a certifying organization as defined and used in
5 Chapter 8 (commencing with Section 13000) of Division 4 of Title
6 9 of the California Code of Regulations, including compliance
7 with standards and terms of accreditation by the Institute for
8 Credentialing Excellence (ICE).

9 (i) “Institution of higher learning” means an entity accredited
10 by the Western Association of Schools and Colleges or an
11 equivalent regional accrediting agency approved by the United
12 States Department of Education, or compliant with the
13 requirements of the Bureau for Private Postsecondary and
14 Vocational Education (BPPVE) or its successor agency, the Bureau
15 for Private Postsecondary Education, pursuant to the California
16 Private Postsecondary Education Act of 2009 (Chapter 8
17 (commencing with Section 94800) of Part 59 of Division 10 of
18 Title 3 of the Education Code).

19 (j) (1) “TAP 21” means the publication published by the United
20 States Department of Health and Human Services, Substance Abuse
21 and Mental Health Services Administration, Center for Substance
22 Abuse Treatment entitled, “Addiction Counseling Competencies,”
23 Technical Assistance Publication Series No. 21, 2006, and, to the
24 extent the department determines it to be consistent with this part,
25 as that publication may be updated.

26 (2) “TAP 21A” means the publication published by the United
27 States Department of Health and Human Services, Substance Abuse
28 and Mental Health Services Administration, Center for Substance
29 Abuse Treatment entitled, “Competencies for Substance Abuse
30 Treatment Clinical Supervisors,” Technical Publication Series
31 No. 21A, 2007, and, to the extent the department determines it to
32 be consistent with this part, as that publication may be updated.

33 (k) “ICE” means the Institute for Credentialing Excellence,
34 formerly the National Organization for Competency Assurance,
35 which is a national organization that provides government and
36 employers services that allow them to confirm the validity and
37 reliability of a private certifying body.

38 11975.17. (a) There is within the department a seven-member
39 Advisory Committee on Alcohol and Other Drug (AOD) Counselor
40 Training, Certification, and Licensing.

1 (b) *The advisory committee shall meet a minimum of four times*
2 *per year in order to review and issue recommendations to the*
3 *department on the following issues:*

4 (1) *The department's implementation of this part.*

5 (2) *Counselor education and examination issues.*

6 (3) *Code of conduct and ethics issues.*

7 (4) *Disciplinary actions.*

8 (5) *Counselor performance.*

9 (6) *Reciprocity provisions with other states.*

10 (7) *Other pertinent issues related to counselor training,*
11 *certification, and licensing as the committee may decide.*

12 (c) (1) *At least once every two years the advisory committee*
13 *shall issue a report to the department and the Legislature regarding*
14 *its findings and recommendations.*

15 (2) *The requirement for submitting a report to the Legislature*
16 *imposed under this subdivision is inoperative four years after the*
17 *date the first report is due, pursuant to Section 10231.5 of the*
18 *Government Code.*

19 (3) *A report submitted pursuant to this subdivision shall be*
20 *submitted in compliance with Section 9795 of the Government*
21 *Code.*

22 (d) *For purposes of this section, a "public member" means a*
23 *person who is neither registered, certified, or licensed under this*
24 *part, nor who has a fiduciary duty to, any employment with, or*
25 *contractual interest in, any facility or program providing alcohol*
26 *and other drug treatment, or any group or organization*
27 *representing, or financially or legally associated with, any aspect*
28 *of the alcohol and other drug treatment community.*

29 (e) *The seven members of the advisory committee shall be*
30 *appointed not later than January 1, 2012. Except for public*
31 *members, initial appointment and continued service on the advisory*
32 *committee is contingent upon the member being and remaining*
33 *certified or licensed under this part. Members shall be appointed*
34 *as follows:*

35 (1) *Five members, at least one of whom shall be a public*
36 *member, appointed by the Governor. Up to four members may be*
37 *nonpublic members, including, but not limited to, certified or*
38 *licensed counselors, service providers, or a person representing*
39 *any aspect of the alcohol and other drug treatment community.*

1 (2) One public member appointed by the Speaker of the
2 Assembly.

3 (3) One public member appointed by the Senate Committee on
4 Rules.

5 (f) The director may appoint no more than three nonvoting, ex
6 officio members who may include a representative of the Little
7 Hoover Commission, the department, the Assembly Select
8 Committee on Alcohol and Drug Abuse, the Senate Committee on
9 Health, or the Assembly Committee on Public Safety.

10 (g) The executive directors of the Board of Behavioral Sciences
11 and the Board of Psychology shall also serve as nonvoting, ex
12 officio members of the advisory committee.

13 (h) All committee members shall serve for terms of four years,
14 except that the appointing power may remove a member without
15 cause. If a member is removed, the member appointed as his or
16 her replacement shall serve for the duration of the unexpired term.
17 No committee member shall serve more than two consecutive terms.
18 Committee members shall not be compensated but shall be
19 reimbursed by the department for necessary expenses incurred in
20 performing the duties of their membership on the committee.

21 (i) The committee shall select a chairperson each year, but no
22 person shall be selected as the chairperson for more than two
23 consecutive years.

24 (j) The committee may create subcommittees as it deems
25 appropriate.

26 (k) The department shall provide support to the advisory
27 committee from within its existing resources.

28 11975.18. The duties of the advisory committee established
29 pursuant to Section 11975.17 shall include all of the following:

30 (a) Recommend to the director any changes to the definition of
31 unprofessional conduct specified in Section 11975.95, that are
32 consistent with generally accepted ethics codes.

33 (b) Periodically review and make recommendations regarding
34 the efficacy of the complaint process adopted by the department
35 pursuant to paragraph (4) of subdivision (b) of Section 11975.20.

36 (c) Review and provide recommendations on agreements and
37 regulations proposed by the director to implement this part.

38 (d) Review and provide recommendations to the department
39 regarding the department's reports of initial inspections of CPTOs
40 conducted pursuant to paragraph (6) of subdivision (b) of Section

1 11975.20, biennial inspections and unannounced inspections
2 conducted pursuant to paragraph (7) of subdivision (b) of Section
3 11975.20, and agencies seeking approval as a CPTO on a
4 provisional basis pursuant to Section 11975.25.

5 (e) Provide recommendations to the director on any other
6 matters pertaining to this part.

7 11975.19. (a) Upon receipt of a recommendation from the
8 advisory committee, the director shall do one of the following
9 within 30 business days:

10 (1) Initiate the rulemaking process to adopt the recommendation
11 of the committee.

12 (2) Decline to initiate the rulemaking process and provide the
13 committee with a written statement of reasons for the decision.

14 (3) Request that the committee provide additional information
15 regarding the recommendation.

16 (4) Indicate to the committee that consultation with a particular
17 agency or agencies may be required before responding to the
18 committee's recommendation.

19 (b) All regulations adopted pursuant to this chapter shall be
20 adopted in compliance with the Administrative Procedure Act
21 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
22 Division 3 of Title 2 of the Government Code).

23

24

CHAPTER 2. ADMINISTRATION

25

26 11975.20. (a) The department shall administer and enforce
27 this part.

28 (b) In order to carry out the provisions of this part, the
29 department shall do, but shall not be limited to, all of the following:

30 (1) Adopt rules and regulations as necessary to administer and
31 enforce this part. The adoption, amendment, and repeal of those
32 rules and regulations shall be made in accordance with the
33 rulemaking provisions of the Administrative Procedure Act
34 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
35 Division 3 of Title 2 of the Government Code).

36 (2) Commencing January 1, 2012, issue licenses, certificates,
37 and registrations to those who meet the qualifications of this part
38 and any regulations promulgated pursuant to this part.

39 (3) Take disciplinary action against counselors and registrants,
40 as appropriate, including reprimand or probation, suspension, or

1 revocation of the license, certificate, or registration, issuance of
2 administrative citations, or imposition of administrative fines not
3 to exceed five thousand dollars (\$5,000), or any combination of
4 these for failing to comply with the terms of this part.

5 (4) Adopt regulations not later than January 1, 2013, for the
6 receipt, investigation, and resolution of complaints made by or
7 against registrants and certified and licensed counselors.

8 (5) Maintain a database of registrants, and certified and licensed
9 counselors, including the individual's status, any public record of
10 discipline, and other information as the department may adopt by
11 regulation. The department shall also maintain on its Internet Web
12 site a current, simple listing of all registrants and counselors
13 against whom a finalized disciplinary action has been taken,
14 including the specific disciplinary action ordered.

15 (6) On or before January 1, 2012, conduct an initial review of
16 each CPTO and make a determination as to whether each CPTO
17 has met the qualifications and requirements of this part. If a CPTO
18 is determined to have met these qualifications and requirements,
19 the department shall confirm its status as a CPTO for the purposes
20 of preparing and testing applicants. If the department determines
21 that a CPTO has not met one or more of the qualifications or
22 requirements, the department may take any of the appropriate
23 actions specified in subparagraphs (D) and (E) of paragraph (7).
24 The findings of these reviews shall be made available to the
25 advisory committee established pursuant to Section 11975.17, and
26 to the public within 60 days of conducting the review.

27 (7) (A) Commencing January 1, 2014, inspect each CPTO and
28 each CPTO with provisional status once every two years to ensure
29 compliance with applicable requirements and regulations,
30 including continuing compliance with the terms and standards by
31 which the CPTO was accredited by the ICE. The findings of these
32 inspections shall be made available to the advisory committee
33 established pursuant to Section 11975.17, and to the public within
34 60 days of conducting the review.

35 (B) The department may inspect, at any time, with or without
36 providing prior notice, any CPTO to ensure compliance.

37 (C) A CPTO shall comply with all state regulations and with
38 the terms of its ICE approval.

39 (D) The department shall take disciplinary action against
40 CPTOs, as appropriate, including reprimand or probation, issuing

1 *an order to take corrective action, suspension, or revocation of*
2 *the CPTO's status, imposition of administrative fines not to exceed*
3 *ten thousand dollars (\$10,000), or any combination of these for*
4 *failing to comply with the terms of this part.*

5 *(E) If the department suspends or revokes the status of a CPTO,*
6 *the department shall determine the appropriate means for*
7 *licensees, certificants, and registrants who are affiliated with that*
8 *CPTO to transfer their credit earned toward meeting the education*
9 *and work experience requirements of this part, as appropriate, to*
10 *another CPTO.*

11 *(8) Create a process by which a CPTO is required to submit a*
12 *request for registration to the department on behalf of an applicant,*
13 *including a recommendation and summary of the person's*
14 *qualifications, at the time a person applies to a CPTO for status*
15 *as an RAODC. The department may establish a requirement that*
16 *a CPTO provide an applicant's portfolio that includes all the*
17 *documentation concerning the applicant's qualifications not more*
18 *than five business days after the documentation is requested by*
19 *the department. The department also may establish, by regulation,*
20 *recordkeeping requirements for applicants' portfolios. The*
21 *department shall, after seeking recommendations from the advisory*
22 *committee, adopt regulations to implement this paragraph not*
23 *later than January 1, 2012.*

24 *(9) Create a process by which a CPTO is required to submit a*
25 *request for certification to the department on behalf of an applicant*
26 *who has been an RAODC and who meets all the requirements for*
27 *certification, including a recommendation and a summary of the*
28 *RAODC's qualifications, at the time the RAODC applies to the*
29 *CPTO for certification as a CAODC. The department may establish*
30 *a requirement that a CPTO provide an applicant's portfolio that*
31 *includes all the documentation concerning the applicant's*
32 *qualifications not more than five business days after the*
33 *documentation is requested by the department. The department*
34 *also may establish, by regulation, recordkeeping requirements for*
35 *applicants' portfolios. The department shall, after seeking*
36 *recommendations from the advisory committee, adopt regulations*
37 *to implement this paragraph not later than January 1, 2012.*

38 *(10) Create a process by which a CPTO is required to submit*
39 *a request for licensure to the department on behalf of an applicant*
40 *who has been a CAODC and who meets all the requirements for*

1 licensure, including a recommendation and a summary of the
2 person's qualifications, at the time the CAODC applies to the
3 CPTO for licensure as an LAODC. The department may establish
4 a requirement that a CPTO provide an applicant's portfolio with
5 all the documentation concerning the applicant's qualifications
6 not more than five business days after the documentation is
7 requested by the department. The department also may establish,
8 by regulation, recordkeeping requirements for applicants'
9 portfolios. The department shall, after seeking recommendations
10 from the advisory committee, adopt regulations to implement this
11 paragraph not later than January 1, 2012.

12 11975.25. (a) A CPTO shall do all of the following:

13 (1) Maintain a business office in the state and advise the
14 department and the ICE of that address and any changes to that
15 address.

16 (2) Be accredited with the ICE as of January 1, 2010,
17 continuously maintain accreditation, including accreditation
18 renewals as required by the ICE, and abide by all terms of its ICE
19 accreditation, including all final documentation presented to the
20 ICE regarding the CPTO's organizational requirements and
21 counselor education and testing provisions.

22 (3) Maintain an electronic database of all persons affiliated
23 with the CPTO through registration, certification, and licensure
24 that includes enough information to allow the CPTO to provide
25 the department the information required by subdivisions (h),
26 paragraphs (8), (9), and (10) of subdivision (b) of Section
27 11975.20.

28 (4) Comply with the requirements of this part.

29 (b) The department shall, commencing January 1, 2014,
30 consider approving as a CPTO any other agency not accredited
31 with the ICE as of January 1, 2010, if the department determines
32 that the agency has gained ICE accreditation after that date, the
33 agency complies with all of the other provisions of this subdivision,
34 and pays an initial review fee in the same amount as specified in
35 subdivision (c) of Section 1177.15. Approval as a CPTO pursuant
36 to this subdivision shall be on a provisional basis for a period of
37 three years during which time the department shall inspect the
38 CPTO at least once under the terms of subparagraph (A) of
39 paragraph (7) of subdivision (b) of Section 11975.20.

CHAPTER 3. REGISTRATION

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39

11975.30. (a) Commencing January 1, 2012, the department shall issue a Registered Alcohol and Other Drug Counselor (RAODC) registration to a person, within 30 business days after receiving a request for registration for the person from a CPTO, if the person has met all of the following requirements:

- (1) Completed and submitted an application for registration to a CPTO.
- (2) Completed an introductory alcohol and other drug abuse class approved by the CPTO before providing any of the services defined within the scope of practice specified in Section 11975.75, that includes instruction as follows:
 - (A) At least eight hours of education in the subject of law and ethics as it relates to a registrant’s ability to practice alcohol and other drug abuse counseling safely. This education may include, but need not be limited to, education in the legal and regulatory aspects of alcohol and other drug abuse treatment, regulatory restrictions, confidentiality issues surrounding clients’ rights, including those pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA), what constitutes unprofessional conduct under this part, and the standards of competency for the practice of alcohol and drug abuse counseling.
 - (B) At least eight hours of education in an orientation class in the field of addiction treatment that includes screening and referral.
- (3) Signed the CPTO’s Code of Ethics.
- (4) Submitted a live fingerprint scan as specified in subdivision (b) of Section 11976.35.
- (5) Submitted to a state and federal level criminal offender record information search and passed both background checks as specified in Section 11976.35.
- (6) Paid the required fees as specified in Section 11977.15.

(b) A registrant may provide support services, including all of the services specified in Section 11975.75, to certified or licensed counselors, but shall not carry a caseload, or perform group or individual counseling in an unsupervised environment.

(c) A CPTO shall be responsible for notifying the department regarding each applicant’s completion of the requirements specified in subdivision (a).

1 (d) Before a person may begin obtaining work experience for
2 certification or licensure, he or she is required to be registered
3 with a CPTO and is required to have received an RAODC
4 certification from the department.

5 (e) A registrant shall renew his or her registration at least once
6 every two years with a CPTO.

7 11975.31. (a) All registrants shall obtain a minimum of 30
8 hours of education per year working toward certification in alcohol
9 and other drug treatment in an institution of higher learning in a
10 program that provides courses of study that may be applied toward
11 the 315 hours of education, as specified in Section 11975.36, in
12 not more than five years in order for registrants to meet the
13 education requirements for CAODCs. Hours of education that are
14 offered as continuing education units shall not apply to the 30
15 hours of education per year required by this subdivision.

16 (b) A CPTO shall revoke the registration of a registrant who
17 has been registered for more than five years, but has not received
18 certification, unless the CPTO determines that unusual or
19 extenuating hardships existed for the individual preventing him
20 or her from completing the requirements within the five-year
21 period. If a CPTO makes this determination regarding an
22 individual, then the CPTO may grant the individual an extension
23 of up to three additional years to complete all certification
24 requirements. Every revocation or extension action taken by a
25 CPTO under this subdivision shall be reported to the department
26 within five business days. The CPTO shall enter this information
27 into its database no later than the time at which it notifies the
28 department. The department shall enter and display the information
29 in its database within five business days of receiving notification
30 from a CPTO.

31
32 *CHAPTER 4. CERTIFICATION*

33
34 11975.35. Commencing January 1, 2012, and until the
35 disposition of all complete applications actually received by the
36 department prior to January 1, 2014, the department shall issue
37 a Certified Alcohol and Other Drug Counselor (CAODC)
38 certificate, within 30 business days, to a person who the department
39 determines was certified as a counselor on or before December
40 31, 2011, in accordance with regulations of the department in

1 effect on that date, and who has met all of the following
2 requirements:

3 (a) Completed and submitted an application for certification to
4 a CPTO.

5 (b) Submitted to a state and federal level criminal offender
6 record information search and passed both background checks as
7 specified in Section 11976.35.

8 (c) Paid the required fees as specified in Section 11977.15.

9 11975.36. Commencing January 1, 2012, the department shall
10 issue a Certified Alcohol and Other Drug Counselor (CAODC)
11 certificate within 30 business days to a person if all of the following
12 requirements are met:

13 (a) The department receives documentation pursuant to
14 paragraph (9) of subdivision (b) of Section 11975.20 from a CPTO
15 that the person has met either of the following requirements:

16 (1) Completed the education requirements of, passed the
17 examination administered by, and completed all other
18 requirements, including work experience requirements, of the
19 CPTO.

20 (A) Education requirements must include a minimum of 315
21 classroom hours and 160 hours of a supervised practicum.

22 (B) The examination administered by a CPTO shall be
23 psychometrically validated to the appropriate level of education
24 and shall examine the person's knowledge of the materials as
25 specified in Section 11975.45.

26 (2) Possesses an earned associate of arts or associate of science
27 in alcohol and drug counseling, or other equivalent degree
28 recognized by the department from an institution of higher
29 learning, and has completed 160 hours of a supervised practicum,
30 and passed a test administered by a CPTO as specified in Section
31 11975.50.

32 (b) Completed 2,080 hours of work experience, as specified in
33 Section 11975.60, that are within the scope of practice of a
34 counselor specified in Section 11975.75. The work experience must
35 be gained within six years of the application for certification.

36 (c) Submitted to a state and federal level criminal offender
37 record information search and passed both background checks as
38 specified in Section 11976.35.

39 (d) Paid the required fees as specified in Section 11977.15.

1 (e) Completed the application for a certificate and satisfied any
2 other requirements of this part for certification as a CAODC.

3 (f) The CPTO shall be responsible for notifying the department,
4 in a manner the department may specify, of pertinent information
5 regarding each applicant's completion of the requirements
6 specified in subdivisions (a) and (b). The individual applying to
7 the department for certification is responsible for meeting the
8 requirements imposed by subdivisions (c), (d), and (e), and for
9 payment of fees. Upon receiving all of the required information
10 and payment of fees, the department may, with cause, contact the
11 CPTO to elicit additional information regarding any particular
12 application for certification.

13 (g) The department shall issue the certification not more than
14 30 business days following the date on which the department
15 receives all required documentation, including payment of fees,
16 unless a finding is made that a particular application for
17 certification should be delayed or denied pursuant to due process
18 provisions of this part.

19

20

CHAPTER 5. LICENSURE

21

22 11975.40. Commencing January 1, 2012, and until the
23 disposition of all completed applications actually received by the
24 department by June 30, 2013, the department shall issue a Licensed
25 Alcohol and Other Drug Counselor (LAODC) license, within 30
26 business days, to a person who the department determines was
27 certified as a counselor on or before December 31, 2011, in
28 accordance with regulations of the department in effect on that
29 date, if the person has met one of the following requirements:

30 (a) Possesses an earned master of arts, master of science, or
31 doctoral degree in alcohol and drug counseling, psychology, social
32 work, marriage, family and child counseling, marital and family
33 therapy or other clinically focused discipline, or an equivalent
34 degree from an institution of higher learning that is recognized
35 by the department, holds a valid advanced certification from a
36 CPTO as described in paragraph (5), and has completed all of the
37 following:

38 (1) Six hours of education in clinical supervision techniques.

39 (2) Sixteen hours of education on operating an independent
40 counseling practice, including both of the following:

1 (A) Six hours of education in the subject of law and ethics as it
2 relates to a licensee’s ability to practice alcohol and other drug
3 abuse counseling safely. This education may include, but shall not
4 be limited to, education in the legal and regulatory aspects of
5 chemical dependency treatment, regulatory restrictions,
6 confidentiality, issues surrounding clients’ rights, and standards
7 of competency for the practice of alcohol and other drug abuse
8 counseling.

9 (B) Ten hours of education in the recognition of co-occurring
10 disorders, referral processes, and the evaluation of clients using
11 placement criteria, such as the ASAM Patient Placement Criteria
12 or other validated clinical tools, to determine the most appropriate
13 level of care for the client and eligibility for admission to a
14 particular alcohol and other drug abuse treatment program.

15 (3) All of the hours of education required by this section may
16 be gained as part of the education leading to a person’s earned
17 master of arts, master of science, or doctoral degree.

18 (4) (A) Submitted to a state and federal level criminal offender
19 record information search not later than June 30, 2012, and passed
20 both background checks as specified in Section 11976.35.

21 (B) Paid the required fees as specified in Section 11977.15.

22 (C) Completed the application for a license.

23 (5) For the purpose of this subdivision, an “advanced
24 certification” issued by a CPTO shall include the following
25 minimum requirements:

26 (A) Three hundred fifteen hours of formal instruction in alcohol
27 and other drug abuse counseling.

28 (B) Six thousand hours of work experience as an alcohol and
29 other drug abuse counselor.

30 (b) (1) Passed a test prior to January 1, 2012, that is recognized
31 by a CPTO, and is sufficient to verify the skill and knowledge
32 determined by an applicable job task analysis.

33 (2) Completed a course of education as described in Section
34 11975.45 that includes at least 315 hours of classroom instruction
35 in alcohol and other drug abuse counseling, including, but not
36 limited to, a 45-hour classroom practicum course offered by a
37 provider approved by the CPTO.

38 (3) Completed 10,000 hours of work experience that is within
39 the scope of practice of a counselor specified in Section 11975.75
40 as a certified counselor and as verified by a CPTO prior to the

1 *date the application for licensure was filed, and is currently*
2 *certified as a counselor by a CPTO.*

3 *(4) Completed at least 255 hours of fieldwork in a clinically*
4 *supervised practicum approved by a CPTO.*

5 *(5) Completed at least six hours of education in supervision*
6 *techniques.*

7 *(6) Completed at least six hours of education in the subject of*
8 *law and ethics as it relates to a licensee's ability to practice alcohol*
9 *and other drug abuse counseling safely. This education may*
10 *include, but shall not be limited to, education in the legal and*
11 *regulatory aspects of chemical dependency treatment, regulatory*
12 *restrictions, confidentiality, issues surrounding clients' rights, and*
13 *standards of competency for the practice of alcohol and other drug*
14 *abuse counseling.*

15 *(7) Completed at least 10 hours of education in the recognition*
16 *of co-occurring disorders, referral processes, and the evaluation*
17 *of clients using placement criteria, such as the ASAM Patient*
18 *Placement Criteria, to determine the most appropriate level of*
19 *care for a client and a client's eligibility for admission to a*
20 *particular alcohol and other drug abuse treatment program.*

21 *(8) Sixteen hours of education on operating an independent*
22 *counseling practice.*

23 *11975.42. Commencing January 1, 2012, the department shall*
24 *issue a Licensed Alcohol and Other Drug Counselor (LAODC)*
25 *license, within 30 business days, to a person who has met all of*
26 *the following requirements:*

27 *(a) Possesses an earned master of arts, master of science, or*
28 *doctoral degree in alcohol and drug counseling, psychology, social*
29 *work, marriage, family and child counseling, marital and family*
30 *therapy or other clinically focused major, or an equivalent degree*
31 *recognized by the department from an institution of higher*
32 *learning, and meets the requirements of a certified counselor*
33 *pursuant to Section 11975.35.*

34 *(b) Completed all of the following:*

35 *(1) Forty hours of education in clinical supervision techniques.*

36 *(2) A minimum of 65 hours of education on operating an*
37 *independent counseling practice, including both of the following:*

38 *(A) Twenty hours of education in the subject of law and ethics*
39 *as it relates to a licensee's ability to practice alcoholism and drug*
40 *abuse counseling safely. This education may include, but shall not*

1 *be limited to, education in the legal and regulatory aspects of*
2 *chemical dependency treatment including the scope of practice*
3 *restrictions specified in Section 11975.75, regulatory restrictions,*
4 *confidentiality, issues surrounding clients' rights, and standards*
5 *of competency for the practice of alcohol and other drug abuse*
6 *counseling.*

7 (B) *Forty-five hours of education in psychopathology, including*
8 *co-occurring disorders, referral processes, and the evaluation of*
9 *clients using placement criteria, such as the ASAM Patient*
10 *Placement Criteria or other validated clinical tools, to determine*
11 *the most appropriate level of care for the client and eligibility for*
12 *admission to a particular alcohol and other drug abuse treatment*
13 *program.*

14 (c) *Passed a test administered by a CPTO as specified in Section*
15 *11975.50.*

16 (d) *Completed a supervised practicum required by the institution*
17 *of higher learning that awarded the applicant his or her degree.*

18 (e) *Completed 3,120 hours of work experience as specified in*
19 *Section 11975.60 which hours shall be inclusive of the hours spent*
20 *in the practicum specified in subdivision (d) and the 2,080 work*
21 *experience hours specified in Section 11975.60.*

22 (f) *Submitted to a state and federal level criminal offender*
23 *record information search and passed both background checks as*
24 *specified in Section 11976.35.*

25 (g) *Paid the required fees as specified in Section 11977.15.*

26 (h) *Completed and submitted an application for a license and*
27 *satisfied all other requirements of this part for licensure as an*
28 *LAODC.*

29 (i) *Completed at least six hours of education in supervision*
30 *techniques.*

31 (j) *All of the hours of education required by this section may be*
32 *gained as part of the education leading to a person's earned master*
33 *of arts, master of science, or doctoral degree.*

34 *11975.45. The curriculum for educational qualifications*
35 *required for registration, certification, or licensure pursuant to*
36 *this part shall, at a minimum, meet the requirements as determined*
37 *by the TAP 21 for all counselors, and by the TAP 21A for*
38 *counselors at the LAODC level.*

39 *11975.50. A test developed or recognized by a CPTO shall*
40 *meet, at a minimum, all of the following criteria:*

1 (a) Sufficient to examine and verify the appropriate level of
2 skills and knowledge as described in the TAP 21 or TAP 21A and
3 the job task analysis created specifically for the level of
4 certification and licensure intended.

5 (b) Psychometrically validated to cover the curriculum and the
6 skills and knowledge required by this part including the
7 competencies determined by the TAP 21 and TAP 21A for CAODCs
8 and LAODCs.

9 (c) Administered at a frequency and under conditions providing
10 reasonable access and security.

11 (d) Maintained in accordance with industry standards,
12 including, but not limited to, revalidating every five years,
13 performing a cut score validated annually to maintain validity,
14 and maintaining an annual question bank maintenance.

15 (e) Protected, to the best of the CPTO's ability, the integrity of
16 the testing instruments utilized and shall maintain a plan of action
17 to respond to a compromised test. A CPTO shall report test
18 compromises to the department with the documented incident and
19 plan of action within five business days of discovering a
20 compromising incident.

21 11975.60. The work experience required by this part shall meet
22 all of the following criteria:

23 (a) Except for the work experience provisions specified in
24 subdivision (j) of Section 11975.42, no hours of experience may
25 be gained more than six years prior to the date the application for
26 registration, certification, or licensure, as applicable, was filed,
27 except as specifically provided in this part, unless a CPTO makes
28 a determination regarding an individual for whom a hardship
29 exists, in which case the CPTO may allow up to two additional
30 years to gain the work experience.

31 (b) Work experience shall not be gained as an independent
32 contractor.

33 (c) Clinical supervision of registrants and interns conducted
34 pursuant to this section shall include at least one hour of direct
35 supervisor contact during each 40-hour work period, and must be
36 conducted while the registrants or interns are performing services
37 that are within the scope of practice of a counselor specified in
38 Section 11975.75.

39 (d) For purposes of this section "one hour of direct supervisor
40 contact" means either of the following:

1 (1) One hour of face-to-face contact on an individual basis
2 during counseling periods or during provision of other services
3 specified in Section 11975.75.

4 (2) Two hours of face-to-face contact during counseling periods
5 or during the provision of other services specified in Section
6 11975.75, with a group that includes not more than five registrants
7 or interns.

8 (d) Work experience may be completed in any setting that meets
9 both of the following:

10 (1) Lawfully and regularly provides alcohol and other drug
11 counseling.

12 (2) Provides clinical supervision to ensure that the registrant's
13 or intern's work at the setting meets the requirements set forth in
14 this part and is within the scope of practice for the profession as
15 specified in Section 11975.75.

16 (e) Clinical supervision hours required of registrants to become
17 eligible for certification shall be supervised by a licensed or
18 certified counselor who has 6,000 hours of work experience that
19 is within the scope of practice of a counselor specified in Section
20 11975.75 and who is approved by a CPTO for supervising
21 registrants in a facility licensed or in a program certified by the
22 department. Interns seeking to meet the qualifications for licensure
23 may only gain clinical supervision hours by an LAODC or by a
24 person who is licensed under applicable provisions described in
25 Section 11975.65.

26 (f) (1) Two thousand eighty hours of work experience credited
27 toward licensure may only be acquired in a setting in which a
28 certified counselor is physically present.

29 (2) (A) Before beginning the remaining 1,040 hours of work
30 experience required for licensure, a candidate for licensure shall
31 register as an intern with a CPTO. The remaining 1,040 experience
32 hours for licensure specified in Section 11975.40 shall be gained
33 under the clinical supervision of an LAODC, or any of the
34 following licensed professionals:

35 (i) A physician licensed by the Medical Board of California.

36 (ii) A psychologist licensed by the Board of Psychology.

37 (iii) A clinical social worker or marriage and family therapist
38 licensed by the California Board of Behavioral Sciences.

39 (iv) Another licensed mental health professional specified by
40 the department by regulation.

1 (B) A CAODC performing services in a private practice setting
2 shall be supervised by a person who is either an LAODC, a
3 marriage and family therapist, a licensed clinical social worker,
4 a licensed psychologist, a licensed physician and surgeon certified
5 in psychiatry by the American Board of Psychiatry and Neurology,
6 or a physician and surgeon who has completed a residency but is
7 not yet board certified in psychiatry. All clinical supervisors of
8 registrants and interns seeking hours for licensure shall have at
9 least 6,000 hours of direct treatment experience in substance abuse
10 and addiction.

11 (C) A person supervising a certified alcohol and other drug
12 abuse counselor or intern shall have a written agreement with the
13 supervisee describing the planned hours of practice, supervision
14 schedule, nature of work assignments, and other specifications
15 that the supervisor reasonably deems appropriate to the
16 supervisee's level of training.

17 (D) A person supervising a certified alcohol and other drug
18 abuse counselor or intern shall evaluate a supervisee at least
19 annually, emphasizing his or her strengths and shortcomings as
20 well as areas in which the supervisee should pursue additional
21 knowledge or skill development. These evaluations shall be signed
22 by both the supervisor and the supervisee and copies shall be
23 retained by both for seven years. The department may request
24 copies of these evaluations.

25 (E) Clinical supervision conducted pursuant to this paragraph
26 shall include at least 50 hours of face-to-face supervision per year.
27 As necessary, clinical supervisors shall make themselves available
28 to each supervisee for face-to-face consultations or consultations
29 via telephone or other electronic means.

30 (F) A clinical supervisor shall be limited to no more than five
31 supervisees at a time, unless specifically authorized by the CPTO,
32 to supervise additional supervisees.

33 (g) Supervisors who are certified counselors but who do not
34 hold an LAODC license shall complete the supervision
35 requirements of a CPTO which shall include 40 hours of education
36 in the subject matter covered by the TAP 21 as specified in Section
37 11975.45. CPTOs shall require alcohol and other drug supervisors
38 to have at least three years experience.

39 (h) Total work experience hours shall be gained in each of the
40 service areas that are within the scope of practice of a counselor

1 *specified in Section 11975.75, approximately in ratios normally*
2 *engaged in by those currently working in the field.*

3 *(i) Work experience may be gained solely as part of the position*
4 *or positions in which the individual volunteers or is employed.*

5 *(j) All persons shall be registered with or be certified by the*
6 *department in order to be credited for the work experience*
7 *necessary for certification or licensure.*

8 *11975.65. Nothing in this part shall be construed to constrict,*
9 *limit, or withdraw the Medical Practice Act (Chapter 5*
10 *(commencing with Section 2000)), the Nursing Practice Act*
11 *(Chapter 6 (commencing with Section 2700)), the Psychology*
12 *Licensing Act (Chapter 6.6 (commencing with Section 2900)), the*
13 *Marriage and Family Therapist Act (Chapter 13 (commencing*
14 *with Section 4980)), the Clinical Social Worker Practice Act*
15 *(Chapter 14 (commencing with Section 4991)) of Division 2 of the*
16 *Business and Professions Code, or Substance Abuse Professionals*
17 *as defined by the United States Department of Transportation.*

18 *11975.70. This part shall not apply to any of the following,*
19 *provided that this exception shall not preclude the department*
20 *from considering any conduct in any setting in its determination*
21 *of fitness for registration, certification, or licensure or in any*
22 *disciplinary matter.*

23 *(a) A person who engages in the practice of alcohol and drug*
24 *counseling exclusively as an employee or volunteer of an agency*
25 *of the Armed Forces of the United States.*

26 *(b) A person who is an unpaid member of a peer or self-help*
27 *group who performs peer group or self-help activities if the person*
28 *does not use a title stating or implying that he or she is a licensed*
29 *alcohol and other drug counselor or any other designation listed*
30 *in Section 11975.85.*

31 *(c) A cleric or other religious leader who provides spiritual*
32 *advice and guidance to members of his or her congregation or*
33 *order, or to other persons, if it is free of charge.*

34 *(d) A director, officer, or staff member of a program described*
35 *in Section 8001 of the Penal Code.*

36 *(e) A person who is providing alcohol and other drug abuse*
37 *counseling services while practicing a profession licensed by the*
38 *State of California under the Medical Practice Act (Chapter 5*
39 *(commencing with Section 2000)), the Nursing Practice Act*
40 *(Chapter 6 (commencing with Section 2700)), the Psychology*

1 *Licensing Act (Chapter 6.6 (commencing with Section 2900)), the*
2 *Marriage and Family Therapist Act (Chapter 13 (commencing*
3 *with Section 4980)), the Clinical Social Worker Practice Act*
4 *(Chapter 14 (commencing with Section 4991)) of Division 2 of the*
5 *Business and Professions Code, or Substance Abuse Professionals*
6 *as defined by the United States Department of Transportation.*

7 11975.75. (a) *An individual licensed, registered, or certified*
8 *under this part may engage in the practice of alcohol and other*
9 *drug abuse counseling. Alcohol and other drug abuse counseling*
10 *is the application of counseling approaches and methods derived*
11 *from alcohol and drug theory and research, for the purpose of*
12 *treating alcohol and other drug abuse problems, the practice of*
13 *which conforms to the practitioner's level of training, education,*
14 *and experience.*

15 (b) *A counselor or registrant may perform the acts listed in this*
16 *section only for the purpose of treating alcohol and other drug*
17 *problems.*

18 (c) *For purposes of this part, "alcohol and other drug abuse*
19 *counseling" means performing any of the following services for*
20 *the purpose of treating alcohol and other drug abuse:*

21 (1) *Screening. The process by which a client is determined to*
22 *be eligible for admission to a particular alcohol and other drug*
23 *abuse treatment program.*

24 (2) *Initial intake. The administrative and initial assessment*
25 *procedures for admission to an alcohol and other drug abuse*
26 *treatment program. Assessment shall not include psychological*
27 *testing intended to measure or diagnose mental illness.*

28 (3) *Orientation. Describing to the client the general nature and*
29 *goals of the alcohol and other drug abuse treatment program,*
30 *including rules governing client conduct and infractions that can*
31 *lead to disciplinary action or discharge from the program.*

32 (4) *Alcohol and other drug abuse counseling, including*
33 *individual, group, and significant others. The utilization of special*
34 *skills to assist individuals, families, or groups in achieving*
35 *objectives through exploration of a problem and its ramifications,*
36 *examination of attitudes and feelings, considerations of alternative*
37 *solutions, and decision making as each relates to substance abuse.*
38 *Counseling shall be limited to assisting a client in learning more*
39 *about himself or herself for the purposes of understanding how to*
40 *effectuate clearly perceived, realistically defined goals related to*

1 *abstinence. Counseling is limited to assisting the client to learn*
2 *or acquire new skills that will enable the client to cope and adjust*
3 *to life situations without the use of substances.*

4 (5) *Case management. Activities that bring services, agencies,*
5 *resources, or individuals together within a planned framework of*
6 *action toward achievement of established goals. It may involve*
7 *liaison activities and collateral contacts.*

8 (6) *Crisis intervention. Those services that respond to an alcohol*
9 *or drug abuser's needs during acute emotional or physical distress,*
10 *including, but not limited to, referrals for assessment of the client's*
11 *need for additional psychological or medical treatment for client*
12 *behaviors that signal risk or prolonged distress.*

13 (7) *Assessment. Those procedures by which a counselor or*
14 *program identifies and evaluates an individual's strengths,*
15 *weaknesses, problems, and needs for the development of the*
16 *alcohol and other drug abuse treatment plan.*

17 (8) *Treatment planning. The process by which the counselor*
18 *and the client identify and rank problems needing resolution,*
19 *establish agreed-upon immediate and long-term goals, and decide*
20 *on a treatment process and the resources to be utilized.*

21 (9) *Client education. Providing information to individuals and*
22 *groups concerning alcohol and other drugs of abuse and the*
23 *services and resources available.*

24 (10) *Referral. Identifying the needs of the client that cannot be*
25 *met by the counselor or agency, as well as assisting the client in*
26 *utilizing the support systems and community resources available.*

27 (11) *Reports and recordkeeping. Documenting the client's*
28 *progress in achieving the client's goals.*

29 (12) *Consultation with other professionals with regard to client*
30 *treatment or services. Communicating with other professionals to*
31 *ensure comprehensive, quality care for the client.*

32 (d) *A licensee, certified counselor, or registrant may perform*
33 *the acts listed in this section only for the purpose of treating*
34 *alcohol and other drug abuse and only within a program that is*
35 *certified or a facility that is licensed by the department, or within*
36 *an independent counseling practice if performed in accordance*
37 *with applicable provisions of this part.*

38 (e) *The department shall not require the hiring or contractual*
39 *retention of one or more LAODCs as a condition of licensing a*
40 *facility or certifying a program. A state or local governmental*

1 agency shall not require a licensed facility or certified program
2 to hire or contractually retain one or more LAODCs as a condition
3 of allocating funds to or making contracts with licensed facilities
4 or certified programs.

5 11975.77. A licensee who operates an independent counseling
6 practice shall refer any client assessed as needing additional
7 services not within the scope of practice as specified in Section
8 11975.75 to another licensed professional, as appropriate.

9 11975.80. The department shall issue a license, registration,
10 or certification to each applicant meeting the requirements of this
11 part, that license or certification permits the holder to engage in
12 alcohol and other drug counseling as defined in Section 11975.75,
13 entitles the holder to use the title of licensed, registered, or certified
14 alcohol and other drug counselor, as applicable, and authorizes
15 the holder to hold himself or herself out as qualified to perform
16 the functions delineated by this part, subject to any limitations
17 relating to the level of the license, registration, or certification or
18 other conditions that may be imposed by the department. The form
19 and content of the license, registration, or certification shall be
20 determined by the department.

21 11975.85. A person who has received a certificate, registration,
22 or license under this part may use the title “Certified Alcohol and
23 Other Drug Counselor” or “CAODC,” “Registered Alcohol and
24 Other Drug Counselor” or “RAODC,” or “Licensed Alcohol and
25 Other Drug Counselor” or “LAODC,” in accordance with the
26 type of certificate, registration, or license possessed. Every person
27 who styles himself or herself or who holds himself or herself out
28 to be a Certified Alcohol and Other Drug Counselor, Registered
29 Alcohol and Other Drug Counselor, or Licensed Alcohol and Other
30 Drug Counselor without holding a license or certification in good
31 standing under this part, is guilty of a misdemeanor.

32 11975.90. (a) It is unlawful for a person to engage in the
33 practice of alcohol and other drug counseling unless at the time
34 of so doing the person holds a valid, unexpired, and unrevoked
35 certificate, registration, or license under this part, excluding such
36 practice by a person who is exempt pursuant to Section 11975.70
37 or by a person who is eligible to become certified or licensed
38 pursuant to the provisions of Sections 11975.35 or 11975.40.

39 (b) It is unlawful to engage in the unsupervised practice of
40 alcohol and other drug abuse counseling by a person who is

1 registered or certified under this part outside of a facility exempted
2 by this part, or that is licensed or certified by the department or
3 that is an independent counseling practice, unless at the time of
4 doing so, a person holds a valid, unexpired, and unrevoked license
5 issued by the department under this part.

6 (c) Nothing in this part shall be construed to mean that
7 counselors and staff working in a facility licensed or certified by
8 the State Department of Alcohol and Drug Programs are required
9 to obtain a license.

10 (d) This section shall become operative on January 1, 2013.

11 11975.95. The department may deny, revoke, suspend, or
12 impose conditions upon a license, certification, or registration,
13 for unprofessional conduct. Unprofessional conduct, includes, but
14 is not limited to, any of the following:

15 (a) The conviction of a crime that permits denial of a license,
16 certification, or registration pursuant to Section 11976.45 or which
17 the department finds is substantially related to the practice of
18 alcohol and other drug counseling.

19 (b) Securing a license, certification, or registration by fraud,
20 deceit, or misrepresentation on any application submitted to the
21 department, whether engaged in by an applicant for a license,
22 certification, or registration, or in support of any application by
23 another.

24 (c) Unlawfully administering to himself or herself any controlled
25 substance as defined in Section 4021 of the Business and
26 Professions Code, or using any of the dangerous drugs or devices
27 specified in Section 4022 of the Business and Professions Code or
28 using any alcoholic beverage to the extent, or in a manner, as to
29 be dangerous or injurious to the person applying for a license,
30 certification, or registration, or holding a license, certification,
31 or registration under this part, or to any other person, or to the
32 public, or, to the extent that the use impairs the ability of the person
33 applying for or holding a license, certification, or registration, to
34 conduct with safety to the public the counseling authorized by this
35 part. The department may deny an application for a license,
36 certification, or registration, or may revoke the license,
37 certification, or registration of any person who unlawfully uses
38 or offers to use a controlled substance as defined in Section 4021
39 of the Business and Professions Code, a dangerous drug or device
40 specified in Section 4022 of the Business and Professions Code,

1 or alcohol in the course of performing alcohol and other drug
2 counseling. This provision does not apply to any person also
3 licensed as a physician and surgeon under Chapter 5 (commencing
4 with Section 2000) of the Business and Professions Code or the
5 Osteopathic Act who lawfully prescribes drugs to a patient under
6 his or her care.

7 (d) Gross negligence or incompetence in the performance of
8 alcohol and other drug counseling.

9 (e) Violating, attempting to violate, or conspiring to violate this
10 part or any regulation adopted by the department.

11 (f) Misrepresentation as to the type or status of a license,
12 certification, or registration held by the person, or otherwise
13 misrepresenting or permitting misrepresentation of his or her
14 education, professional qualifications, or professional affiliations
15 to any person or entity.

16 (g) Impersonation of another by any counselor or registrant,
17 or applicant for a license, certification, or registration, or, in the
18 case of a counselor, allowing any other person to use his or her
19 license, certification, or registration.

20 (h) Aiding or abetting any unlicensed, uncertified, or
21 unregistered person to engage in conduct for which a license,
22 certification, or registration is required under this part.

23 (i) Intentionally or recklessly causing physical or emotional
24 harm to any client or verbally, physically, or sexually harassing,
25 threatening, or abusing any participant, patient, resident, their
26 family members, other persons who are significant to them, or
27 other staff members.

28 (j) The commission of any dishonest, corrupt, or fraudulent act
29 substantially related to the qualifications, functions, or duties of
30 a counselor or registrant.

31 (k) Engaging in sexual relations with a client or with a former
32 client within two years from the termination date of therapy with
33 the client, soliciting sexual relations with a client, or committing
34 an act of sexual abuse, or sexual misconduct with a client, or
35 committing an act punishable as a sexually related crime, if that
36 act or solicitation is substantially related to the qualifications,
37 functions, or duties of an alcohol and other drug counselor.

38 (l) Engaging in a social or business relationship with clients,
39 program participants, patients, or residents, or other persons

1 significant to them while they are in treatment and exploiting
2 former clients, program participants, patients, or residents.

3 (m) Performing, or holding oneself out as being able to perform,
4 or offering to perform, or permitting any licensee under supervision
5 to perform any professional services beyond the scope of the license
6 authorized by this part.

7 (n) Failure to maintain confidentiality, except as otherwise
8 required or permitted by law, including, but not limited to, Part 2
9 (commencing with Section 2.1) of Subchapter A of Chapter 1 of
10 Title 42 of the Code of Federal Regulations.

11 (o) Prior to the commencement of treatment, failing to disclose
12 to the client or prospective client the fee to be charged for the
13 professional services, or the basis upon which that fee will be
14 computed.

15 (p) Paying, accepting, or soliciting any consideration,
16 compensation, or remuneration, whether monetary or otherwise,
17 for the referral of professional clients. All consideration,
18 compensation, or remuneration shall be in relation to professional
19 counseling services actually provided by the licensee. Nothing in
20 this subdivision shall prevent collaboration among two or more
21 licensees in a case or cases. However, no fee shall be charged for
22 that collaboration, except when disclosure of the fee has been
23 made in compliance with subdivision (o).

24 (q) Advertising or using a name in a manner that is false,
25 misleading, or deceptive.

26 (r) Conduct in the clinical supervision of any individual licensed,
27 certified, or registered counselor that violates this part or rules
28 or regulations adopted by the department.

29 (s) Failure to keep records consistent with sound professional
30 judgment, the standards of the profession, and the nature of the
31 services being rendered.

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

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

37 (v) Willful denial of access to client records as otherwise
38 provided by law.

1 (w) A registrant or certified counselor shall not receive any
2 remuneration from patients or clients, and shall be paid only by
3 his or her employer.

4 11976.10. The department shall revoke a license, certification,
5 or registration issued under this part upon a decision made in
6 accordance with the procedures set forth in the adjudication
7 provisions of the Administrative Procedure Act (Chapter 5
8 (commencing with Section 11500) of Part 1 of Division 3 of Title
9 2 of the Government Code) that contains any finding of fact that
10 the counselor or registrant engaged in any act of sexual contact,
11 as defined in Section 729 of the Business and Professions Code,
12 when that act is with a client, or with a former client when the
13 relationship was terminated primarily for the purpose of engaging
14 in that act. The revocation shall not be stayed by the administrative
15 law judge or the department.

16 11976.15. The department may deny an application, or may
17 suspend or revoke a license, certification, or registration issued
18 under this part, for denial of licensure, revocation, suspension,
19 restriction, or other disciplinary action imposed by another state
20 or territory of the United States, or by any other governmental
21 agency, on a license, certificate, or registration to practice alcohol
22 and other drug counseling or other healing art. A certified copy
23 of the disciplinary action decision or judgment shall be conclusive
24 evidence of that action.

25 11976.20. The director may temporarily suspend a license,
26 certification, or registration prior to a hearing when, in the opinion
27 of the director, the action is necessary to protect a client from
28 physical or mental abuse, abandonment, or other substantial threat
29 to health or safety. The director shall give notice of the temporary
30 suspension and the effective date of the temporary suspension and,
31 at the same time, shall serve an accusation. Upon receipt of a
32 notice of defense to the accusation, the director shall, within 15
33 days, set the matter for hearing, and the hearing shall be held as
34 soon as possible. The temporary suspension shall remain in effect
35 until the time the hearing is completed and the director has made
36 a final determination on the need for the temporary suspension to
37 remain in place pending resolution of the accusation. However,
38 the temporary suspension shall be deemed vacated if the director
39 fails to make a final determination on the merits within 30 days
40 after the hearing, if the director hears the matter personally or

1 *within 30 days after the department receives the proposed decision*
2 *from the Office of Administrative Hearings, or if the matter is*
3 *heard by a hearing officer.*

4 *11976.25. (a) A person who has applied for or received a*
5 *license, certification, or registration from the department under*
6 *this part has the right to appeal an adverse decision of the*
7 *department with regard to his or her application, license,*
8 *certificate, or registration.*

9 *(b) Unless the department specifies additional or different due*
10 *process provisions by regulation, an appeal shall be determined*
11 *in accordance with the adjudication provisions of the*
12 *Administrative Procedure Act (Chapter 5 (commencing with*
13 *Section 11500) of Part 1 of Division 3 of Title 2 of the Government*
14 *Code).*

15 *11976.30. An applicant who fails an examination administered*
16 *by the CPTO may retake that examination in accordance with*
17 *procedures established by the CPTO.*

18 *11976.35. (a) An applicant for a license, certification, or*
19 *registration under this part shall consent to a state and federal*
20 *level criminal offender record information search as part of a*
21 *criminal history background check. Refusal to consent to the*
22 *criminal history background check, as delineated in this section,*
23 *shall result in denial of the license, certification, or registration.*

24 *(b) A CPTO shall require a person applying for registration to*
25 *submit a live fingerprint scan that does not require direct*
26 *submission of fingerprints to the Department of Justice. A CPTO*
27 *shall report the accompanying results of a person's fingerprint*
28 *scan to the department at the time a CPTO submits a*
29 *recommendation for certification to the department.*

30 *11976.40. (a) The department shall submit to the Department*
31 *of Justice fingerprint images and related information required by*
32 *the Department of Justice for all alcohol and other drug counselor*
33 *licensure or certification applicants to obtain information on the*
34 *existence and content of a record of state or federal convictions,*
35 *state or federal arrests, and the existence and content of a record*
36 *of state or federal arrests for which the Department of Justice*
37 *establishes that the person is free on bail or on his or her own*
38 *recognizance pending trial or appeal.*

39 *(b) When received, the Department of Justice shall forward the*
40 *relevant information to the Federal Bureau of Investigation and*

1 request a federal criminal history summary. The Department of
2 Justice shall review the information returned from the Federal
3 Bureau of Investigation and compile and disseminate a response
4 to the department.

5 (c) The Department of Justice shall provide a response to the
6 department pursuant to paragraph (1) of subdivision (p) of Section
7 11105 of the Penal Code.

8 (d) The department shall request from the Department of Justice
9 subsequent arrest notification service, as provided pursuant to
10 Section 11105.2 of the Penal Code, for all license and certification
11 applicants.

12 (e) The Department of Justice shall charge fees sufficient to
13 cover the cost of processing the request described in this section.
14 The applicant shall be responsible for payment of these fees.

15 (f) The applicant shall pay the fee for fingerprint image rolling
16 and electronic submission charged by the live scan device operator.

17 (g) Before issuing a certification or license, the department
18 shall ensure that the state and federal level criminal history of the
19 applicant is reviewed.

20 11976.45. (a) The department shall deny or revoke any
21 person's license or certification if, at the time of the department's
22 determination, the person meets one or more of the following
23 criteria:

24 (1) Subject to subdivision (b), he or she has been convicted of
25 three or more serious felonies listed in subdivision (c) of Section
26 1192.7 of the Penal Code. Each conviction must have arisen from
27 a different incident and all of the incidents resulting in conviction
28 must have occurred within a single five-year period. The most
29 recent conviction must have occurred less than five years prior to
30 the date of the department's determination.

31 (2) The person is required to register as a sex offender pursuant
32 to Section 290 of the Penal Code.

33 (3) Subject to subdivision (b), the person has been convicted of
34 a violent felony, as defined in Section 667.5 of the Penal Code,
35 within nine years of the date of the department's determination.

36 (b) After the expiration of three years from the date of
37 conviction, if a person described in paragraph (1) or (3) of
38 subdivision (a) is on parole, he or she may be certified or licensed,
39 upon receipt by the department of written approval of his or her
40 parole officer or the Board of Parole Hearings, as the Board of

1 *Parole Hearings may provide. The Board of Parole Hearings may*
2 *withdraw approval with written notice to the counselor and to the*
3 *department. The counselor's certification or licensure shall be*
4 *revoked by the department upon receipt of the notice of withdrawal*
5 *of approval and the counselor shall have no further recourse*
6 *against the department. The Board of Parole Hearings shall set*
7 *the procedure for review of the withdrawal of approval. If approval*
8 *is reinstated, the department shall reinstate the counselor if he or*
9 *she is otherwise eligible for reinstatement under this part and*
10 *complies with all applicable requirements.*

11 *(c) The department shall, following consultation with the*
12 *advisory committee, adopt regulations allowing an individual who*
13 *has a certificate or license suspended or revoked pursuant to this*
14 *section to appeal the decision to the Director of Alcohol and Drug*
15 *Programs. The regulations shall clearly state the responsibility of*
16 *the appellant and the requirements of the director to render a*
17 *decision in a timely fashion.*

18 *(d) The department shall prohibit an independent practice,*
19 *licensed facility, or certified program that serves minor children,*
20 *or a facility that allows minor children of clients to reside in the*
21 *facility, from employing, allowing in a licensed facility, or allowing*
22 *contact with clients of a licensed facility by, an employee,*
23 *prospective employee, or person who is not a client who meets any*
24 *of the following criteria:*

25 *(1) The person has engaged in conduct that the department*
26 *determines is inimical to the health, morals, welfare, or safety of*
27 *an individual in, or receiving services from, the facility, or to the*
28 *people of the State of California.*

29 *(2) The person has been denied an exemption to work or to be*
30 *present in a facility, when that person has been convicted of a*
31 *crime to which Section 1522 applies.*

32 *(3) The person has engaged in other conduct that would*
33 *constitute a basis for disciplining a licensee.*

34 *(4) The person is permitted to receive a certification or license*
35 *under provisions of subdivision (b).*

36 *(e) The department may establish by regulation additional*
37 *criteria to implement subdivision (d), that may include, standards,*
38 *exemptions, and terms of rehabilitation, and may include rebuttable*
39 *presumptions with regard to any of those standards, exemptions,*
40 *and terms of rehabilitation.*

1 (f) This section shall become operative on January 1, 2012.

2 11976.50. (a) Licenses or certifications issued under this part
3 shall expire two years after the issue date.

4 (b) To renew an unexpired license or certification, the counselor
5 shall, on or before the expiration date of the license or certification,
6 complete all of the following actions:

7 (1) Apply for a renewal on a form prescribed by the department.

8 (2) Pay a renewal fee, to be determined by the department.

9 (3) Complete a minimum of 30 hours per year of continuing
10 education, including at least three hours each year relating to
11 ethics and the code of conduct. A minimum of 20 of these hours
12 shall be provided by an approved provider with a CEU provider
13 number. Up to 10 of these hours may include in-service education,
14 presentation of related training, or self-improvement development
15 that focuses on personal and professional growth.

16 (4) Notify the department of either of the following:

17 (A) If he or she has been convicted of a misdemeanor or felony
18 that permits denial of a license, certification, or registration,
19 pursuant to Section 11976.45, or which the department finds is
20 substantially related to the practice of alcohol and other drug
21 counseling.

22 (B) If any disciplinary action has been taken by a regulatory or
23 licensing board, in this or any other state, subsequent to the
24 licensee's last renewal.

25 (c) To renew an expired license or certification within three
26 years of its expiration, the counselor shall, as a condition precedent
27 to renewal, do all of the following:

28 (1) Apply for renewal on a form prescribed by the department.

29 (2) Pay the renewal fees that would have been paid if the license
30 had not been delinquent.

31 (3) Pay all delinquency fees.

32 (4) Complete the applicable continuing education requirements.

33 (5) Notify the department if he or she has been subject to
34 disciplinary action since the last renewal.

35 (d) The department shall establish regulations allowing for the
36 reinstatement of a license or certification that is not renewed within
37 three years after its expiration.

38 11976.55. A counselor shall display his or her license or
39 certification in a conspicuous place in the counselor's primary

1 *place of business. The current renewal receipt shall be displayed*
2 *near the license.*

3 *11976.60. An LAODC who conducts a private practice under*
4 *a fictitious business name shall not use a name that is false,*
5 *misleading, or deceptive, and shall inform the client, prior to the*
6 *commencement of treatment, of the name and license designation*
7 *of the owner or owners of the practice.*

8 *11976.70. An LAODC shall be required to renew a license or*
9 *certification that has been suspended. Renewal does not, while the*
10 *license or certificate remains suspended, change the terms of the*
11 *suspension and the counselor shall wait until the license or*
12 *certificate is reinstated pursuant to this part before resuming the*
13 *activities for which the license or certificate are required.*

14 *11976.80. (a) An LAODC may apply to the department to*
15 *place his or her license or certification on inactive status. A person*
16 *who holds an inactive license or certification shall pay a biennial*
17 *fee of one-half of the active renewal fee and shall be exempt from*
18 *continuing education requirements specified in paragraph (3) of*
19 *subdivision (b) of Section 11976.50, but shall otherwise be subject*
20 *to this part and shall not engage in the practice of alcohol and*
21 *other drug counseling in this state.*

22 *(b) A counselor on inactive status who has not committed any*
23 *acts or crimes constituting grounds for denial of licensure or*
24 *certification may, upon request, have his or her license or*
25 *certification placed on active status. A person requesting his or*
26 *her license or certification to be placed on active status at any*
27 *time during a renewal cycle shall pay a pro rata portion of the*
28 *renewal fees.*

29 *(c) A person requesting to move from inactive to active status*
30 *whose license or certification will expire less than one year from*
31 *the date of the request shall be required to complete 20 hours of*
32 *continuing education for license or certificate renewal. A person*
33 *requesting to move from inactive to active status whose license or*
34 *certification will expire more than one year from the date of the*
35 *request shall be required to complete 40 hours of continuing*
36 *education for license or certificate renewal.*

37 *11976.85. A person licensed or certified under this part shall*
38 *comply with both of the following:*

39 *(a) Provide written notice to the CPTO and department within*
40 *30 days of any change of his or her residential or work address.*

1 (b) Provide written notice to the department within 30 days of
2 a name change giving both the old and the new names along with
3 a copy of the legal document authorizing the name change,
4 including, but not limited to, a court order or marriage license.

5 11976.90. (a) Except as otherwise provided in this part, an
6 accusation filed pursuant to Section 11503 of the Government
7 Code against a person licensed, certified, or registered pursuant
8 to this part shall be filed within three years from the date the
9 department discovers the alleged act or omission that is the basis
10 for disciplinary action or within seven years from the date the
11 alleged act or omission that is the basis for disciplinary action
12 occurred, whichever occurs first.

13 (b) An accusation filed against a person licensed, certified, or
14 registered pursuant to this part alleging the procurement of a
15 license, certification, or registration by fraud or misrepresentation
16 is not subject to the limitations set forth in subdivision (a).

17 (c) An accusation alleging sexual misconduct shall be filed
18 within three years after the department discovers the act or
19 omission alleged as the grounds for disciplinary action or within
20 10 years after the act or omission alleged as the grounds for
21 disciplinary action occurred, whichever occurs first.

22 (d) If an alleged act or omission involves a minor, the seven-year
23 limitation period provided for by subdivision (a) and the 10-year
24 limitation period provided for by subdivision (c) shall be tolled
25 until the minor reaches the age of majority.

26 (e) The limitation period provided by subdivision (a) shall be
27 tolled during any period if material evidence necessary for
28 prosecuting or determining whether a disciplinary action would
29 be appropriate is unavailable to the department due to an ongoing
30 criminal investigation.

31 (f) For purposes of this section, “discovers” means the latest
32 of the occurrence of any of the following with respect to each act
33 or omission alleged as the basis for disciplinary action:

34 (1) The date the department received a complaint or report
35 describing the act or omission.

36 (2) The date, subsequent to the original complaint or report,
37 on which the department became aware of additional acts or
38 omissions alleged as the basis for disciplinary action relating to
39 the original complaint or report against the individual.

1 (3) *The date the department receives from the complainant a*
2 *written release of information pertaining to the complainant's*
3 *diagnosis and treatment.*

4 11976.95. (a) *Nothing in this part shall apply to an alcohol*
5 *and other drug counselor who is in this state for either of the*
6 *following reasons:*

7 (1) *The person is in actual consultation with a practitioner*
8 *licensed in this state.*

9 (2) *The person is an invited guest of a professional association*
10 *or an educational institution, is in the state for the sole purpose*
11 *of engaging in professional education through lectures, clinics,*
12 *or demonstrations, and is, at the time of the consultation, lecture,*
13 *or demonstration, licensed to practice alcohol and other drug*
14 *counseling in the state or country in which he or she resides.*

15 (b) *Alcohol and other drug counselors in the state pursuant to*
16 *subdivision (a) shall not open an office or appoint a place to meet*
17 *clients or receive calls from clients within this state.*

18 11976.97. (a) *Education and work experience gained outside*
19 *of California may be accepted toward the licensure or certification*
20 *requirements if it is substantially the equivalent of the requirements*
21 *of this part.*

22 (b) *The department shall issue a license or certification to a*
23 *person who, at the time of application, meets all of the following*
24 *requirements:*

25 (1) *Has held a valid active alcohol and other drug counseling*
26 *license or certification issued by a board of alcohol and other drug*
27 *counseling examiners or corresponding authority of another state.*

28 (2) *Passes a current applicable examination.*

29 (3) *Pays the required fees.*

30 (4) *Passes the required background check.*

31 (5) *Is not subject to denial of licensure or certification under*
32 *this part.*

33

34

CHAPTER 6. FISCAL PROVISIONS

35

36 11977.10. *The Alcohol and Other Drug Counselors License*
37 *Fund is hereby established in the State Treasury. All fees and fines*
38 *collected by the department in accordance with this part shall be*
39 *deposited in this fund. The money in the fund shall be available to*
40 *the department, upon appropriation by the Legislature, for the*

1 *purpose of supporting the counselor licensing activities of the*
2 *department.*

3 *11977.15. (a) The department shall assess the following fees*
4 *relating to the licensure, certification, or registration of alcohol*
5 *and other drug counselors:*

6 *(1) The fee for issuance of an initial registration shall be no*
7 *more than five dollars (\$5).*

8 *(2) The fee for renewal of a registration shall be no more than*
9 *five dollars (\$5).*

10 *(3) The fee for issuance of an initial certification shall be no*
11 *more than fifteen dollars (\$15).*

12 *(4) The fee for renewal of a certification shall be no more than*
13 *fifteen dollars (\$15).*

14 *(5) The fee for issuance of an initial license shall be no more*
15 *than one hundred twenty-five dollars (\$125).*

16 *(6) The fee for a license renewal shall be no more than*
17 *twenty-five dollars (\$25).*

18 *(7) The fee for an inactive license or certification renewal shall*
19 *be no more than twenty-five dollars (\$25).*

20 *(8) The renewal delinquency fee shall be no more than*
21 *twenty-five dollars (\$25). A person who permits his or her license*
22 *or certification to expire is subject to the delinquency fee.*

23 *(9) The fee for issuance of a replacement registration, license,*
24 *or certificate shall be no more than twenty dollars (\$20).*

25 *(10) The fee for issuance of a certificate or letter of good*
26 *standing shall be no more than twenty-five dollars (\$25).*

27 *(11) The fee for department review of the criminal records*
28 *information shall be no more than thirty dollars (\$30).*

29 *(12) The fee for the state level criminal offender record*
30 *information search shall be set by the Department of Justice and*
31 *the fee for the federal level criminal offender record information*
32 *search shall be set by the Federal Bureau of Investigation.*

33 *(b) The department shall assess each CPTO quarterly for the*
34 *requests for registration and certification presented during the*
35 *previous quarter. A CPTO shall provide payment for registrants*
36 *and certified counselors within 90 days of receipt of an assessment.*

37 *(c) The department shall assess each CPTO five thousand*
38 *dollars (\$5,000) every two years for the purposes of reviewing*
39 *CPTOs and enforcing regulations related to CPTO compliance.*

1 (d) The department shall assess each CPTO a one-time
2 twenty-five-dollar (\$25) fee for each individual who either received
3 a license pursuant to Section 11975.40 or received a certificate
4 pursuant to Section 11975.35 and who registers with, is certified
5 by, or applies for licensure through, the CPTO between January
6 1, 2012, and December 31, 2012, inclusive, for the purposes of
7 implementing this act.

8 (e) This section shall not establish or limit the fees charged for
9 education, examinations, or application preparation or submission.

10 SEC. 2. Section 11165.7 of the Penal Code is amended to read:

11 11165.7. (a) As used in this article, “mandated reporter” is
12 defined as any of the following:

13 (1) A teacher.

14 (2) An instructional aide.

15 (3) A teacher’s aide or teacher’s assistant employed by any
16 public or private school.

17 (4) A classified employee of any public school.

18 (5) An administrative officer or supervisor of child welfare and
19 attendance, or a certificated pupil personnel employee of any public
20 or private school.

21 (6) An administrator of a public or private day camp.

22 (7) An administrator or employee of a public or private youth
23 center, youth recreation program, or youth organization.

24 (8) An administrator or employee of a public or private
25 organization whose duties require direct contact and supervision
26 of children.

27 (9) Any employee of a county office of education or the State
28 Department of Education, whose duties bring the employee into
29 contact with children on a regular basis.

30 (10) A licensee, an administrator, or an employee of a licensed
31 community care or child day care facility.

32 (11) A Head Start program teacher.

33 (12) A licensing worker or licensing evaluator employed by a
34 licensing agency as defined in Section 11165.11.

35 (13) A public assistance worker.

36 (14) An employee of a child care institution, including, but not
37 limited to, foster parents, group home personnel, and personnel of
38 residential care facilities.

39 (15) A social worker, probation officer, or parole officer.

- 1 (16) An employee of a school district police or security
2 department.
- 3 (17) Any person who is an administrator or presenter of, or a
4 counselor in, a child abuse prevention program in any public or
5 private school.
- 6 (18) A district attorney investigator, inspector, or local child
7 support agency caseworker unless the investigator, inspector, or
8 caseworker is working with an attorney appointed pursuant to
9 Section 317 of the Welfare and Institutions Code to represent a
10 minor.
- 11 (19) A peace officer, as defined in Chapter 4.5 (commencing
12 with Section 830) of Title 3 of Part 2, who is not otherwise
13 described in this section.
- 14 (20) A firefighter, except for volunteer firefighters.
- 15 (21) A physician, surgeon, psychiatrist, psychologist, dentist,
16 resident, intern, podiatrist, chiropractor, licensed nurse, dental
17 hygienist, optometrist, marriage, family and child counselor,
18 clinical social worker, or any other person who is currently licensed
19 under Division 2 (commencing with Section 500) of the Business
20 and Professions Code.
- 21 (22) Any emergency medical technician I or II, paramedic, or
22 other person certified pursuant to Division 2.5 (commencing with
23 Section 1797) of the Health and Safety Code.
- 24 (23) A psychological assistant registered pursuant to Section
25 2913 of the Business and Professions Code.
- 26 (24) A marriage, family, and child therapist trainee, as defined
27 in subdivision (c) of Section 4980.03 of the Business and
28 Professions Code.
- 29 (25) An unlicensed marriage, family, and child therapist intern
30 registered under Section 4980.44 of the Business and Professions
31 Code.
- 32 (26) A state or county public health employee who treats a minor
33 for venereal disease or any other condition.
- 34 (27) A coroner.
- 35 (28) A medical examiner, or any other person who performs
36 autopsies.
- 37 (29) A commercial film and photographic print processor, as
38 specified in subdivision (e) of Section 11166. As used in this
39 article, “commercial film and photographic print processor” means
40 any person who develops exposed photographic film into negatives,

1 slides, or prints, or who makes prints from negatives or slides, for
2 compensation. The term includes any employee of such a person;
3 it does not include a person who develops film or makes prints for
4 a public agency.

5 (30) A child visitation monitor. As used in this article, “child
6 visitation monitor” means any person who, for financial
7 compensation, acts as monitor of a visit between a child and any
8 other person when the monitoring of that visit has been ordered
9 by a court of law.

10 (31) An animal control officer or humane society officer. For
11 the purposes of this article, the following terms have the following
12 meanings:

13 (A) “Animal control officer” means any person employed by a
14 city, county, or city and county for the purpose of enforcing animal
15 control laws or regulations.

16 (B) “Humane society officer” means any person appointed or
17 employed by a public or private entity as a humane officer who is
18 qualified pursuant to Section 14502 or 14503 of the Corporations
19 Code.

20 (32) A clergy member, as specified in subdivision (d) of Section
21 11166. As used in this article, “clergy member” means a priest,
22 minister, rabbi, religious practitioner, or similar functionary of a
23 church, temple, or recognized denomination or organization.

24 (33) Any custodian of records of a clergy member, as specified
25 in this section and subdivision (d) of Section 11166.

26 (34) Any employee of any police department, county sheriff’s
27 department, county probation department, or county welfare
28 department.

29 (35) An employee or volunteer of a Court Appointed Special
30 Advocate program, as defined in Rule 1424 of the California Rules
31 of Court.

32 (36) A custodial officer as defined in Section 831.5.

33 (37) Any person providing services to a minor child under
34 Section 12300 or 12300.1 of the Welfare and Institutions Code.

35 (38) An alcohol and *other* drug counselor. As used in this article,
36 an “alcohol and drug counselor” is a person providing counseling,
37 therapy, *counselor* or other clinical services for a state licensed or
38 certified drug, alcohol, or drug supervisor licensed, certified, or
39 registered under Part 4 (commencing with Section 11975.10) of
40 Division 10.5 of the Health and alcohol treatment program Safety

1 *Code*. However, alcohol or drug abuse, or both alcohol and drug
2 abuse, is not in and of itself a sufficient basis for reporting child
3 abuse or neglect.

4 (b) Except as provided in paragraph (35) of subdivision (a),
5 volunteers of public or private organizations whose duties require
6 direct contact with and supervision of children are not mandated
7 reporters but are encouraged to obtain training in the identification
8 and reporting of child abuse and neglect and are further encouraged
9 to report known or suspected instances of child abuse or neglect
10 to an agency specified in Section 11165.9.

11 (c) Employers are strongly encouraged to provide their
12 employees who are mandated reporters with training in the duties
13 imposed by this article. This training shall include training in child
14 abuse and neglect identification and training in child abuse and
15 neglect reporting. Whether or not employers provide their
16 employees with training in child abuse and neglect identification
17 and reporting, the employers shall provide their employees who
18 are mandated reporters with the statement required pursuant to
19 subdivision (a) of Section 11166.5.

20 (d) School districts that do not train their employees specified
21 in subdivision (a) in the duties of mandated reporters under the
22 child abuse reporting laws shall report to the State Department of
23 Education the reasons why this training is not provided.

24 (e) Unless otherwise specifically provided, the absence of
25 training shall not excuse a mandated reporter from the duties
26 imposed by this article.

27 (f) Public and private organizations are encouraged to provide
28 their volunteers whose duties require direct contact with and
29 supervision of children with training in the identification and
30 reporting of child abuse and neglect.

31 *SEC. 3. Section 15630 of the Welfare and Institutions Code is*
32 *amended to read:*

33 15630. (a) Any person who has assumed full or intermittent
34 responsibility for the care or custody of an elder or dependent
35 adult, whether or not he or she receives compensation, including
36 administrators, supervisors, and any licensed staff of a public or
37 private facility that provides care or services for elder or dependent
38 adults, or any elder or dependent adult care custodian, health
39 practitioner, clergy member, or employee of a county adult
40 protective services agency or a local law enforcement agency, is

1 a mandated reporter. *An alcohol and other drug counselor or*
2 *supervisor licensed, certified, or registered pursuant to Part 4*
3 *(commencing with Section 11975.10) of Division 10.5 of the Health*
4 *and Safety Code is also a mandated reporter.*

5 (b) (1) Any mandated reporter who, in his or her professional
6 capacity, or within the scope of his or her employment, has
7 observed or has knowledge of an incident that reasonably appears
8 to be physical abuse, as defined in Section 15610.63 of the ~~Welfare~~
9 ~~and Institutions Code~~, abandonment, abduction, isolation, financial
10 abuse, or neglect, or is told by an elder or dependent adult that he
11 or she has experienced behavior, including an act or omission,
12 constituting physical abuse, as defined in Section 15610.63 of the
13 ~~Welfare and Institutions Code~~, abandonment, abduction, isolation,
14 financial abuse, or neglect, or reasonably suspects that abuse, shall
15 report the known or suspected instance of abuse by telephone
16 immediately or as soon as practicably possible, and by written
17 report sent within two working days, as follows:

18 (A) If the abuse has occurred in a long-term care facility, except
19 a state mental health hospital or a state developmental center, the
20 report shall be made to the local ombudsperson or the local law
21 enforcement agency.

22 The local ombudsperson and the local law enforcement agency
23 shall, as soon as practicable, except in the case of an emergency
24 or pursuant to a report required to be made pursuant to clause (v),
25 in which case these actions shall be taken immediately, do all of
26 the following:

27 (i) Report to the State Department of Public Health any case of
28 known or suspected abuse occurring in a long-term health care
29 facility, as defined in subdivision (a) of Section 1418 of the Health
30 and Safety Code.

31 (ii) Report to the State Department of Social Services any case
32 of known or suspected abuse occurring in a residential care facility
33 for the elderly, as defined in Section 1569.2 of the Health and
34 Safety Code, or in an adult day care facility, as defined in paragraph
35 (2) of subdivision (a) of Section 1502.

36 (iii) Report to the State Department of Public Health and the
37 California Department of Aging any case of known or suspected
38 abuse occurring in an adult day health care center, as defined in
39 subdivision (b) of Section 1570.7 of the Health and Safety Code.

1 (iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse
2 any case of known or suspected criminal activity.

3 (v) Report all cases of known or suspected physical abuse and
4 financial abuse to the local district attorney's office in the county
5 where the abuse occurred.

6 (B) If the suspected or alleged abuse occurred in a state mental
7 hospital or a state developmental center, the report shall be made
8 to designated investigators of the State Department of Mental
9 Health or the State Department of Developmental Services, or to
10 the local law enforcement agency.

11 Except in an emergency, the local law enforcement agency shall,
12 as soon as practicable, report any case of known or suspected
13 criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

14 (C) If the abuse has occurred any place other than one described
15 in subparagraph (A), the report shall be made to the adult protective
16 services agency or the local law enforcement agency.

17 (2) (A) A mandated reporter who is a clergy member who
18 acquires knowledge or reasonable suspicion of elder or dependent
19 adult abuse during a penitential communication is not subject to
20 paragraph (1). For purposes of this subdivision, "penitential
21 communication" means a communication that is intended to be in
22 confidence, including, but not limited to, a sacramental confession
23 made to a clergy member who, in the course of the discipline or
24 practice of his or her church, denomination, or organization is
25 authorized or accustomed to hear those communications and under
26 the discipline tenets, customs, or practices of his or her church,
27 denomination, or organization, has a duty to keep those
28 communications secret.

29 (B) Nothing in this subdivision shall be construed to modify or
30 limit a clergy member's duty to report known or suspected elder
31 and dependent adult abuse when he or she is acting in the capacity
32 of a care custodian, health practitioner, or employee of an adult
33 protective services agency.

34 (C) Notwithstanding any other provision in this section, a clergy
35 member who is not regularly employed on either a full-time or
36 part-time basis in a long-term care facility or does not have care
37 or custody of an elder or dependent adult shall not be responsible
38 for reporting abuse or neglect that is not reasonably observable or
39 discernible to a reasonably prudent person having no specialized
40 training or experience in elder or dependent care.

1 (3) (A) A mandated reporter who is a physician and surgeon,
2 a registered nurse, or a psychotherapist, as defined in Section 1010
3 of the Evidence Code, shall not be required to report, pursuant to
4 paragraph (1), an incident where all of the following conditions
5 exist:

6 (i) The mandated reporter has been told by an elder or dependent
7 adult that he or she has experienced behavior constituting physical
8 abuse, as defined in Section 15610.63 ~~of the Welfare and~~
9 ~~Institutions Code~~, abandonment, abduction, isolation, financial
10 abuse, or neglect.

11 (ii) The mandated reporter is not aware of any independent
12 evidence that corroborates the statement that the abuse has
13 occurred.

14 (iii) The elder or dependent adult has been diagnosed with a
15 mental illness or dementia, or is the subject of a court-ordered
16 conservatorship because of a mental illness or dementia.

17 (iv) In the exercise of clinical judgment, the physician and
18 surgeon, the registered nurse, or the psychotherapist, as defined
19 in Section 1010 of the Evidence Code, reasonably believes that
20 the abuse did not occur.

21 (B) This paragraph shall not be construed to impose upon
22 mandated reporters a duty to investigate a known or suspected
23 incident of abuse and shall not be construed to lessen or restrict
24 any existing duty of mandated reporters.

25 (4) (A) In a long-term care facility, a mandated reporter shall
26 not be required to report as a suspected incident of abuse, as defined
27 in Section 15610.07, an incident where all of the following
28 conditions exist:

29 (i) The mandated reporter is aware that there is a proper plan
30 of care.

31 (ii) The mandated reporter is aware that the plan of care was
32 properly provided or executed.

33 (iii) A physical, mental, or medical injury occurred as a result
34 of care provided pursuant to clause (i) or (ii).

35 (iv) The mandated reporter reasonably believes that the injury
36 was not the result of abuse.

37 (B) This paragraph shall not be construed to require a mandated
38 reporter to seek, nor to preclude a mandated reporter from seeking,
39 information regarding a known or suspected incident of abuse prior
40 to reporting. This paragraph shall apply only to those categories

1 of mandated reporters that the State Department of Public Health
2 determines, upon approval by the Bureau of Medi-Cal Fraud and
3 Elder Abuse and the state long-term care ombudsperson, have
4 access to plans of care and have the training and experience
5 necessary to determine whether the conditions specified in this
6 section have been met.

7 (c) (1) Any mandated reporter who has knowledge, or
8 reasonably suspects, that types of elder or dependent adult abuse
9 for which reports are not mandated have been inflicted upon an
10 elder or dependent adult, or that his or her emotional well-being
11 is endangered in any other way, may report the known or suspected
12 instance of abuse.

13 (2) If the suspected or alleged abuse occurred in a long-term
14 care facility other than a state mental health hospital or a state
15 developmental center, the report may be made to the long-term
16 care ombudsperson program. Except in an emergency, the local
17 ombudsperson shall report any case of known or suspected abuse
18 to the State Department of Public Health and any case of known
19 or suspected criminal activity to the Bureau of Medi-Cal Fraud
20 and Elder Abuse, as soon as is practicable.

21 (3) If the suspected or alleged abuse occurred in a state mental
22 health hospital or a state developmental center, the report may be
23 made to the designated investigator of the State Department of
24 Mental Health or the State Department of Developmental Services
25 or to a local law enforcement agency or to the local ombudsperson.
26 Except in an emergency, the local ombudsperson and the local law
27 enforcement agency shall report any case of known or suspected
28 criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse,
29 as soon as is practicable.

30 (4) If the suspected or alleged abuse occurred in a place other
31 than a place described in paragraph (2) or (3), the report may be
32 made to the county adult protective services agency.

33 (5) If the conduct involves criminal activity not covered in
34 subdivision (b), it may be immediately reported to the appropriate
35 law enforcement agency.

36 (d) When two or more mandated reporters are present and jointly
37 have knowledge or reasonably suspect that types of abuse of an
38 elder or a dependent adult for which a report is or is not mandated
39 have occurred, and when there is agreement among them, the
40 telephone report may be made by a member of the team selected

1 by mutual agreement, and a single report may be made and signed
2 by the selected member of the reporting team. Any member who
3 has knowledge that the member designated to report has failed to
4 do so shall thereafter make the report.

5 (e) A telephone report of a known or suspected instance of elder
6 or dependent adult abuse shall include, if known, the name of the
7 person making the report, the name and age of the elder or
8 dependent adult, the present location of the elder or dependent
9 adult, the names and addresses of family members or any other
10 adult responsible for the elder's or dependent adult's care, the
11 nature and extent of the elder's or dependent adult's condition, the
12 date of the incident, and any other information, including
13 information that led that person to suspect elder or dependent adult
14 abuse, as requested by the agency receiving the report.

15 (f) The reporting duties under this section are individual, and
16 no supervisor or administrator shall impede or inhibit the reporting
17 duties, and no person making the report shall be subject to any
18 sanction for making the report. However, internal procedures to
19 facilitate reporting, ensure confidentiality, and apprise supervisors
20 and administrators of reports may be established, provided they
21 are not inconsistent with this chapter.

22 (g) (1) Whenever this section requires a county adult protective
23 services agency to report to a law enforcement agency, the law
24 enforcement agency shall, immediately upon request, provide a
25 copy of its investigative report concerning the reported matter to
26 that county adult protective services agency.

27 (2) Whenever this section requires a law enforcement agency
28 to report to a county adult protective services agency, the county
29 adult protective services agency shall, immediately upon request,
30 provide to that law enforcement agency a copy of its investigative
31 report concerning the reported matter.

32 (3) The requirement to disclose investigative reports pursuant
33 to this subdivision shall not include the disclosure of social services
34 records or case files that are confidential, nor shall this subdivision
35 be construed to allow disclosure of any reports or records if the
36 disclosure would be prohibited by any other provision of state or
37 federal law.

38 (h) Failure to report, or impeding or inhibiting a report of,
39 physical abuse, as defined in Section 15610.63 of the ~~Welfare and~~
40 ~~Institutions Code~~, abandonment, abduction, isolation, financial

1 abuse, or neglect of an elder or dependent adult, in violation of
 2 this section, is a misdemeanor, punishable by not more than six
 3 months in the county jail, by a fine of not more than one thousand
 4 dollars (\$1,000), or by both that fine and imprisonment. Any
 5 mandated reporter who willfully fails to report, or impedes or
 6 inhibits a report of, physical abuse, as defined in Section 15610.63
 7 of the ~~Welfare and Institutions Code~~, abandonment, abduction,
 8 isolation, financial abuse, or neglect of an elder or dependent adult,
 9 in violation of this section, where that abuse results in death or
 10 great bodily injury, shall be punished by not more than one year
 11 in a county jail, by a fine of not more than five thousand dollars
 12 (\$5,000), or by both that fine and imprisonment. If a mandated
 13 reporter intentionally conceals his or her failure to report an
 14 incident known by the mandated reporter to be abuse or severe
 15 neglect under this section, the failure to report is a continuing
 16 offense until a law enforcement agency specified in paragraph (1)
 17 of subdivision (b) of Section 15630 of the ~~Welfare and Institutions~~
 18 ~~Code~~ discovers the offense.

19 (i) For purposes of this section, “dependent adult” shall have
 20 the same meaning as in Section 15610.23.

21 *SEC. 4. No reimbursement is required by this act pursuant to*
 22 *Section 6 of Article XIII B of the California Constitution because*
 23 *the only costs that may be incurred by a local agency or school*
 24 *district will be incurred because this act creates a new crime or*
 25 *infraction, eliminates a crime or infraction, or changes the penalty*
 26 *for a crime or infraction, within the meaning of Section 17556 of*
 27 *the Government Code, or changes the definition of a crime within*
 28 *the meaning of Section 6 of Article XIII B of the California*
 29 *Constitution.*

30 ~~SECTION 1. Section 21086 of the Public Resources Code is~~
 31 ~~amended to read:~~

32 ~~21086. (a) A public agency may, at any time, request the~~
 33 ~~addition or deletion of a class of projects, to the list designated~~
 34 ~~pursuant to Section 21084. That request shall be made in writing~~
 35 ~~to the Office of Planning and Research and shall include~~
 36 ~~information supporting the public agency’s position that the class~~
 37 ~~of projects does, or does not, have a significant effect on the~~
 38 ~~environment.~~

39 ~~(b) The Office of Planning and Research shall review each~~
 40 ~~request and, as soon as possible, shall submit its recommendation~~

1 to the Secretary of the Natural Resources Agency pursuant to
2 Sections 21083 and 21084. Following the receipt of that
3 recommendation, the Secretary of the Natural Resources Agency
4 may add or delete the class of projects to the list of classes of
5 projects designated pursuant to Section 21084 that are exempt
6 from the requirements of this division.

7 (e) The addition or deletion of a class of projects, as provided
8 in this section, to the list specified in Section 21084 shall constitute
9 an amendment to the guidelines adopted pursuant to Section 21083
10 and shall be adopted in the manner prescribed in Sections 21083
11 and 21084.

O

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

To: Board Members

Date: July 14, 2010

From: Rosanne Helms
Legislative/Regulatory Analyst

Telephone: (916) 574-7897

Subject: Review of Board Sponsored and Monitored Legislation

BOARD-SPONSORED LEGISLATION

SB 1489 (Committee on Business, Professions, and Economic Development) – Board Omnibus Bill

This proposal includes the following statutory changes approved by the Board at its May 6, 2010 meeting:

1. Marriage and Family Therapist Experience Hours
With the passage of SB 33 (Correa) the requirements for supervised hours changed, and therefore, any hours gained after the effective date of the law must meet the new requirements. Hours gained prior to the effective date of the revised requirements would have to meet the requirements in place at the time those hours were gained. However, the language in subdivision (a) of Section 4980.43 is not clear on how the law applies to hours gained before or after the effective date of the section. This proposal adds language to clarify the experience requirements.
2. Associate Clinical Social Worker Experience Hours
This proposal corrects an inconsistency in statute regarding the hours of direct supervisor contact per week specified for an Associate Clinical Social Worker.
3. Failure to Comply with Telemedicine Provisions
This proposal amends Licensed Professional Clinical Counselor (LPCC) licensing law to add a violation of telemedicine statute to the unprofessional conduct section.
4. Licensed Professional Clinical Counselor Intern Experience Setting
This proposal makes an amendment to statute clarifying the appropriate setting in which an intern may gain experience.

Status: This bill has been re-referred to the Assembly Committee on Appropriations with the recommendation that it go to the consent calendar.

AB 2191 (Emmerson) Retired License

This proposal would allow the Board to create a retired license category for all licensees, with a one-time fee of \$40. A retired licensee would retain the ability to reactivate their license within five years or less, or after five years or more by passing the current required licensing exams.

Status: This bill has been read a second time and amended. It has now been re-referred to the Senate Committee on Appropriations.

BOARD-SUPPORTED LEGISLATION

AB 1310 (Hernandez) Healing Arts: Database

This proposal will allow the Board to collect the following demographic information from persons licensed or registered with the Board:

- a) Educational background and training, including, but not limited to, degree, related school name and location, and year of graduation, and, as applicable, the highest professional degree obtained, related professional school name and location, and year of graduation.
- b) Birth date and place of birth.
- c) Sex.
- d) Race and ethnicity.
- e) Location of high school.
- f) Number of hours per week spent at primary practice location, if applicable.
- g) Description of primary practice setting, if applicable.
- h) Primary practice information, including, but not limited to, primary specialty practice, practice location ZIP Code, and county.
- i) Information regarding any additional practice, including, but not limited to, a description of practice setting, practice location ZIP Code, and county.

Personally identifiable information collected pursuant to the provisions of this bill shall be confidential and not subject to public inspection. The Board adopted a position of "support" on this legislation at its meeting on May 6, 2010.

Status: This bill is being held under submission in the Senate Appropriations Committee.

AB 2028 (Hernandez) Confidentiality of Medical Information: Disclosure

This proposal will allow a health care provider or health care service plan to disclose information relevant to an incident of child abuse or neglect, or an incident of elder or dependent adult abuse, without needing written authorization before they can report as specified in current law. The Board adopted a position of "support" on this legislation at its meeting on May 6, 2010.

Status: This bill has been read a second time and amended. It has been re-referred to the Senate Committee on Appropriations.

AB 2086 (Coto) Publication of License Examination Passage Rates

This proposal requires an institution of higher education, in order to qualify for the Cal-Grant program, to provide information on where to access license examination passage rates for the most recent year available from graduates of programs leading to employment for which passage of a state examination is required, if that data is available. These rates may be published in the form of an internet address which is labeled as an access point for the passage rates. The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

Status: This bill has been read a second time and amended. It has been re-referred to the Senate Committee on Appropriations.

AB 2167 (Nava) Clinical Social Workers: Examination Requirements

This proposal removes the requirement for Licensed Clinical Social Worker (LCSW) licensure that an applicant take a standard written examination and clinical vignette examination and instead, requires those applicants to pass both of the following:

- a) The Association of Social Work Boards Clinical Level Exam administered by the Association of Social Work Boards (ASWB).
- b) A California jurisprudence and ethics examination incorporated or developed and administered by the Board.

The provisions of this bill would be effective January 1, 2014 only if the board determines by December 1, 2013 that the ASWB examination meets the prevailing standards for validation and use of the licensing and certification tests in California.

The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

Status: This bill has been re-referred to the Senate Committee on Appropriations.

AB 2229 (Brownley) Mandated Child Abuse Reporting

This proposal defines a “child abuse investigation and prevention multidisciplinary personnel team” as any team of two or more persons are trained in the prevention, identification, and treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse. This may include Board licensees. It allows members of a child abuse investigation and prevention multidisciplinary personnel team to disclose and exchange with one another information and writings that relate to any incident of child abuse that may be designated as confidential under state law if it is can reasonably be considered relevant to the prevention, identification, or treatment of child abuse. This exchange of information may be done via telephone or electronically if there is adequate verification of the identity of the child abuse investigation and prevention multidisciplinary personnel involved.

The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

Status: This bill has been re-referred the Senate Committee on Public Safety.

AB 2339 (Smyth) Child Abuse Reporting

This proposal allows information relevant to an incident of child abuse or neglect and information relevant to a report made relating to a child suffering serious emotional damage, to be given to an investigator from an agency that is investigating a known or suspected case, the State Department of Social Services, or specified county agencies. The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

Status: This bill has been enrolled and sent to the Governor.

AB 2380 (Lowenthal) Child Abuse Reporting

This proposal clarifies the meaning of reasonable suspicion as it relates to the reporting of child abuse by adding the following language to statute:

- a) Reasonable suspicion does not require certainty that a child abuse or neglect has occurred;
- b) Reasonable suspicion does not require a specific medical indication of child abuse or neglect; any reasonable suspicion is sufficient; and
- c) Reasonable suspicion may be based on any information considered credible by the reporter, including statements from other individuals.

The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

Status: This bill has been enrolled and sent to the Governor.

SB 1172 (McLeod) Regulatory Boards: Diversion Programs

This proposal requires the Board to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee’s probation. The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

Status: This bill has been re-referred to the Assembly Committee on Appropriations.

THE BOARD IS MONITORING THE FOLLOWING LEGISLATION:

AB 612 (Beall) Child Custody Investigations

This proposal prohibits the use of “unproven, nonscientific theories” in making a determination related to a child custody proceeding. The Board adopted a position of “oppose” at its meeting on May 6, 2010.

Status: This bill is being held in the Senate Judiciary Committee.

AB 2435 (Lowenthal) Elder and Dependent Adult Abuse

This proposal requires Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), and Licensed Professional Clinical Counselor (LPCC) applicants, to complete coursework which includes instruction on the assessment and reporting of, as well as the treatment related to, elder and dependent adult abuse and neglect. At its meeting on May 6, 2010, the Board adopted a position of "support if amended" for this bill. The Board noted that some references to the implementation dates in the bill may cause confusion for students, the consumer, and Board staff, and therefore requested changes to add consistency and clarity of the implementation dates.

Status: This bill is pending third reading on the Senate floor.

AB 2699 (Bass) Healing Arts: Licensure Exemption

This proposal allows a health care practitioner who is licensed or certified in another state to provide health care for which he or she is licensed in the State of California if they meet the following conditions:

- a) They are licensed or certified in good standing; and,
- b) They provide, prior to care, a valid copy of their license or certificate and photo identification issued by the issuing state.

The health care services provided pursuant to the provisions of this bill must meet the following conditions:

- a) Care is to uninsured or underinsured persons;
- b) Care is on a short-term, voluntary basis;
- c) Care is in association with a sponsoring entity that registers with the applicable healing arts board, and provides specified information to the county health department of the county in which the health care services will be provided; and
- d) It is without charge to the recipient or to a third party on behalf of the recipient.

At its meeting on May 6, 2010, the Board took an "oppose unless amended" position on this legislation. As the intent of this bill is to provide medical, dental, and vision services to the uninsured and underinsured, the Board asked the author to narrow the scope of this bill to exclude the Board of Behavioral Sciences.

Status: This bill has been amended and re-referred to the Senate Committee on Appropriations.

SB 389 (Negrete McLeod) Fingerprint Submission

This proposal requires, beginning January 1, 2011, specified entities under the Department of Consumer Affairs to require, as a condition of licensure renewal, the submission of fingerprints by licensees for whom an electronic record of the submission of fingerprints no longer exists with the Department of Justice (DOJ). The Board adopted a position of "oppose unless

amended” at its meeting on May 6, 2010. The Board has asked the author’s office to exempt the Board from the requirements of the bill. Recently approved regulatory changes allowed the Board to require licensees complete a state and federal level criminal offender record information search conducted through DOJ before his or her license renewal date. These regulations went into effect on October 31, 2009.

Status: This bill has failed passage in the Assembly Public Safety Committee. Re-consideration has been granted.

SB 543 (Leno) Minors: Consent to Mental Health Treatment

This proposal would allow a minor who is 12 years of age or older to consent to mental health services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. The Board opted to take no position on this legislation at its meeting on May 6, 2010.

Status: This bill has been placed on the Assembly Inactive File.

SB 1282 (Steinberg) Applied Behavioral Analysis Services: California Behavioral Certification Organization

A previous version of this bill established the California Behavioral Certification Organization (CBCO), a nonprofit organization that provides for the certification and registration of applied behavioral analysis practitioners if they submit a written application, pay fees as required by CBCO, meet specified educational and professional requirements, and submit fingerprints. At its meeting on May 6, 2010, the Board voted to take an “oppose” position on this bill.

This bill was amended on June 24, 2010, and the above language from the previous version was removed. The bill now states that it is the intent of the Legislature to enact legislation clarifying the duties of health care service plans and insurers to inform consumers about the coverage provided to them for the diagnosis and treatment of autism and pervasive developmental disorders under the existing mental health parity law.

Status: This bill has been referred to the Assembly Rules Committee.

Updated: July 12, 2010

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

To: Board Members

Date: July 13, 2010

From: Rosanne Helms
Legislative/Regulatory Analyst

Telephone: (916) 574-7897

Subject: Rulemaking Update

PENDING REGULATORY PROPOSALS

Title 16, CCR Sections 1800, 1802, 1803, 1804, 1805, 1805.1, 1806, 1807, 1807.2, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1816.1, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1819.1, 1833.1, 1850.6, 1850.7, 1870, 1870.1, 1874, 1877, 1880, 1881, 1886, 1886.10, 1886.20, 1886.30, 1886.40, 1886.50, 1886.60, 1886.70, 1886.80, 1887, 1887.1, 1887.2, 1887.3, 1887.4, 1887.5, 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.11, 1887.12, 1887.13, 1887.14, 1888, and adding 1820, 1821, and 1822, Licensed Professional Clinical Counselors, Exceptions to Continuing Education Requirements

This proposal would implement all provisions related to SB 788, Chapter 619, Statutes of 2009, and the creation of Licensed Professional Clinical Counselors. Additionally, this rulemaking incorporates changes approved by the Board relating to Continuing Education requirements for licensed educational psychologists. **The Board approved the proposed text at its May 6, 2010 meeting. The rulemaking package was published in the Office of Administrative Law's Notice Registry on May 28, 2010. A public comment hearing is scheduled for July 13, 2010.**

Title 16, CCR Sections 1807, 1807.2, 1810, 1819.1, 1887 to 1887.14, Continuing Education Requirements: Licensed Educational Psychologists

This proposal would implement a continuing education program for Licensed Educational Psychologists. **The board approved the originally proposed text at its February 26, 2009 meeting. The rulemaking package was published in the Office of Administrative Law's Notice Registry on October 30, 2009. The public comment period closed on December 14, 2009 and a public comment hearing was conducted on December 17, 2009. This proposed regulation was incorporated into the rulemaking package relating to Licensed Professional Clinical Counselors. A Notice of Decision Not to Proceed was published in the Notice Registry on May 28, 2010.**

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

This regulation sets forth continuing education 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. This proposed regulation was incorporated into the rulemaking package relating to Licensed Professional Clinical Counselors.

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. This proposed regulation was incorporated into the rulemaking package relating to Licensed Professional Clinical Counselors.**

Title 16, CCR Section 1811, Revision of Advertising Regulations

This proposal revises the regulatory provisions related to advertising by Board Licensees. **The Board approved the originally proposed text at its meeting on November 18, 2009. Staff is currently preparing the rulemaking package for Notice with the Office of Administrative Law.**

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

To: Board Members

Date: July 15, 2010

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Compliance and Enforcement Committee

The Compliance and Enforcement Committee met on June 25, 2010, in Sacramento, California. An overview of the Board's Probation Program was presented to the members. The overview included statistical information and the process involved in monitoring an individual on probation.

The committee received an update on the Board's retroactive fingerprint requirement. A total of 34,685 licensees and registrants were identified as those who had not previously submitted fingerprints to the Board or do not have fingerprints on file in California Department of Justice's (DOJ) criminal offender record identification database.

As of June 10, 2010, 17,635 licensees and registrants received notification of the requirement to submit fingerprints. A total of 1067 licensees who failed to submit fingerprints were referred to the Board's enforcement staff for review and issuance of citation and fine. A large percentage of these licensees complied with the fingerprint requirement once contacted by enforcement staff. The remaining non-compliant licensees were issued a citation and fine.

The committee also reviewed the Board's enforcement statistics for the current fiscal year 2009/2010. In comparison to fiscal year 2008/2009, enforcement workload increased significantly in the following categories.

Complaints Received	34%	Criminal Convictions Received	32%
Referrals to the Attorney General	24%	Accusations Filed	38%
Statement of Issues Filed	93%	Citations Issued	60%

Despite the increased workload and without additional resources, progress in some categories has been made to either meet or exceed the 12 to 18 month goal as noted in the Consumer Protection Enforcement Initiative (CPEI). Once all the process improvements are implemented and approved staffing resources are received, it is anticipated that the Board will be able to meet the goals in all categories.

Board staff also discussed their ongoing efforts to streamline internal processes to maximize efficiency. Staff reported that their review of the enforcement program was near completion.

The committee received information as to the legal options available to the Board to remove a licensee or registrant from practice if that individual presents a threat to public safety. These options include the use of an Interim Suspension Order or Penal Code section 23. Both options temporarily suspend a licensee or registrant from practice.

Attachment

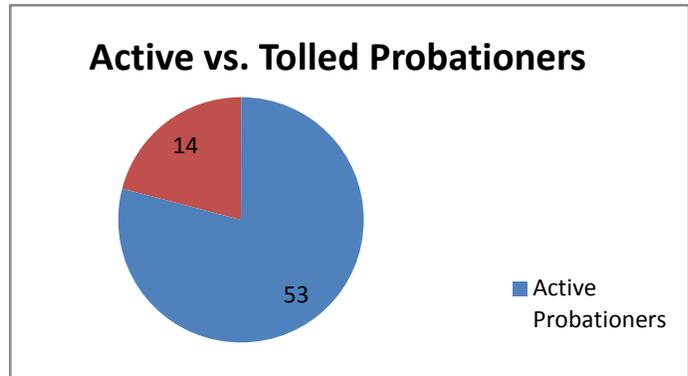
Probation overview

Probation Program Overview May 2010

Active Probationers	53
Tolled Probationers	14
Total	67

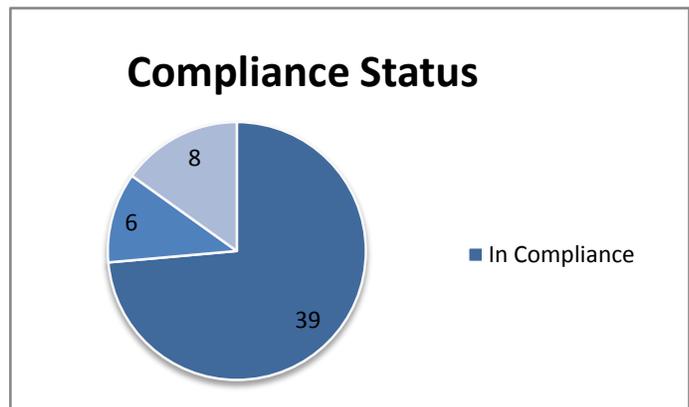
New Probationers this month 4

	(yr/mos)
Avg. Time Completed	1.51
Avg. Time Remaining	2.63
Total Avg. Time on Probation	4.14



Compliance Status

In Compliance	39
Out of Compliance - Violation Notice Sent	6
Referred to AG for Viol. of Prob.	8
Total Out of Compliance	14



Optional Conditions Required (Active Probationers)

Active w/BOP Requirement	3
Supervision	34
Psychological Evaluation	22
Psychotherapy	30
Suspension	13
Licensing Exam	3
Remedial Educ.	36
Restricted Practice	3
Rehabilitation Program	14
Biological Fluid testing	17
Billing Monitor	4
Billing Auditor	3

