MEETING NOTICE
Policy and Advocacy Committee
October 12, 2010

Department of Consumer Affairs
1625 N Market Blvd, Ste N-220
El Dorado Rm, 2nd Floor North
Sacramento, CA  95834

10:00 a.m. – 3:00 p.m.

I. Introductions

II. Review and Approval of the June 7, 2010 Policy and Advocacy Committee Meeting Minutes

III. Policy Discussion and Possible Action Regarding Title Change of “Marriage and Family Therapist Intern” to “Associate Marriage and Family Therapist”

IV. Policy Discussion and Possible Action Regarding Counting Completed Continuing Education Units Towards Renewal Requirements for Separate Licenses Issued by the Board

V. Policy Discussion and Possible Legislative Action Regarding the Implementation of a Voluntary Fee for Expediting License Renewal

VI. Policy Discussion and Possible Legislative Action Regarding Amending Supervisors Requirements to include the Supervision of Board Licensees in Addition to Trainees and Registrants

VII. Discussion and Possible Legislative Action Regarding Hours of Client Centered Advocacy Performed by Marriage and Family Therapy Interns and Trainees

VIII. Discussion and Possible Action Regarding Proposed Omnibus Legislation Amending Business and Professions Code Sections 4980.03, 4980.36, 4980.37, 4980.40.5, 4980.42, 4980.45, 4982.25, 4989.54, 4990.38, 4992.3, 4992.36, 4996.13, 4996.24, 4999.12, 4999.120, 4999.91, 4999.103, 4999.455 and Health & Safety Code Section 128454

IX. Legislative Update

X. Rulemaking Update

XI. Suggestions for Future Agenda Items
XII. Public Comment for Items Not on the Agenda

*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 916-574-7835, no later than one week prior to the meeting. If you have any questions, please contact the Board at (916) 574-7830.
Policy and Advocacy Committee Meeting Minutes
June 7, 2010
DRAFT

Department of Consumer Affairs
El Dorado Room
1625 North Market Blvd.
2nd Floor North, Room 220
Sacramento, CA 95834

Members Present
Gordonna DiGiorgio, Chair, Public Member
Renee Lonner, LCSW Member

Members Absent
Samara Ashley, Public Member
Michael Webb, MFT Member

Guest List
On file

Gordonna DiGiorgio called the meeting to order at 10:00 a.m. Marsha Gove called roll, and a quorum was established.

I. Introductions
Committee members, staff and audience introduced themselves.

II. Review and Approval of the April 9, 2010 Policy and Advocacy Committee Meeting Minutes

The following correction was noted: On page seven, second sentence, changed to, “The NASW representative estimated a potential pool of 600 people affected.”

Renee Lonner moved to approve the April 9, 2010 Policy and Advocacy Committee Meeting minutes as amended. Gordonna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.
III. Discussion of Survey Results Related to Professional Clinical Counselor Education Requirements

Roseanne Helms, Legislative and Regulatory Analyst, reported that the Board had asked 104 MFT and LCSW schools throughout California to complete a survey listing courses offered that would satisfy Licensed Professional Clinical Counselor (LPCC) licensure requirements. The Board received 43 responses.

Ms. Helms provided a summary of the types of degrees offered by responding programs. She noted that responses to the survey will be posted on the BBS website, as will the survey template for use by other schools who want to respond.

Ms. Helms reported on the 43 survey responses received to date. She spoke about courses that are required for LPCC licensure that are not contained in existing MFT and LCSW programs. Ms. Helms noted that to date only MFT and LCSW programs had been surveyed, although Board staff was working on a similar survey of LPCC programs which was targeted for distribution in June 2010.

The issue was opened for discussion.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), commented about the required LPCC courses, and shared concerns on behalf of CAMFT. She encouraged the Board to be particular about the courses that should be considered acceptable.

Sean O’Connor, Associate Governmental Program Analyst with the Board, responded that the survey was intended to obtain pertinent information regarding LPCC licensure. The information would then be posted on the Board’s website for use by a prospective LPCC candidate in determining what if any coursework was lacking.

Dean Porter, California Coalition for Counselor Licensure (CCCL), expressed concern that the information posted on the Board’s website might be misleading to interested parties. She encouraged Board staff to ensure that applicants have sufficiently covered each core area. Ms. Porter provided examples of her areas of concern.

Discussion followed. Ms. Lonner noted the importance of the input received from meeting participants in addressing the issue of LPCC education requirements.

Douglas Lee, CAMFT, commented about the Board’s interpretation of the educational requirements, and expressed an interest in obtaining guidance from the Board in this area.

Ms. Rhine noted that the requested information was intended to assist Board staff in evaluating LPCC applications submitted during the grand-parenting period. She offered her assurances that the matter would be revisited.

Discussion continued and touched on related issues such as obtaining transcript or course information from programs or schools that are no longer in existence. Other points of discussion included the number of individuals who might be using the grand-parenting option to become licensed as an LPCC. Ms. Madsen commented that approximately
5,000 MFT and LCSW licensees could be impacted. Ms. Riemersma and Ms. Porter provided estimates pertaining to MFTs and LPCCs, respectively.

IV. Discussion and Possible Action Regarding Regulatory Package Implementing SB 788 (Wyland) Chapter 619, Statutes of 2009 Establishing Licensed Professional Clinical Counselors

A. Professional Clinical Counselor Supervisory Plan Requirement

Mr. O’Connor reported that part of the regulatory packet discussed at the Board’s May 2010 meeting included a supervisory plan for LPCCs. He explained that currently only Associate Clinical Social Workers (ASW) are required to submit such documentation; MFT interns do not face the same requirement. Mr. O’Connor emphasized that the requirement pertained to the type of license being sought, not the type of license held by the supervisor. In speaking about the value of a supervisory plan, he referred board members to a list of applicable publications contained in his report. Mr. O’Connor commented further about his review of the publications.

Staff recommended conducting an open discussion among Committee members and stakeholders to discuss the benefits and problems with requiring professional clinical counselor intern (PCCI) supervisors and supervisees to complete a supervisory plan.

Discussion followed and involved topics such as the timing for submission of the supervisory plan. Ms. Riemersma noted her support for the idea of a supervisory plan, but expressed concern over the Board’s involvement in this area. She asked about ramifications if the supervisory plan is not completed. Mr. O’Connor provided clarification as needed. Other meeting participants commented on issues such as the value of establishing supervisory goals, and the importance of a collaborative relationship between supervisor and supervisee in meeting those goals. One speaker thanked Mr. O’Connor for his efforts in this area, and directed him to additional research pertaining to counselor supervision.

Ms. Rhine noted that no Committee action was required unless the determination was made not to require a supervisory plan for LPCC applicants.

*Renee Lonner moved to approve submission of a supervisory plan as part of the LPCC licensure requirements. Gordonna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.*

B. Hours of Experience Applied to Separate Licensing Requirements Simultaneously

Mr. O’Connor reported that under current law, implementation of the LPCC license creates an opportunity for individuals to pursue two mental health licenses simultaneously, most notably the LPCC and MFT licenses. He explained that existing law does not prohibit an individual from simultaneously completing the requirements for both licenses. Mr. O’Connor indicated that legislation would be required to create such a prohibition.

Mr. O’Connor recommended that an open discussion be conducted among Committee members and stakeholders regarding “double-counting” hours of experience toward both
MFT and LPCC requirements. If the determination is made to prohibit use of hours of experience toward requirements for more than one license, direct staff to draft appropriate language for consideration by the full Board.

Ms. Riemersma noted that the precedent for individuals gaining hours of experience toward both MFT and LCSW licensure has been to allow double-counting of the hours earned. She expressed concern that it would be punitive to prohibit the double-counting of hours of experience that met the requirements for both licenses. She suggested that the issue could be reviewed in the future if it were determined that a problem exists.

Ms. Porter voiced no objections on the part of CCCL to allowing the use of hours of experience toward more than one license, as appropriate. She commented briefly about the minor differences in requirements applicable to MFT versus LPCC licensure.

C. Definition of Community Mental Health Setting

Tracy Rhine, Assistant Executive Officer, reported that current law requires an LPCC candidate to gain a portion of his or her supervised clinical mental health experience in a hospital or community mental health setting. However, a definition of “community mental health setting” is not included in statute, and is necessary. She stated the issue had been discussed by the full Board at its May 2010 meeting during the review of the proposed rulemaking package, with staff instructed to return the topic to the Committee for further discussion. Ms. Rhine presented the Committee with the applicable regulatory language as currently drafted. She asked that the language be discussed and staff be directed to make any necessary changes to that language for consideration by the full Board at its July meeting. She also noted that one of the two options that had been suggested for resolution of the problem referred to the definition of a health facility as per the Health and Safety Code. Ms. Rhine expressed the position that use of that definition would be unduly limiting to LPCC applicants. Ms. Lonner suggested a possible amendment to draft regulatory language which could resolve the issue. Ms. Riemersma supported Ms. Lonner’s suggestion. She also proposed additional amendments to draft regulations, and explained her recommendations.

Ms. Riemersma asked if LPCC applicants would be allowed to use video-conferencing as a means of obtaining supervision. Ms. Rhine responded that the subject was being addressed in the Board’s current omnibus legislation. Ms. Riemersma also commented about the issue of health-related organizations that are owned by individuals who are not licensed health care professionals, and the use of such organizations in gaining required hours of experience.

Discussion followed among meeting participants about various related issues. Ms. Rhine clarified that the issue at hand before the Committee was the definition of the term “community mental health setting.”

Renee Lonner moved to direct staff to amend Title 16, California Code of Regulations, Section 1820(d)(3) as suggested, and to return to the full Board for consideration. Gordonna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.
The meeting adjourned for a brief break at 11:15 a.m. The meeting reconvened at 11:25 a.m. Upon reopening the meeting, the decision was made by the Committee to delay discussion of agenda item IV (D) and return to that item following discussion of agenda item V.

D. Practicum Requirement During Grand-parenting Period for Degrees Granted Prior to 1996

Ms. Rhine reported that currently the licensing law for LPCCs states that a qualifying degree must include no less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent. It was brought to the Board’s attention by the California Coalition for Counselor Licensure (CCCL) that some of the older degrees may not contain the required number of units within the degree. Ms. Rhine indicated it was CCCL’s request that the Board allow equivalencies for individuals who hold such degrees.

Ms. Rhine reported that the manner in which the LPCC grand-parenting provisions are worded make it a mandate for the applicant to have the practicum included in the degree. CCCL pointed out that the statute references a different code section which allows the Board discretion regarding the practicum requirement. She noted that the Board currently has the authority to look at equivalencies when reviewing older degrees and degrees earned out of state. Ms. Rhine deferred to Ms. Porter for additional information about CCCL’s request.

Ms. Porter noted that the identified problem impacted a number of experienced counselors who hold older degrees. She stated CCCL’s support regarding the current requirement, but reported that many of the older degrees required only three (3) units of practicum. She spoke about the different avenues available to individuals who are lacking in coursework, but pointed out that there are no remedies in current statute for individuals who are lacking in hours of practicum. She asked the Board about the possibility of amending the practicum requirement for LPCC applicants during the grand-parenting period only. She referred board members to her letter of April 30, 2010, in which she provided possible options that could serve as equivalencies to three units of practicum in the qualifying degree, and asked the Board for its assistance in resolving the problem for the few applicants who would be impacted.

Ms. Rhine added that in reviewing the MFT licensing law, it appeared there were provisions made for degrees earned before 1996 with respect to hours or units of required education. However, she was unable to find similar changes to the practicum requirement. Ms. Rhine noted that the practicum requirement appears to have been unchanged for many years. She also reported being uncertain as to the Board’s authority to accept the equivalencies listed in Ms. Porter’s letter, because they are outside of the degree. Ms. Rhine stated that the statute is very clear as to what is acceptable.

Discussion followed among meeting participants, with input from individuals who have significant experience and education but would be adversely impacted by the supervised practicum requirement. Ms. Rhine provided clarification about qualifying degrees, and the Board’s discretion when reviewing an applicant’s education and experience during the grand-parenting period. In response to a question by Ms. Riemersma, Ms. Rhine expressed uncertainty that there is sufficient time available to include the necessary
legislative changes in the Board’s current omnibus bill. Discussion continued about possible resolution to the conflicting code sections.

Ms. Madsen raised the possibility of conducting an open board meeting following a closed session scheduled June 28, 2010. The open meeting would be solely for the purpose of presenting the practicum issue to the full Board for discussion.

Gordonna DiGiorgio moved to present to the full Board, following the closed session meeting scheduled June 28, 2010, revisions to LPCC statute pertaining to the grand-parenting period which would allow acceptance of qualifying degrees earned prior to 1996 that contain three (3) hours of practicum. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

V. Discussion and Possible Action on Marriage and Family Therapist Practicum Requirement; Trainees Counseling Clients; Exceptions

Ms. Rhine reported that passage of SB 33 (Correa) Chapter 26, Statutes of 2009, had resulted in significant changes to the education requirements for MFT licensure. One change requires MFT trainees, after August 1, 2012, to be enrolled in a practicum course while counseling clients. Ms. Rhine noted that a previous point of discussion was the existence of a conflicting law that states a trainee can gain hours of experience outside the required practicum.

A second point of concern pertains to implementation of this provision. Specifically, there are periods such as intersession or summer break during which a student may not be able to enroll in a practicum course.

Ms. Rhine noted that the issue had been discussed by both the Policy and Advocacy Committee and the full Board at the April and May meetings, respectively. At the May Board Meeting, the group reviewed different options for resolving this problem. She reported that one option was to make an exemption for certain periods such as summer and intersession. The group determined that a limit of forty-five (45) days was appropriate for trainees to continue providing counseling services without being concurrently enrolled in a practicum course. The Board directed staff to draft amended statutory language and return the proposal to the Committee for further discussion.

Ms. Rhine referred Committee members to the draft language prepared in response to the Board’s directive. She also made note of correspondence received from CAMFT regarding this topic. Ms. Rhine reported that CAMFT is contending that the language in the licensing law as amended by SB 33 does not include trainees per se, but refers to students, who are not defined. It is CAMFT’s position that the Board is misinterpreting the statute and that current law does not require a trainee to be enrolled in practicum to counsel clients.

Ms. Rhine commented that as a result of CAMFT’s concerns, the issues before the Committee had changed since preparation of her report. She deferred to CAMFT representatives for additional information.

Ms. Riemersma stated that the change to statute regarding the presumption that trainees must be involved in practicum was inadvertent and not intended by the discussions that occurred during the various meetings about SB 33. She noted that the issue before the
Board at that time was whether or not the hours or units of practicum should be increased. Ms. Riemersma stated the discussions resulted in a negotiated agreement that hours for practicum would be increased, but a portion of the hours could be for client-centered advocacy. She commented that had there been intent to change the requirement so that trainees could gain experience only while enrolled in practicum, there would have been significantly more attention paid to the issue at that time. She questioned the need to correct a problem unless it has been demonstrated that a problem exists.

Mr. Lee reported being asked to compare the conflicting statutes, and spoke about his findings. He commented on the need for consistency when interpreting provisions of law. He also noted the difference between a student and a trainee. Mr. Lee offered suggested language to solve the problem.

James Maynard, Legal Counsel to the Board, commented that he had reviewed CAMFT’s correspondence only briefly due to it having been only recently submitted. He spoke about the various principles of statutory construction cited in the letter, and whether or not they were applicable to the current issue. He noted that additional research on his part would be required before determining if he was in agreement with CAMFT’s interpretation of cases cited in the letter.

Ms. Lonner asked the research was essential for the issue in general. Mr. Maynard responded that per discussion with Ms. Madsen and Ms. Rhine, the Board has two options. One resolution would be to include clarifying language in the Board’s omnibus bill to reconcile the two provisions of law. A second option would be to ask the Board at its July meeting to seek a legal opinion, which would result in Mr. Maynard drafting a legal opinion for presentation to the Board at a future meeting.

Ms. Rhine clarified that the Board’s intent, per discussion at the May meeting, was to require practicum. She noted that if the end result is to require trainees to be enrolled in practicum, the Board needs to draft legislation which would clearly state that trainees must be enrolled in practicum. She outlined action that must be taken in order to put the change in place. She also spoke about directing Mr. Maynard to prepare a legal opinion on the issue for discussion at the next Board meeting.

Ms. Lonner requested clarification regarding what is required for an individual to move from being a student to being a trainee. Ms. Riemersma clarified that an individual must be enrolled in a program and have completed a certain number of hours to be considered a trainee. She noted that statute does not contain a definition of “student,” but does define “trainee.” Ms. Madsen and Mr. Maynard noted that the statutory correction to the problem would be to change the statute to reflect “trainee” instead of “student.” Mr. Maynard clarified that the legal opinion would help the Board in addressing the problem while the legislative remedy is being pursued.

Ms. DiGiorgio raised the issue of changing the applicable statute to change the word “student” to “trainee.” Ms. Riemersma indicated that CAMFT would oppose such a change. Mr. Maynard stated his understanding of CAMFT’s position, which is that after completion of the twelve semester units of coursework required to practice as a trainee, an individual has sufficient foundation that enrollment in practicum is not necessary to have the academic theory in conjunction with the practice.

Mr. Maynard suggested that the matter be referred to the full Board for discussion of the statutory language, to confirm it is the intent of the Board that trainees be enrolled in
practicum and to discuss possible statutory remedies might help meet those goals. Secondly, Mr. Maynard suggested that the Board direct legal counsel to draft a legal opinion regarding use of the title "student" versus "trainee."

Gordonna DiGiorgio moved to 1) refer to the full Board at its next meeting for discussion and clarification of the Board’s intent in requiring “trainees” to be enrolled in practicum while treating clients; and 2) direct legal counsel to draft a legal opinion regarding use of the title “student” versus “trainee.” The Committee voted unanimously (2-0) to pass the motion.

A brief discussion followed, during which Mr. Maynard touched on statutory construction issues and the process available to individuals who wish to appeal a provision of law. Ms. Rhine reminded meeting participants that the requirement to be enrolled in practicum while providing therapy services is applicable to individuals who begin a program after 2012. She acknowledged that a problem could be faced by programs that are adopting the new requirements before that time, and indicated the action before the committee was an attempt to correct the problem at the present time. Ms. Rhine was doubtful that the matter could be addressed legislatively during the current year. She commented that it would be better to wait until January 2011 to introduce the proposed legislative changes.

Ms. Riemersma asked the Board to expand on what is perceived as the problem that would be corrected by the proposed requirement regarding hours or experience. She again expressed the belief that the change as noted in SB 33 was inadvertent and unintentional. She reported being unaware of any problem or client harm that has been experienced as a result of the law that has been in existence previously. She repeated her concern about the need to correct a problem that does not exist. Mr. Maynard commented there are varying philosophies among schools about the subject of trainees treating clients. He expressed the opinion that this would seem to indicate there is controversy over whether a second-year student is qualified to provide therapy without being enrolled in an academic theory component of the program. He commented about the potential for harm to the consumer, and touched on the Board’s mandate of consumer protection. He added that taking steps to avoid potential harm is part of protecting the public.

Discussion continued briefly among meeting participants.

VI. Overview and Discussion Related to Applied Behavioral Analysis and Senate Bill 1282 (Steinberg)

Ms. Helms reported about discussion held at the previous Board meeting regarding regulation of Behavior Analysis. She noted that Senate Bill (SB) 1282 provides for certification of individuals as a Certified Behavioral Analyst. Ms. Helms provided a history of the discussion, reporting that at the Board meeting members of the public had spoken about personal experiences as parents of autistic children who have been treated by or received care from minimally educated or trained individuals claiming to be expert in behavioral analysis.

Ms. Helms reported having further researched the subject of Behavioral Analysis since the last meeting. She referred Committee members to a report of her findings, included in their meeting materials. Ms. Helms reviewed her findings as well as possible courses of action the Board may want pursue to resolve the problem. She noted that at its previous
meeting, the Board voted to take an “oppose” position on SB 1282. She further noted that since the May meeting, the bill’s author has been taking steps to keep the legislation moving forward to the Senate. Extensive amendments are planned once the bill reaches the Senate. Committee members discussed the possibility of putting information on the Board’s website about individuals who are qualified to practice applied behavioral analysis. Geri Esposito, California Society of Clinical Social Workers, encouraged the Board to ensure that any notice that might be put on the website be worded so as not to prohibit a qualified individual from practicing applied behavioral analysis because he or she is not certified as an Applied Behavioral Analyst. Ms. Riemersma added that such notification, if made, should include an exemption for any licensed or registered mental health professional.

Ms. Helms noted that a letter had been received from the parent of an autistic child, providing her comments about SB 1282, as currently amended. She noted that the parent had previously provided input at the May Board Meeting. Ms. Rhine assured the Committee members that the letter would be included as part of the official meeting record.

Gordonna DiGiorgio moved that the Committee take no action on SB 1282. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

VII. Budget Update

Ms. Madsen provided an overview of the Board’s budget, noting areas of highlight. She also spoke about the ongoing budget issues in California, and the steps the Board is taking to work with those issues. Ms. Madsen made note of the significant change in projected year-end balance from the last update in April 2010 until present. She attributed the increased expenditures directly to enforcement costs, noting a major increase in the number of cases forwarded to the Attorney General’s Office for initiation of disciplinary actions.

Ms. Madsen also spoke briefly about the status of the Budget Change Proposal (BCP) submitted for staffing and funding of the new LPCC program. She noted that the BCP had been discussed at both the Assembly and Senate Budget Committee hearings. The Assembly approved the BCP as submitted; however, the Senate Committee recommended reducing the staffing request from twelve to five. Ms. Madsen expressed concern with the Board’s ability to efficiently operate the LPCC program should all of the requested staffing not be approved. Ms. Lonner asked about the Board’s options should the necessary staffing not be received to allow for timely implementation of the program. Ms. Rhine responded that an option available to the Board would be to seek an extension of the implementation dates.

VIII. Legislative Update

Ms. Helms presented for the Committee’s review a list of updates to pending legislative proposals. She noted that the proposed legislation had been discussed by the full Board at its May 2010 meeting.
IX. Rulemaking Update

Ms. Rhine provided an update of pending regulatory proposals, for the committee's review.

X. Suggestions for Future Agenda Items

No agenda items were proposed.

XI. Public Comment for Items Not on the Agenda

No public comment was offered.

The Committee adjourned at approximately 12:50 p.m.
To:       Policy & Advocacy Committee      Date:       October 12, 2010
From:     Rosanne Helms
           Legislative Analyst
          Telephone: (916) 574-7897
Subject:  Reconsideration of “Marriage and Family Therapist Intern” Title

Background

Currently, Business and Professions Code (BPC) Section 4980.03(b) defines a marriage and family therapy intern as an unlicensed person who has earned his or her master’s or doctor’s degree qualifying him or her for licensure as a marriage and family therapist and is registered with the Board of Behavioral Sciences (Board).

At the same time, the BPC uses the term associate clinical social worker for an unlicensed person registered with the Board and working toward licensure as a clinical social worker. (BPC Section 4996.18(a)).

Issue

The American Association for Marriage and Family Therapy – California Division (AAMFT-CA) has requested that the Board re-consider the current title “Marriage and Family Therapist Intern.” They request the Board instead consider the title “Associate Marriage and Family Therapist.”

AAMFT-CA feels that the “intern” designation creates a situation where pre-licensed Marriage and Family Therapist applicants are deemed less qualified than Associate Social Workers in the eyes of the public and employers. Additionally, they argue it makes it more difficult to advocate for them being included in systems of care that include other mental health professionals.

The table below, provided by AAMFT-CA and BBS, shows a list of terms other states used to denote marriage and family therapists who have completed their graduate degrees and are under supervision while gaining hours toward licensure.
State | Title
--- | ---
Alaska | Licensed Marital and Family Therapy Associate
Arizona | Licensed Associate Marriage and Family Therapist
Arkansas | Licensed Associate Marriage and Family Therapist
Delaware | Licensed Associate Marriage and Family Therapist
Florida | Marriage and Family Therapist Intern
Georgia | Associate Marriage and Family Therapist
Illinois | Associate Marriage and Family Therapist
Kentucky | Marriage and Family Therapy Associate
Louisiana | Marriage and Family Therapist Intern
Maryland | Licensed Graduate Marriage and Family Therapist
Minnesota | Licensed Associate Marital and Family Therapist
Nevada | Registered Intern
Oregon | Registered Intern
South Carolina | Licensed Marriage and Family Therapist Intern
Texas | Licensed Marriage and Family Therapist Associate
Utah | Marriage and Family Therapist Intern
Washington | Licensed Marriage and Family Therapist Associate

Source: AAMFT Directory of State Licensure Boards, [http://www.aamft.org/resources/Online_Directories/boardcontacts.asp](http://www.aamft.org/resources/Online_Directories/boardcontacts.asp), and various state licensing board web sites

Of the 17 states noted in the table above, ten use the term “associate” and six use the term “intern.” Though not a complete sample of all states, this shows that the use of either term is acceptable.

**Additional Information**

The plain language meaning of “intern” as defined in the American Heritage Dictionary is “a student or a recent graduate undergoing supervised practical training.” Dictionary.com defines an intern as “a person who works as an apprentice or trainee in an occupation or profession to gain practical experience, and sometimes also to satisfy legal or other requirements for being licensed or accepted professionally.”

**Discussion**

Adoption of the title change from “Marriage and Family Therapist Intern” to “Associate Marriage and Family Therapist” would be a lengthy process. It would require that staff change all of the Board’s regulations, make comprehensive statutory changes, and update all forms, publications, and the web site with the new title.

**Recommendation**

Conduct an open discussion regarding the advantages and disadvantages of changing the current title “Marriage and Family Therapist Intern” to “Associate Marriage and Family Therapist.” If the change is found to be appropriate, direct staff to draft proposed legislation to bring before the Board.

**Attachment**

Letter from AAMFT-CA
June 25, 2010

Board of Behavioral Sciences
Attn: Kim Madsen, Executive Officer
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, I am writing to ask you to consider pursuing legislation that would formally change the title of "Marriage and Family Therapist Registered Intern" to "Associate Marriage and Family Therapist."

The current "Intern" designation may create a misperception in the eyes of consumers and employers that pre-licensed marriage and family therapists are less qualified or should be paid less than Associate Clinical Social Workers, who have similar levels of experience. The designation also creates challenges when advocating for the inclusion of pre-licensed marriage and family therapists in systems of care that include other mental health professionals.

Many states use the term "Associate" to denote marriage and family therapists who have completed their graduate degrees and are under supervision while gaining hours toward full licensure. The following states use the term "Associate" in some form rather than "Intern" in an official designation given by the licensing board:

<table>
<thead>
<tr>
<th>State</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Licensed Marital and Family Therapy Associate</td>
</tr>
<tr>
<td>Arizona</td>
<td>Licensed Associate Marriage and Family Therapist</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Licensed Associate Marriage and Family Therapist</td>
</tr>
<tr>
<td>Delaware</td>
<td>Licensed Associate Marriage and Family Therapist</td>
</tr>
<tr>
<td>Georgia</td>
<td>Associate Marriage and Family Therapist</td>
</tr>
<tr>
<td>Illinois</td>
<td>Associate Marriage and Family Therapist</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Marriage and Family Therapy Associate</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Licensed Associate Marital and Family Therapist</td>
</tr>
<tr>
<td>Texas</td>
<td>Licensed Marriage and Family Therapist Associate</td>
</tr>
</tbody>
</table>

Source: AAMFT Directory of State Licensure Boards,
http://www.aamft.org/resources/Online_Directories/boardcontacts.asp
Additionally, other states may refer to pre-licensed MFTs as Associates without requiring them to register as such with the licensing board.

The "Associate" terminology most appropriately denotes the individual's level of training and experience, while indicating a pre-licensed status, still under supervision.

We ask that this item be placed on the agenda for a future committee meeting, to be discussed and then forwarded to the full Board for action. Please feel free to contact me if you have any questions.

Sincerely,

Olivia Loewy

Olivia Loewy, PhD
Executive Director
AAMFT-CA Division
To: Policy and Advocacy Committee  
From: Rosanne Helms  
Legislative Analyst  

Subject: Double Counting of Continuing Education Units for Dual Licensees

Date: October 1, 2010  
Telephone: (916) 574-7897

Many of the Board’s current Marriage and Family Therapist (MFT) or Clinical Social Worker (LCSW) licensees also plan to gain a Professional Clinical Counselor (LPCC) license once they meet the qualifications and that license becomes available. This raises a policy question: should LPCC dual license holders be allowed to double count continuing education units that they earn toward the continuing education requirements for both licenses?

**Requirements for LPCCs**

Like MFT and LCSWs renewing a license, LPCCs will also be required to complete the following in each renewal period:

- Not less than 36 hours of approved continuing education in or relevant to their field.
- A minimum of six hours of approved continuing education in the subject of law and ethics.

**Current Board Policy**

Currently, the Board allows an individual who holds both an MFT and an LCSW license to apply their continuing education coursework toward the renewal of both licenses, as long as the courses meet the Board’s continuing education guidelines and the subject matter relates to both scopes of practice. The Board follows this same policy if the continuing education hours have been earned for a license other than the MFT and LCSW licenses.

**Recommendation**

Discuss the matter of whether LPCC licensees should be allowed to double count continuing education units that they earn for another license toward their LPCC continuing education requirement, if courses taken meet the Board’s continuing education guidelines and the subject matter relates to both scopes of practice.

**Attachments**

- Table summarizing continuing education requirements for MFTs and LCSWs.
- Board pamphlet: “MFT & LCSW Continuing Education and License Renewal Information.”
# BOARD OF BEHAVIORAL SCIENCES
## Continuing Education Requirement

<table>
<thead>
<tr>
<th></th>
<th>MFT</th>
<th>LCSW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>36 CE hours required to renew</strong></td>
<td>Business and Professions Code: 4980.54(c)(1)</td>
<td>Business and Professions Code: 4996.22(a)(1)</td>
</tr>
<tr>
<td></td>
<td>California Code of Regulations: 1887.3(a)</td>
<td>California Code of Regulations: 1887.3(a)</td>
</tr>
<tr>
<td><strong>Spousal/Partner Abuse</strong></td>
<td>If course is taken before January 1, 2005 there is not hour length specified</td>
<td>If course is taken before January 1, 2005 there is not hour length specified</td>
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<td>If the course is taken after January 1, 2005 It must be seven hours in length</td>
<td>If the course is taken after January 1, 2005 It must be seven hours in length</td>
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<tr>
<td></td>
<td>B&amp;P Code: 4980.57(a)</td>
<td>B&amp;P Code: 4996.22(a)(3)</td>
</tr>
<tr>
<td><strong>Aging and Long Term Care</strong></td>
<td>Three hour requirement</td>
<td>Three hour requirement</td>
</tr>
<tr>
<td></td>
<td>B&amp;P Code: 4980.395(a)</td>
<td>B&amp;P Code: 4996.26(a)</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td>Seven hour requirement</td>
<td>Seven hour requirement</td>
</tr>
<tr>
<td></td>
<td>California Code of Regulations 1887.3(c)</td>
<td>California Code of Regulations 1887.3(c)</td>
</tr>
<tr>
<td><strong>Law and Ethics</strong></td>
<td>Six hours for every renewal period</td>
<td>Six hours for every renewal period</td>
</tr>
<tr>
<td></td>
<td>California Code of Regulations 1887.3(d)</td>
<td>California Code of Regulations 1887.3(d)</td>
</tr>
</tbody>
</table>

Mandated courses are one-time only courses, and once taken, need not be taken again. The only exception is the Law and Ethics course. Law and Ethics must be taken for each renewal.

18 hours of CE are required for your first renewal, but that is a MINIMUM, not a maximum. All mandated courses are required for your first renewal. If you have taken any of the mandated courses in the past, you are not required to repeat it. The only exception is the Law and Ethics course. Law and Ethics must be taken for each renewal.

Supervisors of Associate Clinical Social Workers and Marriage and Family Therapist Interns may apply their supervisor course training hours to their continuing education requirement as long as the training has been taken by an approved continuing education provider.

(chart updated: 10/06)
Continuing Education

Hours Required
Thirty-six hours of continuing education (CE) are required for each two-year renewal period; however:

► Initial licensees are required to complete only 18 hours of CE for their first license renewal. Your license is termed an "initial license" when it has been issued to you for the first time and you have not yet renewed it.

► Individuals who have been placed on inactive status, or who were granted an exception by the board, are not required to complete CE for license renewal.

The board will grant exceptions if, during your previous renewal period:
 you resided in another country for at least one year;
 you were absent from California due to military service for at least one year; or
 you or an immediate family member, for whom you have primary responsibility, suffered from a substantial disability.

For information on obtaining an exception, please access our website (www.bbs.ca.gov) or contact the board office at (916) 574-7830.

Inactive license
A licensee may request that his or her license be placed on inactive status by making a written request to the board or by checking the inactive box on the renewal application.

Reactivation of inactive license
To reactivate an inactive license, you must complete the required 36 CE hours; submit the additional fees and statement certifying the completion of CE to the board. Courses may be credited to only one renewal period, and cannot be counted twice.

Mandatory Courses
► Spousal or Partner Abuse
All licensees are required to complete a seven-hour one-time course in spousal/partner abuse assessment, detection, and intervention strategies including community resources, cultural factors, and same gender abuse dynamics.

► Law & Ethics
All licensees are required to complete at least six hours of CE in the area of Law and Ethics as a condition of each renewal. The six hours shall be considered part of the 36 hour CE requirement.

► Aging and Long-Term Care
All licensees are required to complete a three-hour continuing education course in aging and long-term care. The course could include, but is not limited to, the biological, social, and psychological aspects of aging.

► HIV/AIDS
All licensees are required to complete a course at least seven hours in length and cover the characteristics and method of assessment and treatment of people who live with HIV/AIDS.

If you have equivalent teaching or practice experience, you do not need to take the course. IF you are audited, you will need to provide certificates, transcripts or a certification from your employer of your experience in the area of the requirement. The only exception is the Law & Ethics course. Law & Ethics must be taken for each renewal.

► All mandated courses are one-time only courses and are required for your first renewal. However, if you have taken any of the mandated courses in the past, you are not required to repeat it. The only exception is the Law & Ethics course. Law & Ethics must be taken for each renewal.

Providers
CE must be taken from acceptable providers. A provider that is board-approved must advertise its provider approval number (PCE ###). Accredited and approved universities are also acceptable providers of continuing education and are not required to have an approval number. Please visit http://www.bbs.ca.gov/app-reg/qualify_schools.shtml for a list of schools. Courses taken from an unacceptable provider will not count towards your CE compliance.

Course Content
The board does not approve specific CE courses. To ensure that a particular course will count toward fulfilling your CE requirements, it is important to:

► Make sure the provider has a valid PCE number, or is an accredited or approved university
A valid PCE number confirms that a provider is approved to offer courses for MFTs and LCSWs. A list of providers with a valid PCE number, that includes the provider’s location, is available on the board’s Web site. A list of accredited and approved schools is also available on the Web site.

► Keep copies of your certificates.
The board does not manage or track CE courses for licensees. Providers do not submit certificates to the board on behalf of licensees. If a certificate has been misplaced, contact the CE provider for a replacement copy.

A licensee cannot apply for, or petition to have a CE course approved. Providers must apply for, and be approved BEFORE any course will count toward the LCSW or MFT CE requirement.

The board does not have any information about individual courses offered by providers. Because the board does not approve specific CE courses, we cannot process requests from licensees for approval of a particular CE course. Providers are required to ensure that the content of a course is relevant to the practice of marriage and family therapy or social work. Self-improvement courses and courses designed for non-practitioners do not count.

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

Self-study courses
A self-study course is coursework you do at your residence, office, or other private location. It can include audiotapes and booklets. As with any other CE courses, self-study courses must be obtained from board-approved providers or accredited or approved universities. One half of the required CE hours can be earned through self-study.
List of providers
A list of providers is available on the board’s website (www.bbs.ca.gov) in the Forms & Publications section, and a list of accredited and approved schools is available in the Applicant/Registrant section. Contact the approved providers or accredited or approved universities directly for course information.

License Renewal
The board will send you a courtesy renewal notice approximately 3 months before your license expires. It is your responsibility to renew your license in a timely manner, whether or not you receive the courtesy renewal notice.

To renew your license, submit the appropriate fee, mark either box A for active or box B for inactive status, read the conviction statement, mark the appropriate box and sign the statement under penalty of perjury. Please note that the correct fee, continuing education, conviction information, and signature are all a part of the renewal process. If any portion of the required information is incomplete or postmarked after the expiration date of the license, your license will expire and a delinquency fee will be required to complete the renewal process.

It takes approximately four to six weeks to process license renewals.

You must have your CE completed BEFORE you submit your renewal fee and application.

Any individual who practices in a licensed capacity with an inactive or expired license is subject to criminal, administrative and/or disciplinary action.

Record Keeping
You need to keep proof of your completed coursework (certificates, transcripts, etc.) for at least four years after the license renewal for which you took the course. Do not submit your course certificates with your renewal application.

Miscellaneous Information

Hours per course
1 hour of instruction = 1 CE hour
1 semester unit = 15 CE hours
1 quarter unit = 10 CE hours

Double Counting Hours
If you have both MFT and LCSW licenses, you may apply CE hours to both if the course meets the CE guidelines and the subject matter relates to both scopes of practice.

Hours earned for other professional licenses may be applied to your MFT or LCSW license if the provider is approved by the board and the subject matter relates to the MFT or LCSW scope of practice.

Audits
The board conducts audits of licensee’s continuing education. If you are audited, you will be notified in writing to submit copies of your CE certificates or course documentation as proof of compliance with the board’s Licensing Laws and Regulations.

If you are audited, a prompt response is necessary. Failure to comply with the board’s audit may result in disciplinary action against your license.

Teaching
If the course meets all other CE guidelines, you may claim CE credit for teaching a course. You will receive the same amount of hours as a course attendee would. However, you can claim credit for teaching a course only one time during a single renewal period.

Provider complaints
You should first contact the provider of the course to resolve the matter. If you are not satisfied with the outcome, send your complaint in writing to the board office. Include the course name, date, and location, the names of the instructor and provider, and specifics about your complaint.
To: Policy & Advocacy Committee  
From: Rosanne Helms  
Legislative Analyst  
Date: October 1, 2010  
Telephone: (916) 574-7897  
Subject: Consideration of Fee for Expediting Renewals

Background

Board of Behavioral Science (Board) licensees must renew every two years (renewal fees are $140 for MFTs, $110 for LCSWs, and $80 for LEPs), while registrants must renew every year ($75 renewal fee for MFTs and ASWs). The Board mails a courtesy renewal reminder to each person approximately 120 days (4 months) prior to their license or registration expiration date. In this notice, they are advised that it takes approximately 4-6 weeks from the date the Board receives the renewal application for processing.

An ongoing issue for many Board licensees and registrants is that they do not renew their license or registration until it is about to expire, and therefore the license or registration expiration date passes before the renewal paperwork is processed and the renewal information can be posted on the Board’s website.

One suggested solution to this matter would be to adopt a new fee expediting license and registration renewal processing within a pre-determined time frame for applicants if they choose to pay an additional optional fee for that service.

Board staff surveyed the web sites of the State of California’s Medical, Pharmacy, Physical Therapy, Dental, Veterinary Medicine, Registered Nursing, and Psychology Boards. None of these boards offer the option of expedited processing for an additional fee. However, a few of these boards allow online renewal. The Board of Psychology notes on their website that renewing online cuts processing time in half. The Dental Board’s website states a renewal processing timeline of six to eight weeks through the mail, or 48 hours if renewed online.

The Department of Consumer Affairs (Department) has not currently offered the Board the option of online renewal. The Department is in the process of implementing a system, called the BreEZe System that would allow additional boards to accept online payment. However, the Department estimates it will be three years before this system is ready for use.

Recommendation

Discuss allowing expedited renewals upon payment of an additional fee for that service. If in favor of this suggestion, discuss the amount of the fee, the time period staff would need to process the expedited requests, and direct staff to draft legislation for consideration by the Board.

Attachment

Draft language
General Language (For MFT, LCSW, LEP and LPCC Code Sections)

§XXX EXPEDITED RENEWAL FEE

a) An applicant may request to expedite the renewal of his or her license or registration. To expedite a request for renewal, the licensee or registrant shall do all of the following:
   1) Apply for a renewal on a form prescribed by the board
   2) Indicate, in the appropriate place on the renewal form, that expedition of the renewal is requested.
   3) Pay a renewal fee prescribed by the board.
   4) Pay an expedition fee prescribed by the board.

b) The board will, upon receipt of the renewal form, review the form for completion and, if all requirements for renewal are met, update the renewal status on the website within _____ business days.

Marriage and Family Therapists:

§4984.7 LICENSING AND EXAM FEES SCHEDULE

(a) The board shall assess the following fees relating to the licensure of marriage and family therapists:
   1) The application fee for an intern registration shall be seventy-five dollars ($75).
   2) The renewal fee for an intern registration shall be seventy-five dollars ($75).
   3) The fee to expedite an intern registration renewal shall be $_____.
   4) The fee for the application for examination eligibility shall be one hundred dollars ($100).
   5) The fee for the standard written examination shall be one hundred dollars ($100). The fee for the clinical vignette examination shall be one hundred dollars ($100).
   (A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.
   (B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.
   6) The fee for rescoring an examination shall be twenty dollars ($20).
   7) The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars ($180).
   8) The fee for license renewal shall be a maximum of one hundred eighty dollars ($180).
   9) The fee to expedite a license renewal shall be $_____.
   10) The fee for inactive license renewal shall be a maximum of ninety dollars ($90).
   11) The renewal delinquency fee shall be a maximum of ninety dollars ($90). A person who permits his or her license to expire is subject to the delinquency fee.
   12) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
   13) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.
Licensed Clinical Social Workers:

§4996.3. LICENSING AND EXAM FEES

(a) The board shall assess the following fees relating to the licensure of clinical social workers:

1. The application fee for registration as an associate clinical social worker shall be seventy-five dollars ($75).
2. The fee for renewal of an associate clinical social worker registration shall be seventy-five dollars ($75).
3. The fee to expedite an associate clinical social worker registration renewal shall be $______.
4. The fee for application for examination eligibility shall be one hundred dollars ($100).
5. The fee for the standard written examination shall be a maximum of one hundred fifty dollars ($150). The fee for the clinical vignette examination shall be one hundred dollars ($100).
6. The fee for rescoring an examination shall be twenty dollars ($20).
7. The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars ($155).
8. The fee for license renewal shall be a maximum amount of one hundred fifty dollars ($150).
9. The fee to expedite a license renewal shall be $______.
10. The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents ($77.50).
11. The renewal delinquency fee shall be seventy-five dollars ($75). A person who permits his or her license to expire is subject to the delinquency fee.
12. The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
13. The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter

Licensed Educational Psychologists:

§4989.68. FEE SCHEDULE

(a) The board shall assess the following fees relating to the licensure of educational psychologists:

1. The application fee for examination eligibility shall be one hundred dollars ($100).
2. The fee for issuance of the initial license shall be a maximum amount of one hundred fifty dollars ($150).
3. The fee for license renewal shall be a maximum amount of one hundred fifty dollars ($150).
4. The fee to expedite a license renewal shall be $______.
5. The delinquency fee shall be seventy-five dollars ($75). A person who permits his or her license to become delinquent may have it restored only upon payment of all the fees that he or she would have paid if the license had not become delinquent, plus the payment of any and all delinquency fees.
6. The written examination fee shall be one hundred dollars ($100). An applicant who fails to appear for an examination, once having been scheduled, shall forfeit any examination fees he or she paid.
7. The fee for rescoring a written examination shall be twenty dollars ($20).
8. The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
9. The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).
(b) With regard to all license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

Licensed Professional Clinical Counselors:

§4999.120. FEES
The board shall assess fees for the application for and the issuance and renewal of licenses and for the registration of interns to cover administrative and operating expenses of the board related to this chapter. Fees assessed pursuant to this section shall not exceed the following:
(a) The fee for the application for examination eligibility shall be up to two hundred fifty dollars ($250).
(b) The fee for the application for intern registration shall be up to one hundred fifty dollars ($150).
(c) The fee for the application for licensure shall be up to one hundred eighty dollars ($180).
(d) The fee for the jurisprudence and ethics examination required by Section 4999.54 shall be up to one hundred fifty dollars ($150).
(e) The fee for the examination described in subdivision (b) of Section 4999.54 shall be up to one hundred dollars ($100).
(f) The fee for the written examination shall be up to two hundred fifty dollars ($250).
(g) The fee for the issuance of a license shall be up to two hundred fifty dollars ($250).
(h) The fee for annual renewal of licenses issued pursuant to Section 4999.54 shall be up to one hundred fifty dollars ($150).
(i) The fee to expedite an annual renewal of a license issued pursuant to Section 4999.54 shall be $_____.
(j) The fee for annual renewal of an intern registration shall be up to one hundred fifty dollars ($150).
(k) The fee to expedite an annual renewal of an intern registration shall be $_____.
(l) The fee for two-year renewal of licenses shall be up to two hundred fifty dollars ($250).
(m) The fee to expedite a two-year license renewal shall be $_____.

To: Policy & Advocacy Committee Members  Date: October 1, 2010

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

Subject: Supervision Requirements: Supervision of Licensees

Background

Title 16 of the California Code of Regulations (CCR), Section 1870(a)(3) states the following as one of the conditions for supervising an associate social worker (ASW) registered with the Board:

§1870(a)(3) The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy for at least two (2) years within the last five (5) years immediately preceding supervision.

This raises a potential policy question if the supervisor is a Board licensee who has been overseeing other licensees, but not registrants. In one particular case, a supervisor who is a licensed clinical social worker (LCSW) is overseeing other LCSWs as well as marriage and family therapists (MFTs). In this case, the individual has not practiced psychotherapy for at least two years within the last five years, and has not supervised ASWs or MFT interns (IMF) or trainees who perform psychotherapy for at least two years within the last five years. Therefore, according to Section 1870(a)(3), although the individual supervises LCSWs and MFTs, he is not eligible to supervise ASWs or IMFs. This case is referenced by the National Association of Social Workers (NASW) in the attached letter dated July 30, 2010.

Recommendation

Conduct an open discussion regarding whether there is a substantive difference between the clinical supervision of a licensee and the clinical supervision of an ASW or IMF.

Attachment

Letter from NASW
July 30, 2010

Ms. Roseanne Helms
Board of Behavioral Sciences
1625 North Market Blvd. Suite S200
Sacramento, CA 95834

Dear Ms. Helms:

This is to request that the Board of Behavioral Sciences consider a change in policy regarding the requirements for LCSW supervisors of ASWs and MFT Interns. Currently there seems to be a policy contradiction whereby a BBS licensee can supervise other BBS licensees but not non-licensed BBS registrants. We believe there is no substantive difference in the clinical supervision of a licensee or a non-licensed BBS registrant.

We became aware of this issue last March when the Chief Mental Health Clinician for the San Diego Sheriff's Department, a licensed clinical social worker, brought this to our attention. He supervises licensed LCSWs, LMFTs, and licensed Ph.D. psychologists but cannot supervise unlicensed ASWs or MFT interns.

Given this contradiction and the need for more supervisors as evidenced by the shortage of licensed supervisors for ASWs, we would like the Board to consider amending Section 16 CCR § 1870(a)(3).

We would propose amending the language to the following:

The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees, or licensed clinical social workers or licensed marriage and family therapists who perform psychotherapy for at least two (2) years within the last five (5) years immediately preceding this supervision

Thank you for your consideration.

Sincerely,

Janlee Wong, MSW
Executive Director
To: Policy and Advocacy Committee

From: Tracy Rhine
Assistant Executive Officer

Subject: Limitation on Client Center Advocacy Hours for Marriage and Family Therapist Applicants

Background

In order for an individual to apply for licensure as a Marriage and Family Therapist (MFT), an applicant must obtain a minimum of 3,000 hours of experience during a period of at least 104 weeks. Not less than 1,700 hours of supervised experience may be gained subsequent to the granting of the qualifying degree and not more than 1,300 hours may be obtained prior to completing the degree.

The Board sponsored legislation in 2009 that allowed MFT applicants to earn hours of experience for Client Centered Advocacy (CCA) (Senate Bill 33, Chapter 26, Statutes of 2009). Specifically, the amendments to Business and Professions Code (BPC) Section 4980.43 require an applicant to comply, in part, with the following experience requirements:

\[
BPC \text{ 4980.43(a)(7) Not more than a combined total of 1,250 hours of experience in the following:}
\]

(A) Direct supervisor contact.
(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

\[(i)\text{ Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.}\]

\[(ii)\text{ Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.}\]

(C) Client centered advocacy.

CCA is defined as including, but not limited to, “researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services." (BPC§ 4980.03(h))
Discussion

As the current law is constructed, CCA hours are limited only by the amount of direct supervisor contact hours obtained by an applicant. For example, if an applicant received the minimum number of direct supervisor contact hours for 104 weeks, that individual could potentially receive credit for 1,146 hours of CCA. In practice, this most likely would never occur due to the increased supervision ratio for trainees, however a high number of CCA hours are expected for applicants beginning to gain experience this year and beyond.

For those that begin graduate study after August 1, 2012, a limitation exists for CCA hours gained during required trainee practicum. An applicant may gain up 75 hours of CCA as part of the required 225 hours of face-to-face experience counseling individuals, couples, families, or groups during practicum (BPC §4980.36). For those currently enrolled in a degree program there is no limitation on the gaining of CCA hours before the qualifying degree is conferred.

Licensed Clinical Social Worker (LCSW) statute allows an applicant to gain a maximum of 1,200 hours in CCA of the 3,200 hours of post-degree experience hours required for licensure.

The policy discussion before the Committee is the merits of allowing a large percentage of an MFT applicants experience hours to be gained through activities other than providing psychotherapy or receiving direct supervisor contact. Last year the Board sponsored SB 33 to, among other objectives, integrate more recovery model concepts into MFT licensing law in order to better prepare entry level licensees for work in the public sector. A component of this transition to a more recovery model oriented curriculum is the incorporation of CCA hours.

Recommendation

Have an open discussion on setting limitations on the hours of CCA that may be gained and credited toward MFT licensure requirements. If the Committee finds that a limit on CCA hours is need, direct staff to draft proposed statutory language for board consideration.

Attachment

BPC Section 4980.43
Business and Professions Code 4980.43
(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

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

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

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

(4) Not more than 1,300 hours of supervised experience obtained prior to completing a master's or doctor's degree.

The applicant shall not be credited with more than 750 hours of counseling and direct supervisor contact prior to completing the master's or doctor's degree.

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

(6) No hours of experience gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(7) Not more than a combined total of 1,250 hours of experience in the following:

(A) Direct supervisor contact.

(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

(i) Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.

(ii) Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.

(C) Client centered advocacy.

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

(9) Not more than 250 hours of experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.
(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For the first 150 hours of treating couples and families in conjoint therapy, the applicant shall be credited with two hours of experience for each hour of therapy provided.

(11) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telemedicine in accordance with Section 2290.5.

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

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

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

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

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

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern 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. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.
(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

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

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

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

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

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

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

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

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

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied the requirements of subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

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

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.
(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in their employers' businesses 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.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars ($500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.
To: Policy and Advocacy Committee  
Date: September 20, 2010

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

Subject: Proposed 2010 Omnibus Legislation

Upon review, staff has determined that several sections of the Business and Professions Code (BPC), and one section of the Health and Safety Code (HSC) pertaining to the Board of Behavioral Sciences require amendments. These amendments add clarity and consistency to licensing law.

**Amend BPC Section 4980.03 MFT Intern Supervisors**

*Background:* BPC section 4980.03(g) outlines the requirements a supervisor must meet in order to supervise Marriage and Family Therapist (MFT) interns. Currently, licensed professional clinical counselors (LPCCs) are not included as licensees that may supervise MFT interns. The conforming change for supervision of Associate Social Workers (ASWs) was made in the pending regulatory package.

*Recommendation:* Add licensed professional clinical counselors to the list of licensees listed in section 4980.03(g)(1) which may supervise MFT interns.

**Amend BPC Sections 4980.36, 4980.37, 4980.40.5, and 4999.12 BPPE**

*Background:* BPC sections 4980.36, 4980.37, 4980.40.5, and 4999.12 refer to the Bureau for Private Postsecondary and Vocational Education (BPPVE). As a result of AB 48, Chapter 310, Statutes of 2009, the Bureau for Private Postsecondary Education (BPPE) was created, which replaced the former BPPVE.

*Recommendation:* Correct errant references to BPPVE by amending sections 4980.36, 4980.37, 4980.40.5, and 4999.12 to reflect the Bureau’s new name.

**Amend BPC Section 4980.36 MFT Client Centered Advocacy Hours**

*Background:* BPC section 4980.36(d)(1)(B)(ii) requires that a qualifying degree for licensure include practicum that includes a minimum of 225 hours of face-to-face experience counseling individuals, couples, families or groups, and states that up to 75 of these house may be gained performing client
centered advocacy as defined in section 4980.03. However, client centered advocacy, as defined in section 4980.03, does not consist of face-to-face contact.

**Recommendation:** In order to clarify the type of experience required, staff recommends making the following amendment to section 4980.36 (d)(1)(B):

(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 225 150 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 must be enrolled in a practicum course while counseling clients.

   (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.

   (vi) In addition to the 150 hours required in paragraph (ii), a minimum of 75 hours of either of the following:

   (I) Client centered advocacy, as defined in Section 4980.03; or,

   (II) Face-to-face experience counseling individuals, couples, families, or groups.

**Amend BPC Section 4980.42 Trainee Work Setting**

**Background:** BPC section 4980.42(a) discusses the conditions of a trainee’s services. The section incorrectly references section 4980.43(e), which outlines requirements of work settings for interns. It should reference 4980.43(d), which discusses the requirements of work settings for trainees.

**Recommendation:** Amend section 4980.42(a) to correctly reference 4980.43(d) relating to trainees’ work settings.

**Amend BPC Section 4980.45 and 4996.24; Add BPC Section 4999.455 Supervision of Registrants**

**Limitation**
Background: Last year the Board voted to limit the number of registrants a supervisor can supervise in a private practice setting. Current MFT and LCSW law now limits the number of registrants that a licensed professional in private practice may supervise or employ to two individuals registered either as an MFT intern or an ASW. There is currently no limit on the number of clinical counselor interns that may be supervised in private practice.

Recommendation: In order to apply the supervision policy equally across Board license types, the committee may want to consider applying similar limitations to the supervision of LPCC interns in private practice settings. Based on the current structure, staff has drafted language reflecting a limitation of three registrants for a supervisor in private practice. Additionally, a corporation may currently employ no more than ten individuals registered by the Board at any one time. The committee may want to discuss whether corporations should now be allowed to employ additional individuals.

Below is the section that staff proposes adding to the LPCC code. Conforming changes would also need to be made to sections 4980.45 and 4996.24.

(a) A licensed professional in private practice who has satisfied the requirements of subdivision (h) of Section 4999.12 may supervise or employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.

(b) A professional clinical counselor corporation may employ, at any one time, no more than two individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (h) of Section 4999.12. In no event shall any corporation employ, at any one time, more than 10 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the professional corporation and shall be actively engaged in performing professional services at and for the professional corporation. Employment and supervision within a professional clinical counselor corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

Amend BPC Sections 4982.25, 4989.54, and 4992.36; Add Section 4999.91 Disciplinary Action

Background: Currently sections 4982.25(b) (for MFTs), 4989.54(i) (for LEPs), and 4992.36 (for LCSWs) discuss grounds for denial of application or disciplinary action for unprofessional conduct. Each section lists the various licenses the Board issues and states that actions against any of these licenses constitute grounds for disciplinary action against the license that is the subject of that particular code. However, each code section leaves out action against its own license as grounds for disciplinary conduct.

Additionally, there is no equivalent section in LPCC law stating that action against a Board license or registration constitutes grounds for disciplinary action against an LPCC license or registration.

Recommendation: For consistency, amend sections 4982.25(b), 4989.54(i), and 4992.36 to list all four of the Board’s license types. This would clarify the intention that disciplinary action against any one of the Board’s license types would constitute grounds for disciplinary action against any other of the Board’s licenses if an individual held more than one license with the Board. Staff recommends that section 4999.91 be added to LPCC code to mirror the above listed codes.

The board may deny any application, or may suspend or revoke any license or registration issued under this chapter, for any of the following:
Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory of the United States, or by any other governmental agency, on a license, certificate, or registration to practice clinical social work or any other healing art shall constitute grounds for disciplinary action for unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice clinical social work, professional clinical counseling, marriage and family therapy, or educational psychology shall also constitute grounds for disciplinary action for unprofessional conduct under this chapter.

Amend BPC Section 4990.38 Disciplinary Action Taken by the State of California

Background: BPC section 4990.38 currently allows the Board to deny an application or suspend or revoke a license or application if disciplinary action has been taken by another state, territory or governmental agency against a license, certificate or registration to practice marriage and family therapy, clinical social work, educational psychology or any other healing art.

As written, the code does not allow the Board to deny or suspend a license or application based on disciplinary action taken by the State of California.

Recommendation: Amend section 4990.38 to include disciplinary action taken by the State of California.

Amend BPC Section 4992.3 LCSW Scope of Competence

Background: BPC section 4992.3(m) of the LCSW code states that holding one’s self out as being able to perform any service beyond the scope of one’s license is unprofessional conduct. However, the equivalent code sections in MFT, LEP, and LPCC law state that it is considered unprofessional conduct to perform any professional services beyond the scope of one’s competence.

Recommendation: Amend BPC section 4992.3(m) of the LCSW code to include scope of competence in order to make it consistent with MFT, LEP, and LPCC code.

Amend BPC Section 4996.13 LCSW Work of a Psychosocial Nature

Background: Current law allows certain other professional groups to practice work of a psychosocial nature as long as they don’t hold themselves out to be a LCSW. The professional groups that are allowed to practice social work are listed in section 4996.13. Licensed professional clinical counselors are not included in the list.

Recommendation: Add licensed professional clinical counselors to the list in section 4996.13 of professional groups allowed to practice work of a psychosocial nature.

Add BPC Section 4999.103; Amend HSC Section 128454 LPCC Mental Health Practitioner Education Fund

Background: The Board’s MFT and LCSW licensees and registrants pay an additional $10 biennial fee upon renewal of their license to support the Mental Health Practitioner Education Fund. This funds a grant program allowing licensed mental health service providers who provides direct patient care in a publicly funded facility or a mental health professional shortage area, under certain conditions, to receive reimbursement on educational loans.

LPCCs and clinical counselor interns are not currently subject to this fee, and are also not currently included in the list of eligible licensed mental health service providers listed in HSC section 128454(b)(1).
Recommendation: Add BPC Section 4999.103 to the LPCC code. With the addition of this section LPCCs and clinical counselor interns would be required to pay an additional $10 fee upon renewal, which would be deposited in the Mental Health Practitioner Education Fund. Amend HSC section 128454(b)(1) to include LPCCs and clinical counselor interns so that they are eligible for the program.

In addition to the fees charged pursuant to Section 4999.102 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars ($10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.

Amend BPC Section 4999.120 LPCC Fees

Background: Section 4999.120 sets the various fees charged to LPCCs. This section does not currently set fees for rescoring of an examination, the issuance of a replacement registration, or for a certificate or letter of good standing. These fees exist in MFT, LCSW and LEP code and these services will be required of the Board in licensing LPCCs.

Recommendation: Amend section 4999.120 of the LPCC code to set fees for rescoring of an examination, the issuance of a replacement registration, and for a certificate or letter of good standing.

ATTACHMENT: Proposed language
§4980.03. (a) "Board," as used in this chapter, means the Board of Behavioral Sciences.  
(b) "Intern," as used in this chapter, means 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.  
(c) "Trainee," as used in this chapter, means 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.  
(d) "Applicant," as used in this chapter, means an unlicensed person who has completed a master's or doctoral degree program, as specified in Section 4980.36 and 4980.37, and whose application for registration as an intern is pending, or an unlicensed person who has completed the requirements for licensure as specified in this chapter, is no longer registered with the board as an intern, and is currently in the examination process.  
(e) "Advertise," as used in this chapter, includes, but is not limited to, any public communication, as defined in subdivision (a) of Section 651, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.  
(f) "Experience," as used in this chapter, means experience in interpersonal relationships, psychotherapy, marriage and family therapy, and professional enrichment activities that satisfies the requirement for licensure as a marriage and family therapist pursuant to Section 4980.40.  
(g) "Supervisor," as used in this chapter, means an individual who meets all of the following requirements:  
1) Has been licensed by a state regulatory agency for at least two years as a marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, licensed psychologist, or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology.  
2) Has not provided therapeutic services to the trainee or intern.  
3) Has a current and valid license that is not under suspension or probation.  
4) Complies with supervision requirements established by this chapter and by board regulations.  
(h) "Client centered advocacy," as used in this chapter, includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

§4980.36  
(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, couple 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.
   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 must be enrolled in a practicum course while counseling clients.

(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.

(vi) In addition to the 150 hours required in paragraph (ii), a minimum of 75 hours of either of the following:

(I) Client centered advocacy, as defined in Section 4980.03; or,

(II) Face-to-face experience counseling individuals, couples, families, or groups.

(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.
§4980.37.

(a) This section shall apply to applicants for licensure or registration who begin graduate study before August 1, 2012, and complete that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4980.36.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional accrediting agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary and Vocational Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval. In order to qualify for licensure pursuant to this section, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. This instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment. The coursework shall include all of the following areas:

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

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

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

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

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.
(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

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

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

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

1. Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.
2. Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.
3. Train students specifically in the application of marriage and family relationship counseling principles and methods.
4. Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
5. Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.
6. Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.
7. Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

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

§4980.42.

(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." 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.

(b) 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.

§4980.40.5.
(a) A doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, couple 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 as of June 30, 2007, shall be considered by the board to meet the requirements necessary for licensure as a marriage and family therapist and for registration as a marriage and family therapist intern provided that the degree is conferred on or before July 1, 2010.

(b) As an alternative to meeting the qualifications specified in subdivision (a) of Section 4980.40, the board shall accept as equivalent degrees those doctor's or master's degrees that otherwise meet the requirements of this chapter and are conferred by educational institutions accredited by any of the following associations:

1) Northwest Association of Secondary and Higher Schools.
2) Middle States Association of Colleges and Secondary Schools.
3) New England Association of Schools and Colleges.
5) Southern Association of Colleges and Schools.

(c) If legislation enacted in the 2007-08 Regular Session reestablishes the Private Postsecondary and Vocational Education Reform Act of 1989 (Chapter 7 (commencing with Section 94700) of Part 59 of Division 10 of Title 3 of the Education Code) or a successor act and the Bureau for Private Postsecondary and Vocational Education or a successor agency, this section shall become inoperative on the date that legislation becomes operative. The board shall post notice on its Internet Web site if the conditions described in this subdivision have been satisfied.

§4980.45.
(a) A licensed professional in private practice who has satisfied the requirements of subdivision (g) of Section 4980.03 may supervise or employ, at any one time, no more than a total of two three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.

(b) A marriage and family therapy corporation may employ, at any one time, no more than two three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (g) of Section 4980.03. In no event shall any corporation employ, at any one time, more than 10 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than two three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the
professional corporation and shall be actively engaged in performing professional services at
and for the professional corporation. Employment and supervision within a marriage and family
therapy corporation shall be subject to all laws and regulations governing experience and
supervision gained in a private practice setting.

§4982.25.
The board may deny any application, or may suspend or revoke any license or registration
issued under this chapter, for any of the following:
(a) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action
imposed by another state or territory or possession of the United States, or by any other
governmental agency, on a license, certificate, or registration to practice marriage and
family therapy, or any other healing art, shall constitute unprofessional conduct. A
certified copy of the disciplinary action decision or judgment shall be conclusive
evidence of that action.
(b) Revocation, suspension, or restriction by the board of a license, certificate, or
registration to practice as a marriage and family therapist, professional clinical
counselor, clinical social worker or educational psychologist shall also constitute grounds
for disciplinary action for unprofessional conduct against the licensee or registrant under
this chapter.

§4989.54.
The board may deny a license or may suspend or revoke the license of a licensee if he or she
has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to,
the following:
(a) Conviction of a crime substantially related to the qualifications, functions and duties of an
educational psychologist.
   1. The record of conviction shall be conclusive evidence only of the fact that the
      conviction occurred.
   2. The board may inquire into the circumstances surrounding the commission of the
      crime in order to fix the degree of discipline or to determine if the conviction is
      substantially related to the qualifications, functions, or duties of a licensee under
      this chapter.
   3. A plea or verdict of guilty or a conviction following a plea of nolo contendere
      made to a charge substantially related to the qualifications, functions, or duties of a licensee under
      this chapter shall be deemed to be a conviction within the
      meaning of this section.
   4. The board may order a license suspended or revoked, or may decline to issue a
      license when the time for appeal has elapsed, or the judgment of conviction has
      been affirmed on appeal, or when an order granting probation is made
      suspending the imposition of sentence, irrespective of a subsequent order under
      Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty
      and enter a plea of not guilty or setting aside the verdict of guilty or dismissing
      the accusation, information, or indictment.
(b) Securing a license by fraud, deceit, or misrepresentation on an application for licensure
submitted to the board, whether engaged in by an applicant for a license or by a licensee
in support of an application for licensure.
(c) Administering to himself or herself a controlled substance or using any of the dangerous
drugs specified in Section 4022 or an alcoholic beverage to the extent, or in a manner,
as to be dangerous or injurious to himself or herself or to any other person or to the
public or to the extent that the use impairs his or her ability to safely perform the functions authorized by the license. The board shall deny an application for a license or revoke the license of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing educational psychology.

(d) Failure to comply with the consent provisions in Section 2290.5.
(e) Advertising in a manner that is false, misleading, or deceptive, as defined in Section 651.
(f) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.
(g) Commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee.
(h) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory or possession of the United States or by any other governmental agency, on a license, certificate, or registration to practice educational psychology or any other healing art. A certified copy of the disciplinary action, decision, or judgment shall be conclusive evidence of that action.
(i) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as an educational psychologist, a professional clinical counselor, a clinical social worker or a marriage and family therapist.
(j) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.
(k) Gross negligence or incompetence in the practice of educational psychology.
(l) Misrepresentation as to the type or status of a license held by the licensee or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity.
(m) Intentionally or recklessly causing physical or emotional harm to any client.
(n) Engaging in sexual relations with a client or a former client within two years following termination of professional services, soliciting sexual relations with a client, or committing an act of sexual abuse or sexual misconduct with a client or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a licensed educational psychologist.
(o) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services or the basis upon which that fee will be computed.
(p) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients.
(q) Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.
(r) Performing, holding himself or herself out as being able to perform, or offering to perform any professional services beyond the scope of the license authorized by this chapter or beyond his or her field or fields of competence as established by his or her education, training, or experience.
(s) Reproducing or describing in public, or in any publication subject to general public distribution, any psychological test or other assessment device the value of which depends in whole or in part on the naivete of the subject in ways that might invalidate the test or device. An educational psychologist shall limit access to the test or device to persons with professional interests who can be expected to safeguard its use.
(t) Aiding or abetting an unlicensed person to engage in conduct requiring a license under this chapter.
(u) When employed by another person or agency, encouraging, either orally or in writing, the employer's or agency's clientele to utilize his or her private practice for further counseling without the approval of the employing agency or administration.

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

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

(x) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(y) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(z) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

(aa) Impersonation of another by any licensee or applicant for a license, or, in the case of a licensee, allowing any other person to use his or her license.

(ab) Permitting a person under his or her supervision or control to perform, or permitting that person to hold himself or herself out as competent to perform, professional services beyond the level of education, training, or experience of that person.

§4990.38.
The board may deny an application or may suspend or revoke a license or registration issued under the chapters it administers and enforces for any disciplinary action imposed by this state, or another state or territory or possession of the United States, or by a governmental agency on a license, certificate or registration to practice marriage and family therapy, clinical social work, educational psychology or any other healing art. The disciplinary action, which may include denial of licensure or revocation or suspension of the license or imposition of restrictions on it, constitutes unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

§4992.3.
The board may deny a license or a registration, or may suspend or revoke the license or registration of a licensee or registrant if he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances
surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter is a conviction within the meaning of this section. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using any of the dangerous drugs specified in Section 4022 or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person who uses or offers to use drugs in the course of performing clinical social work. This provision does not apply to any person also licensed as a physician and surgeon under Chapter 5 (commencing with Section 2000) or the Osteopathic Act who lawfully prescribes drugs to a patient under his or her care.

(d) Incompetence in the performance of clinical social work.

(e) An act or omission that falls sufficiently below the standard of conduct of the profession as to constitute an act of gross negligence.

(f) Violating, attempting to violate, or conspiring to violate this chapter or any regulation adopted by the board.

(g) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity. For purposes of this subdivision, this misrepresentation includes, but is not limited to, misrepresentation of the person’s qualifications as an adoption service provider pursuant to Section 8502 of the Family Code.

(h) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee, allowing any other person to use his or her license or registration.

(i) Aiding or abetting any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(j) Intentionally or recklessly causing physical or emotional harm to any client.

(k) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(l) Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a clinical social worker.
Performing, or holding oneself 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.

Performing or holding oneself 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 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.

Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.

Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (o).

Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device. A licensee shall limit access to that test or device to persons with professional interest who are expected to safeguard its use.

Any conduct in the supervision of any registered associate clinical social worker, intern, or trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

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

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

Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

Failure to comply with Section 2290.5.

(1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to
refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(2) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

§4992.36. The board may deny any application, or may suspend or revoke any license or registration issued under this chapter, for any of the following:

(a) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory of the United States, or by any other governmental agency, on a license, certificate, or registration to practice clinical social work or any other healing art shall constitute grounds for disciplinary action for unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

(b) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice clinical social work, professional clinical counseling, marriage and family therapy, or educational psychology against a licensee or registrant shall also constitute grounds for disciplinary action for unprofessional conduct under this chapter.

§4996.13. Nothing in this article shall prevent qualified members of other professional groups from doing work of a psychosocial nature consistent with the standards and ethics of their respective professions. However, they shall not hold themselves out to the public by any title or description of services incorporating the words psychosocial, or clinical social worker, or that they shall not state or imply that they are licensed to practice clinical social work. These qualified members of other professional groups include, but are not limited to, the following:

(a) A physician and surgeon certified pursuant to Chapter 5 (commencing with Section 2000).

(b) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(c) Members of the State Bar of California.

(d) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980).

(e) Licensed professional clinical counselors pursuant to Chapter 16 (commencing with Section 4999.10).

(f) A priest, rabbi, or minister of the gospel of any religious denomination.

§4996.24. (a) A licensee in private practice who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations may supervise or employ, at any one time, no more than a total of two three individuals registered as either a marriage and family
(b) A licensed clinical social workers' corporation may employ, at any one time, no more than a total of two three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations.

(c) In no event shall any corporation employ, at any one time, more than a total of 10 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than a total of two three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the professional corporation and shall be actively engaged in performing professional services at and for the professional corporation. Employment and supervision within the licensed clinical social workers’ corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

§4999.12.

For purposes of this chapter, the following terms have the following meanings:

(a) “Board” means the Board of Behavioral Sciences.

(b) “Accredited” means a school, college, or university accredited by the Western Association of Schools and Colleges, or its equivalent regional accrediting association.

(c) “Approved” means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary and Vocational Education at the time of the applicant's graduation from the school, college, or university.

(d) “Applicant” means an unlicensed person who has completed a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, and whose application for registration as an intern is pending or who has applied for examination eligibility, or an unlicensed person who has completed the requirements for licensure specified in this chapter and is no longer registered with the board as an intern.

(e) “Licensed professional clinical counselor” or “LPCC” means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.

(f) “Intern” means an unlicensed person who meets the requirements of Section 4999.42 and is registered with the board.
(g) “Clinical counselor trainee” means an unlicensed person who is currently enrolled in a master's or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, 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.

(h) “Approved supervisor” means an individual who meets the following requirements:
   (1) Has documented two years of clinical experience as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical psychologist, licensed clinical social worker, or licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.
   (2) Has received professional training in supervision
   (3) Has not provided therapeutic services to the clinical counselor trainee or intern.
   (4) Has a current and valid license that is not under suspension or probation.

(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) “Advertising” or “advertise” includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(k) “Referral” means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) “Research” means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) “Supervision” includes the following:
   (1) Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised.
   (2) Reviewing client or patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the clinical counselor trainee.
   (3) Monitoring and evaluating the ability of the intern or clinical counselor trainee to provide services to the particular clientele at the site or sites where he or she will be practicing.
   (4) Ensuring compliance with laws and regulations governing the practice of licensed professional clinical counseling.
   (5) That amount of direct observation, or review of audio or videotapes of counseling or therapy, as deemed appropriate by the supervisor.
§4999.91. The board may deny any application, or may suspend or revoke any license or registration issued under this chapter, for any of the following:

(a) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory of the United States, or by any other governmental agency, on a license, certificate, or registration to practice clinical social work or any other healing art shall constitute grounds for disciplinary action for unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

(b) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice clinical social work, professional clinical counseling, marriage and family therapy, or educational psychology shall also constitute grounds for disciplinary action for unprofessional conduct under this chapter.

§4999.103 In addition to the fees charged pursuant to Section 4999.102 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars ($10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.

§4999.120. The board shall assess fees for the application for and the issuance and renewal of licenses and for the registration of interns to cover administrative and operating expenses of the board related to this chapter. Fees assessed pursuant to this section shall not exceed the following:

(a) The fee for the application for examination eligibility shall be up to two hundred fifty dollars ($250).

(b) The fee for the application for intern registration shall be up to one hundred fifty dollars ($150).

(c) The fee for the application for licensure shall be up to one hundred eighty dollars ($180).

(d) The fee for the jurisprudence and ethics examination required by Section 4999.54 shall be up to one hundred dollars ($100).

(e) The fee for the examination described in subdivision (b) of Section 4999.54 shall be up to one hundred fifty dollars ($150).

(f) The fee for the written examination shall be up to two hundred fifty dollars ($250).

(g) The fee for the issuance of a license shall be up to two hundred fifty dollars ($250).

(h) The fee for annual renewal of licenses issued pursuant to Section 4999.54 shall be up to one hundred fifty dollars ($150).

(i) The fee for annual renewal of an intern registration shall be up to one hundred fifty dollars ($150).

(j) The fee for two-year renewal of licenses shall be up to two hundred fifty dollars ($250).

(k) The fee for rescoring an examination shall be twenty dollars ($20).

(l) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).

(m) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).
§4999.455.
(a) A licensed professional in private practice who has satisfied the requirements of subdivision (h) of Section 4999.12 may supervise or employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.
(b) A professional clinical counselor corporation may employ, at any one time, no more than three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (h) of Section 4999.12. In no event shall any corporation employ, at any one time, more than 10 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than two individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the professional corporation and shall be actively engaged in performing professional services at and for the professional corporation. Employment and supervision within a professional clinical counselor corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.
§128454. (a) There is hereby created the Licensed Mental Health Service Provider Education Program within the Health Professions Education Foundation.
(b) For purposes of this article, the following definitions shall apply:
   (1) "Licensed mental health service provider" means a psychologist licensed by the Board of Psychology, registered psychologist, postdoctoral psychological assistant, postdoctoral psychology trainee employed in an exempt setting pursuant to Section 2910 of the Business and Professions Code, or employed pursuant to a State Department of Mental Health waiver pursuant to Section 5751.2 of the Welfare and Institutions Code, marriage and family therapist, marriage and family therapist intern, licensed clinical social worker, and associate clinical social worker, licensed professional clinical counselor, and clinical counselor intern.
   (2) "Mental health professional shortage area" means an area designated as such by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services.
(c) Commencing January 1, 2005, any licensed mental health service provider, including a mental health service provider who is employed at a publicly funded mental health facility or a public or nonprofit private mental health facility that contracts with a county mental health entity or facility to provide mental health services, who provides direct patient care in a publicly funded facility or a mental health professional shortage area may apply for grants under the program to reimburse his or her educational loans related to a career as a licensed mental health service provider.
(d) The Health Professions Education Foundation shall make recommendations to the director of the office concerning all of the following:
   (1) A standard contractual agreement to be signed by the director and any licensed mental health service provider who is serving in a publicly funded facility or a mental health professional shortage area that would require the licensed mental health service provider who receives a grant under the program to work in the publicly funded facility or a mental health professional shortage area for at least one year.
   (2) The maximum allowable total grant amount per individual licensed mental health service provider.
   (3) The maximum allowable annual grant amount per individual licensed mental health service provider.
(e) The Health Professions Education Foundation shall develop the program, which shall comply with all of the following requirements:
   (1) The total amount of grants under the program per individual
licensed mental health service provider shall not exceed the amount of educational loans related to a career as a licensed mental health service provider incurred by that provider.

(2) The program shall keep the fees from the different licensed providers separate to ensure that all grants are funded by those fees collected from the corresponding licensed provider groups.

(3) A loan forgiveness grant may be provided in installments proportionate to the amount of the service obligation that has been completed.

(4) The number of persons who may be considered for the program shall be limited by the funds made available pursuant to Section 128458.
To: Policy & Advocacy Committee Members

From: Rosanne Helms
Legislative/Regulatory Analyst

Subject: Review of Board Sponsored and Monitored Legislation

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BOARD-SPONSORED LEGISLATION

CHAPTERED BILLS

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.
**Chapter 653, Statutes of 2010**

**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.

**Chapter 548, Statutes of 2010**

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**BOARD-SUPPORTED LEGISLATION**

**CHAPTERED BILLS**

**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.

**Chapter 540, Statutes of 2010**

**AB 2086 (Coto) Publication of License Examination Passage Rates**

This proposal originally required 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 would 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.

This legislation was later amended to only require exam passage rates for undergraduate programs be posted on the internet. As the Board’s registrants are graduating from graduate programs, this legislation no longer applies to the Board.

**Chapter 248, Statutes of 2010**

**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:

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.

Chapter 546, Statutes of 2010

**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.

Chapter 464, Statutes of 2010

**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.

Chapter 95, Statutes of 2010

**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.

Chapter 123, Statutes of 2010

**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. The changes requested by the Board were made in a subsequent amendment.

Chapter 552, Statutes of 2010

**SB 294 (Negrete McLeod) Professions and Vocations: Regulation**

This bill would change the Board’s sunset date from January 1, 2011 to January 1, 2013. The Board adopted a position of “support” on this legislation at its meeting on July 28, 2010.

**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.

Chapter 517, Statutes of 2010

**BILLS THAT FAILED PASSAGE**

**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:

- 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.
- Birth date and place of birth.
- Sex.
- 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.

BOARD MONITORED LEGISLATION

CHAPTERED BILLS

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, pays a registration fee, 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.

This bill was later amended to require practitioners licensed in another state to register with the applicable California healing arts board, and to pay a fee to that board for registration. However, the bill still includes the Board of Behavioral Sciences in its scope.
**Chapter 270, Statutes of 2010**

**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.

**Chapter 503, Statutes of 2010**

**BILLS THAT FAILED PASSAGE**

**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.

**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.

**SB 686/SB 1203 Alcohol and Other Drug Counselor Licensing and Certification**

These proposals would allow the State Department of Alcohol and Drug Programs to license or certify alcohol and other drug counselors under three different levels of practitioner. At its meeting on July 28, 2010, the Board voted to take no position on SB 686. SB 1203 was introduced on August 20, 2010 as a gut and amend bill, and made minor changes to the language in SB 686.

**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.

Updated: October 1, 2010.
To: Policy & Advocacy Committee Members

From: Rosanne Helms
Legislative/Regulatory Analyst

Subject: Rulemaking Update

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**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, 1832, 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 September 1, 2010 meeting. The rulemaking package has been submitted to the Department of Consumer Affairs (DCA) for review. Once approved by DCA, it will be submitted to the State and Consumer Services Agency, Department of Finance, and the Office of Administrative Law.

*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 will address this rulemaking proposal in early 2011.