BOARD MEETING NOTICE

November 4-5, 2010

Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Blvd
Sacramento, CA  95834

November 4th
8:30 a.m.

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

I. Introductions

II. Approval of the July 28, 2010 Board Meeting Minutes

III. Approval of the September 1, 2010 Board Meeting Minutes

IV. Approval of the September 9, 2010 Board Meeting Minutes

V. Approval of June 8, 2009 Licensed Clinical Social Worker Education Committee Minutes

VI. Chairperson’s Report
   a. 2011 Board and Committee Meeting Dates

VII. Executive Officer’s Report
   a. Budget Report
   b. Operations Report
   c. Personnel Update
   d. Licensed Professional Clinical Counselor Update
   e. Strategic Plan Update

VIII. Department of Consumer Affairs Update

IX. Licensing and Examination Committee Report
   a. Discussion and Possible Action to Sponsor Legislation to Revise the Board’s Examination Process for Marriage and Family Therapists and Clinical Social Workers
   b. Discussion and Possible Action Regarding the National Counselor Examination and the National Clinical Mental Health Counselor Examination

X. Discussion and Possible Action Regarding the Possible Use of the Association of Social Work Boards Clinical Licensure Examination in California
XI. Policy and Advocacy Committee Report  
   a. Discussion and Possible Legislative Action Regarding Limiting Hours of Client Centered Advocacy Performed by Marriage and Family Therapy Interns and Trainees  
   b. 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  
   c. Legislative Update  
   d. Rulemaking Update  

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

XIII. Compliance and Enforcement Committee Report  

XIV. Board Member Ethics Presentation by Gary Duke, Senior Legal Counsel  

November 5th  
8:30 a.m.  

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

XV. Introductions  
   a. Petition for Early Termination of Probation, Patricia Kathleen Walker, MFC 27583  

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

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

XVII. Pursuant to Government Code Section 11126(e)(1) the Board Will Confer With Legal Counsel to Discuss Pending Litigation:  
   California Association of Marriage and Family Therapists, a California Non-Profit Mutual Benefit Corporation vs. Board of Behavioral Sciences, Case Number 34-2010-80000689, Sacramento Superior Court  

FULL BOARD OPEN SESSION  

XVIII. Mental Health Services Act Report  
   a. Presentation on the Mental Health Services Act, SB 33 and LPCC’s: A View from the Ground Level by Rita Downs, M.Ed., MPA, Director, Calaveras County Behavioral Health Services, and Laurie Sundholm, Older Adult Community Services Liaison and Consumer
XIX. Master’s Thesis Presentation on BBS Licensing Process Success Factors, by Sean O’Connor

XX. Suggestions for Future Agenda Items

XXI. Public Comment for Items Not on the Agenda

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

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

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Marsha Gove at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7861, no later than one week prior to the meeting. If you have any questions, please contact the Board at 916-574-7830.
Members Present
Renee Lonner, Chair, LCSW Member
Jan Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Mona Foster, Public Member
Judy Johnson, LEP Member
Patricia Lock-Dawson, Public Member
Michael Webb, MFT Member
Christine Wietlisbach, Public Member

Members Absent
Samara Ashley, Public Member
Harry Douglas, Public Member
Elise Froistad, Vice Chair, MFT Member

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

Guest List
On file

FULL BOARD OPEN SESSION

I. Introductions

Renee Lonner, Board Chair, called the meeting to order at 9:09 a.m.

Marsha Gove called roll, and a quorum was established.

II. Petition for Modification of Probation Terms

(The Board moved ahead to the next open agenda item, #7 (VII), to allow an opportunity for the required court reporter to arrive. The Board returned to this agenda item and the petitions were presented beginning approximately 9:24 a.m.)

a. William Clapham, MFC 22115
b. Dayle Conroy, LCS 19107
FULL BOARD CLOSED SESSION – Call to Order and Establishment of Quorum

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

The Board discussed and took action on disciplinary matters.

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

V. Pursuant to Government Code Section 11126(c)(1) Regarding Possible Use of the National Board of Certified Counselors for Licensure in California

VI. Pursuant to Government Code Section 11126(c)(1) Regarding the Assessment of the Association of Social Work Boards Clinical Licensure Exam for Possible Use in California.

The full board closed session ended at approximately 1:47 p.m.

FULL BOARD OPEN SESSION

Marsha Gove called roll, and a quorum was established.

VII. Approval of the May 6-7, 2010 Board Meeting Minutes

Kim Madsen, Executive Officer, noted a correction to page 1 of the May 6, 2010 minutes; specifically, the last name of Pepperdine University staff Kathleen Wenger was misspelled.

Dr. Tracy Montez, Applied Measurement Services, LLC, noted that on page 28, Ben Caldwell is more appropriately referred to as “Dr.”

Tracy Rhine, Assistant Executive Officer, noted that on pages 23 and 25, tape/time references should be deleted.

Christine Wietlisbach moved to approve the minutes with the noted corrections. Gordonna DiGiorgio seconded. The Board voted unanimously (8-0) to adopt the minutes as amended.

VIII. Approval of the June 28, 2010 Board Meeting Minutes

Judy Johnson moved to approve the minutes of the June 28, 2010 Board Meeting. Michael Webb seconded. The Board voted unanimously (8-0) to adopt the minutes.
IX. Chairperson’s Report

Ms. Lonner reported that both she and Elise Froistad, MFT Member, had recently been reappointed to the Board. Ms. Lonner also noted that the previous day had been a training day for the board members and executive officers from all boards within the Department of Consumer Affairs (DCA). Ms. Lonner described the DCA-sponsored training as pertaining to “board governance.” She noted that of particular interest to her was the opportunity to meet and exchange information with individuals from other boards. Ms. Lonner indicated there would be monthly conference calls involving board chairs, executive officers, and some staff, of the healing arts boards. She expressed that the calls appeared to be an effort to provide resources and accessibility to the boards.

X. Executive Officer’s Report

(Ms. Madsen noted that her report was being deferred until later on the agenda.)

a. Budget Report

Ms. Madsen provided an update regarding the Board’s budget, noting areas in which the Board had been directed to achieve reductions despite being a self-funded agency. Despite those circumstances, she noted that the Board’s budget for fiscal year 2009/2010 reflected an unexpended amount of $56,000. Ms. Madsen also noted that the Mental Health Services Act (MHSA) budget also reflected an unexpended reserve of approximately $37,000.

Ms. Madsen responded to questions from Board Members regarding the budget.

b. Operations Report

Ms. Madsen provided quarterly statistical information, as of June 30, 2010, pertaining to the Board’s operations in the areas of cashiering, enforcement, licensing, examination, and customer satisfaction.

c. Personnel Update

Ms. Madsen noted that no new employees had been hired since the last Board Meeting. She reported that two staff had accepted positions outside the Board. She indicated that the Board is currently recruiting to fill the two vacancies.

d. Board Outreach Report

Ms. Madsen reported on the outreach events conducted during fiscal year 2009/2010, as well as other meetings and conferences that provided the Board with an opportunity to discuss BBS regulatory issues and the trends for the MFT profession throughout the state.
e. Mental Health Services Act Coordinator’s Report

Christy Berger, Mental Health Services Act (MHSA) Coordinator, provided an update of program activities for the period January through June, 2010. She also provided the MHSA 5-Year Workforce Education and Training Plan. A brief discussion ensued, with Ms. Berger responding to questions and Ms. Madsen providing comment.

XI. Licensing and Examination Committee Report

(Following completion of the Closed Session, the Board resumed its Open Session at approximately 1:47 p.m.)

a. Discussion and Possible Action Regarding the Licensed Professional Clinical Counselor Gap Examination

Ms. Rhine reported that the Licensed Professional Clinical Counselor (LPCC) statute provides for a grand-parenting period. During this time there are two avenues candidates can use to obtain LPCC licensure. One approach is specifically for individuals who are currently licensed by the Board as LCSWs or MFTs.

Ms. Rhine noted that part of the requirement in statute was for the Board to develop an examination for licensees if there was found to be a gap or differences between the practices of LPCC and MFT, and LPCC and LCSW. The issue was discussed at the May 2010 board meeting, with Dr. Tracy Montez, Applied Measurement Services, LLC, discussing the findings from her audit of the practices. The recommendation to the Board at that time was to not require an examination in that one was not necessary. This finding was based on the fact that the differences found between the professions were not significant. Subsequently, the Board was contacted by AAMFT – CA, requesting the Board to again review the statute that requires the Board to develop a grand-parenting exam.

Ms. Rhine referred meeting participants to the pertinent section of statute, cited in her report. She stated that when the issue of an LPCC grand-parenting examination was discussed at the May 2010 Board Meeting, staff interpretation of the statute allowed the Board discretion in determining the need for an examination. Staff at that time was of the understanding that any differences between the professions had to be significant. Ms. Rhine stated that a “plain” reading of the statute seemed to indicate that there is not much discretion allowed. She noted that the statute indicated the Board “shall” develop an examination if any differences exist.

It was announced that Dr. Montez was at the meeting to discuss the differences she found between the LPCC and MFT and LCSW professions, and what led to the recommendation she made at that time regarding the need for a gap examination.

Dr. Montez reported that her analysis included review of numerous documents, interview of LPCCs practicing outside of California, interview of individuals licensed out-of-state as LPCCs but practicing as MFTs within California. Also evaluated were the examination plans based on the occupational analyses of the MFT and LCSW professions, and the national evaluation of the LPCC profession. Differences were
found in terms of entry level expectations of various competencies, centering on career counseling, use of different types of testing and appraisal, and research methodologies. Dr. Montez indicated that in her evaluation recommendation to the Board, she stated that it was her determination and that of the subject matter experts that the differences did not appear to be concerned with public health and safety and therefore moving forward with a gap examination could possibly be viewed as an impediment to the grand-parenting process as well as the fiscal concerns associated with the development of the examination. The recommendation made for the grand-parenting group was that the differences were not significant and therefore an examination was not recommended.

Ms. Rhine noted that the Board is presently being asked to discuss the need for a gap exam for the grand-parenting population, taking into consideration the letter from AAMFT and the current information provided by staff.

Patricia Lock-Dawson, Public Member, noted that the statutory language does not seem to give the Board a choice, but rather mandates that some type of examination be offered. James Maynard, Legal Counsel to the Board, agreed. Ms. Lock-Dawson asked how the Board would proceed if the consensus is that the gap examination is required. Ms. Rhine responded that if the Board decided to move forward with the examination, the motion would be to direct staff to begin working with the Office of Professional Examination Services (OPES) and Dr. Montez to develop the gap examination.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), stated that CAMFT had just learned of the Board’s intent, which she noted appeared to be a foregone conclusion. She asked that the Board reconsider and take into account the input of stakeholders other than AAMFT – CA. Ms. Riemersma noted that none of the Board members present at the meeting that day were a part of the discussions that occurred when the bill for LPCCs was being negotiated the previous year. She indicated the previous executive officer, Paul Riches, carefully went through the scopes of practice for the MFT and LCSW disciplines, and for LPCCs. Ms. Riemersma indicated it was Mr. Riches’ determination that the practices of the three professions, based upon the scopes of practice of each of the disciplines, was delivering the same service. She indicated that each profession has a different genesis, each is unique, each has its own theoretical underpinnings, each has its own philosophy, but ultimately what are delivered by each are mental health services. Ms. Riemersma commented that, at that time, it was clearly Mr. Riches’ opinion that testing was not warranted because the services that are ultimately being delivered and what the public is receiving is the same service, just delivered in different ways.

Ms. Riemersma noted that when the Board meeting materials were received, she sent an e-mail to the Board’s Executive Officer, Kim Madsen, and to Tracy Rhine, Assistant Executive Officer, about this issue. She read the e-mail to the Board, as follows:

“We just received the materials for the upcoming BBS meeting, and I am totally dismayed by the conclusions reached by Tracy with regard to a possible examination to grand-parent MFTs and Clinical Social Workers. We totally disagree with AAMFT of California’s request and Tracy’s premature conclusion. The gap analysis was to
look at the practice of the professions, not the education, not the philosophy, not the theoretical underpinnings, and not the experience. The services they deliver are the same service. That is the practice of the professions. There is nothing that LPCCs can do that MFTs and Clinical Social Workers cannot do, even though we may come about it from differing perspectives. And while looking at Dr. Montez’ report it may have some flaws, her firm is also not the Office of Professional Examination Services, which the law does reference. We believe that her conclusion originally was the appropriate and correct conclusion. And we will be taking a very firm position in opposition to Tracy -- Rhine, that is -- Tracy Rhine’s conclusion and recommendation.”

Ms. Riemersma concluded by expressing that CAMFT feels very strongly that the only significant difference that one can point to is career counseling. She added that career counseling is not mental health counseling or therapy, but rather is a non-regulated activity. She stated that if the Board’s job is to ensure public protection, there is clearly nothing there that can be tested that can assure public protection any more than the tests that have already been administered. Ms. Riemersma voiced CAMFT’s request that the Board reconsider the position that it seems to be moving toward.

Ms. Madsen commented, with respect to the reference to OPES, that when the decision was made to conduct an analysis of the three professions, OPES was first contacted because the law required working with that office to do the analysis. At that time, OPES was unable to offer the assistance sought by the Board, due to workload and budget constraints. Dr. Montez was contacted at that time and her services engaged via contract to conduct the gap analysis. Ms. Madsen confirmed that at that time the direction was to look at significant differences, because the belief was that the significance of the dissimilarities was the important issue.

Michael Webb, MFT member, asked Ben Caldwell, AAMFT-CA, to speak about what AAMFT perceived the differences to be between the practices of the LCSW, MFT, and LPCC professions. Dr. Caldwell responded that he could provide AAMFT’s opinion about those differences, but noted that said opinion was less relevant than the recommendations the Board has already adopted and the findings that have come from Dr. Montez indicating there are differences in the professions. He stated the position that those findings seemed to match with the legislative intent language referenced in the AAMFT correspondence. He commented that Ms. Riemersma had made reference to the negotiations surrounding the legislation. He noted that the section of the bill under discussion was probably the most difficult on which to reach agreement. He expressed AAMFT’s position that there are distinctive elements of practice, related to the “lens” referenced by Ms. Riemersma, in addition to the education and training referenced by Dr. Montez. The interested parties engaged in lengthy discussion because AAMFT wanted to make absolutely certain that it was clear in the legislation that when speaking about the practices of LPCC and MFT, it is the opinion of AAMFT-CA they are not the same thing. Dr. Caldwell indicated AAMFT wanted to ensure the legislation was clear in that regard. He noted that in addition to AAMFT, there were lawmakers involved in the process who had said essentially that they would oppose the legislation unless there is a clear distinction present, because absent the presence of a distinction, there is no need for a new license.
Mr. Webb asked Dr. Caldwell to elaborate on the clear distinctions he mentioned. Dr. Caldwell responded that if you look at the lenses through which the professions are approached, clinical counseling was born from an educational and developmental type framework. The focus tends to be on providing individual services through that framework. MFTs originated through systemic services geared toward the severely mentally ill.

Dr. Montez commented that she wanted it to be clear that in her evaluation she did not look only at the training and education, but also the practice. She noted the occupational analysis and exam plans had been used. Dr. Montez asserted her report does acknowledge the professions as being individual and having their own identity and practice. She referred to the intent of the contracted services, which she described as questioning whether the differences were significant enough to warrant a test to assess competencies for health and safety. Also considered were the questions of what that test potentially add an impediment to licensure to two existing groups of currently licensed and practicing clinicians in good standing, and what kind of fiscal impact would such an examination have on the Board. Dr. Montez expressed the belief that the Board recognized and respected the independence of the professions. However, in terms of grand-parenting, with respect to the intent rather than the exact language in the law, she requested AAMFT to reconsider that dynamic. She noted that it was not in any way devaluing the profession, but rather looking at many variables pertaining to testing guidelines and how that impacts individuals who want to be grand-parented. Dr. Montez noted that if it was a larger scale she could understand the concerns expressed by AAMFT. She emphasized the group in question was comprised of a very small population of individuals who are practicing in good standing.

Dr. Caldwell commented that it appeared to AAMFT that Dr. Montez was applying a different standard than that which was negotiated into the legislation.

Mr. Webb noted that he had spent considerable time thinking about the issue at hand. He commented that it appeared to him there is no disagreement that there are differences between the professions. He expressed the opinion that another area of focus should be practice, specifically clinical practice. Mr. Webb spoke about his scope of practice and scope of competency as a licensed MFT. He expressed the understanding that, given the original recommendation that there were differences between the professions, but those differences could be addressed through coursework, the intent or letter of the law would be carried out. He expressed his agreement with Ms. Riemersma that in terms of scope of practice, it would provide an undue burden on existing licensees, the Board, and other interested parties to require a grand-parenting examination.

Ms. Madsen commented that, from the staff perspective, taking on another examination would be difficult. Nonetheless, knowing that there will soon be a new profession in California and there are currently individuals licensed in another capacity who would like to be dually licensed, it would be staff’s goal if directed by the Board to develop an examination that meets the legal mandates but does not serve as an impediment to licensure. She emphasized it was clearly not the intent of the law to present such an impediment. She added that historically it has not been the intent to have grand-parenting serve as a hurdle to licensure.
Ms. Riemersma commented the Board’s efforts did not constitute grand-parenting, which she defined as a straight shot from one license type to another. She expressed the position that the Board’s actions are a modified version of grand-parenting, in that grand-parenting presumes there is no test to begin with. She took exception to a comment made by Dr. Caldwell that there were lawmakers involved in the negotiation of the legislation and shared the views of AAMFT-CA. Ms. Riemersma noted that there was only one legislator involved who she reported is a psychologist. She expressed the opinion that the lawmaker had something of an ulterior motive in the negotiation of the legislation. She emphasized that the exception between the professions is career counseling, a non-regulated activity.

Ms. Lonner commented that the issue for her was the wording in the statute, which indicates an examination shall be developed if any differences exist between the MFT and LPCC practices, and the LCSW and LPCC practices. She expressed the opinion that the law is clear and does not allow any flexibility in its interpretation.

Ms. Riemersma disagreed, indicating that practice is a key issue in the discussion. She emphasized the statute speaks about the need for a test if any differences exist between the practices of the professions. Ms. Wietlisbach noted that the occupational analyses showed there are differences in practice between the professions, and although those differences may not be significant, the law clearly says any differences. She commented that the Board does not have the authority to operate outside the letter of the law.

Mr. Webb commented that the challenge seems to be understanding what practice means. He spoke about clinical practice, and stated there are no real differences in the clinical practice between the MFT, LCSW, and LPCC professions. An individual responded that the law does not speak about clinical practice, but rather talks about any differences that exist in practice in general. Mr. Webb expressed the position that the license authorizes clinical practice. Discussion was then held about the purpose of an occupational analysis being to study the practice of a profession. It was noted that Dr. Montez conducted a study of the professions, the outcome of which was that there are differences in the practices of the professions. Mr. Webb again asked for an explanation of those differences.

Ms. Rhine stated that Dr. Montez could address the noted differences. She indicated that the process called for Dr. Montez to conduct her review and make recommendations to the Board. If the Board, based on the information provided, believes there are differences, then the law specifies what steps must be taken. If the determination is made that there are no differences between the professions, the law also specifies what must be done in that case. Ms. Rhine indicated that the discretion is not about whether the Board can do something, but rather about determining if there are differences in the practices. She voiced agreement with some of Ms. Riemersma’s comments, noting that there was a lot that was involved in the development of the statutory language. Ms. Rhine noted, however, that the way the law is worded very clearly states what has to be done if any differences, significant or not, are noted.

Ms. Lock-Dawson expressed the position that the Board is bound by the law. She asked Dr. Montez to outline the differences between the professions that she had noted in her report. She also asked what would be contained in an examination to
assess competency. Dr. Montez responded that the three areas of difference were in career counseling; use of various appraisal methodologies and tests; and research methodologies, which she indicated was conducting research studies and the various competencies associated with that area of practice. She indicated that since her analysis showed those were not necessarily competencies associated with public health and safety, she would foresee an exam that would perhaps be more knowledge based, assessing general comprehension, have the individuals fulfill the requirements to be grand-parented, have an exam geared toward just those content areas. It would be something in line with a low-stakes type of testing. She explained that high-stakes is minimum competency, high consequences to public health and safety. This is more confirmatory. Did they do what they needed to do? Now give them the opportunity to demonstrate it. She noted there would be very different expectations with this exam than with the licensing exam. She explained that the gap exam has a very different purpose. It still meets the testing guidelines and protocols. There would still be an exam plan; involve subject matter experts, evaluate the exam, but the gap would have a different intent and purpose associated with it.

Ms. Lock-Dawson asked if the LPCC is a new license type in the state of California. Ms. Madsen confirmed that it is. She expressed the opinion that it would be prudent to err on the side of conservatism with respect to following the mandates of the law. She spoke to the board members about making sure their actions were in compliance with the law, while still making the experience as agreeable as possible for the applicants.

Janlee Wong, National Association of Social Workers (NASW), commented that the Board is given discretion in this regard by virtue of the fact that the provision is in the law. Any decision may be based on reports from attorneys and experts, as well as input from stakeholders, but the decision making authority lies with the Board.

Mr. Wong added that because of the provisions in statute that hold MFTs and LCSWs “harmless,” by definition means they can practice professional counseling. He noted this presents a conflict because on one hand the Board is requiring individuals to take a test because there are some differences in practice, but the individuals can practice anyway without having to obtain the license.

Mr. Wong expressed the position that usually for social workers the client’s needs and wants are first. It is not a matter of turning it around and saying we’re the practitioner, we’re going to say what your needs are based on our profession. The client is going to be asked what their needs are based on the social worker’s assessment and evaluation.

Mr. Wong voiced his understanding of the budgetary and associated constraints currently facing the state of California. He noted that the grand-parenting period is six-months. He encouraged the Board to take into consideration issues such as the length of time any gap exam would be needed, and if it is financially prudent to administer one, when determining if an exam should be required for grand-parenting candidates.

Ms. Riemersma noted that when Dr. Montez discussed the areas where there may be differences in the professions, the area of testing was mentioned. Ms.
Riemersma expressed concern that meeting participants remember it is a requirement for MFTs to have had education in testing. She further commented that it is also recognized that MFTs do and may do psychological testing with clients. She expressed the position that if that area is not adequately addressed in testing, it is not the profession’s fault and the profession should not be compelled to take another test to address the issue. Ms. Riemersma again reiterated that career counseling is a non-regulated activity that “anyone” can do. She also touched on the area of research, and stated that almost every master’s level program has a research course in it. She acknowledged not being familiar with the requirements for social work training, but expressed the belief that it was not substantially different from the MFT training. Ms. Riemersma asked the Board to exercise their discretion. She emphatically reiterated the position that the differences exist in the practices of the professions, in the manner of delivery of the services, not in what it takes to get to the delivery of said service.

Mr. Maynard commented to the Board about the issue of whether or not the Board has discretion within the language of the statute. He stated that this appears to be a situation where legal challenges could be faced by the Board regardless of the choice that is made. He noted from a legal argument standpoint, either position is defensible. He further noted that there is an element of discretion in the statute, despite the use of the word “shall.”

Mr. Webb thanked Mr. Maynard for the input. He agreed that it is required for MFT students to learn appraisal in terms of psychological testing and research. He noted a continued uncertainty about the differences in the MFT and LPCC, and the LCSW and LPCC, professions. He stated that, if there are not clear differences between the professions, he questions the need for taking the time and resources and keep a small group of individuals from licensure as an LPCC. Mr. Webb indicated he was looking for clinical practice differences, and stated that if none could be identified he felt the Board should remain with the original decision to not require a gap exam.

Jan Cone added that the discussion was about a group of individuals who are currently licensed to practice mental health. They are choosing to obtain a second license.

Dr. Montez clarified that she was talking about the depth of measurement of the use of the assessment devices and research. The LPCC examination is more heavily geared toward those areas. She voiced her recognition of the fact that MFTs and LCSWs do research and use assessment tools. The difference has to do with the depth of measurement, and the expectation. Mr. Webb again expressed the position that the issue was practice.

Dr. Caldwell spoke about the importance of returning to the language that is in the law. He indicated that Dr. Montez had identified specific differences in the professions. Those differences must be addressed in a test. Dr. Caldwell expressed that it appears to him that some individuals may be interested in renegotiating the law that has already been passed. He commented that in order to change a law one must go through the legislative process. He again noted that the language in the law was very carefully negotiated, purposeful language to ensure the differences between the professions would be tested.
Mr. Webb again revisited the issue of differences. He indicated that those issues that had been identified by Dr. Montez were topics on which MFT candidates were tested on some level and also could be addressed through the MFT training.

Mr. Maynard spoke with respect to the element of discretion. He noted that Dr. Montez’ report identified differences between certain aspects of MFT, LPCC, and LCSW practice. He pointed out that it is not Dr. Montez’ or OPES’ decision as to whether those differences are sufficient to require an examination. He emphasized it is in making decisions about those differences that the Board’s discretion lies. He noted that it would ultimately be the Board’s decision, as a Board. The Board has obtained information from Dr. Montez to help making the decision, but ultimately it is the Board’s choice to make.

Ms. Lock-Dawson asked if there is discretion in what the Board deems an exam, or is there a clear definition in statute. Mr. Maynard responded that he believes there is discretion in that area as well. Ms. Lock-Dawson noted that perhaps the law could be satisfied in a way that would not require developing a formal written exam.

Mr. Webb questioned the necessity of a test.

Ms. Lock-Dawson referred to Mr. Maynard’s comment that the Board could take Dr. Montez’ findings under advisement and either reject or accept those findings. She expressed concern that at a previous meeting the Board had accepted Dr. Montez findings and determined that no test was necessary.

Mr. Maynard responded that even if the Board had previously made the finding that there are differences, the findings could also be made that those differences, if just in the areas of career counseling and research methodologies, don’t constitute a difference in practice, but do constitute a difference in possibly educational method and philosophy. He noted that whatever decision was made by the Board, a rationale will need to be included in the motion, so that when the decision is challenged via writ, the rationale would be available.

A meeting participant asked for clarification regarding the exam required of individuals being grand-parented, specifically are they required to take the national examination. Ms. Rhine responded that the population in question is all licensees. She explained there are two paths to grand-parenting, one being Board licensees, and one being individuals who are not licensed by the Board such as individuals from another state. Ms. Rhine noted that the individuals from out of state are required to take national examinations; the LCSWs and MFTs currently licensed in California who want to be grand-parented do not take a national examination. Ms. Madsen added that if the Board deemed it appropriate, the group currently licensed in California would have to take the gap exam.

Judy Johnson moved to grant permission for staff to begin working with Applied Measurement Services and the Office of Professional Examination Services to develop an examination on the differences found between the professions. Renee Lonner seconded. The Board voted 5-3 (majority vote) to approve the motion.
Mr. Webb again voiced his concern about the necessity for the examination. He expressed the opinion that such an examination would impose an undue burden on the Board and its resources.

At this time Ms. Lonner announced that because the morning agenda had taken longer than anticipated, certain non-action items on the balance of the agenda may be tabled.

b. Discussion and Possible Action Regarding the Use of the National Counselor Examination and the National Clinical Mental Health Counselor Examination

Ms. Rhine reported that stated in the law there is legislative intent that the Board look at the national examination for those applying for licensure as a professional clinical counselor in California. The Board contracted with Dr. Montez, Applied Measurement Services, LLC, to review the national examinations for professional clinical counselors and determine if it meets the standards that the Board is required to adhere to for licensure examinations for Board licensees. Ms. Rhine then turned to Dr. Montez for a report of her findings.

Dr. Montez reported that she worked closely with the National Board for Certified Clinical Counselors (NBCC) and evaluated that agency’s two national examinations. She followed the protocols set forth in the national testing standards. She noted that although the examinations demonstrate evidence supporting the validity and have taken steps similar to California to support its examinations, Dr. Montez found a significant number of weaknesses. She stated her recommendation to the Board is that at the present time it would be premature to adopt the NBCC examinations. Dr. Montez noted that many of the weaknesses she had found can be addressed and she would encourage the Board to have an ongoing dialogue with the NBCC to address those weak points. Dr. Montez stated that due to confidentiality parameters, those weaknesses cannot be detailed publicly.

Ms. Lonner confirmed that the only action required of the Board presently is to keep the process moving forward. Ms. Rhine added that another part would be to direct staff to begin working with OPES and Dr. Montez or another entity to develop a Board examination for LPCCs.

There was no discussion or public comment.

Christine Wietlisbach moved to direct staff to begin working with OPES and Dr. Montez or another entity to develop a Board examination for LPCCs. Judy Johnson seconded. The Board voted unanimously (8-0) to adopt the motion.

c. Discussion and Possible Action Regarding Revising the Board’s Examination Program

Ms. Rhine reported that the proposed restructure of the Board’s examination process has been a point of discussion for several months. The Examination Review
Committee in December 2009 made a recommendation to the Board to move forward on trying to restructure the current examination process. Some of the ideas have been worked on through committee and board meetings. Ms. Rhine noted that at the present time the general proposal is to change the process from the current standard written and clinical vignette examinations. The new process would involve having a registrant take a law and ethics examination during the registration period. Upon successful completion of the law and ethics exam, and after earning the requisite hours of experience, the candidate would be found eligible for testing and would be required to complete a new standard written examination.

Ms. Rhine noted that a topic of discussion on several occasions, and a consistent sticking point in the discussions, has been the proposed requirement that the law and ethics examination be successfully completed during a three-year period. Registrants would be allowed to take the test up to three times during the first year of registration. If the test is not passed during the first year, a candidate must take a course in law and ethics in order to qualify to take the examination during the second year of registration. The registrant would be required to complete the examination to renew the registration. The same process would be applicable to the third year of registration as well, if needed. If a candidate does not pass the law and ethics by the end of the third year of registration, the registration is cancelled and the individual would no longer be allowed to earn hours of experience. An individual would be allowed to obtain a new registration once the law and ethics examination is passed.

Ms. Rhine reported that at the last committee meeting, the group discussed the proposed changes. Both committee members and audience questioned if the three-year period was sufficient and fair to candidates. Although the registrant would be afforded several opportunities to pass the law and ethics examination during the three years, those who are unsuccessful would not be allowed to continue to gain hours, thus impeding their progress toward licensure. Ms. Rhine stated that the committee requested that staff research how many registrants become licensed within a three-year period, or how long does it generally take to complete the hours of experience and become licensed. The concern was that if the Board was proposing to stop an individual from gaining hours of experience after three years, was it realistic to believe that all hours could be gained during that time. Ms. Rhine referred board members to a chart that had been prepared with information about the average time individuals who had graduated in 2002, 2003, and 2004 took from graduation to license and from registration application submission to license. She noted that a point brought up at the last committee meeting had been the possibility of making it a six-year time frame, consistent with the current duration of a registration. She explained that currently a registration can be renewed five (5) times for a total duration of six years. An individual currently cannot renew the registration after the fifth renewal. Ms. Rhine noted that this is one policy issue before the Board at the day’s meeting.

A second policy issue is in response to correspondence received from NASW, which speaks about the 18-hour law and ethics remediation course required of registrants who do not pass the law and ethics examination. Ms. Rhine noted that NASW’s concern is that an 18-hour course is too long and costly, and could result in the requirement that the individuals complete a three-day course. She provided a history of the requirement, noting that currently out-of-state applicants are required to complete an 18-hour course in preparation for licensure. Ms. Rhine reported that
beginning January 1, 2010, the requirement changed and out-of-state applicants are no longer required to complete a specific number of hours in law and ethics, but only a course in law and ethics from an approved provider. She also noted that currently a six-hour course in law and ethics is required for each renewal cycle.

Ms. Rhine summarized her presentation by stating that the two issues before the Board that day were: 1) how long can an individual continue to take the law and ethics examination before the registration is cancelled; and 2) what is an appropriate and suitable length for the law and ethics course to be.

Donna DiGiorgio, Public Member, commented that in her experience the length of the law and ethics course does not seem to matter. She added the opinion that individuals are either going to adhere to the law, or not. She reported having no concern with changing the length of the required law and ethics course from 18 hours to 12 hours. Ms. DiGiorgio also commented about the question of the duration of an intern registration, stating she would have no concerns with changing the duration of the registration to three years, or leaving it at six years.

Ms. Riemersma urged the Board to not disrupt the existing six-year period of time during which a registration can be valid. She expressed that anyone who is in that situation is employed and has a supervisor who can scrutinize the registrant’s performance. She added that the group in question was largely individuals who are working in exempt work settings. She noted that individuals employed in exempt settings can continue to work in those settings regardless whether registered or not, even though absent a valid registration no hours of experience toward licensure could be gained. Ms. Riemersma encouraged the Board to keep the six year window that an individual can be a registered intern to allow for completion of the examinations. She made note of the many statutes that would have to be amended to accomplish the change to three years and expressed the position that much more work would be involved in making those changes than in allowing the intern registration to continue with a duration of six years. In closing, Ms. Riemersma stated that other than the issue of changing the registration from a six year duration to a three year duration, the requirements of coursework, taking the law and ethics test repeatedly until successfully completed, and not being allowed to move forward to the new standard examination until completion of the law and ethics examination makes sense. She expressed the position that the public would be adequately protected with those restrictions in place.

Ms. Rhine clarified that the 18-hour course requirement for out-of-state candidates sunsets January 1, 2013, not 2010 as listed in the report.

Mr. Wong expressed his agreement with Ms. Riemersma regarding reducing the length of time during which a registrant is allowed to gain hours of experience from six years to three. He commented that the process can take longer for some than others.

Mr. Wong noted that part of the agenda for the BBS for several years has been to help individuals become licensed and help increase the supply of licensees in California to deliver much needed mental health services. He noted that individuals employed by the county may be hired in an unlicensed, but registered, status, and allowed up to four years to become licensed. A three-year cut off would be
premature for those county employees. Mr. Wong closed by indicating that keeping the duration of the registration at six years, or at a minimum four years such as with the county, would seem to be the smoother route.

Mr. Wong also spoke about the request to make the required remedial law and ethics course 12 hours instead of 18 hours in length. He expressed the need to be clear that in a continuing education-type law and ethics course, the participant is not in law school, but rather is focused on the laws that pertain to them in their practice and consumer protection. Mr. Wong touched on what is usually involved in a law and ethics course, and alluded to the position that the pertinent information could be presented in a 12-hour course.

Mr. Caldwell expressed his agreement with Ms. DiGiorgio’s thought that the length of a law and ethics course did not determine who would comply with the statutes and who would not. He added, with respect to the codes of ethics, that the codes may not be cumbersome to commit to memory, but learning how to apply the codes of ethics can be a complicated task that often requires more than 12 or 18 hours to learn.

Mr. Caldwell stated that the issue of changing the duration of a registration from six years to three years is more difficult to decide, due to competing public protection interests. He referred to Mr. Wong’s comments about the movements that the Board has made toward helping people to become licensed to deliver mental health services. He indicated that as a licensee he would be uncomfortable with allowing an intern, whether or not under supervision, to continue in practice if that individual has repeatedly failed the law and ethics examination.

Ms. Rhine summarized that the decisions before the Board at that time pertained to the period of time an intern registration would be valid if the registrant did not pass the law and ethics examination; and the length, in hours, of the law and ethics course a registrant would be required to complete if the individual did not pass the law and ethics examination. She noted that both Mr. Caldwell and Ms. Riemersma had raised good points. Ms. Rhine expressed the belief that part of the information that should be considered is the data about how long it takes individuals to gain the hours of experience. She reminded the board members that reducing the duration of the registration could serve to impair the registrant's ability to move forward in the process. Ms. Rhine commented that in addition to those two decisions, the Board should direct staff to draft proposed language to bring before the committee for discussion.

Ms. DiGiorgio noted that if the length of time a registration is valid is made six years versus three years, it does not mean all candidates are going to purposely take the full six years. A brief exchange ensued among board members. Ms. Rhine clarified that a registrant would still be required to complete the law and ethics examination once a year until passing, and if not successful in passing the examination would be required to complete coursework in law and ethics.

Ms. Lonner moved to allow six years for completion of the law and ethics examination, and that the length of the required law and ethics course be twelve (12) hours. Donna DiGiorgio seconded. The Board voted unanimously (8-0) to adopt the motion.
d. Discussion and Possible Action on Accepting Degrees in Couples and Family Therapy Under Business and Professions Code Section 4980.36 and 4980.37

Rosanne Helms, Regulations/Legislative Analyst for the Board, reported that Alliant International University has asked the Board to consider seeking legislation that changes the Business and Professions (B&P) Code to allow degrees in Couple and Family Therapy as acceptable for licensure as a Marriage and Family Therapist in California. Ms. Helms noted that current statute requires candidates for licensure to hold one of a specified list of degrees. She cited a list of programs nationwide that award degrees titled “Couple and Family Therapy” or have programs named “Couple and Family Therapy” or “Couples and Family Therapy.”

Ms. Helms indicated that at its June 14, 2010 meeting, the Licensing and Examination Committee had considered this action. At that time they approved a motion to recommend that the Board direct staff to draft language to add the degree title “Couple and Family Therapy” to the list of approved degree titles in B&P Code sections 4980.36(b) and 4980.37(b).

Ms. Rhine clarified that staff recommendation to the Board was to add the degree title “Couple and Family Therapy” to existing statute.

Donna DiGiorgio, Board Member, commented that the recommended change did not seem to have any drawbacks. She agreed with Ms. Rhine that the recommended degree title more accurately reflects the increasing occurrence of relationships that do not involve marriage.

It was noted that no negative feedback or dissention has been received by staff regarding the proposed change. Ms. Rhine confirmed that there does not appear to be any issues surrounding the addition of the degree title to statute.

Patricia Lock-Dawson moved to approve the Licensing and Examination Committee’s recommendation that the Board direct staff to draft language to add the “Couple and Family Therapy” degree title to the list of approved degree titles in B&P Code sections 4980.36(b) and 4980.37(b). Jan Cone seconded. The Board voted unanimously (8-0) to adopt the recommendation.

(At this time, approximately 9:24 a.m., the Board heard Agenda Item II, Petition for Modification of Probation Terms.)

XII. Discussion and Possible Action Regarding the Possible Use of the Association of Social Work Boards Clinical Licensure Exam in California

Ms. Rhine provided the background of this issue. She noted that in the past the Board has been a member of the Association of Social Work Boards (ASWB). Several years ago the Board of Behavioral Sciences began administering a state-board-developed written examination. Ms. Rhine noted that in the last two years the Board contracted with Dr. Tracy Montez and Applied Measurement Services, LLC to again review the ASWB examination. In 2008, Dr. Montez presented some issues and findings regarding the exam. The Board subsequently contacted ASWB and relayed concerns with the
exam as well as changes the Board would need to see in order to use the examination for licensure. Ms. Rhine stated that since that time there has not been much progress by the Board until the beginning of 2010 when NASW introduced legislation that would have required the Board to administer the ASWB or allow applicants for licensure as an LCSW to take that examination.

Ms. Rhine indicated that through discussions with the bill’s sponsor, NASW, and the office of Assemblymember Nava, language was developed that was suitable for both the Board and the sponsors of the bill. The language requires the Board to allow the ASWB examination if the Board determined that said exam met the prevailing standards for licensure examinations in California. Conversation ensued between ASWB, the Board, and Dr. Montez to discuss past issues that the Board has had with the ASWB examination, and what changes have been made to address those concerns.

At that time Ms. Rhine turned the presentation over the Dr. Montez, AMS.

Dr. Montez noted that in the initial assessment there were both minor and major concerns delineated. Since that time, ASWB has addressed a majority of those points. Dr. Montez touched on the various steps taken, including review of various publications and removal of discrepancies in information; expansion of the subject matter expert pool to draw in more entry-level practitioners; and negotiations with a testing vendor who is very aware of test administration security protocols to administer the examination.

With respect to the major points, Dr. Montez reported ASWB has assured the Board that they will share confidential information as long as it does not impact the integrity of the examination process. She clarified that the sharing will be done on a case-by-case basis to hopefully achieve a mutually satisfactory resolution. Dr. Montez noted that ASWB is willing to provide the Board with data necessary to evaluate the examination process.

Dr. Montez also spoke about the two exam plans. She reminded the Board that there had been comparison involving licensed clinical social workers, specifically, the national clinical exam plan versus the state examination. She noted what she qualified as extreme discrepancies in measurement of competencies. Dr. Montez reported that since that time a new job or practice analysis has been completed. California practitioners were surveyed, subject matter experts from California were involved in the process, and the examination plan was restructured. Dr. Montez also noted a reduction in some of the areas which had been of concern to California in terms of being what California deemed as not critical to entry-level practice. Dr. Montez added that ASWB had also agreed to release more of the examination plan. She noted that in 2008, only a very brief content outline was made public by ASWB. One of California’s recommendations at that time was that more information be released.

Dr. Montez stated that overall ASWB appears to have addressed many of the concerns that California had in the past, and added to the body of evidence supporting the validity of the previous examination decisions. She expressed the position that the changes ASWB has made serve to bring the examination up to California’s standards and expectations, and B&P Code Section 139. Dr. Montez commented that there remain differences, for example, in terms of how the questions are written and areas that are addressed more significantly on the California state examination. However, she
expressed the confidence that the changes in the examination met the standards for California.

The matter was opened for public discussion.

Mr. Wong, NASW, thanked the Board for considering the possibility of a national examination. He also expressed his appreciation to Ms. Rhine for working closely with NASW and the bill’s author to make the proposed change work for all involved parties. Mr. Wong also commented that use or potential use of the national examination brings California closer to the other 49 states which use the ASWB examination. He indicated that such change would mean that clinical social workers across the country would have more portability nationwide. He stated that the second benefit of the national examination to California LCSWs is that it would allow California to participate in the national loan repayment program. Mr. Wong indicated that currently California social workers are disqualified from participating in the program as a result of not taking the national examination for licensure. He commented about the high expenses associated with higher level education.

Ms. Riemersma, CAMFT, asked Dr. Montez if she had the current pass rates for the national examination. Dr. Montez responded that with respect to the examination that was reported to her, the pass rate for the latest round was 74%.

Ms. Lonner stated her understanding that ASWB has made significant efforts to improve the national examination to meet a higher standard, but there remains work to be completed. Ms. Rhine commented that the decision before the Board is whether ASWB’s actions to address the Board’s issues are sufficient to take the next step and begin discussing the negotiating points that Dr. Montez had identified. If so, direct staff to contact ASWB, Office of Professional Examination Services (OPES), and Dr. Montez/AMS to begin those discussions.

Renee Lonner moved to direct staff to contact ASWB, Office of Professional Examination Services (OPES), and Dr. Montez/AMS to begin discussion of the negotiating points identified by Dr. Montez. Donna DiGiorgio seconded. The Board voted unanimously (8-0) to adopt the motion.

A break was taken at 3:15 p.m. The meeting reconvened at 3:25 p.m.

XIII. Policy and Advocacy Committee Report

a. Discussion of Survey Results Related to Professional Clinical Counselor Education Requirements

Ms. Lonner announced that item XIII(a) was being tabled for later discussion, time permitting. The next item discussed was XIII(b). The Board later returned to item XIII(a).

Ms. Helms reported that the Board had asked schools throughout California to complete a survey listing courses offered that would satisfy the Board’s requirements for licensure as a Licensed Professional Clinical Counselor. Thirteen “Core Content Areas” and eight “Additional Coursework Requirements” were addressed in the survey. Ms. Helms noted that input had been requested from a total of 104 schools,
including 86 MFT programs and 18 LCSW programs. She indicated that a total of 43 responses had been received. Ms. Helms provided a summary of the types of degrees offered by programs which responded to the survey. She commented that the responses will be posted to the Board's website so that the information is available to students when planning their course schedule. Additionally, the survey template will be posted on line so that additional schools may respond.

Ms. Helms reported that of the 43 responses received, there was one “Core Content Area” in which approximately half of the programs offered no course content. She specified that 23 programs indicated they currently offer no course content in #3, “Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.” None of the other “Core Content Areas” had a significant number of programs offering no courses.

Ms. Helms noted that in the category of “Additional Coursework Requirements,” five programs reported offering no courses pertaining to Item #8, “A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.” She indicated that this is a new course requirement; all other “Additional Coursework Requirements” are currently required of BBS licensees.

In closing, Ms. Helms reported that to date, staff had surveyed only MFT and LCSW programs. She indicated that in June, a survey was sent to LPCC programs, with a requested response date of July 30, 2010.

b. Discussion and Possible Action on Marriage and Family Therapist Practicum

Ms. Rhine reported that the implementation of SB 33 in 2009 resulted in changes to the requirements for MFT licensure, particularly in the areas of curriculum and experience. One part of the legislation is the requirement that a student be enrolled in a practicum course while counseling clients. She explained that a trainee is a student who is enrolled in an MFT program and has completed twelve semester or eighteen quarter units of education in the program. Ms. Rhine reported that this new requirement appears to conflict with existing statute which states that trainees may gain hours of experience outside the required practicum.

Ms. Rhine stated that part of the problem is the existence of two different sets of requirements. The education and curriculum requirements for MFTs will change beginning August 1, 2012. According to current statute, students enrolled in a graduate program before that time can gain hours outside of the required practicum. However, students who begin graduate study after August 1, 2012 must be enrolled in a practicum course to counsel clients. Ms. Rhine reported that some programs are choosing to implement the new requirements early, resulting in a conflict for some students currently enrolled in the program.

Ms. Rhine indicated that another issue pertains to the periods of time when a student is not able to be enrolled in a practicum course, such as during the summer or inter-session breaks, but wants to continue gaining hours of experience. Ms. Rhine noted
that the issue has been discussed previously on several occasions, and has been sent back for further discussion by the Committee. She reported that at the May 2010 Board Meeting she had presented options to the Board for resolution of the conflict. At that time, the Board decided to continue with the law requiring trainees to be enrolled in practicum to counsel clients. She noted that the Board had also directed staff to develop language to allow for an exemption period, which is forty-five (45) days. She indicated that the Committee and Board discussed allowing a trainee to continue to counsel clients during a period when not enrolled in practicum if that period of time is no more than 45 days.

Ms. Rhine stated that before the Board at present was proposed language that would allow a trainee to continue to counsel clients during a period when not enrolled in practicum if that period of time is no more than 45 days. She referenced two letters from CAMFT regarding the practicum requirement. She indicated that CAMFT has voiced the position that a student is not necessarily a trainee. In a letter to the Board dated June 2, 2010, CAMFT indicated that the statute states that students must be enrolled in a practicum while counseling clients. The statute does not say that trainees must be enrolled in a practicum while counseling clients. The assertion is that since a student does not become a trainee until he or she has completed 12 semester units or 18 quarter units of coursework, there is no conflict. Another argument put forth by CAMFT is that the changes were made inadvertently; the issue is not that the language indicating that a trainee may gain hours of experience outside of practicum was not deleted from statute, but rather that the language that a student must be enrolled in practicum while counseling clients was inserted unintentionally. The contention by CAMFT is that the actual intent of the language is that trainees can continue to gain experience outside of practicum.

Ms. Rhine reminded the Board that it had previously rendered a decision on this matter at the May board meeting, that decision being that a trainee should be enrolled in practicum to counsel clients. She indicated that while the Board could revisit that decision, the recommendation before them at present was not whether to require trainees to be enrolled in practicum. The consideration before the Board is the revised language that would allow trainees an exempt period of time wherein the trainee could continue working and gaining hours of experience while still complying with the statutory requirements.

Ms. Riemersma restated CAMFT’s position that there is not a proven need to require trainees to be enrolled in practicum to counsel clients.

Discussion ensued, with comment received from Dr. Caldwell; Merrill Simon, CSU Northridge; and Ms. Riemersma.

Renee Lonner moved to redirect the issue to the Policy and Advocacy Committee for further discussion. Patricia Lock-Dawson seconded. The Board voted unanimously (8-0) to adopt the motion.
c. Discussion and Possible Action Regarding Title 16, CCR Sections 1800 – 1888, Relating to Licensed Professional Clinical Counselors and Licensed Educational Psychologists Continuing Education Requirement

Ms. Rhine provided background on the Board’s authority to adopt rules and regulations as necessary to administer and enforce the provisions of the Business and Professions Code (BPC) for which it is responsible, in this instance as applied to the practice and regulation of Licensed Professional Clinical Counselors (LPCC). She indicated that the purpose of the rulemaking before the Board is to revise existing regulations to incorporate LPCC requirements and fees referenced in various sections of the BPC; to modify the Board’s Disciplinary Guidelines; and correct various erroneous authority citations and references in existing regulations, update references to new forms and revisions to previously incorporated forms, correct the title of the Bureau of Private Postsecondary Education, and correct two references to the Education Code.

Ms. Rhine noted that at its June 7, 2010 meeting, the Policy and Advocacy Committee discussed the proposed language 16 CCR Section 1820, specifically, the definition of Community Mental Health Setting as used in subparagraph (d). After discussion by the Committee and receipt of public comment, the Committee directed staff to make minor changes to the language to add clarity to the setting requirements. Ms. Rhine referred Board members to the proposed regulatory language. She also noted two technical and clarifying changes that needed to be made to the rulemaking text, pertaining to examination applications, and fees.

Donna DiGiorgio moved to direct staff to take all steps necessary to finalize the rulemaking process, including modifying text as approved, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package and submit the package to OAL if no comments are received during the 15-day public comment period. Renee Lonner seconded. The Board voted unanimously (8-0) to adopt the motion.

XIV. Discussion and Possible Action on Senate Bill 294 (Negrete McLeod) and Any Other Legislation Not Previously Discussed that Has Been Recently Amended to Affect the Board

Ms. Helms provided background on the Sunset Review process, which calls for the periodic review of the need for licensing and regulation of a profession and the effectiveness of the administration of the law by the licensing board. She reported that the Joint Committee on Boards, Commissions, and Consumer Protection (Joint Committee) is charged with performing the necessary reviews. Ms. Helms noted that since 2006 the Joint Committee has not been staffed, therefore boards have not been audited. She reported that the legislature has introduced several measures to revise the sunset review process; however no changes have yet been signed into law. As a result, boards scheduled to sunset over the last several years have been allowed to continue operating absent a formal review.

Ms. Helms noted that despite the unsuccessful attempts to revise the sunset process, the Joint Committee intends to review all boards and bureaus within the Department of Consumer Affairs (DCA) over the next four years. To implement this plan, SB 294 was
amended to change the sunset date of all DCA boards to correspond to a sunset review date within the next four years. She noted that the Board’s sunset date was extended from January 1, 2011 to January 1, 2013. Ms. Helms recommended to the Board a position of support for this legislation.

Renee Lonner moved that the Board adopt a position of support for SB 294. Patricia Lock-Dawson seconded. The Board voted unanimously (8-0) to adopt the motion.

**SB 686 – Alcohol and Other Drug Counselor Licensing and Certification**

Ms. Helms provided a summary of existing law and regulations pertaining to alcohol and drug counselors. She indicated that the legislation at hand pertains to creation of the Alcohol and Other Drug Counselor Licensing and Certification Act as part of the Health and Safety Code. Ms. Helms provided information about the proposed legislation, including that it creates and defines the scope of practice for the Certified Alcohol and Other Drug Counselor (CAODC), Licensed Alcohol and Other Drug Counselor (LAODC), and the Registrant (RAODC) as pertains to the profession.

She indicated that similar legislation had been introduced previously, with the Board voting unanimously to take no action. Ms. Helms noted that the current legislation provides for certification or licensure of three levels of practitioner. It also requires that applicants register with a Counselor Preparation and Testing Organization (CPTO).

Ms. Helms noted various concerns with the legislation. She indicated there is question whether the education and training for an LAODC is sufficient for the work performed. Other concerns included the creation of a license that can treat only one diagnosis; continuity of care issues in situations where a client might have diagnoses that fall outside the LAODC scope of practice; unlike MFTs and LCSWs, the LPCC is not exempted from the provisions of the bill; the CTPO would not be accountable like a government regulatory agency would be; and issues pertaining to discipline.

Patricia Lock-Dawson moved that the Board take no position on the legislation, but stress to the bill’s author the Board’s various concerns with the legislation. Renee Lonner seconded. The Board voted 7-0 to adopt the motion, with 1 member abstaining.

**XV. Legislative Update**

Ms. Helms provided an update regarding Board-sponsored legislation. She made special note of two bills pertaining to child abuse reporting, AB 2339 and AB 2380, both of which she reported had been chaptered.

**XVI. Rulemaking Update**

Ms. Helms provided an update of various pending regulatory proposals, for the Board's information.
XVII. Compliance and Enforcement Committee Report

Ms. Madsen reported that the Compliance and Enforcement Committee met on June 25, 2010. An overview of the Board’s Probation Program was presented to the members, including statistical information and the process involved in monitoring an individual on probation. The Committee was also provided an update on the retroactive fingerprint requirement. Ms. Madsen noted that as of June 10, 2010, more than 17,000 licensees and registrants had been notified of the need to submit fingerprints. More than 1,000 individuals who failed to submit fingerprints were referred to the Board’s enforcement unit for further review and possible citation and fine. A large number of the individuals complied with the requirement after contact by enforcement unit staff. Those remaining non-compliant were issued a citation and fine.

Other issues presented to the Committee included enforcement statistics for fiscal year 2009/2010. Ms. Madsen noted that despite increased workload and no additional resources, progress has been made in some categories to meet or exceed the 12 to 18 month goal as noted in the Consumer Protection Enforcement Initiative. She anticipated staff would be able to meet the goals in all categories once all process improvements are implemented and approved staffing resources are received. Board staff also discussed ongoing efforts to streamline internal processes to maximize efficiency.

The Committee also received information about the legal options available to the Board to remove a licensee or registrant from practice if that individual presents a threat to public safety. The options include the use of an Interim Suspension Order or Penal Code Section 23, both of which temporarily suspend a licensee or registrant from practice.

XVIII. Public Comments for Items Not on the Agenda

Dr. Caldwell thanked the Board for its action pertaining to inclusion of a new degree title for licensure as a Marriage and Family Therapist.

Ms. Riemersma commented about examination statistics, indicating she would like those statistics to be provided again on a regular basis.

XIX. Suggestions for Future Agenda Items

No public comment.

The meeting adjourned at approximately 4:45 p.m.
The Board of Behavioral Sciences met via telephone on September 1, 2010 at the following locations:

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

925 Harbor Plaza
Long Beach, CA 90802

5506 Ranchito Avenue
Sherman Oaks, CA 91401

1151 Dove Street, #170
Newport Beach, CA 92660

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

Medical Board of California
4995 Murphy Canyon Road, Ste. 203
San Diego, CA 92123

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

Members Absent
Harry Douglas, Public Member
Mona Foster, Public Member
Judy Johnson, LEP Member
Christine Wietlisbach, Public Member

Staff Present
Kim Madsen, Interim Executive Officer
Gary Duke, Legal Counsel
Marsha Gove, Examination Analyst
Roseanne Helms, Legislative/Regulatory Analyst
FULL BOARD OPEN SESSION - Call to Order and Establishment of a Quorum

Roll was called and a quorum established.

I. Discussion and Possible Action on Regarding Approval of Modified Rulemaking Text, California Code of Regulations Sections 1800 – 1888, Relating to Licensed Professional Clinical Counselors and Licensed Educational Psychologists Continuing Education Requirement

Roseanne Helms, Legislative/Regulatory Analyst, reported that at its July 28, 2010 meeting, the Board directed staff to make approved changes to the regulation text and notice the proposed text modification for public comment. She noted that during the 15-day comment period, one contact was received. The comment pertained to a minor change to section 1820(b), exchanging the word if for the word as. Ms. Helms stated the change had been made, and is consistent with the MFT licensing law.

Ms. Helms indicated that the recommendation before the Board is to authorize the Executive Officer to make any necessary, non-substantive changes to the rulemaking package and direct staff to complete all necessary steps to finalize the rulemaking process, including final package submission to the Office of Administrative Law (OAL).

Gary Duke, new legal counsel to the Board, introduced himself to the meeting participants. He then commented that the next steps to be taken by the Board would appropriately be to make a motion and then open the item for discussion.

Jan Cone moved that the Board authorize the Executive Officer to make any necessary, non-substantive changes to the rulemaking package and direct staff to complete all necessary steps to finalize the rulemaking process, including final package submission to OAL. Donna DiGiorgio seconded.

The matter was opened for public discussion or comment.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), apologized for not having submitted her comments in advance of the meeting. She noted that throughout the document under consideration, the abbreviation MFT is used to refer to a licensed Marriage and Family Therapist. She stated that the other professions regulated by the Board all use the word “licensed” before the name of the profession, for example, Licensed Clinical Social Worker, Licensed Educational Psychologist, and in the foreseeable future, Licensed Professional Clinical Counselor (LPCC). Ms. Riemersma stated that at present the inconsistency makes an MFT appear to be a lesser profession, and it was CAMFT’s request that the Board begin using the title licensed marriage and family therapist (LMFT). She offered to provide the Board with the specific sections of law and regulation to which she was asking the changes be made. She expressed the position that the requested changes are insignificant.

Ms. Rhine commented that with respect to the rulemaking package under consideration at the present time, such a change would necessitate another 15-day comment period due to making additional modifications to the text. She added that the requested change should
be a policy discussion that the Board should have separate from the current regulation package. Ms. Riemersma responded with her acceptance of the idea that the Board would want to discuss the requested change, but reemphasized her belief that the modifications are very insignificant.

Ms. Riemersma referred Board Members to the proposed regulations, specifically section 1820.5, which she stated lack clarity. She proposed inserting the words “trainee” and “intern” in section (a)(1), and the word “licensee” in section (b)(1). Ms. Riemersma also commented about section 1820.5(b)(3)(A), with which she expressed difficulty in understanding the intent. She had questions about how much coursework would be required, how it would be documented and enforced. Ms. Riemersma read the section aloud and commented that it seemed to be missing wording or somehow was unclear to her.

A meeting participant asked Ms. Riemersma if there was a part of the section that seemed the least clear to her. Ms. Riemersma made suggestions regarding modifications to section 1820.5(b)(3)(A).

An audience member asked if the requirement was for additional coursework toward licensure or coursework taken after graduation. Ms. Rhine confirmed the coursework referenced was post-graduation. Ms. Riemersma stated that she believed the intent is that one has either had the course as part of the degree program, or it can be taken outside the degree program.

Ms. Madsen and Ms. Riemersma confirmed that the discussion pertained to the new LPCC license.

Ms. Rhine clarified that in the LPCC statute there is a provision that requires an LPCC to complete additional training and coursework if the LPCC wants to work directly with couples, families, or children. She stated that the regulations under discussion pertained to implementation of the Business and Professions Code section 4999.20, the LPCC scope of practice.

Dean Porter, California Coalition for Counselor Licensure (CCCL), raised questions regarding implementation and regulation of the coursework requirement. Ms. Madsen responded that if an individual is submitting an application for LPCC licensure and wants to work directly with couples, families, or children, that individual will have to demonstrate to the Board that all of the educational and experience requirements have been met.

Ms. Rhine clarified that the additional education and experience is not required to become licensed as an LPCC; it is required only if the LPCC wants to work directly with couples, families or children. She indicated that the issue of proving completion of the necessary coursework would be worked out administratively, whether through checking a box on an application; signing a certification statement; or another appropriate manner. She asked Ms. Riemersma to restate her issues, as there seemed to be confusion about the topic of discussion.

Ms. Riemersma responded that the intent was not to change the regulation conceptually, but rather to make it clearer. When asked for specificity, she repeated the modifications to section 1820.5(b)(3)(A), which she had suggested earlier. She again indicated that the text seemed to be missing words. She noted that there were two separate, independent
issues being addressed in the section. With respect to the issue of enforcing the requirement, Ms. Riemersma provided her perspective that likely the Board would not be aware of a problem until such time as a complaint is filed against the clinician, which would then make it an enforcement-related matter.

Ms. DiGiorgio expressed her agreement with the suggested grammatical changes. She asked if making those changes would necessitate another 15-day comment period, to which she received an affirmative response.

Ms. Riemersma also commented about the need for unprofessional conduct language in regulation when it is also outlined in statute. Ms. Rhine commented that it has been the focus of the Board in updating statute in recent years to eliminate duplicate language contained in regulation in an effort to reduce confusion.

Ms. Madsen asked for confirmation that making the minor changes suggested by Ms. Riemersma would necessitate a 15-day comment period. Ms. Rhine responded that at the present time, the proposed regulatory package either needs to be approved as is and continue through the regulatory process or the Board needs to open another 15-day comment period to allow for discussion of any modifications to the existing language. If the Board were to direct staff to reopen the regulatory packet for comment, the matter would also have to come back before the Board at a subsequent Board Meeting for discussion and approval.

Ms. Rhine reminded the board members of the date, and emphasized that the Board cannot begin accepting applications for LPCC licensure unless there is a fee in law. The regulation package at hand contains the fee necessary to accept applications. Ms. Rhine reported having been told by the Department of Consumer Affairs that regulations are taking four to five months to get through the Department of Finance, in addition to time necessary to move the regulations through the balance of the approval process. She noted that even without an additional discussion period, it was uncertain that the regulation package would be approved before the end of 2010.

Ms. Rhine added that since the mandatory public comment period is closed, the Board is not required to accept comments made at the day’s meeting, or respond to those comments. She stated that the changes suggested by Ms. Riemersma are minor and do not appear to change a lot of the meaning of the regulations. She expressed the position that the changes could be made in a subsequent, “clean-up” regulation package. Ms. Rhine emphasized that at present the Board is on a tight time line. She encouraged moving forward with the regulatory package, which she described as correctly completed.

Mr. Duke expressed his agreement with Ms. Rhine’s comments in terms of timelines. He indicated it may be possible, if the regulations were to move forward and be approved and filed, to make the changes suggested by Ms. Riemersma without further public comment. Mr. Duke briefly explained the process that could be followed to make those changes should the Office of Administrative Law (OAL) agree that the suggested changes are minor and grammatical. He stated he would agree with the staff recommendation that the package be approved and move forward, with the changes suggested by Ms. Riemersma being included in a future regulatory package if they cannot be approved in the current action.
Ms. Lonner emphasized that the time line is very important. She noted that historically minor regulatory changes have been included in clean-up regulations.

Dean Porter, CCCL, commented about Section 1805, Applications, specifically section (b) with respect to a 180-day waiting period between examinations. Ms. Rhine explained that reference to Business and Professions Code section 4999.54 was added because there is a law and ethics examination in that section, and so it was necessary to add the section reference. She stated that Ms. Porter was correct in her understanding that the Board is allowed the discretion for a lesser period of time between examinations; therefore, the 180-day waiting period should not be an issue.

A roll-call vote was taken. The Board voted unanimously (7-0) to pass the motion as originally stated.

II. Public Comment for Items Not on the Agenda

Mary Riemersma, CAMFT, read from the following written statement about Business and Professions Code Section 4999.54 – Grandparenting, which she provided to the Board.

"It has come to our attention that this section of law is being interpreted by BBS’ staff and others as allowing any person who submits an application for a professional clinical counselor license between January 1, 2011 and June 30, 2011, to not have taken or passed any of the examinations specified in (a)(1)(D), but to take any or all of the examinations after the application for licensure has been submitted.

“CAMFT believes that the law does not allow this interpretation to be made or implemented. The introductory clause to this section of law, in subsection (a), ends with the phrase, ‘… and provided he or she meets one of the following sets of criteria: 1) He or she meets all of the following requirements’

“The law then specifies the requirements in (A), (B), (C), and (D). Clearly, the wording and the intent of the law, and the obvious and practical expectation, is that at the time that the application is submitted, these requirements have already been met. Obviously, when the application is submitted, the applicant will be presenting the documentation to show that all requirements have been met. The Board will be evaluating the application and the supporting documentation to make sure that all requirements have been met (except where the statute expressly allows for subsequent coursework).

“The language in all subsections dealing with education and experience use the same words (has a master’s degree, has completed all of the coursework or training, has at least two years experience, AND ... has a passing score on the following examinations ….). If one can take the exam after the application is submitted, why can he/she not complete the needed experience after application? The statute reads the same for both. There is no authority to do this.

“If the interpretation is as BBS staff has indicated, then the statute also would allow persons to apply who have not yet finished acquiring their hours of experience or not yet applied to take any examination. Even those near the end of their degree program could apply under this faulty interpretation. This faulty interpretation, if carried out, will lead to an administrative nightmare for the Board. More importantly, the Board should carefully
review the statute and the legislative history to make sure that it does not move forward without the proper legal authority to do so.

“Furthermore, the materials that the Board posted on its website to inform the public about the requirements for grandparenting misquote words used in the law and make seemingly contradictory and confusing statements.”

Ms. Riemersma again expressed concern with the interpretation of the section. She expressed her agreement with the concept of the section, but stated that the wording is confusing. She stated that if the words are intended to mean a certain thing, and the resulting actions are different than that, then the law should be changed to allow for that.

An audience member asked if the California law and ethics examination was specifically for LPCCs. She reported having noticed that, with respect to continuing education courses, there was a course specified as being for LPCCs. The course was not the same as those for MFT or LCSW licensees. She wondered if the same would be applicable to the law and ethics examination, with one version of the exam specifically for LPCCs.

Ms. Rhine responded that the examination under discussion at that time was specifically for LPCCs. The audience member asked about the differences between the LPCC specific exam and the exam for MFTs and LCSWs. Ms. Rhine asked for clarification, and then stated that at the present time there is no law and ethics examination for MFTs and LCSWs.

The audience member then asked about the differences in the continuing education courses. Ms. Madsen clarified that the continuing education being referenced by the audience member was to assist individuals who are coming from out-of-state or who might need a refresher course in California law and ethics. Individuals coming from out of state will be required to pass an examination in law and ethics to show their knowledge of and familiarity with the laws governing LPCC practice in California. Ms. Rhine added that each course and each examination is specific to the license type.

The audience member indicated she is from Florida, and holds licenses in the states of Florida and Idaho, as a professional counselor and a mental health therapist. She had several additional questions regarding the requirements to become licensed as an LPCC in California. Ms. Madsen responded that the Board is currently developing a list of frequently asked questions showing the pathway to licensure. She indicated that said information will be posted on the Board’s website. She noted that there are many factors to be taken into consideration when reviewing applications.

Ms. Rhine confirmed that the various pathways to licensure can currently be found on the website. The audience member indicated she had read the information on the website, and was left with questions regarding the law and ethics examination, specifically, did the examination have to be completed before or after submission of the application. Ms. Rhine indicated that the law and ethics examination will be developed and administered through the Board. It is anticipated the examination will be implemented in February 2011. In order for an individual to be found eligible for that examination, he or she must first have applied to the Board for eligibility. She confirmed that an individual could apply for licensure as an LPCC and take the law and ethics examination subsequently.
III. Suggestions for Future Agenda Items

No suggestions were received.

The opened meeting session adjourned at 11:45 a.m. The Board moved into closed session.

FULL BOARD CLOSED SESSION

IV. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session for Discussion and Possible Action on Disciplinary Matters
BOARDS MEETING MINUTES - DRAFT
September 9, 2010

The Board of Behavioral Sciences met via telephone on September 9, 2010 at the following locations:

Department of Consumer Affairs
San Francisco Room
3rd Floor North, N318
1625 N. Market Blvd.
Sacramento, CA 95834

Alliant International University
Scripps Ranch Campus
MFT Program, Daley Hall 2nd Floor
10455 Pomerado Rd
San Diego, CA 92131

Hotel Maya
Fuego Restaurant
700 Queensway Drive
Long Beach, CA 90802

Pioneer High School
10800 E Benavon Street
Whittier, CA 90606

1151 Dove Street, #170
Newport Beach, CA 92660

415 Karla Court
Novato, CA 94949

1104 Ridgefield
Carson City, NV 89706

1615 E. 17th Street
Santa Ana, CA 92705

5506 Ranchito Avenue
Sherman Oaks, CA 91401

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

Members Absent
Patricia Lock-Dawson, Public Member

Staff Present
Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Spencer Walker, Legal Counsel
Marsha Gove, Examination Analyst
Roseanna Helms, Legislative/Regulatory Analyst
FULL BOARD OPEN SESSION - Call to Order and Establishment of a Quorum

Roll was called and a quorum established.

I. Discussion and Possible Action Regarding Previous Board Action to Require California Licensed Marriage and Family Therapists and Licensed Clinical Social Workers to Take a Gap Examination for Licensure as a Licensed Professional Clinical Counselor

Spencer Walker, Legal Counsel, reported that the Board, at its July 28, 2010 meeting, revisited the prior Board vote to not require an examination for marriage and family therapists (MFTs) and licensed clinical social workers (LCSWs) seeking licensure as a Licensed Professional Clinical Counselor (LPCC) during the grand-parenting period. He indicated that based on information presented at that meeting, the Board voted to require a Gap Examination; the action reversed the Board’s May 7, 2010 action. Mr. Walker reported that subsequently, on August 24, 2010, the Board received correspondence from an attorney representing the California Association of Marriage and Family Therapists (CAMFT). The letter alleged violations of the Bagley Keene Open Meeting Act had occurred at the Board’s July 2010 Meeting. Mr. Walker indicated that, specifically, it was alleged that the Board improperly and unlawfully met in closed session to discuss whether a Gap Examination should be required.

Mr. Walker commented that public perception is key when conducting the “people’s business.” He reported that in the interest of fostering improved public perception and relations with the Board of Behavioral Sciences, the September 9, 2010 Board Meeting was scheduled for the purpose of discussing and possibly rescinding the Board’s July 28, 2010 action to require a Gap Examination. Mr. Walker stated that if the Board elects to rescind its previous action, following comment from the public, the Board’s May 7, 2010 action to not require a Gap Examination would be revived, and the Board would move on to the next agenda item.

Mr. Walker recommended to the Board to rescind its previous action and move on to discussion and possible action regarding the LPCC Gap Examination.

The matter was opened for discussion and public comment.

Ben Caldwell, AAMFT-CA, questioned whether, if the Board were to take action to rescind the July vote, the parties interested in Agenda Item II should act as though the discussion preceding the vote never occurred. He clarified by asking if interested parties should act as though the discussion leading up to the Board’s vote never occurred, or only that the vote itself never occurred. Mr. Walker responded that it would be as if the July discussion and action never occurred.

Renee Lonner moved to rescind the Board’s July 28, 2010 motion and the related Board action to require a Gap Examination. Gordonna DiGiorgio seconded. A roll-call vote was taken. The Board voted unanimously (10-0) to rescind the July 28, 2010 action.
II. Discussion and Possible Action Regarding the Licensed Professional Clinical Counselor Gap Examination

Mr. Lonner asked Mr. Walker to discuss the legal issues that the Board should be aware of prior to beginning the discussion of this agenda item.

Mr. Walker indicated that, since the Board voted to rescind its July 28, 2010 action to require a Gap Examination for licensure as an LPCC, the Board’s previous decision to not require that examination has been revived. He indicated that the May 7, 2010 decision currently stands as the Board’s decision in this matter. He added that since the Board’s action taken in July 2010 has been rescinded, the agenda item that permitted such action must still be addressed because it was not tabled. Mr. Walker indicated that as such, the language used to frame the issue in Agenda Item II is the same language that appeared on the July 28, 2010 agenda.

Mr. Walker continued that in order to avoid any public perception or concerns regarding the procedural aspects of again addressing this issue, he recommended that the May 7, 2010 action to not require the Gap Examination also be rescinded before commencing discussions on the necessity of the examination. Ms. Lonner asked Mr. Walker to confirm that rescinding the May 2010 action would “wipe the slate clean” and the Board would then have a fresh discussion about the need for the Gap Examination. Mr. Walker responded that Ms. Lonner’s understanding of the issue was correct.

There was no discussion or public input regarding this matter.

Michael Webb moved to rescind the Board’s May 7, 2010 motion and the related Board action to not require a Gap Examination for grand-parenting purposes. Christine Wietlisbach seconded. The Board voted unanimously (10-0) to rescind the July 28, 2010 action.

Prior to the onset of discussion regarding the LPCC Gap Examination, Mr. Walker encouraged meeting participants to be aware that any discussions that occurred at the July 28 and May 7, 2010 meetings, since both actions had been rescinded, had nothing to do with the September 9, 2010 meeting. He added that the participants needed to deal with the issue at hand as though it was being addressed for the first time.

Ms. Lonner asked Tracy Rhine, Assistant Executive Officer, to review the item. Ms. Rhine introduced herself. She then proceeded to explain that SB 788, which created the LPCCs, sets forth a grand-parenting period. One of the pathways to licensure during the grand-parenting period is for licensees regulated by the Board of Behavioral Sciences – specifically MFTs and LCSWs. Ms. Rhine stated that Business and Professions Code (BPC), Section 4999.54, states that MFTs and LCSWs would have to take an examination on the differences between an LPCC and an MFT, and an LPCC and an LCSW, if the Board and OPES found that there are differences between the professions. She read the pertinent Code section, 4999.54(b), to meeting participants, as follows:

“The Board and the Office of Professional Examination Services shall jointly develop an examination on the differences, if any differences exist, between the following:

3
“(A) The practice of professional clinical counseling and the practice of marriage and family therapy.

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

Ms. Rhine indicated that the Board has contracted with Dr. Tracy Montez to perform an audit of the practice of LPCCs and how that practice differs from the practice of MFTs and LCSWs. Ms. Rhine asked Dr. Montez to report her findings from the audit.

Dr. Montez, Applied Measurement Services (AMS), introduced herself and presented the Board with the results of her review of the MFT, LCSW, and LPCC practices. She reported that consistent with the statement of work and contracted services, meaningful or significant differences were examined to determine whether a Gap exam is needed. Dr. Montez explained that to standardize the analysis of the professions, the exam plans or content outlines from the respective occupational analyses of the MFT, LCSW, and LPCC practices were compared. She indicated that qualitative data from interviews and document reviews were also used to supplement the comparisons.

Dr. Montez stated that with respect to the analyses, the results show the expectations for entry level practice as an MFT, LCSW, or LPCC differ. Those differences were noted across the three broad content areas of Diagnostic and Assessment Services; Professional Practice Activities; and Professional Development. Dr. Montez noted that due to a confidentiality agreement with the National Board for Certified Counselors (NBCC), she is precluded from disclosing further details. She indicated it was nonetheless important to emphasize that although the three professions perform work tasks across those three domains, it is the depth of knowledge and the associated practice expectations upon entry into the profession that differ. Dr. Montez reported that it was the conclusion of AMS that those differences will diminish once the full requirements for grand-parenting are achieved. She added that LCSWs and MFTs grand-parenting into the LPCC profession would be expected to meet minimum acceptable competence standards to practice as an LPCC in California. Dr. Montez noted that it would then be AMS’ recommendation to the Board that a Gap Examination is not necessary.

The matter was then opened for discussion.

Mr. Webb asked Dr. Montez for clarification as to whether she was recommending that a Gap Examination is not necessary. Dr. Montez answered affirmatively, indicating she is staying with her original and ongoing recommendation that a Gap Examination is not necessary.

Ms. Lonner asked Dr. Montez if it was her opinion that the spirit and intent of the law would be met even if no Gap Exam was administered; that it is consistent with the relevant code section pertaining to LPCCs. Dr. Montez responded that she is not an expert in law and therefore declined to respond to the question. She stated that the services she was contracted to perform were to look for meaningful differences between the professions. Dr. Montez indicated she did find meaningful differences, but it was her opinion that once the requirements for grand-parenting are met, those variations would diminish and the individuals who are currently licensed and in good standing as an MFT or LCSW could then meet the same expectations for entry level practice as an LPCC.
Ms. Lonner expressed her understanding of Dr. Montez’ position that the noted differences between the MFT, LCSW and LPCC professions would be diminished by the established requirements for grand-parenting into the LPCC profession. Dr. Montez confirmed that as her opinion. She explained there are several course requirements that must be met which represent those areas that are not tested as in-depth on the MFT and LCSW exam plans as compared to the LPCC exam.

Ms. Rhine attempted to frame the issue by explaining that what Dr. Montez is saying is that there are differences, but those dissimilarities would be remediated before licensure would occur. She added that part of the discussion should be that the law does not say that the Board should develop an examination if significant or meaningful differences exist, but rather if any (emphasis added) differences exist. Ms. Rhine expressed her understanding of Dr. Montez’ findings, which are that differences exist between the professions.

Ms. Lonner indicated that her understanding of the statute is that it does not allow any subjectivity. She asked Mr. Walker or Ms. Rhine if they were of the same understanding as she, again, that there is very little subjectivity in the statute as written. Mr. Walker agreed with Ms. Lonner’s interpretation of the law. He indicated his reading of the statute is that it does not provide any “wiggle room.” He commented that since Dr. Montez had reported that the differences will no longer exist when it comes to licensure, there is no violation of the statute by not requiring an examination. However, if the differences are only reduced then it would mean that some of the noted differences would continue to exist after licensure. He asked Dr. Montez for clarification, if possible. Dr. Montez responded that she is comfortable in saying that the way the statute was written is that the differences would be alleviated. The requirements were established so that if the candidate took the required coursework they would therefore be on equal standing. She added that it appears from AMS’ analysis that the homework was done in terms of reviewing the gaps in knowledge, and it was built into the remediation. She indicated that the remediation would cover the areas which are deficient. Dr. Montez emphasized that her findings are contingent on the applicant meeting the other requirements in the statute. Mr. Walker stated his understanding that if the candidate meets the requirements at the time of licensure, the differences would no longer exist once licensure is obtained. Dr. Montez responded that the expectation is that the candidates would have the exposure and would therefore be expected to practice at the entry level standards.

Mr. Walker commented that based on Dr. Montez’ clarification, it was his opinion that not requiring a Gap Examination would meet the requirements in existing statute. Ms. Lonner asked Mr. Walker if he was saying that legally a Gap Examination is not required. Prior to Mr. Walker responding, Ms. Wietlisbach expressed her disagreement with the notion that the problem would be remediated simply by taking coursework. She expressed the position that if that were true, everyone would obtain licensure right after graduating from college; she added the position that that is the reason for taking the state board examination. She expressed uncertainty that the Board could definitely say that the candidate would meet the requirements for licensure once the remedial coursework is completed, and that the candidate still needed to be tested on what they have learned.

Ms. Lonner expressed her agreement with Ms. Wietlisbach, but argued that the quantity of material is so different between what would be on a Gap Examination and what is on a licensing examination. Ms. Wietlisbach responded that the Gap Exam would only need to
test on the differences, so it would not be the same as the licensing exam. She expressed the belief that the law clearly requires the Board to test on the differences.

Ms. DiGiorgio asked the time frame for the grand-parenting period. Ms. Rhine responded the period ran from January 1, 2011 through June 30, 2011, with an additional twelve months to remediate deficiencies. She added that the time frame, in total, was eighteen months. Ms. Madsen explained that a candidate who applies during the grand-parenting period would have the application reviewed, and would be notified of any deficiencies. The candidate would have one year from the date of notification to clear those deficiencies.

Dr. Montez clarified that this was a unique situation because the grand-parenting candidates are individuals who already hold a license, and are in good standing. They are not individuals who have not passed a licensing examination, but rather have been practicing and in good standing. Board Member Judy Johnson expressed thoughts similar to those of Dr. Montez. She noted that the grand-parenting candidates currently hold a professional license under which they have been practicing, and that license is in good standing. The individuals understand what is within the scope of practice. Ms. Johnson stated that if these candidates are taking classes for content, it is different; that is why it is considered grand-parenting. The Board is not saying these individuals need to take an examination in order to become licensed; they have already been practitioners.

Ms. Lonner again asked Mr. Walker if, from the legal standpoint, he does or does not feel a Gap Examination is necessary or required by law. Mr. Walker responded that, after listening to the comments from the Board Members, he was not comfortable with the statement that the deficiencies would not exist at the time of licensure. He expressed that the Board would need some type of proof or evidence that that would not be the case. He stated that without such proof before the Board, he stated the position that the examination is required because differences have been identified.

Mr. Webb expressed the understanding that there is already in place a provision that there is no Gap Examination required for an LPCC who wants to practice Marriage and Family Therapy. He asked Ms. Rhine if his understanding is accurate. Ms. Rhine asked if Mr. Webb was speaking about the provision in law that says that LPCCs cannot work with couples or families unless they take specified coursework and have accrued a certain number of hours of experience. Mr. Webb responded affirmatively. He asked if there are a specific number of hours in question. He expressed the understanding that the requirement was more the taking of appropriate coursework. Ms. Rhine explained to Mr. Webb that the issue he raised is separate from the issue being discussed. Mr. Webb again expressed concern with the idea that there would be no Gap Exam necessary. Ms. Johnson clarified that those candidates were not trying to obtain another license.

Ms. Rhine commented to Mr. Webb that the section he was referring to specifically pertains to LPCCs who, after becoming licensed by the Board, intend to work with couples or families. Those individuals have to earn a certain number of hours of supervised experience working with those populations, and also must complete specified coursework. She emphasized that those are individuals who are already licensed as LPCCs. Mr. Webb expressed concern that the Board may get into the position of having to require a Gap Exam any time a licensed individual wants to practice in another domain; for example, an LCSW who wants to practice as an MFT, or vice versa. Ms. Rhine expressed her understanding of Mr. Webb’s concerns, and clarified that the issue currently under
discussion is strictly based on what is in statute for this specific licensing category. The current discussion pertains only to a Gap Examination for the LPCC profession. She emphasized that it is not simply something subjective the Board decided to do, but rather a provision the Board is tasked with implementing. Ms. Lonner expressed to Mr. Webb that this is a separate license type, which is different from the different forms of specialty certifications that an individual can obtain.

Ms. Lonner noted that the Board has not introduced a new license in many years. She asked staff if there is any precedent or anything to think about, perhaps in terms of other boards, to better understand how the issue has been viewed previously. She offered the position that the issue was a legal issue versus a more subjective approach. Mr. Walker responded that the subject is both a factual and legal issue. He stated that the factual issue is whether or not any differences exist. He noted that differences have been found to exist. Mr. Walker reported that the legal issue is, because there are differences, the Board, according to statute, must test on those differences. He stated that there is no evidence or proof of any kind before the Board to indicate that some of the identified differences would not remain after licensure. He indicated that the Board needs to ensure that it is protecting consumers, adding that by protecting consumers, the Board would be following the law. Mr. Walker reiterated that the law states that the Board must require a test on the differences between the LPCC license and the MFT and LCSW licenses. He emphasized this was the Board’s obligation and duty.

Ms. Lonner and Ms. Johnson commented that it seems clear what the Board must do, versus choosing an option that might be preferred.

Ms. DiGiorgio asked Mr. Walker if he had stated that the exam would be required unless proof could be provided that by taking the coursework those differences would be remediated. Mr. Walker responded that he had originally taken that position. He explained that because of input by Board Members at the day’s meeting, he had been provided with additional information that resulted in his change of perspective, which is that there is no wiggle room the way the law is written.

Mr. Webb asked Mr. Walker questions about the intent of the law. Mr. Walker responded that in trying to determine the intent of the legislature when enacting a statute, one first looks at the plain meaning of the statute by looking at the words. He stated that when looking at the plain meaning of the LPCC statute regarding grand-parenting, the word that must be focused on is “any.” He explained that if the legislature had wanted certain differences to not be included in the analysis, the legislature would have specifically exempted or excluded those issues. Mr. Walker emphasized that, because the word “any” is used, there is no wiggle room.

Board Member Elise Froistad asked for clarification regarding “any differences” versus “any meaningful differences,” referring to a comment that had been made earlier. She asked if the statute contained language about “meaningful differences.” Ms. Madsen explained that the term “meaningful differences” was not in the law, but had from the onset been part of the discussion in developing the language for this statute. She expressed the belief that most if not all of the individuals involved in crafting the language assumed that differences should be “meaningful.” Ms. Madsen noted that it was not until it was pointed out that the statute states “any” differences was it realized that the group’s assumption was erroneous.
Discussion continued about the wording and intent of the law. Ms. Lonner expressed her agreement with Mr. Walker's interpretation, and expressed the position that if the legislature had intended the Board to have any leeway, the language in the statute would have contained qualifiers regarding the differences.

Ms. Wietlisbach asked about Mr. Walker's earlier comment regarding the Board doing its job in terms of public protection. She stated the position that it doesn’t seem that requiring a Gap Exam with individuals who have been in private practice is a safety issue or an issue of public protection. She noted that the individuals in question have previously been found safe to practice. She asked if there was any way that a previous determination of competence to practice could be taken into consideration in the current situation. Ms. Wietlisbach expressed the position that a Gap Examination will not change whether an individual is safe to practice. Ms. Johnson commented that it is a matter of competence and scope of practice. Mr. Walker affirmed that it comes down to competence, and added that when dealing with competence one is talking about safety to the public. He stated that because the legislature found that testing is required if any differences exist, the legislature clearly found this to be a consumer protection issue, in the broad sense.

The discussion continued. Ms. DiGiorgio asked why, if the language allowed the Board no flexibility, there was any need for discussion or Board vote on the subject. Ms. Johnson and Ms. Lonner agreed with the question. Mr. Walker responded that because the statute requires the Board to make a determination about whether differences exist, and to test on any differences, the Board’s Executive Officer could not drive a policy if the Board did not take action to set a policy; in this case whether or not an examination is required. He pointed out that the Board drives the Executive Officer. Mr. Walker emphasized that is why the issue is before the Board, and why it must be voted on by the Board. He stated that the Board must set the policy on the issue of whether or not the examination is required. He continued that once the Board votes to make a determination about requiring the exam, the action sets the policy and gives direction to the Executive Officer to develop that examination.

Ms. Rhine reported that the issue originally came before the Board because of the need to hear the findings from the study done by AMS, and discuss whether there were in fact differences in the professions. Ms. DiGiorgio raised the subject of Dr. Montez’ recommendation that no examination is required. Ms. Rhine confirmed that was the suggestion, but emphasized the recommendation was based on the fact that the differences found by Dr. Montez were not significant in nature or meaningful. She explained that if the Board accepted the report that there are differences in the professions, then the Board must then adhere to the statutory requirement that the Board implement a Gap Examination. Ms. Lonner noted that Dr. Montez’ recommendation was offered as a psychometrician, not as an attorney.

Discussion continued, with Board Members expressing various opinions about the interpretation of the statute. Ms. Lonner asked Mr. Walker for his input. Mr. Walker again expressed that since Dr. Montez has found differences in the professions, the Board must test on those differences.

Board Member Jan Cone commented about the varying opinions and types of information being presented to the Board. She asked if there should be more weight given to the data from an objective consultant than to other data that has been presented via discussion of the issue. She expressed concern that if the Board has only one piece of information
leading to a statement that there are differences in the professions, can a different opinion by the Board counteract that objective data. Ms. Madsen responded that it is important to remember that the Board is a regulatory agency and is charged with implementing and carrying out the BPC statutes that govern the Board’s licensees. She voiced her willingness to make use of any legal flexibility a statute might afford, but emphasized that absent any such wiggle room it is very difficult to show proof of public protection by not adhering to the law. She commented that it is those times when there is deviation from the requirements of the law that lead to negative publicity and reactionary responses. Ms. Madsen stated that while it would be a relief from the staffing perspective to not have to develop and administer a Gap Examination, she could foresee significant problems if the Board deviated from what the statute states.

Mr. Walker added that if the Board decided to not require the Gap Examination, it would be necessary to make sure there was documented proof or evidence to support the finding that there are no differences between the professions. He indicated that requiring the exam would be a sound decision because it is supported by the analysis prepared by Dr. Montez, that analysis finding that there are differences, although those differences were not construed to be “meaningful.” Ms. DiGiorgio asked if the word “meaningful” is part of the statute. Ms. Madsen responded that it is not; the statute says “any.” Mr. Walker explained he was referring to the analysis prepared by AMS.

Ms. Lonner commented that the task Dr. Montez was contracted to perform was an analysis of the professions to determine if there are differences in the professions. Dr. Montez confirmed Ms. Lonner’s assessment of the task. She reiterated that the analysis went back to the occupational analysis performed for the professions under discussion. She stated that the job analysis is considered a scientific study of the professions at a precise moment in time. It is a way of standardizing an examination, with critical studies performed and documents examined. Dr. Montez emphasized that there is a scientific basis to the services she was contracted to provide.

Board Member Elise Froistad commented that although the Board Members may have different opinions about the issue, it did not seem that legally those opinions have any weight. Rather, the scientific research performed by Dr. Montez would have more weight than the opinions of those who are discussing the matter. Ms. Lonner agreed with Ms. Froistad, based on the language in the statute.

Mr. Webb asked Mr. Walker and Ms. Madsen what would happen if, hypothetically, the Board was to vote to not require a Gap Examination, and that decision was challenged. What would be the consequence? Mr. Walker responded that if the Board voted to require a Gap Exam, the decision would be in line with the findings reported by Dr. Montez. If the vote was to not require the exam, the Board would have to break down the analysis by AMS. Each of the identified differences would have to be countered by documented evidence in support of the differing opinions. He noted that while the Board can vote to disagree with the findings of the analysis and not require a Gap Exam, based on opinions that may be opposed to Dr. Montez’s, such a decision would be difficult to support. Mr. Walker stated that the report is very clear.

Ms. Johnson expressed the concern that the Board needs to be efficient with its time, adding that with the impact of the budget delays and related restrictions, this is a time-sensitive issue. She pointed out that there will be many professionals and consumers who
will be affected by this decision, and emphasized the need to make a decision and move forward with implementation of LPCC licensure in California.

The matter was opened for input by the public.

Richard Segal, Attorney, Pillsbury Winthrop Shaw Pittman, spoke as counsel for CAMFT. He reported having listened intently to the discussion among the Board Members, and expressed his understanding and appreciation of the Board's attempts to resolve the issue correctly.

Mr. Segal stated there were points he wanted to discuss, some of which CAMFT agrees with, and others that lean in favor of not having the Gap Examination. First, he made reference to Mr. Walker's explanation that the primary way to determine the Legislature's intent in drafting a statute is to look at the words in the statute itself. He noted that the entire discussion about the Gap Exam had been based around what the statute says and what the Board believes it requires them to do. Mr. Segal commented that the difficulty is that it seems in some of the paraphrasing that has occurred over the preceding several months has resulted in the meaning of the statute having changed in terms of what has unfolded versus what the law actually says. He referred to two memos that had been presented to the Board by Ms. Rhine in which reference is made to differences in the "professions." He noted that the same language was used in the contract with Dr. Montez asking her to examine if there are differences in the professions. Mr. Segal also noted that the word "professions" was used several times in the letter from the American Association for Marriage and Family Therapy, California Division (AAMFT-CA). He expressed the opinion that many Board Members feel constrained because the statute says "any differences" as opposed to any "material" or "substantial" differences. He stated that the entire assumption of the discussion has been any differences in the professions, because that is what involved parties have been told repeatedly.

Mr. Segal stated that the statutory language that needs to be reviewed is BPC Section 4999.54(b). He read the section as follows:

“The Board and the Office of Professional Examination services shall jointly develop an examination on the differences, if any differences exist between the following: ... The practice (emphasis added) of professional clinical counseling and the practice (emphasis added) of marriage and family therapy; (and) ... The practice of professional clinical counseling and the practice of clinical social work.”

He noted that the language in that section was different from the sections of the statute that talk about and at the beginning of the statute declare that there are differences in the three professions. There are different names and courses of study. He stated that there is no dispute that the professions are different. He summarized the pertinent statute as saying that there are differences in the professions, and a third profession is being created. Now it must be determined if the "practices" of the professions are different, and test on those differences if any are identified.

Mr. Segal continued that if the intent had been that the Board must test on any differences, the law would have said that there are differences and therefore a test must be given. He again emphasized that the law states that a test must be given if differences in the "practices" are identified, and test on those differences if any. Mr. Segal added that Dr. Montez had conducted a study, as requested, on the differences in the professions. He
emphasized that Dr. Montez was not asked to determine if there are differences in the practices of the professions. He noted that any comments made on that subject by Dr. Montez in her report were very minor and in his opinion do not provide a basis to make that decision because all of the major differences that were identified pertain to educational background, courses of study, and how a candidate can ameliorate by completing the course of study required for the grand-parenting candidate. He commented that the results of the study did not address what the various professions “actually do.”

Mr. Segal went on to say that in order to determine that a Gap Examination is required, according to the express language in the statute, the finding has to be made that there are differences in the practices of the professions, an issue he noted that Mr. Webb had also raised. Mr. Segal expressed CAMFT’s opinion that there was no evidence before the Board on which that statement could be based.

Mr. Segal noted one area in which he was in disagreement with Mr. Walker pertains to the burden the Board has in this situation. He noted that Mr. Walker’s point was that, without proof of no differences, the exam is required. He then referred to BPC Section 4999.54(b)(2). Mr. Segal paraphrased the section as indicating that if the Board determines that an examination is necessary – for example, if the Board determines that there are differences in the practices – then a test must be administered. He expressed the opinion that the Board’s obligation is to test if differences are found in the practices. He offered the position that the statute provides if no differences are found in the practices, then, by default, no test is required. Mr. Segal stated that the information provided to the Board to date has all been about differences in the professions, but that is not the correct question. He stated emphatically that the correct question pertains to differences in the practices. He expressed CAMFT’s opinion that as a result of how things have progressed, in addition to the information that has been provided to the Board about what the question is, there is no information before the Board on which a determination can be made that differences exist in the practices of the professions, such that a Gap Examination is required.

Mr. Segal spoke next about Mr. Walker’s interpretation that the statute offers no wiggle room. He noted that it is a general rule of statutory interpretation that a statute is not interpreted to be absurd in its results, but rather that all statute must be interpreted to have a reasonable result. He offered the hypothetical scenario involving a facet of LPCC practice being a dimming of lights when in session. He continued that such is not the same in MFT practice. Mr. Segal noted that this would be a difference in the practice of LPCC versus MFT. He then stated that it would likely be considered absurd to assume that the legislature requires testing on the ability to dim lighting, even though a difference in the practices has been identified. Mr. Segal stated it was clear to him that the wording “any difference” doesn’t really mean “any difference;” it has to mean any reasonable difference under the circumstances. He argued that while CAMFT would agree that it would be clearer to have the statute include wording like “meaningful” or “substantial,” but the absence of those words does not mean that any means absolutely any under any circumstances. He expressed the position that such would not be a reasonable reading of the statute.

In closing, Mr. Segal commented that the fact that the Board has been given the discretion to examine this issue and is not just ordered to administer an examination when the statute recognizes there are differences in the professions seems to imply two things.
First, he believed it implies that the Board is not supposed to be looking at the professions but rather at the practices of those professions as set forth in statute. He added that, secondly, it implies that the Board is allowed a certain amount of discretion as to where to draw the line as to what a “real” difference is in those practices. He continued that that is why regulatory bodies exist, to make such determinations given the guidance provided by the statutes by the legislature, otherwise the regulatory bodies would be left with nothing to do and no purpose.

Mr. Walker responded that Mr. Segal had raised a good point regarding profession and practice. He expressed the view that Dr. Montez should be asked if in her opinion there is a difference between profession and practice, so the Board can make a determination whether or not it does have adequate information at its disposal.

Dr. Montez stated that in her analysis, “profession” and “practice” have the same meaning. She noted that the words tend to be used interchangeably, explaining that one might hear about professions analysis, practice analysis, occupational analysis or task analysis. All are essentially looking at relatively the same thing where licensure is concerned, that being the expectations for entry level practice. Dr. Montez read to the group from the Standards for Educational and Psychological Testing, Standard XIV, 14, as follows:

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

Dr. Montez then read the additional comments in the book that underscored her earlier assertion that the words “profession” and “practice” are used interchangeably. She noted that when an occupational analysis or job analysis is conducted, you will see the words profession and practice used interchangeably, the idea being that you are looking at the tasks performed by those individuals in the profession.

Mr. Segal responded by noting that the question is not what the clinical definition would be, but rather what the statutory definition would be. He noted that what the group was attempting to accomplish is to determine what the legislature meant. He stated that from the statutory interpretation standpoint, if you start off with the idea that there are three different professions, there would be no need for the analysis to be performed to determine if there are differences, since the legislature already has said that differences exist. He repeated his earlier assertion that the statutory language would have said that there are differences, therefore you must test on the differences. Mr. Segal again stated that his interpretation of the statute is that it has been determined there are differences in the professions, and now the Board needs to determine whether there are any differences between the practices of the professions. If there are differences found, then the Board must test on those differences. He expressed the position that the distinction exists in the legislation, which could necessitate a distinction between the two words in Dr. Montez’ analyses. He added that if the words meant the same thing, he considered the approach taken in this case to be absurd because the legislature would have already declared the right answer.
Dr. Montez clarified that in her analyses the words are used interchangeably. She explained that the analysis did involve looking at the three professions and their expectations of practice, including the particular tasks performed in the professions and the underlying knowledge used to perform those tasks in the practice setting.

Richard Leslie, CAMFT, prepared to speak next. However, after a brief discussion between Ms. Madsen, Mr. Leslie, and Mary Riemersma, CAMFT, Ms. Riemersma spoke next. She thanked the Board for its willingness to schedule the day’s meeting, although she expressed concern with the challenges she felt were presented by what she referred to as the “distance option.”

Ms. Riemersma expressed concern that, since it appeared the discussion was returning to where it had been prior to the May Board Meeting, Board Members were arriving at conclusions about an issue without the benefit of public input. She spoke about the statement of work from which Dr. Montez was performing her analysis. She commented that the Statement of Work says there would be public meetings throughout California to obtain public input related to meaningful differences between the LPCC, MFT, and LCSW professions, said meetings to be held in February and March. Ms. Riemersma noted that to her knowledge, those hearings did not occur. She continued that, if the group was speaking about the letter of the law, the letter of the law says that the work would be done by the Office of Professional Examination Services. She noted that it was not until a question was raised about that that the issue was brought forth for public comment.

Ms. Riemersma voiced CAMFT’s belief that a test is unnecessary. She commented that when looking specifically at the practices of the professions, you see three professions that deliver the same service, making an examination unwarranted and unnecessary. Ms. Riemersma stated that CAMFT concurs with Dr. Montez’ findings, even though the Statement of Work Dr. Montez was responding to contained incorrect language and was talking about differences in the professions; Ms. Rhine’s memos to the Board also speak about differences in the professions and not differences in the practices. She emphasized, as had Mr. Segal, that the letter from AAMFT-CA contained seven references to differences in the professions, adding that it fails to state the law accurately. Ms. Riemersma added that if the group is talking about accuracy and looking at the intent of the law, to CAMFT it is clear.

Ms. Riemersma spoke about participating in the negotiations on the legislation with the various stakeholders involved in those discussions. She named various involved parties, including the Board’s former Executive Officer, Paul Riches. Ms. Riemersma reported that Mr. Riches had presented a detailed analysis comparing the scopes of practice of the three disciplines. His conclusion at that time, which Ms. Riemersma emphasized was offered as a representative of the Board, was that after reviewing the scopes of practice of the three disciplines, what you were left with was professions that ultimately deliver the same service, although the approaches are different. She noted that all three are providing mental health services with members of the public and the two differences that are attempting to be grand-parented into the LPCC profession have passed examinations that qualify them and have determined them safe to practice with the public providing mental health counseling and psychotherapy. She voiced the position that it is unnecessary to require further testing for work that said licensees can already perform. She stated that the statute was very carefully worded to make sure the involved parties were looking at practices and not differences in the professions.
Mr. Leslie identified himself as representing CAMFT, and briefly noted his history of association with the agency. He expressed the opinion that the Board has been provided with bad information, and voiced an interest in reviewing certain points so the Board would fully understand CAMFT’s position on this issue, which he described as serious.

Mr. Leslie first referred to the AAMFT letter dated May 10, 2010, which he noted was received by the Board three days following the May Board Meeting, during which the Board unanimously passed a motion. Mr. Leslie repeated Mr. Segal’s earlier comment that seven times in the AAMFT letter the word “professions” is used. He emphasized that the word “professions” is nowhere in the statute that AAMFT refers to when speaking of BPC 4999.54(b)(1) or (b)(2). He added that in Ms. Rhine’s memo of August 30, 2010, she states that BPC Section 4999.54(b)(2) gives the Board the authority to determine if an examination on the differences in the professions is necessary. He again emphasized that in looking at sections 4999.54(b)(1) and (b)(2), no reference is made to the “professions.”

Mr. Leslie expressed the opinion that Mr. Webb had made a key statement in the Board Members’ discussion, and raised a key issue. Mr. Leslie reminded the group that MFTs and LCSWs work with individuals, adults and children, couples, families and groups. He asked for a response to the question about what, in practice, an LPCC can do that an MFT or LCSW cannot do. He expressed an interest in having a discussion with the Board in an open meeting and open forum to explore that question. Mr. Leslie voiced the position that a review of the situation would reveal things an LPCC cannot do in their practice that an MFT or LCSW can do. He provided as an example that MFTs are authorized in law to perform custody evaluations; LPCCs are not. He continued by noting that he could provide a list of settings where an LPCC cannot work but an MFT can, and tasks such as treating minors without parental consent. He again emphasized that there is nothing an LPCC can do that an MFT cannot do. Mr. Leslie repeated his position that the discussions on this issue be conducted, in his words “openly and honestly,” with participation by Board Members and the public.

Mr. Leslie again restated the concern that the letter from AAMFT seven times misstates the law. He commented about earlier statements by the Board Chair that the Board must do what the law says. Mr. Leslie also again restated the CAMFT position that while the AAMFT correspondence refers to differences in the professions, the law refers to differences in the practices. He further restated Mr. Segal’s earlier position that it is already established that there are differences in the professions. He alluded to what he noted as being Dr. Montez’ perspective that the two words are treated the same; Mr. Leslie offered the differing perspective that they are not to be treated the same. Again, it was noted that the pertinent section does not contain the word professions, but rather refers to practice.

Mr. Leslie made reference to having to fight, with LCSW backing, when the issues were discussed previously with the Board of Psychology (BOP). He noted that BOP had been of the position that MFTs and LCSWs could not practice psychotherapy or conduct psychological testing. He stated that the groups had “proved them wrong,” and that it had been established that MFTs and LCSWs could be reimbursed by insurance companies for providing those services. He commented again about the use of words in the AAMFT letter being seven failed attempts to quote the law correctly. Mr. Leslie expressed concern with the misunderstanding and noted his interest in learning how and why the misunderstanding occurred. Mr. Leslie again made reference to Ms. Rhine’s memo of August 30, again noting the use of the word professions.
Mr. Leslie then made reference to meetings conducted with AAMFT and Board staff that CAMFT did not know about and which he stated, to his knowledge, no member of the public was aware of. Ms. Madsen asked if Mr. Leslie was referring to CAMFT’s allegations of violations to the Bagley-Keene Open Meeting Act, and emphasized that such was not the issue before the Board at the current meeting. She stated that the group was discussing whether a Gap Examination for MFTs and LCSWs is necessary; whether differences are found to exist and, if so, does the Board need to offer an examination. She added that if he wished to discuss the Bagley-Keene Open Meeting Act, such discussion could be held in another forum. She again emphasized that such discussion could not occur under the agenda item at hand. Mr. Leslie asserted he was not speaking about the Bagley-Keene Open Meeting Act. Ms. Madsen asked that he then cease making reference to that issue.

Ms. Riemersma commented to Ms. Madsen that Mr. Leslie was not discussing the Bagley-Keene Open Meeting Act. Ms. Madsen expressed concern and frustration that Mr. Leslie was making veiled comments regarding that issue, and noted that those comments were insulting to her integrity and that of the Board. Ms. Riemersma responded that the point being raised by Mr. Leslie is that there were meetings with AAMFT-CA. Mr. Walker commented that that was not an issue and the day’s proceedings were not the forum to raise that issue. Ms. Riemersma responded that she was talking about a statement of work that was provided to Dr. Montez, which called for obtaining public input. Ms. Madsen responded that the Board had obtained public input, as was known to Ms. Riemersma. It was established that Ms. Riemersma had attended all of the public meetings held to discuss the subject of a Gap Examination. Ms. Riemersma responded that while the various meetings that had occurred were all conducted lawfully, there were some meetings that did not occur at a time when CAMFT had the ability to provide input. She asserted the comments made by CAMFT representatives had nothing to do with the issue related to the Bagley-Keene Open Meeting Act. Mr. Leslie again revisited the issues he had raised earlier.

Mr. Walker commented to Ms. Lonner that Dr. Montez had previously indicated she used the words “profession” and “practice” interchangeably. He stated there was no reason to continue to have public comment on that issue, which he asserted was occurring at the current meeting. Mr. Walker stated that if there were others who wanted to provide different comments, they should be allowed to speak, but that it was unnecessary to further belabor the meaning or use of the two words in question.

Ms. Lonner commented that the Board has addressing practice throughout. Mr. Leslie again asked what a counselor could do in practice that an MFT or LCSW cannot do. Ms. Lonner offered career counseling as a response; Mr. Leslie responded that career counseling is not a regulated activity. Mr. Walker again reminded meeting participants that the meeting was at the point where public comment was being taken and there was no reason for the Board to answer questions.

Ms. Johnson noted to Ms. Lonner that an answer to Mr. Leslie’s question would best be provided by Dr. Montez. Mr. Leslie again asked the question about what an LPCC can do that an MFT or LCSW cannot. Mr. Walker stated it was up to the Board Chair whether or not to permit Dr. Montez to respond to the question. He again reminded Mr. Leslie that the public comment period on a particular issue was not the appropriate forum for the public to make a comment and have another member of the public answer the question. Mr. Leslie
responded that CAMFT would like to have a forum to discuss the issue. Mr. Walker again stated that it was up to the Board Chair whether to allow response from Dr. Montez to Mr. Leslie’s question; absent such permission the meeting needed to move on. Ms. Lonner expressed the belief that Dr. Montez had already addressed the issue, and therefore Ms. Lonner preferred to not permit Dr. Montez to respond. Mr. Walker confirmed that Dr. Montez had in fact previously addressed the issue. Ms. Lonner expressed the position that there was no point in having Dr. Montez repeat herself, and the meeting should move on.

Ms. Lonner asked that further public comment on this issue be conducted in a courteous and respectful manner.

Ben Caldwell, AAMFT-CA, noted that there had been quite a bit of discussion about the intent of the legislation. He stated that there is specific intent language contained in BPC Section 4999.11; he read a portion of that section. Dr. Caldwell expressed the position that it is a leap of language and logic to say that there are differences in the professions but doing those professions is the exactly same. He stated that it has been AAMFT’s contention from the beginning that there are meaningful differences between the practices, and a test should be administered addressing those differences. He added the position that such action is consistent with the language in the legislation.

Janlee Wong, National Association of Social Workers (NASW), California Chapter, expressed his appreciation to the Board and all involved parties for their efforts in working on the issue of a Gap Exam. He voiced his agreement with Ms. Riemersma, Mr. Leslie, and Mr. Segal. He noted that his interpretation of the statute is that the Board has discretion to decide whether or not to require a Gap Exam. He expressed his agreement with the findings in Dr. Montez’ report and her recommendation to the Board. Mr. Wong commented that the Board needs to consider other input as well, such as public comment, as well as from Board Members who are practitioners. He added that he did not agree that the decision had been made for the Board, but that the Board has the authority to decide what to do.

Mr. Wong also commented that it is important to consider how people practice. He noted that an occupational analysis is a very scientific manner of obtaining such information, but added that another way to do so is by gaining input from practitioners who are practicing in the professions of marriage and family therapy, clinical social work and professional clinical counseling, and evaluating that information.

Upon completion of the public comment, Mr. Walker indicated to the Board that the next step was to make a motion. He indicated that the Board must state within the motion that a Gap Examination is required. He added that the Board could then include within the same motion, or make a second motion, to direct staff to have the examination developed. He suggested language for the motion that the Board find that a Gap examination is necessary and staff of the Board is directed to develop that examination.

Renee Lonner moved that the Board find that a Gap examination is necessary and staff of the Board is directed to develop that examination. Judy Johnson seconded.

Mona Foster, Board Member, noted that the statute states that the Board and the Office of Professional Examination Services (OPES) shall develop the exam. She asked if the earlier motion was all inclusive. Mr. Walker responded affirmatively, because the Board is
part of the Department of Consumer Affairs. However, for purposes of clarification, he recommended that Ms. Lonner to withdraw her motion, and have the second agree to that withdrawal.

Ms. Lonner withdrew her earlier motion; Ms. Johnson agreed.

Mr. Walker then suggested that the motion be made to require a Gap Examination and have the examination developed.

Renee Lonner moved that the Board find that a Gap Examination is necessary and direct staff to have an examination developed. Judy Johnson seconded. The Board, via roll-call vote, voted five to three (5-3) to require the Gap Examination, and the motion carried.

It was noted that two of the Board Members who had previously been involved in the meeting were not available at the time the roll call vote was taken. A quorum was nonetheless maintained. Mr. Walker confirmed that the vote was based on the number of members present at the time of the vote.

III. Public Comment for Items Not on the Agenda

No public comment was offered.

Ms. Froistad asked permission to make a comment. She expressed her disappointment over the threatening of legal action and the questioning of the Board staff and the Board’s integrity by CAMFT. She stated her position that the Board and staff has always behaved honestly and followed the law. She expressed frustration over the need to conduct the day’s meeting under the circumstances it was called.

Ms. Lonner voiced her agreement with Ms. Froistad’s comments. She expressed her dismay, stating that differences of opinion are to be expected. She added that those differences in perspective should be aired in a manner that is not perceived as an attack on character. Ms. Lonner voiced her respect for all of the stakeholders who attend and participate in the meetings, and commented that she expected the same respect be shown to the Board. She encouraged any stakeholders who continue to be upset to sit down with a member of the Board and discuss their concerns.

Mr. Webb added his agreement with the other Board Members’ comments, noting his disappointment as an MFT. He also corrected those meeting participants who had previously referred to him as Dr., noting that the title was not appropriate for him.

IV. Suggestions for Future Agenda Items

None was offered.

The opened meeting session adjourned at 11:45 a.m. The Board moved into closed session.
To: Board Members

From: Christy Berger
Manager/Mental Health Services Act Coordinator

Subject: LCSW Education Committee Minutes

Date: October 20, 2010

Telephone: (916) 574-7834

The Board’s LCSW Education Committee met a total of five times during 2008 and 2009. The purpose of the Committee as explained by Chair Renee Lonner was as follows:

“… looking at the landscape in terms of how LCSWs are prepared to face today’s workplace which includes many different types of settings. In terms of education, the Committee is concerned with those MSWs who are interested in obtaining a clinical license. The first question is what do LCSWs need as an educational foundation in order to be able to land on their feet in this complex environment and in workplaces where the level of demand is typically very high. We need to look at the core competencies required for licensed independent practice. The Committee’s role is information gathering and data collecting, and the Committee hopes for a great deal of feedback from stakeholders. This is an open-ended inquiry, and the Committee does not know where it will lead.”

This Committee’s work was halted in July 2009 because of a shortage of board members to serve on committees and a reprioritization of workload due to staff furloughs.

The Committee’s last meeting took place on June 9, 2009, and staff recently discovered that the minutes for that meeting had not yet been approved. The minutes are attached for approval by the remaining members of that Committee, Renee Lonner and Donna DiGiorgio.

It is anticipated that the Board’s Licensing and Examination Committee will again consider the subject of LCSW education when time permits.

Attachment

LCSW Education Committee Draft Minutes June 9, 2009
LCSW Education Committee Meeting Minutes - DRAFT
June 8, 2009

Holiday Inn San Diego Downtown
Skyline Room
1617 First Avenue
San Diego, CA

Committee Members Present: 
Renee Lonner, LCSW Member, Chair
Gordonna “Donna” DiGiorgio, Public Member

Committee Members Absent: 
Joan Walmsley, LCSW Member

Staff Present: 
Paul Riches, Executive Officer
Kim Madsen, Assistant Executive Officer
Christy Berger, MHSA Coordinator

Guest List: 
On File

Renee Lonner, Chair, called the meeting to order at approximately 10:00 a.m., roll was taken, and a quorum was established.

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

II. Purpose of the Committee
Ms. Lonner explained that the LCSW Education Committee (Committee) has been meeting since May 2008 to take a look at the core competencies that are required in today’s workplace and how MSW education and LCSW preparation fit those core competencies.

III. Review and Approval of the October 27, 2008 Meeting Minutes
Donna DiGiorgio moved to approve the October 27, 2008 meeting minutes. Renee Lonner seconded. The Committee voted unanimously to pass the motion.

IV. Review and Approval of the December 8, 2008 Meeting Minutes
Christy Berger noted a correction on page 12, 4th paragraph. Charlene Ford should read Christine Ford.

Donna DiGiorgio moved to approve the December 8, 2008 meeting minutes. Renee Lonner seconded. The Committee voted unanimously to pass the motion.
V. Presentation by Consumers and Family Members Regarding Therapy Experiences

Presentation by Jimmie Garcia

Mr. Garcia shared his experiences regarding mental health. Mr. and Mrs. Garcia took care of his sister-in-law upon the death of his father-in-law. His sister-in-law had a strange behavior; however, coming from a Hispanic culture, mental illness was never discussed. For many years, Mr. Garcia’s sister-in-law suffered with the symptoms of her illness and never received any help, and, therefore, was never diagnosed. Once the family decided to get his sister-in-law help, she was diagnosed with paranoid schizophrenia. The Garcia’s did not know anything about this mental illness, so they joined a support group and took classes.

The Garcias met a representative from the Department of Mental Health, who encouraged Mr. Garcia to apply as a family member of the medical review team. He attended reviews of different counties throughout the state. His visits take him to visit consumers and to see how they are progressing. His concerns are to see that the needs of the Hispanic communities are being met. Mr. Garcia expressed that he has seen great improvement over the years. He has been able to share his knowledge of mental illnesses with others in his community who have approached him asking for information. Many of these people do not know anything about mental health and many do not accept that their loved ones have mental health issues.

When asked about the best vehicle to educate people in his community, he responded that the courses, specifically the Family to Family course, and literature were the most helpful.

Presentation by Jefferson Transitional Programs

Sue Moreland, CEO of Jefferson Transitional Programs (JTP), gave an overview of JTP stating that it is growing due to the MHSA funding. JTP has a staff of 55, and all but five individuals carry a chronic mental health diagnosis. JTP is committed to education through peers. JTP has two Peer Support and Resource Centers and The Place safe haven. The safe haven takes the most chronic person on the street that is homeless. They have two locations; one is Palm Springs and one in Riverside. Each location has a staff of 15 peers. JTP has a housing program with 25 beds and started an art program known as Art Works.

Art Works uses art to educate and encourage individuals to use creative arts for wellness and recovery. Funding is received through the community support and services initiative of the MHSA. The Art Works Performance Troupe performed a short play about the path of recovery from mental illness.

The Committee adjourned for lunch at 11:45 a.m. and reconvened at approximately 12:30 p.m.

VI. Discussion and Presentation Regarding Field Education in MSW Programs

(The beginning of item VI was not captured on the recording. The following minutes picks up where the recording was activated.)

Willie Vallegas, MSW Student, Loma Linda University, discussed his frustration in the discussion of cases with different MFT viewpoints regarding therapeutic techniques, theory and application; it was frustrating because he learned these skills at school and never
talked about them during internship because it was a different school of thought. However, he gained some insight and additional skills that he didn’t learn from MFTs.

Terry Forester, Director of Field Education, Loma Linda University, stated that as a field director he has seen for example one agency where MFTs and LCSWs were split 50/50. There was a balance of learning. Then it shifted towards an MFT model. It was difficult to get students placed and there was some competitive rivalry between the two disciplines. This dynamic occurs in a number of agencies. Another issue is, “is it clear who is doing what?” Who is doing the outcome evaluation; is it the mentor, the supervisor, or both; and is it clarified upfront? If it’s not, the student gets caught between this triangulation between the mentor and supervisor. What is the working relationship between the mentor and the supervisor? As a field director, it presents some challenges with the mentor models.

Another speaker joined the discussion, stating that they had a program, the Age Wise Program, where they work with the older adult population. There is a LCSW field instructor who could not do the clinical supervision piece because staff and resources were very limited, and she did not have the time to do the supervision. The speaker performed the clinical supervision and the field instructor performed the tasking. The field instructor was frustrated because she was not given the freedom to do that within her department. The county has those situations, there are a lot of MFTs who want to do supervision, and they couldn’t always supervise MFTs. There are some limitations; they do learn the learning plans at the universities but there are some conflicts that occur.

Another speaker joined the discussion. She stated that one of the challenges particularly in county agencies, they tend to use MFTs and LCSWs interchangeably as if they are the same and the job description is the same. Where it is a challenge is when the agency hires a MSW specifically for supervision and the individual is not available to the MSW the entire time they are in the placement, and this becomes a disadvantage. She feels that this is because there are more MFTs in county agencies than there are social workers.

Kim Madsen asked Mr. Vallegas what things from his experience he would take with him through his career and implement as a supervisor, and what he would not do. Mr. Vallegas responded that it would be helpful for a student to have a supervisor with an open door policy with limitations, and allowing more than one hour of supervision. Having a preceptor in the supervisor role is something that he would not do.

Mr. Forester added that it is very inconsistent as to what extent students received live supervision. That is very problematic in the field. As a field director, he struggles to know what his students are really doing if their work is not being observed. The literature states that only about 65% of students ever receive live supervision in a graduate school.

An audience member stated that the roles that are looked at in supervision are the administrative, educational, clinical and supportive roles. It sounds like the administrative role is addressed when supervising from the outside. The speaker stated that she was also asked to do that, but unless she can negotiate an administrative role, she would not do it. From a clinical role, they are providing what is needed. But on the administrative role, what authority do they have as a supervisor if they are not within the agency policies.

Paul Riches asked about the placement process.
An audience member stated that at CSU during the first year, she will meet with the student and gauge where the student has been and what they know, and she will attempt to give them a different experience. It also has a lot to do with the availability of placements. She also mentioned that there are so many changes that take place within agencies, that it does not get communicated back to the universities. It is difficult to keep up with the changes.

Mr. Vallegas added that another difficulty is had during internship was that clinicians worked random hours in order to meet with clients and their families. It was expected of him to work at random hours, such as Saturdays and Sundays, to meet with clients.

An audience member responded to Mr. Riches’ question. She stated that the students are placed in the first year. She meets with incoming students and conducts a field orientation. She assesses the students through interactive activities and exercises. Students are asked to list three placements of most interest and three of least interest. In most case, students are placed in one of the three placements that were of least interest. In their second year, the student has more choice.

An audience member representing a public mental health agency stated that his agency has paid positions; a lot of students want paid placement. With agencies located in several areas, students are also looking for a placement that is geographically preferred. Field instructors try to match the students with a placement where they may need to expand their learning.

An audience member representing USC stated that they have one of the largest schools with over 800 students this year and 15 field faculty that place the students and conduct interviews. One of the challenges is tuition and paid stipends. More students want to return to school after working in the community. There are unique opportunities in every school, for example, USC is providing military social work. USC has a part-time program and students are looking for Saturday placements. Consumers are being referred to USC from the Department of Rehabilitation. There are challenges in determining how to create supports for them within the context of the very rigorous academic program.

An audience member representing Ventura County stated that from the agency’s perspective, that it is a challenge that they hire MFTs and social workers and they all go under the same job settings even though they have different job titles. It is important to create a unique opportunities and training experiences for the students that’s respective of their discipline.

A field instructor stated that there are a lot of challenges. The learning plan is driven by so many different layers such as the code of ethics, the Council of Social Work Education (CSWE), and the Board of Behavioral Sciences. When looking at a learning plan, it’s a challenge to know where to start in evaluating a student in terms of knowing what their skills are. Now there’s many changes going on in county mental health, and it’s moving away from the traditional model of psychotherapy and is doing more case management wrapped around family interventions. That has a huge impact from what is being taught at the universities, and to the county, the BBS, and CSWE. Another issue is online classes. How do we maintain the integrity of the program and do we have flexibility with what they can do online.
An audience member expressed that she is against online coursework because social work is face-to-face and in the moment. Social skills are lost when it’s not face-to-face.

An audience member stated that in her experience as a liaison, she sees a lot of preceptors don’t know what to do. She went out to the agencies during field visits and discussed the learning plan. The preceptor and field instructor understood it, and it became more manageable. This made a difference in the internship.

Mr. Forester expressed that the tone of the discussion is what is the best practice model for supervision, and he is not sure there is one that has been articulated in the literature. What should be the minimal standards of practice for supervision? The literature will say that it takes 3 hours per week for credible supervision. In reality, do supervisors have the time to do that?

An audience member commented that she found, in addition to the issues raised by Mr. Forester, that part of the process that makes it difficult is that, although many field directors or field faculty do the leg work to ensure quality supervision sites, any problems that might come up are not reported to the field director. It isn’t until such time as the supervisor notes that the students are not progressing as well as is preferred that the issue is researched. Students are queried and it is determined that the placement might not be working or “doing what they say they are doing.” She noted that often students don’t report problems with the supervision placement because they see what happens when other student placements don’t work out and they don’t want to experience those problems, whether it be delays in getting a new placement or being held accountable for the difficulty (as opposed to the agency). She spoke of her discovery about a placement site that many other programs held in high regard that, although “the population” was great, the supervision was not. When she further researched her findings, she learned that other schools were familiar with the problems at this setting, but were so afraid of not having enough placements that the problems were ignored. She spoke of the significance of remembering what is important for the student, while still maintaining a productive relationship with the agency so that students receive quality supervision.

Mr. Forester spoke about how his program performs an initial, one-on-one interview with the student; essentially, an educational diagnosis of the student on several levels, including their work experience, life experience, and emotional maturity. He wondered about the need for a similar type of diagnosis where supervisors are concerned. What types of questions should the student ask during the placement interview? He spoke of a significant difference between first and second-year students, the second year student having a year of practice experience and supervision under their belt. With second year students there is a notable difference in the types of questions they ask during orientation that they should be asking when they go on the pre-placement interview for the second year. The students are much more comfortable. He spoke of tutoring these students on how to ask questions about, for example, the theoretical knowledge of the supervisor; what workshops the supervisor has attended; how knowledgeable is the supervisor in the areas of evidence-based practice and recovery models. The second year students are much more astute and willing to ask those kinds of questions. The challenge is with the first year student who comes in, fresh out of graduate school, and is intimated by the power difference in the supervisor relationship, to be able to say, “Tell me about your agency. Tell me about turnover. Tell me about stability of the budget.” They are not going to know to do that. Mr. Forester suggested that that is the challenge for the field director, to be that voice, particularly to the first year student, to find out what’s really going
on at the agency. He spoke of changes that are occurring at many agencies due to budgetary concerns. He reported his efforts to keep on top of what is happening at the supervision sites by either visiting a site himself or having one of a team of faculty check out a site and report any red flags that may come up.

Meeting participants added comment about various aspects of field placement, including the difficulty in finding supervision for students who seek evening and weekend placements.

Janlee Wong, NASW, spoke about the difference in MSW field work and post-graduate accumulation of work experience hours for licensure is really the difference between instruction in an academic sense and skills learning on-the-job. He spoke of often hearing people confuse field experience in an MSW program as on-the-job learning of skills. In theory it is supposed to take the classroom theories and have the field instructor apply them on-the-job where the clients are the students. He reported it is very different than when one graduates with the MSW, applies for the license, wants to gain hours of experience, and the employer expects one to fill the requirements of an employee. He noted that the supervision in this case is significantly different from what occurs while still in the MSW program.

VII. Presentation on Social Work Practice in Correctional Facilities, Schools, and Medical Settings

Christy Berger began the discussion by asking presenters to introduce themselves. The presenters were Rachel Strydom, Patton State Hospital; Patsy Andrada, CSU San Bernardino; Amy Cho, City of Hope; Priscilla Sobremonte, Department of Corrections and Rehabilitation; and Christina Lynch, Beaumont Unified School District.

Rachel Strydom, Patton State Hospital, spoke about looking at the program she works with from a supervisory standpoint. She looks at the program as administrative, educational/clinical, and supportive. When she developed the program, she wanted to be able to integrate the students into the agency on more of a macro level, the thought being that if the student is to provide quality care they need to know how the agency is run. Students operate under her license with mentors who are MSWs or LCSWs. She described how she designed her program, from the admission process through case assignment, discharge planning, individual therapy, group therapy, and then back to the admission process to hone up again on the assessment skills. Her program requires 24 hours of supervision per week. Students are required to participate in both individual and group supervision. Ms. Strydom elaborated on how individual and group supervision is focused within her program, what the supervision is intended to accomplish, and the steps taken to meet that goal. Essentially, the supervision is set up in terms of, “Here’s the content, let’s look at it, and let’s process through it.” She spoke about matching students with a mentor who is best suited for the student. In general, the internship and supervision is set up to teach the student about that specific agency while at the same time teaching skills that can be used in any setting. She also touched on various other issues that could be applicable to supervisees at Patton State Hospital.
Ms. Berger asked Ms. Strydom to speak about the types of clients, the practice setting, and related issues. Ms. Strydom reported that Patton State Hospital is the largest forensic mental health facility in the country. She indicated that it is a maximum security facility, so it is fenced. Outside security is provided by the state Department of Corrections, and the area inside the fence line falls under the jurisdiction of the Department of Mental Health, so there is a different philosophy about interacting with the individuals/clients at the hospital. The patient population includes mentally disordered offenders, who are individuals who have served their time but as a condition of parole are deemed too dangerous to go back to the community so they are sent to Patton for treatment. Also at the hospital are individuals who have been found guilty of the offense, but not guilty because at the time of the offense they did not know the difference between right and wrong. This contrasts with the mentally disordered offender who is believed to have known right from wrong although they were mentally ill at the time of the crime. The population also includes individuals who are incompetent to stand trial. Ms. Strydom stated that Patton State Hospital is the only state hospital who takes women from prison, meaning that as the offender deteriorates in prison and needs more services, the correctional facility will send the offender to Patton to help stabilize the individual, at which time they are returned to prison. Students may be assigned anywhere in the hospital, but guidelines, such as not sending a student to a unit that is down a staff member, are followed. Students are only assigned to full units, and are an adjunct to the full-time staff. Additionally, there is always an assigned mentor.

Ms. Andrada noted that placement at Patton State Hospital for supervision is highly sought after for many reasons, not least of which are the reputation of the agency and the reputation of the program.

Priscilla Sobramonte, Department of Corrections and Rehabilitation (CDCR), spoke about her experiences working for the CDCR. She expressed the view that the CDCR population is a social work population. For many years psychologists have been in charge with most of the authority regarding treatment of the population. She cited as her passion the idea of having others understand what social workers do in the department. She provided historical information about the introduction of mental health into corrections, citing various legal actions.

Ms. Sobramonte explained that within corrections there are several divisions, including health care services, paroles, and within paroles are parole outpatient clinicians, who are case managers. They are assigned to patients who are on mental health services after the patient has left the prison. There is also a division of juvenile justice. Ms. Sobramonte noted that she works in health care services. She spoke about the type of services provided and the genesis of those services. She indicated that job opportunities are available in her division and provided information about those opportunities. Ms. Sobramonte then provided information about other divisions within the department, and noted that her intent was to show the complexity of the correctional system and the mental health component of that system. She spoke about the frustrations of social workers working in the correctional system in that the social workers are trained and know the services necessary for that population, but governing policies and decisions are made by other individuals within the department. She also spoke about the types of disorders that are treated within the correctional system including all the major mental illnesses as well as individuals with medical necessities, i.e., who are not able to function within the general population. Ms. Sobramonte noted that the correctional system originally was created to
house prisoners. Since that time, however, as a result of the closure of mental health programs, the system now contains a large population of individuals who are mental health patients, which is a big problem. She summarized her presentation by saying that there is need for social workers on the outside to help social workers on the inside. She indicated that social workers employed within the correctional system are working hard to get inmates stabilized, but once the inmate is released from the system, those social workers can no longer provide the needed services and therefore, depend on social workers outside the system to continue providing the needed assistance.

A meeting participant asked why county agencies could not provide the needed social work services to parolees. Ms. Sobramonte responded that when an individual is on parole, he/she is encouraged to use parole services. It is not until after parole is completed that the individual can access mental health services, otherwise it is considered double dipping.

Rachel Strydom, Patton State Hospital, noted her involvement in a project that would resolve the issue raised by Ms. Sobramonte. The project would be to create a model liaison and ultimately end up with one point of contact for direct services.

Clara D’Agostino indicated she was asked to attend the meeting as a representative of California Association of School Social Work.

Amy Cho, Department of Supportive Care Medicine, City of Hope, reported she is new to City of Hope and spoke about her experiences in her current and previous positions. She spoke about social work practice in an acute medical setting. She reported that currently at City of Hope there are more than 13 social workers, and she described the types of positions held by those social workers, including a new pilot program to walk the patient through every step of treatment. Ms. Cho indicated that the LCSWs fall under the Department of Supportive Care Medicine, which includes psychology, psychiatry, and social work. Ms. Cho described City of Hope as purely clinical, which is very unique. The social workers are viewed as more than referrals; it is recognized what social workers are trained to do and capable of doing and meant to do. Another new pilot program involves having physicians work closely with one social worker so when social work services are needed, there is one social worker who might be contacted instead of physicians calling for a social worker. As a result, social workers benefit by growing in their knowledge of a specific diagnosis, and rapport between the physicians and social workers is built.

Ms. Cho added that social workers at City of Hope are expected to be involved in program development. She spoke of a newly approved social work ladder. At the highest level, social workers are counted on to lead support groups, take part in pilot projects, and be proactive regarding committees within and outside the institution both in clinical and research contexts. She commented that it apparently is unique to her facility that social workers are not involved in discharge planning.

Discussion continued among meeting participants about the history of social work in the medical environment, and what is expected of social workers in that environment today.

Christina Lynch, Counselor, Glen View High School, Beaumont Unified School District, commented that she too believes that social workers, despite their broad base of skills, can be narrowly defined as far as what they can bring to the table. She stated that this happens in education. From the administration point of view, the number one goal of a
school counselor in the educational setting is improving educational outcomes for the students. She indicated that while she does not regularly use her clinical skills as a school counselor, there are various programs or settings in which she can use her clinical background to the student’s benefit. Ms. Lynch spoke briefly about her specific role as a school counselor.

Ms. D’Agostino commented that she also has a history working in a school setting. She stated that while in grad school, she didn’t think about being involved in the community organizational/planning piece. However, she has learned that to be successful as a social worker in a school, she must draw on all skills related to working with others, working with systems, and working with administration. She expressed that she sees herself as doing true social work in her role as a Safe Schools Coordinator. She reported working with interns from a number of schools and spoke briefly about the impact of a good first-year placement on a student’s second year of supervised practice. Ms. D’Agostino also touched on the role of the social worker in her school district and the areas in which social workers can be involved as a result of their education and experience or with additional training in specific topics. She spoke of one intern who she had supervised in the education setting having successfully completed the first part of the licensure examination. She asked the student how prepared she felt for the exam. The student responded that she felt very prepared academically to do the school-based social work. The student reported having completed pre-tests and felt that she was not prepared to look at the broad spectrum of what social work does given the experience that she had. She felt that to be prepared, a student needs to have experience doing treatment in the areas of depression, anxiety, and family counseling. The student reported that experience in those areas is important because such experience can be transferred to different populations.

Ms. D’Agostino touched on various areas she believes are important for social workers to be familiar with in today’s environment, such as how to obtain necessary funding to support programs that may have lost financial support due to budgetary problems.

VIII. Discussion of Additional Social Work License Category

Renee Lonner reported that the Committee has been meeting over the past year to solicit ideas from stakeholders. The Committee has noted a recurring theme of the existence of two fairly separate components to social work that would logically have some major differences in terms of education, training, and experience. Those components are: clinical social work focused on the person in the environment (bio/psychosocial knowledge base); and macro social work defined as groups in the environment and the social environment itself, as the subject of needed change.

Rather than continuing to try to force the two different facets of social work together, the Committee is of the mind that perhaps it is time to acknowledge both social work traditions and their differences. Ms. Lonner then asked for input about the idea of creating a second social work license that would license certain aspects of macro practice. The thought is that the new license would be an administrative and perhaps management-related type of license. Individuals with this macro-based license would begin the job of bringing what are seen as much needed changes to a variety of social agencies.

Ms. Berger encouraged meeting participants and attendees to submit their thoughts or ideas on this subject to the Board via its website.
IX. Future Meeting Dates
This agenda item was not discussed.

X. Suggestions for Future Agenda Items
No suggestions were made for future agenda items.

XI. Public Comment for Items Not on the Agenda
An audience member spoke about the recovery model and how it is seen as a new idea, when in fact it has been a part of basic social work theory for many years. She expressed the position that social workers need to be better about marketing themselves and the social work profession.

The meeting was adjourned at approximately 3:30 p.m.
2011 MEETING DATES

BOARD MEETINGS

February 23-24, 2011
May 18-19, 2011
August 17-18, 2011
November 9-10, 2011

COMMITTEE MEETINGS

Policy and Advocacy Committee

January 13, 2011
April 7, 2011
July 21, 2011
October 13, 2011

Licensing and Examination Committee

March 24, 2011   Sacramento, CA
June 16, 2011   Sacramento, CA
September 15, 2011   Sacramento, CA

Compliance and Enforcement Committee

March 24, 2011   Sacramento, CA
June 16, 2011   Sacramento, CA
September 15, 2011   Sacramento, CA
Summary Fiscal Year 2009/2010

Several directives to achieve reductions in expenditures altered the Board’s approach to conducting its business. The Board was directed to restrict travel to mission critical functions, renegotiate contracts to achieve a 15% savings, and the three-day per month furlough order are a few of the directives implemented to address the California’s ongoing fiscal crisis. As a result of the directives, at the July 28, 2010 meeting, the Board projected an unexpended amount of $56,000 at the end of 2009/2010.

A majority of the final figures for the 2009/2010 budget have been entered. As a result, the unexpended amount figure reflects a significant increase from our initial projection of $56,000. Specifically, this figure increased to $445,648. You will recall that the Board had committed to reverting $219,000 from its Operating Expense and Equipment line. This projected savings was not reverted. Further, additional savings from our enforcement budget and general expenses account for the increase in our unexpended amount figure.

While a few expenditures may remain outstanding, the Board’s unexpended amount is not expected to reduce significantly from this current figure.

Fiscal Year 2010/2011

On October 8, 2010, Governor Schwarzenegger signed the budget for fiscal year 2010/2011. The signing of the budget provides the Board the spending authority for its $8,308,000 budget and MHSA budget of $122,000. The Board immediately resumed business activities and is working diligently to ensure vendor payments submitted during the first quarter of the fiscal year are paid as quickly as possible.

The Board will continue to operate under Executive Order S-01-10 which directs state agencies to achieve an additional five percent savings in personnel expenditures as well as directives to continue to reduce Operating Expenses and Equipment items. The Board continues to utilize its resources efficiently to achieve compliance with the directives and provide the highest level of service possible under these circumstances.

Budget Going Forward

Despite the passage of the state budget, the Legislative Analyst Office (LAO) indicates that California will continue to face budget problems in 2011/2012 and beyond. The LAO notes that some of the budget solutions are one-time or temporary in nature. So a full economic recovery in California does not appear to be in the near future. In mid November, the LAO will release its fiscal outlook report. This report will provide some insight as to the budget challenges California lawmakers will grapple with as they prepare the 2011/2012 budget.

Although the Board is a self-funded agency and is fiscally solvent, the Board is part of the state government structure. Therefore, the Board anticipates continued direction to achieve reductions in expenditures to assist in the overall efforts to provide the needed fiscal relief to the California State Budget.
### Analytical Fund Condition

(Dollars in Thousands)

#### 0773 - Behavioral Science

**Analysis of Fund Condition**

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

**2010-11 Governor’s Budget + $1B SB 788 Revenue & AB 2191 Revenue Loss w/ GF Loan Repayment**

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#### REVENUES AND TRANSFERS

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<td>Sale of fixed assets</td>
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<td>Escheat of unclaimed checks and warrants</td>
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<td>$3</td>
<td>$3</td>
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<td>Miscellaneous revenues</td>
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<td>$3</td>
<td>$3</td>
<td>$3</td>
<td>$3</td>
<td>$3</td>
<td>$3</td>
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<tr>
<td>Totals, Revenues</td>
<td>$6,211</td>
<td>$8,350</td>
<td>$10,194</td>
<td>$9,360</td>
<td>$9,855</td>
<td>$10,037</td>
<td>$10,277</td>
</tr>
</tbody>
</table>

#### Transfers from Other Funds

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>F00683 Teale Data Center (CS 15.00, Bud Act of 2005)</td>
<td></td>
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<tr>
<td>GF Loan Repayment</td>
<td></td>
<td>$6,000</td>
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<td></td>
<td></td>
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<tr>
<td>Totals, Revenues and Transfers</td>
<td>$6,211</td>
<td>$8,350</td>
<td>$10,194</td>
<td>$9,360</td>
<td>$9,855</td>
<td>$10,037</td>
<td>$10,277</td>
</tr>
</tbody>
</table>

#### Transfers to Other Funds

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>T00001 GF loan per item, BA of 2008</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Totals, Revenues and Transfers</td>
<td>$6,211</td>
<td>$8,350</td>
<td>$10,194</td>
<td>$9,360</td>
<td>$9,855</td>
<td>$10,037</td>
<td>$10,277</td>
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<tr>
<td>Totals, Resources</td>
<td>$10,704</td>
<td>$13,130</td>
<td>$14,764</td>
<td>$15,353</td>
<td>$16,194</td>
<td>$16,985</td>
<td>$17,866</td>
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#### EXPENDITURES

Disbursements:

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<tr>
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</thead>
<tbody>
<tr>
<td>8860 FSCU (State Operations)</td>
<td>$4</td>
<td>$10</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
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<tr>
<td>8880 Financial Information System for California</td>
<td>$4</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
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<tr>
<td>1110 Program Expenditures (State Operations)</td>
<td>$6,004</td>
<td>$8,546</td>
<td>$8,717</td>
<td>$8,891</td>
<td>$9,069</td>
<td>$9,250</td>
<td>$9,435</td>
</tr>
<tr>
<td>Net Reimbursements</td>
<td>(94)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1B Enforcement BCP - Cal-licensing (BreEZe)</td>
<td>$54</td>
<td>$123</td>
<td>$177</td>
<td>$146</td>
<td>$146</td>
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<tr>
<td>Totals Disbursements</td>
<td>$5,924</td>
<td>$8,560</td>
<td>$8,771</td>
<td>$9,014</td>
<td>$9,246</td>
<td>$9,396</td>
<td>$9,581</td>
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#### FUND BALANCE

<table>
<thead>
<tr>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Reserve for economic uncertainties</td>
<td>$4,780</td>
<td>$4,570</td>
<td>$5,993</td>
<td>$6,339</td>
<td>$6,948</td>
<td>$7,589</td>
<td>$8,285</td>
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<tr>
<td>Months in Reserve</td>
<td>6.7</td>
<td>6.3</td>
<td>8.0</td>
<td>8.2</td>
<td>8.9</td>
<td>9.5</td>
<td>#REF!</td>
</tr>
</tbody>
</table>

**NOTES:**

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2008-09 AND ON-GOING.

B. ASSUMES INTEREST RATE AT 2%.

C. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.
## BBS EXPENDITURE REPORT FY 2010/11

<table>
<thead>
<tr>
<th>OBJECT DESCRIPTION</th>
<th>09/10</th>
<th>FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACTUAL EXPENDITURES</td>
<td>BUDGET ALLOTMENT</td>
</tr>
<tr>
<td>PERSONAL SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary &amp; Wages (Civ Svc Perm)</td>
<td>1,427,474</td>
<td>2,130,346</td>
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<tr>
<td>Salary &amp; Wages (Stat Exempt)</td>
<td>73,889</td>
<td>91,128</td>
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<tr>
<td>Temp Help (907)(Seasonals)</td>
<td>107,988</td>
<td>7,105</td>
</tr>
<tr>
<td>Temp Help (915)(Proctors)</td>
<td>0</td>
<td>444</td>
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<tr>
<td>Board Memb (Per Diem)</td>
<td>8,900</td>
<td>12,900</td>
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<tr>
<td>Overtime</td>
<td>9,148</td>
<td>14,533</td>
</tr>
<tr>
<td>Totals Staff Benefits</td>
<td>721,076</td>
<td>869,098</td>
</tr>
<tr>
<td>Salary Savings</td>
<td>(94,798)</td>
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<tr>
<td><strong>TOTALS, PERSONAL SERVICES</strong></td>
<td>2,348,475</td>
<td>3,030,756</td>
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<tr>
<td>OPERATING EXP &amp; EQUIP</td>
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<td></td>
</tr>
<tr>
<td>Fingerprint Reports</td>
<td>44,127</td>
<td>41,954</td>
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<td>General Expense</td>
<td>83,649</td>
<td>37,491</td>
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<tr>
<td><strong>Printing</strong></td>
<td>78,506</td>
<td>121,756</td>
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<td>Communication</td>
<td>15,407</td>
<td>40,342</td>
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<tr>
<td>Postage</td>
<td>80,333</td>
<td>124,271</td>
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<tr>
<td>Travel, In State</td>
<td>80,549</td>
<td>119,589</td>
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<tr>
<td>Travel, Out-of-State</td>
<td>3,018</td>
<td>4,198</td>
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<tr>
<td>Training</td>
<td>9,901</td>
<td>20,463</td>
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<tr>
<td>Facilities Operations</td>
<td>183,233</td>
<td>226,600</td>
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<tr>
<td>C&amp;P Services - Interdept.</td>
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<td>139,939</td>
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<tr>
<td><strong>C&amp;P Services-External Contracts</strong></td>
<td>15,877</td>
<td>32,902</td>
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<tr>
<td>DEPARTMENTAL PRORATA</td>
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<tr>
<td>DP Billing (424.03)</td>
<td>308,736</td>
<td>463,052</td>
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<td>Indirect Distribution Costs (427)</td>
<td>319,552</td>
<td>516,141</td>
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<td>Public Affairs (427.34)</td>
<td>13,865</td>
<td>38,653</td>
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<td>D of I Prorata (427.30)</td>
<td>11,925</td>
<td>19,623</td>
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<td>Consumer Relations Division (427.3)</td>
<td>15,540</td>
<td>23,071</td>
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<td>OPP Support Services (427.01)</td>
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<td>490</td>
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<td>Interagency Services (OER IACs)</td>
<td>217,591</td>
<td>355,065</td>
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<td>Consolidated Data Services (428)</td>
<td>3,959</td>
<td>24,382</td>
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<tr>
<td>Data Proc (Maint,Supplies,Cont)</td>
<td>12,145</td>
<td>10,165</td>
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<tr>
<td>Statewide Pro Rata (438)</td>
<td>177,947</td>
<td>236,578</td>
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<tr>
<td>EXAM EXPENSES</td>
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<tr>
<td>Exam Site Rental</td>
<td>82,437</td>
<td>99,630</td>
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<td>Exam Contract (PSI) (404.00)</td>
<td>370,380</td>
<td>358,659</td>
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<tr>
<td>Expert Examiners (404.03)</td>
<td>235,791</td>
<td>365,260</td>
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<tr>
<td>ENFORCEMENT</td>
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<td>Attorney General</td>
<td>844,865</td>
<td>1,006,174</td>
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<td>Office of Admin. Hearing</td>
<td>67,397</td>
<td>242,228</td>
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<td>Court Reporters</td>
<td>6,091</td>
<td>0</td>
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<tr>
<td>Evidence/Witness Fees</td>
<td>53,738</td>
<td>80,334</td>
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<td>Division of Investigation</td>
<td>334,508</td>
<td>408,034</td>
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<tr>
<td>Minor Equipment (226)</td>
<td>34,811</td>
<td>26,700</td>
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<td>Equipment, Replacement (452)</td>
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<td>8,500</td>
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<td>Equipment, Additional (472)</td>
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<td>66,000</td>
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<tr>
<td>Vehicle Operations</td>
<td>0</td>
<td>19,000</td>
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<tr>
<td><strong>OE&amp;E Reduction Plan</strong></td>
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<tr>
<td><strong>TOTAL, OE&amp;E</strong></td>
<td>3,705,878</td>
<td>5,277,244</td>
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<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>6,054,353</td>
<td>$8,308,000</td>
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<table>
<thead>
<tr>
<th>Reimbursements</th>
<th>FY 09/10 Actuals</th>
<th>Budget Alloctment</th>
<th>Current as of 9/30/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingerprints</td>
<td>(46,690)</td>
<td>(24,000)</td>
<td>(14,095)</td>
</tr>
<tr>
<td>Other Reimbursements</td>
<td>(11,665)</td>
<td>(26,000)</td>
<td>(2,390)</td>
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<tr>
<td>Unscheduled Reimbursements</td>
<td>(75,304)</td>
<td>0</td>
<td>(12,721)</td>
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<tr>
<td><strong>Total Reimbursements</strong></td>
<td>(133,659)</td>
<td>(50,000)</td>
<td>(29,206)</td>
</tr>
</tbody>
</table>

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.
## MHSA EXPENDITURE REPORT FY 2010/11

<table>
<thead>
<tr>
<th>OBJECT DESCRIPTION</th>
<th>2009/10 ACTUAL EXPENDITURES</th>
<th>2010/11 BUDGET ALLOTMENT</th>
<th>CURRENT AS OF 9/30/2010</th>
<th>UNENCUMBERED BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONAL SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary &amp; Wages (Civ Svc Perm)</td>
<td>61,483</td>
<td>73,542</td>
<td>16,683</td>
<td>56,859</td>
</tr>
<tr>
<td>Totals Staff Benefits</td>
<td>25,736</td>
<td>26,511</td>
<td>6,788</td>
<td>19,723</td>
</tr>
<tr>
<td>Salary Savings</td>
<td>(3,083)</td>
<td>(3,083)</td>
<td></td>
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<tr>
<td><strong>TOTALS, PERSONAL SERVICES</strong></td>
<td><strong>87,219</strong></td>
<td><strong>96,970</strong></td>
<td><strong>23,471</strong></td>
<td><strong>73,499</strong></td>
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<td><strong>OPERATING EXP &amp; EQUIP</strong></td>
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<td>General Expense</td>
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<td>Printing</td>
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<td>0</td>
<td>0</td>
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<td>Communication</td>
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<td>0</td>
<td>0</td>
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<td>Postage</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Travel, In State</td>
<td>3,057</td>
<td>0</td>
<td>307</td>
<td>(307)</td>
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<tr>
<td>Training</td>
<td>5,180</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Facilities Operations</td>
<td>2,360</td>
<td>2,000</td>
<td>2,347</td>
<td>(347)</td>
</tr>
<tr>
<td>Minor Equipment (226)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C&amp;P Svs - External (402)</td>
<td>163,860</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Statewide Prorata (438)</td>
<td>7,195</td>
<td>22,626</td>
<td>0</td>
<td>22,626</td>
</tr>
<tr>
<td><strong>TOTAL, O&amp;E&amp;E</strong></td>
<td><strong>184,182</strong></td>
<td><strong>25,030</strong></td>
<td><strong>2,654</strong></td>
<td><strong>22,376</strong></td>
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<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>271,401</strong></td>
<td><strong>$122,000</strong></td>
<td><strong>$26,125</strong></td>
<td><strong>$95,875</strong></td>
</tr>
</tbody>
</table>

Index - 3085

PCA - 18385

DGS Code - 057472

10/20/2010
OVERVIEW

Addressing an $18 Billion Budget Problem.

The 2010-11 Budget Bill was passed by the Legislature and signed by the Governor on October 8, 2010. The plan attempts to address one of the most vexing state budget shortfalls in California’s history—the product of a continuing structural imbalance between state revenues and expenditures and a slow recovery from a severe recession that began in 2007 and ended in 2009.

In May 2010, the administration estimated that there would be a gap of $17.9 billion between General Fund resources and expenditures in 2010-11 under then-existing laws and policies. To address this projected gap, the Legislature and Governor opted for a package of budget actions summarized in Figure 1 (see next page). That package (including vetoes) includes the following actions (based on our office’s categorization):

- $7.8 billion of expenditure-related solutions (including ongoing and temporary cost or service reductions).
- $3.3 billion of revenue actions (including $1.4 billion in higher assumed baseline state revenues consistent with our May 2010 state revenue forecast).
- $5.4 billion of new federal funding (most of it not yet approved by Congress).
- $2.7 billion of largely one-time loans, transfers, and funding shifts.

The package does not include the Governor’s proposed elimination of the California Work Opportunity and Responsibility to Kids (CalWORKs) and subsidized childcare, and it does not include reductions in social services grant levels.

If all of the assumptions are met in the package, the state would be left with a $1.3 billion General Fund reserve at the end of 2010-11, as shown in Figure 2 (see page 3).

Longer-Term Budget and Pension Changes.

The budget package includes legislation proposed by the Governor to decrease pension benefits for state employees hired in the future. The package also places a measure on a future state ballot that is intended to stabilize state finances in the future by increasing amounts deposited to the state’s rainy-day fund in certain years. While these changes would help the state’s longer-term...
fiscal situation, they would have little effect in the shorter term. We estimate that well over two-thirds of the 2010-11 budget solutions are one-time or temporary in nature. This means that California will continue to face sizable annual budget problems in 2011-12 and beyond.

**Governor’s Vetoes.** When signing the budget, the Governor vetoed $963 million in General Fund spending that had been approved by the Legislature. In doing so, the anticipated year-end reserve increased from $364 million to $1.3 billion. The vetoes included:

![Figure 1](image-url)

**General Fund Budget Solutions in the 2010-11 Budget Plan**

<table>
<thead>
<tr>
<th>Reduced Costs or Increased Revenues</th>
<th>In Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure-Related Solutions</strong></td>
<td></td>
</tr>
<tr>
<td>Reduce Proposition 98 costs</td>
<td>$3.4</td>
</tr>
<tr>
<td>Reflect savings in state employee payroll, benefit, and related costs</td>
<td>1.6</td>
</tr>
<tr>
<td>Reduce budget for prison medical care</td>
<td>0.8</td>
</tr>
<tr>
<td>Assume accelerated receipt of federal TANF funds</td>
<td>0.4</td>
</tr>
<tr>
<td>Defer or suspend local government mandates</td>
<td>0.4</td>
</tr>
<tr>
<td>Achieve IHSS savings through various actions</td>
<td>0.3</td>
</tr>
<tr>
<td>Reflect reductions in adult prison population</td>
<td>0.2</td>
</tr>
<tr>
<td>Offset UC and CSU General Fund costs with federal economic stimulus funding</td>
<td>0.2</td>
</tr>
<tr>
<td>Require managed care enrollment for certain Medi-Cal recipients</td>
<td>0.2</td>
</tr>
<tr>
<td>Adjust other spending (net reduction)</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>($7.8)</strong></td>
</tr>
<tr>
<td><strong>Federal Funding and Flexibility Solutions</strong></td>
<td></td>
</tr>
<tr>
<td>Assume enhanced federal funding and/or additional cost flexibility</td>
<td>4.1</td>
</tr>
<tr>
<td>Score savings from recent congressional action to extend FMAP support</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>($5.4)</strong></td>
</tr>
<tr>
<td><strong>Revenue-Related Solutions</strong></td>
<td></td>
</tr>
<tr>
<td>Adopt LAO’s May 2010 revenue forecast</td>
<td>$1.4</td>
</tr>
<tr>
<td>Suspend for two years the ability of businesses to deduct net operating losses</td>
<td>1.2</td>
</tr>
<tr>
<td>Score additional revenues from previously authorized sale leaseback of state office buildings</td>
<td>0.9</td>
</tr>
<tr>
<td>Adopt other compliance actions and reductions in business taxes (net reduction)</td>
<td>-0.1</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>($3.3)</strong></td>
</tr>
<tr>
<td><strong>Loans, Loan Extensions, Transfers, and Funding Shifts</strong></td>
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</tr>
<tr>
<td>Borrow from special funds</td>
<td>$1.3</td>
</tr>
<tr>
<td>Extend due dates for repayment of existing loans from the General Fund to special funds</td>
<td>0.5</td>
</tr>
<tr>
<td>Fund courts from previously authorized shift from redevelopment agencies</td>
<td>0.4</td>
</tr>
<tr>
<td>Use hospital fees to support Medi-Cal children’s coverage</td>
<td>0.2</td>
</tr>
<tr>
<td>Transfer special fund monies to the General Fund</td>
<td>0.1</td>
</tr>
<tr>
<td>Use Student Loan Operating Fund monies for Cal Grant costs</td>
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</tr>
<tr>
<td>Adopt other funding shifts</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>($2.7)</strong></td>
</tr>
<tr>
<td><strong>Total, All Budget Solutions</strong></td>
<td><strong>$19.3</strong></td>
</tr>
</tbody>
</table>

*TANF=Temporary Assistance for Needy Families; IHSS = In-Home Supportive Services; FMAP = Federal Medical Assistance Percentage; LAO = Legislative Analyst’s Office.

*A Amount listed includes Governor’s vetoes.
Specifically, he vetoed $80 million for child welfare services, $52 million for HIV/AIDS programs, $10 million for health clinics, and $6 million for community-based programs in the Department of Aging.

➢ The deletion of $133 million of funding for the AB 3632 mandate for students’ mental health services. As part of the veto, the Governor declared his intent that the mandate be suspended for 2010-11.

➢ The assumed accelerated receipt of future federal Temporary Assistance for Needy Families funds, allowing a like reduction ($366 million) in state CalWORKs General Fund spending.

➢ The rejection of various legislative augmentations to health and social services programs. The Governor vetoed similar amounts as part of last year’s budget.

2010-11 BUDGET SOLUTIONS

EXPENDITURE-RELATED SOLUTIONS

Proposition 98—K-14 Education

Proposition 98 Funds. Figure 3 (see next page) shows Proposition 98 funding levels under the budget plan. As shown, ongoing Proposition 98 funding is slightly higher in 2010-11 ($49.7 billion) than the revised 2009-10 level ($49.5 billion). To fund at this level, the Legislature suspended the Proposition 98 minimum funding requirement (commonly known as the minimum guarantee) for 2010-11. Absent suspension, we estimate the minimum guarantee would require $53.8 billion, which is $4.1 billion higher than the amount appropriated for 2010-11. The state also is ending 2009-10 with a “settle-up obligation,” meaning the state appropriated less in 2009-10 than the revised estimate of the minimum guarantee for that year. We estimate...
the 2009-10 settle-up obligation is $1.8 billion. The budget also spends $242 million in 2010-11 using one-time Proposition 98 funds available from prior years.

**Increased Spending for Community Colleges.** The budget reflects a net increase of $108 million in ongoing Proposition 98 funding for community colleges. This largely is the result of a 2.2 percent increase in budgeted enrollment.

**Settle-Up Funds.** In addition to Proposition 98 funds, the budget plan for 2010-11 provides $300 million as a payment to begin to meet the state’s outstanding 2009-10 Proposition 98 settle-up obligation. Of these settle-up monies, $90 million is provided for annual education mandate costs and $210 million will be distributed on an equal per-student basis and applied to school districts’ and community colleges’ unpaid prior-year mandate claims.

**Federal Funds.** In addition to these state funds, related budget bills provide K-12 education with $1.5 billion in special one-time federal funding. Of this amount, $1.2 billion is from recent federal grants provided specifically to help retain K-12 jobs, and $272 million is from the last round of federal stabilization funding from the 2009 stimulus package.

**Deferrals Significant Component of Budget Package.** Though the state is providing slightly more ongoing funding in 2010-11 than 2009-10, the large reliance on one-time solutions last year resulted in the need for 2010-11 reductions. Under the budget plan, however, the reductions largely are treated as deferrals of payments rather than cuts. Specifically, the package defers $1.9 billion in additional K-14 payments ($1.7 billion for K-12 education and $189 million for community colleges). Rather than being paid in the spring of 2011, these payments will be made in July 2011 (that is, the next fiscal year). Virtually all other K-12 reductions are technical adjustments designed to align appropriations with anticipated program costs, such as for the K-3 Class Size Reduction program. The package also makes some reductions in child care funding. Most notably, the package achieves child

---

**Figure 3**

**Proposition 98 Spending Under Budget Package**

<table>
<thead>
<tr>
<th></th>
<th>2008-09 Final</th>
<th>2009-10 Revised</th>
<th>2010-11 Budgeted</th>
<th>Change From 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Percent</td>
<td>Amount</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>K-12 Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td>$30,075</td>
<td></td>
<td>$31,662</td>
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</tr>
<tr>
<td>Local property tax revenue</td>
<td>12,969</td>
<td></td>
<td>12,105</td>
<td></td>
</tr>
<tr>
<td>Subtotals</td>
<td>($43,044)</td>
<td></td>
<td>($43,767)</td>
<td></td>
</tr>
<tr>
<td><strong>California Community Colleges</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td>$3,918</td>
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<td>$3,722</td>
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<tr>
<td>Local property tax revenue</td>
<td>2,029</td>
<td></td>
<td>1,962</td>
<td></td>
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<tr>
<td>Subtotals</td>
<td>($5,947)</td>
<td></td>
<td>($5,683)</td>
<td></td>
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<tr>
<td><strong>Other Agencies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td>$105</td>
<td></td>
<td>$93</td>
<td></td>
</tr>
<tr>
<td>Local property tax revenue</td>
<td>14,997</td>
<td></td>
<td>14,066</td>
<td></td>
</tr>
</tbody>
</table>

*Due to the Governor’s veto of CalWORKs Stage 3 child care, the administration intends to create an additional $256 million settle-up obligation, to be paid in the future.
care savings by drawing down some provider reserves, reducing the reimbursement rate for license-exempt providers (from 90 percent to 80 percent of the licensed-provider rate), and reducing the administrative allowance for certain providers (from 19 percent to 17.5 percent of total contract amounts). As described above, the Governor also vetoed $256 million in funding for child care.

Higher Education (Non-Proposition 98)

Augmentations for Universities. The budget increases spending on higher education programs. The budget provides General Fund augmentations of $250 million for the University of California and $260 million for the California State University. These augmentations are each $106 million lower than the amount proposed in the May Revision, reflecting that the universities recently each received a like amount of federal stimulus funding.

General Fund Reduction in Cal Grant Costs Offset by Other Funding. The budget includes a reduction of $100 million for the state’s Cal Grant financial aid programs, and backfills this reduction with $100 million in excess revenue in the Student Loan Operating Fund (monies derived from the servicing of federal student loans).

Employee Compensation

General Fund Personnel Cost Reductions of $1.6 Billion. The budget assumes that General Fund employee pay and benefits are reduced by $896 million, which includes (1) savings from recent agreements with unions and (2) over $600 million of additional reductions resulting from future union agreements or other administrative actions. (Comparable personnel savings are budgeted for state accounts outside of the General Fund.) The budget also reduces General Fund departmental budgets by $450 million—a roughly 5 percent decrease—to account for the administration’s “workforce cap,” which consists of reductions in hiring. An additional $130 million of savings is assumed due to reduced departmental operating costs related to the workforce cap.

Health and Social Services

Changes to In-Home Supportive Services (IHSS) Program. The vast majority of the Legislature’s budget actions in the social services area result from changes in the IHSS program ($300 million). About $190 million in savings is anticipated from applying the sales tax to IHSS providers and using the revenue to obtain additional federal funding. The providers subject to the tax will receive a supplementary payment. Legislation also reduces authorized service hours for IHSS recipients by 3.6 percent for an additional savings of $35 million. Finally, the budget was adjusted to reflect lower-than-anticipated caseload for savings of $75 million.

Medi-Cal Changes. The majority of the budget solutions in health come from the Medi-Cal Program. The budget reflects about $187 million in savings in the Medi-Cal Program from the phase-in of mandatory enrollment of certain seniors and persons with disabilities into managed care in some counties. The budget also reflects approximately $100 million in savings from rate freezes and rate reductions to specified Medi-Cal providers. About $26 million in savings from Medi-Cal antifraud efforts are assumed in the budget plan.

Governor’s Vetoes. In addition to these IHSS and Medi-Cal changes passed by the Legislature, the Governor vetoed several hundred million dollars of health and social services spending, as described earlier.
Judiciary and Criminal Justice

Cuts in Funding for Prisons, Including the Receiver. The budget package assumes a total of $1.1 billion in General Fund savings within the California Department of Corrections and Rehabilitation. This amount includes an $820 million unallocated reduction in the federal court-appointed Receiver’s inmate medical services program. (This funding decrease is offset by $532 million in various workload adjustments to support the Receiver’s planned information technology projects and increased contract medical costs.) The Receiver intends to achieve the assumed savings by releasing certain infirm inmates early from prison and placing them on parole based on their medical status, as well as other unspecified operational and policy changes. The budget package also assumes $219 million in General Fund savings from mostly unspecified adult correctional population changes.

General Fund Cuts for Courts Offset by Other Fund Sources. The budget package reduces General Fund support for the trial courts in 2010-11 by $405 million. However, this reduction would largely be offset by a one-time shift of $350 million in redevelopment funding to the courts, as well as a shift of $30 million from reserves held by individual trial courts. In addition, the budget reflects increased court fees (such as civil filing fees and fees charged to offenders) and the redirection of various special funds to offset trial court costs.

Other Provisions

Local Mandate Securitization. The budget package includes a measure that allows cities, counties, and special districts to receive payments of up to $1 billion for their outstanding state mandate reimbursement claims. Specifically, the budget package authorizes a joint powers authority to issue ten-year “local mandate claim receivables” (backed by the state’s repayment obligation) and use the proceeds to pay local agencies for their outstanding mandate claims. Under the plan, the state would pay interest on the receivables at a rate of 2 percent per year. Local agencies would pay any additional interest or debt-issuance costs.

Federal Funding and Flexibility Solutions

Most Funds Have Yet to Be Approved by Congress. The budget plan assumes that the federal government will provide the state with the ability to reduce General Fund costs by $5.4 billion in 2010-11. These savings could result either from increased federal funding to the state or federal approval for certain reductions in state costs or service levels. By approving extension of enhanced Federal Medical Assistance Percentage funding levels for Medi-Cal and related programs, Congress and the President have approved about $1.3 billion of funding to date.

Revenue-Related Solutions

Adopts Legislative Analyst’s Office Revenue Estimates. The budget package adopts our office’s May 2010 General Fund revenue forecast—$1.4 billion higher than the administration’s forecast for 2009-10 and 2010-11 combined. (As of the end of September, the state’s personal income and corporation tax revenues to date are $1.4 billion higher than those projected in the administration’s monthly revenue estimates. Much of this difference, however, may be related to early receipt of taxes that had been expected later in the fiscal year.)

Two-Year Extension of Business Tax Increases and Other Changes. The budget package extends for two additional tax years—2010 and 2011—the previously enacted temporary suspension of businesses’ abilities to use net operating
losses to reduce tax liabilities. This extension exempts small businesses with net income of under $300,000 per year. The suspension is projected to increase state revenues by $1.2 billion in 2010-11 and about $400 million in 2011-12. In future years, these gains would be offset by revenue losses of a roughly similar amount. The budget package also includes (1) decreases in taxes for certain businesses that sell intangible products and services and (2) reductions in penalties for some businesses that are determined to have taxes higher than those reported on their tax returns. These two reductions are estimated to reduce 2010-11 revenues by around $150 million.

Sale Leaseback of State Office Buildings. The budget plan assumes $1.2 billion in one-time revenue from the sale of 11 state office properties as authorized in last year’s budget agreement. This amount reflects the net revenue from the sale after the state pays off the outstanding debt on the buildings and the transaction’s expenses. The state would immediately lease back the office buildings in order to retain use of the properties. Generally, the state’s rent costs will increase in future years. (Because $289 million was assumed from the sale by the administration in its workload budget, this solution contributes a net amount of $911 million to closing the budget gap, as reflected in Figure 1.)

Loans, Transfers, and Funding Shifts

$2.7 Billion of Loans, Transfers, and Fund Shifts. The budget plan includes $2.7 billion of loans, loan repayment extensions, transfers, and fund shifts from special funds, which generally are fee-supported funds that pay for specified state functions. A significant portion of these actions relate to the state’s transportation accounts, including the Highway Users Tax Account ($762 million loan), the Motor Vehicle Account ($180 million loan and $72 million transfer), and other special funds related to the Department of Transportation ($231 million of loan repayment extensions).

STATE CASH MANAGEMENT

Measures to Reduce Chance of State IOUs Over Next Few Weeks. During the unprecedented three-month budget impasse, the state has not paid several billion dollars in bills due to a lack of available appropriations, and the state’s regular annual cash-flow borrowing from investors (revenue anticipation notes [RANs]) has not been able to proceed. Without proceeds from the RANs, the state would have difficulty paying all October and November payments, as well as the backlog in bills, over the next few weeks without resorting to registered warrants (also known as IOUs). To reduce the likelihood that IOUs will be needed during this period, the budget package includes legislation authorizing the Controller to delay specified school and community college payments, as well as other payments, in October by several days. The State Treasurer plans to market the RANs in November.
LONGER-TERM REFORMS

Proposed Constitutional Amendment to Build State Reserves. The budget package contains a proposed constitutional amendment—to go before voters at a future statewide election—intended to increase the state’s budgetary reserves and stabilize the state’s financial health over time. The measure would increase the maximum size of the existing Budget Stabilization Account (BSA) from 5 percent to 10 percent of annual General Fund revenues and provide new requirements for depositing state funds to that account. It also would restrict withdrawals from the BSA to certain situations.

Reductions in Pension Benefits for Future State Employees. The budget package includes a measure to reduce pension benefits for newly hired state employees. (Labor agreements recently ratified by the Legislature also reduce pension benefits for future employees in several bargaining units, and these reductions remain in effect.) In general, the measure sets benefit levels for future employees at levels that were in place for employees prior to 1999. In addition, all future state employees would have their pension benefits calculated based on their highest average annual pay over any consecutive three years of employment, not the one-year period applicable for some current state employees. These requirements would not affect pension benefits for current state employees and retirees.

LAO Publications

The Legislative Analyst’s Office (LAO) is a nonpartisan office which provides fiscal and policy information and advice to the Legislature.

To request publications call (916) 445-4656. This report and others, as well as an E-mail subscription service, are available on the LAO’s website at www.lao.ca.gov. The LAO is located at 925 L Street, Suite 1000, Sacramento, CA 95814.
To:        Board Members

From:      Kim Madsen
           Executive Officer

Subject:   Operations Report

Date:      October 18, 2010

Telephone: (916) 574-7841

Board Staff

A contract agreement between the employee unions and the Governor allows Board staff to return to a 40 hour work week beginning November 1, 2010. Board offices will resume operating Monday through Friday 8 am to 5 pm.

Currently the Board has three (3) vacancies within its Licensing Unit. Most notably, the unit has only one Marriage and Family Therapist evaluator. All of these vacancies significantly impact the ability to evaluate and process applications in a timely manner. Effective August 31, 2010, the Board was directed to cease hiring. This directive remains in effect and impacts our ability to refill these vacancies.

Suite Expansion

Board staff met with DCA Facilities to begin discussions regarding the expansion of our current suite. The discussion was focused on current and future staffing needs. The current plan indicates the Board will expand into the adjacent suite. The current agency will vacate the suite in November at which time construction could presumably begin. This current expansion plan provides for the least disruption to Board staff and will not involve a move of the entire suite.

IT System Conversion

The DCA project to replace the existing Novel Netware local area network and Lotus Notes e-mail with Microsoft Active Directory and Exchange/Outlook is near completion. The Board successfully transitioned to Microsoft Exchange/Outlook over the summer.

BreEZe Update

BreEZe, DCA’s project to replace existing databases, is progressing on schedule. DCA anticipates that the contract will be awarded July 2011. The first phase of implementation of the new database is scheduled for December 2012.
Introduction

This report provides statistical information relating to various aspects of the Board’s business processes. Statistics are grouped by unit. The report relies predominantly on tables with accompanying “sparkbars,” which are small graphs displaying trend over time.

Reading the Report

Items on the report are aggregated by quarter. The top of the column indicates the quarter and the year (Q108 = 1/2008-3/2008; Q208 = 4/2008-6/2008). Common abbreviations for licensees and registrants: LCSW = Licensed Clinical Social Worker; LEP = Licensed Educational Psychologist; MFT = Marriage and Family Therapist; ASW = Associate Clinical Social Worker; PCE = Continuing Education Provider. Other common abbreviations: Proc = Process; Def = Deficiency; CV= Clinical Vignette; AG = Attorney General.

Cashiering Unit

The Board’s Cashiering Unit processes license renewals and applications. The approximately 85% of renewal processing occurs in the Department of Consumer Affairs Central Cashiering Unit.

<table>
<thead>
<tr>
<th>Renewals Processed In-House</th>
<th>Q408</th>
<th>Q109</th>
<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>Total/Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processed</td>
<td>1456</td>
<td>1451</td>
<td>1405</td>
<td>1681</td>
<td>1524</td>
<td>1509</td>
<td>1571</td>
<td>1898</td>
<td>12495</td>
</tr>
<tr>
<td>Received</td>
<td>1202</td>
<td>1213</td>
<td>1325</td>
<td>1580</td>
<td>1449</td>
<td>1336</td>
<td>1374</td>
<td>1665</td>
<td>11144</td>
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<tr>
<td>Proc Time</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>12</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

| ATS Cashiering Items (e.g. exam eligibility apps, registration apps, etc) |
|-----------------------------|------|------|------|------|------|------|------|------|-----------|
| Processed                   | 4280 | 4246 | 4593 | 5454 | 4400 | 4624 | 5161 | 5864 | 38622     |
| Received                    | 4143 | 4174 | 4644 | 5362 | 4446 | 4752 | 5207 | 5742 | 38470     |
| Proc Time                   | 3    | 4    | 4    | 4    | 4    | 6    | 6    | 6    | 5         |

| Initial Licenses Issued* |
|--------------------------|------|------|------|------|------|------|------|------|-----------|
| LCS                       | 227  | 233  | 265  | 265  | 227  | 195  | 172  | 191  | 1775      |
| LEP                       | 14   | 13   | 12   | 34   | 21   | 14   | 12   | 36   | 156       |
| MFT                       | 332  | 312  | 333  | 305  | 302  | 314  | 352  | 342  | 2592      |
Enforcement Unit

The Board’s Enforcement Unit investigates consumer complaints and reviews prior and subsequent arrest reports for registrants and licensees. The pending total is a snapshot of all pending items at the close of a quarter.

**Complaint Intake** *

<table>
<thead>
<tr>
<th>Complaints</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>265</td>
<td>247</td>
<td>261</td>
<td>773</td>
</tr>
<tr>
<td>Closed without Assignment for Investigation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assigned for Investigation</td>
<td>264</td>
<td>247</td>
<td>261</td>
<td>772</td>
</tr>
<tr>
<td>Average Days to Close or Assigned for Investigation</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Pending</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Convictions/Arrest Reports**

| Received                                | 259  | 289  | 315  | 863 |
| Closed / Assigned for Investigation     | 259  | 290  | 315  | 864 |
| Average Days to Close                   | 3    | 4    | 4    | 4   |
| Pending                                 | 0    | 0    | 0    | 0   |

**Investigation** **

**Desk Investigation**

| Assigned                                | 523  | 537  | 576  | 1636 |
| Closed                                  | 424  | 549  | 433  | 1406 |
| Average Days to Close                   | 104  | 91   | 115  | 102  |
| Pending                                 | 596  | 583  | 707  | 707  |

**Field Investigation (Non-Sworn)**

| Assigned                                | 15   | 10   | 11   | 36   |
| Closed                                  | 9    | 11   | 24   | 44   |
| Average Days to Close                   | 380  | 424  | 371  | 387  |
| Pending                                 | 55   | 53   | 42   | 42   |

**Field Investigation (Sworn)**

| Assigned                                | 1    | 3    | 9    | 13   |
| Closed                                  | 7    | 6    | 4    | 17   |
| Average Days to Close                   | 786  | 591  | 927  | 728  |
| Pending                                 | 20   | 17   | 22   | 22   |

**All Investigations**

| First Assignments                       | 526  | 537  | 576  | 1639 |
| Closed                                  | 440  | 566  | 461  | 1467 |
| Average Days to Close                   | 119  | 103  | 135  | 117  |
| Pending                                 | 671  | 653  | 771  | 771  |
**Enforcement Actions**

This section does not include subsequent discipline on a license.

<table>
<thead>
<tr>
<th></th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
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<td>AG Cases Initiated</td>
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<tr>
<td>AG Cases Pending</td>
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<td>153</td>
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<tr>
<td>SOIs Filed</td>
<td>7</td>
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<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Accusations Filed</td>
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<td>26</td>
<td>27</td>
<td>65</td>
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<tr>
<td>Proposed/Default Decisions</td>
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<td></td>
</tr>
<tr>
<td>Adopted</td>
<td>3</td>
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<td>11</td>
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<tr>
<td>Stipulations Adopted</td>
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<td>12</td>
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<td>Disciplinary Orders</td>
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<td></td>
<td>Q110</td>
<td>Q210</td>
<td>Q310</td>
<td>YTD</td>
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<tr>
<td>Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)</td>
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<td>23</td>
<td>23</td>
<td>55</td>
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<tr>
<td>Average Days to Complete***</td>
<td>799</td>
<td>743</td>
<td>792</td>
<td>768</td>
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<tr>
<td>Citations</td>
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<td>Average Days to Complete****</td>
<td>88</td>
<td>89</td>
<td>294</td>
<td>117</td>
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</tbody>
</table>

**Complaint Intake**
Complaints Received by the Program. Measured from date received to assignment for investigation or closure without action.

**Investigations**
Complaints investigated by the program whether by desk investigation or by field investigation. Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action. If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation. If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

**Disciplinary Orders Average Days to Complete***
Measured by the date the complaint is received to the date the order became effective.

**Citations****
Measured by the date the complaint is received to the date the citation was issued.

**Licensing Unit**
The Board’s Licensing Unit evaluates applications for registration and examination eligibility. This involves verifying educational and experiential qualifications to ensure they meet requirements defined in statute and regulation.

**LCSW Examination Eligibility Applications**

<table>
<thead>
<tr>
<th></th>
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<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>Total/Avg</th>
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<td>286</td>
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<td>53</td>
<td>53</td>
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### MFT Examination Eligibility Applications

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<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
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<th>Q210</th>
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<td>3737</td>
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<tr>
<td>Approved</td>
<td>361</td>
<td>338</td>
<td>468</td>
<td>270</td>
<td>401</td>
<td>450</td>
<td>506</td>
<td>341</td>
<td>3135</td>
</tr>
<tr>
<td>Proc Time</td>
<td>34</td>
<td>44</td>
<td>44</td>
<td>68</td>
<td>78</td>
<td>80</td>
<td>67</td>
<td>83</td>
<td>62</td>
</tr>
<tr>
<td>Proc Time Less Def Lapse</td>
<td>8</td>
<td>12</td>
<td>17</td>
<td>33</td>
<td>50</td>
<td>55</td>
<td>49</td>
<td>56</td>
<td>35</td>
</tr>
</tbody>
</table>

### LEP Examination Eligibility Applications

<table>
<thead>
<tr>
<th></th>
<th>Q408</th>
<th>Q109</th>
<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>Total/Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>17</td>
<td>26</td>
<td>52</td>
<td>58</td>
<td>19</td>
<td>22</td>
<td>28</td>
<td>53</td>
<td>275</td>
</tr>
<tr>
<td>Approved</td>
<td>30</td>
<td>24</td>
<td>30</td>
<td>56</td>
<td>32</td>
<td>23</td>
<td>27</td>
<td>33</td>
<td>255</td>
</tr>
<tr>
<td>Proc Time</td>
<td>82</td>
<td>43</td>
<td>44</td>
<td>42</td>
<td>67</td>
<td>68</td>
<td>82</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td>Proc Time Less Def Lapse</td>
<td>30</td>
<td>16</td>
<td>16</td>
<td>25</td>
<td>19</td>
<td>13</td>
<td>39</td>
<td>14</td>
<td>22</td>
</tr>
</tbody>
</table>

### ASW Registration Applications

<table>
<thead>
<tr>
<th></th>
<th>Q408</th>
<th>Q109</th>
<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>Total/Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>473</td>
<td>380</td>
<td>572</td>
<td>757</td>
<td>437</td>
<td>384</td>
<td>575</td>
<td>875</td>
<td>4453</td>
</tr>
<tr>
<td>Approved</td>
<td>599</td>
<td>341</td>
<td>502</td>
<td>837</td>
<td>459</td>
<td>352</td>
<td>487</td>
<td>861</td>
<td>4438</td>
</tr>
<tr>
<td>Proc Time</td>
<td>28</td>
<td>29</td>
<td>26</td>
<td>18</td>
<td>22</td>
<td>27</td>
<td>18</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Proc Time Less Def Lapse</td>
<td>27</td>
<td>21</td>
<td>20</td>
<td>11</td>
<td>18</td>
<td>19</td>
<td>13</td>
<td>15</td>
<td>18</td>
</tr>
</tbody>
</table>

### MFT Intern Registration Applications
Examination Unit

The Board’s Examination Unit processes complaints and performs other administrative functions relating to the Board’s examination processes.

Exam Administration

<table>
<thead>
<tr>
<th>Total Exams Administered</th>
<th>Q408</th>
<th>Q109</th>
<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCSW Written</td>
<td>361</td>
<td>378</td>
<td>428</td>
<td>373</td>
<td>461</td>
<td>450</td>
<td>537</td>
<td>401</td>
<td>3389</td>
</tr>
<tr>
<td>LCSW CV</td>
<td>451</td>
<td>404</td>
<td>422</td>
<td>372</td>
<td>413</td>
<td>306</td>
<td>384</td>
<td>332</td>
<td>3084</td>
</tr>
<tr>
<td>MFT Written</td>
<td>564</td>
<td>513</td>
<td>654</td>
<td>611</td>
<td>556</td>
<td>514</td>
<td>663</td>
<td>621</td>
<td>4696</td>
</tr>
<tr>
<td>MFT CV</td>
<td>556</td>
<td>466</td>
<td>565</td>
<td>799</td>
<td>556</td>
<td>499</td>
<td>611</td>
<td>568</td>
<td>4620</td>
</tr>
<tr>
<td>LEP</td>
<td>28</td>
<td>24</td>
<td>31</td>
<td>52</td>
<td>38</td>
<td>26</td>
<td>42</td>
<td>66</td>
<td>307</td>
</tr>
</tbody>
</table>

Customer Satisfaction Survey

The Board maintains a Web based customer satisfaction survey. The average scores are reported on a scale from 1 to 5.

<table>
<thead>
<tr>
<th>Overall Satisfaction</th>
<th>Q408</th>
<th>Q109</th>
<th>Q209</th>
<th>Q309</th>
<th>Q409</th>
<th>Q110</th>
<th>Q210</th>
<th>Q310</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.6</td>
<td>3.8</td>
<td>3.7</td>
<td>3.7</td>
<td>3.4</td>
<td>3.4</td>
<td>3.1</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Courtesy</td>
<td>4.3</td>
<td>4.1</td>
<td>4.2</td>
<td>4.1</td>
<td>4.0</td>
<td>3.9</td>
<td>3.6</td>
<td>4.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Accessibility</td>
<td>3.6</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.2</td>
<td>3.2</td>
<td>2.9</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Successful Service</td>
<td>74</td>
<td>72</td>
<td>74</td>
<td>72</td>
<td>68</td>
<td>61</td>
<td>57</td>
<td>71</td>
<td>68</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>152</td>
<td>210</td>
<td>182</td>
<td>232</td>
<td>188</td>
<td>213</td>
<td>178</td>
<td>176</td>
<td>197</td>
</tr>
</tbody>
</table>
To: Board Members
From: Kim Madsen
Executive Officer
Subject: Examination Statistics

Date: October 19, 2010
Telephone: (916) 574-7841

Attached for your review are the examination statistics for January 1, 2010 through June 30, 2010.

Examination pass rates by school are not included but are currently posted on the board’s website.
<table>
<thead>
<tr>
<th>TOTAL EXAMINEES</th>
<th>1ST TIME TAKERS</th>
<th>2ND TIME TAKERS</th>
<th>3RD TIME TAKERS</th>
<th>4TH + TIME TAKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 Participated</td>
<td>48 Participated</td>
<td>13 Participated</td>
<td>5 Participated</td>
<td>1 Participated</td>
</tr>
<tr>
<td>33 Passed</td>
<td>26 Passed</td>
<td>6 Passed</td>
<td>1 Passed</td>
<td>0 Passed</td>
</tr>
<tr>
<td>(49%)</td>
<td>(54%)</td>
<td>(46%)</td>
<td>(20%)</td>
<td>(0%)</td>
</tr>
<tr>
<td>34 Failed</td>
<td>22 Failed</td>
<td>7 Failed</td>
<td>4 Failed</td>
<td>1 Failed</td>
</tr>
<tr>
<td>(51%)</td>
<td>(46%)</td>
<td>(54%)</td>
<td>(80%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>
# BOARD OF BEHAVIORAL SCIENCES
## LCSW WRITTEN EXAMINATION STATISTICS
### 1/1/10-6/30/10

<table>
<thead>
<tr>
<th>TOTAL EXAMINEES</th>
<th>1ST TIME TAKERS</th>
<th>2ND TIME TAKERS</th>
<th>3RD TIME TAKERS</th>
<th>4TH + TIME TAKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>973 Participated</td>
<td>568 Participated</td>
<td>154 Participated</td>
<td>85 Participated</td>
<td>166 Participated</td>
</tr>
<tr>
<td>484 Passed</td>
<td>386 Passed</td>
<td>59 Passed</td>
<td>20 Passed</td>
<td>19 Passed</td>
</tr>
<tr>
<td>(47%)</td>
<td>(60%)</td>
<td>(33%)</td>
<td>(28%)</td>
<td>(10%)</td>
</tr>
<tr>
<td>489 Failed</td>
<td>182 Failed</td>
<td>95 Failed</td>
<td>65 Failed</td>
<td>147 Failed</td>
</tr>
<tr>
<td>(53%)</td>
<td>(40%)</td>
<td>(67%)</td>
<td>(72%)</td>
<td>(90%)</td>
</tr>
</tbody>
</table>

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.
<table>
<thead>
<tr>
<th>TOTAL EXAMINEES</th>
<th>1ST TIME TAKERS</th>
<th>2ND TIME TAKERS</th>
<th>3RD TIME TAKERS</th>
<th>4TH + TIME TAKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>685 Participated</td>
<td>433 Participated</td>
<td>126 Participated</td>
<td>56 Participated</td>
<td>70 Participated</td>
</tr>
<tr>
<td>372 Passed (54%)</td>
<td>271 Passed (63%)</td>
<td>54 Passed (43%)</td>
<td>23 Passed (41%)</td>
<td>24 Passed (34%)</td>
</tr>
<tr>
<td>313 Failed (46%)</td>
<td>162 Failed (37%)</td>
<td>72 Failed (57%)</td>
<td>33 Failed (59%)</td>
<td>46 Failed (66%)</td>
</tr>
</tbody>
</table>

The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.
The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.
The Examination Statistics are for informational purposes only and should not be the sole source used to analyze a school program. A statistical analysis can only be derived when there are significant numbers of candidates. Please contact each school for specific information on their degree program.
To:         Board Members
From:      Laurie Williams
           Personnel Liaison
Subject:   Personnel Update

Date:      October 18, 2010
Telephone: (916) 574-7850

New Employees
The Board has not hired any new employees since the last board meeting.

Departures
Jessica Luttrell accepted a position with the Franchise Tax Board, and her last day with the Board was September 17, 2010. Jessica performed the duties of a Marriage and Family Therapist Evaluator.

Nikki Cotto transferred to CalPERS and her last day with the Board was October 8, 2010. Nikki was employed at the Board for four years. Nikki worked in the Licensing Unit as the Continuing Education Evaluator, BBS Webmaster, and back-up to the reception desk and front counter.

Vacancies
Due to the Governor’s recent directive to cease hiring the Board is unable to recruit and fill the following vacancies at this time:

Existing Positions:
- Office Assistant (Typing) – Licensing Unit
- Office Technician (Typing) – Licensing Unit
- Management Services Technician – Licensing Unit
- Associate Governmental Program Analyst – Administration Unit

Approved Positions Received in the 2010/2011 Budget
- Special Investigator (1.5 positions) – Enforcement Unit (funding effective October 2010)
- Staff Services Analyst (half time) – Licensing Unit (funding effective July 2010)
- Five positions for the Licensed Professional Clinical Counselor program (funding effective January 2011)
Board staff continues to make remarkable progress towards the implementation of the Licensed Professional Clinical Counselor (LPCC) program with existing resources.

- The rulemaking package to implement the provisions related to Senate Bill 788, Chapter 619, Statutes of 2009 and the creation of Licensed Professional Clinical Counselors has been forwarded to DCA for review. Board staff requested that this package be expedited due to the time constraints associated with the implementation of this program.
- Board staff continues ongoing discussions with the Office of Information Services to identify and implement the necessary programming edits to existing databases to include the LPCC program.
- Recruitment for Subject Matter Experts for LPCC exam development is underway.
- Development of required application forms has begun.

As noted in the personnel update, the directive to cease hiring has impacted the Board’s ability to recruit and fill the approved positions for the LPCC program. On September 14, 2010, an exemption request was submitted for the five LPCC staff. We also included a request to contract for personal services, specifically, the ability to execute a contract to develop the Gap Examination. To date, we have not received a response to our request.

In the event that our exemption request is not approved, Board staff continues to consider alternative options to meet the January 1, 2011 date to accept LPCC applications.
Goal 1: Be a Model State Licensing and Regulatory Board
Objective 1: Deliver the Highest Level of Service

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
</table>
| Increase the Board’s successful service rating from 72.5% to 80% by June 30, 2012. | BBS Survey:
|                                                                              | FY 2009-2010 average 71.5%                                             |
|                                                                              | FY 2010-2011 average to date 63%                                       |
|                                                                              | DCA Survey                                                             |
|                                                                              | Customer Satisfaction 75%                                              |
| Conduct at least 24 outreach events per fiscal year with 5% specific to consumer education and awareness by July 1, 2012. | FY 2009-2010 participated in 38 outreach events for students           |
|                                                                              | FY 2010-2011 attended 3 events related to SB 33 education.              |
| Increase the Board appointee’s effectiveness index 10% by July 1, 2012.     | Inactive                                                               |

Goal 2: Establish and Maintain Model Standards for Professional Licensing and Examinations
Objective 2: Ensure that all applications meet registration, examination, and licensure qualifications. All notices to applicants, registrations, and licenses are issued accurately and promptly.  
*Figures reflected as of September 30, 2010.*

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
</table>
| Evaluate all Intern/Associate applications and issue a registration to registrants if the application is complete or notify the applicant of the deficiency within 15 days. | Interns: Evaluation time 18 days
|                                                                              | Process Time 31 days                                                  |
|                                                                              | Process Time less deficiency 26 days                                  |
| Evaluate all LEP applications and issue a license if the application is complete or notify the applicant of the deficiency within 15 days. | Associates: Evaluation time 13 days
|                                                                              | Process Time 30 days                                                  |
|                                                                              | Process Time less deficiency 18                                       |
| Evaluate all Continuing Education Provider applications and issue a provider approval number to the provider if the application is complete or notify the applicant of the deficiency within 15 days. | Process Time 26 days
|                                                                              | Process Time less deficiency 6 days                                   |
| Issue examination eligibility notices within 7 days once applicant completes all the requirements to take the examination. | Completed. Process is automated.                                     |
| Issue all initial licenses within 2 days of receipt of completed application. | Active. Note: Once application is cashiered issuance of license is automated. |
| Process all renewal applications within 7 days of receipt.                 | 7 days                                                                 |
| Process all new applications within 3 days of receipt.                    | 5 days                                                                |
**Goal 3: Ensure the Examination Process is Effective, Fair, and Legally Defensible.**

**Objective 3:** Assess the examination process to determine if the timing, intervals, and content are appropriate.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit the Exam Program Review Committee’s recommendations to the Board by January 2010.</td>
<td>Final recommendation submitted to Board for approval July 28, 2010</td>
</tr>
<tr>
<td>Implement approved recommendations by 2012.</td>
<td>Inactive</td>
</tr>
<tr>
<td>Propose and secure passage of legislation required to implement the Exam Program Review Committee’s recommendations by 2012</td>
<td>Request to sponsor legislation submitted to Board November 2010</td>
</tr>
<tr>
<td>Collaborate with Association of Social Work Board to consider the ASWB examination in the Board’s work as it relates to licensure for clinical social work.</td>
<td>Active</td>
</tr>
<tr>
<td>Collaborate with the Association of Marriage and Family Therapy Regulatory Boards (AMFTRB) to jointly perform the Occupational Analysis to be used for both the California MFT exam and national exam.</td>
<td>Active</td>
</tr>
<tr>
<td>Develop strategies to increase the number of Subject Matter Experts utilized for exam development.</td>
<td>Inactive</td>
</tr>
</tbody>
</table>

**Goal 4: Increase Consumer Protection through Timely Investigations and Adjudication of Cases Referred for Disciplinary Action.**

**Objective 4:** Timely resolution of consumer complaints and investigations.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete consumer complaints investigations within 180 days of receipt.</td>
<td>192 days</td>
</tr>
</tbody>
</table>

*Figure based on data 7/1/10 – 9/30/10*

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon receipt of conviction information complete criminal conviction investigations within 120 days.</td>
<td>96 days</td>
</tr>
</tbody>
</table>

*Figure based on data 7/1/10 – 9/30/10*

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete adjudication of cases referred for disciplinary action within 180 days of referral date.</td>
<td>768 days</td>
</tr>
</tbody>
</table>

*Figure based on data 1/1/ 2010 -9/30/10*

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate and assess all procedures to identify process improvements.</td>
<td>Initial assessment completed June 2010.</td>
</tr>
</tbody>
</table>
**Goal 5: Promote Staff Development and Recognition**

**Objective 5: Develop an internal training and recognition program**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish BBS Way Certification Program and implement program for all staff to complete by July 1, 2012.</td>
<td>Active Research initiated</td>
</tr>
<tr>
<td>Establish a program that recognizes employee length of service, achievements, and contributions to the Board.</td>
<td>Active Length of Service/Achievements: Research initiated. Contributions: Centralized location established to post all positive compliments received from stakeholders, public, and staff.</td>
</tr>
<tr>
<td>Establish a standard of training for each classification to be completed by each employee in that classification.</td>
<td>Inactive</td>
</tr>
<tr>
<td>Promote enrollment in training classes that prepare employees for promotional and testing opportunities.</td>
<td>Active Staff is informed of all training opportunities via email and verbal communication. Annually, training is discussed and identified employee’s review</td>
</tr>
</tbody>
</table>
To: Board Members                      Date: October 19, 2010

From: Kim Madsen                        Telephone: (916) 574-7841
      Executive Officer

Subject: Department of Consumer Affairs Update

A representative from the Department of Consumer Affairs Executive Staff will provide an update regarding DCA activities.
To: Board Members

From: Rosanne Helms
Legislative Analyst

Subject: Exam Re-Structure Overview

Date: October 20, 2010

Telephone: (916) 574-7897

At its board meeting on July 28, 2010, the Board of Behavioral Sciences (Board) directed staff to draft proposed legislative language to implement a re-structure of the examination process. Draft legislative language was then presented and approved at the September 13, 2010 Licensing and Examination Committee meeting.

The proposed exam re-structure would change the exam process for applicants seeking Marriage and Family Therapist (MFT) and Clinical Social Worker (LCSW) licensure on or after January 1, 2013. The major components of the exam re-structure are highlighted below.

**Exam Overview**

- Effective January 1, 2013, applicants for MFT and LCSW licensure shall pass two exams: a California law and ethics examination (law and ethics exam) and a clinical examination (clinical exam). These new exams replace the standard written and the clinical vignette exams currently in place.

**Law and Ethics Exam**

- A new registrant with the Board would be required to take the law and ethics exam. This exam must be taken within the first year of registration with the Board.

- If the law and ethics exam is not passed within the first renewal period, the registrant must complete a 12 hour law and ethics course in order to be eligible to take the exam in the next renewal cycle. The exam must be re-taken in each renewal cycle until passed. In addition, in each year the exam is not passed, the 12 hour law and ethics course must be taken to establish examination eligibility.

- According to current law, a registration cannot be renewed after six years. If a registrant’s registration expires, he or she must pass the law and ethics exam in order to obtain a subsequent registration number.
Clinical Exam

- Once a registrant has completed all supervised work experience, completed all education requirements, and passed the law and ethics exam, he or she may take the clinical exam. This exam must be passed within seven years of an individual’s first attempt. If it is not passed within this timeframe, the individual’s eligibility to further attempt the exam is placed on hold. He or she must then pass the current version of the law and ethics exam before re-establishing eligibility to take the clinical exam.

Individuals or Applicants in the Exam Process Pre-2013

- As of January 1, 2013, applicants who have previously taken and passed the standard written exam must now take the clinical exam to be eligible for licensure.

- As of January 1, 2013, applicants who have previously taken and failed to pass the standard written exam must now pass both the law and ethics exam and the clinical exam.

- As of January 1, 2013, applicants who had previously taken and failed to pass the clinical vignette exam must now pass the clinical exam.

- As of January 1, 2013, applicants who had obtained eligibility for the standard written exam but had not yet taken the exam must now take the law and ethics exam and the clinical exam.

Exam Fees

- For ASWs, the fee for the law and ethics exam is one hundred dollars ($100). The fee for the clinical exam is one hundred dollars ($100). These are the same as the fees currently in place for ASWs. The fee for application for exam eligibility will remain the same.

- For IMFs, the fee for the law and ethics exam is one hundred dollars ($100). The fee for the clinical exam is one hundred dollars ($100). These are the same as the fees currently in place for IMFs. The fee for application for exam eligibility will remain the same.

National Examination for MFTs

The Governor recently signed AB 2167, which permits the Board, by regulation, to allow applicants for clinical social worker licensure to take the national Association of Social Work Boards Clinical Level Exam administered by the Association of Social Work Boards, if the Board determines that this national exam meets California standards.

At the September 13, 2010 Licensing and Examination Committee meeting, the American Association for Marriage and Family Therapy – California Division (AAMFT-CA) suggested the Board consider adding language allowing applicants for marriage and family therapy licensure to take a national examination as well, if the Board determines by regulation that the national examination is acceptable.

Staff has some concerns regarding adding similar language to the exam restructure legislation: 1) AB 2167 created several duplicate sections in LCSW code, which become operative if the board makes certain determinations through regulations. Adding too many duplicative sections
code may make it confusing for consumers and staff to determine which code is correct at the present time.

2) There is no clear benefit to allowing the exam in regulation versus legislation. If the Board determined that a national marriage and family therapy exam met California standards, it would take approximately the same amount of time to allow such an exam through legislation versus regulation. Currently, the regulation process is taking approximately one year.

**Recommendation**

Direct staff to proceed with introducing Board-sponsored legislation to re-structure the examination process. Direct staff to make any non-substantive changes to the proposed language, and then submit to Legislative Counsel so that they may begin drafting the proposed changes in bill form.

**Attachment**

Attached is a general language framework for submission to Legislative Counsel so that they may begin drafting the proposed changes in bill form.
§XXX. EXAMINATION PROCESS (FOR ASSOCIATE SOCIAL WORKER REGISTRANTS ON OR AFTER JANUARY 1, 2013)

(a) Effective January 1, 2013, applicants for Clinical Social Worker licensure shall pass two examinations as prescribed by the Board
   1. A California law and ethics examination; and
   2. A clinical examination.

(b) Upon registration with the Board, an Associate Social Worker registrant shall, within the first year of registration, take an examination on California law and ethics.

(c) A registrant may only take the clinical examination upon meeting all of the following requirements:
   1. Completing all education requirements;
   2. Passage of the California law and ethics examination;
   3. Completing all required supervised work experience.

§4992.1. ELIGIBILITY FOR EXAMINATION; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON WRITTEN EXAMINATION

(a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take the examination.

(b) Every applicant who is issued a clinical social worker license shall be examined by the board.

(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the standard written examination, nor shall the board postpone or delay any applicant’s standard written examination or delay informing the candidate of the results of the standard written examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for examination who has passed the standard written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical vignette written examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the standard written or clinical vignette written examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(g) On or after January 1, 2002, no applicant shall be eligible to participate in a clinical vignette written examination if his or her passing score on the standard written examination occurred more than seven years before.
(h) The provisions of this section shall become inoperative on December 31, 2012.

§4992.1. CLINICAL EXAMINATION- ELIGIBILITY FOR EXAMINATION; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON CLINICAL EXAMINATION
(a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take the clinical examination.
(b) Every applicant who is issued a clinical social worker license shall be examined by the board.
(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.
(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant’s clinical examination or delay informing the candidate of the results of the clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.
(e) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.
(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, or the applicant has been denied in accordance with subdivision (b) of Section 485.
(g) Effective January 1, 2013, the clinical examination must be passed within seven years of an applicant’s initial attempt.
(h) No applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt. If the applicant fails to obtain a passing score within seven years of initial attempt, he or she must obtain a passing score on the current version of the California law and ethics examination in order to eligible to retake the clinical examination.
(i) The provisions of this section shall become operative on January 1, 2013.

§4996.1. ISSUANCE OF LICENSE
The board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and successfully passes a board administered written or oral examination or both examinations. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination. The provisions of this section shall become inoperative on December 31, 2012.

§4996.1. ISSUANCE OF LICENSE
Beginning January 1, 2013, the board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and successfully passes a California law and ethics examination and a clinical examination. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.

§XXX EXAMINATION PROCEDURE FOR APPLICANTS WHO HAVE EXAMINATION ELIGIBILITY PRIOR TO JANUARY 1, 2013

(a) Applicants who had previously taken and passed the Standard Written exam must also obtain a passing score on the clinical examination in order to be eligible for licensure.

(b) Applicants who had previously failed to obtain a passing score on the standard written examination must obtain a passing score on the California law and ethics examination and the clinical examination.

(c) Applicants who had previously failed to obtain a passing score on the clinical vignette examination must obtain a passing score on the clinical examination.

(d) Applicants who had obtained eligibility for the standard written examination must take the California law and ethics examination and the clinical examination.

(e) The provisions of this section shall become operative effective January 1, 2013.

§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 for application for examination eligibility shall be one hundred dollars ($100).

(4) 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).

A. An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fees.

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 written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

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

(6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars ($155).
(7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars ($155).
(8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents ($77.50).
(9) 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.
(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
(11) 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.

(c) The provisions of this section shall become inoperative on December 31, 2012.

§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 for application for examination eligibility shall be one hundred dollars ($100).
(4) The fee for the clinical examination shall be one hundred dollars ($100). The fee for the California law and ethics 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 fees.

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 written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars ($20).
(6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars ($155).
(7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars ($155).
(8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents ($77.50).
(9) 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.
(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
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.

(c) The provisions of this section shall become operative on January 1, 2013.

§4996.4. FEE FOR REEXAMINATION
An applicant who fails a standard or clinical vignette written examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees. The provisions of this section shall become inoperative on December 31, 2012.

§4996.4. REEXAMINATION: CLINICAL EXAMINATION
Effective January 1, 2013, an applicant who fails the clinical examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees.

§XXX REEXAMINATION: LAW AND ETHICS EXAM

(a) An applicant and registrant must obtain a passing score on a board administered law and ethics examinations in order to qualify for licensure.

(b) A registrant must participate in a board administered law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics exam, he or she may re-take the examination, upon payment of the required fees, without further application except for as provided in subdivision (d). If a registrant fails to obtain a passing score on the law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operate date of this section, he or she must complete at least a twelve (12) hour course in California law and ethics, in order to be eligible to participate in the California law and ethics examination. Registrants must only take the twelve hour California law and ethics course once during a renewal period. The twelve (12) hour law and ethics course required by the section must be taken through a Board-approved continuing education provider, a county, state or governmental entity, or a college or university.

(d) The law and ethics exam must be passed before the Board will issue a subsequent registration number.

(e) The provisions of this section shall become operative January 1, 2013.
§4996.28. ASSOCIATE CLINICAL SOCIAL WORKER; REGISTRATION EXPIRATION; RENEWAL

(a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. To renew a registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.

(4) Beginning January 1, 2013, participate in the California law and ethics exam pursuant to Section XXX.

(b) A registration as an associate clinical social worker may be renewed a maximum of five times. When no further renewals are possible, an applicant may apply for and obtain a new associate clinical social worker registration if the applicant meets all requirements for registration in effect at the time of his or her application for a new associate clinical social worker registration. An applicant issued a subsequent associate registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.
EXAM RE-STRUCTURE AMENDMENTS - MFT

§XXX. EXAMINATION PROCESS (FOR MARRIAGE AND FAMILY THERAPY INTERNS ON OR AFTER JANUARY 1, 2013)

(a) Effective January 1, 2013, marriage and family therapy interns applying for licensure shall pass two examinations as prescribed by the Board
  1. A California law and ethics examination; and
  2. A clinical examination.
(b) Upon registration with the Board, a marriage and family therapy intern shall, within the first year of registration, take an examination on California law and ethics.
(c) A registrant may only take the clinical examination upon meeting all of the following requirements:
   a. Completing all required supervised work experience;
   b. Completing all education requirements;
   c. Passage of the California law and ethics examination.

§4980.40. QUALIFICATIONS
To qualify for a license, an applicant shall have all the following qualifications:
   (a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.
   (b) Be at least 18 years of age.
   (c) Have at least two years of experience that meet the requirements of Section 4980.43.
   (d) Pass a board administered written or oral examination or both types of examinations, except that an applicant who passed a written examination and who has not taken and passed an oral examination shall instead be required to take and pass a clinical vignette written examination.
   (e) Not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.
   (f) The provisions of this section shall become inoperative on December 31, 2012.

§4980.40. QUALIFICATIONS
To qualify for a license, an applicant shall have all the following qualifications:
   (a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.
   (b) Be at least 18 years of age.
§4980.50. EXAMINATION; ISSUANCE OF LICENSE; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON WRITTEN EXAMINATION

(a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the standard written examination, nor shall the board postpone or delay any applicant's standard written examination or delay informing the candidate of the results of the standard written examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the standard written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical vignette written examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the standard written or clinical vignette written examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.
(g) On or after January 1, 2002, no applicant shall be eligible to participate in a clinical vignette written examination if his or her passing score on the standard written examination occurred more than seven years before.

(h) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.

(i) The provisions of this section shall become inoperative on December 31, 2012.

§4980.50. EXAMINATION; ISSUANCE OF LICENSE; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON WRITTEN EXAMINATION

Effective January 1, 2013, the following shall apply:

(a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination or delay informing the candidate of the results of the clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(g) Effective January 1, 2013, the clinical examination must be passed within seven years of an applicant's initial attempt.

(h) No applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt. If the applicant fails to obtain a passing score within seven years of initial
attempt, he or she must obtain a passing score on the current version of the California law and ethics examination in order to eligible to retake the clinical examination.

(i) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.

§XXX EXAMINATION PROCEDURE FOR APPLICANTS WHO HAVE EXAMINATION ELIGIBILITY PRIOR TO JANUARY 1, 2013

(a) Applicants who had previously taken and passed the Standard Written exam must also obtain a passing score on the clinical examination in order to be eligible for licensure.

(b) Applicants who had previously failed to obtain a passing score on the standard written examination must obtain a passing score on the California law and ethics examination and the clinical examination.

(c) Applicants who had previously failed to obtain a passing score on the clinical vignette examination must obtain a passing score on the clinical examination.

(d) Applicants who had obtained eligibility for the standard written examination must take the California law and ethics examination and the clinical examination.

(e) The provisions of this section shall become operative effective January 1, 2013.

§4984.01. INTERN REGISTRATION; DURATION; RENEWAL

(a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:
   (1) Apply for renewal on a form prescribed by the board.
   (2) Pay a renewal fee prescribed by the board.
   (3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(d) This section shall become inoperative on December 31, 2012.

§4984.01. INTERN REGISTRATION; DURATION; RENEWAL

(a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.
(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

1. Apply for renewal on a form prescribed by the board.
2. Pay a renewal fee prescribed by the board.
3. Participate in the California Law and ethics examination pursuant to Section XXX each year until successful completion of this examination.
4. Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration and has passed the California law and ethics examination described in Section XXX. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(d) The provisions of this section shall become operative on January 1, 2013.

§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 for the application for examination eligibility shall be one hundred dollars ($100).
4. 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.
5. The fee for rescoring an examination shall be twenty dollars ($20).
6. The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars ($180).
7. The fee for license renewal shall be a maximum of one hundred eighty dollars ($180).
8. The fee for inactive license renewal shall be a maximum of ninety dollars ($90).
9. 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.
10. The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
11. 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.

(c) The provisions of this section shall become inoperative on December 31, 2012.

§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 for the application for examination eligibility shall be one hundred dollars ($100).
4. The fee for the clinical examination shall be one hundred dollars ($100). The fee for the California law and ethics 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.
5. The fee for rescoring an examination shall be twenty dollars ($20).
6. The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars ($180).
7. The fee for license renewal shall be a maximum of one hundred eighty dollars ($180).
8. The fee for inactive license renewal shall be a maximum of ninety dollars ($90).
9. 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.
10. The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).
11. 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.

(c) The provisions of this section shall become operative on January 1, 2013.

§4984.72. FAILED EXAMINATION; REEXAMINATION; NEW APPLICATION REQUIREMENT

An applicant who fails a standard or clinical vignette written examination may within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees. The provisions of this section shall become inoperative on December 31, 2012.

§4984.72. REEXAMINATION: CLINICAL EXAMINATION; NEW APPLICATION REQUIREMENT

Effective January 1, 2013, an applicant who fails the clinical examination may within one year from the notification date of that failure, retake the examination as regularly scheduled without
further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees. The provisions of this section shall become operative on January 1, 2013.

§XXX REEXAMINATION: LAW AND ETHICS EXAM

(a) An applicant and registrant must obtain a passing score on a board administered law and ethics examinations in order to qualify for licensure.

(b) A registrant must participate in a board administered law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics exam, he or she may re-take the examination, upon payment of the required fees, without further application except for as provided in subdivision (d). If a registrant fails to obtain a passing score on the law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she must complete at least a twelve (12) hour course in California law and ethics, in order to be eligible to participate in the California law and ethics examination. Registrants must only take the twelve hour California law and ethics course once during a renewal period. The twelve (12) hour law and ethics course required by the section must be taken through a Board-approved continuing education provider, a county, state or governmental entity, or a college or university.

(d) The law and ethics exam must be passed before the Board will issue a subsequent registration number.

(e) The provisions of this section shall become operative January 1, 2013.
To: Board Members

From: Tracy Rhine
Assistant Executive Officer

Subject: National Examination for LPCC Licensure Update

Date: October 20, 2010

Telephone: (916) 574-7847

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

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

The Board contracted with Dr. Tracy Montez, Applied Measurement Services, LLC (AMS) to perform the analysis necessary to determine if any national examination met the standards required by law. Based on the findings reported by Dr. Montez at the July 28, 2010 Board meeting, the Board voted to not accept the National Board for Certified Counselors (NBCC) National Counselor Examination and the National Clinical Mental Health Counselor Examination and directed staff to begin the examination development process. The Board also directed staff and AMS to continue working with NBCC to address Board concerns with the national examinations in an effort to continue moving toward California acceptance of national examination for LPCC licensure.

Attachment

Letter, AMS, October 18, 2010
October 18, 2010

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

Dear Ms. Madsen:

Since the last update presented at the Board of Behavioral Sciences (BBS) Licensing and Examination Committee meeting on September 13, 2010, Applied Measurement Services, LLC (AMS) has had numerous communications with Shawn O’Brien from the National Board for Certified Counselors (NBCC). These communications have occurred in the form of email, telephone calls and an onsite meeting with representatives from NBCC, BBS management and AMS on September 21, 2010.

The issues of concern identified in the assessment of the National Counselor Examination (NCE) and National Clinical Mental Health Counseling Examination (NCMHCE) programs were presented and discussed during these communications. Additional information was provided to AMS. AMS also received written authorization from NBCC to present the outcome of these discussions at the Board of Behavioral Sciences Board meeting to be held on November 4, 2010.

AMS will address issues of concern pertaining to the following components of examination validation, highlighting major efforts by NBCC to respond to the BBS:

- Job analysis
- Examination development
- Passing scores
- Test administration
- Test Security
- Transparency of examination programs

Based upon these follow up communications with NBCC and evaluation of additional technical documents, AMS recommends that the BBS move forward and continue discussions with the NBCC to use their examination(s) as part of the licensure process of California Licensed Professional Clinical Counselors.

Sincerely,

Tracy A. Montez, Ph.D.
President
To:          Board Members  Date:          October 20, 2010

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

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

Past Use of the ASWB

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

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

2) The sampling of participants in the practice analysis did not include demographics representative of California’s population.

3) The pass rate for California’s first-time examination participants was very high at 89%.

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

Previous Audit of the ASWB

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

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

**Board Review of Changes Made by ASWB**

On March 16, 2010, the ASWB responded to the Board’s concerns based on the audit of the ASWB LCSW exam plan, noting that it had taken steps to address each of the Board’s concerns. These steps included a significant sample of California social workers being included in the latest ASWB practice analysis, a review of the exam program to ensure consistency, additions to the pool of subject matter experts, and implementation of additional exam security strategies. Under the direction of the Board, Dr. Montez reviewed the changes made by the ASWB and presented an assessment of the changes at the July 28, 2010 Board meeting. The Board directed staff and Dr. Montez to continuing working with ASWB to address Board concerns in an effort to move forward with national examination for California LCSW applicants.

**Recommendation**

Conduct an open discussion regarding the Board’s participation in the ASWB and the negotiation points submitted by Dr. Montez (Attachment B). If it is determined that the Board should move forward with negotiations with ASWB, direct staff to work with the Office of Professional Examination Services and AMS to assess contract details.

**Attachment**

A. Letter regarding assessment report on ASWB, Dr. Tracy Montez, October 18, 2010  
B. Contract Negotiation Points
Kim Madsen, Executive Officer  
California Department of Consumer Affairs  
Board of Behavioral Sciences  
1625 N. Market Blvd., Ste. S-200  
Sacramento, CA 95834

Dear Ms. Madsen:

The purpose of this letter is to provide an update on communications between the Association of Social Work Boards (ASWB) and Applied Measurement Services, LLC (AMS) regarding follow up activities associated with the comprehensive assessment of the ASWB Clinical licensure exam. These communications were conducted as per a directive received from the Board of Behavioral Sciences (BBS) board at the July 28, 2010 meeting.

In addition to email communications, representatives from the ASWB, BBS management, and AMS met via a conference call on September 21, 2010. The purpose of this meeting was to discuss the contract negotiation points outlined in the update letter, dated July 12, 2010, submitted by AMS to the BBS for the July 28, 2010 board meeting.

Attached are the four contract negotiation points presented and a brief response to those points. Based on communications with the ASWB, AMS recommends that the BBS move forward with steps to become an ASWB jurisdiction. It appears that the ASWB Clinical licensure exam and future information sharing between the ASWB and BBS will meet professional and technical guidelines outlined in industry standards and expectations associated with California Business and Professions Code Section 139.

AMS will be available to address questions about this update at the November 4, 2010 BBS board meeting in Sacramento, California.

Sincerely,

Tracy A. Montez, Ph.D.  
President
1. **Continue to diversify the subject matter expert pool**

The ASWB has expressed a commitment to using a variety of subject matter experts as participants in all phases of examination development. The ASWB has also supplied the BBS with subject matter expert recruitment information if the board chooses to move forward with becoming an ASWB jurisdiction.

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

See above response.

3. **Development and use of knowledge statements**

The ASWB has expressed interest in addressing this point in future practice/occupational analysis work. It should be noted that the ASWB recently completed its practice analysis and did receive input from California licensees, both in development of the practice analysis survey and in sampling of actively practicing licensees.

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

The ASWB stated it would work with the BBS to provide technical data to the board and its qualified psychometric consultant as long as confidentiality and test security protocols are followed. The information provided would be consistent with the data currently provided to the BBS by the Office of Professional Examination Services.
To: Board Members  
From: Tracy Rhine  
Assistant Executive Officer  
Date: October 21, 2010  
Telephone: (916) 574-7847  

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 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) 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.

The previous version of this section allowed at total of 1,000 hours of direct supervisor contact and professional enrichment activities combined. With the addition of client centered advocacy the total number of hours allowed for professional enrichment activities, direct supervisor
contact and client centered advocacy was increased by 250 hours to a total of 1,250 hours of experience in the three combined areas.

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 Board 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. Additionally, the changes implemented by SB 33 aimed at allowing more flexibility in the gaining of experience hours by making the law less prescriptive.

**Recommendation**

At the October 12, 2010 meeting, the Policy and Advocacy Committee recommended that the Board consider limiting the number of CCA hours to a total of 500 and to allow flexibility with combining the hours with those gained administering and evaluating psychological tests. If the Board finds that a limit on CCA hours is need, direct staff to draft proposed statutory language for inclusion in the Board omnibus bill.

**Attachment**

Proposed changes to BPC Section 4980.43
Proposed Amendments to 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 1,000-2,500 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 500 hours of experience in following:
(a) Not more than 250 hours of experience in administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes. An applicant shall have no more than 250 hours of this type of experience.

(b) Client centered advocacy.

(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: Board Members

From: Rosanne Helms
Legislative Analyst

Date: October 18, 2010

Telephone: (916) 574-7897

Subject: Proposed 2011 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 hours 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 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), 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. Additionally, an MFT, LCSW, or LPCC corporation may currently employ no more than ten individuals registered either as MFT interns or ASWs at any one time. 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 Policy and Advocacy Committee, at its meeting on October 12, 2010, discussed applying similar limitations to the supervision of LPCC interns in private practice settings. Based on the recommendation of the Committee, staff has drafted language reflecting a limitation of three registrants for a supervisor in private practice. Additionally, the Committee recommended drafting language stating that a MFT, LCSW, or LPCC corporation may currently employ no more than fifteen individuals registered by the Board at any one time.

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 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 professional clinical counselor corporation employ, at any one time, more than 15 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 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 clinical counselor corporation and shall be actively engaged in performing professional services at and for the professional clinical counselor 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:

(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.

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.

Recommended Action

Recommend that the Board direct staff to make any non-substantive changes to the proposed language, and sponsor legislation to make the proposed changes.

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), 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) 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 marriage and
family therapy corporation employ, at any one time, more than 40 15 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 marriage and family therapy corporation and shall be actively engaged in performing professional services at and for the professional marriage and family therapy 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.

(m) 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.

(n) 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.

(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. 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).

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

(r) 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.

(s) 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.

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

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

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

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

(x) Failure to comply with Section 2290.5.

(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.

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.

§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
therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.

(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 licensed clinical social workers' corporation employ, at any one time, more than a total of 40 15 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 licensed clinical social workers' corporation and shall be actively engaged in performing professional services at and for the professional licensed clinical social workers' 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 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 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 professional clinical counselor corporation employ, at any one time, more than 15 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 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 clinical counselor corporation and shall be actively engaged in performing professional services at and for the professional clinical counselor 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: Board Members

From: Rosanne Helms
Legislative/Regulatory Analyst

Subject: Review of Board Sponsored and Monitored Legislation

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.
5. **LPCC Practicum**

This proposal allows an applicant for grandparented LPCC licensure with an otherwise qualifying degree conferred prior to 1996 to be eligible for licensure, if that degree has three semester units or four and one-half quarter units of supervised practicum.

*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 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 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.

Chapter 695, Statutes of 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:

a) Educational background and training, including, but not limited to, degree, related school name and location, and year of graduation, and, as applicable, the highest professional degree obtained, related professional school name and location, and year of graduation.
b) Birth date and place of birth.
c) Sex.
d) Race and ethnicity.
e) Location of high school.
f) Number of hours per week spent at primary practice location, if applicable.
g) Description of primary practice setting, if applicable.
h) Primary practice information, including, but not limited to, primary specialty practice, practice location ZIP Code, and county.
i) Information regarding any additional practice, including, but not limited to, a description of practice setting, practice location ZIP Code, and county.

Personally identifiable information collected pursuant to the provisions of this bill shall be confidential and not subject to public inspection. The Board adopted a position of “support” on this legislation at its meeting on May 6, 2010.

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.

The hearing for this bill was canceled at the request of the author in the Senate Judiciary Committee.

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.

This bill failed passage in the Assembly Public Safety Committee.

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 686 had been re-referred to the Assembly Committee on Natural Resources. SB 1203 had been re-referred to the Assembly Rules Committee. Both failed to pass out of these respective committees.

**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.

This bill had been re-referred to the Assembly Rules Committee, where it failed passage.
To: Board Members  
Date: October 14, 2010

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

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 State and Consumer Services Agency for review. Once approved there, it will be reviewed by the Department of Finance and then by 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.**
To: Board Members

From: Tracy Rhine
Assistant Executive Officer

Date: October 21, 2010

Telephone: (916) 574-7847

Subject: Discussion and Possible Action on Marriage and Family Therapist Practicum Requirement; Trainees Counseling Clients; Exception

Materials for agenda item XII will be included in a Supplemental Package.
To: Board Members  
From: Kim Madsen  
Executive Officer  
Date: October 20, 2010  
Telephone: (916) 574-7841  

Subject: Compliance and Enforcement Committee Update

The September 24, 2010, Compliance and Enforcement Committee was canceled.

Attached for your review are the statistics for the Board’s Enforcement Program.
Monthly Enforcement Report to DCA

Board of Behavioral Sciences

**Complaint Intake**
Complaints Received by the Program. Measured from date received to assignment for investigation or closure without action.

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**Convictions/Arrest Reports**
Complaints investigated by the program whether by desk investigation or by field investigation. Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action.

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<th>Apr-10</th>
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**Investigation**
If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation. If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

**Desk Investigation**

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**Field Investigation (Non-Sworn)**

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### Enforcement Actions

This section DOES NOT include subsequent discipline on a license. Data from complaint records combined/consolidated into a single case will not appear in this section.

#### AG Cases Initiated

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#### Proposed/Default Decisions Adopted

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### Disciplinary Orders

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#### Average Days to Complete*

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* - license denied by proposed decision adopted
To: Board Members  
From: Kim Madsen  
Executive Officer  
Subject: Ethics Presentation  
Date: October 19, 2010  
Telephone: (916) 574-7841

An Ethics Presentation will be presented to Board Members by Department of Consumer Affairs Senior Legal Counsel, Gary Duke.

Attachments

A. Bagley-Keene Open Meeting Act Top Ten Rules
B. Ethical Decision Making
1. All meetings are public. (GC §11123.)

2. Meetings must be noticed 10 calendar days in advance—including posting on the Internet. (GC §11125(a).)

3. Agenda required—must include a description of specific items to be discussed (GC §§ 11125 & 11125.1).
   a. No item may be added to the agenda unless it meets criteria for an emergency. (GC §11125(b).)

4. Meeting is “gathering” of a majority of the board or a majority of a committee of 3 or more persons where board business will be discussed. Includes telephone & e-mail communications. (GC §11122.5; Stockton Newspapers Inc. v. Members of the Redevelopment Agency of the City of Stockton (1985) 171 Cal.App.3d 95.)

5. Law applies to committees, subcommittees, and task forces that consist of 3 or more persons (includes all persons whether or not they are board members). (GC §11121)

6. Public comment must be allowed on agenda items before or during discussion of the items and before a vote, unless: (GC §11125.7.)
   a. The public was provided an opportunity to comment at a previous committee meeting of the board. If the item has been substantially changed, another opportunity for comment must be provided.
   b. The subject matter is appropriate for closed session.

7. Closed sessions (GC §11126.) At least one staff member must be present to record topics discussed and decisions made. (GC §11126.1).

Closed session allowed:
   a. Discuss and vote on disciplinary matters under the Administrative Procedure Act (APA). (subd. (c)(3).)
   b. Prepare, approve or grade examinations. (subd. (c)(1).)
c. Pending litigation. (subd. (e)(1).)

d. Appointment, employment, or dismissal of executive officer (EO) unless EO requests such action to be held in public. (subd. (a), (b).)

No closed session allowed for:
a. Election of board officers. (68 AG 65.)
b. Discussion of controversial regulations or issues.

8. No secret ballots or votes except mail votes on APA enforcement matters. (68 AG 65; GC §11526.)

9. No proxy votes. (68 AG 65.)

10. Meetings by teleconferencing (GC §11123.)

a. Suitable audio or video must be audible to those present at designated location(s). (subd. (b)(1)(B).)
b. Notice and agenda required. (subd. (b)(1)(A).)
c. Every location open to the public and at least one member of board physically present at the specified location. All members must attend at a public location. (subds. (b)(1) (C), and (F).)
e. Rollcall vote required. (subd. (b)(1)(D).)
f. Emergency meeting closed sessions not allowed. (subd. (b)(1)(E).)

Reference: January 2009 “Public Meetings” Memorandum & Attached Guide to the Bagley-Keene Open Meeting Act
http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf
<table>
<thead>
<tr>
<th>Questions</th>
<th>Mandatory Disqualification</th>
<th>Need Further Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you served as investigator, prosecutor, or advocate before or during the adjudicative proceeding?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Are you biased or prejudiced for or against the person? or Do you have an interest (including a financial interest) in the proceeding?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you engaged in a prohibited ex parte communication before or during adjudicative proceeding (may result in disqualification)? OR complained to you about investigation currently in progress and said how great he or she is</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>√ “Ex parte” communication: direct or indirect communication with you by one of the parties or its representative without notice and opportunity for all parties to participate in the communication (e.g. applicant or licensee (or someone acting on that person’s behalf)</td>
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</tr>
<tr>
<td>Do you or your spouse or a close family member (such as an uncle or cousin) have personal knowledge of disputed evidentiary facts concerning the proceeding?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Do you doubt your capacity to be impartial?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Do you, for any reason, believe that your recusal would further the interests of justice?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
To:       Board Members

From:    Tracy Rhine
         Assistant Executive Officer

Date:    October 21, 2010

Telephone:    (916) 574-7847

Subject: Petition for Modification of Probation Terms

The following individual is before the Board to petition for modification of probation terms:

Patricia Kathleen Walker, MFC 27583
To: Board Members
From: Christy Berger
Telephone: (916) 574-7834
Manager/Mental Health Services Act Coordinator

Subject: Mental Health Services Act Report

Background

At the July 2010 meeting, Board members were provided with a brief overview of the Mental Health Services Act (MHSA), as well as information about the Board’s involvement in the MHSA. A copy of that background is provided in Attachment A for your reference.

The purpose of this follow-up report is to provide more information about the Board’s work related to MHSA in the Workforce Education and Training (WET) component, and information on outcomes related to MHSA implementation thus far. More information can be found on the WET component at http://www.dmh.ca.gov/Prop_63/MHSA/Workforce_Education_and_Training/default.asp.

Discussion

The MHSA Five Year Workforce Education and Training Development Plan (“5-Year Plan,” available at the website noted above) describes Department of Mental Health’s (DMH) goals, objectives and potential solutions to public mental health workforce issues. It carries forth the vision of the MHSA, which is to create a transformed system that promotes wellness, recovery and resilience for consumers of all ages, with measurable, values-driven outcomes. The Five-Year Plan provides the means for developing and maintaining a culturally competent workforce, to include consumers and family members.

The WET component is foundational to MHSA implementation – without a workforce that has been instilled with MHSA values and treatment approaches, the sought-after transformation would not be possible. Although many counties have or are making cutbacks in mental health programs, MHSA-funded programs remain mostly intact. The MHSA’s funding, dependent on a 1% tax on millionaires, has declined during the economic downturn, but is a fairly stable funding source. This is because MHSA funds are mandated to be used to fund mental health and may not replace existing programs; they must either supplement or be in addition to existing programs. This means that while jobs are being lost, they are also being created/maintained under MHSA.

Additionally, counties often identify licensed clinicians including Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs), and licensed supervising clinicians, as the hardest to fill
positions. This is complicated by the fact that 13% of California is federally designated as a “Mental Health Professional Shortage Area” (see Attachment B).

**BBS and DMH Partnership**

The MHSA funds one position at the BBS, and common goals and objectives are negotiated through a memorandum of understanding every three years. In addition, the Board and DMH negotiate a work plan each year (see Attachment C), which describes the Board’s MHSA-related efforts. This includes working with schools to incorporate MHSA-related curricula, understanding workforce-related demographic disparities and cultural issues, educating and informing the board and staff about public mental health, reviewing the ethics codes and examination requirements, and incorporating the views of consumers and family members. The Board will be provided with a mid-year report of BBS’ progress on the current work plan at its meeting in February 2011.

**MHSA Outcomes**

The attached excerpt of a May 2010 report from DMH provides a status update on both state level and local level activities to date that are designed to support the mental health workforce (Attachment D).

Please refer to page three (3) of Attachment E, which provides examples of several counties’ substantial success in reducing the negative outcomes of untreated mental illness, including decreases in homelessness, school suspensions, incarceration/arrest rates, and hospitalization rates in just the several years since MHSA implementation.

Information on BBS-specific MHSA-related activities and outcomes will be provided to Board members at least twice per year, next scheduled for February 2011.

**Emerging Workforce Issues**

Emerging public mental health workforce issues are related to the implementation of federal mental health parity laws and health care reform. Implementation of mental health parity is expected to increase private sector workforce needs, which will compete with the public sector for clinicians. This will become a greater problem beginning in 2014, when the public mental health system is expected to cover approximately 40% of the currently uninsured population. Additionally, health reform brings with it an emphasis on mental health integration with primary care. This issue will need to be considered by the Board in the future, in terms of how it will impact our licensees and licensing process.

**Attachments**

A. MHSA Background from July 2010 BBS Board Meeting
B. Mental Health Professional Shortage Areas (HPSA)
C. 2010-11 MHSA Work Plan (BBS and DMH Partnership)
D. Excerpt from “Mental Health Services Act Expenditure Report, Fiscal Year 2009-10, Addendum”
E. Prop. 63 (MHSA) Fast Facts (see page 3 for information about outcomes)
The Mental Health Services Act (MHSA) became California law on January 1, 2005 after being passed by voters (as Proposition 63) in November 2004. The Act provides funding through a 1% surcharge on personal income over $1 million to expand community-based public mental health services in six areas:

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

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

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

In 2007, the Board received approval for a new position to be funded by the MHSA, and entered into a Memorandum of Understanding with the state Department of Mental Health. The MHSA Coordinator’s job is to serve as the Board’s specialist regarding the MHSA and to determine its impact on and interrelationship with Board programs, to identify and address workforce issues, to act as liaison between the Board and the DMH, and to perform other functions relating to the MHSA.
The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians, mental health providers or dentists. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.

The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). To obtain more information about the federal designations shown on the map, see http://www.oshpd.ca.gov/HWDD/HPSA.html

July 2010
**GOAL 1:** Review and revise educational requirements for mental health professionals licensed by the Board, with emphasis on Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs) and Licensed Professional Clinical Counselors (LPCCs).

*Desired Outcome:* Curricula of the mental health professionals licensed by the Board incorporates the values and principles of the MHSA.

**GOAL 2:** Review and revise examination requirements for licensure as an MFT, LCSW and Licensed Educational Psychologist (LEP).

*Desired Outcome:* Review the examinations for licensure of the mental health professionals licensed by the Board to determine whether the values and principles of the MHSA can be incorporated.

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<tbody>
<tr>
<td>A. Work intensively with schools that educate future Marriage and Family Therapists (MFTs) regarding MHSA-related content mandated by SB 33.</td>
<td>2010-2012</td>
<td>BBS</td>
</tr>
<tr>
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<tr>
<td>B. Work intensively with schools that educate future Licensed Professional Clinical Counselors (LPCCs) regarding MHSA-related content mandated by SB 788.</td>
<td>2010-2012</td>
<td>BBS</td>
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<tr>
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<tr>
<td>C. Explore how the education of Licensed Clinical Social Workers (LCSWs) can be modified to better address competencies and skills that reflect MHSA principles/practices.</td>
<td>2010-2011</td>
<td>BBS</td>
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BBS-sponsored SB 33 was signed in 2009 and takes effect August 1, 2012. 25 schools are working to implement the changes early. BBS will provide additional assistance to educators in the form of a sample curriculum map, sample course syllabi, website resources, identifying external resources for technical assistance, and consultation with educators. BBS will contract with experts to assist in the review of schools who have submitted their SB 33-compliant curriculum to BBS.

BBS-supported SB 788 was signed in 2009. LPCC educational requirements closely mirror the MHSA content of SB 33 for MFTs, also beginning August 1, 2012. BBS will contract with experts to review LPCC curriculum.

The Board’s Licensing and Examination Committee is expected to continue the work of the former LCSW Education Committee in 2011. This will include meeting with stakeholders such as CalSWEC.
### Objective 2: Increase consumer and family member participation in the Board’s activities.

**Desired Outcome:** Promotion of the meaningful inclusion of consumers and family members in incorporating their viewpoints and experiences.

#### 2010-11 Activities Timeline Primary Comments

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Timeline</th>
<th>Responsibility</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The BBS will assist schools to bring in consumers and family members to help educate students about consumers’ and family members’ perspectives.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>SB 33 and SB 788 mandate that MFT and LPCC schools, respectively, provide opportunities for students to meet with consumers and family members beginning August 1, 2012.</td>
</tr>
<tr>
<td>B. The BBS will involve consumers and family members in its Ethics Review Committee meetings.</td>
<td>2011-2012</td>
<td>BBS</td>
<td>This will enable consumers and family members to help shape the ethical guidelines relating to the practice of psychotherapy in California, thereby making those services more consumer-oriented.</td>
</tr>
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</table>

### Objective 3: Work with stakeholders and others to review and possibly revise the ethics codes for MFTs, LCSWs, LPCCs and LEPs to reflect differences when working in a recovery-oriented practice environment.

**Desired Outcome:** The ethics codes or interpretations of ethics codes more closely align with the MHSA principles and practices.

#### 2010-11 Activities Timeline Primary Comments

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Timeline</th>
<th>Responsibility</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Review ethics codes or common interpretations of ethics codes to more closely align with MHSA principles and practices.</td>
<td>2011-2012</td>
<td>BBS</td>
<td>The Board will begin this work after an LPCC board member has been appointed, expected in mid-2011. This will allow the LPCC profession’s ethics code to also be addressed.</td>
</tr>
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</table>

### Objective 4: Implement strategies to address demographic disparities between providers of mental health services and consumers.

**Desired Outcome:** Improve access to mental health services.

#### 2010-11 Activities Timeline Primary Comments

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<tr>
<th>Responsibility</th>
<th>Timeline</th>
<th>Responsibility</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>A. Identify and publicize student loan repayment programs, stipends, grants and other funding sources to assist disadvantaged groups in pursuing education required for licensure, or to work in a community mental health setting that serves diverse clients.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>BBS has identified and publicized funding opportunities for schools, such as the Cal-SEARCH program, and for professionals working in underserved areas, such as the NHSC, FLRP and SLRP and federal grants. BBS has advocated to the NHSC for the inclusion of California-licensed LCSWs and supported the use of the national ASWB examination to assist in that effort.</td>
</tr>
</tbody>
</table>
### 2010-11 Mental Health Services Act Work Plan
Board of Behavioral Sciences and Department of Mental Health

<table>
<thead>
<tr>
<th>B. The Board’s Licensing and Examination Committee will address demographic disparities and cultural issues.</th>
<th>Ongoing</th>
<th>BBS</th>
<th>The Committee will review DMH’s evaluation report, “California’s Public Mental Health Workforce: A Needs Assessment” when it becomes publicly available, OSHPD’s Health Care Workforce Clearinghouse data, and other sources to determine further research or action needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Identify, analyze and present to the Board state and federal legislation and regulations that have an impact on demographic disparities, including federal health care reform.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>This will assist in identifying potential federal or other funds available to support a diverse workforce in underserved areas. The federal legislation makes several stipend and other programs available for schools that train future mental health professionals. The Board will closely monitor pending federal regulations implementing these programs and work closely with DMH, OSHPD and public mental health stakeholders to maximize federal funding to the State of California.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. Invite public mental health employers, consumers and family members to present about mental health recovery and the consumer/family member perspective at Board and/or Committee meetings whenever possible.</th>
<th>Ongoing</th>
<th>BBS</th>
<th>Consumers and family members will be reimbursed for travel expenses whenever possible. This will enable BBS to ensure that the consumer and family member perspective is taken into consideration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Identify reports, research and news stories of interest related to public mental health and send periodically to BBS staff and Board members.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>This will assist BBS staff and Board members to maintain knowledge about emerging trends in mental health and the needs of consumers, family members, employers and the workforce and to consider changes when necessary.</td>
</tr>
<tr>
<td>C. Prepare newsletter articles for BBS licensees and registrants about the MHSA and related mental health initiatives.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>This will enable BBS to continue alerting its licensees and registrants about federal and foundation funding opportunities as they become available and about the Governor’s initiatives.</td>
</tr>
</tbody>
</table>
### 2010-11 Mental Health Services Act Work Plan
Board of Behavioral Sciences and Department of Mental Health

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>2011-2012</th>
<th>BBS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Determine next steps based on the MHSA competencies review.</td>
<td>2011-2012</td>
<td>BBS</td>
<td>The Board will analyze the reports that compare MHSA competencies and BBS examination content for each profession and determine how competencies not represented can be integrated into the examinations.</td>
</tr>
<tr>
<td>B. Monitor the Board’s proposed examination changes and advise executive staff regarding potential impact on the public mental health workforce and employers.</td>
<td>2011-2012</td>
<td>BBS</td>
<td>The Board has proposed restructuring its examination program and is considering the use of national examinations in the future.</td>
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</table>

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Ongoing</th>
<th>BBS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Monitor workforce issues identified in the “MHSA 5-Year Workforce Education and Training Development Plan” and recommend strategies to address.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>Staff will utilize DMH’s MHSA evaluation report, “California’s Public Mental Health Workforce: A Needs Assessment” when it becomes publicly available, OSHPD’s Health Care Workforce Clearinghouse data, DACUM studies, and other sources of workforce information.</td>
</tr>
<tr>
<td>B. Perform outreach to students, schools and supervisors in underserved areas to assist in understanding MHSA mandates, the licensing process and other requirements.</td>
<td>Ongoing</td>
<td>BBS</td>
<td>Students in underserved areas or who speak a language other than English are at risk of not complying with all licensing requirements. BBS will ensure that such students are targeted in outreach efforts. Additionally, schools and supervisors will be targeted to ensure MHSA and other related mandates are met.</td>
</tr>
<tr>
<td>D. Support implementation of and ensure MHSA compliance in the new Licensed Professional Clinical Counselor (LPCC) program.</td>
<td>2010-2012</td>
<td>BBS</td>
<td>This includes participating in BBS planning and implementation sessions, ensuring compliance with MHSA-related mandates, providing guidance to staff and developing informational materials.</td>
</tr>
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</table>
**Workforce Education and Training (WET)**

This component is intended to “remedy the shortage of qualified individuals to provide services to address severe mental illnesses (WIC Section 5820).” It required that each County identify workforce shortages in both the County staff and contract provider staff. The planning guidance for the WET component was released in July 2007. As of April 2010, 46 counties have submitted their WET component of the County Plan and approximately $163.7 million has been approved for distribution since inception of the MHSA. County specific information can be found at: [http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp](http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp).

An April 2009 analysis of 28 WET plans submitted by 28 Counties (representing 67.7 percent of California’s total population), found that Counties identified psychiatrists, licensed clinical social workers, marriage and family therapists, and licensed supervising clinicians as the hardest to fill positions. The analysis also identified the need for proficiency in non-English languages: an estimated 7,800 additional staff are needed in California’s ten most common non-English languages: Spanish, Tagalog, Cantonese, Vietnamese, Mandarin, Farsi, Chinese, Korean, Russian, and Cambodian.

In accordance with MHSA, DMH developed a Five Year Workforce Education and Training Development Plan which was reviewed and approved by the California Mental Health Planning Council. This plan addressed specific areas and guides DMH’s Statewide WET efforts. These efforts include expansion of postsecondary education to meet needs of occupational shortages; expansion of loan forgiveness and scholarship programs; establishment of stipend programs; and establishment of regional partnerships among mental health and educational systems. The following summarizes major State Level activities to date.

**Financial Incentive Programs**

- Since its inception in 2005, 900 second year students in Master’s of Social Work Degree programs have received a stipend of $18,500. Upon graduation, the student works for a minimum of one year in the public mental health system for each year a stipend was received. Each year over 50 percent of the students receiving stipends have proficiency in a non-English language; an average of 55 percent represent minorities.

- In FY 2009-10, 184 students obtaining advanced degrees in Doctorates in Psychology, Masters Degrees in Marriage and Family Therapy, or training as Psychiatric Nurse Practitioners receive stipends of up to $18,500 in exchange for one year’s work in the public mental health system for each year a stipend was received. Over 50 percent of the students who received stipends are proficient in a non-English language.
• Through the Mental Health Loan Assumption Program (MHLAP) mental health professionals who have educational loans and who work in the public mental health system in a hard to fill position may receive up to $10,000 each in educational loan repayment. In 2009, 280 eligible applicants had benefitted by loan repayment; in 2010, this figure increased to 309 individuals.

Other Programs/Activities

• Through two year grants of $100,000 each to five Physician Assistant training programs, 530 students have been exposed to MHSA principles and practice. Enhancements vary with the program, but mental health curriculum consistent with MHSA principles has been added to all programs. Other enhancements include rotations in the public mental health system, attendance at psychiatric grand rounds, and active collaboration with public mental health for some students.

• Three universities (University of California, Davis; University of California, Los Angeles-Kern; and University of California, San Francisco-Fresno) have expanded their psychiatric residency programs or are working to establish new programs in areas of particular shortage, including specialists in Child Psychiatry and Integrated Psychiatry and Mental Health.

• Five County Regional Partnerships (California State University, Monterey Bay; California State University, Chico; California State University, Sacramento; California State University, Fresno, and the California State University Humboldt/Chico consortium) have worked to add new Masters in Social Work (MSW) programs.
Prop. 63 (MHSA) Fast Facts

*With the Passage of Prop. 63 - Californians are Getting What They Voted For*

- The Mental Health Services Act (Proposition 63 or MHSA) was approved by voters in November 2004 and reaffirmed by a 2/3 vote with the defeat of a proposed diversion of MHSA funds in May of 2009.

**Proposition 63 Benefits All Californians**

- Prop. 63 benefits all Californians through its focus on the comprehensive needs of individuals and families and the provision of services designed to prevent more costly interventions.
- Proposition 63 is intended to provide the resources to expand programs that have demonstrated their effectiveness, that will save lives, and that will save money.
- Proposition 63 provides outreach and mental health services to underserved populations, including cultural, ethnic, racial, and linguistic communities.
- Approximately **378,000 individuals** (unduplicated count) received **MHSA-funded community mental health services** in FY 07/08.
- Approximately **542,000 individuals** were estimated to receive **Prevention and Early Intervention services** in FY 08/09. (Based on information provided in FY 08/09 County PEI Plans.)

**Proposition 63 is Cost Effective**

- Proposition 63 avoids more costly services for state and county governments by reducing homelessness, emergency medical care, long term nursing home care, unemployment, hospitalization, and incarceration.
- Community Wellness/Drop-in centers, newly established in most counties with MHSA funds, are designed to provide easy and welcoming access to community services and supports for persons who may not typically seek system services but frequently need more costly emergency services. These centers, many of whom are peer run, provide a broad array of cost effective services that are benefiting communities across California.
- In addition to persons receiving community mental health services, the MHSA is focused on delivering **Prevention and Early Intervention services** to **prevent mental illness and emotional disturbance from becoming disabling and costly for individuals, families, communities and the state.**
Prop. 63 (MHSA) Fast Facts

Proposition 63 Produces Positive Life Outcomes for Individuals

- With the passage of Prop. 63, Californians voted to provide *new mental health funding*, to be *used in a cost effective way*, for services including prevention and early intervention services, *focused on reducing the negative outcomes of untreated mental illness* such as:
  - Suicide
  - Incarceration
  - School failure or drop out
  - Children and older adults removed from their homes
  - Homelessness
  - Hospitalization
  - Substance Abuse
  - Prolonged Suffering
  - Unemployment

Proposition 63 Leverages Other Funds

- Prop. 63 created new funding for mental health services and new dollars that could be leveraged for California throughout the mental health system. The proposed redirection of $900 million to $1.7 billion in MHSA funds over the next two years would lead to the loss of millions of dollars in leveraged funds.

- In the next two fiscal years, Prop. 63 will leverage $500 million in federal dollars for California’s mental health system because counties use Prop. 63 funds to draw down federal matching dollars. This federal funding will be lost to California if MHSA funds are diverted.

- Many counties are addressing the community costs associated with homelessness by using MHSA funds to build affordable housing units in their communities for persons with mental illness who are homeless or at risk of homelessness. MHSA housing programs include comprehensive support services to maintain positive housing and life outcomes and prevent the need for more costly services and interventions.

- Counties use Prop. 63 funds, available through the MHSA Housing Program, to leverage funds from other sources to build affordable supportive housing in their communities. As of August 2009, **$159.7 million MHSA dollars have leveraged nearly $1.1 billion additional dollars for affordable housing units in California.**

- Prevention and Early Intervention programs are leveraging funds and resources through school based projects that contribute existing school based staff, work space, and matching funds.
Prop. 63 (MHSA) Fast Facts

Outcomes reported for individuals receiving the most comprehensive MHSA services indicate that Prop. 63 has delivered on its promise.

What follows are a few examples of counties’ success in reducing the negative outcomes of untreated mental illness.

<table>
<thead>
<tr>
<th>Decreased Number of Days Spent Homeless</th>
<th>Reduction of:</th>
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<tbody>
<tr>
<td>For Youth:</td>
<td></td>
</tr>
<tr>
<td>❖ Stanislaus County:</td>
<td>92%</td>
</tr>
<tr>
<td>❖ San Francisco County</td>
<td>100% (CBHS TAY)</td>
</tr>
<tr>
<td>For Adults:</td>
<td></td>
</tr>
<tr>
<td>❖ Sacramento County</td>
<td>100% (Integrated Service Agency)</td>
</tr>
<tr>
<td>❖ Placer County</td>
<td>88%</td>
</tr>
<tr>
<td>For Older Adults:</td>
<td></td>
</tr>
<tr>
<td>❖ Stanislaus County</td>
<td>90%</td>
</tr>
<tr>
<td>❖ San Diego County</td>
<td>89% (Heritage Clinic)</td>
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<table>
<thead>
<tr>
<th>Decreased School Suspensions for Children and Youth</th>
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<tbody>
<tr>
<td>For Youth:</td>
<td></td>
</tr>
<tr>
<td>❖ Los Angeles County:</td>
<td>90% (Child and Family Center)</td>
</tr>
<tr>
<td>❖ Riverside County:</td>
<td>81%</td>
</tr>
<tr>
<td>❖ San Bernardino County</td>
<td>79%</td>
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<table>
<thead>
<tr>
<th>Decreased Incarceration/Arrest Rates</th>
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<tbody>
<tr>
<td>For Youth:</td>
</tr>
<tr>
<td>❖ Riverside County (Incarcerations)</td>
</tr>
<tr>
<td>❖ San Mateo County (Incarcerations &amp; Arrests)</td>
</tr>
<tr>
<td>For Adults:</td>
</tr>
<tr>
<td>❖ Orange County (Incarcerations)</td>
</tr>
<tr>
<td>❖ Contra Costa County (Arrests)</td>
</tr>
<tr>
<td>For Older Adults:</td>
</tr>
<tr>
<td>❖ Orange County (Incarcerations)</td>
</tr>
<tr>
<td>❖ San Diego County (Incarcerations &amp; Arrests)</td>
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<table>
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<tr>
<th>Decreased Hospitalization Rates</th>
<th></th>
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<tbody>
<tr>
<td>For Children and Youth:</td>
<td></td>
</tr>
<tr>
<td>❖ San Mateo County</td>
<td>81%</td>
</tr>
<tr>
<td>❖ Yolo County</td>
<td>100% (Rural Children’s Mental Health)</td>
</tr>
<tr>
<td>For Transition Age Youth (16-25)</td>
<td></td>
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To: Board Members  
From: Christy Berger  
Manager/Mental Health Services Act Coordinator  
Subject: Presentation on the Mental Health Services Act, SB 33 and LPCC’s: A View from the Ground Level by Rita Downs, M.Ed., MPA, Director, Calaveras County Behavioral Health Services, and Laurie Sundholm, Older Adult Community Services Liaison and Consumer

We are very pleased to have the director of Calaveras County Behavioral Health Services, and a consumer who is employed by the same agency present to the Board about the public mental health system in Calaveras County. Each county is unique, and Calaveras is no exception as a small, rural county in the foothills of the Sierra Nevada, with a population of about 50,000.

This presentation will help meet one of the objectives in the Board’s Mental Health Services Act (MHSA) work plan, which is to “Educate Board members, staff and BBS licensees about the MHSA and public mental health service delivery.” Specifically, the work plan activity states that the Board will, “Invite public mental health employers, consumers and family members to present about mental health recovery and the consumer/family member perspective at Board and/or Committee meetings whenever possible.”

Attachments

A. Calaveras County Map 
B. Calaveras County Behavioral Health Bulletin, Vol. 4, Summer 2010 
C. Calaveras Health Services Improve for the Mentally Ill, Report Says 
D. SB 33 Visual Chart
MHSA: Fiscal Year 2010/2011 Update

Behavioral Health Services (BHS) has recently completed another community planning process for the new Innovation component of the Mental Health Services Act (MHSA). This project aims to increase access, improve interagency collaboration, and/or improve service outcomes for consumers. The funding is to learn how these outcomes can be met using innovative approaches that are new to mental health and the community. Each project must be time-limited and must address specific learning objectives.

Input from the community during this last planning process is consistent with results from previous planning processes for Prevention and Early Intervention as well as Community Services and Supports. Increasing access to services and improving outcomes for consumers have been top requests from the community and as such, Behavioral Health Services will be focusing on these outcomes with their Innovation funds. More information will be provided regarding these projects as the plan is finalized.

Other MHSA highlights for Fiscal Year 2010/11 include the implementation of the Strengthening Families parenting support program offered by First 5 Calaveras (209-754-6914, www.first5calaveras.org), the expansion of Suicide Prevention activities, new psychology certificate programs at Columbia College, mental health education funding support, and the selection of a partner agency for Permanent Supportive Housing.

For more information regarding MHSA, or to participate on the MHSA Advocacy Committee, the Suicide Prevention Committee, or the Mental Health Board please contact Christa Thompson at 209-754-2810 or via email at cthompson@co.calaveras.ca.us.

Columbia College Certificate Programs

Two new 12-unit certificates of achievement will be offered at Columbia College Fall 2010 & Spring 2011—which can be completed in just two or three semesters!

The first certificate is an Introduction to Peer Support and is ideal for anyone with life experience with mental illness either personally or as a family member or friend. This program will prepare students to provide support to individuals with similar experiences as their own. Students will learn about the role of peer counselors, helping and listening skills, recovery values, ethics and boundaries, and cultural competency.

The second certificate is the Introduction to Psychosocial Rehabilitation, which is designed for anyone interested in learning about mental health recovery. Students will learn basic wellness and recovery values, self-management, case management, as well as ethics and confidentiality.

Both programs will prepare students for entry-level positions and/or volunteer opportunities in Mental Health. For more information, contact Christa Thompson at 209-754-6525 or email her at cthompson@co.calaveras.ca.us.

BHS Mascots: Meet Rabble-Rouser!

In lieu of our regular article featuring BHS pets, we present Director Rita Downs’ jumping frog of Calaveras County, Rabble-Rouser. While a pet for just a day, this Rabble-Rouser made quite an impression. We interviewed this little fella and thought we would share some information about our long lost frog-friend.

Rabble-Rouser wanted all the ladies to know he likes long jumps in the park, Muppets movies featuring long-time friend, Kermit the Frog—and of course enchanted kisses. When asked about the photo above, he responded, “when you gotta go, you gotta go!”

Stay tuned for future spotlights on the new BHS Mascots!
**Staff Spotlight: David’s Drumming**

David Sackman, Deputy Director of BHS, was recently awarded grant funding from the Berklee College of Music to purchase percussion instruments for drumming circle groups. David’s drumming circles have been very successful in bringing together staff and consumers at the bi-weekly Drop-In-Day and in Wellness and Recovery Groups.

David is now expanding his “circle” to include the new Center for Creativity and Community, located at 23 West St. Charles in San Andreas. This community center is an ideal fit for drumming as many other creative classes & activities will be offered there as well.

Please join us in congratulating David on his grant award and success in implementing these recovery-based drumming circles.

For information regarding drumming circles at BHS, please contact David at 209-754-6555. For information about The Center for Creativity and Community, visit [www.center4creativity.net](http://www.center4creativity.net) or call 209-747-1194.

**Mental Health Board Needs New Members**

Thanks to support from the Calaveras County Board of Supervisors, the Mental Health Advisory Board has continued to provide Behavioral Health Services with valuable direction for many years. In order to ensure fresh and diverse perspectives regarding mental health in our community, the Board is extending an invitation for new members.

Improving mental health services in Calaveras County is a challenging yet rewarding opportunity. New funding such as the Mental Health Services Act has gone a long way to increase capacity and services to the community. However, additional work is still needed towards decreasing rural disparities and balancing demands in tough economic times.

Serving on the Mental Health Advisory Board improves services and reflects the needs of the community in the planning of mental health services. Those with lived experience with mental illness, either directly or indirectly, are particularly encouraged to respond.

For information, contact Jana Molnar at 209-754-6781.

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**Public Health Community Walk**

Check out some of our participants in the Public Health Walk:

**Community Groups and Events**

- **Family Night**: 2nd Tuesday (Monthly) 6:00 pm 
  Substance Abuse Program Building

- **Suicide Prevention Committee**: 4th Tue 5:30-7 pm
  Behavioral Health Services Clinic, 891 Mountain Ranch Rd

- **English Parents Connected**: Every Wed 6-7:30 pm
  891 Mountain Ranch Rd, San Andreas (child care provided)

- **Spanish Only Parents Connected**: 3rd Thu 4:30-6:30 pm
  4684 Baldwin St, Valley Springs (child care provided)

- **Spanish Only Parents Connected**: 2nd & 4th Thu 10 am-12pm
  509 North Algers St, Murphys (child care provided)

- **Drop in Day**: Fridays (Bi-Weekly) 10:00 am to 2:00 pm
  Behavioral Health Services Clinic, 891 Mountain Ranch Rd

- **The Living Room Consumer Clubhouse**: Mondays (Weekly)
  10:00 am to 2:00 pm, BHS Annex, 373 E St Charles

**Directory of Behavioral Health Services**

Toll Free 24-Hour Access/Crisis Line: 800-499-3030

Mental Health Program: 209-754-6525, 209-754-6534 fax

Substance Abuse Program: 209-754-6555, 754-6559 fax

**Where is Behavioral Health Services located?**

Behavioral Health Services - 891 Mountain Ranch Road, San Andreas, CA 95249 - http://calaveras.networkofcare.org
News

CALAVERAS HEALTH SERVICES IMPROVE FOR MENTALLY ILL, REPORT SAYS

By Dana M. Nichols
July 84, 2007
Record Staff Writer

SAN ANDREAS - Mentally ill Calaveras County residents who end up in jail or in the neighboring Mark Twain St. Joseph's Hospital are no longer left waiting indefinitely to get medication or crisis counseling, according a report by the Calaveras County Mental Health Board.

John Lundberg, board chairman, Tuesday reported to the county Board of Supervisors that the county's Behavioral Health Services Department and other county agencies have taken steps to provide prompt, humane treatment after a report by the committee in early 2006 revealed shortcomings. The report found some instances where mentally ill people who had run-ins with the law were left for days in small padded jail cells without medication and that crisis workers who were paid to be on call on nights and weekends failed to show up when called.

The doctor who was contracted to provide care at the jail did not have expertise in psychiatric medications, Lundberg said.

"That physician has been replaced," he told supervisors.

Lundberg said the contract with after-hours crisis workers also has been changed to require them to respond promptly. Previously, the crisis workers got paid whether or not they responded promptly to an emergency.

Lundberg said the county's Behavioral Health Services Department also has made dramatic improvements in its outreach to clients, both by helping clients to get to their appointments and by making social workers available in some locations other than the Government Center in San Andreas.

In late 2005, mental health clients failed to show up for appointments a third or more of the time. By the end of 2006, that rate was cut to around 15 percent of the time, Lundberg said. "This is a very good result," he said.

A joint committee of Behavioral Health representatives and representatives of the courts and Sheriff's Department also has begun finding ways to assist mentally ill people who end up in the criminal justice system.

"Now we have enough staff where we can go to court with our mental health consumers," said Rita Downs, director of Behavioral Health Services.

"I see this as a tremendous report card for a year's work," Supervisor Steve Wliensky said.

The report also noted a 500 percent increase in requests for services from homeless mentally ill people in fiscal 2005-06 versus the previous year.

However, Downs said there are still hurdles ahead. "The one thing that is slowing us down in this county is the recruiting for clinical staff," Downs said.

"Clearly, we need more rental housing for the seriously mentally ill," said Jeanne Boyce, director of the county's Health Services Agency.
Permit an emphasis or specialization

Marriage and Family Therapist Curriculum Requirements

Effective August 1, 2012*

All new requirements indicated in bold

This document was developed by MHSA-funded staff in partnership with the California Dept. of Mental Health.

Provide students the opportunity to meet with various consumers of mental health services and their family members to enhance understanding of their experience of mental illness, treatment and recovery

Allow for innovation and individuality in the education of Marriage and Family Therapists

Encourage students to develop personal qualities intimately related to effective practice

Permit an emphasis or specialization

Effect of trauma

Child, Elder & Adult abuse assessment & reporting

Spousal & Partner abuse assessment, detection, intervention, & same-gender abuse dynamics

Range of matters & life events that arise in relationships & within a variety of cultures & their psychological, therapeutic & health implications

Cultural factors relevant to abuse of partners & family members

Marriage, divorce & blended families

Childbirth, child rearing, parenting, & step-parenting

Standards for different types of work settings

Relationship between the therapist's sense of self, values, professional behavior & ethics

Religious law & process

Scope of practice

Therapeutic clinical & practical implications

Legal patterns & trends

Cultural Competency & Sensitivity

Multiple cultural understandings of human development

Cultural factors related to abuse of partners & family members

Impact of personal & social insecurity, social stress, low educational levels, inadequate housing & malnutrition on development

Developmental Issues from infancy to old age

Understanding behavior within the context of a variety of CA cultures

Understanding behavior within the context of a variety of cultures & their psychological, therapeutic & health implications

Principles of mental health recovery-oriented care & methods of service delivery in settings that offer this type of treatment

End of life & grief

Poverty & deprivation

Poverty & deprivation

Financial & social stress

Effects of trauma

Effects of Socioeconomic Status on Treatment

Resilience

6 UNITS OF PRACTICUM

225 hours face-to-face counseling experience

Up to 75 hours of client centered advocacy

Student must be enrolled in practicum while counseling clients

Training: Use of theory & techniques; assessment, diagnosis & prognosis; treatment of individuals, couples & families including trauma, abuse, functioning & health; professional writing; connecting clients with resources

Diagnosis, assessment, prognosis & treatment of mental disorders including severe mental disorders, evidence based practices, psychological testing, psychopharmacology & promising mental health practices

Substance Use, Co-Occurring Disorders & Addiction

Definition & treatment approaches

Identification & treatment

MAY BE OFFERED VIA EXTENSION PROGRAM (must appear on transcript)

60 Unit Graduate Level Program

California Law & Ethics

Scope of practice

Therapeutic clinical & practical implications

Legal patterns & trends

Multicultural Development & Cross-cultural Interaction

Role of persons & systems that support or compound use & addiction

Substance Use, Co-Occurring Disorders & Addiction

Prevention

Community resources

12 Units in MFT theories, principles & methods applied to all types of clients

Advocacy

Supports

Severe Mental Illness

Physical & Private Services

Public

Case Management

Disaster & Trauma Response

Advocacy

Systems of Care

Resource for Persons with Mental Illness & Victims of Abuse

*All units expressed in semesters. Schools may adopt the new curriculum early. This chart is intended only as a guide. For specific requirements or legal wording, see Senate Bill 33 (2009) or Business & Professions Code Section 4980.36. This document was developed by MHSA-funded staff in partnership with the California Dept. of Mental Health.
To: Board Members           Date: October 21, 2010

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

Subject: Master’s Thesis Presentation on BBS Licensing Process Success Factors
         by Sean O’Connor

Former BBS staff member Sean O’Connor, MPPA, will present his findings related to licensing success factors.

Attachment

Why Don’t They Get Licensed? Investigating Success in the California Clinical Social Worker and Marriage and Family Therapist Licensing Process.
WHY DON’T THEY GET LICENSED?
INVESTIGATING SUCCESS IN THE CALIFORNIA CLINICAL SOCIAL
WORKER AND MARRIAGE AND FAMILY THERAPIST LICENSING PROCESS

Sean Thomas O’Connor
B.A., California State University, Sacramento, 2006

THESIS
Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF PUBLIC POLICY AND ADMINISTRATION

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
SPRING
2010
WHY DON’T THEY GET LICENSED?
INVESTIGATING SUCCESS IN THE CALIFORNIA CLINICAL SOCIAL WORKER AND MARRIAGE AND FAMILY THERAPIST LICENSING PROCESS

A Thesis

by

Sean Thomas O'Connor

Approved by:

__________________________, Committee Chair
William Leach, PhD

__________________________, Second Reader
Robert Wassmer, PhD

__________________________
Date
Student: Sean Thomas O’Connor

I certify that this student has met the requirements for format contained in the University format manual, and that this thesis is suitable for shelving in the Library and credit is to be awarded for the thesis.

_______________________________________________    ___________________
Robert Wassmer PhD, Department Chair                  Date
Department of Public Policy and Administration
Abstract

of

WHY DON’T THEY GET LICENSED?
INVESTIGATING SUCCESS IN THE CALIFORNIA CLINICAL SOCIAL WORKER AND MARRIAGE AND FAMILY THERAPIST LICENSING PROCESS

by

Sean Thomas O’Connor

Statement of Problem

Many counties in California face a drastic shortage of mental health professionals. This shortage is exacerbated by the high rates of attrition among qualifying degree holders who pursue either a Clinical Social Worker (CSW) or Marriage and Family Therapist (MFT) license. This study examines how an individual’s prospects of earning a license depend on demographics, geography, education, work experience, and personal life challenges.

Data and Methodology

Using data collected from a survey of 11,985 individuals (598 responded) who graduated from a qualifying degree program and subsequently began pursuit of a license as either a CSW or MFT, I conducted binomial logit regression analyses to identify how each broad causal factor affected the dependent variable – attainment of a license as a CSW or MFT.

Conclusions and Implications

Each of the broad causal factors has some relation to the dependent variable. Specifically, the likelihood of attaining a license increases with education satisfaction, Bay Area employment settings, county contracted mental health employment settings, and years since graduation. The likelihood decreases with African American and Latino ethnicities, out-of-state degrees, non-mental health focused work settings, difficulty in finding supervision, and percent time spent completing requirements while raising a child. While the majority of these factors lie outside of the sphere of influence for a public agency, several have policy implications. For example, licensing agencies may wish to consider modifying current licensing requirements and enhancing the career development opportunities available in certain employment settings. Such reforms could lead more graduates of mental health degree programs to continue on to earning a CSW or MFT license.

_____________________________________, Committee Chair
William Leach, PhD
TABLE OF CONTENTS

Dedication............................................................................................................. viii
Acknowledgements............................................................................................ ix
List of Tables......................................................................................................... x
List of Figures........................................................................................................ xi

Chapter

1. BACKGROUND.................................................................................................. 1
   Mental Health Licensing Requirements......................................................... 4
   California’s Mental Health Services Act...................................................... 7
   The Research Gap in Mental Health Licensing Work Force Studies.............. 8

2. LITERATURE REVIEW.................................................................................... 10
   Predictors of Success in Health Care Professional Education.................... 11
   Early Career Attrition in the Health Care Workforce................................ 14
   Mid-Late Career Health Care Workforce Attrition....................................... 16
   Characteristics of CSWs and MFTs in California......................................... 18
   Conclusions....................................................................................................... 19

3. METHODOLOGY............................................................................................ 24
   Survey Implementation.................................................................................... 24
   Data................................................................................................................... 25
   Model................................................................................................................ 33
DEDICATION

I dedicate this thesis to my parents and grandparents who have provided me with the unconditional love and support one needs to succeed. Thank you for being my inspiration.
ACKNOWLEDGEMENTS

This work would not have been possible without the contributions of a number of respected colleagues and friends. First, this thesis was significantly improved as a direct result of the insight and input of my two advisors: William Leach, Ph. D. and Rob Wassmer, Ph. D. Second, I thank Benjamin Caldwell, Ph.D., Mary Riemersma, Peter Manoleas, and Paul Riches. I am very appreciative of the time these individuals took to discuss research methods and review early versions of my survey. I also thank the following individuals with whom I have shared many valuable conversations relating to my research interests: Ian Russ, Ph. D., Olivia Loewy, Ph.D., Janlee Wong, Amy Ezell, Kathleen Wenger, Christine Tippett, and Tracy Rhine. I also thank the countless individuals, who are too numerous to identify, that inspired this research by sharing their successes and setbacks on the road to obtaining a clinical social work or marriage and family therapist license.

I am immensely appreciative of the California Board of Behavioral Sciences for supporting my research. Without their support, this research would not have been possible. I would like to thank Board of Behavioral Sciences staff member Troy Valdovino in particular for volunteering his own time and expertise in mass mailing to ensure the invitations to participate in the survey made it to the intended destinations.

Finally, I thank Marina for all the love and support a person could ask for. I can now dedicate my time to acquiring enough skill to finally beat you at some form of athletic competition.
# LIST OF TABLES

1. Summary of Literature Review .................................................. 21
2. Comparison of Sample Dataset to BBS Demographic Survey Dataset ................................................................. 25
3. Description of Variables ......................................................... 29
4. Descriptive Statistics ............................................................... 38
5. Binominal Logit Results with All Variables .............................. 43
6. Binominal Logit Results Only with Significant Variables ............ 47
# LIST OF FIGURES

<table>
<thead>
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<th>Figure</th>
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Chapter 1

BACKGROUND

Recently, the California Board of Behavioral Sciences (BBS) reported only 17% of 2002-2004 qualifying degree holders who registered as an Associate Clinical Social Worker (ACSW) after graduating went on to receive the Clinical Social Worker (CSW) license as of 2008. Of Marriage and Family Therapist (MFT) 2002-2004 qualifying degree holders who registered as an MFT Intern after graduating, 31% earned their license. The data cited in the report represented a snapshot of the 2002-2004 graduate cohorts as of July 2008 (California Board of Behavioral Sciences, 2008b). Licensing requirements mandate two years of supervised work experience, so the low percentages of individuals completing the processes raises concern. Currently, 69,164 individuals in California are either fully licensed or pursuing a license as a CSW or MFT (California Board of Behavioral Sciences, 2010). The inability of graduates pursuing mental health professional licensure to earn their license in a timely manner creates several mental health workforce issues.

Individuals pursuing a license as a CSW or MFT require a pool of licensed mental health professionals to provide them with supervision to meet licensing requirements. For example, an ACSW needs weekly supervision from a licensed mental health professional in order to count work experience towards BBS licensing requirements. A low supervisor pool means a shortage of supervision, which creates problems for ACSW and MFT Intern registrants attempting to fulfill supervised experience requirements, creating a bottleneck effect in the workforce. Writing about
his experiences gaining the required supervised work experience towards his MFT license, Fagan (2002) mentioned a perceived surplus of MFT Interns as a possible reason why some of his colleagues accepted undesirable employment.

Fully licensed mental health professionals require fewer resources to do their jobs at mental health agencies. For example, a fully licensed mental health professional can practice independently without having a superior sign and review notes. Registrants, and other unlicensed mental health professionals, must have their notes reviewed and signed by superiors, creating a resource drain for short-staffed mental health agencies. The required supervision of unlicensed mental health professionals represents an opportunity cost for all mental health agencies, regardless of funding. In some cases, mental health agencies end up not providing the type of supervision necessary for an ACSW or MFT Intern to count his or her work experience towards licensing requirements, and the ACSW or MFT Intern pays out-of-pocket for supervision just to be able to count work experience towards licensing requirements. Feldman and Lee (2008) wrote:

Too frequently, these requirements are unnecessarily restrictive and inhibit access for people who need help. Licensing and other practice regulations initially designed to protect the public from unqualified practitioners have instead all too frequently become a safeguard for the prerogatives of mental health professionals and the organizations to which they belong, to the detriment of good more easily accessible care.

Feldman and Lee’s assertion that licensing requirements initially created to protect consumers actually limit consumers’ access to care is a serious one. If the policies of a regulatory agency are in fact keeping competent mental health
professionals from obtaining a license, this is a problem. However, licensing requirements are not the only potential factor in answering the question of why, at the point of July 2008, only 17% of graduates pursuing a license as a CSW and only 31% of graduates pursuing license as an MFT from the sample cohort successfully completed the licensing process. Education, location, and demographics, among other factors, also play a role. The challenges and demands of a career as a mental health professional may be an additional factor in the attrition in the mental health professional licensing process. McRee et al (2003) wrote, “Mental and behavioral health care workers provide care within a complex and changing environment” (pg. iii). Furthermore, some individuals who intend to gain the license and work in a clinical practice setting after receiving a qualifying master’s degree may find mental health treatment is not truly what they want to do in their career. Individuals who earn a master’s of social work degree, which is the qualifying master’s degree to earn a license as a CSW, often pursue social justice policy-related work which does not require professional license. Also, the California Business and Professions Code exempts employees from licensure who perform psychotherapeutic services in specific employment settings. Employees in a school, college or university, governmental entity, or an organization that is both non-profit and charitable can perform services of a psychotherapeutic nature without holding a license as a mental health professional (State of California, 2009a; State of California, 2009b). Some of these employment settings, although exempted in the California Business and Professions Code, end up
requiring employees pursue mental health licensure as a result of insurance reimbursement requirements.

**Mental Health Licensing Requirements**

The mission of the California BBS is to “Protect Californians by promoting consumer awareness, advocating for improved mental health services, and setting, communicating, and enforcing standards” (California Board of Behavioral Sciences, 2007a). The enforcement of licensing requirements is one method through which the organization protects consumers. Licensing requirements ensure licensed CSWs and MFTs possess a minimum competency base to practice psychotherapy services independently. The BBS licensing requirements for CSWs and MFTs are distinct, but they do share two general similarities. Potential CSWs and MFTs have to gain two years of supervised work experience and pass two licensing examinations before earning a license as a CSW or MFT (California Board of Behavioral Sciences, 2009a; California Board of Behavioral Sciences, 2009b). Beyond those two broad similarities, the licensing requirements for CSWs and MFTs contain several distinctions which may result in individuals pursuing one license to have an easier licensure path when compared to the other.

Individuals pursuing a license as an MFT are required to gain at least 3,000 hours of supervised work experience and obtain 104 weeks of supervision. They must gain this supervised work experience under the supervision of an appropriately licensed mental health professional, which includes licensed MFTs, licensed CSWs, licensed psychologists, or physicians certified in psychiatry through the American Board of
Psychiatry and Neurology. Individuals begin earning hours of work experience while still enrolled in a qualifying degree program. In order to count a week towards the 104 weeks of supervision, or count any work experience in a given week towards the required 3,000 hours of work experience, an individual needs to meet with his or her supervisor for one hour of individual supervision or two hours of group supervision in that week. If an individual cannot meet for one hour of individual supervision or two hours of group supervision in a week, the work experience gained in that work week cannot count towards BBS licensing requirements. MFT license pursuers must also obtain at least 500 hours of work experience providing psychotherapy services to couples, families, or children. This requirement could present a challenge to an individual working in an employment setting that does not cater to this client base. Beginning January 1, 2010, up to 150 hours of work experience spent providing conjoint couples or family therapy (i.e. providing psychotherapeutic services simultaneously to a couple or two family members) can be double-counted towards work experience requirements, which may allow individuals to meet the minimum 500 hours of work experience with couples, families, and children more easily (California Board of Behavioral Sciences, 2009b).

Individuals pursuing a license as a CSW in California must gain at least 3,200 hours of supervised work experience and obtain 104 weeks of supervision. Unlike their colleagues pursuing an MFT license, future licensed CSWs must obtain all of their work experience after they have completed their master’s in social work degree. Many master’s of social work degree programs require students to complete internships, but
this internship experience cannot be counted towards licensing requirements. Like those pursuing the MFT license, the appropriate supervisors for individuals pursuing a CSW license include licensed CSWs, licensed MFTs, licensed psychologists, and licensed physicians certified in psychiatry by the American Board of Psychiatry and Neurology. Weekly supervision is mandatory in order to count experience and supervision towards licensing requirements. The licensing requirements for CSWs require at least 750 hours of experience providing face-to-face individual or group psychotherapy. Similar to the challenge of 500 hours of couples, family, and child therapy for MFT license pursuers, CSWs will struggle to meet this requirement if they are working in an employment setting that does not provide direct psychotherapy or counseling services. Another distinction between CSW and MFT licensing requirements is the cap on work experience a person can gain under a supervisor who does not hold a license as a CSW. Those pursuing a license as a CSW must obtain at least 1,700 of the required 3,200 hours of work experience under the supervision of a licensed CSW. If a person pursuing a CSW license happens to work in an employment setting short on licensed CSWs, he or she will face major challenges in meeting this requirement. One solution to this problem is for the person pursuing the CSW license to find a licensed CSW outside of the employment setting to provide the supervision, but licensees typically do not give their time away for free, which means the license pursuer ends up paying out-of-pocket to meet supervision requirements.
California’s Mental Health Services Act

In November 2004, California voters passed Proposition 63, also referred to as the Mental Health Services Act, which allows the State of California to tax one percent of the income of anyone making in excess of one million dollars annually and allocates those funds to provide better community-based mental health services. Implementation of the Mental Health Services Act requires the California Department of Mental Health to address workforce development issues because many California counties face a drastic shortage of qualified and trained mental health professionals (California Department of Mental Health, 2009). The California Mental Health Planning Council, an office under the Department of Mental Health, maintains a Human Resources Committee, which has identified “the shortage of human resources needs at all levels as one of the most urgent issues facing the mental health system” (California Department of Mental Health, 2010). Licensed CSWs and MFTs, along with those pursuing each license, make up a substantial portion of the public mental health workforce.

Rural counties face the biggest challenges in recruiting and retaining mental health professionals, and health care professionals. Ivey et al. (1998) identified an aggregate increase in mental health professionals nationally over time, but observed significant regional variation in the distribution of mental health professionals, particularly in rural county settings. Some stipend and loan repayment programs financed through the Mental Health Services Act and different public and private organizations offer incentives for new graduates to work in mental health service
shortage areas. Still, McRee et al (2003) wrote, “Recruiting any health care providers, including mental health care workers, to rural areas is a major problem due to professional isolation, lower salaries, and limited job opportunities for spouses” (p. 29). Academic research into the determinants of successful completion of the CSW and MFT licensing process can assist work settings in rural counties, and all counties for that matter, in developing strategic upward mobility career programs to better recruit and retain mental health workers interested in obtaining their professional license.

Aside from the mal-distribution of the mental health workforce, workforce diversity is another significant issue. In summarizing the findings of a demographic survey of licensees in 2007, the BBS reported 72% and 82% of licensed CSWs and MFTs, respectively, responding to the survey, respectively, indicated an ethnicity of non-Hispanic white (California Board of Behavioral Sciences, 2007b). California’s general population is only 44% non-Hispanic white (California Department of Finance, 2007). The BBS survey results also indicate the percentage of licensed CSWs and MFTs (13% and 8%) capable of speaking Spanish falls below that of the general California population (26%) (California Board of Behavioral Sciences, 2007b).

The Research Gap in Mental Health Licensing Work Force Studies

A research gap exists for the study of attrition in mental health professional licensing processes. Due to the lack of literature on this topic, any statistical study focused on this issue would add value because so little presently exists. Given the recent interest in mental health workforce trends as a result of the workforce training and development funding available through the Mental Health Services Act, this thesis
addresses a timely issue and a current research gap. Several articles and reports specific to the California mental health workforce exist, but a search of academic and periodical research databases yielded no previous statistical regression analysis specific to CSWs and MFTs in the California mental health workforce.

State licensing regulatory agencies are uniquely suited to compile, distribute, and analyze trends in the mental health workforce. Because of application and renewal requirements, licensing agencies have frequent contact with current and future mental health professionals. In recognizing the potential for licensing and regulatory agencies to help address the current lack of data on mental health workforce issues, McRee et al (2003) wrote, “State regulatory agencies should work both to collect workforce data that would be useful to policy makers and to facilitate the development of a robust and skilled mental and behavioral health workforce” (xii). The sample population for this thesis is derived from the licensing population of the California BBS, which is the licensing agency for CSWs and MFTs, in addition to Licensed Educational Psychologists and Licensed Professional Clinical Counselors.
Chapter 2

LITERATURE REVIEW

Upon searching a number of article databases and “Google Scholar,” I found no previously published research explicitly on the identified research question: what factors influence success in the California BBS CSW and MFT licensing process? Without such prior published research, I looked to other aspects of the general healthcare workforce that relate to my research question. My focus was on regression-based academic articles that focus on retention and attrition in health care profession’s workforce and education programs. Statistical regression analysis helps identify how certain causal factors affect an identified dependent variable, so using the results of a regression analysis, a researcher can make predictions about the degrees of positive and negative impacts identified causal factors have on a dependent variable. Because of the limited amount of regression research specific to my chosen mental health professions (CSWs and MFTs), I supplemented the regression articles with several recent publications providing descriptive statistical information on CSWs and MFTs. The literature review of regression-based and descriptive statistical articles suggests a theoretical framework for my research, which will be discussed in the conclusion of this literature review.

The organization of the regression-based literature follows three themes: predictors of success in health care professional education, early career attrition in the health care workforce, and mid-late career attrition in the health care workforce. While the focus of my research is on the process of pursuing a mental health license after a
person earns a qualifying master’s degree, the explanatory variables investigated in education attrition studies are similar to the variables to be used in my regression model. My choice of the remaining two themes, early career attrition and mid-late career attrition, naturally flows from my background research on the chosen population – individuals pursuing a license as a CSW or MFT. In a recent anonymous demographic survey of its licensees and registrants, the California BBS (2007b) found the median age for a registered MFT Intern and ACSW to be 40 and 34, respectively. Considering registration as an MFT Intern or ACSW represents the first step towards obtaining a mental health license after completion of a qualifying master’s degree program, the older median age suggests the mental health profession appeals to people considering a second career or career change. Consequently, a review of studies related to both early career attrition and mid-late career attrition are relevant.

The focus in the discussion of reviewed articles will be on elements applicable to the chosen topic area; thus, not every explanatory variable in the reviewed literature merits discussion. Table 1 at the conclusion of this chapter provides a summarized version of the regression-based literature review findings.

Predictors of Success in Health Care Professional Education

The process of pursuing a license as a CSW or MFT in California represents a two to three year commitment of time in which the individual will be receiving significant supervision from a fully licensed mental health professional (California Board of Behavioral Sciences, 2009a; California Board of Behavioral Sciences 2009b). While the demands of a post-graduate “apprenticeship-like” experience are notably
different than an undergraduate or graduate education in health care profession, the interaction of explanatory variables in predictive models focused on this subject matter area provides insight into what variables to include in my regression model.

A review of three separate studies that analyzed predictors or characteristics of success in health care profession education yielded some conflicting yet useful insight into the way demographic characteristics such as age and gender play a role in predicting academic success in an education program relating to health care professions. Houglum et al. (2005) studied predictors of success in a professional pharmacy program at South Dakota State University. The authors investigated two dependent variables: placement on academic probation and GPA in the student’s first year. Explanatory variables in the study focused on demographic characteristics and academic measures. Using two separate regression equations (one for each dependent variable), the authors found gender to be the only statistically significant demographic predictor of whether or not the university placed an individual on academic probation. In the study, holding all other factors constant, being female decreased a person’s odds of being on academic probation in the program by 74%. The linear regression model using GPA as the dependent variable did not indicate gender as a predictor of success. The authors found two characteristics, attainment of a prior degree and year of entry to the program, had positive relationships to the dependent variable GPA. Holding all other factors constant, holding a prior degree predicted a 0.2 rise in the dependent variable, GPA. One major missing element from the explanatory variables used in this study was age, but the positive relationship between the dependent variable GPA and
“prior degree” might imply higher success rates for older students since older students are more likely to hold multiple degrees.

Mullholland et al (2008) also found educational background in addition to age to be significant predictors of academic success at a nursing college in the United Kingdom. The authors used a binary dependent variable based on successful completion of the nursing program. In this study, the observed affect of age was particularly linear when it came to predicting success, indicating an older student stood a greater chance of completing the program than a younger colleague. Neither age, educational background, nor gender proved statistically significant in the failure model.

Using similar variables as the two previously discussed articles but measuring student achievement in a mental health nursing topic area, Blackman (2001) used latent variable partial least square analysis to identify predictors in his model. He examined four broad areas: student demographics, previous success with undergraduate nursing topics, attitudes towards mental health nursing and mental illness causation, and relationship between learning environment and achievement. The author used two measures to quantify mental health achievement in a sample of 183 undergraduate nursing students: a 20-item self-assessment of confidence to undertake different mental health related nursing tasks and a 50-question multiple-choice test. The study found age alone to be an unreliable predictor of achievement; instead, the author found achievement of a prior degree and a medical understanding of mental illness causation to be the two most significant predictive factors. While the correlation between success and possession of a prior degree follows the trend set forth in the previous two articles,
the results of this study are suspect due to the small sample size and questionable instruments used to quantify mental health achievement. A self-assessment of how one believes he or she might perform when given a certain task (like helping a person suffering from a severe mental illness) is far less reliable than actual human behavior.

A review of these three regression-based studies of potential relationships between demographic and academic variables and success in health care education programs suggests several explanatory variables suitable for inclusion in my regression model, most notably education, age, and gender.

*Early Career Attrition in the Health Care Workforce*

A review of regression-based articles relating to early career attrition in the health care professions provides additional insight into possible causal factors influencing attainment of a license as a CSW or MFT in California.

Robinson et al. (2005) designed a longitudinal study of newly graduated mental health nurses in the United Kingdom to determine the likelihood they will remain in the nursing field at different periods in the future (e.g. 18 months, three years, five years, and ten years from filling out the questionnaire measurement instrument). Despite the longitudinal design, the authors only analyzed information based on the questionnaire distributed six months after the representative sample graduated and began working in the field. The dependent variable in this study was whether the respondent planned to stay in the nursing profession. Using binomial logistic regression, the authors explored the effect of gender, age, ethnicity, educational group, having a spouse/partner, having children living at home, job satisfaction, and time in
first nursing post on the dependent variable. Depending on the period referenced in the survey question, different factors were associated and statistically significant with intention to leave. Gender and being of white British or Irish descent predicted intention of remaining in nursing for at least five years. In this timeframe, being female meant a 75% increase in the odd of leaving when compared to males, and being of white British or Irish descent meant a 91% increase in the odds of leaving when compared to all other ethnicities. If the respondent was a female of white British or Irish descent, the odds of staying increased dramatically to 479%. At the ten-year level, respondents with ages between 20-29 with children had a 191% increase in the odds of intention to stay in nursing than members of the same age group without children. Again, at the ten-year level, data indicated increased odds of the white ethnic group (170%) remaining in the mental health nursing field when compared to all other ethnicities.

Wermeling (2006) also utilized a survey instrument in determining social worker attrition rates in the southern United States. Wermeling surveyed master’s in social work alumni from three different schools accredited by the Council on Social Work Education. The survey investigated five possible independent variables: workforce, finances, caretaking, social work education, and the effectiveness and value of the profession. The dependent variable was departure from the profession. Using binomial logistic regression, Wermeling found respondents who rated salary compensation as suitable were more likely to remain in the profession (90% increases in odds), while family caretaking, dissatisfaction with education, and negative
perception of the value of the profession increased the odds of departure from the workforce. Holding all other variables in the model constant, a one unit increase in the caretaking or dissatisfaction scales of the survey, the predicted odds of leaving the profession increased by 8.3% and 12%, respectively.

The results and types of variables measured in the previous two studies suggest a necessity to measure demographic variables such as ethnicity and family caretaking responsibilities in addition to perceptions about the value of the workforce.

Blankertz and Robinson (1997) used binomial logistic regression to measure intention to leave the profession of psychosocial rehabilitation. Using demographic and education variables, in addition to several measures of burnout and personal value of the profession, the authors found:

Thus, according to this model, being older and more strongly agreeing with statements that their job is an important step in their career and life would be less fulfilling without their work and working with clients with co-occurring physical disabilities and AIDS would increase the likelihood that a worker intended to stay in the field. Attaining a master’s degree; having held a previous job in PSR; and having a high Emotional Exhaustion score would increase the likelihood that a worker intended to leave. (p. 526)

Mid-Late Career Health Care Workforce Attrition

Rittenhouse et al. (2004) set out to prove the lack of predictive value in physicians’ proclamation of a desire to leave practice and actual departure from practice. One component of this research yielded a multivariate regression analysis identifying predictive factors associated with physicians’ departure from practice. Based on data obtained from the California Medical Board, the study found being over 55, and especially being over 65, as statistically significant predictors of departure
from practice. Being over 55 increased the odds of departure from practice by 158%, while being over 65 increased the odds of departure from practice by 890%. This makes logical sense since this is the traditional age of retirement for most professions.

Sibbald et al (2003) used two large national surveys of general physicians in England from 1999 and 2001 to measure characteristics associated with an intention to leave practice. The author’s dependent variable was “intention to quit” measured on a 1-5 scale (higher values denoted a stronger desire to quit). Explanatory variables in the study included practice location, age, number of children under 18, job satisfaction, practice hours per week, and ethnicity. Using logit regression models, the authors found statistically significant predictors of intention to leave practice to be advanced age, job dissatisfaction, no children under the age of 18, and ethnic minority status. The authors cite high job satisfaction as the factor with the most magnitude on the regression result, but the authors do not clearly describe the scale used to measure job satisfaction, making the regression results a challenge to interpret meaningfully. Also, recall that this article does not measure actual departure from practice, just intention. Rittenhouse et al. (2004) criticized this measure in their article.

*Characteristics of CSWs and MFTs in California*

The previously discussed regression-based articles inspire the inclusion of variables measuring education, demographics, and professional work history in my study. However, to develop an adequate theory behind attrition in the California CSW and MFT licensing process, a review of articles specifically targeting this licensing population is necessary. Despite the lack of regression-based study on professional
attrition for this licensing population, articles focused on other workforce issues will inform a theoretical orientation for my research.

In interviews with a variety of key stakeholders, Lok et al (2009) identified a number of concerns related to the mental health workforce, which includes CSWs and MFTs along with several other professions. The authors raised two concerns particularly relevant to my study: workforce distribution issues and a disconnect between the subject matter taught in education programs and the skills required on the job. Lok et al (2009) wrote, “Some key informants attributed current shortages to low enrollment in graduate-level mental health educational programs, while others posited that regional shortages are caused by poor workforce distribution.” The authors later describe a “cluster” of mental health professionals in urban areas like Los Angeles and the Bay Area, while more rural county settings struggle to maintain an adequate mental health workforce to meet needs. Also, the authors noted increasing funding towards recovery-oriented practice at community and county mental health programs. According to some of the interviewees for the article, education programs are not adequately preparing their students to engage in this type of practice.

McRee et al (2003) reinforce the problems with mal-distribution of the mental health workforce: “In 2001, there were approximately 23,000 licensed MFTs in California. Nearly 33 percent worked in the Bay Area region and 26 percent in Los Angeles...Geographically [CSWs] are more proportionally represented than other mental health professions, but their numbers are still quite low in rural areas.” The authors suggest professional isolation, lower salaries, and limited job opportunities for
spouses are reasons for the low numbers of MFTs and CSWs who take jobs in rural county settings. Furthermore, the authors note an under representation of some racial and ethnic groups in the mental health workforce. Data from the California BBS released in 2007 related to the demographics of its licensing population confirms these authors’ observation (California Board of Behavioral Sciences, 2007b).

Conclusions

As previously mentioned, a significant research gap exists for the study of attrition in mental health professional licensing processes. Given the lack of literature on this topic, any statistical study focused on this issue, particularly one using a regression-based methodology, would add value because so little presently exists. In reviewing the literature relating to attrition in health care professionals and two descriptive studies focused on California’s mental health workforce, the causal factors and concerns relating to CSW and MFT workforce issues seem to fall outside of the influence of a licensing agency. For example, a licensing agency can set policy about mandatory education, experience, and examinations, but a licensing agency cannot directly influence the demographics of its licensing population. Depending on the political history with stakeholders, a licensing agency might be able to engage in dialogues with academic programs to better prepare potential licensees for the workplace, but the literature suggests the most significant factors in determining workforce attrition in health care professions are outside of the sphere of influence of a government agency.
Certain related explanatory variables consistent throughout the literature inspired the model presented in chapter three. Basic demographic variables such as age and gender are present in nearly every study reviewed. Additional demographic variables related to ethnicity are present in some of the literature (Houghlom et al, 2005; Mullholland et al, 2008; Robinson et al, 2005; Rittenhouse et al, 2004; and Sibbald et al, 2003). Variables related to education are also well represented in the literature (Houghlom et al, 2005; Mullholland et al, 2008; Blackmon, 2001; Blankertz and Robinson, 1997; Robinson et al, 2005; and Wermerling, 2006). Variables related to personal life challenges such as sole wage earner status and responsibility for a dependent child are not as well represented in the literature as other variables (Robinson et al, 2005; Wermerling, 2006; and Sibbald et al, 2003), but because the target population for my study is predominantly female (California Board of Behavioral Sciences, 2007b), such variables are important to include in my research model. Finally, two studies (Rittenhouse et al, 2004; and Sibbald et al, 2003) included practice type as key explanatory variables. Considering the identified patterns in the reviewed literature, a research model explaining workforce attrition in healthcare professions should include variables measuring basic demographics (e.g. age, gender, ethnicity), education, personal life challenges, and practice type.
Table 1. Summary of Literature Review

<table>
<thead>
<tr>
<th>Researcher(s)</th>
<th>N</th>
<th>Research Method</th>
<th>Dependent Variable(s)</th>
<th>Key Explanatory Variable(s)</th>
<th>Summarized Findings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houglum et al. (2005)</td>
<td>309</td>
<td>Binary logistic</td>
<td>Placement on academic probation (1 = yes)</td>
<td>Gender, higher organic chemistry grades, ACT scores, year of program entrance</td>
<td>Females were less likely to be on academic probation (OR=.26; -74%); Limitation: Study did not include a variable for age.</td>
</tr>
<tr>
<td>Mullhollon d et al (2008)</td>
<td>1808</td>
<td>Binary logistic</td>
<td>Completion of program (1 = yes)</td>
<td>Gender, country of birth, ethnicity, age, educational qualifications, visa status, application route, and absence rates</td>
<td>Age had a linear affect across three categorical groupings. 21 to &lt; 26: (OR= 1.18; 18%) 26 to &lt; 33: (OR= 1.65; 65%) 33 and over: (OR= 2.05, 105%) Birth in an English speaking country other than UK also had a positive effect. Zimbabwe: (OR =2.35, 135%) Other English Speaking Country: (OR =2.69, 169%)</td>
</tr>
<tr>
<td>Blackmon (2001)</td>
<td>183</td>
<td>Latent Variable Partial Least Square Analysis**</td>
<td>Achievement in mental health nursing topic area</td>
<td>student demographics, previous success with undergrad nursing topics, attitudes towards mental health nursing and mental illness, and relationship between learning environment and achievement</td>
<td>Factors influencing dependent variable: second year nursing grades (r=.47), age (r=-.16), orientation (r=.29), prior education (r=.15), and post-clinical affect (r=1)</td>
</tr>
<tr>
<td>Blankertz and Robinson (1997)</td>
<td>848</td>
<td>Binary logistic</td>
<td>Intent to stay (1= yes)</td>
<td>Age, education, previous job in the field, client base, burnout scale score</td>
<td>Predictors of intention to stay in the field of psychosocial rehabilitation: age (OR = -.056; -105.6%)</td>
</tr>
<tr>
<td>Study Authors</td>
<td>Study Year</td>
<td>Study Design</td>
<td>Epistemological Focus</td>
<td>Predictors of Intention to Stay in Nursing</td>
<td>Predictors of Departure from the Profession</td>
</tr>
<tr>
<td>------------------------</td>
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<td>-------------------------------------------</td>
</tr>
<tr>
<td>Robinson et al. (2005)</td>
<td>431</td>
<td>Binary logistic</td>
<td>Intention to stay in nursing (1 = yes)</td>
<td>Gender, age, ethnicity, educational group, having a spouse/partner, having children living at home, job satisfaction, and time in first nursing post</td>
<td>Predictors of intention to stay in nursing after five years: female (OR=.247; -75.3%) and white British or Irish (OR=.0834; -91.66%); female and white British or Irish (OR = 5.786; 478%) Predictors of intention to stay in nursing after ten years: age 20-29 and children under 18 (OR = 2.911; 191%)</td>
</tr>
<tr>
<td>Wermeling (2006)</td>
<td>785</td>
<td>Binary logistic</td>
<td>Departure from profession (1 = yes)</td>
<td>Workforce, finances, caretaking, social work education, and the effectiveness and value of the profession</td>
<td>Predictors of departure from the profession: caretaking (OR=1.083; 8.3%), education (OR=.122; -88%) Questions were asked about each category along a scale, so a one unit increase results in the above change in the OR.</td>
</tr>
<tr>
<td>Rittenhouse et al. (2004)</td>
<td>68</td>
<td>Binary logistic</td>
<td>Departure from Practice (1 = yes))</td>
<td>Gender, age, race/ethnicity, type of specialty, board certified, practice setting, income, job satisfaction.</td>
<td>Predictors of departure from practice: Age – (55-64, OR=2.58; 158%) (65+, OR=9.9; 890%) Criticism – Rather small sample size.</td>
</tr>
<tr>
<td>Sibbald et al. (2003)</td>
<td>790 and 1159</td>
<td>Binary logistic</td>
<td>Intention to leave practice (1 = yes)</td>
<td>Job satisfaction, practice size, practice location, patient type, gender,</td>
<td>Predictors of intention to leave: N=790 group: job satisfaction(-), aged 41-</td>
</tr>
<tr>
<td>Ethnicity, age, children under 18, average weekly hours worked</td>
<td>45(+), aged 51-55(+), aged 60-65(+), num. of children &lt;18(-)</td>
<td></td>
<td></td>
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<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
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<tr>
<td>N=1159 group: job satisfaction(-), aged 41-45(+), aged 51-55(+), aged 60-65(+), num. of children &lt;18(-), non-white(+)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*All variables in this column of significance at least p<.05 unless otherwise noted.

**This method of analysis seemed to only provide value in attributing negative or positive affects to the dependent variable as the author did not do an adequate job in explaining terms in the article. Formula used to convert OR to percent: (OR – 1)*100
In this chapter, I will outline the methodology used to conduct my analysis of factors influencing success in the licensing process for CSWs and MFTs in California. The first two sections describe the process through which I acquired and coded data. The third section outlines my research model, and the final section includes a brief discussion of the most appropriate forms of statistical analysis given my model.

Survey Implementation

Because the California BBS is interested in analyzing the factors influencing outcomes in its licensing process, the Executive Officer of the BBS agreed to sponsor this research and cover the costs of survey implementation (California Board of Behavioral Sciences, 2008a). The BBS provided a data file including the current names and addresses for all individuals with qualifying graduate degrees completed from 2002 to 2005 who subsequently registered with the BBS after graduation to begin the professional licensing process and have California addresses of record. Under California law, addresses of record with the BBS are public information. The data file included the names and addresses of 11,985 individuals. This sample is suitable because it is comparable to the population analyzed in the previously mentioned BBS report on attrition in its licensing process (California Board of Behavioral Sciences, 2008b).

In November 2009, I mailed a one-page letter inviting individuals to participate in an online survey, which I administered through SurveyMonkey.com. The deadline to
participate in the survey was January 10, 2010. The California BBS, the research sponsor, covered the cost of paper, ink, envelopes, and postage for the mail-out of the invitation letter to all 11,985 addresses.

On January 11, 2010, I downloaded the 598 responses to the survey, representing a response rate of approximately 5%. Despite the low response rate, the total number of useable responses is similar to that of research mentioned in my literature review section. Furthermore, I compared some of the basic demographic variables in my study against a demographic survey the California BBS conducted in 2007 and found my sample to be comparable.

**Table 2. Comparison of Sample Dataset to BBS Demographic Survey Dataset**

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Sample Dataset</th>
<th>BBS Demographic Survey(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Female</td>
<td>76%</td>
<td>74%</td>
</tr>
<tr>
<td>Percent Fluent in Spanish</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Percent African-American</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Percent American Indian/Alaska Native</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Percent Asian</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Percent Latino</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Percent Non-Hispanic White</td>
<td>69%</td>
<td>74%</td>
</tr>
<tr>
<td>Percent Pacific Islander</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Percent Other</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>


**Data**

The downloaded data required significant cleanup to make it suitable for a use in regression analysis. I used a combination of Microsoft Excel and SPSS to code and
compute numerous variables. To compute the dependent variable (‘Completion of the California CSW or MFT Licensing Process’), I created a dummy variable in Microsoft Excel equal to ‘1’ if the responder indicated he or she was licensed as a CSW or MFT at the time of survey completion. I also computed a variable for age at the time of graduation from a qualifying degree program (‘Age at the Time of Degree Completion’) by calculating the difference in years between the indicated year of birth and year of completion of qualifying degree requirements. Since my survey responses included individuals who graduated in different years (2002 – 2005), I computed a variable for the difference in years between completion of degree requirements and the present (2010). This variable (‘Years Between Completion of Degree and 2010’) is important to include in the statistical model because it will control for the multiple graduation years represented in the various responses.

One question asked the participant to indicate his or her gender. Using the responses to this question, I created a variable (‘Female’) which represents identification with the female gender. Several questions on my survey were yes-no questions, which were easily computed in to dummy variables in Microsoft Excel. I computed the following variables by coding them as ‘1’ if the response was affirmative to a yes-no question and ‘0’ if negative: ‘Sole Wage Earner,’ ‘Pay For Supervision,’ ‘Supplement Income,’ ‘Volunteer Hours,’ ‘Multiple Employment Settings,’ and ‘Out-of-State Degree.’

Originally, I had intended to create dummy variables for all counties in which the responder worked while completing his or her license requirements. This posed two
problems because multiple counties did not appear in the dataset, and adding 50-plus variables to a dataset with fewer than 600 observations raises concerns about degrees of freedom. Rather than creating a dummy variable for each county, I created 10 regional variables (see Table 3 for a listing of variables). I modeled my grouping of counties in these regional variables after the grouping used in Lok et al (2009). If the survey responder indicated he or she worked in one of the counties in a given group, the variable would indicate ‘1.’ Numerous responses indicated working in multiple regions; thus, the variables are not mutually exclusive and require no reference category.

Similar to the regional variables and the previously mentioned yes-no survey questions, I created dummy variables for the race/ethnicity question in the survey. I used the same seven race/ethnicity categories presented in the California BBS’ Demographic Report on Licensees and Registrants (2007b): American Indian or Alaskan Native, Asian, African American, Hispanic/Latino, Pacific Islander, Non-Hispanic White, and Other. I created a variable for each race/ethnicity category and coded it as ‘1’ if the person identified the category as his or her race/ethnicity. Because these race/ethnicity categories are mutually exclusive, one reference category must be omitted from the final analysis. The variable ‘Non-Hispanic White’ will be left out of the final analysis.

In the survey, I asked the responder to identify languages other than English in which he or she possesses fluency. The survey included the following options for response: Spanish, Chinese, Korean, Tagalog, Vietnamese, Farsi, French, Russian, and Other. Because of a low response rate in any categories other than Spanish, I chose only
to include a dummy variable indicating Spanish language fluency (‘Spanish Fluency’) in the model.

Individuals pursuing a license as a CSW or MFT can obtain required supervised work experience in a variety of settings. One question on the survey asked the responder to indicate all work settings in which he or she worked while completing required supervised work experience. The possible work setting options were Non-Profit, State Governmental Entity, Private Hospital, Public Hospital, School (K-12), County Contracted Mental Health Agency, For Profit-Non County Contracted Mental Health Agency, Private Practice, College/University, County Mental Health Agency, County Agency (non-mental health focused), and Other. I created dummy variables for each of these categories and coded them as ‘1’ if the person indicated working in the respective setting. Unlike the race/ethnicity grouping of variables, these categories are not mutually exclusive, and many responses indicated working in a variety of work settings.

The survey also included several questions asking the responder to indicate satisfaction, difficulty, or proportion along a 0 – 100 scale. These responses generated ordinal data to be used in the statistical model. One questions asked the responder to rate their satisfaction with his or her qualifying degree program along a 0 – 100 scale (‘Satisfaction with Education’). Similarly, I asked the responder to rate potential challenges encountered during the licensing process along a 0 – 100 scale. These questions related to challenges specific to licensing requirements (e.g. finding the right type of work experience; finding appropriate supervision) and challenges in a person’s
personal life (e.g. juggling demands of personal responsibilities with work; supporting oneself on income as a mental health professional). The final 0 – 100 scale question asked the responder to represent as a percentage the amount of required supervised work experience gained while supporting a child.

The survey also included several questions whose answers did not fit into my research model or were not consistent enough to include in the analysis. These included questions to measure the hours worked per week towards experience requirements, yearly income, and the percentage of work experience gained while caring for a dependent other than a child. I included no data gained from these questions in the final analysis.

Furthermore, I intended to have a dummy variable for all the qualifying degree programs identified in survey responses, however, due to the low survey response, I had to drop these variables due to concerns over degrees of freedom. Finally, I also asked licensed individuals participating in the survey how many attempts it took them to complete each licensure examination. The responses to these questions would not be relevant to the study because not all individuals participating in the survey had reached the point in the licensing process at which they complete the licensing examinations.

Table 3. Description of Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of the California CSW or MFT Licensing Process</td>
<td>Dummy Variable; 1 = responder licensed as a CSW or MFT</td>
</tr>
<tr>
<td>Age at the Time of Degree Completion</td>
<td>Continuous Variable; responders age in years at the time of completion of qualifying degree holder</td>
</tr>
<tr>
<td>Female</td>
<td>Dummy Variable; 1 = responder is female</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Spanish Fluency</td>
<td>Dummy Variable; 1 = responder is fluent in Spanish,</td>
</tr>
<tr>
<td>African American</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is African American</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is American Indian/Alaska Native</td>
</tr>
<tr>
<td>Asian</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is Asian</td>
</tr>
<tr>
<td>Latino</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is Latino</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is Non-Hispanic White</td>
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<tr>
<td>Pacific Islander</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is Pacific Islander</td>
</tr>
<tr>
<td>Race/Ethnicity Other</td>
<td>Dummy Variable; 1 = responder indicated race/ethnicity is Other</td>
</tr>
<tr>
<td>Satisfaction with Education</td>
<td>Ordinal Variable; 0 – 100; higher ratings indicate satisfaction</td>
</tr>
<tr>
<td>Out-of-State Degree</td>
<td>Dummy Variable; 1 = responder earned a degree at a qualifying degree program outside of California</td>
</tr>
<tr>
<td>Bay Area</td>
<td>Dummy Variable; 1 = responder earned supervised work experience working in Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, or Santa Cruz county</td>
</tr>
<tr>
<td>Central Coast</td>
<td>Dummy Variable; 1 = responder earned supervised work experience working in Monterey, San Benito, San Luis Obispo, Santa Barbara, or Ventura county</td>
</tr>
<tr>
<td>Central Valley/Sierra</td>
<td>Dummy Variable; 1 = responder earned supervised work experience working in Alpine, Amador, Calaveras, San Joaquin, Stanislaus, or Tuolomne county</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>Dummy Variable; 1 = responder earned supervised work experience working in Inyo, Mono, Riverside, or San Bernardino county</td>
</tr>
<tr>
<td>North Counties</td>
<td>Dummy Variable; 1 = responder earned supervised work experience working in Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Tehama, or Trinity county</td>
</tr>
<tr>
<td>North Valley/Sierra</td>
<td>Dummy Variable; 1 = responder earned supervised work experience working in El Dorado, Nevada,</td>
</tr>
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</table>
Placer, Sacramento, Sierra, Sutter, Yolo, or Yuba county

**Orange County**
Dummy Variable; 1 = responder earned supervised work experience working in Orange county

**San Diego**
Dummy Variable; 1 = responder earned supervised work experience working in Imperial or San Diego county

**Los Angeles**
Dummy Variable; 1 = responder earned supervised work experience working in Los Angeles county

**South Valley**
Dummy Variable; 1 = responder earned supervised work experience working in Merced, Fresno, Kern, Kings, Madera, Mariposa, or Tulare county

**County Contracted Mental Health Agency**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a county contracted mental health agency

**College/University**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a college/university

**County Mental Health**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a county mental health agency

**For-Profit Mental Health**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a for-profit mental health agency

**School (K-12)**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a school (K-12)

**Non-Mental Health Focused County Setting**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a non-mental health focused county setting

**Non Profit**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a non profit setting

**Private Hospital**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a private hospital

**Private Practice**
Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a private practice
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospital</td>
<td>Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a public hospital</td>
</tr>
<tr>
<td>State Government</td>
<td>Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a state governmental entity</td>
</tr>
<tr>
<td>Other Setting</td>
<td>Dummy Variable; 1 = responder indicated earning a portion of supervised work experience while employed in a setting of ‘other’</td>
</tr>
<tr>
<td>Off-Site Supervision</td>
<td>Dummy Variable; 1 = responder indicated he or she obtained supervision from an individual outside of the responder’s work setting</td>
</tr>
<tr>
<td>Pay For Supervision</td>
<td>Dummy Variable; 1 = responder indicated he or she paid for supervision out of his or her own pocket</td>
</tr>
<tr>
<td>Supplement Income</td>
<td>Dummy Variable; 1 = responder indicated he or she supplemented his or her income with work in a non-mental health field</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>Dummy Variable; 1 = responder indicated he or she volunteered to gain hours of supervised work experience</td>
</tr>
<tr>
<td>Difficulty in Completing Experience Requirements</td>
<td>Ordinal Variable; 0 – 100; higher ratings indicate difficulty in finding a job with the right type of experience to meet experience requirements</td>
</tr>
<tr>
<td>Difficulty in Finding Supervision</td>
<td>Ordinal Variable; 0 – 100; higher ratings indicate difficulty in finding supervision to complete BBS experience requirements</td>
</tr>
<tr>
<td>Difficulty in Finding Direct Psychotherapy Work Experience</td>
<td>Ordinal Variable; 0 – 100; higher ratings indicate difficulty in completing direct psychotherapy work experience requirement</td>
</tr>
<tr>
<td>Multiple Employment Settings</td>
<td>Dummy Variable; 1 = responder worked in multiple employment settings simultaneously while gaining supervised work experience</td>
</tr>
<tr>
<td>Years Between Completion of Degree and 2010</td>
<td>Continuous Variable; length of time in years between completion of degree requirements and 2010</td>
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<tr>
<td>Percent Time Spent Completing Experience Requirements While Raising a Child</td>
<td>Ordinal Variable; 0 – 100; number estimates percentage of work experience gained while raising a child</td>
</tr>
<tr>
<td>Sole Wage Earner</td>
<td>Dummy Variable; 1 = responder was the sole wage earner in the household while gaining hours of work experience</td>
</tr>
<tr>
<td>Difficulty in Supporting Oneself on Income as a Mental Health Professional</td>
<td>Ordinal Variable; 0 – 100; higher ratings indicate difficulty in supporting oneself on income as a mental health professional</td>
</tr>
<tr>
<td>Difficulty in Juggling Demands of Personal Life with Career as a Mental Health Professional</td>
<td>Ordinal Variable; 0 – 100; higher ratings indicate difficulty in juggling demands of personal life with career as a mental health professional</td>
</tr>
</tbody>
</table>

**Model**

Upon completion of coding and data cleanup, the model for explaining successful completion of the BBS licensing process, represented by dependent variable (Completion of the California CSW or MFT Licensing Process), includes the broad causal factors of demographics, geographic region, education, work experience, and personal life challenges. The model represented as an equation, with proxies and expectations of the direction of effect on the dependent variable, follows:

\[
\text{Completion of the California CSW or MFT Licensing Process} = f\{\text{Demographics, Geographic Region, Education, Work Experience, and Personal Life Challenges}\}
\]

**Demographics** = \(f\{\text{Age at the Time of Degree Completion } (-), \text{ Female } (+), \text{ Spanish Fluency } (+), \text{ Non-Hispanic White } (+), \text{ African American } (-), \text{ American Indian/Alaska Native } (-), \text{ Asian } (-), \text{ Latino } (-), \text{ Pacific Islander } (-) \text{ and Race/Ethnicity Other } (-)\}\)

**Geographic Region** = \(f\{\text{Bay Area } (+), \text{ Central Coast } (-), \text{ Central Valley/Sierra } (-), \text{ Inland Empire } (-), \text{ North Counties } (-), \text{ North Valley/Sierra } (-), \text{ Orange County } (+), \text{ San Diego } (+), \text{ Los Angeles } (+), \text{ and South Valley } (-)\}\)
Education = f{Satisfaction with Education (+), Out-of-State Degree (-)}

Work Experience = f{County Contracted Mental Health Agency (+),
College/University (-), County Mental Health (+), For-Profit Mental Health (+),
School (K-12) (-), Non-Mental Health Focused County Setting (-), Non Profit (-),
Private Hospital (-), Private Practice (+), Public Hospital (-), State Government
(+), Other Setting (-), Off-Site Supervision (-), Pay for Supervision (-),
Supplement Income (-), Volunteer Hours (-), Difficulty in Completing Experience
Requirements (-), Difficulty in Finding Supervision (-), Difficulty in Finding
Direct Psychotherapy Work Experience (-), Multiple Employment Settings (+),
and Years Between Completion of Degree and 2010 (+)}

Personal Life Challenges = f{Percent Time Spent Completing Requirements
While Raising a Child (-), Sole Wage Earner (-), Difficulty in Supporting Oneself
on Income as a Mental Health Professional (-), Difficulty in Juggling Demands of
Personal Life with Career as a Mental Health Professional (-).

Hypothesis

In the model above I predicted the expected direction of the effect of each of the
independent variables on the dependent variable, but absent from the predictions above is
any indication on which independent variables will have significant effects on the
dependent variable. Based on my literature review, I expect ‘Age at the Time of Degree
Completion,’ ‘Percent Time Spent Completing Requirements While Raising a Child,’ and
‘Difficulty in Supporting Oneself on Income as a Mental Health Professional’ to have
significant negative effects on the dependent variable. Multiple articles from my literature review identified older health care professionals as more likely to depart from the profession as age increases. In her study of professional attrition amongst social workers, Wermeling (2006) found perceptions of unfair compensation and responsibilities for caring for dependents as predictors of departure from the profession.

Wermeling (2006) also found satisfaction with education indicated a likelihood of remaining in the social work profession. In my study, I expect ‘Satisfaction with Education’ to have a significant positive relationship with the dependent variable. The observations of the mal-distribution of the mental health workforce from Lok et al (2009) and McRee et al (2003) inspire my prediction that the more populous regions (e.g. ‘Bay Area,’ ‘Orange County,’ ‘San Diego,’ and ‘Los Angeles’) will have a positive effect on the dependent variable.

**Method of Analysis**

Because my dependent variable is a dummy variable, ordinary least squares regression analysis is not appropriate. A binomial logit analysis is the most appropriate method for my study. Binomial logit regression fits an S-curve to the data rather than a straight line. This S-curve ensures predicted values will not exceed 1 or be less than 0. Furthermore, when using a binomial logit regression, SPSS provides you with a percentage of the actual data that the model predicted correctly, giving the researcher a sense of how well the model fit the actual data. In addition to the binomial logit analysis, I ran descriptive statistics on all variables to determine central tendencies and variation.
Chapter 4

RESULTS

I conducted a binomial logit regression analysis to determine factors influencing success in the California licensing process for CSWs and MFTs, which is defined in this study as attainment of the CSW or MFT license. In addition to running the binomial logit regression analysis, I conducted several basic descriptive analyses to characterize the dataset and ran several analyses to check for multicollinearity among the variables. The first section of this chapter provides a narrative description of the major findings of the descriptive statistical analysis. The second section discusses the results of the binomial logit regression analysis. The final section discusses the method through which I checked for correlations and multicollinearity among the variables.

Descriptive Statistics

The descriptive statistical analysis revealed several notable characteristics in the dataset. Table 4 displays basic descriptive statistics for each variable in the study. First, the vast majority of participants in the survey are female (76%). While such a skewed gender distribution may raise concern for other types of studies, prior demographic research on the professions represented in the study suggest a female-dominated profession (California Board of Behavioral Sciences, 2007b). The average for ‘Age at the Time of Degree Completion’ completion is 35.37, with a modal range of 25-29 years old (Figure 1). Approximately 69% of the sample has a race/ethnicity of non-Hispanic white.
Latinos were the second largest race/ethnicity represented in the sample at 11% (Figure 2).

Like the gender and race/ethnicity variables, the distribution of the variables measuring geographic regions is uneven (Figure 3). The ‘Los Angeles’ and ‘Bay Area’ regions are by far the most well represented in the sample with 34% and 27% of survey participants, respectively, indicating they worked in those regions while gaining their hours of required supervised work experience.

‘Non-Profit’ employment settings were by far the most prevalent environments where respondents earned their supervised work experience. Two-thirds of respondents indicated working in a non-profit setting at some point while earning their required hours of supervised work experience. ‘County Contracted Mental Health Agency’ was the next highest setting with 23% of participants indicating they had worked in such a setting. Twenty-eight percent of participants reported working another job outside of mental health services in order to supplement their income, and 35% indicated they volunteered at a setting in order to gain hours of supervised work experience towards licensure requirements.

One variable measures the percent of time the participant spent gaining hours of work experience while raising a child. The average response to this question was 28%. Another set of variables measure common challenges in the BBS licensing process. Survey participants rated on a 0 – 100 scale (0 representing extreme ease; 100 representing extreme difficulty) the difficulty of completing work experience
requirements, balancing one’s personal life with the demands of a mental health career, obtaining supervision, earning direct psychotherapy work experience, and supporting oneself on the income earned from a career in mental health. Of the five ratings-based variables, only ‘Difficulty in Supporting Oneself on Income as a Mental Health Professional’ and ‘Difficulty in Juggling Demands of Personal Life with Career as a Mental Health Professional’ had an average ranking above 50 on the scale. The average rating of these two variables is 58 and 62, respectively.

Table 4. Descriptive Statistics

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<tr>
<th>Variable</th>
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<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
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<td>.5</td>
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<td>---</td>
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</tr>
</tbody>
</table>

**Binomial Logit Regression Results**

I conducted two binomial logit regression analyses. The first included 45 variables, excluding ‘Non-Hispanic White’ as a reference variable. ‘Pacific Islander’ is also excluded because the one response indicating this race/ethnicity did not complete all the questions of the survey; thus, it does not qualify for the analysis. The second analysis included only the variables with statistical significance (p<0.10) in the first analysis.

Of the 45 independent variables included in the first binomial logit regression model, ten variables have statistical significance exceeding p<0.10. A summary of the results are presented in Table 5. Each of the five broad causal factors present in the model (Demographics, Geographic Region, Education, Work Experience, and Personal Life Challenges) is represented by at least one statistically significant independent variable.
The overall fit of the model is respectable with a Cox & Snell r-square value of .251, a Nagelkerke r-square value of .335, and a predicted percentage of correct results of 72.6%.

The degree of impact an independent variable has on a dependent variable is represented as an ‘odds-ratio’ in a binomial logit regression. However, a more intuitive method of representing an independent variable’s effect on a dependent variable is to express it as a percentage change in the odds. Table 5 displays the odds ratio, standard error, the percentage change in the odds, and the lower and upper bound for the percentage change in the odds using a 95% confidence interval.

Of the ten variables with statistical significance of p<0.10, four had a positive effect on the dependent variable and six had a negative effect. Those with a positive effect include ‘Bay Area,’ ‘Years Between Completion of Degree and 2010,’ ‘Satisfaction with Education,’ and ‘County Contracted Agency.’ Holding all other variables constant, working in the ‘Bay Area’ at any point while obtaining the required hours of supervised work experience increased the odds of a person obtaining a CSW or MFT license by 143%. Typically, the results for a categorical dummy variable like ‘Bay Area’ would be interpreted as the effect on the dependent variable as compared to one variable within a category left out of the equation as a reference category. Because many survey participants indicated working in multiple regions during the period in which they earned their hours of supervised work experience, the categorical variables within the broad causal factor ‘Geographic Region’ do not have mutual exclusivity. Thus, working
in the Bay Area at any point during the period in which a person is gaining hours towards work experience requirements creates a 143% increase in the odds.

The categorical variables for the employment settings where an individual earned their hours were also not mutually exclusive, so the 86.3% increase in the odds attributed to working in a county contracted mental health agency means an individual who worked in a county contracted mental health agency during some point in the required supervised work experience, no matter the duration, has an 86.3% increase in the odds of earning a CSW or MFT license.

Two of the variables with positive effects on the dependent variable were not dummy variables. ‘Years Between Completion of Degree and 2010’ represented the number of years between the time a person earned their qualifying degree and the present (2010). Adding one additional year between the year in which a person earned a qualifying degree and the present increases a person’s odds of earning a license by 63%. ‘Satisfaction with Education’ had a positive effect on the dependent variable – for a one-unit increase on a 0 – 100 scale measuring satisfaction with education, the percentage change in the odds increases 1%.

The dummy variables with statistically significant negative effects on the dependent variable include ‘African American,’ ‘Latino,’ ‘Out-of-State Degree,’ and ‘Non-Mental Health Focused County Setting.’ Individuals who identified African American or Latino as their race/ethnicity have a 75.3% and 60.6% decrease in the odds, respectively, of having a CSW or MFT license when compared to Non-Hispanic Whites,
the reference category. Holding an out-of-state degree and working at any point in a non-mental health focused county setting decreased the odds by 48.4% and 66.5%, respectively.

The variables ‘Percent Time Spent Completing Experience Requirements While Raising a Child’ and ‘Difficulty in Finding Supervision’ also had negative effects on the dependent variable. A one percent increase in a person’s supervised work-experience earned while raising a child decreases the odds of achieving a CSW or MFT license by 1%. ‘Difficulty in Finding Supervision’ had a negative effect on the odds of 0.9% for a one-unit change along a 0 – 100 rating scale.

Table 5. Binomial Logit Results with All Variables

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cox &amp; Snell R-Square</td>
<td>0.251</td>
</tr>
<tr>
<td>Nagelkerke R-Square</td>
<td>0.335</td>
</tr>
<tr>
<td>Predicted Percentage Correct</td>
<td>72.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>Standard Error</th>
<th>% Change in Odds</th>
<th>95% C.I. Lower</th>
<th>95% C.I. Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broad Causal Factor: Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at the Time of Degree Completion</td>
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<td>.011</td>
<td>-1.6</td>
<td>-3.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Female</td>
<td>.950</td>
<td>.264</td>
<td>-5.0</td>
<td>-43.4</td>
<td>59.4</td>
</tr>
<tr>
<td>Spanish Fluency</td>
<td>.762</td>
<td>.349</td>
<td>-23.8</td>
<td>-61.5</td>
<td>50.9</td>
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<tr>
<td>African American</td>
<td>.247**</td>
<td>.537</td>
<td>-75.3</td>
<td>-91.4</td>
<td>-29.2</td>
</tr>
<tr>
<td>American</td>
<td>.261</td>
<td>1.194</td>
<td>-73.9</td>
<td>-97.5</td>
<td>171.0</td>
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<tr>
<td>Indian/Alaska Native Race/Ethnicity</td>
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<td>.426</td>
<td>-18.9</td>
<td>-64.8</td>
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<tr>
<td>-----------------------------------</td>
<td>------</td>
<td>------</td>
<td>--------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>.394**</td>
<td>.415</td>
<td>-60.6</td>
<td>-82.5</td>
<td>-11.1</td>
</tr>
<tr>
<td>Race/Ethnicity Other</td>
<td>1.044</td>
<td>.497</td>
<td>4.4</td>
<td>-60.6</td>
<td>176.6</td>
</tr>
</tbody>
</table>

**Broad Causal Factor: Geographic Region**

<table>
<thead>
<tr>
<th>Broad Causal Factor</th>
<th>Bay Area</th>
<th>Central Coast</th>
<th>Central Valley/Sierra</th>
<th>Inland Empire</th>
<th>North Counties</th>
<th>North Valley/Sierra</th>
<th>Orange County</th>
<th>San Diego</th>
<th>Los Angeles</th>
<th>South Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area</td>
<td>2.430**</td>
<td>.379</td>
<td>143.0</td>
<td>15.4</td>
<td>410.2</td>
<td>217.1</td>
<td>.852</td>
<td>.780</td>
<td>1.097</td>
<td>1.938</td>
</tr>
<tr>
<td>Central Coast</td>
<td>2.430**</td>
<td>.379</td>
<td>143.0</td>
<td>15.4</td>
<td>410.2</td>
<td>217.1</td>
<td>.852</td>
<td>.780</td>
<td>1.097</td>
<td>1.938</td>
</tr>
<tr>
<td>Central Valley/Sierra</td>
<td>1.029</td>
<td>.632</td>
<td>2.9</td>
<td>-70.2</td>
<td>255.5</td>
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</tr>
<tr>
<td>Inland Empire</td>
<td>1.327</td>
<td>.416</td>
<td>32.7</td>
<td>-41.3</td>
<td>199.9</td>
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<tr>
<td>North Counties</td>
<td>.498</td>
<td>.648</td>
<td>-50.2</td>
<td>-86.0</td>
<td>77.7</td>
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<tr>
<td>North Valley/Sierra</td>
<td>1.305</td>
<td>.453</td>
<td>30.5</td>
<td>-46.3</td>
<td>217.1</td>
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<td>Orange County</td>
<td>.852</td>
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<td>-14.8</td>
<td>-64.2</td>
<td>102.8</td>
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<td>San Diego</td>
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<td>-66.6</td>
<td>82.2</td>
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<tr>
<td>Los Angeles</td>
<td>1.097</td>
<td>.345</td>
<td>9.7</td>
<td>-44.2</td>
<td>115.9</td>
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<tr>
<td>South Valley</td>
<td>1.938</td>
<td>.773</td>
<td>93.8</td>
<td>-57.4</td>
<td>782.2</td>
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</table>

**Broad Causal Factor: Education**

<table>
<thead>
<tr>
<th>Broad Causal Factor</th>
<th>Satisfaction with Education</th>
<th>Out-of-State Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with Education</td>
<td>1.010*</td>
<td>.006</td>
</tr>
<tr>
<td>Out-of-State Degree</td>
<td>.516*</td>
<td>.344</td>
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</table>

**Broad Causal Factor: Work Experience**

<table>
<thead>
<tr>
<th>Broad Causal Factor</th>
<th>County Contracted Mental Health Agency</th>
<th>College/University</th>
<th>County Mental Health</th>
<th>For-Profit Mental Health</th>
<th>School (K-12)</th>
<th>Non-Mental Health Focused County Setting</th>
<th>Non Profit</th>
<th>Private Hospital</th>
<th>State Government</th>
<th>Public Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Contracted Mental Health Agency</td>
<td>1.863**</td>
<td>.264</td>
<td>86.3</td>
<td>11.0</td>
<td>212.9</td>
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<td>College/University</td>
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<td>.541</td>
<td>-15.7</td>
<td>-70.8</td>
<td>143.2</td>
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<tr>
<td>County Mental Health</td>
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<td>.285</td>
<td>28.6</td>
<td>-26.3</td>
<td>124.7</td>
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<tr>
<td>For-Profit Mental Health</td>
<td>1.354</td>
<td>.409</td>
<td>35.4</td>
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<td>202.0</td>
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<tr>
<td>School (K-12)</td>
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<td>-58.1</td>
<td>27.2</td>
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<tr>
<td>Non-Mental Health Focused County Setting</td>
<td>.335**</td>
<td>.427</td>
<td>-66.5</td>
<td>-85.5</td>
<td>-22.8</td>
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<tr>
<td>Non Profit</td>
<td>.915</td>
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<td>-8.5</td>
<td>-44.9</td>
<td>52.0</td>
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</tr>
<tr>
<td>Private Hospital</td>
<td>.938</td>
<td>.348</td>
<td>-6.2</td>
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<td>85.7</td>
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</tr>
<tr>
<td>State Government</td>
<td>.505</td>
<td>.422</td>
<td>-49.5</td>
<td>-77.9</td>
<td>15.5</td>
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</tr>
<tr>
<td>Public Hospital</td>
<td>1.554</td>
<td>.568</td>
<td>55.4</td>
<td>-49.0</td>
<td>373.1</td>
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<tr>
<td>Private Practice</td>
<td>.812</td>
<td>.325</td>
<td>-18.8</td>
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<tr>
<td>Other Setting</td>
<td>.602</td>
<td>.412</td>
<td>-39.8</td>
<td>-73.1</td>
<td>35.0</td>
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<tr>
<td>Off-Site Supervision</td>
<td>.651</td>
<td>.325</td>
<td>-34.9</td>
<td>-65.6</td>
<td>23.0</td>
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<tr>
<td>Pay for Supervision</td>
<td>1.195</td>
<td>.327</td>
<td>19.5</td>
<td>-37.0</td>
<td>126.9</td>
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<tr>
<td>Supplement Income</td>
<td>1.066</td>
<td>.262</td>
<td>6.6</td>
<td>-36.3</td>
<td>78.2</td>
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<tr>
<td>Volunteer Hours</td>
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<td>.276</td>
<td>19.1</td>
<td>-30.6</td>
<td>104.4</td>
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<tr>
<td>Difficulty in Completing Experience Requirements</td>
<td>.995</td>
<td>.005</td>
<td>-0.5</td>
<td>-1.4</td>
<td>0.4</td>
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</tr>
<tr>
<td>Difficulty in Finding Supervision</td>
<td>.991**</td>
<td>.004</td>
<td>-0.9</td>
<td>-1.7</td>
<td>-0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in Finding Direct Psychotherapy Work Experience</td>
<td>.994</td>
<td>.004</td>
<td>-0.6</td>
<td>-1.5</td>
<td>0.2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Multiple Employment Settings</td>
<td>1.358</td>
<td>.259</td>
<td>35.8</td>
<td>-18.3</td>
<td>125.7</td>
<td></td>
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<td></td>
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<tr>
<td>Years Between Completion of Degree and 2010</td>
<td>1.630***</td>
<td>.089</td>
<td>63.0</td>
<td>36.6</td>
<td>93.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Broad Causal Factor: Personal Life Challenges**

| Percent Time Spent Completing Requirements While Raising a Child | .990** | .003 | -1.0 | -1.3 | -0.3 |
| Sole Wage Earner | .814 | .219 | -18.6 | -47.0 | 25.0 |
| Difficulty in Supporting Oneself on Income as a Mental Health Professional | .996 | .004 | -0.4 | -1.2 | 0.3 |
| Difficulty in Juggling Demands of Personal Life | .997 | .004 | -0.3 | -1.1 | 0.5 |
In the second analysis I only included the independent variables with statistical significance (p<0.10) from the first analysis; thus, I eliminated any effect the statistically insignificant variables had on my model. Only the variable ‘Satisfaction with Education’ was not statistically significant in the second model. All other variables retained their statistical significance, but the degrees of each variable’s effect on the dependent variable changed slightly. The direction of the effects of independent variables on the dependent variable remained consistent between the two models for all statistically significant variables. With the exception of ‘Difficulty in Finding Supervision’ and ‘Percent Time Spent Completing Experience Requirements While Raising a Child,’ the effects of the independent variables on the dependent variable become less-pronounced. In other words, the percentage changes in the odds move closer to zero.

In comparing the measures of fit between the two models, the first model proves to be a better fit for the data. The Cox & Snell r-square, Nagelkerke r-square, and the predicted percentage correct decreased by .051, .067, and 3.9 respectively.
These decreases are expected after dropping 35 variables in the second model. The slight decrease (3.9) in the predicted percentage correct suggests the second model still retains respectable predictive value. One potential concern for the second model is omitted variable bias. In eliminating all the statistically insignificant variables, the model no longer controls for them. What is gained in parsimony could be at the cost of omitted variable bias.

**Table 6. Binomial Logit Results Only with Significant Variables**

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cox &amp; Snell R-Square</td>
<td>.200</td>
</tr>
<tr>
<td>Nagelkerke R-Square</td>
<td>.268</td>
</tr>
<tr>
<td>Predicted Percentage Correct</td>
<td>68.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>Standard Error</th>
<th>% Change in Odds</th>
<th>95% C.I. Lower</th>
<th>95% C.I. Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broad Causal Factor: Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>.329**</td>
<td>.495</td>
<td>-67.1</td>
<td>-87.5</td>
<td>-13.1</td>
</tr>
<tr>
<td>Latino</td>
<td>.436**</td>
<td>.315</td>
<td>-56.4</td>
<td>-76.4</td>
<td>-19.2</td>
</tr>
<tr>
<td><strong>Broad Causal Factor: Geographic Region</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay Area</td>
<td>2.039**</td>
<td>.225</td>
<td>103.9</td>
<td>31.2</td>
<td>217.0</td>
</tr>
<tr>
<td><strong>Broad Causal Factor: Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-State Degree</td>
<td>.531**</td>
<td>.306</td>
<td>-46.9</td>
<td>-70.8</td>
<td>-3.3</td>
</tr>
<tr>
<td>Satisfaction with Education</td>
<td>1.006</td>
<td>.006</td>
<td>.6</td>
<td>-.5</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Broad Causal Factor: Work Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Contracted Mental Health Agency</td>
<td>1.772**</td>
<td>.236</td>
<td>77.2</td>
<td>11.6</td>
<td>181.5</td>
</tr>
<tr>
<td>Non-Mental Health Focused</td>
<td>.417**</td>
<td>.369</td>
<td>-58.3</td>
<td>-79.8</td>
<td>-14</td>
</tr>
<tr>
<td>County Setting</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in Finding Supervision</td>
<td>.983***</td>
<td>.003</td>
<td>-1.7</td>
<td>-2.3</td>
<td>-1.1</td>
</tr>
<tr>
<td>Years Between Completion of Degree and 2010</td>
<td>1.553***</td>
<td>.081</td>
<td>55.3</td>
<td>32.4</td>
<td>82.1</td>
</tr>
</tbody>
</table>

**Broad Causal Factor: Personal Life Challenges**

<table>
<thead>
<tr>
<th>Percent Time Spent Completing Experience Requirements While Raising a Child</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.992***</td>
<td>.002</td>
<td>-.8</td>
</tr>
</tbody>
</table>

N=546

* p<0.1, ** p<0.05, *** p<0.001

95% Confidence Interval (C.I.) for Lower and Upper Bound for Exp(B) converted into % change in odds

\[
\% \text{ Change in Odds} = (\text{Exp}(B) - 1) \times 100
\]

**Multicollinearity**

To test for multicollinearity in the regression model, I conducted a test for bivariate correlation and ran the model through a traditional ordinary-least-squares regression to check for high variance-inflation factors (VIF). In conducting both of these tests, I found no cause for concern relating to multicollinearity. The highest observed Pearson’s coefficient had an absolute value of .508 for the variables ‘Difficulty in Completing Experience Requirements’ and ‘Difficulty in Finding Direct Psychotherapy Work Experience. The highest observed VIF score was 2.669 for ‘Los Angeles.’ Recall that the independent variable ‘Non Hispanic White’ was left out of the
model as a reference category. Had the variable been included, multicollinearity among the dummy variables measuring race/ethnicity would have presented an issue.

**Figure 1. Frequency Distribution of Age at the Time of Degree Completion**

![Frequency Distribution of Age at the Time of Degree Completion](image)

**Figure 2. Frequency Distribution of Race/Ethnicity**

![Frequency Distribution of Race/Ethnicity](image)
Figure 3. Frequency Distribution of County Region
Chapter 5
CONCLUSION

A review of literature investigating educational and workforce attrition in professions similar to mental health suggested the factors influencing success in the California CSW and MFT licensing process, as defined as attainment of a professional license, would fall outside of the direct policy influence of a mental health-focused public agency. Many research articles identified demographics (e.g. age, gender, race/ethnicity, etc.), education (e.g. satisfaction with education, education level, etc.), and personal life challenges (e.g. caring for a dependent child or family member) as the key causal factors influencing attrition in healthcare professions. Considering the findings of the literature review, a mental health-focused agency interested in improving policies to ensure a sustainable workforce will face challenges because the most predominant factors influencing attrition are outside of the direct policy influence of the agency.

If the conclusions drawn from the literature review discourage the decision maker or policy analyst searching for a means to address mental health workforce issues through direct policy interventions, the results of the two binomial logit regression analyses I conducted offers some hope. While independent variables within the broad causal factors relating to demographics, education, personal life challenges, and geographic region all held some significance in predicting an individual’s attainment of a CSW or MFT license, several variables in the broad causal factor of
work experience suggest public agencies can influence success in the California CSW and MFT licensing process.

**Policy Implications**

One of the variables decreasing the odds of a person obtaining a license as a CSW or MFT was ‘Difficulty in Finding Supervision.’ While the magnitude of the percentage change in the odds is relatively small (-.9% and -1.7%) in both models, the degree of impact represents a one-unit increase in a 0-100 scale holding all other variables constant. If a person were to indicate a difficulty above one or close to the mean response of 28.78, the affect on the percentage change in the odds is likely to be much higher. This suggests, quite logically, the ability of a potential licensee to obtain the appropriate type of supervision plays a key role in the ability of the individual to successfully obtain a mental health license. The California BBS faces a unique challenge in mandating enough supervision to ensure adequate professional oversight while not creating a clog in the career pipeline for future mental health professionals. Recently, the California BBS sponsored Senate Bill 33 (Correa), which took effect as law on January 1, 2010. Among other changes, this law decreased the total amount of supervision an individual needs in order to obtain an MFT license. This change will likely improve the probability of future mental health professionals completing the licensing requirements considering the findings of my analyses.

The changes enacted as a result of Senate Bill 33, however, only address one of the two professions included in my study. Under current law, individuals pursuing the
CSW license must obtain 1,700 hours of supervised work experience under the supervision of a licensed CSW. Those pursuing the MFT license do not face such a prescriptive requirement towards the supervisor’s mental health license. The results of my analyses justify a fresh look at any requirements with the potential of increasing a person’s difficulty in obtaining supervision. Requirements such as the 1,700 hour-rule are the type of requirements Feldman and Lee (2008) criticize as unnecessarily restrictive.

My analyses suggest employment in a county contracted mental health agency increases the odds of an individual obtaining a license as a CSW or MFT by 86.3% and 77.2% in the two models. The results of my study cannot identify what components of a county contracted mental health agency are conducive to an individual earning a CSW or MFT license. However, if the California Department of Mental Health seeks to address shortages in the number of licensed mental health professionals; then, some investigation into what county contracted mental health agencies are doing to assist employees in obtaining a license might be one place to start.

Knowledge of the type of employment setting(s) most beneficial to those individuals pursuing a mental health license also greatly assists graduate schools because they can, in turn, advise graduates who are just beginning careers in the mental health workforce. Furthermore, my analyses identified one type of work setting (non-mental health focused county setting) that decreased an individual’s odds of obtaining
a license as a CSW or MFT. Information on what settings are not particularly conducive to licensure is just as important as information on those that are.

The positive relationship between the variable ‘Years Between Completion of Degree and 2010’ suggests, holding all other variables in my models constant, an additional year of one’s life spent after graduation increases the odds of an individual earning a CSW or MFT license by 63% and 55.3% in the two models. Considering the low percentages of individuals who had successfully earned their license in a timely manner in previously conducted research (California Board of Behavioral Sciences, 2008b), this finding makes sense. Just as important as actually earning the license is the time it takes the average individual to earn the license. Strict licensing requirements requiring significant time investments over-and-above the minimum two-year supervised work experience requirements will likely dissuade individuals from pursuing a license as a CSW or MFT. Here, again, the California BBS faces a unique challenge in setting requirements to ensure licensed practitioners meet minimum competency standards while avoiding the creation of an unnecessarily burdensome licensing process.

Issues Outside of Direct Policy Influence

Causal factors relating to race/ethnicity and their relationship to attrition represent a consistency between my findings and the literature. Compared to the omitted reference variable ‘Non Hispanic White,’ individuals in the sample population identified as African American or Latin had decreased odds of attaining a license as a
CSW or MFT. Both variables had percentage decreases in the odds in excess of 50%. Data currently available from the California BBS indicates relatively low racial and ethnic diversity among current licensees (California Board of Behavioral Sciences, 2007b). If select races/ethnicities are licensed at a lower rate than others, diversity will continue to be elusive going forward. While neither the California BBS nor the California Department of Mental Health can directly address this issue through policy means, this should nonetheless cause concern for any public entity interested in promoting diversity in the mental health workforce.

The negative relationship between holding an out-of-state degree and attainment of the CSW or MFT license, -48.4% and -46.9% in each model, illustrates an issue in need of further investigation. A person holding an out-of-state degree is likely not a California native and did not benefit from attending a California school. Students attending schools in California and continuing on after graduation to pursue a mental health license experience benefits from completing mandatory internship requirements while enrolled in graduate school. Indeed, an individual who completes a degree program in California essentially has a jump-start on the post-degree job market compared to an out-of-state degree holder who relocates to California and starts fresh. Before more concrete conclusions can be drawn relating to this population, additional research must be conducted. Ideally, a broad causal factor directly addressing this population with several proxies would be present in any future study specifically targeting this population.
Individuals who worked for a portion of their required supervised work experience in the Bay Area experienced a significant increase in the odds (143% and 103.9%) of holding a CSW or MFT license in the sample population. This suggests the Bay Area is an environment conducive to a person earning his or her license. While a number of factors could explain why those who work in the Bay Area experience such success, some observations in the literature hint at one factor in particular. Lok et al (2009) and McRee et al (2003) identified a poor distribution of licensed mental health professionals in the State of California. Specifically, both authors identified the Bay Area as having disproportionately more licensed mental health professionals when compared to other regions. Since individuals pursuing a CSW or MFT license depend on current license holders to provide required supervision, the high number of license holders in the Bay Area region is a likely contributor to the increased success of those individuals who are pursuing a license while working in the region.

Wermeling (2006) represented the study most similar to mine in the literature review, and the effect of my variables ‘Satisfaction with Education’ and ‘Percent Time Spent Completing Experience Requirements While Raising a Child’ compared to the findings of her analysis of attrition in the social work profession. Wermeling (2006) found dissatisfaction with education and family caretaking responsibilities to be predictors of departure from the social work profession. In my study, one model identified satisfaction with education to be a predictor of success in the licensing process. Both binomial logit models identified time spent completing work experience
requirements while raising a child to decrease the odds of a person holding the CSW or MFT license.

Considering the predictive value of age and gender in multiple studies included in the literature review, one would expect these variables to have statistical significance in my study; however, neither did. While this may raise concern, my model did include a number of variables relating specifically to work experience requirements and personal life challenges not referenced in the studies included in the literature review. The existence of these additional variables in my model likely accounted for factors not included in the other studies. In short, by including additional variables, my model pulls out the influence of a factor such as the burden of raising a dependent child, which may have been hidden in a variable measuring gender in other studies. Furthermore, because the studies included in the literature review focused on different healthcare professions and had different research questions, the subtle differences in findings are to be expected.

Suggestions for Future Research

As mentioned throughout this document, regression-based research on attrition in the mental health workforce is sorely lacking. With substantial funding going towards mental health workforce development as a result of the Mental Health Services Act, much more research is needed. Because the California BBS is uniquely positioned as the licensing entity for a substantial portion of the mental health workforce, a few extra steps on the part of this public agency could pay significant dividends for
research relating to the mental health workforce. Specifically, the California BBS could
implement anonymous and voluntary ongoing surveys of its licensing population. Such
efforts could be as simple as creating a Web-based survey similar to the one used in
this study and including an invitation to participate with an individual’s license or
registration renewal.

The ongoing and frequent contact the California BBS has with its licensing
population means it can potentially compile valuable longitudinal datasets. In the
absence of any staff available to conduct the advanced forms of statistical analysis used
in this study, the organization could partner with local colleges and universities and
give graduate students the opportunity to analyze the datasets as a part of class projects
or thesis-based research.
REFERENCES


