



Board of
Behavioral
Sciences

1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TTY (800) 326-2297
Fax (916) 574-8625
www.bbs.ca.gov

BOARD MEETING NOTICE

February 23-24, 2011

Alliant International University
10455 Pomerado Rd.
Green Hall
San Diego, CA 92131

Wednesday, February 23^d
8:00 a.m.

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

- I. Introductions
- II. Approval of the November 4 - 5, 2010 Board Meeting Minutes
- III. Approval of the January 13, 2011 Board Meeting Minutes
- IV. Executive Officer's Report
 - a. Budget Report
 - b. Operations Report
 - c. Personnel Update
 - d. Licensed Professional Clinical Counselor Update
 - e. Strategic Plan Update
- V. Department of Consumer Affairs Update
- VI. Licensing and Examination Committee Report
 - a. Discussion and Possible Action Regarding the National Counselor Examination and the National Clinical Mental Health Counselor Examination
- VII. Policy and Advocacy Committee Report
 - a. Discussion and Possible Legislative Action Regarding Licensed Professional Clinical Counselor Supervision of Marriage and Family Therapist Interns
 - b. Discussion and Possible Action Regarding HIV/AIDS Continuing Education Course Requirement for Licensed Professional Clinical Counselor
 - c. Legislative Update
 - d. Rulemaking Update
- VIII. Discussion and Possible Action Regarding Proposed Legislation Amending Business and Professions Code Section 4999.47, and Adding Sections 4989.13, 4991.1, 4999.13 Relating to Engaging in Practice, and Employee Status of



Governor
Edmund G. Brown Jr.

State of California
State and Consumer
Services Agency

Department of
Consumer Affairs

Clinical Counselor Trainees and Interns

- IX. Discussion and Possible Action Regarding Acceptance of Post Degree Hours of Experience Toward Licensure as a Professional Clinical Counselor
- X. Discussion and Possible Action Relating to the Licensed Professional Clinical Counselor Gap Examination
- XI. Mental Health Services Act Report
- XII. Compliance and Enforcement Committee Report
- XIII. Suggestions for Future Agenda Items
- XIV. Public Comment for Items Not on the Agenda

FULL BOARD CLOSED SESSION

- XV. Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session for the Purpose of Evaluation of the Executive Officer

***Thursday, February 24th
8:00 a.m.***

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

- XVI. Introductions
 - a. Petition for Modification of Probation Terms, Patricia Ann Evans, MFC 48187
 - b. Petition for Modification of Probation Terms, Barton Lewis Gibson, LCS 10389

FULL BOARD CLOSED SESSION

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

FULL BOARD OPEN SESSION

- XVIII. Adjournment

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 is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

ENTRANCE

- PARKING LEGEND**
- STUDENT
 - FACULTY/STAFF
 - VISITOR



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BOARD MEETING MINUTES - *DRAFT*

November 4-5, 2010

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

November 4, 2010

Members Present

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

Staff Present

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Rosanne Helms, Regulations/Legislative
Analyst
Marsha Gove, Examination Analyst
Gary Duke, Legal Counsel
Paula Gershon, Program Manager
Debbie Flewellyn, MFT Evaluator
Lynne Stiles, IT Analyst
Christina Kitamura, Administrative Analyst

Members Absent

Judy Johnson, LEP Member

Guest List

On file

FULL BOARD OPEN SESSION

Renee Lonner, Board of Behavioral Sciences (Board) Chair, called the meeting to order at 8:37 a.m. Marsha Gove called roll, and a quorum was established.

I. Introductions

Board members, Board staff, and meeting attendees introduced themselves.

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

Kim Madsen requested all references to the American Association for Marriage and Family Therapy be corrected to American Association for Marriage and Family Therapy California Division (AAMFT-CA) throughout the July 28, 2010 Board meeting minutes.

Christine Wietlisbach moved to approve the July 28, 2010 Board meeting minutes as amended. Mona Foster seconded. The Board voted (8 in favor, 1 abstention) to pass the motion.

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

Donna DiGiorgio moved to approve the September 1, 2010 Board meeting minutes. Elise Froistad seconded. The Board voted (8 in favor, 1 abstention) to pass the motion.

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

Ms. Madsen noted a correction on page 15, 4th paragraph, 1st sentence: correct “addressing” to “addressed.”

Correction on page 3: correct “Mr. Lonner” to “Ms. Lonner.”

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), requested comments made by Michael Webb to be included following Tracy Rhine’s comments on page 8.

Olivia Loewy, AAMFT-CA, requested that the American Association for Marriage and Family Therapy be referred to as AAMFT-CA throughout the minutes.

Tracy Montez, Applied Measurement Services, noted a correction on page 4, last paragraph, 4th sentence: strike “meaningful.”

A correction was noted on page 8, 2nd paragraph, 1st sentence: correct “Ms. Wietlisbach” to “Ms. Froistad.”

Ms. Lonner tabled the approval of the September 9, 2010 Board meeting minutes.

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

Ms. Madsen explained that staff recently discovered that the June 8, 2009 Licensed Clinical Social Worker Education Committee (Committee) minutes were not yet approved. Staff is bringing these minutes to the existing Committee members for approval.

Donna DiGiorgio moved to approve the June 8, 2009 Licensed Clinical Social Worker Education Committee minutes. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

VI. Chairperson’s Report

a. 2011 Board and Committee Meeting Dates

Ms. Lonner presented the 2011 meeting dates. She stated that not all meetings will be held in Sacramento as indicated in the meeting materials. The meeting dates were based on the legislative calendar and existing furlough orders.

Ms. Lonner also reported that the executive officers of the healing arts boards are participating in regular teleconference meetings. These meetings are positive and going very well.

VII. Executive Officer's Report

a. Budget Report

Ms. Madsen reported that at the last Board meeting, she reported an anticipated unexpended reserve of \$56,000. After complying with directives to furloughs and to reduce expenditures and travel, and committing to revert 15% from the Operating Expense and Equipment line, which was never reverted, the figure has changed. The unexpended amount figure reflects a significant increase from our initial projection of \$56,000 to \$445,648.

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 MHSAs budget of \$122,000.

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 Legislative Analyst Office (LAO) indicates that California will continue to face budget problems in 2011/2012 and beyond. 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 state budget.

Harry Douglas asked how staff expects to meet the mandate given the Board's budget situation and the current fiscal climate. Ms. Madsen responded that management is constantly visiting this issue and readdressing how to meet mandates with existing operations. Management had to eliminate some things, such as school outreach events. Outreach is very important, however, the Board cannot physically perform these duties at this time because the staff is needed to perform the critical needs, such as processing applications. Staff is exploring more creative ways to get information out to the schools. Ms. Madsen assured that staff will meet the public mandate.

b. Operations Report

The quarterly statistics and examination statistics were provided for the Board's review. Ms. Madsen noted that application processing times are expected to increase due to staff vacancies.

c. Personnel Update

Ms. Madsen reported on two staff departures that occurred since the last Board meeting. Due to one departure, the Board has only one Marriage and Family Therapist (MFT) Evaluator. The MFT desk is experiencing a backlog dating back to applications received in late August. The second departure leaves a vacancy for the Continuing Education Evaluator position. Overall, there are 3 vacancies in the Licensing Unit and one vacancy in the Administration Unit.

Ms. Madsen stated that the Board has the ability to recruit for these positions, but as of today, the job advertisements have not yielded any applications for these vacant positions.

Ms. Madsen reported that the Board was approved for several positions to staff the Licensed Professional Clinical Counselor (LPCC) program in the 2010-2011 budget. However, due to the Governor's recent directive to cease hiring, the Board is unable to recruit and fill those vacancies at this time.

d. Licensed Professional Clinical Counselor Update

Ms. Madsen reported that Board staff continues to make remarkable progress towards the implementation of the 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 the LPCC program has been forwarded to DCA for review. This package contains rulemaking to establish the program fees and forms. 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. Staff is currently recruiting Subject Matter Experts for LPCC exam development and developing application forms.

Ms. Madsen reported that management cannot hire for the staff to implement the LPCC program, as noted earlier. Staff submitted an exemption request to hire the staff to implement the LPCC program as well as to execute a contract to develop the GAP exam.

Ms. Froistad asked for projected timelines. Ms. Madsen reported that the Office of Professional Examination Services (OPES) is currently developing a law and ethics exam for the LPCC program. The Board recently received approval to execute the contract to develop the GAP exam. The contract is in the process of being awarded. The process to develop the exam is about 6 months. The standard written exam currently is in development. This is all dependent on the regulation packet, which may be finalized in January. The regulation packet establishes the fees and forms. Ms. Madsen anticipates that the application forms will be available in early February.

Ms. Madsen explained that once the Board begins accepting applications, if there is a deficiency on the application, the applicant has one year to resolve the deficiency. The law and ethics exam will be available February 1st.

e. Strategic Plan Update

The Strategic Plan update was provided for the Board's review. Ms. Madsen stated that overall, the Board is doing very well given its challenges.

VIII. Department of Consumer Affairs Update

Brian Stiger, Department of Consumer Affairs (DCA) Acting Director, presented an update on DCA's processes. Mr. Stiger stated that over the past year, the Executive Office at DCA has been making an effort to reach out to its boards and board members. The Executive Office holds teleconference meetings with the board chairs. This is a collective effort to talk about issues and solve problems.

In response to Mr. Douglas' question regarding meeting mandates, Mr. Stiger commended Kim Madsen on her work. He stated that with the challenges and stress put upon her and Board staff, Ms. Madsen has been outstanding working with DCA and always comes through.

Mr. Stiger added that the Board has the authority to set priorities for the executive officer to fulfill.

Mr. Stiger reported that in August, the Governor met with all directors and agency secretaries. The Governor implemented a directive stating that nobody can hire state employees or work overtime unless approved by the Governor or the Governor's cabinet Secretary through an exception request. Since September, DCA has been able to get 5 exception requests approved. DCA is committed to support the Board in moving forward with the exception request to hire for the LPCC program positions.

Mr. Stiger added that the hiring freeze will be in effect for the remainder of the Governor's term. It is yet to be seen what the next Governor will do in regards to the hiring freeze.

Mr. Stiger reported that enforcement in the healing arts boards is DCA's highest priority. The main goal is to be able to formally discipline licensees within 12 to 18 months. To meet this goal, formal training courses have been established for enforcement staff; executive officers were given subpoena authority to obtain records and testimonies quicker; and DCA established process improvements. Mr. Stiger anticipated getting to the 18-month goal within 2 years even with the hiring constraints.

Mr. Stiger reported that Senate Bill 1111 would provide additional authorities to the executive officer to investigate cases quicker and prosecute cases quicker. Unfortunately, the bill was defeated. All of the boards are encouraged to take a look at SB 1111 and implement through regulations where the boards can do that. This will help the boards get to the 12-18 months goal.

Mr. Stiger reported that DCA is developing a new database system, the BreEZe project. This will replace the current system that has been in place for many years. This will also help the boards reach the 12-18 months goal.

Mr. Stiger reported that Senate 1441 would standardize the way healing arts boards monitor substance-abusing health care practitioners. As a group, standards and guidelines were developed that was passed last year. DCA is encouraging the boards to establish regulations or policies to implement as many of the standards as possible.

Mr. Stiger reported on licensing for job creation. In an effort by the Governor, all boards, bureaus, and programs were licensing people as quickly as possible to help the economy.

In regards to the Federal Health Care Reform, this is going to place a huge burden on health care workforce, enforcement, and licensing. DCA is encouraging the boards to have an ongoing dialogue about this, and how the boards can be proactive. The state currently has an effort to find out where the gaps are in the workforce and establish those numbers. Office of Statewide Health Planning and Development are trying to establish surveys for all of the healing arts boards to survey licensees. Some boards, such as the Medical Board, are mandated to provide the information required in order to discover the gaps, but not all boards are mandated. The boards are encouraged to follow this example for the collective good of the state.

Ms. Riemersma addressed the meetings held between DCA's executive office and board chairs, and asked if the meetings were closed meetings, and if so, how can that type of meeting be a closed meeting. Mr. Stiger responded that each board has one representative, the board chair; therefore, it is not subject to the Bagley-Keene Act. Gary Duke, legal

counsel to the Board, added that the assembly of executive officers and board chairs at the request of the director does not constitute a meeting as outline in the Bagley-Keene Act; it's not an official state-created body.

Patricia Lock-Dawson joined the Board meeting at 9:35 a.m.

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

Rosanne Helms reported that the Board directed staff to draft proposed legislative language to implement a re-structure of the examination process at its Board meeting in July 2010. Draft legislative language was then presented and approved at the September 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. If the re-structure is adopted, applicants for MFT and LCSW licensure will be required to pass two examinations: a California law and ethics examination and a clinical examination. These new exams replace the standard written and the clinical vignette exams currently in place.

Ms. Helms outlined the process. 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.

Ms. Helms explained that 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.

Ms. Helms outlined the exam fees for Associate Social Workers (ASW) and MFT Interns, the fee for the law and ethics exam is \$100. The fee for the clinical exam is \$100.

Ms. Helms reported that 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 (ASWB) Clinical Level Exam administered by the ASWB, if the Board determines that this national exam meets California standards.

At the September 13, 2010 Licensing and Examination Committee meeting, the AAMFT-CA suggested the Board consider adding language allowing applicants for MFT licensure

to take a national examination as well, if the Board determines by regulation that the national examination is acceptable.

Ms. Helms outlined staff concerns with adding similar language to the exam restructure legislation. The first is that AB 2167 created several duplicate sections in License Clinical Social Worker (LCSW) code, which become operative if the Board makes certain determinations through regulations. Adding too many duplicative sections to code may make it confusing for consumers and staff to determine which code is correct at the present time.

Ms. Helms explained the second concern, stating that there is no clear benefit to allowing the exam in regulation versus legislation. If the Board determined that a national MFT 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.

The recommendation to the Board is to direct staff to proceed with introducing Board-sponsored legislation to re-structure the examination process, and to direct staff to make any non-substantive changes to the proposed language.

Ms. Madsen responded to the question regarding possible opposition if the Board moved forward with legislation instead of regulation. Her response was that she expected some opposition. Board has been working with this process for nearly two years and is ready to move forward. This structure would set up the frame work to begin utilizing the national exam if the Board deemed that it is appropriate. For the time period, the Board would continue to have a law and ethics component and a standard clinical written exam. If it's determined that the Board can use the national exam, the second exam would be replaced and the law and ethics component would remain in place. This is consistent with the exam structures of other healing arts boards.

Ms. Riemersma asked how CAMFT could present suggestions to the language. Ms. Rhine responded that CAMFT can contact Board staff.

Janlee Wong, National Association of Social Workers (NASW), asked if the law and ethics exam would be the same for both LCSWs and MFTs. He stated that the ethics code may be different between the two professions. Ms. Madsen responded that exam development goes through the process of utilizing subject matter experts (SME) and occupational analyses.

Mick Rogers, Clinical Society for Clinical Social Work (CSCSW), stated that CSCSW has specific law and ethic codes pertaining to social workers and asked to be involved in any discussions on law and ethics.

Ms. Rhine clarified that there are separate exams for the LCSW, MFT, and LEP.

Elise Froistad moved to direct staff to proceed with introducing Board-sponsored legislation to re-structure the examination process and 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. Renee Lonner seconded. The Board voted unanimously (10-0) to pass the motion.

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

Ms. Rhine reported that Senate Bill 788 created the LPCC Act, which requires the Board to license and regulate LPCCs. A provision of that act requires the Board to evaluate various national examinations to determine if the state can use those examinations for incoming candidates for LPCC licensure.

Ms. Rhine explained that at the July 28, 2010 Board meeting, the Board voted to not accept the National Board for Certified Counselors (NBCC) National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination. The Board also directed staff and Applied Measurement Services (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.

Dr. Tracy Montez, AMS, emphasized that NBCC's examinations do meet professional guidelines and technical standards. However, California has higher standards and greater expectations in transparency. AMS performed an assessment of the national exam programs and pointed out concerns of the Board. AMS received authorization from NBCC to present information from their discussions in a public forum.

Dr. Montez presented the concerns:

- Job analysis work: This is also known as the occupational analysis. The job analysis involved a limited number of SMEs, and they typically worked with a committee. In California, there are several committees and many SMEs are involved. NBCC responded that they will explore using larger groups and SMEs from California in their next occupational analysis.
- Examination Development: This involved a limited number of SMEs, and they typically worked with a committee. In California, there are several committees and many SMEs are involved. NBCC responded that they will explore using larger groups and SMEs from California in their next examination development.
- Passing scores: NBCC agreed that if California would become a jurisdiction, NBCC would release their detailed content outline, also known as the examination plan, which they keep confidential. Candidates should know what they are being tested on. NBCC shared their passing rates, which range from the low 60's to the high 80's with the average around 78-80% for the NCE. The passing rates for the other clinical exam ranged between the 60's to 70's. These passing rates are high; however, the Board does not have to adopt both exams.
- Test administration: NBCC contracts with a vendor that uses sites that are used for other non-testing purposes. California's vendor is not allowed to use its sites for anything other than testing. NBCC provided reports outlining security procedures. Dr. Montez stated that it appears that the integrity of the testing process is not compromised by the business conducted at those sites.
- Transparency of examination programs and test security: NBCC holds close its testing materials, as does California. When joining a national organization, there is an expectation of being able to review data and understanding the process. Dr. Montez explained to NBCC that the Board and its psychometric vendor will request frequent updates, not annual updates. Most national programs provide only annual

updates. NBCC agreed to negotiate contract language allowing the Board access to that data to the extent that it does not compromise the exams.

Dr. Montez concluded by emphasizing that NBCC is very willing to work with the Board. Based upon discussions and ability to share this information in a public forum, she recommended that the Board continue these discussions with NBCC to move forward, to continue the relationship with OPES that have been established, and to move forward in determining which of the exams would be suitable given that they show good faith on these issues.

Ben Caldwell, Alliant International University, encouraged discussions with NBCC to ensure that data on pass rates by school are provided.

The Board convened for a short break at 9:53 a.m. and reconvened at 10:14 a.m.

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

Ms. Rhine reported that currently LCSW candidates take a Board-developed written examination and a clinical vignette examination. The Board was a member of ASWB from October 1991 through March 1999. The Board moved away from the ASWB exam and developed its own exam. In 2008, the Board contracted with Dr. Montez to perform an audit of the ASWB LCSW exam plan. Dr. Montez outlined strengths and weakness, or issues with the ASWB program in the overall conclusions presented to the Board. Dr. Montez stated that it would be inappropriate at that time for the Board to use the ASWB exam in California. The Board decided to continued with its own exam, and directed staff to continue working with ASWB to address Board concerns. Staff and Dr. Montez continued to do so.

On March 16, 2010, the ASWB responded to the Board's concerns based on the audit noting that it had taken steps to address each of the Board's concerns. Since that time, staff and Dr. Montez have been engaging in discussions with ASWB regarding very specific points.

Dr. Montez provided an update regarding the discussions between ASWB and AMS. There were four contract negotiating points presented:

- Continue to diversity the SME pool: ASWB has done this and provided the Board with SME recruitment information if the Board chooses to move forward with becoming an ASWB jurisdiction.
- Involve California SMEs and clinical item development resources to assist in developing more practice-oriented test questions: ASWB has done this and provided the Board with SME recruitment information if the Board chooses to move forward with becoming an ASWB jurisdiction.
- Development and use of knowledge statements: ASWB expressed interest in addressing this point in future practice/occupational analysis work. ASWB recently completed its practice analysis and did receive input from California licensees in development of the practice analysis survey and in sampling of actively practicing licensees.
- Availability of examination data and review of clinical exam program processes: ASWB expressed a willingness to negotiate how data will be presented to the Board, and not just on an annual basis. ASWB does provide data on pass rates by school.

Based on this information, Dr. Montez recommended that the Board continue moving forward with becoming an ASWB jurisdiction.

Mr. Douglas commented that the testing process is a dynamic process. He stated that the methodology being used by ASWB is different. He asked how the Board can reconcile the differences for the future. Dr. Montez responded that the Board must be active in oversight and monitor the process, stay involved, get California SMEs involved in the national process, and attend ASWB meetings. The Board still has the responsibility of looking at the scope of practice every five years, looking at the national exam to ensure that it is still meeting the standards outline in Business and Professions Code Section 139. The Board has the right to look at data, to ask about the SMEs, and all the testing processes that currently takes place with OPES. This evaluation should take place annually, and then further in depth every five years.

Ms. Froistad asked if there was a benefit in the Board moving forward now and becoming a member of ASWB knowing that the next practice analysis will not be performed for another four years. Ms. Madsen responded that the benefit is that it will allow the Board to solicit California licensees to help develop the exam questions. California will have better representation and would be in place to participate in that practice analysis.

Jan Cone moved to direct staff to continue with discussions in developing contract language. Harry Douglas seconded. The Board voted unanimously (9-0) to pass the motion.

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

Ms. Rhine reported. In 2009, the Board sponsored SB 33 that allowed MFT applicants to earn hours of experience for Client Centered Advocacy (CCA). 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." This was grouped with direct supervisor contact and professional enrichment activities. This section used to allow up to 1,000 hours and direct supervisor contact and professional enrichment activities combined. With the addition of CCA, the total number of hours allowed was increased by 250 hours, for a maximum of 1,250 hours combined.

However, in just the short period of time that the law has been in effect, staff has noticed up to 500 hours of CCA. When looking at the law, there is a limitation on professional enrichment hours. There are not limitations on CCA and direct supervisory contact. The question was posed as to whether or not there should be some limitation on this experience.

At the October 12, 2010 meeting, the Policy and Advocacy Committee (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. Staff changed the language to reflect 1,000 hours instead of 1,250 hours, CCA removed from that section and inserting the following language:

Not more than 500 hours of experience in following:

- (a) Experience 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.

Michael Webb stated that his understanding was that there would be flexibility in the language to allow more than 250 hours in evaluating psychological testing. Ms. Rhine stated that if the Board decided to eliminate the 250 hours, the language would reflect that.

Ms. Rhine asked the Board if it wants to limit the experience in administering and evaluating psychological tests, or does it want to allow maximum flexibility between all three categories. Ms. DiGiorgio responded that the intent was to allow the flexibility.

Ms. Loewy asked what the rationale behind the concern for CCA hours in the context of recovery. Ms. Rhine responded that this was included because it was part of the recovery model and allowing maximum flexibility. The concern through staff's perspective is that a person can get a large number of hours through means other than direct supervisor contact, direct counseling or client interaction.

Ms. Loewy asked when considering the changing of the profession with recovery, the needs of the agencies and clients, will this be an issue for the agencies that employ interns. Ms. Froistad responded that Medi-Cal is very specific about what agencies can bill for; some of it can be for CCA hours, but a good portion of it must be therapeutic, one-on-one hours. Most of the agencies that are using MFTs in this capacity performing client-centered, recovery model work are using Proposition 63 funds, which then is very directed by Medi-Cal billing. Ms. Froistad believes that this will not affect the agencies because the agencies had to adjust what their interns were doing based on that funding.

Ms. Loewy stated that they have to come up with creative ways to bill due to the recovery model, the medical model and Medi-Cal. Ms. Froistad agreed and added that there is not a constrain on how interns can count the hours, it's a matter of being creative in how they bill that time.

Questions were posed regarding the history and further clarification on the purpose of limiting CCA hours. Ms. Rhine provided answers to those questions.

Ms. Riemersma supported the limitation of the hours, and stated that 500 hours is an appropriate cap because clinical experience and supervision is very important for license applicants.

Michael Brooks, CSCSW, asked if there is a definition for CCA stated in law. Ms. Rhine affirmed and referred Mr. Brooks to section 4980.03(h). Mr. Brooks stated that there is a problem with the definition. The definition can encompass general case management. Mr. Brooks suggested the term "client oriented client centered advocacy." This would make it more clear for the intent of the law.

Dr. Caldwell supported the language presented by staff. Recalling the October 12th Committee meeting, the Committee wanted to be proactive and not wait for a problem to emerge, but did want to be prohibitive in overly restricting hours for those already in recovery settings. Mr. Caldwell expressed that this is a good compromise.

Renee Lonner moved to direct staff to draft proposed statutory language for inclusion on the Board's omnibus bill as amended. Elise Froistad seconded. The Board voted (9 in favor, 1 abstention) to pass the motion.

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

Ms. Helms reported. 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 require amendments. These amendments are proposed in the omnibus legislation:

- BPC Section 4980.03 MFT Intern Supervisors: Currently, LPCCs are not included as licensees that may supervise MFT interns. The recommendation is to add LPCCs to the list of licensees listed in section 4980.03(g)(1) which may supervise MFT interns.
- BPC Sections 4980.36, 4980.37, 4980.40.5, and 4999.12 BPPE: As a result of AB 48, the Bureau for Private Postsecondary Education (BPPE) was created, which replaced the former the Bureau for Private Postsecondary and Vocational Education (BPPVE). The recommendation is to correct errant references to BPPVE referenced in those sections to reflect the Bureau's new name.
- Section 4980.36 MFT Client Centered Advocacy Hours: This section 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. However, client centered advocacy, as defined in section 4980.03, does not consist of face-to-face contact. The recommendation is amend the section to clarify the type of experience required. Ms. Helms presented proposed amended language.
- BPC Section 4980.42 Trainee Work Setting: BPC section 4980.42(a) discusses the conditions of a trainee's services. The section incorrectly references section 4980.42(e), which outlines requirements of work settings for interns. It should reference 4980.42(d), which discusses the requirements of work settings for trainees. The recommendation is to amend section 4980.42(e) to correctly reference 4980.43(d).
- BPC Section 4980.45 and 4996.24; Add BPC Section 4999.455 Supervision of Registrants Limitation: 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. 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. Ms. Helms presented proposed amended language.

- BPC Sections 4982.25, 4989.54, and 4992.36; Add Section 4999.91 Disciplinary Action: Currently sections for MFTs, LCSWs, LEPs 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. 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. The recommendation is to amend those sections to list all four of the Board's license types. Staff recommends that section 4999.91 be added to LPCC code to mirror those codes.
- BPC Section 4990.38 Disciplinary Action Taken by the State of California: This section 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 or registration. 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. The recommendation is to amend this section to include disciplinary action taken by the State of California.
- Amend BPC Section 4992.3 LCSW Scope of Competence: This section 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. The recommendation is to amend this section of the LCSW code to include scope of competence.
- Amend BPC Section 4996.13 LCSW Work of a Psychosocial Nature: 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 this section. LPCCs are not included in the list. The recommendation is to add LPCCs to the list in this section 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: 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. 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). The recommendation is to 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.

- BPC Section 4999.120 LPCC Fees: This section 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. The recommendation is to amend this section 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.

Dr. Caldwell referred to the first proposed amendment to BPC Section 4980.03. He explained that if LPCCs is added to the list of licensees which may supervise MFT Interns that does not change what is in the California Code of Regulations (CCR) or the MFT licensing act. The CCR states that a supervisor not licensed as an MFT must have training, experience and education to competently practice marriage and family therapy in California. The licensing act, there are “carve outs” allowing other licensees to practice marriage and family therapy even if they are not licensed to do so. LPCC is not included in the “carve outs.” Mr. Caldwell provided examples where “carve outs” were and were not included. If LPCCs is added to the list in section 4980.03 but they are not defined elsewhere to practice marriage and family therapy, then licensees are supervising, which they cannot do.

Dr. Caldwell referred to discussions at the Policy and Advocacy Committee meeting. Specifically, MFT Interns who are working with couples and families and ensuring LPCCs who are supervising those interns have the required training to work with couples and families themselves. Mr. Caldwell recalled that CAMFT and California Coalition for Counselor Licensure (CCCL) claimed this was covered in the Supervisor Responsibility Statement. Mr. Caldwell researched this, and stated that the language on the Supervisor Responsibility Statement refers back to the CCR section that states that a supervisor not licensed as an MFT must have training, experience and education to competently practice marriage and family therapy in California. This is different from the requirement outlined in the LPCC scope of practice language that in order to assess or treat couples and families, they must have the additional training and experience. Mr. Caldwell expressed that LPCCs that are qualified to supervise MFT Interns ought to be able to do so, but this language does not resolve that. He suggested that stakeholders work with the Board to revise the language.

Ms. Helms agreed with Ben and referred to section 4999.20(a) that outlines the specifications that the LPCC must have in order to treat couples and families. That is not mentioned on the Supervisor Responsibility Statement or anywhere else, including on the forms. This could be clarified in section 4999.46 regarding supervisor experience requirements for LPCCs, or adding a reference to 4999.20 on the Supervisor Responsibility Statement.

Ms. Rhine stated that Mr. Caldwell brought up some very good points and clarification is needed. This is something that should be returned to the Policy and Advocacy Committee, and staff can work with stakeholder on the language.

Ms. Riemersma read the Supervisor Responsibility Statement:

A supervisor who is not licensed as a marriage and family therapist shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

Ms. Riemersma explained that the LPCC must have the requisite education that their law provides if they are going to provide that service. She continued to read from the Supervisor Responsibility Statement:

The supervisor keeps himself/herself informed in developments in marriage and family therapy and in California law governing marriage and family therapy.

Ms. Riemersma expressed that it is clearly stated.

Mr. Wong referred to BPC Section 4992.3 regarding to LCSW scope of competence. He expressed concern regarding scope of practice versus scope of competence, explaining that those reading the scope of practice will read it literally, and if something is not specifically listed under the scope of practice then the LCSW will be accused of unprofessional conduct. In scope of competence, this allows the practitioner to say he/she is competent due to their education. He warned that care should be taken when making this change due to the way others may read the language. Mr. Wong stated that this needs to be examined more carefully and offered to work with staff on the language.

Ms. Lock Dawson stated that the term “competence” is maintains flexibility but also maintains a high standard and the same protections.

Mr. Webb stated that scope of competence is broader which will allow the LCSW to diagnose or provide drug and alcohol counseling, for example, and not be at risk of a lawsuit even though it is not outlined in their scope of practice. Mr. Webb supported the proposed changes to the language.

Ms. Riemersma explained that competence is defined by education, training and experience, which covers areas that are not outlined in the scope of practice.

Renee Lonner moved to accept recommendations with exception of BCP Section 4980.03. Donna DiGiorgio seconded. The Board voted unanimously (10-0) to pass the motion.

The Board convened for a break at 11:20 a.m. and reconvened at 1:05 p.m.

c. Legislative Update

Ms. Helms presented. Senate Bill (SB) 1489 sponsored by the Board was signed by the Governor. This bill adds language to clarify MFT experience hours, corrects an inconsistent statute regarding the hours of direct supervisor contact per week specified for an ASW, amends LPCC licensing law to add a violation of telemedicine statute to the unprofessional conduct section, amends the statute to clarify the LPCC intern experience setting in which an intern may gain experience, and adds clarifying language regarding LPCC practicum for LPCC grandparent applicants.

Ms. Helms reported that SB 2191 sponsored by the Board was signed by the Governor. This proposal would allow the Board to create a retired license category for all licensees, with a one-time fee of \$40.

Ms. Helms reported on Board-supported bills that were signed into law.

- AB 2020 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.

- AB 2167 Clinical Social Workers: Examination Requirements - This proposal removes the requirement for LCSW licensure that an applicant takes a standard written examination and clinical vignette examination and instead, requires those applicants to pass the ASWB Clinical Level Exam and 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.
- AB 2339 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.
- AB 2380 Child Abuse Reporting - This proposal clarifies the meaning of reasonable suspicion as it relates to the reporting of child abuse by adding language to statute.
- AB 2435 Elder and Dependent Adult Abuse - This proposal requires MFT, LCSW and 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.
- SB 294 Professions and Vocations: Regulation - This bill would change the Board's sunset date from January 1, 2011 to January 1, 2013.
- SB 1172 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.

Ms. Helms reported on SB 543 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 was monitoring this bill, although it did not take a position on the bill. The Governor signed SB 543.

Ms. Helms reported on 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. Both bills failed passage.

There were no comments or questions presented.

d. Rulemaking Update

Ms. Helms reported on the rulemaking package to implement the LPCC program. It also makes changes to the continuing education requirements for LEPs. The rulemaking package was submitted to DCA in September 2010, and was approved by DCA. It is now at the State and Consumer Services Agency, and they are currently reviewing it. Once approved, the package will be forwarded to Department of Finance, then to the Office of Administrative Law.

Ms. Helms reported on upcoming regulation planning in 2011. Staff will address revisions to the advertising regulations. The Board approved text in November 2009.

There were no comments or questions presented.

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

Ms. Lonner reported that this item was tabled and will be presented at the next Board meeting.

XIII. Compliance and Enforcement Committee Report

Ms. Madsen presented the enforcement statistics, with emphasis on the number of complaints received and the number of convictions and arrest reports received. These numbers are increasing. The number of cases referred to the Attorney General (AG) has also increased.

Ms. Madsen reported on process improvements. The Board is participating in the department's drug testing contract. Licensees on probation and subject to requirements of drug testing will be randomly chosen by the system to submit tests. Staff will no longer coordinate the testing.

Ms. Madsen reported that the September 2010 meeting was cancelled due to furloughs. There will be a regular meeting schedule for this committee during 2011.

Ms. Froistad and Ms. Lonner asked why the numbers are increasing. Ms. Madsen responded that the increase is indicative of a combination of reasons, specifically the mandated fingerprinting for existing licensees that were not fingerprinted prior to licensure and outreach and awareness in the communities.

Mr. Webb asked if the numbers are proportionate to the licensee population. Ms. Madsen confirmed that the numbers are proportionate, and added that with the increase in licensing numbers, there will be an increase in complaints.

Ms. Riemersma asked, with the increase of DUIs, if the standards are stricter now than in the past. For example, is the licensee or registrant disciplined for a DUI that is unrelated to the practice of profession? Ms. Madsen responded that staff can determine by looking at the circumstances when a DUI is not related to practice and a threat is not imposed. Those are signed off, and the applicant moves forward in the application process. Those who are moving forward in the disciplinary process are those with different circumstance that are determined through the arrest report. Circumstances are different from case to case, and those circumstances are weighed out.

Ms. Riemersma asked if there was an official adoption of the uniform standards. Those currently undergoing disciplinary action are led to believe that they will be going through random drug or alcohol testing twice a week. Ms. Riemersma asked if this population had been notified that these standards have been adopted, and that they will be held to these standards. Ms. Madsen responded that the Board has not officially taken a position or moved to implement regulations to enforce the standards. The Board is precluded from doing that because it already has a regulation package going forward for the LPCC project, and the Board is modifying its disciplinary guidelines in that package. The Board cannot do two regulation packages at the same time to modify the same section of regulation.

Ms. Madsen added that the Board did enter the department's drug contract. There is no set number as to how many times those individuals will be tested, but it is not the number outlined in the standards; it is a random selection.

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

Gary Duke, legal counsel, led the board member ethics presentation. Dr. Duke presented the Bagley-Keene Open Meeting Act top ten rules and ethical decision making to board members. Mr. Duke also addressed Form 700 and directed board members to the Fair Political Practice website. At the end of the presentation, there was a question and answer session between board members and Mr. Duke.

The Board adjourned at 2:40 p.m.

November 5, 2010

Renee Lonner, Chair, LCSW Member
Samara Ashley, Public Member
Janice (Jan) Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Harry Douglas, Public Member
Mona Foster, Public Member
Patricia Lock Dawson, Public Member
Michael Webb, MFT Member
Christine Wietlisbach, Public Member

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Gary Duke, Legal Counsel
Christy Berger, MHSA Manager
Christina Kitamura, Administrative Analyst
Cynthi Burnett, Enforcement Analyst
Julie McAuliffe, Enforcement Analyst
Angie Ramos-Zizumbo, Enforcement Analyst
Pat Fay, Enforcement Technician
Michelle Eernisse-Villanueva, Enforcement Technician

Members Absent

Elise Froistad, Vice Chair, MFT Member
Judy Johnson, LEP Member

Guest List

On file

FULL BOARD OPEN SESSION

Renee Lonner, Board of Behavioral Sciences (Board) Chair, called the meeting to order at 8:37 a.m. Christina Kitamura called roll, and a quorum was established.

XV. Introductions

The honorable Marilyn Woollard, Administrative Law Judge (ALJ), opened the hearing. Board members introduced themselves.

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

Patricia Kathleen Walker (petitioner), MFC 27583, came before the Board to petition for medication of probation terms. The petitioner represented herself. Christina Thomas, Deputy Attorney General (DAG), representing the Board of Behavioral Sciences, summarized the disciplinary action taken by the Board against the petitioner's license.

The petitioner was sworn in. Ms. Thomas asked the petitioner a series of questions. Questioning was turned over to the board members. The Board moved into closed session to deliberate.

The Board took a break at 9:43 a.m. and reconvened in closed session at 9:50 a.m.

FULL BOARD CLOSED SESSION

XVI. 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 met in closed session.

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

The Board and legal counsel met in closed session.

Renee Lonner excused herself from the remainder of the board meeting. Christine Wietlisbach resumed as acting Chair.

The Board took a break at 11:24 a.m. and reconvened in open session at 11:42 a.m.

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

Christy Berger, MHSA Liaison, presented. Her position is funded by the Mental Health Services Act (MHSA). She provided an overview of what MHSA aims to accomplish:

- Services should be consumer driven
- Consumers and family members are considered to be the primary decision makers
- People can recover from severe mental illness
- Do whatever it takes approach

Ms. Berger explained that the Board is working to try to understand how this change in practice will impact its licensees, education and testing.

Consumers and family members are at every level of the decision making process in the service delivery system.

Workforce is transformational to the change MHSA is trying to implement. Without a changed workforce, you can't implement these changes.

Because of the funding restrictions, odds are that the jobs that are out there right now are MHSA-funded.

Thirteen percent (13%) of California (by population) is considered to be a mental health professional shortage area. The number one problem faced by those areas is finding licensees and licensed supervisors. Those are the hardest to fill positions.

How will mental health parity and health care reform impact our workforce? A lot more people will be covered, and private and public sectors will be competing for the same workforce. At the same time, the move toward integrating primary and mental health care will impact the kinds of skills our licensees will need to have. There is a

lot of talk of medical homes for example. Board licensees will need to know how to function in that type of collaborative environment.

Rita Downs and Laurie Sundholm from Calaveras County Behavioral Health Sciences presented.

Ms. Downs spoke on behalf of the public mental health system, rural counties, and Calaveras County in particular. Ms. Downs came to California from Oregon, and was licensed as an LPCC. She was aware that her license would be no good in California. Ms. Downs holds Masters degrees in both Counseling and Public Administration. When she came to California, public mental health looked like private practice for poor people. In 1994 there came realignment, which means that counties got to manage the money. When she arrived at Calaveras County, it was the first month after the MHSA's passage. She had 30 staff, one director and nobody in the middle. Everyone was getting outpatient treatment unless they were severely mentally ill. In that case, the patient was hospitalized as a 5150, then moved to an Institute for Mental Disease (IMD) facility, then if that worked out, on to a Board and Care, then to an apartment or back with your family, then day treatment, and then you cycled through again. None of this was the patient's choice.

With MHSA came the recovery model. The intent of MHSA is to transform how mental health care is delivered in California. Calaveras County went from an agency where consumers are shuffled here and there to where consumers are on the advisory board, setting policy, providing services and running a clubhouse. There are seven positions identified for consumers.

Laurie Sundholm is an outreach worker to people older adults with more severe illnesses. She stated that older adults have been lost in the rural areas. If it weren't for MHSA and the outreach, she wouldn't be able to reach these people. Because of MHSA and her history, she is connected to Dual Diagnosis Anonymous, which is a consumer-run group. When she visits a senior's home, she gets a feel for what they might need. She usually refers them to the senior peer program or to Catholic Charities. In a situation where they cannot get out too often, she just listens to them, because talking is what they want to do most of all.

Ms. Downs explained that the MHSA was instrumental in changing what is going on with their department. Their workforce program is one of two programs that won the California State Association of Counties Challenge award. They set up career ladders, two social rehabilitation programs, and now have 24 consumers who have signed up to take the certificate classes. These consumers have become students. They're helping the students through loan assumption programs. The clinical and administrative staff has gone back to school. They have also helped develop the weekend social work program.

Calaveras was the county that said workforce has to include *all* workforce, not just clinical staff.

Their fiscal staff goes to the MHSA Advisory Board meetings. Everyone else there is a consumer. Every other Friday, they have a drop-in day where people who were not able to make their appointment can see a doctor. They do this because people with mental health challenges do not necessarily have a good sense of time, and some of them do not have a place to live.

Regarding cultural diversity, their staff is somewhat diverse. They mirror the community. Since MHSA they have been seeing more people. People are calling in and accessing their crisis lines. Their patients make up about 50% Medi-Cal beneficiaries and 50% people with no insurance.

In the Full Service Partnership (FSP) for adults, consumers are given prepaid phone with a reasonable number of minutes. Staff can call and remind them of their appointments. The drop-in day is the best thing that has happened. On Fridays, the people get together. Those Fridays help change the attitude.

XIX. Master's Thesis Presentation on BBS Licensing Process Success Factors, by Sean O'Connor

Licensing Success Factors

Sean O'Connor testified on his master's thesis which examined why 17% of qualifying degree holders who registered as an Associate Clinical Social Worker (ASW) went on to receive the Clinical Social Worker (LCSW) license as of 2008 and why 31% of qualifying degree holders who registered as an MFT Intern after graduating earned their license.

Mr. O'Connor obtained his data by mailing out a survey to individuals. Fifty-three percent (53%) of those who responded had a license. The median age of the respondents was 35. Most were female and most licensees are female. Most work in the Bay Area and Los Angeles. Fifteen percent (15%) of the respondents are fluent in Spanish. Twenty-seven (27%) found it difficult to complete their hours. Thirty percent (30%) found it difficult to find a practicum site. Twenty-eight (28%) found it difficult to find a qualified supervisor.

Some of the factors which seem to influence whether or not an individual will obtain licensure include:

- Ethnicity. Individuals who were African-American and/or Latino were less likely to obtain a license. This is of concern as the professions are already skewed toward caucasian women and it looks like the trend will continue.
- Geographic regions. Individuals who spent any time at all working in the Bay Area were more likely to go on to licensure than individuals who had not.
- Work settings. Individuals who worked in County-contracted public mental health agencies were more likely to attain licensure than individuals who worked in other settings. Mr. O'Connor mentioned that qualitative research suggests that this may be a conscious decision that individuals make. The pay in non-public mental health agencies tends to be higher; however it is more difficult to obtain qualified supervision in such settings.
- Difficulty in finding supervision. There is a one-to-one correlation between the difficulty of finding qualified supervision and the decreased chances of obtaining licensure. So a 28% difficulty in finding appropriate supervision translates into a 28% decrease in the likelihood that an individual will obtain a license.
- 17% of respondents paid for supervision out of pocket.

Dr. Caldwell made the following comments following this presentation:

- It appears that there are many licensees in a particular geographic area; you are more likely to find supervision so it becomes a vicious feed-back loop.

- It appears that people coming in from out-of-state experience significant barriers to becoming licensed. Can anything be done about that?
- It also appears that the more people are satisfied with the education they had received; the more likely they were to get licensed. Are there meaningful parts of education that could be parsed and made into best practice? Alliant University would be happy to help with that research.

The Board commended Mr. O'Connor on his work.

XX. Suggestions for Future Agenda Items

No suggestions for future agenda items were made.

XXI. Public Comment for Items Not on the Agenda

Dr. Caldwell requested that future board meetings to northern California begin after 9 a.m. Flights from southern California do not arrive in Sacramento before 8:30 a.m.

Riemersma thanked the Board for including exam pass rates in the meeting packet.

The Board adjourned at 12:51 p.m.

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

To: Board Members

Date: February 9, 2011

From: Christina Kitamura
Board of Behavioral Sciences

Telephone: (916) 574-7835

Subject: **Approval of the January 13, 2011 Board Meeting Minutes**

The January 13, 2011 Board meeting minutes will be provided in a supplemental package and will be posted on the website at that time.

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Fiscal Year 2010/2011

The Board's budget for 2010/2011 was recently revised to reflect the savings to be achieved through Executive Orders and directives to reduce spending and includes the reduction in the number of Licensed Professional Clinical Counselor staff. Previously, the Board's budget was \$8,308,000. The revised budget figure for the Board is \$7,986,577.

To date, the Board expenditures are \$3,321,322. The expenditure projections for the remainder of the fiscal year indicate we will not exceed our current budget authority.

MHSA Budget

The MHSA Budget is \$122,000. A recent review of the current expenditure projections reflected approximately a \$30,000 deficit. The deficit is a direct result of a multi-year contract in which the final payment was made in this fiscal year and a reduction in funding. To address this deficit, the Board will transfer the remaining year's personnel services expenditures to the BBS budget. The MHSA funding expires at the end of June 30, 2011, unless a new Memo of Understanding is negotiated between the Department of Mental Health and the Board to extend this program within the Board.

Fund Condition

The Board's current fund condition reflects an eight (8) month reserve balance. Loans to the General Fund in 2002/2003 in the amount of \$6,000,000 and \$3,000,000 in 2008/2009 remain outstanding.

Revenue

The Budget report also provides a summary of the Board's revenues collected to date and provides a comparison to previous budget years. As December 31, 2010, the Board has received \$3,778,239 in revenue. A comparison of the revenue for previous budget years reveals a consistency in the Board's revenue with very little fluctuation in funding.

Fiscal Year 2011/2012

The Board's 2011/2012 budget is \$7,778,000.

The current administration faces the daunting challenge of addressing a \$25 billion dollar General Fund budget deficit. Since assuming office, Governor Brown's actions to date are focused on resolving the structural imbalance in a manner that is balanced and sustainable. Moreover, California's economic recovery does not appear to be in the near future. The recent projections now suggest that a modest recovery may occur in 2013/2014.

The Board anticipates future direction to review operational costs to identify potential areas for savings. Executive Order B-1-11, which orders the reduction of the number state issued cell phones and Executive Order B-2-11 ordering the reduction of state vehicles are recent examples of this effort.

The Governor's proposed budget relies on various program reductions and voter approval to extend the current temporary tax increases. If the Governor's proposed budget solutions are not adopted, the impact to state agencies and programs is unknown at this time.

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BBS EXPENDITURE REPORT FY 2010/11

OBJECT DESCRIPTION	09/10	FY 2010/11			
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 12/31/2010	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONAL SERVICES					
Salary & Wages (Civ Svc Perm)	1,427,474	1,917,191	766,411	1,775,500	141,691
Salary & Wages (Stat Exempt)	73,889	88,500	40,505	85,000	3,500
Temp Help (907)(Seasonals)	107,988	7,105	14,223	45,000	(37,895)
Temp Help (915)(Proctors)	0	444	0	0	444
Board Memb (Per Diem)	8,900	12,900	3,700	10,000	2,900
Overtime	9,148	13,533	0	0	13,533
Totals Staff Benefits	721,076	898,634	391,717	810,500	88,134
Salary Savings		(206,267)			(206,267)
TOTALS, PERSONAL SERVICES	2,348,475	2,732,040	1,216,556	2,726,000	6,040
OPERATING EXP & EQUIP					
Fingerprint Reports	44,127	41,954	18,237	40,000	1,954
General Expense	83,649	115,534	15,091	95,000	20,534
Printing	78,506	121,756	24,123	65,000	56,756
Communication	15,407	40,342	4,424	10,000	30,342
Postage	80,333	124,271	33,180	85,000	39,271
Travel, In State	80,549	123,787	39,195	82,000	41,787
Travel, Out-of-State	3,018	0	0	0	0
Training	9,901	20,463	795	6,000	14,463
Facilities Operations	183,233	226,600	84,518	376,000	(149,400)
C&P Services - Interdept.	0	139,939	0	0	139,939
C&P Services-External Contracts	15,877	32,902	16,734	17,000	15,902
DEPARTMENTAL PRORATA					
DP Billing (424.03)	308,736	439,351	158,609	368,351	71,000
Indirect Distribution Costs (427)	319,552	483,315	160,057	483,315	0
Public Affairs (427.34)	13,865	37,307	13,993	37,307	0
D of I Prorata (427.30)	11,925	18,487	6,430	18,487	0
Consumer Relations Division (427.35)	15,540	22,601	7,772	22,601	0
OPP Support Services (427.01)	0	490	0	0	490
Interagency Services (OER IACs)	217,591	355,065	69,529	245,065	110,000
Consolidated Data Services (428)	3,959	24,382	2,036	24,382	0
Data Proc (Maint,Supplies,Cont)	12,145	10,165	0	9,159	1,006
Statewide Pro Rata (438)	177,947	236,578	118,289	236,578	0
EXAM EXPENSES					
Exam Site Rental	82,437	99,630	26,854	99,630	0
Exam Contract (PSI) (404.00)	370,380	358,659	178,855	358,659	0
C/P Svs - External Subj Matter (404.03)	235,791	365,260	117,476	295,260	70,000
ENFORCEMENT					
Attorney General	844,865	1,006,174	646,803	969,992	36,182
Office of Admin. Hearing	67,397	242,228	84,214	180,000	62,228
Court Reporters	6,091	0	3,364	7,000	(7,000)
Evidence/Witness Fees	53,738	80,334	28,332	60,000	20,334
Division of Investigation	334,508	366,763	183,362	366,763	0
LPCC			138,617	390,000	(390,000)
Minor Equipment (226)	34,811	26,700	1,443	5,500	21,200
Equipment, Replacement (452)	0	8,500	0	3,000	5,500
Equipment, Additional (472)	0	66,000	0	10,000	56,000
Vehicle Operations	0	19,000	0	0	19,000
TOTAL, OE&E	3,705,878	5,254,537	2,182,331	4,967,049	287,488
TOTAL EXPENDITURES	\$6,054,353	\$7,986,577	\$3,398,887	\$7,693,049	\$293,528

Reimbursements	FY 09/10 Actuals	Budget Alotment	Current as of 12/31/2010
Fingerprints	(46,690)	(24,000)	(25,009)
Other Reimbursements	(11,665)	(26,000)	(5,730)
Unscheduled Reimbursements	(75,304)	0	(28,910)
Total Reimbursements	(133,659)	(50,000)	(59,649)

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

0773 - Behavioral Science Analysis of Fund Condition

Prepared 2/2/2011

(Dollars in Thousands)

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

**Proposed FY 2011-12 Governor's Budget
SB 788 Revenue & AB 2191 Revenue Loss**

	ACTUAL 2009-10	CY 2010-11	BY 2011-12	BY + 1 2012-13	2013-14	2014-15	2015-16
BEGINNING BALANCE	\$ 4,493	\$ 4,885	\$ 5,246	\$ 6,962	\$ 7,741	\$ 8,857	\$ 9,994
Prior Year Adjustment	\$ 107	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,600	\$ 4,885	\$ 5,246	\$ 6,962	\$ 7,741	\$ 8,857	\$ 9,994
REVENUES AND TRANSFERS							
Revenues:							
125600 Other regulatory fees	\$ 79	\$ 72	\$ 78	\$ 78	\$ 78	\$ 78	\$ 78
125700 Other regulatory licenses and permits	\$ 1,884	\$ 3,706	\$ 2,850	\$ 2,850	\$ 2,850	\$ 2,850	\$ 2,850
			\$ 1,729	\$ 900	\$ 1,473	\$ 1,664	\$ 1,914
			Additional SB 788 Revenue				
125800 Renewal fees	\$ 4,150	\$ 4,390	\$ 4,762	\$ 4,762	\$ 4,762	\$ 4,762	\$ 4,762
			\$ (51)	\$ (51)	\$ (121)	\$ (121)	\$ (121)
			AB 2191 Revenue Loss				
125900 Delinquent fees	\$ 50	\$ 71	\$ 77	\$ 77	\$ 77	\$ 77	\$ 77
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 8	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2
150300 Income from surplus money investments	\$ 34	\$ 46	\$ 36	\$ 38	\$ 30	\$ 21	\$ 11
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
161400 Miscellaneous revenues	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
Totals, Revenues	\$ 6,211	\$ 8,293	\$ 9,489	\$ 8,662	\$ 9,157	\$ 9,339	\$ 9,579
Transfers from Other Funds							
F00683 Teale Data Center (CS 15.00, Bud Act of 2005)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds							
T00001 GF loan per item, BA of 2008		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 6,211	\$ 8,293	\$ 9,489	\$ 8,662	\$ 9,157	\$ 9,339	\$ 9,579
Totals, Resources	\$ 10,811	\$ 13,178	\$ 14,735	\$ 15,624	\$ 16,898	\$ 18,196	\$ 19,573
EXPENDITURES							
Disbursements:							
8860 FSCU (State Operations)	\$ 4	\$ 10	\$ 9	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for California		\$ 4	\$ 36				
1110 Program Expenditures (State Operations)	\$ 5,922	\$ 7,936	\$ 7,728	\$ 7,883	\$ 8,041	\$ 8,202	\$ 8,366
1111-04 Governor's Proposed		\$ (18)					
Net Reimbursements							
Total Disbursements	\$ 5,926	\$ 7,932	\$ 7,773	\$ 7,883	\$ 8,041	\$ 8,202	\$ 8,366
FUND BALANCE							
Reserve for economic uncertainties	\$ 4,885	\$ 5,246	\$ 6,962	\$ 7,741	\$ 8,857	\$ 9,994	\$ 11,207
Months in Reserve	7.4	8.1	10.6	11.6	13.0	14.3	

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2010-11 AND ONGOING.
- B. ASSUMES INTEREST RATE AT 1%.
- C. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.

MHSA EXPENDITURE REPORT FY 2010/11

OBJECT DESCRIPTION	2009/10	FY 2010/11			
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 12/31/2010	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONAL SERVICES					
Salary & Wages (Civ Svc Perm)	61,483	73,542	33,649	45,500	28,042
Totals Staff Benefits	25,736	26,511	14,725	19,600	6,911
Salary Savings		(3,083)			(3,083)
TOTALS, PERSONAL SERVICES	87,219	96,970	48,374	65,100	31,870
OPERATING EXP & EQUIP					
General Expense	1,965	404	0	0	404
Printing	0	0	0	0	0
Communication	644	0	58	700	(700)
Postage	0	0	0	0	0
Travel, In State	3,057	0	462	462	(462)
Training	5,180	0	0	0	0
Facilities Operations	2,360	2,000	1,193	2,400	(400)
Minor Equipment (226)	0	0	0	0	0
C&P Svcs - External (402)	163,860	0	29,184	29,184	(29,184)
Statewide Prorata (438)	7,116	22,626	11,313	22,626	0
TOTAL, OE&E	184,182	25,030	42,210	55,372	(30,342)
TOTAL EXPENDITURES	271,401	\$122,000	\$90,584	\$120,472	\$1,528

Index - 3085

PCA - 18385

DGS Code - 057472

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FY 10/11	Revenue by Month	Actual Receipts Y-T-D (Revenue)	FY 09/10	Revenue by Month	Actual Receipts Y-T-D (Revenue)
July	\$762,284.90	\$762,284.90	July	\$443,240.40	\$443,240.40
August	\$612,879.75	\$1,375,164.65	August	\$882,032.22	\$1,325,272.62
September	\$888,896.00	\$2,264,060.65	September	\$866,668.07	\$2,191,940.69
October	\$560,370.10	\$2,824,430.75	October	\$560,398.81	\$2,752,339.50
November	\$393,690.35	\$3,218,121.10	November	\$423,006.21	\$3,175,345.71
December	\$560,118.27	\$3,778,239.37	December	\$503,837.85	\$3,679,183.56
			January	\$431,585.53	\$4,110,769.09
			February	\$430,200.00	\$4,640,969.09
			March	\$569,946.20	\$5,210,915.29
			April	\$411,491.57	\$5,622,406.86
			May	\$338,009.28	\$5,960,416.14
			June	\$378,260.00	\$6,338,676.14
			FM 13	\$6,175.21	\$6,344,851.35

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

To: Board Members

Date: February 3, 2011

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Personnel and Operations Report

Personnel

Marina Karzag will join the Board staff on March 2, 2011. Marina possesses a Masters degree in Public Policy and Administration from California State University Sacramento and a Bachelor of Arts degree from University of California, Santa Barbara. Marina has experience in budgets, legislation, publications, and information technology support.

Patricia Fay was promoted to the position of Staff Services Analyst in the Licensing Unit. Patricia will review and approve continuing education provider applications as well as audit licensees for compliance with the requirements for continuing education. Patricia previously worked in the Enforcement Unit initiating consumer complaint case files and was responsible for the citation and fine process.

Two employees have departed the Board in pursuant of other opportunities. Kari O'Connor accepted a promotional position with another DCA board. Kari worked as the Board's renewal cashier. Troy Valdovino, the Board's fingerprint technician for the retroactive fingerprint project, decided to return to school full time.

The unwelcomed departure of Board members Mona Foster and Michael Webb create an additional two vacancies on the Board. The Board currently has two public member vacancies and one license (MFT) member.

Operations

Current Impact of Existing Vacancies

The Board currently has 11 vacancies. Six vacancies are within our existing programs and five are associated with the LPCC program. Recruitment efforts thus far have not been successful under the current hiring constraints. The majority of the vacancies are in the Board's licensing unit. The vacancies are significantly impacting processing times as noted below.

- MFT examination applicants are experiencing at least a 120 day delay to approve their application.

- Renewal applications are processed nearly 30 days from the date the Board receives the application.

The Board requested assistance in the above areas from DCA. As a result, another DCA staff member is temporarily assisting with the MFT desk two days a week. An existing BBS staff member has been temporarily assigned to assist with renewal applications two days a week in addition to her existing duties.

Several BBS staff members are also assisting to complete the workload associated with the vacancies listed below in addition to their own duties.

- LEP and ASW applications
- Process fingerprint results – Retroactive fingerprint project
- LPCC applications
- Consumer Complaints, Issuance of Citation and Fines

Recently, a second request for an exemption to the hiring freeze was submitted to DCA. To date, we have not received a response.

As the Board enters the time of year when application volumes increase significantly, licensees seeking to renew their license, applicants, and consumers will experience significant delays as a result of the ongoing vacancies.

Suite Expansion

The Board is moving forward with its expansion plans. Bids for the construction have been received by DCA. We anticipate construction will begin late February and the project completed late March. Thus far, the project is well under our projected costs. Once complete the additional space affords the board the room to accommodate all approved staff positions as well as possible future growth.

BreEZe Update

BreEZe, DCA's project to replace existing databases, is 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. The Board will be included in the first phase. Beginning February 2011, several Board staff will begin meeting with the BreEZe staff to review business processes to ensure that our requirements/needs are in place.

Sunset Review

The Joint Committee on Boards, Commissions, and Consumer Protection conducts hearings to evaluate all boards and commissions to ensure they are effectively, efficiently, and transparently administered in the public interest. This review is commonly referred to as Sunset Review.

Several DCA Boards are currently undergoing this review. The Board is scheduled for review January 1, 2013 and will begin preparing for the review late spring/summer.



Board of Behavioral Sciences Quarterly Statistical Report - as of December 31, 2010

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.

Renewals Processed In-House

Sparkbars (Current Val) (Low/High)

1587 [1405|1898]

1487 [1213|1665]

10 [8|12]

	Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
Processed	1451	1405	1681	1524	1509	1571	1898	1587	12626
Received	1213	1325	1580	1449	1336	1374	1665	1487	11429
Proc Time	9	11	9	9	11	12	8	10	10

ATS Cashiering Items (e.g. exam eligibility apps, registration apps, etc)

4696 [4246|5864]

4611 [4174|5742]

10 [4|10]

	Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
Processed	4246	4593	5454	4400	4624	5161	5864	4696	39038
Received	4174	4644	5362	4446	4752	5207	5742	4611	38938
Proc Time	4	4	4	4	6	6	6	10	6

Initial Licenses Issued*

209 [172|265]

12 [12|36]

409 [302|409]

38 [38|73]

	Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
LCS	233	265	265	227	195	172	191	209	1757
LEP	13	12	34	21	14	12	36	12	154
MFT	312	333	305	302	314	352	342	409	2669
PCE	48	73	72	68	54	65	66	38	484

*For MFT Intern and ASW registration statistics, please reference the Licensing Unit portion of the report

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 *

Complaints	Q110	Q210	Q310	Q410					YTD
Received	265	247	261	242					1015
Closed without Assignment for Investigation	0	0	0	0					0
Assigned for Investigation	264	247	261	242					1014
Average Days to Close or Assigned for Investigation	6	6	7	6					6
Pending	1	0	0	0					0

Convictions/Arrest Reports	Q110	Q210	Q310	Q410					YTD
Received	259	289	315	258					1121
Closed / Assigned for Investigation	259	290	315	258					1122
Average Days to Close	3	4	4	2					3
Pending	0	0	0	0					0

Investigation**

Desk Investigation	Q110	Q210	Q310	Q410					YTD
Assigned	523	537	576	500					2136
Closed	424	549	433	394					1800
Average Days to Close	104	91	115	124					107
Pending	596	583	707	813					813

Field Investigation (Non-Sworn)	Q110	Q210	Q310	Q410					YTD
Assigned	15	10	11	3					39
Closed	9	11	24	14					58
Average Days to Close	380	424	371	372					383
Pending	55	53	42	30					30

Field Investigation (Sworn)	Q110	Q210	Q310	Q410					YTD
Assigned	1	3	9	6					19
Closed	7	6	4	6					23
Average Days to Close	786	591	927	518					668
Pending	20	17	22	20					20

All Investigations	Q110	Q210	Q310	Q410					YTD
First Assignments	526	537	576	500					2139
Closed	440	566	461	414					1881
Average Days to Close	119	103	135	138					121
Pending	671	653	771	863					863

Enforcement Actions

This section does not include subsequent discipline on a license.

	Q110	Q210	Q310	Q410					YTD
AG Cases Initiated	20	29	35	19					103
AG Cases Pending	147	147	153	155					155
SOIs Filed	7	6	4	3					20
Accusations Filed	12	26	27	17					82
Proposed/Default Decisions Adopted	3	5	11	11					30
Stipulations Adopted	6	18	12	11					47
Disciplinary Orders	Q110	Q210	Q310	Q410					YTD
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	9	23	23	22					77
Average Days to Complete***	799	743	792	729					638
Citations	Q110	Q210	Q310	Q410					YTD
Final Citations	41	75	20	18					154
Average Days to Complete****	88	89	294	293					137

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

	Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg	
 301 [286 370]	Received	316	286	312	312	370	331	298	301	2526
 268 [249 386]	Approved	297	364	279	269	318	386	249	268	2430
 66 [44 66]	Proc Time	63	51	45	44	50	49	53	66	53
 30 [15 31]	Proc Time Less Def Lapse	31	20	17	18	19	15	15	30	21

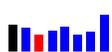
MFT Examination Eligibility Applications

		Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
 455 [436 550]	Received	436	512	453	436	477	550	504	455	3823
 301 [270 506]	Approved	338	468	270	401	450	506	341	301	3075
 116 [44 116]	Proc Time	44	44	68	78	80	67	83	116	73
 87 [12 87]	Proc Time Less Def Lapse	12	17	33	50	55	49	56	87	45

LEP Examination Eligibility Applications

		Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
 18 [18 58]	Received	26	52	58	19	22	28	53	18	276
 28 [23 56]	Approved	24	30	56	32	23	27	33	28	253
 63 [26 82]	Proc Time	43	44	42	67	68	82	26	63	54
 26 [13 39]	Proc Time Less Def Lapse	16	16	25	19	13	39	14	26	21

ASW Registration Applications

		Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
 452 [380 875]	Received	380	572	757	437	384	575	875	452	4432
 459 [341 861]	Approved	341	502	837	459	352	487	861	459	4298
 40 [18 40]	Proc Time	29	26	18	22	27	18	21	40	25
 34 [11 34]	Proc Time Less Def Lapse	21	20	11	18	19	13	15	34	19

MFT Intern Registration Applications

		Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total/Avg
 756 [667 1256]	Received	667	761	1256	679	690	790	1255	756	6854
 919 [650 1220]	Approved	650	651	1220	727	657	682	1142	919	6648
 33 [18 33]	Proc Time	33	24	18	28	29	25	26	33	27
 27 [13 27]	Proc Time Less Def Lapse	25	18	13	21	22	19	21	27	21

Examination Unit

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

Exam Administration

	Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Total
Total Exams Administered	1785	2100	2207	2024	1795	2237	1988	2057	16193
LCSW Written	378	428	373	461	450	537	401	475	3503
LCSW CV	404	422	372	413	306	384	332	384	3017
MFT Written	513	654	611	556	514	663	621	517	4649
MFT CV	466	565	799	556	499	611	568	650	4714
LEP	24	31	52	38	26	42	66	31	310

Customer Satisfaction Survey

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

	Q109	Q209	Q309	Q409	Q110	Q210	Q310	Q410	Avg
Overall Satisfaction	3.8	3.7	3.7	3.4	3.4	3.1	3.6	2.4	3.4
Courtesy	4.1	4.2	4.1	4.0	3.9	3.6	4.1	3.5	3.9
Accessibility	3.5	3.5	3.5	3.2	3.2	2.9	3.5	2.0	3.2
Successful Service	72	74	72	68	61	57	71	35	64
Total Respondents	210	182	232	188	213	178	176	132	189

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

To: Board Members

Date: February 3, 2011

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Licensed Professional Clinical Counselor Update

At the November 2010 Board meeting, we reported that the Licensed Professional Clinical Counselor regulation package was forwarded to DCA for review. To date, the regulation package remains pending at the State and Consumer Services Agency. The law requires the Agency Secretary or his/her designee to approve the regulation package. At this time, a new Agency Secretary has not been appointed.

Following approval from the Agency Secretary, the regulation package must be approved by the Department of Finance and the Office of Administrative Law before the Board may release or accept LPCC-related applications and fees. Consequently, the implementation of the LPCC program has been delayed.

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STRATEGIC PLAN UPDATE

February 8, 2011

Goal 1: Be a Model State Licensing and Regulatory Board

Objective1: Deliver the Highest Level of Service

Objectives	Status
Increase the Board's successful service rating from 72.5% to 80% by June 30, 2012.	BBS Survey: FY 2010-2011 average to date 56% DCA Survey Customer Satisfaction unavailable
Conduct at least 24 outreach events per fiscal year with 5% specific to consumer education and awareness by July 1, 2012.	FY 2010-2011 attended 4 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.

FY 2010-2011 figures reflected are averages from July 1, 2010 to December 31, 2010.

Objectives	Status
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 17 days Process Time 29 days Process Time less deficiency 24 days Associates: Evaluation time 18 days Process Time 31 days Process Time less deficiency 25
Evaluate all LEP applications and issue a license if the application is complete or notify the applicant of the deficiency within 15 days.	Evaluation time 11 days Process Time 47 days Process Time less deficiency 20 days
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 46 days Process Time less deficiency 18 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. <i>Note: Once application is cashiered issuance of license is automated.</i>
Process all renewal applications within 7 days of receipt.	9 days * <i>Renewal cashier's last day with BBS 12/31/10. January process times 30 days from date received.</i>
Process all new applications within 3 days of receipt.	6 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.

Objectives	Status
Submit the Exam Program Review Committee's recommendations to the Board by January 2010.	Complete - Final recommendation submitted to Board for approval July 28, 2010
Implement approved recommendations by 2012.	Inactive
Propose and secure passage of legislation required to implement the Exam Program Review Committee's recommendations by 2012	November 2010 – Board directed staff to sponsor legislation to revise current examination process.
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.	Active
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.	Active
Develop strategies to increase the number of Subject Matter Experts utilized for exam development.	Inactive

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.

Objectives	Status
Complete consumer complaints investigations within 180 days of receipt.	140 days <i>Figure based on data 7/1/10 – 12/31/10</i>
Upon receipt of conviction information complete criminal conviction investigations within 120 days.	130 days <i>Figure based on data 7/1/10 – 12/31/10</i>
Complete adjudication of cases referred for disciplinary action within 180 days of referral date.	750 days <i>Figure based on data 7/1/ 2010 -12/31/10</i>
Evaluate and assess all procedures to identify process improvements.	Initial assessment completed June 2010.

Goal 5: Promote Staff Development and Recognition

Objective 5: Develop an internal training and recognition program

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

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

To: Board Members

Date: February 9, 2011

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Department of Consumer Affairs Update

LaVonne Powell from the Department of Consumer Affairs (DCA) Executive Office will provide an update regarding DCA activities.

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

To: Board Members

Date: February 9, 2011

From: Tracy Rhine
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: National Examination for LPCC Licensure Update

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.

Attachments

- A. Letter, AMS, February 4, 2011
- B. *An Assessment of the National Board for Certified Counselors and National Clinical Mental Health Counseling Examinations*, AMS, December 2010

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Applied Measurement Services, LLC

February 4, 2011

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:

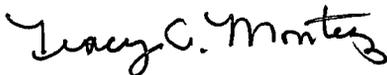
Since the last update presented at the Board of Behavioral Sciences (BBS) Board meeting on November 4, 2010, Applied Measurement Services, LLC (AMS) received authorization from the National Board for Certified Counselors (NBCC) to release the report titled *An Assessment of the National Board for Certified Counselors and National Clinical Mental Health Counseling Examinations*.

At the November meeting, AMS addressed 'points of discussion' pertaining to the following components of examination validation and highlighted major efforts by NBCC to respond to the BBS:

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

Given that the NBCC has responded favorably, including authorizing the release of the final project report, AMS recommends that the BBS enter into contract negotiations 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

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

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

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

December 2010

FINAL REPORT

(Confidential Progress Report Presented July 2010)

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Executive Summary

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

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

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

The NBCC Board of Directors is composed of 6 National Certified Counselors (NCC) and one public member who have staggered terms. The board directors are elected to serve three-year terms and may be re-elected to a second three-year term. The NBCC Nominations Committee, a sub-committee of the NBCC Board, disseminates a notice to all NCCs when a position needs to be filled. Interested NCCs are provided a nomination packet. Then, the Nominations Committee studies the needs of the Board of Directors and prepares a list of possible candidates, which then involves an interview process and voting by the full NBCC Board (NBCC, personal communication, June 18, 2010, p. 1).

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

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

AMS worked with the NBCC through Shawn O'Brien, Vice President, Center for Credentialing and Education. AMS received and reviewed NCE and NCMHCE program documents provided by the NBCC and BBS. An evaluation of these documents was made to determine whether the (a) job analysis¹, (b) examination development, (c) passing scores², (d) test administration, (e) examination performance, and (f) test security

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

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

procedures meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)*³ and the *DCA Examination Validation Policy*⁴. It should be noted that since the statistical data presented in the documents were considered credible, they were not reanalyzed.

AMS concluded its assessment of the NBCC NCE and NCMHCE programs. Although technical issues were noted and the initial recommendation was made *not* to become a NBCC jurisdiction, follow up communications and actions by the NBCC have demonstrated a commitment to responding to BBS' expectations. The BBS recognizes that NBCC adheres to professional guidelines and technical standards, but also knows that additional strategies are implemented to further add to the body of evidence supporting the decisions made as a result of the BBS examination programs. Therefore, in being consistent with other assessments of national examination programs and Business and Professions Code Section 139 (Assembly Bill 1105, Chapter 67, Statutes of 1999), AMS recommends that the BBS continue its dialog with the NBCC to address technical issues and to establish a psychometric relationship between the NBCC and BBS' current testing vendor, the Office of Professional Examination Services (OPES).

AMS appreciates the cooperation of representatives from both the BBS and the NBCC in conducting the assessment to ensure access to critical information.

The BBS should be recognized for its efforts to meet professional guidelines and technical standards outlined in Business and Professions Code Section 139 (Assembly Bill 1105, Chapter 67, Statutes of 1999).

The BBS appears to carry out the mission of the DCA by protecting consumers yet still recognizing the need to provide defensible hurdle to licensure while expanding the mental health workforce and supporting transportability.

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

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

Chapter 1: Job Analysis

Standards

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

Standard 14.14

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

The comment following *Standard 14.14* emphasizes its relevance:

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

California Business and Professions Code, Section 139 requires that every board, bureau, commission, and program report annually on the frequency of their occupational analysis, examination validation and development. The *DCA Examination Validation Policy* states:

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

Findings and Technical Issues

In collaboration with the Center for Credentialing and Education, the NBCC conducted two job analyses of the counseling profession (i.e., professional counselor and clinical mental health counselor), producing final reports early 2010. Specifically, the NBCC documented these studies in reports titled *A National Job Analysis of the Professional Counselor* and *A National Job Analysis of the Clinical Mental Health Counselor*. The

reports summarize the major steps in each of the studies. This *final* assessment report highlights relevant methodology associated with the major steps, noting findings and technical issues. It is important to note that this report reflects actions taken by the NBCC to address initial technical issues noted in the first phase of the contracted services. Therefore, the number of technical issues has been reduced from the number initially reported at the July 28, 2010 board meeting.

Job Analysis Studies – Purpose, Mechanism, and Timeframe

According to the reports, the purpose of the job analyses was to provide a basis for the continued development of the NCE and NCMHCE for licensure and certification (CCE, 2010, p. 4; CCE, 2010b, p. 5). The mechanism used to achieve the stated purpose was a job analysis survey. The entire NCE job analysis process took 14 months to complete; whereas the entire NCMHCE job analysis process took 15 months to complete. Typically, the job analysis process is completed in 12 months (NBCC, personal communication, October 14, 2010, p. 1).

Finding 1. The purpose, mechanism, and timeframe in which the job analysis studies were conducted are considered to be current, valid, and legally defensible. “The NBCC conducts a job analysis every 5 to 7 years” (NBCC, personal communication, June 18, 2010, p. 2).

Job Analysis – Use of Subject Matter Experts, Development of Draft Survey, and Selection of Rating Scales

For each of the job analysis studies, the NBCC appointed an Advisory Committee (AC) to provide content expertise as Subject Matter Experts (SMEs). The 11 NCE AC members and 10 NCMHCE AC members were selected to reflect diverse backgrounds within the profession.

With one minor exception, the same members of the NCE AC participated in all phases of the job analysis study (NBCC, personal communication, June 18, 2010, p. 2). The same members of the NCMHCE AC participated in all phases of the job analysis study (NBCC, personal communication, October 14, 2010, p. 1). It is important to note that different groups of SMEs were used for the NCE and NCMHCE job analysis studies.

Finding 2. AC member/SME recruitment is consistent with professional guidelines and technical standards.

Issue 1. While some job analysis methods support using a limited number of SMEs, research predominately supports using multiple and diverse groups of SMEs during job analysis phases to strengthen defensibility. Since the job analysis studies held several meetings, an opportunity to use different groups of SMEs existed but did not occur.

The ACs developed initial lists of job tasks. The NCE list consisted of 196 task statements with corresponding rating scales. The NCMHCE list consisted of 156 task statements, 44 clinical issues, and 21 diagnostic issues with corresponding rating scales. Next, the ACs reviewed and modified demographic questions to be included in the survey for the purpose of gathering information about the counselor survey respondent (CCE, 2010, pp. 7-8, CCE, 2010b, p. 10).

The survey sections were compiled into a draft survey and reviewed by the ACs via an internet based web format. Feedback was received and revisions were made to the survey prior to distribution (CCE, 2010, p. 8, CCE, 2010b, p. 10).

Finding 3. The process used to develop the task statements, clinical issues, diagnostic issues, demographic questions and rating scales is consistent with professional guidelines and technical standards.

Issue 2. Although the process used to develop the task statements is consistent with professional guidelines and technical standards, the depth and complexity of the statements is difficult to evaluate. Follow up communication confirmed that knowledge statements are not included in the job analysis survey. However, the statements exist and are linked by another group of SMEs (NBCC, personal communication, August 31, 2010).

Job Analysis – Final Survey, Survey Sampling Plan and Survey Distribution

The final NCE survey and cover letter were sent to 3,287 professional counselors throughout the United States. The final NCMHCE survey and cover letter were sent to 1,850 professional clinical mental health counselors throughout the United States. Both samples were stratified across geographic region to facilitate representative proportions within and across nine regions (i.e., New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain and Pacific). According to the reports, “stratifying by state would eliminate many states with small populations from proper scrutiny (CCE, 2010, p. 8, CCE, 2010b, p. 10).

Although stratifying by length of time licensed was not mentioned as a sampling variable, the results indicated that 26% of respondents had 0 to 5 years experience as a professional counselor (CCE, 2010, p. 41). And, 18% of respondents had 0 to 5 years experience as a professional clinical mental health counselor (CCE, 2010b, p. 15).

In addition to the cover letter announcing the survey, a follow up email blast and a reminder postcard were distributed to strengthen the response rate. Further, the NBCC newsletter was used as a mechanism to publicize the job analysis studies (NBCC, personal communications, June 18, 2010, p. 3 & August 31, 2010).

It should also be noted that the anonymity of the NCE and NCMHCE job analysis respondents was maintained (NBCC, personal communications, June 18, 2010, p. 3 & October 14, 2010, p. 1).

Finding 4. The additional communications beyond the initial survey cover letter have been found to significantly strengthen the rate of survey response.

Job Analysis – Survey Response Rates and Demographic Characteristics

After administering the job analysis surveys and collecting data, the NBCC established that data quality requirements were met (NBCC, personal communication, June 18, 2010, p. 3), computed response rates and evaluated demographic characteristics.

As a result of the NCE sampling plan, 880 useable surveys were completed (i.e., with a corrected response rate of 27.7%). The NCMHCE sampling plan resulted in 421 useable surveys (i.e., with a corrected response rate of 23.06%).

Finding 5. The typical counselor respondent was Caucasian, female, and with a Master's degree in counseling. Her primary work settings included an academic setting (21%), individual practice (17%) or outpatient/mental health setting (18%). Her client population is primarily individuals, and she works full time with 6-15 years of experience (CCE, 2010, pp. 10-16).

Finding 6. The typical clinical counselor respondent was female, and with a Master's degree in counseling. Her primary work setting is a private office (48%). Her client population is primarily individuals, and spends most time in client care/direct service activities with 6-10 years of experience (CCE, 2010b, pp. 14-20).

Job Analysis – Analysis of Survey Data

Next, the NBCC computed task and respondent rating reliabilities and task/category/clinical issue/diagnostic issue means, standard deviations and t-scores. For the NCE, Frequency ratings were given priority. Tasks were ranked by mean Frequency rating and t-score within each category. For the NCMHCE, categories were ranked by Frequency and Importance t-scores.

For the NCE, factor analysis was also performed to identify item clustering and item relationship. It should be clarified that the term "item" refers to the individual task statements not test items. The results were used to finalize the NCE content outline.

Finding 7. The criteria used to calculate the task, clinical issue, and diagnostic issue rankings (i.e., how important is the task to your safe and effective performance as a practicing counselor and how often do you perform the activity?) meet professional guidelines and technical standards.

Job Analysis – Final Detailed Content Outlines

After reviewing the data, the AC chose to consolidate some of the original categories for both NCE and NCMHCE. The resulting NCE and NCMHCE detailed content outlines

consist of five factors or categories and three categories, respectively. Also, the NCE detailed content outline includes specific weights representing the number of items on the examination measuring that content (CCE, 2010, p, 20). The NCMHCE examination specification provides the detailed blueprint for each form of the NCMHCE (CCE, 2010b, p. 40).

Finding 8. The methodology used to construct the NCE and NCMHCE detailed content outlines is defensible, meeting professional guidelines and technical standards associated with a content-related validation study. However, two issues are noted below.

Issue 3. The task statements listed in the final content outlines do not provide a descriptive reference to level of competency, specificity, or function when compared to the methodology used by the BBS to create its task statements. The lack of descriptive context *may* impact the use of the content outline for examination development purposes and/or candidate examination preparation.

Issue 4. The detailed content outlines are not a public document which is inconsistent with BBS practice. However, follow up discussions with NBCC have resulted in an understanding that BBS has the expectation of public content outlines. Therefore, if BBS were to become a NBCC jurisdiction, it would expect these documents to be public.

Conclusions

Although four technical issues were noted, the overall job analysis methodology and findings demonstrate a sufficient level of validity, meeting professional guidelines and technical standards. Three of the four issues can easily be addressed during the next job analysis study. The fourth issue should be addressed prior to becoming a NBCC jurisdiction.

Chapter 2: Examination Development

Standards

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

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

Standard 3.6

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

Standard 3.7

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

Standard 3.11

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

Findings and Technical Issues

The NBCC provided the following handouts documenting examination development activities and techniques: National Counselor Examination for Licensure and Certification (NCE) and National Clinical Mental Health Counseling Examination (NCMHCE) Development Process handouts, National Counselor Examination for Licensure and Certification (NCE) and National Clinical Mental Health Counseling Examination (NCMHCE) Content and Design handouts, NCE Examination Committee Reference Sheet, Item Development Committee Checklist for Reviewing Test Items, Item Writing Guide for Multiple Choice Exams handout, and National Clinical Mental Health Counseling Examination (NCMHCE) Examination Specifications document. It should be noted that basic procedures used to develop the NCE are also used to construct the NCMHCE. Therefore, redundant material was not supplied to AMS.

Examination Development - Use and Training of SMEs and Item Writing

The NBCC actively recruits individuals who are licensed professional counselors to work as item writers. NBCC staff and examination consultants train all new item writers and this training is reviewed annually.

Volunteer item writers are instructed to produce a specific number of items. Item writing occurs both on-site and off-site. Every NCE and NCMHCE item is reviewed by the NCE and NCMHCE Examination Development Committee. Each committee is comprised of 12 subject matter experts representing a variety of degree levels and work settings. Committee members serve 3 to 5 years and are required to sign a non-disclosure form. Member appointments are made at staff-level (NBCC, personal communications, June 18, 2010, p. 5 & October 14, 2010, p. 1).

Finding 9. The criteria used to select SMEs as item writers are consistent with professional guidelines and technical standards.

Finding 10. Item writers are required to sign non-disclosure and item contributor forms and are instructed about examination security which is consistent with professional guidelines and technical standards.

Finding 11. The SME training material contained in the Item Writing Guide for Multiple Choice handout reflects professional guidelines and technical standards associated with item/question development.

Finding 12. Also consistent with professional guidelines, item data are used in the item development process (NBCC, personal communication, July 6, 2010).

Issue 5. Although there are usually 20 to 25 item writers under contract at any given time, the 12-member Examination Development Committee conducts the final review and editing of the items. Members are appointed to serve for 3 to 5 years. Therefore, each member is potentially involved in final review and editing for a five-year period. Hence, the final review could be restricted to a relatively small number of SMEs. As a point of reference, the BBS has approximately 143 marriage and family therapist SMEs, 134 licensed clinical social worker SMEs, and 39 licensed educational psychologist SMEs. Follow up communications with NBCC has indicated a commitment to increasing the size of their SME pool. To date, the NBCC has begun recruiting SMEs from California.

Finding 13. Given the point presented in Issue 5, the other policies associated with participation as an Examination Development Committee member are consistent with professional guidelines and technical standards.

Examination Development – Linkage to Content Outline and Use of References

SMEs are instructed that exam questions should assess examinees' abilities to apply their knowledge in ways that define safe and effective professional practice. Further, The Examination Development Committee is responsible for classifying items according to the respective detailed content outlines.

According to the NCBB, the Examination Development Committee establishes a list for use as examination reference materials. NBCC also maintains an onsite library containing over 1,000 counseling reference materials. However, individual items in the item bank are not directly associated with specific materials (NBCC, personal communication, June 18, 2010, p. 6). It should be noted that NBCC has now begun the process of linking items to reference materials (NBCC, personal communication, August 31, 2010).

Finding 14. The strategy of linking items to the detailed content outlines and use of reference materials meets professional guidelines and technical standards.

Examination Development – Examination Forms

The NBCC pre-selects the examination items based on content outline, item performance, base exam, etc. The forms are reviewed by the Examination Development Committee for final approval (NBCC, personal communication, June 18, 2010, p. 8).

Multiple forms are available at the assessment centers at any given time. Testing is normally the first two weeks of each month (see Chapter 4: Test Administration for additional information).

Finding 15. The criteria applied to create new exam forms, including item overlap (i.e., items common with a previous form) meet professional guidelines and technical standards.

Finding 16. Given the guidelines for item writers and reviewers, it appears items discriminating between minimally competent and incompetent candidates for licensure should result from examination development activities.

Table 1 presents the examination, number of items and the time allowed for exam administration.

Table 1 – Examination Information

Examination	Number of Scored Items	Number of Pretest (Non-scored) Items	Time Allowed
NCE	160 multiple-choice	40	4 hours
NCMHCE	10 simulations	1	4 hours

Examination Development – Size of Item Banks and Quality of Items

For purposes of consumer protection as well as access to examination opportunities, certification and licensure examination programs should have a sufficient number of items to construct new forms in the event of subversion.

The NBCC recognizes the importance of having a sufficient number of items within their item banks, having enough items to generate multiple forms in the event of a security breach (NBCC, personal communication, June 18, 2010, p. 7).

Finding 17. The statistical criteria used to define “high performing” items are consistent with professional guidelines and technical standards as well as the strategy for maintaining a sizable item bank.

Conclusions

Given the Findings and Technical Issues, the examination development conducted by the NBCC demonstrates a sufficient degree of validity, meeting professional guidelines and technical standards.

Chapter 3: Passing Scores⁵

Standards

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

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

Standard 4.21

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

Standard 14.17

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

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

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

Findings and Technical Issues

The NBCC provided The National Counselor Examination for Licensure and Certification Minimum Criterion Score handout for review and a written explanation of the passing score process for the NCMHCE.

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

Passing Scores – Purpose, Use of Subject Matter Experts, and Methodology

The process of establishing passing scores for licensure exams relies upon the expertise and judgment of SMEs. Eighteen judges participated in the passing score study used to establish the passing score for the base form of the NCE. All judges (SMEs) were counseling professionals selected to be representative of all general practice counselors. Other demographic variables were considered for selection purposes.

NBCC uses the passing score approach referred to as the “Modified Angoff Method.” The NBCC staff and examination consultants trained the SMEs in the modified Angoff method and facilitated the passing score study.

Finding 18. The purpose of the passing score study was to determine the passing standard for the NCE and the NCMHCE.

Finding 19. The training of the SMEs and the application of the modified Angoff method appears to be consistent with professional guidelines and technical standards, although specific examples of minimum acceptable competence were not provided to AMS.

Finding 20. The number of SMEs used in the NCE passing score study met professional guidelines and technical standards. The number of SMEs used in the NCMHCE passing score study was not provided to AMS.

Passing Scores – Analysis and Results

The NBCC conducted an analysis of the SMEs ratings produced during the passing score study. AMS did not review the passing score data or specific analyses performed on the data.

Passing Scores – Equating Forms

Recall that NBCC produces different forms of the NCE and the NCMHCE. The resulting score from the passing score study represents the passing score for the base exam. Through a process called equating, the passing score is adjusted up or down depending on the difficulty levels of the individual items within the new forms. Therefore, regardless of the examination form taken, the level of competency that must be demonstrated by a candidate remains the same across forms and jurisdictions.

Finding 21. The NBCC uses an acceptable statistical procedure to evaluate items and equate exam forms.

Passing Scores – Adjustment by Jurisdictions

Issue 6. According to NBCC, jurisdictions do have the option of adjusting the NCE passing score. However, at this time, all jurisdictions use the national cut score (NBCC, personal communications, June 18, 2010, p. 8).

Conclusions

Given the Findings and Technical Issue, the NBCC passing score study demonstrates a sufficient degree of validity, meeting professional guidelines and technical standards. If the BBS becomes a jurisdiction, AMS recommends that BBS closely monitoring pass rates, passing scores and the ability of jurisdictions to adjust the resulting passing score (see Chapter 5: Examination Performance for additional information).

Chapter 4: Test Administration

Standards

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

Standard 5.1

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

Standard 5.2

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

Standard 5.5

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

Findings and Technical Issues

The NBCC has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the administration and scoring of the NCE and the NCMHCE. AMP, a Kansas City headquartered company founded in 1982, is a provider of licensing and certification examinations. AMP provides certification organizations, government agencies, professional associations and private (<http://www.goAMP.com>).

In January 2000, AMP launched its national Assessment Center Network to conduct secure, standardized, computer-based examinations (AMP, 2007). Approximately five employees are assigned to carry out the contracted services with NBCC (NBCC, personal communications, July 6, 2010).

AMP Computer-Based Testing Services, AMP Crisis Management, AMP Security Measures and Problem Monitoring and Resolution handouts were provided to AMS for the purposes of this report.

Test Administration – Supervisor's Manual

AMP publishes an *AMP Assessment Center Supervisor's Manual* that is designed to help standardize computer examination administration and maintain the security of the examination content (AMP, 2007).

Finding 22. The supervisor's manual is detailed and comprehensive and includes the following sections:

1. AMP Contact Information
2. Overview of the Supervisor's Job Duties (e.g., candidate verification)
3. Examination Administration Procedures (e.g., monitoring candidates and conditions during the examination)
4. Troubleshooting (e.g., power failure or system malfunction)

Test Administration – Computer-Based Testing (CBT) Centers

There are over 150 assessment centers across the nation designed for CBT. Thirteen centers are located in California (e.g., Fresno, Los Angeles, Sacramento, San Diego, San Jose, Santa Maria, and Upland). The centers are used for purposes other than testing. Most centers are located in H&R Block offices.

Finding 23. It appears that the NBCC and AMP have taken significant measures to ensure that candidates have access to convenient CBT centers with trained proctors.

Issue 7. Although the centers are used for purposes other than administration of NBCC licensing examinations, the integrity of the testing process and the security of the exams do not appear to be compromised.

Test Administration – Registration of Candidates

The NBCC has a detailed registration process that can be found in the publication *Candidate Handbook for State Credentialing* as well as the NBCC website.

Finding 24. The NBCC registration process appears straightforward. The information available to candidates is detailed and thorough, stating NBCC policies when necessary.

Test Administration – Special Accommodations and Arrangements

The NBCC along with the respective jurisdiction approve any necessary accommodations under the Americans with Disabilities Act (ADA). The requests are then forwarded to AMP who in turn forwards the specific accommodations directly to the assessment center (NBCC, personal communication, July 6, 2010).

Although English-as-a-second-language (ESL) is not covered under ADA, the NBCC does make special arrangements for those candidates requesting an ESL provision so long as the special arrangements are authorized by the individual jurisdictions based on their respective state laws (NBCC, personal communication, June 18, 2010, p. 3).

Finding 25. The special accommodation procedure appears to meet professional guidelines and technical standards.

Test Administration – Candidate Feedback

Candidates are asked to complete a short on-line survey about their examination experience prior to receiving their scores. Facility questionnaire CBT summaries were provided to AMS for candidates testing between January 1, 2000 and September 7, 2010. One summary presented survey results for California test centers and another summary presented survey results for all H&R Block/AMP test centers. The results showed high satisfaction across many aspects associated with the CBT experience (e.g., convenience of test center location, ease of software, overall testing environment).

Test Administration – Exam Security

AMS confirmed that administrative procedures have been established to accommodate emergency closures, weather-related situations, and security-related incidents (e.g., *AMP Assessment Center Supervisor's Manual*). AMP also has a complete Disaster Recovery Plan on file at AMP Headquarters.

Further, AMS also confirmed that NBCC monitors the assessment centers to ensure that procedures are adhered to ensure the integrity of the testing process. Monitoring occurs in the form of in-person visits and feedback from candidates reported via the survey at the end of their test sessions. The NBCC staff has also taken exams to audit the administration process. Member boards are encouraged to do the same (NBCC, personal communication, July 6, 2010).

Finding 26. The exam security protocols in place as they pertain to test administration appear to meet professional guidelines and technical standards (see Chapter 7: Test Security for additional information).

Conclusions

Given the Findings and Technical Issue, the test administration protocols in place by NBCC appear to meet professional guidelines and technical standards.

Chapter 5: Examination Performance

Standards

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

Standard 2.1

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

Standard 3.9

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

Findings

The NBCC supplied a **confidential** report titled *Test Analysis Report National Counselor Examination for Licensure and Certification (2008)* and an item analysis of the NCMHCE.

Examination Performance – Analyses

Analyses are performed on all forms of the NCE and NCMHCE to ensure all scored items are valid. NBCC uses both item statistics and candidate comments to flag poorly performing items. Flagged items are then reviewed by the Examination Committee and a decision is made whether to retain the item(s) as scored.

Each form of the NCE includes 40 pretest items. An item is not changed to “active” until it has survived three administrations without any modifications. Each form of the NCMHCE includes 1 pretest case. Because of quality item writing, few items revisions are needed (NBCC, personal communication, June 18, 2010, p. 7).

Descriptive test statistics (e.g., mean, standard deviation, standard error of measurement, test reliability, single-administration decision consistency index) were calculated. Resulting statistics were typical for licensure examinations (NBCC, 2008). Item Response Theory (IRT) is planned for all examination forms based on the new job analysis (NBCC, personal communication, June 18, 2010, p. 9). It should be noted that

no individual item statistics with accompanying test items were reviewed for this assessment.

Finding 27. The analyses performed on the exams meet professional guidelines and technical standards.

Examination Performance – Differential Item Functioning

Differential Item Functioning (DIF), a measure of item bias, occurs when candidates from different groups (e.g., gender, ethnicity) have different rates of performance on a particular item. In addition to performing traditional statistical analyses, the NBCC monitors item bias by utilizing procedures to measure DIF. It should be noted that NBCC has access to subgroup information which allows for DIF, the BBS does not.

Examination Performance – NCE and NCMHCE Pass Rates

Finding 28. Tables 2 and 3 present the NCE and NCMHCE pass rates for the past three years.

Table 2 – NCMHCE Pass Rates

NCE	Average Passing Rates
2009	81.5%
2008	83.0%
2007	83.5%

Table 3 – NCMHCE Pass Rates

NCMHCE	Average Passing Rates
2009	69.0%
2008	68.0%
2007	67.0%

It should be noted that although pass rates are higher than BBS pass rates, first time takers of the NCE have a pass rate of 83% and repeaters have a pass rate of 39%. For the NCMHCE, first time takers pass at 74% and repeaters 55%.

Also, a review of individual state passing rates, show a passing rate range from 61% to 88% for the NCE. For the NCMHCE, the passing rates range from 62% to 85%. It should be noted that individual state names and number of examinees were omitted from the data.

Conclusions

Given the Findings, the steps taken by the NBCC to evaluate examination performance are sufficiently valid and legally defensible, meeting professional guidelines and technical standards. However, if the BBS were to become a NBCC jurisdiction, AMS recommends that BBS closely monitor passing rates to ensure that expectations associated with minimum acceptable competence are maintained and represented in the passing score process and outcome.

Chapter 6: Information Available to Candidates

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

Standard 8.1

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

Standard 8.2

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

Findings and Technical Issues

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

Finding 29. By clicking on “Certification,” candidates can locate the following informational items in this section of the homepage.

- National Certified Counselor
- Certified Clinical Mental Health Counselor
- FAQ
- Appeals
- Score Verifications
- Study Guides

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

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

Finding 31. The *NBCC Official Preparation Guide for the NCE for Licensure and Certification* contains detailed information on how to prepare and take the examination. The cost is \$34.95 to purchase the guide. The *NBCC Official Preparation Guide for the NCMHC* costs \$44.95 to purchase.

Issue 8. In addition to the NBCC preparation guides, several other study guide and preparation materials are listed on the NBCC website. According to the website,

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

When questioned as to why these vendors are included on the NBCC website if not endorsed, NBCC responded that it wants to make sure candidates have access to resources to prepare them for the examination and NBCC believes in transparency of what the market holds for candidates (NBCC, personal communication, June 18, 2010, p. 9).

Conclusions

Given the Findings and Technical Issue, the information provided to candidates about the NBCC NCE and NCMHCE programs is comprehensive, meeting professional guidelines. However, if the BBS were to adopt the NCE and/or NCMHCE, it should consider the implication of the Issue 8.

Chapter 7: Test Security

Standards

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

Standard 5.6

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

Standard 5.7

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

Findings and Technical Issues

AMS was provided with copies of the *AMP Assessment Center Supervisor's Manual (2007)*, *Candidate Handbook for State Credentialing (2005)*, and the report titled *Analysis of Test Compromise Using Test Result Data* for review. According to the NBCC, Assessment Program Security Standards are incorporated into these documents and are based on industry standards (NBCC, personal communication, June 18, 2010, pp. 9-10).

Finding 32. Areas addressed in these documents, for example, include the following:

- Candidate identification
- Security at the assessment centers
- Examination restrictions
- Monitoring candidates and conditions during the examination
- Handling additional examination irregularities

Finding 33. According to the NBCC, no breaches of security have occurred. Further, a data forensics analysis of the NCE reported no indications of a security breach (NBCC, personal communication, June 18, 2010, p. 10).

Issue 9. State licensure boards are allowed to review the NCE under strict security conditions. Candidates who appeal their results may be offered a secure review of the item(s) in question (NBCC, personal communication, June 18, 2010, p. 10). Since the NCE is a national examination, this policy, although reasonable, allows for greater exposure of the NCE and NCMHCE content.

Conclusions

Given the Findings and Technical Issue, the policies and procedures outlined in the manual and handbook appear to meet professional guidelines and technical standards.

Chapter 8: Overall Conclusions

AMS has concluded its assessment of the NBCC examination programs (NCE & NCMHCE). Although technical issues were noted and the initial recommendation was made not to become a NBCC jurisdiction, follow up communications and actions by the NBCC have demonstrated a commitment to responding to BBS' expectations. The BBS recognizes that NBCC adheres to professional guidelines and technical standards, but also knows that additional strategies are implemented to further add to the body of evidence supporting the validity of the decisions made as a result of the BBS examination programs. Therefore, in being consistent with other assessments of national examination programs, AMS recommends that the BBS continue its dialog with the NBCC to address technical issues and to establish a psychometric relationship between the NBCC and BBS' current testing vendor, the OPES.

The following phases of examination validation provide points that should be pursued if the BBS chooses to become a NBCC jurisdiction:

Job Analysis:

- Limited number of SMEs involved in process (**Action:** address in next job analysis)
- Task statements lacking depth and specificity (**Action:** address in next job analysis)
- Detailed content outlines are not considered a public document (**Action:** address prior to becoming a jurisdiction)

Examination Development:

- Limited number of SMEs involved in examination development activities (**Action:** continue to add California SMEs and expand current pool of counselors)
- Some off-site item writing (20%) (**Action:** suggest removing off-site item writing option)

Passing Scores:

- Ability of jurisdictions to adjust passing score (**Action:** monitor)
- Passing scores (**Action:** monitor)

Test Administration:

- Test centers used for purposes other than credentialing/licensing examinations (**Action:** monitor and have OPES Integrated Examination Program Services representative conduct site visit annually)

Examination Performance:

- Passing rates (**Action:** monitor)

Information Available to Candidates:

- Third-party vendor advertising for study guide and test preparation materials on NBCC website (**Action:** consult with DCA Legal Division prior to becoming a jurisdiction)

Test Security:

- Ability of state board jurisdictions to review complete examinations (**Action:** monitor frequency of requests)
- Ability of candidates to review items appealed (**Action:** monitor frequency of requests and process)

Overall:

- Recognize ongoing review of examination program expectation (**Action:** establish policy for BBS and its qualified psychometric vendor to review specific types of data and specific time intervals consistent with protocols offered to other NBCC jurisdictions)

As a final recommendation, AMS requests that the BBS work with the OPES to determine if one or both of the NBCC examinations (i.e., NCE and NCMHCE) should be used in the licensure process for LPCCs practicing in California.

AMS appreciates the cooperation of representatives from both the BBS and the NBCC in conducting the assessment to ensure access to critical information.

The BBS should be recognized for its efforts to meet professional guidelines and technical standards outlined in Business and Professions Code Section 139 (Assembly Bill 1105, Chapter 67, Statutes of 1999).

The BBS appears to carry out the mission of the DCA by protecting consumers yet still recognizing the need to provide defensible hurdle to licensure while expanding the mental health workforce and supporting transportability.

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

To: Board Members **Date:** February 9, 2011

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

Subject: **Supervision of Marriage and Family Therapy Interns by Licensed Professional Clinical Counselors; Statutory Change**

Background

At its November 4, 2010 meeting the Board first considered changes to Business and Professions Code (BPC) Section 4980.03 to allow Licensed Professional Clinical Counselors (LPCCs) to provide clinical supervision to Marriage and Family Therapy (MFT) Interns and Trainees. Staff was directed to make amendments and on January 13, 2011, staff presented a revised proposal to the Policy and Advocacy Committee. At this time, the committee approved the language with one minor amendment and directed staff to bring the proposed language to Board for approval.

BPC section 4980.03(g) outlines the requirements a supervisor must meet in order to supervise MFT interns. Currently, 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.

Two issues were raised at the November Board meeting regarding the draft language presented by staff that would allow professional clinical counselor licensees to provide supervision to MFT interns. The first issue was that the draft language made changes to BPC section 4980.03 to allow LPCCs to supervise registrants without also making conforming changes to code sections that outline the relevant licensing law construction with other licensing acts.

The second issue was brought forth by the public. It was noted the Board should consider clarifying that an LPCC may not supervise an MFT Intern unless the licensee has met the additional training and education requirements to treat couples and families (as set forth in BPC §4999.20).

Amendments

The proposed amendments make conforming changes to BPC Sections 4980.01 related to not limiting other specified licensing acts. Amendments to BPC Section 4980.03 clarify that an LPCC must meet the additional requirement to work with couples and families in order to supervise MFT interns.

Recommendation

Consider the attached amendments to BPC §§4980.01 and 4980.03. Direct staff to submit draft language to the legislature for inclusion in the Board sponsored legislation.

Attachment

Proposed statutory amendment

Proposed Amendments for 2011 Omnibus Bill; LPCC Supervisor

February 9, 2011

§4980.01

(a) Nothing in this chapter shall be construed to constrict, limit, or withdraw the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, Licensed Professional Clinical Counselor Act or the Psychology Licensing Act.

(b) This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of his or her pastoral or professional duties, or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his or her professional practice.

(c) (1) This chapter shall not apply to an employee working in any of the following settings if his or her work is performed solely under the supervision of the employer:

(A) A governmental entity.

(B) A school, college, or university.

(C) An institution that is both nonprofit and charitable.

(2) This chapter shall not apply to a volunteer working in any of the settings described in paragraph (1) if his or her work is performed solely under the supervision of the entity, school, or institution.

(d) A marriage and family therapist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provision of Section 2290.5 pursuant to subdivision (b) of that section.

(e) Notwithstanding subdivisions (b) and (c), all persons registered as interns or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

§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) A licensed professional clinical counselor must meet the requirements of Section 4999.20.
 - 3) Has not provided therapeutic services to the trainee or intern.
 - 4) Has a current and valid license that is not under suspension or probation.
 - 5) 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.

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

To: Board Members **Date:** February 8, 2011
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: **HIV/AIDS Continuing Education Course for LPCCs**

Currently, the Board's marriage and family therapist (MFT) and clinical social worker (LCSW) licensees are required to take a one-time seven hour continuing education course covering the assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) (California Code of Regulation (CCR) Title 16 Section 1887.3(c)).

Proposed regulations do not require the Board's professional clinical counselor licensees (LPCCs) to take a continuing education course covering HIV/AIDS. However, LPCCs are as likely as MFTs and LCSWs to treat patients with HIV or AIDS.

Intent of the Law

Business and Professions Code (BPC) Section 32 states that a board regulating certain professions, including marriage and family therapists (MFTs), licensed educational psychologists (LEPs), and clinical social workers (LCSWs), should consider including training regarding the characteristics and method of assessment and treatment of AIDS in its continuing education or training requirements. This section of law was established before the creation of the LPCC Act.

Discussion

All MFTs, LCSWs, and LPCCs are required to complete 36 hours of continuing education relevant to their field of work during each renewal period (BPC §§4980.54, 4996.22, 4999.76). They must also complete a six-hour law and ethics course each renewal period (CCR Title 16 §1887.3).

These licensees are also required to have coursework covering a variety of topics. Typically, this coursework is a requirement of licensure, however, depending on when the license was obtained, it may be a renewal requirement if the coursework was not required at the time of licensure.

These topics are as follows:

1. Human Sexuality (CCR Title 16 §1807)
2. Child Abuse (CCR Title 16 §1807.2)
3. Spousal/Partner Abuse (BPC §§4980.57, 4996.22, 4999.32, 4999.33)
4. Aging and Long Term Care (BPC §§4980.395, 4996.26, 4999.32, 4999.33)
5. Substance Abuse (CCR Title 16 §1887.3(b))

In addition to the above requirements, MFTs and LCSWs are required to take a one-time, seven hour continuing education course covering the assessment and treatment of people living with HIV/AIDS as a condition of their renewal. There is currently no requirement in law that an LPCC have any coursework covering HIV/AIDS, either as continuing education or as part of a graduate degree program.

Recommendation

At its January 13, 2011 meeting, the Policy and Advocacy Committee recommended that the Board consider requiring LPCCs to take a one-time, seven hour continuing education course covering the assessment and treatment of people living with HIV/AIDS.

If the Board recommends that the course should be required, recommend that the Board direct staff to make any non-substantive changes to the proposed language, and submit a regulation package to make the proposed change.

Attachments

Proposed amendments to Title 16, CCR Section 1887.3(c).

California Code of Regulations Title 16 Section 1887.3(c)

Note: These regulations are pending approval at the Office of Administrative Law. Approval is expected in Spring 2011.

- (a) During each renewal period, a licensee shall accrue at least thirty-six (36) hours of continuing education coursework as defined in Section 1887.4. A licensee may accrue no more than eighteen (18) hours of continuing education earned through self-study courses during each renewal period.
- (b) A marriage and family therapist and clinical social worker licensee who started graduate study prior to January 1, 1986, shall take a continuing education course in the detection and treatment of alcohol and other chemical substance dependency during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 29 of the Code. This is a one-time requirement for those licensees specified above. Equivalent alcohol and other chemical substance dependency courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours towards the continuing education requirements.
- (c) ~~Pursuant to Section 32 of the Code, a~~ marriage and family therapist, ~~and~~ clinical social worker, ~~and professional clinical counselor~~ licensee shall take a continuing education course in the characteristics and methods of assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 32 of the Code. This is a one-time requirement for all licensees. Equivalent HIV and AIDS courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours towards the continuing education requirements.
- (d) Any person renewing his or her license on and after January 1, 2004 shall complete a minimum of six (6) hours of continuing education in the subject of law and ethics for each renewal period. The six (6) hours shall be considered part of the thirty-six (36) hour continuing education requirement.
- (e) If a licensee teaches a course, the licensee may claim credit for the course only one time during a single renewal period, receiving the same amount of hours of continuing education credit as a licensee who attended the course.
- (f) A licensee may not claim the same course more than once during a single renewal period for hours of continuing education credit.

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

(h) Provisions of this section shall apply to licensed educational psychologists as follows:

(1) Beginning January 1, 2012 and through December 31, 2012 licensees shall complete at least eighteen (18) hours of continuing education prior to his or her license renewal, in accordance with subdivision (d) through (g).

(2) On and after January 1, 2013, licensees shall meet the requirements of subdivision (a) through (g).

Note: Authority Cited: Sections 4980.60, 4989.34, 4990.20 and 4999.76 Business and Professions Code. Reference: Sections 29, 32, 4980.54, 4989.34, 4996.22 and 4999.76 Business and Professions Code.

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

To: Board Members

Date: February 8, 2011

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Legislative Update

Board staff is currently pursuing the following legislative proposals:

Examination Re-Structure Legislation

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. If this legislation is successful, then effective January 1, 2013, applicants for MFT and LCSW licensure would need to pass two exams: a California law and ethics examination (law and ethics exam) and a clinical examination (clinical exam). These new exams would replace the standard written and the clinical vignette exams currently in place.

Omnibus Legislation

The omnibus bill proposes several non-substantive amendments which will add clarity and consistency to licensing law. The changes being proposed can be organized into two major categories:

- 1) Technical clean-up; and
- 2) Amendments either including LPCCs in statute where the Board's other licensees are included, or making LPCC law consistent with the law for the Board's other licenses.

To date, staff has submitted the following amendments and additions to the legislature to be included in this year's omnibus legislation:

1) Amend BPC Sections 4980.36, 4980.37, 4980.40.5, and 4999.12: Bureau for Private Postsecondary Education

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.

Amendment: 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.

2) Amend BPC Sections 4980.36, 4980.37, 4980.40.5: Couple and Family Therapy Degree Title

Background: A growing number of graduate programs nationwide have begun offering degrees in "Couple and Family Therapy." This degree title reflects a growing trend to acknowledge a greater diversity of relationships with which Marriage and Family Therapists (MFTs) work. A degree in Couple and Family Therapy is currently not listed in statute as one of the degrees the Board may accept in order to qualify for an MFT license.

Amendment: Add the degree title "Couple and Family Therapy" to the list of degrees titles in BPC sections 4980.36, 4980.37, and 4980.40.5 that are accepted to qualify for MFT licensure.

3) 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.

Amendment: In order to clarify the type of experience required, the proposed amendment to section 4980.36 (d)(1)(B) separates the 225 hours into 150 hours of face-to-face experience and 75 hours of either client centered advocacy or face-to-face experience.

4) 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.

Amendment: Amend section 4980.42(a) to correctly reference 4980.43(d) relating to trainees' work settings.

5) 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.

Amendment: The proposed amendments to sections 4980.45 and 4996.24 impose a limitation of three registrants for a supervisor in private practice. Additionally, the corporation may currently employ no more than fifteen individuals registered by the Board at any one time. Section 4999.455 is added in order to apply these same limitations to LPCCs.

6) 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 Licensed Educational Psychologists (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.

Amendment: 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. Add section 4999.91 to LPCC code to mirror the above listed codes.

7) 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.

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

8) 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.

Amendment: 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.

9) 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.

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

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

To: Board Members **Date:** February 3, 2011
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative/Regulatory Analyst
Subject: Rulemaking Update

PENDING REGULATORY PROPOSALS

Title 16, CCR Sections 1800, 1802, 1803, 1804, 1805, 1805.1, 1806, 1807, 1807.2, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1816.1, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1819.1, 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

Background

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.

Status

The rulemaking package was submitted to the State and Consumer Services Agency (Agency) in October 2010. It is still awaiting approval. Once approved at Agency, it must 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 2011 after the current pending regulatory proposal is approved.

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

To: Board Members **Date:** February 8, 2011
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: **Proposed Board Sponsored Legislation to Make Technical and Conforming Changes**

Staff recommends the following sections be added to licensed clinical social worker (LCSW), licensed educational psychologist (LEP), and licensed professional clinical counselor (LPCC) licensing law in order to be consistent with language in marriage and family therapist (MFT) licensing law:

Add BPC Sections 4989.13, 4991.1, 4999.13: Engaging in Practice

Background: BPC Section 4980.10 defines the act of engaging in practice of marriage and family therapy as follows: "A person engages in the practice of marriage and family therapy who performs or offers to perform or holds himself or herself out as able to perform this service for remuneration in any form, including donations".

"Engaging in practice" is not defined in any of the Board's other licensing laws, however the term is used in both LCSW and LPCC code without being defined.

Amendment: Add a section to LCSW, LEP, and LPCC licensing law which defines engaging in practice, consistent with language in BPC Section 4980.10 pertaining to MFTs.

Staff recommends the following amendment be made to LPCC licensing law:

Amend BPC Section 4999.47: Employment; Trainee, Registered Intern and Applicants; Remuneration

Background: BPC Section 4999.47 outlines the conditions under which a clinical counselor trainee or intern may gain experience: either as an employee or volunteer, but not as an independent contractor.

Current law for both MFTs and LCSWs states that a MFT intern or associate social worker (ASW) must, upon application for licensure, provide the board with copies of W-2 tax forms for each year of experience claimed if they were employed. If they were a volunteer, then upon application for licensure must provide the board with a letter from his or her employer verifying the intern's employment as a volunteer.

This requirement for submittal of a W-2 or a volunteer status letter is not currently required by law for a clinical counselor intern.

Amendment: Amend section 4999.47(a) to require that clinical counselor interns provide copies of W-2 tax forms for each year of experience claimed if employed, or a letter from the employer verifying volunteer status if a volunteer, consistent with MFT and LCSW licensing law.

Recommendation

Direct staff to make any non-substantive changes and submit draft language to the legislature for Board-sponsored legislation.

Attachment

Draft legislative additions and amendments.

§4989.13. ENGAGING IN PRACTICE

A person engages in the practice of educational psychology who performs or offers to perform or holds himself or herself out as able to perform this service for remuneration in any form, including donations.

§4991.1. ENGAGING IN PRACTICE

A person engages in the practice of clinical social work who performs or offers to perform or holds himself or herself out as able to perform this service for remuneration in any form, including donations.

§4999.13. ENGAGING IN PRACTICE

A person engages in the practice of professional clinical counseling who performs or offers to perform or holds himself or herself out as able to perform this service for remuneration in any form, including donations.

§4999.47. EMPLOYMENT; TRAINEE, REGISTERED INTERN AND APPLICANTS; REMUNERATION

(a) Clinical counselor trainees, interns, and applicants shall perform services as an employee or as a volunteer, ~~not as an independent contractor~~. The requirements of this chapter regarding gaining hours of clinical mental health 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.

(b) Clinical counselor trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

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

(d) Clinical counselor trainees, interns, and applicants who provide voluntary 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 clinical counselor trainees, interns, and applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor.

(e) The board may audit an intern or applicant who receives reimbursement for expenses and the intern or applicant shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(f) Clinical counselor trainees, interns, and applicants shall only perform services at the place where their employer regularly conducts business and services, which may include other locations, as long as the services are performed under the direction and control of the employer and supervisor in compliance with the laws and regulations pertaining to supervision. Clinical counselor trainees, interns, and applicants shall have no proprietary interest in the employer's business.

(g) 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 clinical counselor 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.

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

To: Board Members **Date:** February 8, 2011
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: Licensed Professional Clinical Counselor Post-Degree Hours of Experience

Current law (Business and Professions Code Section 4999.46(d)) requires that candidates for licensure as a professional clinical counselor (LPCC) complete 3,000 post-degree hours of supervised clinical mental health experience. In order for post-degree hours of experience to be counted toward the 3,000 hours required for licensure, a candidate must register with the Board as an LPCC intern within 90 days of the granting of a qualifying degree.

Now that the Board will be offering the LPCC license, it is a possibility that some marriage and family therapy (MFT) interns may decide to instead switch toward becoming an LPCC and become an LPCC intern, or the MFT intern may decide to pursue dual MFT and LPCC licensure. This raises several issues not presently addressed under the law:

1. Can an MFT intern decide to re-register as an LPCC intern, taking his or her post-degree hours of supervised experience gained as an MFT intern with them? Currently the law does not prohibit this, but counting of the hours would be limited by the 90-day rule (see item #3).
2. If an MFT intern decides to pursue an LPCC internship in addition to their MFT internship, can hours of experience gained be double counted?
3. Current law requires a candidate to register with the Board as an LPCC intern within 90 days of the granting of a qualifying degree in order to count hours of experience gained before registration. Would an exception to this law be made for those already registered as MFT interns?
4. MFT and LPCC licensing law does not allow counting of experience hours gained more than six years prior to the date of application for examination eligibility (Business & Professions Code (BPC) §§4980.43(a)(6) and 4999.46(c)). If allowed to transfer hours gained as an MFT intern to an LPCC internship, how would the six year rule apply?
5. If an LPCC intern later decides to become an MFT intern or pursue dual licensure, would the Board handle that the same way?
6. If any exceptions are made for MFT interns pursuing LPCC licensure, should the same exceptions be made for associate social workers (ASWs) pursuing LPCC licensure?

History

Continuing Education Hours

In October 2010, the Policy and Advocacy Committee (Committee) discussed a similar issue related to continuing education hours. The Board currently allows an individual who holds both an MFT and licensed clinical social worker (LCSW) license to apply their continuing education coursework toward the renewal of both licenses, as long as the courses meet the Board's continuing education guidelines and the subject matter relates to both scopes of practice. A question was raised as to whether LPCC licensees should be allowed to double count continuing education units that they earn for another license toward their LPCC education requirement. The Committee voted to allow double counting, if the courses taken meet the Board's continuing education guidelines and the subject matter relates to both scopes of practice.

Experience Hours

The Board has also touched on the issue of counting experience hours before. In 2009, the Board discussed a case where an MFT had subsequently completed a master's degree in social work. A question was raised as to whether this person could be credited the required supervised experience hours they had gained during their MFT internship toward LCSW licensure. It was proposed that the Board permit the MFT intern hours toward the LCSW license if the applicant had been a licensed MFT for at least four years and had completed a master's degree in social work. The Board rejected this proposal due to concerns about the equivalency of the experience hours, as well as known differences in MFT and LCSW scopes of practice.

Recommendation

Conduct an open discussion of the issues cited above. Direct staff to draft legislative amendments based on the discussion for inclusion at the April 7th Policy and Advocacy Committee meeting.

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

To: Board Members **Date:** February 8, 2011
From: Christy Berger **Telephone:** (916) 574-7834
Manager/Mental Health Services Act Coordinator
Subject: Mental Health Services Act Coordinator's Report

Background

The purpose of this report is to provide an update about the Board's work related to the California Mental Health Services Act (MHSA) Workforce Education and Training (WET) component, and to provide information about a fundamental component of the MHSA, recovery-oriented mental health care.

The MHSA funds one position at the BBS to work closely with the state Department of Mental Health (DMH) and other mental health-related entities through a Memorandum of Understanding (MOU). The purpose of the funding and position is to help facilitate system transformation related to the mental health workforce regulated by the BBS. Background on the MHSA can be found at http://www.dmh.ca.gov/prop_63/mhsa/default.asp.

Recovery Oriented Care

One of the ways that the MHSA is intended to transform mental health delivery is by implementing the concept of "recovery oriented care." The development of the MHSA and California's early experience with recovery oriented care is described in this excerpt from a 2008 journal article¹:

"MHSA grew out of successful experience with innovative models implemented in California, including a recovery-oriented program targeted to homeless consumers with mental illness, known as "AB2034," which was recognized as a model program by the President's New Freedom Commission (on Mental Health). The experience with these models created the expectation that the state's mental health system can and should promote recovery for adults with serious mental illness and resilience for children and adolescents with serious emotional disturbances. Services funded by MHSA are required to promote the concepts of recovery and resilience, as well as support consumer-operated services, reflect the diversity of mental health consumers, and plan for each consumer's individual needs."

¹ Cheryl Cashin, Ph.D., et. al. "Transformation of the California Mental Health System: Stakeholder-Driven Planning as a Transformational Activity." *Psychiatric Services* (2008): 59:1107-1114.

So how is recovery oriented care defined? The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) issued a consensus statement on mental health recovery, provided in Attachment A. The consensus statement begins by stating, “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

Recovery oriented care is not a particular “model” of psychotherapy, but is rather a fundamental framework that informs practice and recognizes that recovery from serious mental illness is possible. See Attachment B for information on the outcomes of seven large studies focusing on schizophrenia, indicating between 46-68% of persons recovered and/or improved significantly.

A very large body of work related to recovery oriented care is available online, but the following selected links are particular to California’s efforts:

<http://www.casra.org/resources.html>

<http://www.cimh.org/Services/Adults-Older-Adults/Wellness-and-Recovery.aspx>

<http://www.cimh.org/Services/MHSA/Round-2-Documents.aspx>

http://www.bbs.ca.gov/bd_activity/mft_educ_comm_update.shtml (NOTE: Full text of certain research studies listed in Attachment B is available on this page)

Progress Report to State DMH

The Board recently submitted its detailed bi-yearly progress report required by state DMH. A summary of the major tasks reported are as follows:

- Provided technical assistance to the federal government about the inability of most California-licensed MFTs and LCSWs to qualify for the National Health Service Corps (NHSC) student loan repayment program, which supports workforce in underserved areas. This resulted in the NHSC changing the requirements for LCSWs, which could result in up to \$35 million in new loan forgiveness funding for Californians. Staff is continuing to work on the MFT issue.
- Identified and publicized grants, student loan repayment programs, funding for supervision and other benefits available to community mental health agencies and workforce.
- Finalized the “Best Practices Guide” to providing supervision via videoconferencing. The guide has been approved for publication and is being professionally designed by DCA.
- An additional 10 MFT schools are adopting the new SB 33 curriculum early, bringing the total number of “early adopters” to 35, many of which are now under review by contracted experts.
- Developed SB 33 curriculum map planning tool and distributed it to MFT educators to support the integration of MHSA-related principles, and provided other technical assistance.
- Assisted with a variety of tasks pertaining to implementation of the Licensed Professional Clinical Counselors program, including providing technical assistance to schools.

The full progress report to DMH will be posted to the following page soon (past reports can be accessed currently): http://www.dmh.ca.gov/Prop_63/MHSA/State_Interagency_Partners.asp

Attachments

- A. National Consensus Statement on Mental Health Recovery (SAMHSA)
- B. Long-Term Studies Indicating Recovery from Serious Mental Illness is Possible (Chad Costello, MSW)
- C. Potential Early Adopters of the New MFT SB 33 Curriculum (December 2010)
- D. MFT Curriculum Map Planning Tool – MFT SB 33 Requirements

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Background

Recovery is cited, within *Transforming Mental Health Care in America, Federal Action Agenda: First Steps*, as the “single most important goal” for the mental health service delivery system.

To clearly define recovery, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the Inter-agency Committee on Disability Research in partnership with six other Federal agencies convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004.

Over 110 expert panelists participated, including mental health consumers, family members, providers, advocates, researchers, academicians, managed care representatives, accreditation organization representatives, State and local public officials, and others. A series of technical papers and reports were commissioned that examined topics such as recovery across the lifespan, definitions of recovery, recovery in cultural contexts, the intersection of mental health and addictions recovery, and the application of recovery at individual, family, community, provider, organizational, and systems levels. The following consensus statement was derived from expert panelist deliberations on the findings.

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery

- **Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual’s unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
- **Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
- **Holistic:** Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.
- **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- **Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- **Respect:** Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
- **Responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

- **Hope:** Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Components of Recovery



Resources

www.samhsa.gov
 National Mental Health Information Center
 1-800-789-2647, 1-866-889-2647 (TDD)

NATIONAL CONSENSUS STATEMENT ON MENTAL HEALTH RECOVERY



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services
www.samhsa.gov

Long-Term Studies Indicating Recovery from Serious Mental Illness is Possible

From a presentation by Chad Costello, MSW, Director of Public Policy for Mental Health America, available at: http://www.ltu.edu/pages/grad/socialwork/documents/costello_recovery.ppt

TABLE 1
SEVEN LONG-TERM STUDIES

Study	Sample Size	Average Length In Years	Subjects Recovered and/or Improved Significantly*
M. Bleuler (1972 a and b) Burghölzli, Zurich	208	23	53%-68%
Huber et al. (1975) Germany	502	22	57%
Ciampi & Müller (1976) Lausanne Investigations	289	37	53%
Tsuang et al. (1979) Iowa 500	186	35	46%
Harding et al. (1987 a & b) Vermont	269	32	62-68%
Ogawa et al. (1987) Japan	140	22.5	57%
DeSisto et al. (1995 a & b) Maine	269	35	49%

*For schizophrenia subsamples

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**Potential Early Adopters of the New Marriage and Family Therapist Curriculum
Including MHSA and Public Mental Health Competencies
Updated December 2010**

Senate Bill 33 (2009), which instills MHSA principles throughout required Marriage and Family Therapist (MFT) curriculum, has been received with enthusiasm by MFT educators as indicated by the following list of 35 school programs who have either submitted documentation of their program for review or expressed strong interest in adopting the new curriculum prior to its implementation date of August 1, 2012:

1. Alliant International University
2. Argosy University
3. Azusa Pacific University – *Documentation received*
4. Bethel Seminary
5. Brandman University
6. California Baptist University – *Documentation received*
7. California Institute for Integral Studies – *Documentation received*
8. California Lutheran University – *Documentation received*
9. CSU Dominguez Hills (Psychology Department) – *Documentation received*
10. CSU Dominguez Hills (School of Health and Human Services) – *Documentation received*
11. CSU Fullerton – *Documentation received*
12. CSU Long Beach
13. CSU Sacramento (Dept. of Counselor Education)
14. Dominican University – *Documentation received*
15. Eisner Institute – *Documentation received*
16. HIS University – *Documentation received*
17. Hope International University – *Documentation received*
18. Institute of Transpersonal Psychology
19. John F. Kennedy University (Counseling Psychology program) – *Documentation received*
20. John F. Kennedy University (School of Holistic Studies program) – *Documentation received*
21. Loma Linda University – *Documentation received*
22. Loyola Marymount University – *Documentation received*
23. National University

24. Northcentral University – *Documentation received*
25. Notre Dame deNamur University – *Documentation received*
26. Pacifica Graduate Institute
27. Phillips Graduate Institute
28. Ryokan College – *Documentation received*
29. Santa Barbara Graduate Institute
30. Simpson University – *Documentation received*
31. University of Phoenix – *Documentation received*
32. University of Southern California – *Documentation received*
33. Vanguard University – *Documentation received*
34. Webster University – *Documentation received*
35. Western Seminary – *Documentation received*

MFT CURRICULUM MAP
SB 33 REQUIREMENTS
EFFECTIVE AUGUST 1, 2012

COURSES	Integrated	Life Events & Implications	Developmental Issues	CA Law & Ethics	Subst. Use, CODs & Addictions	Standalone	6 sem/9 qtr units practicum	Transcript Note	General
		Culture and SES	End of Life & Grief	Developmental Issues and Relationships	Licensing law & process	Identification & treatment approaches	12 sem/18 qtr units MFT Theory, Principle & Methods	225 hours of face to face experience	
	Poverty and Social Stress	Long Term Care	Aging	Scope of practice	Legal aspects	Diag., assess. & treatment of mental disorders including severe mental disorders	Up to 75 hours of client centered advocacy		
	Recovery Principles	Marriage, Divorce and Blended Families	Cultural understandings of human development	Therapeutic clinical & practical implications	Legal aspects	Evidence based practices	Use of theory & techniques		
	MFT Principles	Childbirth child rearing, parenting and step-parenting	Understanding behavior within SES and social position	Legal patterns & trends	Legal aspects	Promising mental health practices	Assessment		
		Cultural factors related to abuse	Impact of insecurity, social stress, low edu. levels, inadequate housing & malnutrition	Privilege, conf., danger to self & others, treatment of minors w/o parental consent	Legal aspects	Psychopharmacology	Diagnosis & prognosis		
		DV assessment, detection and intervention	Behavior within CA cultures	Relationship between therapist's sense of self, values, professional behavior & ethics	Legal aspects	Psychological Testing	Treatment including trauma, abuse, functioning and health		
		Child, Elder & Adult Abuse Assessment & Reporting	Developmental Issues and their effects on health	Role of persons & systems that support or compound use & addiction	Legal aspects	Effects of Socioeconomic Status on treatment	Professional writing		
		Effects of Trauma	Licensing law & process	Identification & treatment approaches	Legal aspects	Resilience	Connecting clients with resources		
		Financial & Social Stress	Scope of practice	Legal aspects	Legal aspects	Human Sexuality	Case Management		
		Poverty & Deprivation	Therapeutic clinical & practical implications	Legal aspects	Legal aspects	Cultural Competency & Sensitivity	Disaster & Trauma Response		
			Legal patterns & trends	Legal aspects	Legal aspects	Multicultural Development & Cross-cultural Interactions	Collaborative Treatment		
			Privilege, conf., danger to self & others, treatment of minors w/o parental consent	Legal aspects	Legal aspects		Severe Mental Illness - Advocacy, Systems of Care, Services/Supports		
			Relationship between therapist's sense of self, values, professional behavior & ethics	Legal aspects	Legal aspects		Resources for people with mental illness & victims of abuse		
			Role of persons & systems that support or compound use & addiction	Legal aspects	Legal aspects		Opportunities to meet consumers and their families		
			Identification & treatment approaches	Legal aspects	Legal aspects		Innovation in the MFT Curriculum		
			Legal aspects	Legal aspects	Legal aspects		Student development of personal qualities		
			Populations at risk	Legal aspects	Legal aspects		Specialization (Not Required)		
			Community resources	Legal aspects	Legal aspects				
			Prevention	Legal aspects	Legal aspects				
			Etiology of drug use & addiction	Legal aspects	Legal aspects				
			Effects of drug use	Legal aspects	Legal aspects				
			Medical aspects	Legal aspects	Legal aspects				
			Definitions	Legal aspects	Legal aspects				
			12 sem/18 qtr units MFT Theory, Principle & Methods	Legal aspects	Legal aspects				
			Diag., assess. & treatment of mental disorders including severe mental disorders	Legal aspects	Legal aspects				
			Evidence based practices	Legal aspects	Legal aspects				
			Promising mental health practices	Legal aspects	Legal aspects				
			Psychopharmacology	Legal aspects	Legal aspects				
			Psychological Testing	Legal aspects	Legal aspects				
			Effects of Socioeconomic Status on treatment	Legal aspects	Legal aspects				
			Resilience	Legal aspects	Legal aspects				
			Human Sexuality	Legal aspects	Legal aspects				
			Cultural Competency & Sensitivity	Legal aspects	Legal aspects				
			Multicultural Development & Cross-cultural Interactions	Legal aspects	Legal aspects				
			225 hours of face to face experience	Legal aspects	Legal aspects				
			Up to 75 hours of client centered advocacy	Legal aspects	Legal aspects				
			Use of theory & techniques	Legal aspects	Legal aspects				
			Assessment	Legal aspects	Legal aspects				
			Diagnosis & prognosis	Legal aspects	Legal aspects				
			Treatment including trauma, abuse, functioning and health	Legal aspects	Legal aspects				
			Professional writing	Legal aspects	Legal aspects				
			Connecting clients with resources	Legal aspects	Legal aspects				
			Case Management	Legal aspects	Legal aspects				
			Disaster & Trauma Response	Legal aspects	Legal aspects				
			Collaborative Treatment	Legal aspects	Legal aspects				
			Severe Mental Illness - Advocacy, Systems of Care, Services/Supports	Legal aspects	Legal aspects				
			Resources for people with mental illness & victims of abuse	Legal aspects	Legal aspects				
			Opportunities to meet consumers and their families	Legal aspects	Legal aspects				
			Innovation in the MFT Curriculum	Legal aspects	Legal aspects				
			Student development of personal qualities	Legal aspects	Legal aspects				
			Specialization (Not Required)	Legal aspects	Legal aspects				

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

To: Board Members

Date: February 8, 2011

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Compliance and Enforcement Committee Update

The next meeting will be on March 24, 2011 in Sacramento.

Attached for your review are the statistics for the Board's Enforcement Program.

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Overview of Enforcement Program Activity January 1, 2010 - December 31, 2010

Complaint Intake

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

Complaints	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Received	81	88	96	79	81	87	91	91	79	97	67	79	###
Closed without Assignment for Investigation	0	0	0	0	0	0	0	0	0	0	0	0	0
Assigned for Investigation	81	88	95	79	81	87	91	91	79	97	67	79	###
Average Days at Intake - to Close or Assigned for Investigation	5	6	10	4	5	7	9	7	6	7	5	4	6
Pending - Intake	0	0	1	0	0	0	0	0	0	0	0	0	0

Convictions/Arrest Reports	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Received	68	95	96	87	131	71	107	123	85	72	70	115	###
Closed / Assigned for Investigation	68	95	96	87	131	72	107	123	85	72	70	115	###
Average Days to Close	2	3	4	4	2	8	5	3	4	2	2	3	3
Pending - Intake (Convictions, etc.)	0	0	0	0	0	0	0	0	0	0	0	0	0

Investigation

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.

Desk Investigation	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Initial Assignment for Desk Investigation	149	183	191	166	212	159	198	214	164	169	137	194	###
Closed	84	152	188	151	145	253	101	153	186	125	165	105	###
Average Days to Close	94	102	110	94	94	87	136	131	96	120	108	154	107
Pending	568	597	596	612	677	583	675	730	707	750	725	813	813

Field Investigation (BBS Inv.)	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Assignment for Non-Sworn Field Investigation - Board Inv. Analyst	2	3	10	3	0	7	2	3	6	0	2	1	39
Closed	3	1	5	5	2	5	6	8	10	7	2	5	59
Average Days to Close	308	366	426	422	431	383	430	347	356	387	708	215	383
Pending	46	49	55	53	50	53	50	45	42	35	35	30	30

Field Investigation (DOI)	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Assignment for Sworn Field Investigation - Division of Inv.	1	0	0	0	3	0	2	4	3	1	0	5	19
Closed	1	3	3	2	0	3	1	1	2	2	1	3	22
Average Days to Close	315	1150	741	565	0	355	1212	896	801	720	650	340	668
Pending	23	22	20	18	21	17	18	21	22	20	19	20	20

All Investigations	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Closed	88	156	196	158	147	261	108	162	196	134	168	113	###
Average Days to Close	104	123	128	110	98	96	163	146	114	143	119	162	121
Total Pending	639	668	671	683	748	653	743	796	771	805	779	863	863

Enforcement Actions

This section DOES NOT include subsequent discipline on a license.

Subsequent Discipline data will be captured on Probation Monitoring Performance Measures

	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
AG Cases Initiated	7	9	4	13	5	10	15	4	16	7	9	3	102
AG Cases Pending	140	144	147	150	147	147	149	148	153	153	154	147	147
SOIs Filed	1	1	5	3	0	3	1	0	3	0	0	3	20
Accusations Filed	4	2	6	9	9	8	13	7	7	9	6	2	82
Proposed/Default Decisions Adopted	0	3	0	2	1	2	3	3	5	3	4	4	30
Stipulations Adopted	3	1	2	6	7	5	6	2	4	3	4	4	47
Disciplinary Orders	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	3	4	2	8	8	7	9	5	9	6	8	8	77
Average Days to Complete*	939	703	643	762	775	685	930	683	714	686	745	744	755
Citations	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	#####	Nov-10	Dec-10	YTD
Final Citations	3	21	17	6	6	62	6	11	3	6	7	5	153
Average Days to Complete*	12	84	111	144	215	51	439	239	208	258	265	376	137

* average days for enforcement actions is from the date the complaint was received to the effective date of the citation or disciplinary order.

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Performance Measures

Q1 Report (July - Sept 2010)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement.

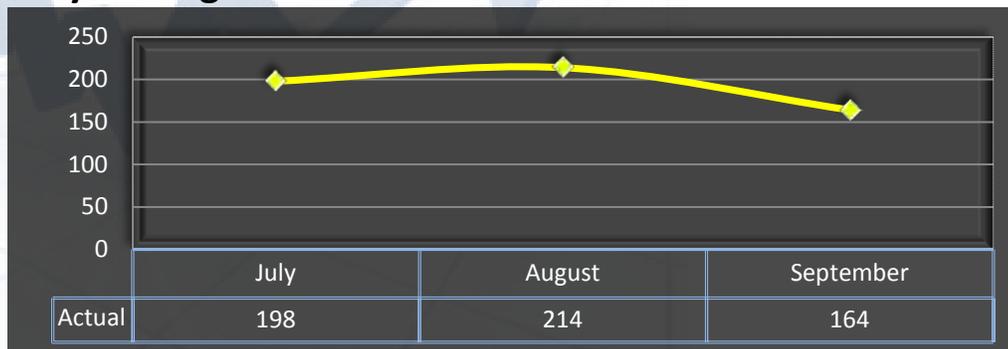
These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These measures are being collected internally at this time and will be released once sufficient data is available.

Volume

Number of complaints received.*

Q1 Total: 576 (Complaints: 261 Convictions: 315)

Q1 Monthly Average: 192

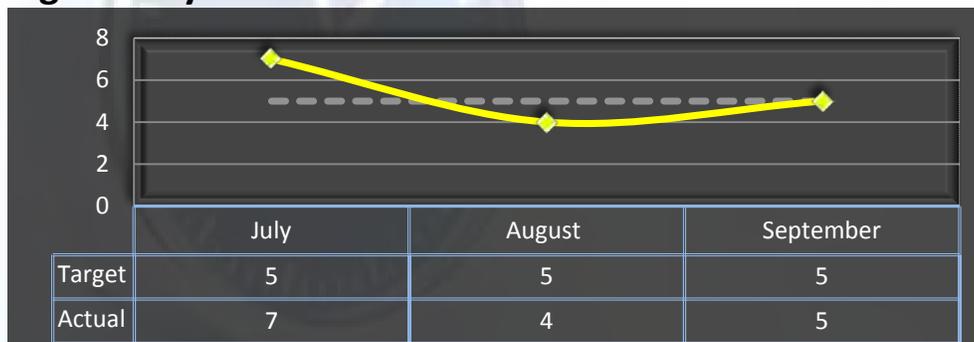


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 5 Days

Q1 Average: 5 Days



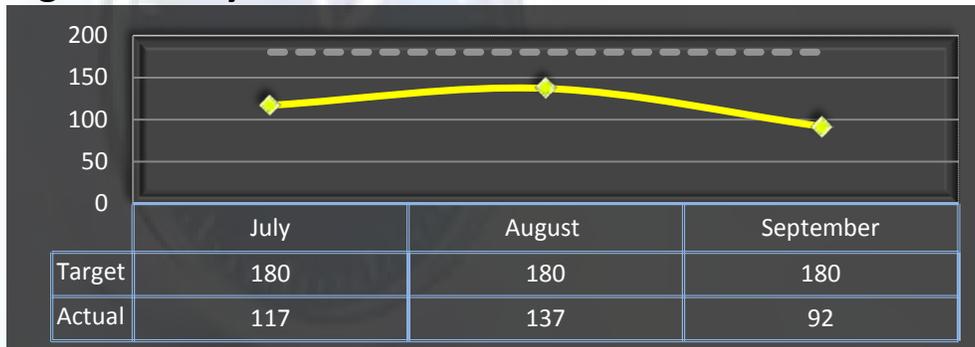
*"Complaints" in these measures include complaints, convictions, and arrest reports.

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 180 Days

Q1 Average: 114 Days

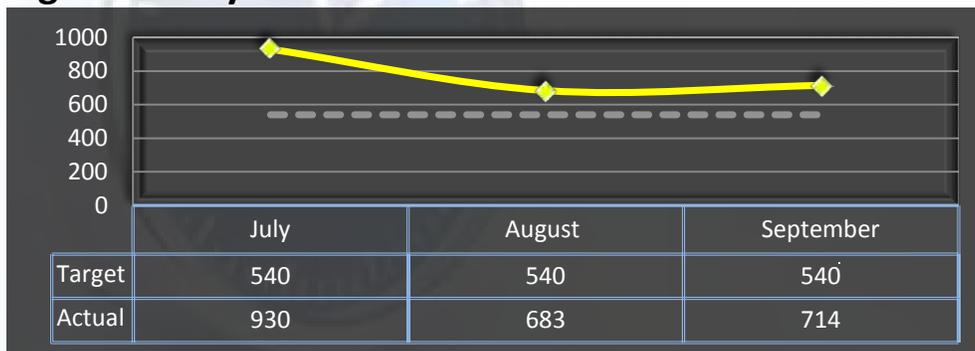


Formal Discipline

Average cycle time from complaint receipt to closure, for cases sent to the Attorney General or other forms of formal discipline.

Target: 540 Days

Q1 Average: 792 Days

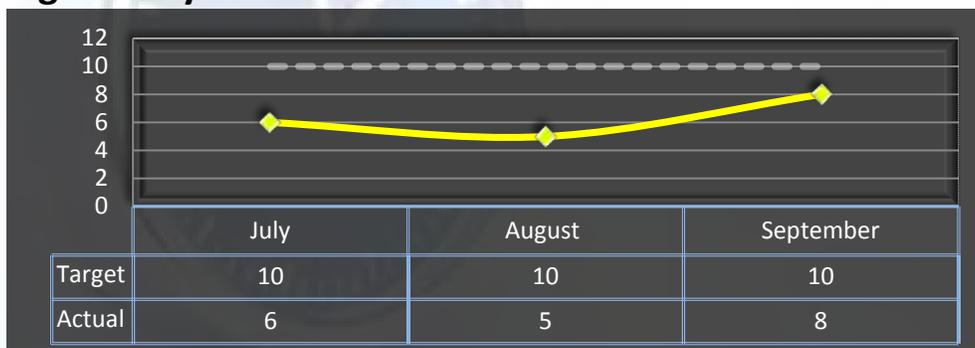


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 6 Days

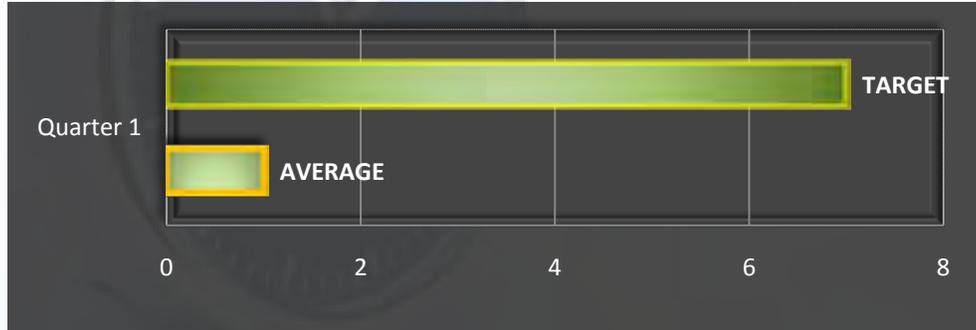


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q1 Average: 1 Day (only 1 data point available)



Note: Cycle times are affected by the current hiring freeze and are subject to outside agencies workload and staffing constraints.

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Performance Measures

Q2 Report (Oct - Dec 2010)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally at this time and will be released once sufficient data is available.

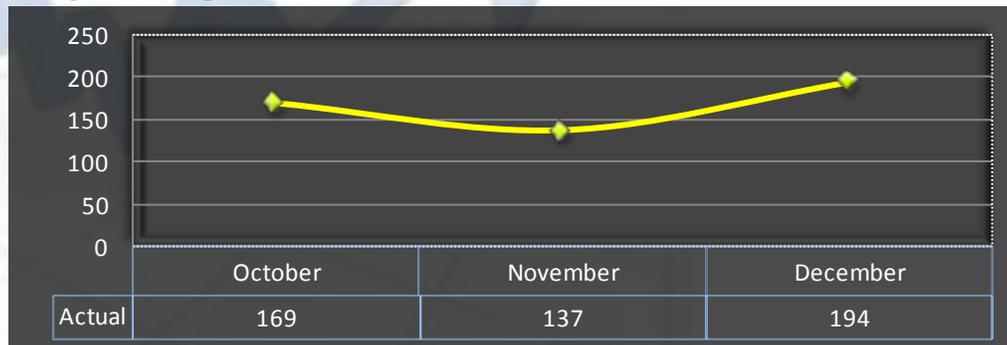
Volume

Number of complaints and convictions received.

Q2 Total: 500

Complaints: 258 Convictions: 242

Q2 Monthly Average: 166

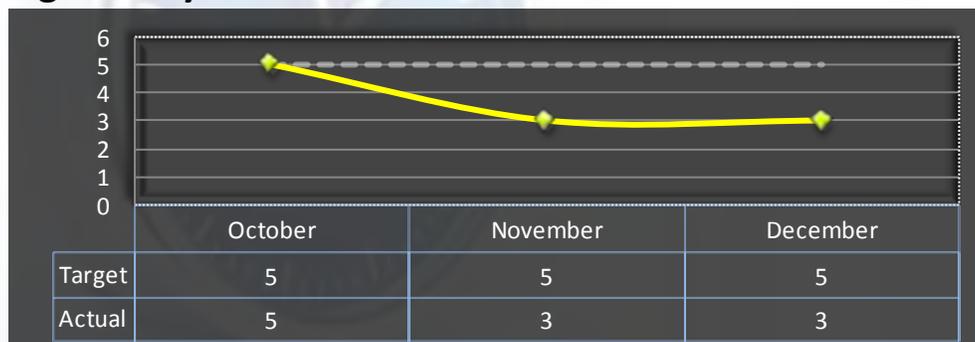


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 5 Days

Q2 Average: 4 Days

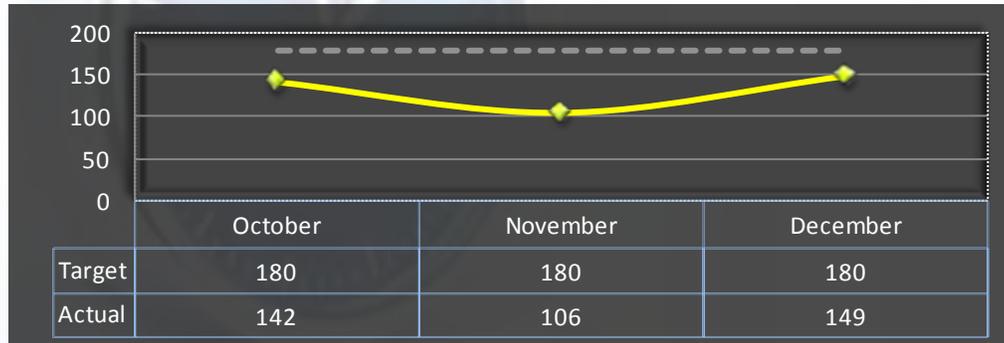


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 180 Days

Q2 Average: 129 Days

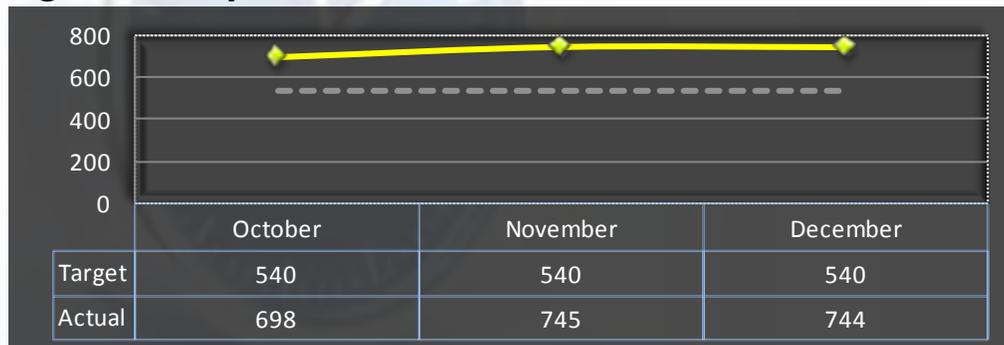


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Bureau, and prosecution by the AG)

Target: 540 Days

Q2 Average: 730 Days

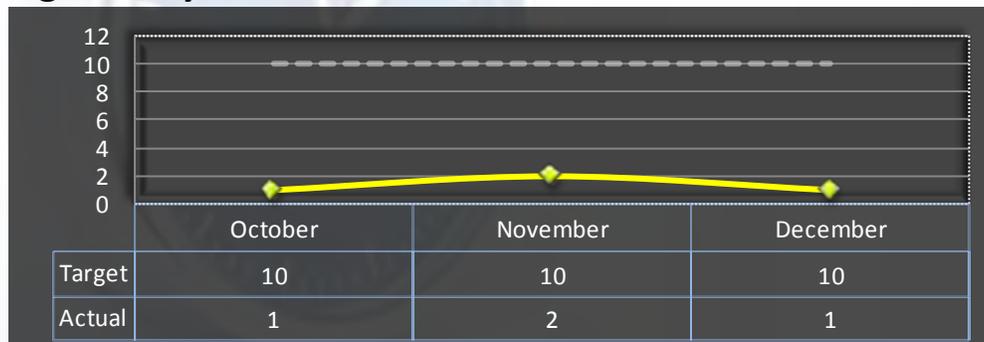


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: 1 Days

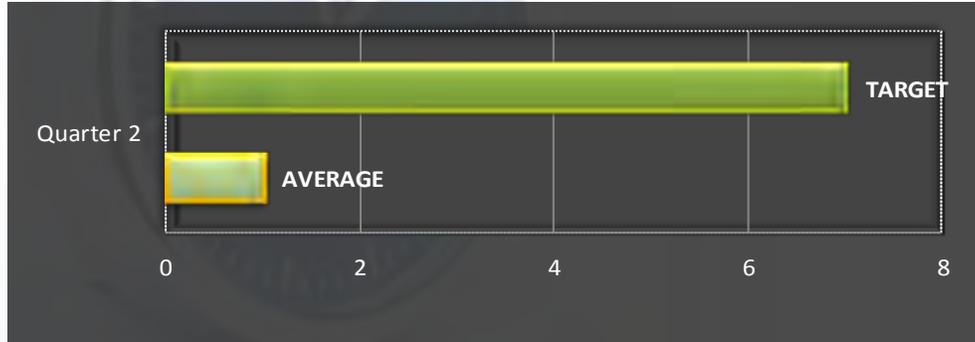


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q2 Average: 1 Day (only 1 data point available)



Note: Cycle times are affected by the current hiring freeze and are subject to outside agencies workload and staffing constraints.

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

To: Board Members

Date: February 10, 2011

From: Tracy Rhine
Assistant Executive Officer

Telephone: (916) 574-7847

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

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

1. Patricia Ann Evans, MFC 48187
2. Barton Lewis Gibson, LCS 10389

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