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BOARD MEETING NOTICE November 20-21, 2013

The Mission Inn
3649 Mission Inn Avenue
Riverside, CA 92501
(951) 784-0300

***Wednesday, November 20th
9:00 a.m.***

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

- I. Petition for Modification of Probation for James Greene, IMF 69024
- II. Petition for Modification of Probation for Kalie McCormack, IMF 71076
- III. Suggestions for Future Agenda Items
- IV. Public Comment for Items Not on the Agenda

FULL BOARD CLOSED SESSION

- V. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters
- VI. Pursuant to Section 11126(a) of the Government Code, the Board Will Meet in Closed Session to Discuss Revision of the Board's Executive Officer Performance Evaluation Tool

FULL BOARD OPEN SESSION

- VII. Adjournment



Governor
Edmund G. Brown Jr.
State of California
State and Consumer
Services Agency
Department of
Consumer Affairs

Thursday, November 21st
10:00 a.m.

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

- VIII. Introductions*
- IX. Approval of the August 21-23, 2013 Board Meeting Minutes
- X. Executive Officer's Report
 - a. Budget Report
 - b. Operations Report
 - c. Personnel Update
 - d. BreEZe Update
 - e. LPCC Program Update
- XI. Out-of-State Education Review Committee Update
- XII. Policy and Advocacy Committee Report
 - a. Discussion and Possible Action Regarding Proposed Omnibus Bill Amending Business and Professions Code Sections 27, 4980, 4980.41, 4980.43, 4980.55, 4987.5, 4996.23, 4998, and 4999.123, and Chapter 13 Title; 4980.36, 4980.37, and 4980.78; 4980.72, 4999.58, 4999.59, and 4999.60; and Add Section 4990.33
 - b. Discussion and Possible Action Regarding Legislative Amendments to Support Examination Restructure
 - c. Legislative Update
 - d. Rulemaking Update
- XIII. Discussion and Possible Action Regarding the Board's Strategic Plan
- XIV. Licensed Professional Clinical Counselors Presentation by the Office of Statewide Health Planning and Development Career Pathways Subcommittee – Rowena Gillo, LCSW and Adrienne Shilton, MPPA
- XV. Presentation of Electronic Service to Provide Therapy – Heather Wall, Google
- XVI. Discussion and Possible Action Regarding Exempt Setting Practice
- XVII. Update Regarding Special Accommodations for Examinations
- XVIII. Suggestions for Future Agenda Items
- XIX. Public Comment for Items Not on the Agenda
- XX. Adjournment

**Introductions are voluntary for members of the public*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. 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.

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BOARD MEETING MINUTES
August 21-23, 2013

Wednesday, August 21st

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

Members Present

Dr. Christine Wietlisbach, Chair, Public Member
Christina Wong, Vice Chair, LCSW Member
Dr. Leah Brew, LPCC Member
Betty Connolly, LEP Member
Dr. Harry Douglas, Public Member
Sarita Kohli, LMFT Member
Patricia Lock-Dawson, Public Member
Renee Lonner, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Guest List

On file

Members Absent

Samara Ashley, Public Member
Deborah Brown, Public Member
Eileen Colapinto, Public Member
Karen Pines, LMFT Member

FULL BOARD OPEN SESSION

Dr. Christine Wietlisbach, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 9:30 a.m. Christina Kitamura called roll, and a quorum was established. Board members and the Administrative Law Judge introduced themselves.

I. Petition for Modification of Probation for Gregory Evans, ASW 35585

Dian M. Vorters, Administrative Law Judge, opened the hearing at 9:34 a.m. Phillip Arthur, Deputy Attorney General (DAG), presented the facts of the case on behalf of the Board of Behavioral Sciences. Gregory Evans was not represented by an attorney.

Judge Vorters went off the record at 9:40 a.m. The record was reopened at 9:48 a.m.

DAG Arthur presented the background of Mr. Evans' probation. Mr. Evans was sworn in. Mr. Evans presented his request for modification of probation and information to support the request. DAG Arthur cross-examined Mr. Evans. Board members also posed questions to Mr. Evans. After Mr. Evans answered all questions, Judge Vorters closed the hearing at approximately 10:23

1 a.m.

2

3 Judge Vorters called for a recess at 10:24 a.m. The Board reconvened at 10:40 a.m.

4

5 **II. Petition for Modification of Probation for L. Aaron Smith, ASW 33082**

6 Judge Vorters, opened the hearing at 10:41 a.m. DAG Arthur presented the facts of the case on
7 behalf of the Board of Behavioral Sciences. Aaron Smith was represented by his attorney, Tanya
8 Koshy.

9

10 DAG Arthur presented the background of Mr. Smith's probation. Mr. Smith was sworn in. Ms.
11 Koshy presented Mr. Smith's request for modification of probation and information to support the
12 request. Ms. Koshy questioned Mr. Smith.

13

14 DAG Arthur cross-examined Mr. Smith. Board members also posed questions to Mr. Smith. Ms.
15 Koshy presented a closing argument. Judge Vorters closed the hearing at approximately 11:48
16 a.m.

17

18 The Board took a lunch break at 11:48 a.m. and reconvened at 1:07 p.m.

19

20 **III. Petition for Early Termination of Probation for Alyson Stack, MFC 53325**

21 Judge Vorters, opened the hearing at 1:07 p.m. DAG Arthur presented the facts of the case on
22 behalf of the Board of Behavioral Sciences. Alyson Stack was not represented by an attorney.

23

24 DAG Arthur presented the background of Ms. Stack's probation. Ms. Stack was sworn in. Ms.
25 Stack presented his request for modification of probation and information to support the request.
26 DAG Arthur cross-examined Ms. Stack. Board members also posed questions to Ms. Stack.
27 After Ms. Stack answered all questions, Judge Vorters closed the hearing at approximately 1:45
28 p.m.

29

30 The Board took a break at 1:45 p.m. and reconvened in closed session at 1:55 p.m.

31

32 **IV. Suggestions for Future Agenda Items**

33 *This item was taken after closed session.*

34

35 **V. Public Comment for Items Not on the Agenda**

36 *This item was taken after closed session.*

37

38

39

FULL BOARD CLOSED SESSION

40

41 **VI. Pursuant to Section 11126(c)(3) of the Government Code, the Board will Meet in Closed
42 Session for Discussion and Take Action on Disciplinary Matters**

43

44

45

FULL BOARD OPEN SESSION

46

47 The Board took items IV and V after closed session at 4:20 p.m. There were no public comments
48 or suggestions for future agenda items.

49

50 **VII. Adjournment**

51 The Board adjourned at 4:20 p.m.

Thursday, August 22nd

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

Members Present

Dr. Christine Wietlisbach, Chair, Public Member
Christina Wong, Vice Chair, LCSW Member
Dr. Leah Brew, LPCC Member
Deborah Brown, Public Member
Betty Connolly, LEP Member
Dr. Harry Douglas, Public Member
Sarita Kohli, LMFT Member
Patricia Lock-Dawson, Public Member
Renee Lonner, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Dianne Dobbs, Legal Counsel
Rosanne Helms, Legislative Analyst
Christina Kitamura, Administrative Analyst

Guest List

On file

Members Absent

Samara Ashley, Public Member
Eileen Colapinto, Public Member
Karen Pines, LMFT Member

FULL BOARD OPEN SESSION

Introductions

Dr. Christine Wietlisbach called the meeting to order at 8:45 a.m. Christina Kitamura called roll, and a quorum was established. The Board went into closed session at 8:46 a.m.

FULL BOARD CLOSED SESSION

VIII. Pursuant to Section 11126(a) of the Government Code, the Board will Meet in Closed Session to Evaluate the Performance of the Board's Executive Officer

The Board met in closed session and returned to open session at 10:47 a.m.

FULL BOARD OPEN SESSION

IX. Introductions

The Board Members and Board staff introduced themselves.

X. Report from item VIII - Closed Session pursuant to Section 11125.2 of the Government Code

Dr. Wietlisbach reported that the Board met in closed session to evaluate the performance of the Board's Executive Officer.

XI. Approval of the May 22-23, 2013 Board Meeting Minutes

The following corrections were made:

- 1 • Page 1, agenda item I, 2nd paragraph: "...Deputy Attorney General represented the Board..."
2 was changed to "...Deputy Attorney General *presented the facts of the case on behalf of the*
3 *Board...*" This change was also applied to page 2, agenda items II and III.
- 4 • Page 2, 2nd paragraph: duplicative paragraph was omitted.
- 5 • Page 6, item XII.b., 4th paragraph: "...as well as reminding staff the importance..." was
6 changed to "...as well as reminding staff *of the importance...*"
- 7 • Page 10, item XV.a., 2nd paragraph: "...the temporary license expires after 12 months upon
8 issuance..." was changed to "...the temporary license expires 12 months after issuance..."
- 9 • Page 11:
 - 10 ➤ 1st paragraph, first sentence needs to be reworded.
 - 11 ➤ Item XV.c., 2nd paragraph: duplicative bullet was omitted.
- 12 • Page 13:
 - 13 ➤ 5th paragraph: This paragraph was changed to "Ms. Madsen informed Ms. Gonzales
14 that since this bill is permissive, and the Board is facing other enforcement priorities, it is
15 likely that the Board will not be issuing cease and desist letters."
 - 16 ➤ 9th paragraph: "...who doesn't have social work degree..." was changed to "...who
17 doesn't have a social work degree..."
- 18 • Page 14, item XV.c., 3rd paragraph needs to be reworded.
- 19 • Page 17:
 - 20 ➤ 4th and 6th paragraphs: "mandated reported" was changed to "mandated *reporter*"
 - 21 ➤ 4th paragraph needs to be reworded.
 - 22 ➤ 8th paragraph: "requiring entire teams" changed to "requiring *an entire team*"

23
24 ***Christina Wong moved to approve the minutes as amended. Renee Lonner seconded. The***
25 ***Board voted unanimously (8-0) to pass the motion.***
26

27 XII. Executive Officer's Report

28 a. Budget Report

29 Kim Madsen provided a summary of the budget report. The 2012/2013 budget is \$8,077,669.
30 As of June 30th, the Board has spent about 93% of the total budget. Most of the money was
31 spent on personnel and operating expenses.
32

33 The Board is awaiting the final figures for fiscal year 2012/2013, which will be available mid to
34 late August. The Board expects these final figures will change the Board's unencumbered
35 balance, which is currently estimated at \$564,832. The unencumbered balance primarily
36 reflects BreEZe expenditures that were not encumbered due to the delayed implementation of
37 BreEZe.
38

39 Revenues collected as of June 30th was estimated at \$7,938,000.
40

41 The Board's fund condition reflects 3.3 months in reserve. This figure reflects a scheduled
42 repayment of \$1.4 million dollars related to the 2002 \$6 million loan.
43

44 The Board's loan balance to the General Fund is \$12.3 million. The Department of Finance
45 submitted a report reflecting the balance of all loans to the General Fund and a planned
46 repayment schedule. Repayment of the \$6 million loaned to the General Fund during the
47 2002 Budget Act is scheduled to occur in multiple fiscal years. These fiscal years are not
48 specified.

1 Repayment of \$3 million of the \$6 million total loaned to the General Fund during the 2008
2 and 2011 Budget Act is scheduled for fiscal year 2015/2016.

3
4 The Board's 2013/2014 budget is \$8,063,000, which is a slight decrease from last year's
5 budget. Reductions in the Board's equipment replacement costs and department pro rata
6 costs can be attributed the slight decrease.

7
8 Effective July 1st, the furlough program and personal leave program ended. State employee
9 salaries were restored to levels prior to the furlough and personal leave program. Additionally,
10 state employees received a 3% increase.

11
12 **b. Operations Report**

13 Ms. Madsen provided a summary of the Operations Report.

14
15 The Board is recruiting for a vacancy in the Licensing Unit and for a permanent intermittent
16 Regulation Analyst.

17
18 The second quarter statistics reflect an overall increase in application volume, which is typical
19 following graduations. However, the LCSW and LEP examination applications decreased by
20 10% and 19% respectively.

21
22 Ms. Madsen presented the application processing times, and noted that the processing times
23 are posted on the Board's website. The MFT and LCSW examination programs are
24 experiencing a 6-month delay.

25
26 A total of 2,443 examinations were administered in the first quarter. Ten examination
27 development workshops were conducted between April and June.

28
29 The cashiering unit is currently processing renewal applications within 7 days of receipt. All
30 other applications are processed within 7 days of receipt.

31
32 Enforcement staff received 235 consumer complaints and 246 criminal convictions
33 representing a 3% and 23% increase respectively from the previous quarter. This quarter,
34 487 cases were closed, and 12 cases were referred to the Office of the Attorney General for
35 formal discipline.

36
37 Enforcement staff continues to meet or exceed the established performance measures (PM)
38 with the exception of PM 4, Formal Discipline. This performance measure relies on the
39 efficiency of outside state agencies such as the Office of Attorney General and the Office of
40 Administrative Hearings. The Board's current quarterly average is 947 days.

41
42 **c. Personnel Update**

43 Ms. Madsen provided a summary of the Personnel Update.

44 Lisa Rangel was promoted to a Management Services Technician (MST) in the Licensing
45 Unit. She will perform the duties of a Licensed Marriage and Family Therapist (LMFT)
46 Evaluator. Lisa will join the LMFT Unit full-time once her commitment to the BreEZe project is
47 finished.

48
49 Melissa Lara was promoted to an MST and will perform the functions of a Licensing Clinical
50 Social Worker (LCSW) and Associate Social Worker (ASW) Evaluator. The Board now has
51 two full-time and one part-time LCSW/ASW Evaluators.
52

1 Lupe Baltazar accepted a part-time Office Technician position in the Enforcement Unit. Lupe
2 is new to state service and will perform the duties of the Board's Fingerprint Technician.
3

4 There is a vacant Office Technician (OT) full-time position in the Licensing Unit. This vacancy
5 is to fill behind Melissa Lara. The OT will function as a Licensed Educational Psychologist
6 (LEP) Evaluator in the Licensing Unit. The Board will begin recruitment for this vacancy as
7 soon as it receives approval from the Office of Human Resources
8

9 Rebecca Gonzales and Janlee Wong from the National Association of Social Workers
10 California Chapter (NASW-CA), Lisa Mardones from the California Society for Clinical Social
11 Work (CSCSW), Ben Caldwell from the American Association of Marriage and Family Therapy
12 California Division (AAMFT-CA), and other members of the public all expressed their concerns
13 regarding the increase in application processing times.
14

15 Ms. Madsen reported that additional resources have been requested, including additional
16 staff.
17

18 **d. BreEZe Update**

19 Ms. Madsen reported that the Board will not "go live" in September as previously reported.
20 The Board is now scheduled to launch in October.
21

22 In June, Board staff participated in "End-to-End" testing of the BreEZe system. This test was
23 considered successful in that no major defects were identified during the week of testing.
24 Although some issues were identified during testing, the issues were resolved. All testers
25 were able to start and complete their assigned test scripts.
26

27 Final testing of the BreEZe system (regression testing), will begin about 4 weeks prior to the
28 "go live" date. During this period, staff will verify that the corrections to the system have been
29 made, no defects exist, and the system performs as expected. Provided that regression
30 testing is successful, the Department of Consumer Affairs (DCA) will begin the final steps to
31 transition to the BreEZe system.
32

33 The following timelines were developed by BreEZe:

- 34 • Approximately 11 days before the "go live" date, the Board will cease all cashiering
35 functions. The online license verification will reflect data that was current on the last
36 cashiering date.
- 37 • Approximately one week prior to the "go live" date, fingerprint processing and exam
38 eligibility transactions to the testing vendor will cease.
- 39 • Approximately 5 days prior to "go live" date, the entire legacy system will shut down.
- 40 • One day prior to the "go live" date, staff will verify that data conversion occurred and the
41 system performs as expected. Staff will indicate "go" or "no go" based on their verification.
- 42 • On the "go live" day, if a "no go" status is determined, BreEZe will not be operational and
43 existing data systems will be restored.
44

45 Ms. Madsen added that the phone calls will be answered during the period that the system is
46 shut down.
47

48 **e. LPCC Program Update**

49 Ms. Madsen provided a brief summary of the Licensed Professional Clinical Counselor
50 (LPCC) Program:

- 51 • To date, 295 Professional Clinical Counselor Intern (PCI) registrations were issued.
- 52 • It is taking approximately 45 days to evaluate out-of-state traditional applications.

- 1 • All non-BBS licensed grandparent applications have been evaluated. A total of 1,236
- 2 applications were received.
- 3 • To date, 1,557 (71%) MFT/LCSW grandparent applications were evaluated. A total of
- 4 2,196 applications were received.
- 5 • To date, a total of 458 LPCC licenses have been issued.
- 6 • To date, a total of 295 PCI registrations have been issued.
- 7

8 **XIII. Out-of-State Education Review Committee Update**

9 Ms. Madsen provided a summary of the Out-of-State Education Review Committee
10 (Committee) meeting held in June. The Committee continued discussions related to the
11 challenges out-of-state applicants will encounter after 2014 and possible solutions.

12
13 Board staff estimated that approximately 10% of the LMFT applications and 35% of the LPCC
14 applications are from out-of-state. The Committee looked at a comparison of LMFT and
15 LPCC licensure requirements by state. This comparison revealed that each state, including
16 California, requires a master's level or doctorate degree. Yet, an out-of-state applicant will not
17 have the California specific education and will be required to remediate this coursework. After
18 2014, out-of-state applicants will not be permitted to remediate required coursework through
19 continuing education programs.

20
21 The Committee and stakeholders discussed continuing to allow out-of-state applicants to
22 remediate coursework deficiencies through continuing education (CE) courses where
23 applicable. Allowing out-of-state applicants to remediate coursework through CE programs
24 addressed the challenges of cost and time.

25
26 The Committee and stakeholders also discussed the idea of two pathways to licensure for an
27 out-of-state applicant: (1) a pathway for an out-of-state licensed applicant and (2) a pathway
28 for an out-of-state applicant who was not licensed. Board staff suggested that out-of-state
29 applicants follow the same requirements as in-state applicants based upon the date the
30 applicant began and completed his/her degree program.

31
32 The Committee and stakeholders expressed a desire to be consistent, where possible, in the
33 proposed changes to both LMFTs and LPCCs.

34
35 Draft language will be presented at the Committee meeting in September.

36 37 **XIV. Policy and Advocacy Committee Report**

38 **a. Legislative Update**

39 Ms. Helms reported on the Board-sponsored bills. AB 958 regarding Child Custody
40 Evaluators has become a two-year bill. The other four bills are moving through as expected.
41 The deadline for the Governor to sign legislation is the end of September.

42
43 AB 512 regarding Healing Arts Licensure Exemption and SB 282 regarding Confidential
44 Medical Information were signed by the Governor.

45
46 The board took a lunch break at 11:47 a.m. and reconvened at 1:14 p.m.

47 48 **b. Rulemaking Update**

49 *This item was taken out of order and presented after item XVIII.*

50

1 Regulations to implement SB 363, Marriage and Family Therapist Intern Experience, was
2 approved by OAL and filed with the Secretary of State. It becomes effective on October 1,
3 2013.
4

5 **XV. Discussion and Possible Rulemaking Action Regarding Revision to the Board's Continuing**
6 **Education Program**

7 Ms. Helms presented the background and proposed language regarding the revision of the CE
8 Program.
9

10 For the past 18 months, the Board has undergone an extensive committee process to revise its
11 CE regulations.
12

13 The resulting proposed regulations remove the Board's authority to directly approve and license
14 CE providers. Instead, the Board will recognize "approval agencies" that have already
15 established stringent requirements for CE providers. The Board will also recognize a limited
16 number of entities as CE providers, allowing these named entities to offer CE courses directly to
17 Board licensees without approval from an approval agency.
18

19 At its May 2013 meeting, the Board approved the latest version of the CE regulations. However,
20 additional changes are needed before the rulemaking proposal can be submitted to the Office of
21 Administrative Law (OAL):

- 22 • A phase out period is needed for the Board's existing CE approval system. To address this,
23 staff added a six-month delayed implementation of the new regulations. Under this delayed
24 implementation, the new CE approval system would go into effect six months from the OAL-
25 designated effective date.
26

27 In addition, a new section was added. This section specifies other details of the CE program
28 transition period, including the date that the Board will no longer accept CE provider
29 applications, when the Board will cease CE provider renewals, and the time period during
30 which Board licensees may submit CE credits from discontinued providers.

- 31 • Form update.
- 32 • CE Credit for Enforcement Case Review or Examination Development
- 33 • Technical issues required for OAL purposes.
34

35 Ms. Wong referred to page 12 of the proposed language, Section 1887.8 regarding revocation
36 and denial of Board-approved provider status. She pointed out that this section should remain in
37 effect until the current providers are completely phased out, otherwise this will remove the Board's
38 authority to monitor those providers.
39

40 Mr. Caldwell suggested corrections:

- 41 • Page 8, Section 1887.4(b): "The content of the course shall be based upon a methodological,
42 theoretical, research, or practice knowledge base..."
- 43 • Page 8, Section 1887.4(d): "Courses shall not predominantly reflect the commercial views..."
44

45 Ms. Helms presented a suggestion on behalf of Jill Epstein, California Association of Marriage
46 and Family Therapists (CAMFT). Ms. Epstein referred to the following sections:

- 47 • Section 1887(e) on page 2: An "approval agency" means an organization recognized by the
48 board which evaluates and approves providers of continuing education, evaluates and
49 approves the courses offered by each approved provider, and monitors the quality of each
50 approved continuing education course.

- 1 • Section 1887.42(a)(5) on page 10: Approval agencies shall conduct periodic reviews of
2 courses offered by providers approved by the agency to determine compliance with the
3 agency's requirements and requirements of the Board and, upon request, report the finding of
4 such review of the Board.
5

6 In Ms. Epstein's correspondence to Ms. Helms, she asked if there was a difference between
7 approving the agencies and approving the courses.
8

9 Ms. Helms responded that a change could be made on Section 1887(e). Ms. Helms suggested
10 the following: An "approval agency" means an organization ensures courses offered by its
11 providers meet the Board's CE requirements.
12

13 ***Christina Wong moved to direct staff to make any discussed changes, including non-***
14 ***substantive changes and changes to 1887(e) and 1887.8, and to pursue a regulatory***
15 ***proposal. Sarita Kohli seconded. The Board voted unanimously (8-0) to pass the motion.***
16

17 **XVI. Update on the California Marriage and Family Therapy Occupational Analysis and**
18 **Collaboration with the Association of Marital and Family Therapy Regulatory Boards –**
19 **Dr. Tracy Montez**

20 Dr. Tracy Montez from Applied Measurement Services, LLC, provided an update regarding the
21 California Marriage and Family Therapy Occupational Analysis and the collaboration with the
22 Association of Marital and Family Therapy Regulatory Boards (AMFTRB).
23

24 Dr. Montez reported that the AMFTRB met the professional guidelines and technical standards for
25 examination validation; however, some technical issues were noted. She also noted the ratio of
26 California licensees (approximately 35,000) versus the nation (approximately 20,000).
27

28 Based upon the ratio, the acceptable performance of the current licensing examination, and the
29 delay in implementing the exam restructure, Dr. Montez recommended that the Board continue to
30 have discussions with AMFTRB to further address the technical issues.
31

32 Dr. Montez specifically suggested:

- 33 • In renewing the Board's contract with the National Board for Certified Counselors, have the
34 Office of Professional Examination Services (OPES) follow-up on recommendations made
35 regarding transparency of their exam program;
- 36 • The Board's subject matter experts review a sample of AMFTRB exam items to ensure rigor
37 and cognitive demand; and
- 38 • The Board and OPES continue discussions regarding steps the AMFTRB is taking to expand
39 its exam program.
40

41 **XVII. BreEZe Presentation**

42 *This item was taken out of order and was presented after items XVIII and XIV.b.*
43

44 Steve Sodergren presented a demonstration of the BreEZe data system. Lynne Stiles, the
45 Board's IT Analyst, also provided information of the BreEZe data system.
46

47 **XVIII. Office of Professional Examination Services Presentation – Amy Welch-Gandy and Nicole**
48 **Woods**

49 *This item was taken out of order and was presented after item XVI.*
50

1 Amy Welch-Gandy and Nicole Woods from the Office of Professional Services provided an
2 overview of the Board's examination development and testing process.

3
4 Ms. Welch-Gandy explained the role of Office of Professional Examination Services (OPES) and
5 its mission. She briefly outlined the reasons for licensure exams and the rules and regulations
6 that must be adhered to.

7
8 What does OPES do?

- 9
- 10 • Conducts occupational analyses,
 - 11 • Conducts national audits,
 - 12 • Provides program oversight for exam development,
 - 13 • Conducts item writing workshops,
 - 14 • Oversees the Master Contract for computer-based testing, and
 - 15 • Reports to the legislature regarding testing standards.

16 Ms. Welch-Gandy outlined the steps taken to develop an exam.

17
18 Nicole Woods gave an overview of administration of the exam, computer-based testing, and
19 security of the exam.

20
21 Ms. Madsen explained the process of recruiting subject matter experts for exam development.

22
23 Ms. Madsen responded to questions regarding the Diagnostic and Statistical Manual of Mental
24 Disorders, 5th Edition (DSM-V), stating that material from the DSM-V will not appear on the exams
25 until after January 1, 2014.

26
27 The Board took a break at 2:43 p.m. and reconvened at 2:56 p.m.

28
29 **XIX. 2014 Meeting Dates**

30 Ms. Madsen presented the 2014 meeting dates.

31
32 The Board will meet:

- 33 • March 5th-6th in Sacramento
- 34 • May 21st-22nd in Southern California
- 35 • August 20th-21st in Sacramento
- 36 • November 19th-20th in Southern California

37
38 The Policy and Advocacy Committee will meet in Sacramento on the following dates:

- 39 • February 6th
- 40 • April 3rd
- 41 • August 1st
- 42 • September 26th

43
44 **XX. Suggestions for Future Agenda Items**

45 Dr. Leah Brew suggested a discussion regarding therapists, supervisors, and psychiatric
46 evaluators who provide evaluations/reports on probationers. Dr. Brew also suggested a
47 discussion about developing standardized reporting criteria and developing an evaluation process
48 for professionals providing psychiatric evaluations.

49
50 **XXI. Public Comment for Items Not on the Agenda**

51 Cecilia Pinhel, Sanctuary Psychiatric Centers of Santa Barbara, is a licensure applicant. She has
52 not been able to pass the licensing examination. Ms. Pinhel distributed a handout that outlined

1 her experience in her attempt to become licensed. Ms. Pinhel urged the Board to allow
2 accommodations for candidates whose primary language is not English.
3

4 **XXII. Adjournment**

5 The Board adjourned at 4:17 p.m.
6

DRAFT

Friday, August 23rd
Department of Consumer Affairs
Emerald Room
1747 N. Market Blvd.
Sacramento, CA 95834

Members Present

Dr. Christine Wietlisbach, Chair, Public Member
Christina Wong, Vice Chair, LCSW Member
Dr. Leah Brew, LPCC Member
Deborah Brown, Public Member
Betty Connolly, LEP Member
Dr. Harry Douglas, Public Member
Sarita Kohli, LMFT Member
Patricia Lock-Dawson, Public Member
Renee Lonner, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Paula Gershon, Licensing Manager
Pearl Yu, Enforcement Manager
Marc Mason, Administration/Exam Manager

Guest List

On file

Members Absent

Samara Ashley, Public Member
Eileen Colapinto, Public Member
Karen Pines, LMFT Member

FULL BOARD OPEN SESSION

Dr. Wietlisbach called the meeting/strategic planning session to order at approximately 8:30 a.m.
Ms. Madsen called roll, and a quorum was established.

XXIII. Strategic Planning Session with SOLID Planning Solutions

Board members, Board executive staff and managers participated in a Strategic Planning Session conducted by DCA's SOLID Planning Solutions.

XXIV. Suggestions for Future Agenda Items

There were no suggestions.

XXV. Public Comment for Items Not on the Agenda

There were no public comments.

XXVI. Adjournment

The Board adjourned at approximately 3:30 p.m.

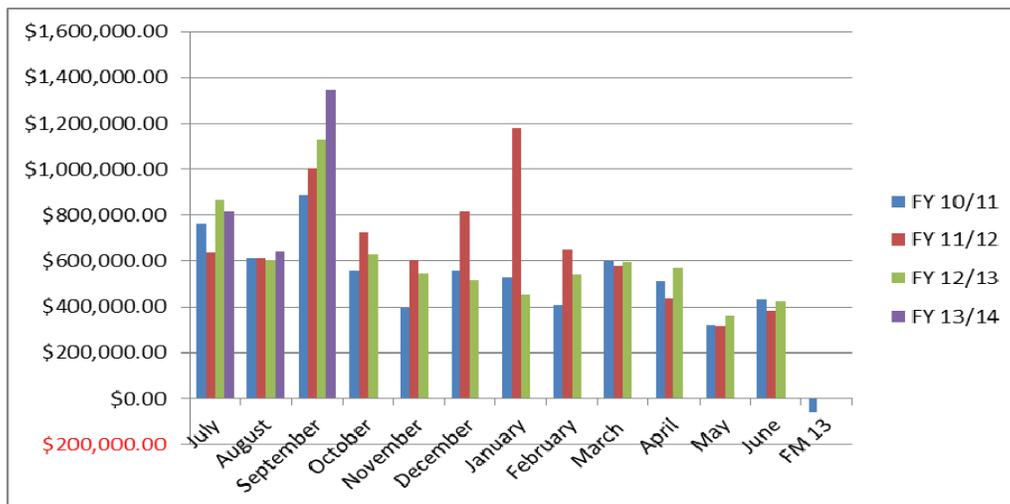


2013/2014 Budget

The 2013/2014 budget for the Board is \$8,063,000. As of September 30, 2013, the Board has spent \$1,707,636 reflecting 21% of the total budget. The chart below provides a breakdown of expense categories and percentages.

Expense Category	Amount	Percentage
Personnel	\$830,587	10%
OE&E	\$635,885	8%
Enforcement	\$241,164	3%
Minor Equipment	\$0	0%
Total	\$1,707,636	21%

Revenues collected as of September 30, 2013 total \$2,808,052.70



Board Fund Condition

The Board's fund condition reflects 3.3 months in reserve.

General Fund Loans

The Board's loan balance to the General Fund is \$12.3 million dollars. The Board is scheduled to receive a \$1.4 million dollar loan repayment this fiscal year.

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BBS EXPENDITURE REPORT FY 2013/14

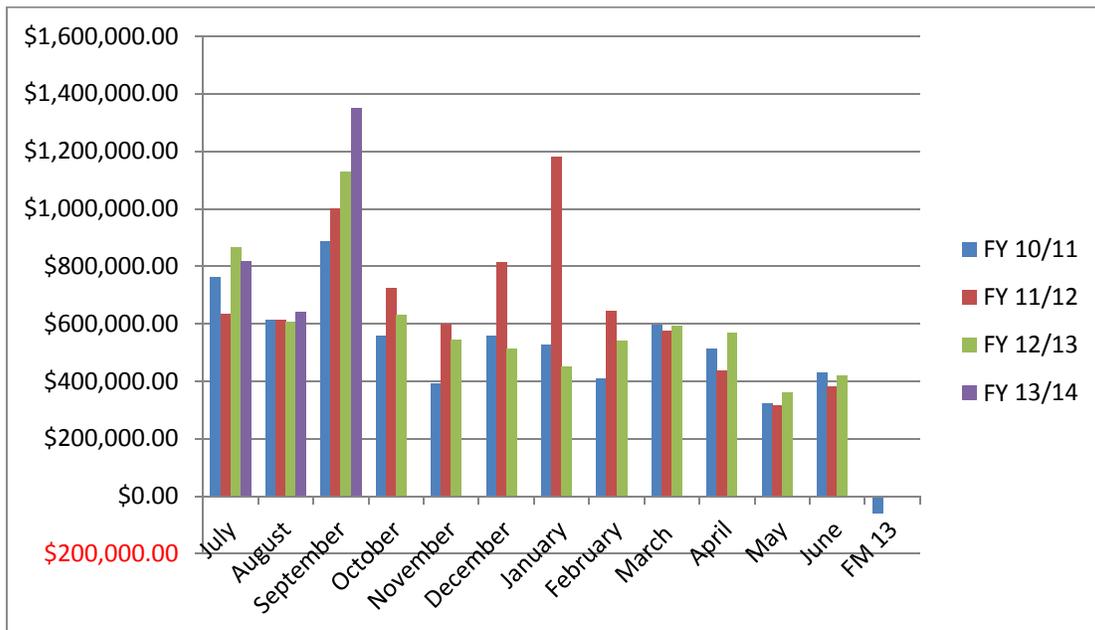
OBJECT DESCRIPTION	12/13	FY 2013/14		
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 9/30/13	UNENCUMBERED BALANCE
PERSONAL SERVICES				
Salary & Wages (Civ Svc Perm)		2,123,670	463,960	1,659,710
Salary & Wages (Stat Exempt)		91,152	23,472	67,680
Temp Help (907)(Seasonals)		7,105	0	7,105
Temp Help (915)(Proctors)		444		444
Board Memb (Per Diem)		12,900	3,700	9,200
Overtime		14,533	261	14,272
Totals Staff Benefits		1,048,565	248,580	799,985
Salary Savings				
TOTALS, PERSONAL SERVICES		3,298,369	739,973	2,558,396
OPERATING EXP & EQUIP				
Fingerprint Reports		14,827	1,983	12,844
General Expense		58,724	29,122	29,602
Printing		38,000	2,334	35,666
Communication		11,513	2,404	9,109
Insurance		325		325
Postage		79,767	25,156	54,611
Travel, In State		55,684	7,597	48,087
Travel, Out-of-State		72,000	6,902	65,098
Training		20,463	0	20,463
Facilities Operations		227,925	60,525	167,400
Utilities		4,330		4,330
C&P Services - Interdept.		14,939	14,442	497
C&P Services-External Contracts		234,978	0	234,978
DEPARTMENTAL PRORATA				
DP Billing (424.03)		711,977	177,994	533,983
Indirect Distribution Costs (427)		427,815	106,954	320,861
Public Affairs (427.34)		19,313	4,828	14,485
D of I Prorata (427.30)		13,737	3,434	10,303
Consumer Relations Division (427.35)		16,421	4,105	12,316
OPP Support Services (427.01)		490	0	490
Interagency Services (OER IACs)		325,065	0	325,065
Consolidated Data Services (428)		24,096	432	23,664
Data Proc (Maint,Supplies,Cont) (432)		10,448	0	10,448
Statewide Pro Rata (438)		361,763	90,441	271,322
EXAM EXPENSES				
Exam Site Rental		99,630	8,317	91,313
Exam Contract (PSD) (404.00)		358,659	59,556	299,103
C/P Svs - Expert Examiners (404.01)		45,000		45,000
C/P Svs - External Subj Matter (404.03)		365,260	3,840	361,420
ENFORCEMENT				
Attorney General		801,588	201,910	599,678
Office of Admin. Hearing		154,926	15,640	139,287
Court Reporters		0	827	(827)
Evidence/Witness Fees		94,955	7,247	87,708
Division of Investigation		59,613	14,903	44,710
LPCC			116,770	(116,770)
Minor Equipment (226)		21,400	0	21,400
Equipment, Replacement (452)		0	0	0
Equipment, Additional (472)		0	0	0
Vehicle Operations		19,000		19,000
TOTAL, OE&E		4,764,631	967,663	3,796,968
TOTAL EXPENDITURES		\$8,063,000	\$1,707,636	\$6,355,364

Reimbursements	FY 12/13 Actuals	Budget Alotment	Current as of 9/30/2013
Fingerprints	(10,969)	(24,000)	(2,156)
Other Reimbursements	(8,620)	(26,000)	(1,430)
Unscheduled Reimbursements	(123,771)		(29,827)
Total Reimbursements	(143,360)	(50,000)	(33,413)

NOTE: PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

BBS Revenue Analysis

Month	FY 10/11	FY 11/12	FY 12/13	FY 13/14
July	\$762,284.90	\$636,305.00	\$865,553.99	\$817,394.34
August	\$612,879.75	\$614,882.97	\$605,609.87	\$641,178.70
September	\$888,896.00	\$1,002,602.57	\$1,130,230.37	\$1,349,479.66
October	\$560,370.10	\$723,621.83	\$631,685.86	
November	\$393,690.35	\$601,895.03	\$545,880.97	
December	\$560,118.27	\$816,772.93	\$514,784.93	
January	\$527,079.68	\$1,180,871.34	\$452,850.71	
February	\$409,637.17	\$646,040.15	\$541,115.50	
March	\$597,687.20	\$576,972.25	\$593,123.75	
April	\$512,561.91	\$437,016.67	\$569,381.90	
May	\$322,487.96	\$317,204.07	\$360,131.06	
June	\$432,003.03	\$383,326.67	\$421,329.60	
FM 13	(\$59,968.77)	(\$1,375.78)	(\$266.97)	



Board Statistics

Attached for your review are the quarterly performance statistics.

Board Staffing

The Board has one vacancy in the Licensing Unit. Efforts to fill this position are underway.

Licensing Program

The third quarter statistics reflect an overall increase in application volume. However, the LCSW and LEP examination applications decreased by 12% and 4% respectively.

Application type	Applications received (3 rd quarter)	Applications received prior report (2 nd quarter)	Increase/Decrease
MFT Intern	1589	1036	+53%
MFT Examination	507	698	-27%
ASW	1289	819	+57%
LCSW Examination	353	403	-12%
LEP Examination	25	26	-4%
LPCC Intern	190	104	+83%
LPCC Examination *	17	13	+31%

* Traditional path does not include grandparent pathway

The Board's current processing times are noted below. Figures below reflect processing times as of September 30, 2013.

License type	Current Processing Times	Previous report Processing Times	Increase/Decrease
MFT Intern	43 days	26 days	+17 days
MFT Examination	217 days	202 days	+ 15 days
ASW	48 days	29 days	+19 days
LCSW Examination	189 days	200 days	-11 days
LEP Examination	115 days	62 days	+53 days
LPCC Intern	127 days	106 days	+21 days
CE Provider	30 days	110 days	- 80 days

Examination Program

A total of 2,214 examinations were administered in the first quarter. Eleven examination development workshops were conducted July through September.

Administration Program

The cashiering unit is currently processing renewal applications within 9 days of receipt. All other applications are processed within 11 days of receipt.

Enforcement Program

The Enforcement staff received 206 consumer complaints and 315 criminal convictions representing a 12% decrease and 28% increase respectively from the previous quarter. 534 cases were closed this quarter and 29 cases were referred to the Attorney General's office for formal discipline.

Enforcement staff continues to meet or exceed the established performance measures (PM) with the exception of PM 4, Formal Discipline. DCA established the performance target for PM 4 at 540 days (18 months). The Board's current quarterly average is 718 days. This figure represents a 230 day decrease from the previous quarter. It is important to note that this performance measure relies on the efficiency of outside state agencies such as the Office of Attorney General and the Office of Administrative Hearings.

Customer Satisfaction Survey

The third quarter reflects an increase in all categories from the previous quarter and 66% decrease in total number of survey responses.

Category	Current Quarter Rating (3 rd Qtr.)	Previous Quarter Rating (2 nd Qtr.)	Prior Year Rating (3 rd Qtr.)
Overall Satisfaction	3.0	3.0	3.0
Successful Service	65	45	45
Accessibility	3.5	2.0	2.0
Courtesy	4.0	3.0	3.0
Total Survey Responses	18	53	53

On October 1, 2013, the Board began using the services of the Department of Consumer Affairs Call Center to answer incoming phone calls. This change was made to improve the Board's customer service. Prior to this change, Board staff created a list of the most commonly asked questions and responses. This information was provided to the Call Center staff during training sessions.

The Call Center is the first point of contact for the public seeking to speak to Board staff. Call Center staff responds to routine questions and refers questions requiring further expertise and knowledge to Board staff. During the month of October, Call Center staff received a total of 4,419 calls and answered a total of 3,768 calls with an average wait time of .82 seconds.

The Board may use this service at no charge through June 30, 2014. After June 30, 2014, the Board will be charged for this service. The fee will be based on call volume.



Board of Behavioral Sciences Quarterly Statistical Report - as of September 30, 2013

Introduction

This report provides statistical information relating to various aspects of the Board's business processes. Statistics are grouped by unit.

Reading the Report

Items on the report are aggregated by quarter. The top of the column indicates the quarter and the year (Q111 = 1/2011-3/2011; Q211 = 4/2011-6/2011). Common abbreviations for licensees and registrants: LCSW = Licensed Clinical Social Worker; LEP = Licensed Educational Psychologist; LMFT = Licensed Marriage and Family Therapist; LPCC = Licensed Professional Clinical Counselor; 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. Approximately 85% of renewal processing occurs in the Department of Consumer Affairs Central Cashiering Unit.

Renewals Processed In-House

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Processed	2401	2047	1735	2274	1881	1910	2653	2722	17623
Received	1197	1822	1939	2064	1918	1900	2560	2589	15989
Proc Time	29	9	7	7	6	10	7	9	11

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

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Processed	7618	7562	5864	6681	5270	4975	6721	6916	51607
Received	6543	6814	5922	6652	5503	5335	6181	6713	49663
Proc Time	11	8	3	5	4	9	7	10	7

Initial Licenses Issued*

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total
LCS	262	260	317	240	251	228	276	206	2040
LEP	18	12	23	27	13	18	12	15	138
LMFT	315	411	442	473	519	368	477	381	3386
PCE	51	77	86	52	53	49	72	49	489
LPCC		9	52	88	105	108	72	65	499

*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	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Received	259	237	222	174	253	274	251	228	235	206	2339
Closed without Assignment for Investigation	0	0	0	0	0	0	1	0	0	0	1
Assigned for Investigation	259	237	222	274	216	294	240	255	202	241	2440
Average Days to Close or Assigned for Investigation	4	4	3	5	6	8	7	8	6	9	+
Pending	0	0	0	0	37	17	30	4	35	0	0

Convictions/Arrest Reports	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Received	207	190	219	234	323	330	298	200	246	315	2562
Closed / Assigned for Investigation	208	190	219	234	323	330	298	199	247	315	2563
Average Days to Close	4	4	3	2	1	1	1	1	1	4	+
Pending	0	0	0	0	0	0	0	1	0	0	0

Investigation**

Desk Investigation	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Assigned	467	428	441	508	539	624	538	454	449	556	5004
Closed	580	489	416	461	562	578	522	428	475	534	5045
Average Days to Close	140	163	125	126	122	103	120	136	114	144	+
Pending	634	568	590	641	622	650	675	708	687	716	716

Field Investigation (Non-Sworn)	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Assigned	1	2	3	7	2	7	0	1	1	0	24
Closed	14	4	3	11	4	2	4	1	5	2	50
Average Days to Close	416	481	332	474	331	285	280	106	343	333	+
Pending	17	12	12	9	7	12	8	9	6	4	4

Field Investigation (Sworn)	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Assigned	12	5	6	4	3	6	4	9	1	4	54
Closed	6	8	6	7	7	6	1	4	7	5	57
Average Days to Close	450	582	294	407	388	563	264	480	320	413	+
Pending	24	21	20	16	12	11	15	20	14	13	13

All Investigations	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
First Assignments	467	428	441	508	539	624	538	454	449	556	5004
Closed	600	501	425	479	573	586	527	433	487	541	5152
Average Days to Close	149	172	129	138	127	108	121	139	119	148	+
Pending	675	601	622	666	641	673	698	737	707	733	733

Enforcement Actions

	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
AG Cases Initiated	41	37	16	34	32	22	29	23	12	29	275
AG Cases Pending	157	163	160	167	169	160	151	139	130	145	145
SOIs Filed	2	7	6	3	10	9	2	9	6	5	59
Accusations Filed	14	24	18	21	20	21	20	15	16	15	184
Proposed/Default Decisions Adopted	5	11	2	9	10	7	11	9	6	1	71
Stipulations Adopted	14	16	15	11	11	17	14	18	11	8	135
Disciplinary Orders	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	19	27	17	20	21	24	25	30	17	9	209
Average Days to Complete***	776	855	960	973	858	806	804	897	947	718	+
Citations	Q211	Q311	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	YTD
Final Citations	15	14	11	8	49	16	36	18	3	17	187
Average Days to Complete****	269	288	262	362	97	134	80	287	435	417	+

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.

+ unable to capture average data for more than a 12 month cycle

Licensing Unit

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

LCSW Examination Eligibility Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	309	385	409	370	363	447	403	353	3039
Approved	229	450	276	245	365	184	293	320	2362
Proc Time	103	85	95	111	134	177	297	196	150
Proc Time Less Def Lapse	71	61	52	78	104	137	159	177	105

LMFT Examination Eligibility Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	450	575	622	556	577	547	698	507	4532
Approved	436	548	765	478	686	366	382	494	4155
Proc Time	176	179	139	135	146	178	202	221	172
Proc Time Less Def Lapse	158	168	130	115	129	154	179	202	154

LPCC Examination Eligibility Applications (Traditional Path)

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	17	23	16	20	20	11	13	17	137
Approved	0	1	4	11	15	13	11	9	64
Proc Time									
Proc Time Less Def Lapse									

LPCC Grandparenting Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
LMFT Received**	1171	868							2039
LMFT Approved*	0	195	234	174	196	48	110	825	1782
LCSW Received**	86	72							158
LCSW Approved*	0	16	22	4	7	4	11	25	89
LMFT and LCSW Received**	1257	943							2200
LMFT and LCSW Approved*	0	212	256	178	202	52	121	850	1871
Non-BBS-Licensee Received**	627	608							1235
Non-BBS-Licensee Approved*	0	88	102	134	296	215	326	38	1199

*Applications evaluated and sent a deficiency notice/made exam eligible

**No LPCC Grandparenting applications were received after Q112 because the application deadline had passed.

LEP Examination Eligibility Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	17	25	39	28	18	32	26	25	210
Approved	25	26	25	25	32	7	32	18	190
Proc Time	91	86	63	82	57	52	60	97	74
Proc Time Less Def Lapse	49	39	28	31	24	26	52	37	36

ASW Registration Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	556	507	852	1063	521	483	819	1289	6090
Approved	729	678	529	871	1002	418	508	1175	5910
Proc Time	62	69	43	52	48	50	43	42	51
Proc Time Less Def Lapse	59	63	36	49	45	45	25	38	45

MFT Intern Registration Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	816	851	1003	1565	953	828	1036	1589	8641
Approved	1101	980	1162	1251	998	852	799	1271	8414
Proc Time	83	68	34	22	32	33	30	39	43
Proc Time Less Def Lapse	78	64	29	20	28	29	25	36	39

LPC Intern Registration Applications

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total/Avg
Received	43	49	75	124	110	90	104	190	785
Approved	0	11	30	62	80	44	58	85	370
Proc Time		136	125	94	65	144	45	43	93
Proc Time Less Def Lapse		124	102	58	43	49	42	44	66

Examination Unit

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

Exam Administration

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313	Total
Total Exams Administered	2063	1967	2470	2125	2511	2090	2443	2214	17883
LCSW Written	466	515	603	435	525	499	436	425	3904
LCSW CV	392	316	402	323	372	324	407	336	2872
LMFT Written	598	575	748	691	789	721	855	705	5682
LMFT CV	578	480	580	487	610	416	599	526	4276
LPCC GAP (LMFT)	2	34	46	87	81	13	0	52	315
LPCC GAP (LCSW)	0	1	1	1	4	2	1	1	11
LPCC GP L&E	0	25	49	57	93	81	101	112	518
LPCC Traditional L&E				7	12	14	14	17	64
LEP	27	21	41	37	25	37	30	40	258

Customer Satisfaction Survey

The Board maintains a Web based customer satisfaction survey.

	Q411	Q112	Q212	Q312	Q412	Q113	Q213	Q313
Overall Satisfaction ^a	2.6	3.0	2.8	3.0	2.8	3.5	3.0	3.7
Courtesy ^a	3.5	3.8	3.7	3.9	3.5	4.1	3.0	4.0
Accessibility ^a	2.3	2.8	2.6	2.7	2.6	3.4	2.0	3.5
Successful Service ^b	41	47	49	48	53	76	45	65
Total Respondents	115	91	72	57	62	75	53	18

^a Average rating based on 1-5 scale (1=Unacceptable, 5=Excellent)

^b Percent answered "Yes"

**CONSUMER INFORMATION CENTER (CIC)
BBS CALL VOLUMES FOR OCTOBER 2013**

	CALLS OFFERED*	CALLS ANSWERED**	AVGERAGE WAIT TIME
1-Oct	171	162	1.16
2-Oct	156	145	2.03
3-Oct	158	139	2.11
4-Oct	130	113	1.09
7-Oct	151	128	1.26
9-Oct	182	169	1.02
10-Oct	203	191	1.12
11-Oct	167	154	1.08
12-Oct	143	130	0.55
13-Oct	167	154	1.08
14-Oct	151	143	0.33
15-Oct	165	159	0.35
16-Oct	161	103	1.28
17-Oct	186	161	0.34
18-Oct	171	137	0.34
21-Oct	253	217	0.33
22-Oct	222	214	0.22
23-Oct	178	149	0.37
24-Oct	191	147	0.47
25-Oct	186	139	0.47
28-Oct	228	196	0.37
29-Oct	225	182	1.11
30-Oct	263	181	0.54
31-Oct	211	155	0.55
	4419	3768	0.82

***CALLS OFFERED:** The number of calls that were directed to CIC.

****CALLS ANSWERED:** The number of calls that were answered by CIC staff.

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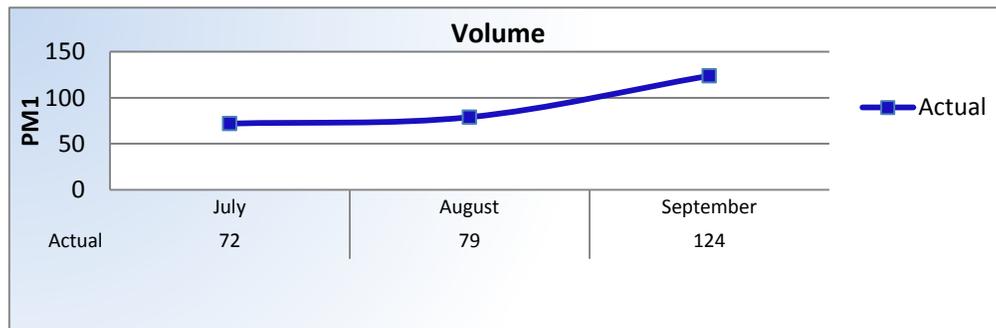
Performance Measures

Q1 Report (July - September 2013)

To ensure stakeholders can review the Board's progress toward 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.

PM1 | Volume

Number of complaints and convictions received.

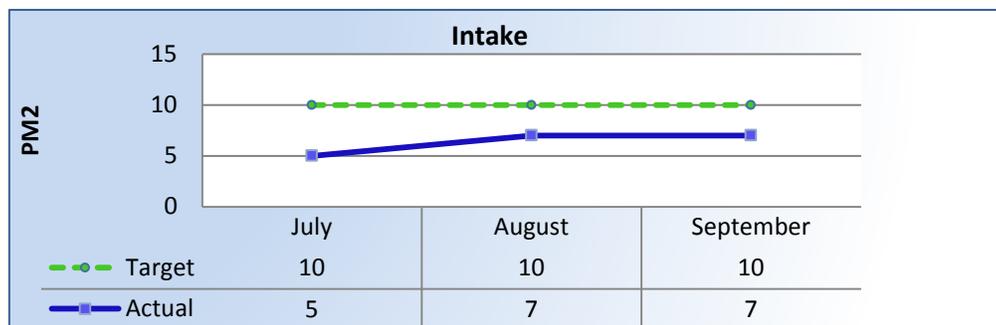


Total Received: 524 Monthly Average: 175

Complaints: 209 | Convictions: 315

PM2 | Intake

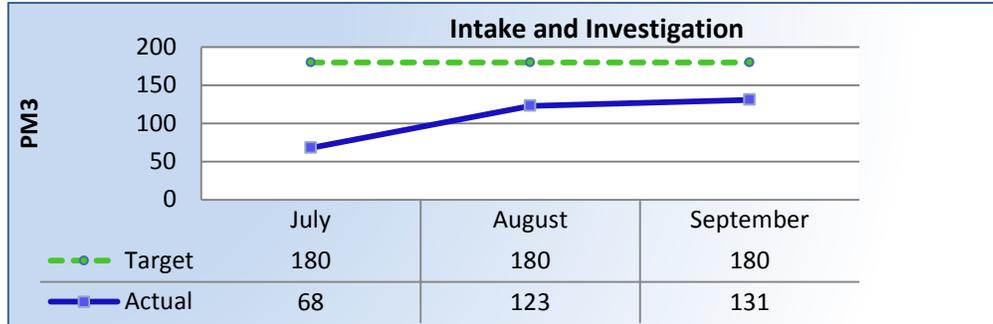
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | Actual Average: 6 Days

PM3 | Intake & Investigation

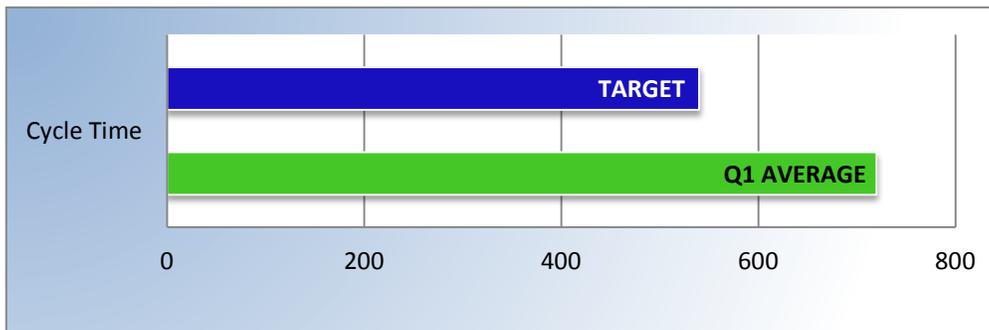
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 180 Days | Actual Average: 133 Days

PM4 | Formal Discipline

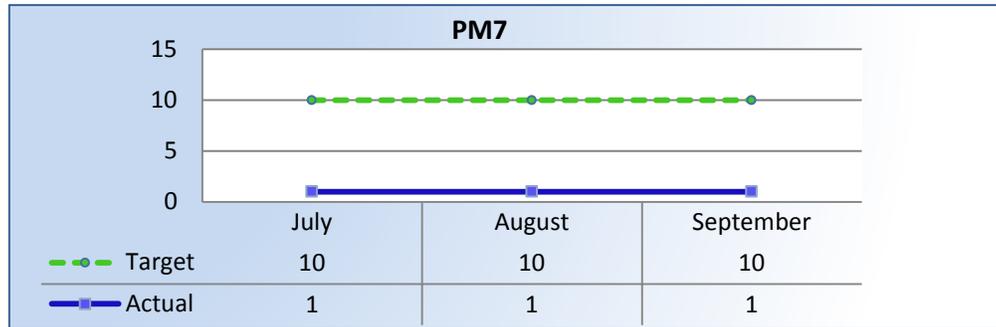
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 718 Days

PM7 | Probation Intake

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



Target Average: 10 Days | Actual Average: 1 Day

PM8 | 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.

The Board did not report any new probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

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2012/2013 YEAR END SUMMARY

The Board of Behavioral Sciences marks its 68th year providing regulatory oversight to Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Educational Psychologists, Licensed Professional Clinical Counselors, and Continuing Education Providers. Forty one staff members and thirteen board members are dedicated to ensure the consumers of California receive mental health services from competent and safe practitioners. The following summary provides an overview of the Board of Behavioral Sciences activity in fiscal year 2012/2013.

Licensing and Registrant Statistics

These statistics reflect the number of valid licenses and registrants with the Board of Behavioral Sciences (Board) as of July 1, 2013. In fiscal year 2012/2013, a total of 1,182 licenses were canceled.

License Type	Total Number
Associate Clinical Social Worker (ASW)	10714
MFT Interns (IMF)	16385
Licensed Clinical Social Workers (LCSW)	20076
Licensed Educational Psychologists (LEP)	1813
Licensed Marriage and Family Therapists (LMFT)	33713
Licensed Professional Clinical Counselor (LPCC)	427
Professional Clinical Counselor Interns (PCCI)	273
Registered Continuing Education Providers (PCE)	2646
Total number of licensees	86,047

Licensing Program

The Board's licensing staff evaluates all applications to ensure the candidate satisfies all statutory requirements for registration and licensure. Applicants are notified if their application is deficient and are allowed one year to remediate all deficiencies.

Application Volume 2012/2013	Received	Approved
Associate Clinical Social Workers (ASW)	2886	2799
MFT Interns (IMF)	4382	3900
Licensed Clinical Social Workers (LCSW)	1583	962
Licensed Educational Psychologists (LEP)	104	96
Licensed Marriage and Family Therapists (LMFT)	2378	1683
Licensed Professional Clinical Counselor (LPCC)	57	46
Professional Clinical Counselor Interns (PCCI)	398	220
Registered Continuing Education Providers (PCE)	262	234

Administration Program

The administration program includes the cashiering unit and office support staff. The cashiering unit staff receives and processes all incoming applications for registration, examination, and licensure. The majority of the Board's renewals are processed by the Department of Consumer Affairs (DCA) Cashiering Unit. Annually, the DCA Cashiering Unit processes 48,000 renewals. However, over 8,700 renewals are received and processed at the Board office.

Office support staff members answer an average of 150 calls per day. Additionally, the support staff open and distribute all mail, issues all initial licenses, process address change requests, and remove renewal holds.

Administration Workload	Total Number
Applications Received	23,647
Renewals processed by board staff	8,718
Renewal holds removed	4,234
Address Change Requests	4,551
Initial License Issued	3,502
Renewals processed by DCA cashiering unit	47,571

Examination Program

Annually, the Board develops and administers 7 examinations for licensure in California. Two versions of each examination are developed to ensure the integrity of the examination process. Working with the Office of Professional Examination Resources (OPES), the examination unit staff recruits subject matter experts to participate in the examination development workshops. Approximately 300 subject matter experts participate in these workshops throughout the year. The workshops are two or three days in length. In fiscal year 2012/2013, the Board conducted 35 examination workshops.

The examination unit ensures candidate examination eligibility and score reports are accurately transmitted to the testing vendor. The examination unit also responds to exam candidate's complaints and requests for special testing accommodations. Further, the exam unit reviews each version of the examination for accuracy prior the version's release.

Examination Activity	Candidates Eligible*	Examinations Administered
LCSW Standard Written	9536	1895
LCSW Clinical Vignette	4978	1426
LMFT Standard Written	13,977	3056
LMFT Clinical Vignette	6780	2112
LPC GAP (LMFT)	4044	157
LPC GAP (LCSW)	274	8
LPCC GP Law and Ethics	2597	312
LPCC Traditional Law and Ethics	30	44
LEP Standard Written	807	129
Totals	43,023	9,122

**figures include initial examination eligibility and re-examination applications*

Enforcement Program

The Board's Enforcement staff receives and investigates complaints of alleged licensee or registrant misconduct, criminal arrests and convictions. Investigations that confirm a violation of the Board's statutes and regulations are subject to disciplinary action. Disciplinary action ranges from the issuance of a citation and fine to revocation of the license or registration. All proposed decisions and stipulations require the Board Members' approval before the decision becomes effective.

Enforcement Program	Total Number
Complaints Received	991
Subsequent Arrest Notifications Received	1074
Cases assigned Inv. Analyst	2066
Cases assigned to Field Inv.	9
Cases referred to DOI	20
Cases Closed	1999
Cases referred to AG	86
Statement of Issues Filed	28
Accusations Filed	86
Final Orders Adopted (Decisions/Stipulations)	95
Final Citations	101

PROBATION MONITORING PROGRAM

In fiscal year 2012/2013, 48 new probationers were added to the Board's probation program. The Board has a total of 123 probationers; 90 are active probationers and 33 are tolled (individual is not practicing).

The Probation Monitoring Program is an effective tool that provides the licensee or registrant the opportunity to remain in practice with specific terms and conditions and also ensures consumer protection. Once the probationer successfully completes his/her probation, the licensee or registrant is permitted to practice unrestricted.

Probationers that are non-compliant with the terms and conditions of their probation subject their license or registration to revocation. In 2012/2013 the Board filed 15 accusations to revoke probation for issues of non-compliance.

Probationers that demonstrate consistent and sustained compliance with their terms and conditions may petition the Board members to modify their current terms or to end their probation early. In 2012/2013, ten probationers requested modification or termination of their probation. The Board members granted eight probationers their request and denied two.

Legislative Activity

The 2012/2013 legislative year was a busy year for the Board. The Board sponsored five bills, identified twelve bills impacting board licensees, and proposed four regulation packages. Legislative work encompasses developing draft language for Board sponsored bills and analyzing all bills that may impact Board licensees.

The Board was also honored for its regulatory work. On March 4, 2013, the Board received a Certificate of Excellence from Anna Caballero, Secretary of the State and Consumer Services Agency recognizing the Board's timelines and quality of our regulation package.

The following laws were signed by the Governor in fiscal year 2012/2013. The effective date of each bill is noted. The Governor also signed the Board's sunset bill extending the Board until 2016.

Senate Bill 363 (Emmerson, Chapter 384, Statutes of 2011), allows a trainee to counsel clients while not enrolled in a practicum course only if the lapse in enrollment is less than 90 days and is immediately preceded, and immediately followed, by enrollment in practicum. This law only applies to individuals enrolled in a Licensed Marriage and Family Therapist degree program. Effective January 1, 2013.

Senate Bill 1527 (Negrete- McLeod, Chapter 800, Statutes of 2012), specifies that an individual seeking ASW registration or LCSW licensure shall complete coursework in California law and ethics. The coursework may be imbedded within more than one course. Effective January 1, 2014.

The following regulation packages were approved by the Office of Administrative Law. The effective dates are listed.

Amendments to Division 18 of Title 16 of the California Code of Regulations sections 1803, 1845, 1858, and 1881, and the addition of sections 1823 and 1888.1 were implemented to make the Board's enforcement process more efficient. Effective July 1, 2013.

Amendments to Division 18 of Title 16 of the California Code of Regulations section 1888, revises the Board's disciplinary guidelines. Effective July 1, 2013.

Amendments to Division 18 of Title 16 of the California Code of Regulations sections 1811, 1870, and 1887.3, clarify the law related to advertising by Board licensees and registrants, require supervisors of associate social workers to be licensed for two years prior to commencing any supervision, and require licensed professional clinical counselors to take a one-time, seven hour continuing education course covering the assessment and treatment of people living with HIV and AIDS. Effective April 1, 2013.

Amendments to Division 18 of Title 16 of the California Code of Regulations section 1833, limits the number of client center advocacy hours for a marriage and family therapist intern; deletes provisions conflicting with SB 363 that are no longer needed due to the enactment of SB 363; and also deletes outdated provision in Section 1833 related to crisis counseling on the telephone. Effective October 1, 2013.

Board Activity

Outreach

Outreach to Board stakeholders provides the opportunity to convey law and regulatory changes and clarify the licensing process. As permitted, Board staff will attend association events and conduct presentations regarding the Board's licensing and application process. In fiscal year 2012/2013 Board staff attended two association events, NASW lobby days and CAMFT's annual conference. These events were held locally. Additionally, staff utilized a webcast format to discuss the process to apply for registration as an associate social worker with University of California social work students.

Executive staff attended two association chapter meetings to provide an update on recent regulatory changes to attendees.

2012/2013 Accomplishments

- The Continuing Education Review Committee completed its collaboration with stakeholders to draft regulatory changes to revise and strengthen the Board's Continuing Education Program. The regulatory changes were submitted to the Office of Administrative Law August 27, 2013.
- Board staff developed two publications related to Professional Clinical Counselor Interns.
 - *A Guide to the Supervision of Professional Clinical Counselor Interns.*
 - *Answers to Most Frequently Asked Questions Relating to PCC Interns*
- The Board utilized the expertise of subject matter experts to complete the evaluation of school degree programs to determine compliance with the educational requirements for licensure as a Licensed Professional Clinical Counselor. Seventy-six California schools were identified as having a degree program that may meet the educational requirements for licensure as a Licensed Professional Clinical Counselor.
- The Board partnered with the Association of Marriage and Family Therapy Regulatory Boards to jointly conduct an occupational analysis. The practice information from this collaboration will be used for both the national licensure examination and the California licensure examination.

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To: Board Members

Date: November 6, 2013

From: Laurie Williams
Personnel Liaison

Telephone: (916) 574-7850

Subject: Personnel Update

New Employees:

Effective October 1, 2013, Christy Berger has accepted a promotion to an Associate Governmental Program Analyst to perform the duties as the Board's Regulation Analyst. She has been appointed as a Permanent Intermittent staff member. She will work in conjunction with Rosanne Helms, the Board's Legislation Analyst.

Guadalupe (Lupe) Baltazar accepted an Office Technician (Typing) full-time vacancy in the Licensing Unit, effective October 31, 2013. Lupe will act as the Licensing Educational Psychologists (LEP) Evaluator and will also function as a Licensing Support Technician. Lupe started with the Board as a part-time Office Technician functioning as the Fingerprint Technician in the Enforcement Unit.

Departures:

Margaret Rockenbach transferred to a position with Cal FIRE effective 10/31/13.

Vacancies:

Staff Services Analyst (SSA) (full-time) in the Licensing Unit. This vacancy is due to Christy Berger's promotion. The SSA will function as an LPCC Licensing Analyst in the Licensing Unit. The Board has begun recruitment and the vacancy has been advertised. The Licensing Manager is currently reviewing the candidate applications and interviews will be scheduled soon. The Board anticipates filling this vacancy by December 2013.

Office Technician (T) (full-time) in the Enforcement Unit. This vacancy is due to the departure of Margaret Rockenbach. The Office Technician functions as an Enforcement Technician in the Enforcement Unit. The Board has begun recruitment for this vacancy and the position is currently being advertised with a final filing date of November 19, 2013. The Enforcement Manager anticipates interviews to be held in the beginning of December 2013.

Office Technician (T) (part-time) in the Enforcement Unit. This vacancy is due to Lupe Baltazar transfer to a full time position with the Board. The Office Technician will function as a Fingerprint Technician in the Enforcement Unit. The Board will begin recruitment for this vacancy as soon as it receives approval from the Office of Human Resources.

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To: Board Members

Date: November 8, 2013

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: BreZE Update

On October 9, 2013, the BreZE system was released to eleven Department of Consumer Affairs' boards and central cashiering. This release followed many months of development, testing, and dedication to release a quality database product. The Board is able to complete its basic functions such as cashiering, transferring candidate examination eligibility to the examination vendor, and issue licenses and registrations.

You will recall from previous reports that in preparation for the transition, a staggered shut down of functions in the previous database was necessary. This shut down impacted all cashiering, applications, and examination eligibility in that the Board could not process incoming work for a period of at least seven (7) days. Board staff is working diligently to reduce the accumulated workload due to the transition. Additionally, Board staff is striving to become proficient in the new system.

As with any new system, some adjustments to functionality are to be expected. In the coming weeks, these adjustments will be made. Board staff will be able to recognize the full functionality of BreZE once the changes are made. Once the adjustments are completed, the Board anticipates resuming activities that are currently suspended, such as posting current processing times and statistical reporting.

BreZE offers numerous online capabilities. The Board opted for a delayed release of the online features to minimize the impact to staff and stakeholders. After January 1, 2014, Board licensee and registrants will be able to renew online using a credit card. Other online features will be released as appropriate. Currently, consumers may file a complaint online and Board licensees and registrants may create an account on BreZE.

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Memo

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To: Board Members

Date: November 8, 2013

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: **Licensed Professional Clinical Counselor Update**

As of October 1, 2013, all grandparent applications for licensure as a clinical counselor have been evaluated.

Currently, the Board has 500 Licensed Professional Clinical Counselors and 566 Professional Clinical Counselor Interns.

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To: Board Members

Date: November 8, 2013

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: **Out of State Education Review Committee Update**

On September 27, 2013, the Out of State Education Review Committee met to review and discuss draft language to revise the educational requirements for out-of-state applicants that will take effect January 1, 2016.

The draft language presented to the committee members and stakeholders reflected the group's desire for consistency among the professions, to allow applicants to remediate some coursework through continuing education, and allowing an applicant to remediate coursework while registered with the Board.

Overall, committee members and stakeholders agreed with the draft language. However, questions regarding the number of hours and/or unit requirements remained. Additionally, the committee members and stakeholders suggested minor edits to the draft language for consistency. The committee members also requested staff prepare a "grid" that would reflect the proposed revisions.

Board staff was directed to make the suggested edits and present a revised draft at the next committee meeting. The committee's next meeting is on November 21, 2013.

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To: Board Members

Date: November 1,
2013

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Proposed 2014 Omnibus Legislation

Each year, the Board sponsors an omnibus bill, which makes minor, technical, or noncontroversial changes to Board licensing laws. These changes must be unopposed, and are meant to correct such things as spelling/grammar errors, or inconsistent or confusing language.

Staff is suggesting amendments to the following sections of the Business and Professions Code (BPC) pertaining to the Board of Behavioral Sciences (**Attachment A**):

1. Amend BPC Sections 27, 4980, 4980.41, 4980.55, 4987.5, 4987.7, and 4999.123, and Chapter 13 Title – Use of the Term “Licensed Marriage and Family Therapist”

Background: At its August 2011 meeting, the Board voted to gradually phase-in the reference “licensed marriage and family therapist” in place of “marriage and family therapist” in the statutes and regulations. Staff has identified several places where this change is appropriate.

Recommendation: Make the change in the identified sections.

2. Amend BPC Sections 4980.36, 4980.37, and 4980.78 –USDE Recognition of COAMFTE

Background: The American Association for Marriage and Family Therapy (AAMFT) has issued a memo to state licensing programs asking them to review their licensing laws to see if there is a requirement that degrees from a COAMFTE (Commission on Accreditation of Marriage and Family Therapy Education) accredited institution also require USDE (United States Department of Education) recognition.

At this time, COAMFTE is recognized by the USDE. However, there have been discussions of COAMFTE discontinuing its renewal of USDE recognition. AAMFT points out that this should not cause concern about the quality of a COAMFTE-accredited education, as the role of COAMFTE is to ensure the quality of LMFT graduate programs, while the purpose of USDE is to ensure accreditors are able to appropriately monitor the federal funding process.

However, as a precaution, AAMFT has reviewed each state’s licensing laws to make sure that the law is not written to require COAMFTE accredited programs to also have USDE recognition of COAMFTE. This could create an unintended consequence that graduates of these COAMFTE programs are unable to obtain a license.

AAMFT review of licensing laws found that this is not going to be an issue in California. However, AAMFT is still recommending a couple of minor, technical clarifying amendments, in order to make it abundantly clear that COAMFTE degrees do not need to be recognized by USDE in order to be accepted for licensure by the Board.

An in depth discussion of this issue, as well as the reasoning behind COAMFTE deciding to no longer pursue USDE recognition, can be found in **Attachment B**.

Recommendation: Make the minor changes to BPC Sections 4980.36, 4980.37, and 4980.78 recommended by AAMFT.

3. Amend BPC Sections 4980.43 and 4996.23 – Private Practice Settings

Background: Sections 4980.43(d)(1)(C) and 4996.23(h) discuss private practice settings and when they are or are not appropriate work settings for Board trainees or associates. Both sections list licensed marriage and family therapists (LMFTs), licensed clinical social workers (LCSWs), licensed psychologists, and licensed physicians and surgeons as acceptable owners of a private practice setting where psychotherapy is performed. Both of these sections fail to include licensed professional clinical counselors (LPCCs) in the list of acceptable owners.

Recommendation: Amend both of these sections to include LPCCs in the list of professionals who may own a private practice setting where psychotherapy is performed.

4. Amend BPC Sections 4980.72, 4999.58, 4999.59, and 4999.60 –Clinical Exam Exemption

Background: These sections allow an applicant for LMFT or LPCC licensure, who already holds a license in another state, to be exempt from re-taking the clinical exam in order to obtain their California license California licensure if they meet certain conditions. The conditions are as follows:

1. They must have already taken and passed the national licensing exam the Board is accepting as the clinical exam; and
2. Their license or registration in the other jurisdiction is in good standing, and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.

There is a concern that the term “as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction” is unnecessarily restrictive to only discipline brought by the licensing authority; in reality, another entity could have brought forth discipline affecting the license status.

At the October 30, 2013 Policy and Advocacy Committee meeting, an additional concern was raised that a license could be considered in good standing, but could have restrictions or a suspension against it due to failure to pay taxes or child support. These types of sanctions are not typically considered disciplinary action. Therefore, the Committee decided to amend the language to read as follows:

The applicant’s license or registration in that jurisdiction is in good standing at the time of his or her application and/or has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered, as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.

Recommendation: Staff recommends making the amendments shown above.

5. Amend BPC Sections 4987.5 and 4998 – LMFT and LCSW Corporations

Background: Current law allows licensed marriage and family therapist and licensed clinical social worker corporations to have other mental health license types as shareholders, officers, directors and employees. For example, a licensed marriage and family therapy corporation may have some LCSW shareholders or directors. However, LPCCs are not included in the list of allowable mental health licensees.

LPCC licensing law allows LMFTs and LCSWs to be shareholders, officers, directors, and employees of an LPCC corporation. In addition, Section 13401.5 of the Corporation Code permits LPCCs to have such roles in LMFT and LCSW corporations. Therefore, staff believes that LPCCs being left out in the Business and Professions Code is an oversight.

Recommendation: Add LPCCs to the list of mental health professionals allowed to be a shareholder, officer, director, and employee of LMFT and LCSW corporations.

6. Add BPC Section 4990.33 – Jurisdiction of the Board and Change in Status of License or Registration.

Background: This new section is proposed to clarify that the Board has jurisdiction to investigate and/or take disciplinary action even if the status of a license or registration changes or the license or registration expires. This is being proposed for two reasons:

- a) **Medical Board Case Ruling:** The California Medical Board recently lost a court of appeal case where it was attempting to take disciplinary action against a licensee who held a retired license. The court ruled that a retired license status is not considered a licensee under the Medical Board's jurisdiction, and that the disciplinary authority is valid "only if and when the retired licensee seeks to return to the practice of medicine and files an application" with the Medical Board.

Because of this ruling, in 2012 the Medical Board sought an amendment to one of its statutes related to enforcement via the omnibus bill. The amendment added retired and inactive license statuses within that board's authority to investigate and take disciplinary action.

- b) **Deficiencies in BPC Section 118:** BPC Section 118 (**Attachment C**) is the statute that provides the Board with authority to continue a disciplinary proceeding or take disciplinary action even if a license is expired, suspended, or forfeited. However, there is a loophole in Section 118 that only allows this authority during the period of time during which the license is able to be renewed, restored, reissued, or reinstated.

The Board's enforcement division is running into a problem with taking disciplinary action on registrants with an expired or expiring registration number. Under the law, a registration number is only valid for six years. After six years the registration expires and cannot be renewed, so the applicant must apply for a new registration number.

This is creating a situation where the Board cannot proceed with any disciplinary action once a registrant needs a new registration number. The registrant can then wait for the statute of limitations to run out on his or her violation, and then apply for a new number.

Recommendation: Add section 4990.33 so that the Board may take disciplinary action on its licensees and registrants regardless of the status of a license or registration. This section would apply to the Board's LMFT, LEP, LCSW, and LPCC licensees and registrants.

Additional Amendment – BPC Section 4980.36

Staff has discovered the need for an additional amendment that was not discussed at the Policy and Advocacy Committee meeting.

Background: LPCC licensing law, and LMFT licensing law for degrees begun prior to August 1, 2012, require an applicant to complete coursework in aging and long term care, which must include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

BPC Section 4980.36(d)(2), which applies to LMFT applicants who began their degree program after August 1, 2012, requires instruction in aging, and also in long term care. However, it does not mention any coursework requirement for elder and dependent adult abuse and neglect.

Staff believes this is an oversight that occurred when SB 33 was written. This coursework was previously required for the old LMFT degree programs, and is required for all LPCC degree programs. BPC Section 28 states the intent of the legislature is that the Board is encouraged to include coursework in the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care.

Recommendation: Amend Section 4980.36(d)(2)(B)(iii) to require instruction on elder and dependent adult abuse and neglect.

Policy and Advocacy Committee Meeting

At its October 30, 2013 meeting, the Policy and Advocacy Committee recommended that staff make the amendments noted above, and take to the Board for consideration as a legislative proposal.

Recommendation

Direct staff to make any discussed changes, as well as any non-substantive changes to the proposed language and recommend that the Board sponsor legislation to make the proposed changes.

Attachments

Attachment A: Proposed Language

Attachment B: COAMFTE Memo: Notice and Rationale for COAMFTE Decision to Withdraw from Recognition by the U.S. Department of Education (USDE)

Attachment C: BPC Section 118

**ATTACHMENT A
2014 BOARD OMNIBUS BILL
PROPOSED AMENDMENTS**

AMEND §27.

(a) Each entity specified in subdivision (b) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. In providing information on the Internet, each entity shall comply with the Department of Consumer Affairs Guidelines for Access to Public Records. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Acupuncture Board shall disclose information on its licensees.

(2) The Board of Behavioral Sciences shall disclose information on its licensees, including [licensed](#) marriage and family therapists, licensed clinical social workers, [licensed professional clinical counselors](#), and licensed educational psychologists.

(3) The Dental Board of California shall disclose information on its licensees.

(4) The State Board of Optometry shall disclose information regarding certificates of registration to practice optometry, statements of licensure, optometric corporation registrations, branch office licenses, and fictitious name permits of its licensees.

(5) The Board for Professional Engineers and Land Surveyors shall disclose information on its registrants and licensees.

(6) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(7) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(8) The Bureau of Electronic and Appliance Repair shall disclose information on its licensees, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(9) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(10) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(11) The Contractors' State License Board shall disclose information on its licensees in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(12) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(13) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(c) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (e) of Section 17538.

AMEND CHAPTER 13 TITLE CHAPTER 13. LICENSED MARRIAGE AND FAMILY THERAPISTS

§4980. NECESSITY OF LICENSE

(a) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships. Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resource. [Licensed Marriage](#) and family therapists provide a crucial support for the well-being of the people and the State of California.

(b) No person may engage in the practice of marriage and family therapy as defined by Section 4980.02, unless he or she holds a valid license as a marriage and family therapist, or unless he or she is specifically exempted from that requirement, nor may any person advertise himself or herself as performing the services of a marriage, family, child, domestic, or marital consultant, or in any way use these or any similar titles, including the letters "[L.M.F.T.](#)", "M.F.T." or "M.F.C.C.," or other name, word initial, or symbol in connection with or following his or her name to imply that he or she performs these services without a license as provided by this chapter. Persons licensed under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2, or under Chapter 6.6 (commencing with Section 2900) may engage in such practice or advertise that they practice

AMEND §4980.36.

(a) This section shall apply to the following:

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

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

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

(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

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

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

(A) Marriage and family therapy principles.

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

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

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

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

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

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

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

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

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

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

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.

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

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

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

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

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

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

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

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

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

(2) Instruction in all of the following:

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

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

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

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

(iii) Aging and its biological, social, cognitive, and psychological aspects. [This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.](#)

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

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

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

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

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

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

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

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

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

(v) Marriage, divorce, and blended families.

(vi) Long-term care.

(vii) End of life and grief.

(viii) Poverty and deprivation.

(ix) Financial and social stress.

(x) Effects of trauma.

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

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

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

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

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

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

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.

(ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.

(xi) The prevention of substance use disorders and addiction.

(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:

(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(iii) The current legal patterns and trends in the mental health professions.

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

(v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(vi) Differences in legal and ethical standards for different types of work settings.

(vii) Licensing law and licensing process.

(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

AMEND §4980.37.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

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

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

(g) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

AMEND §4980.41.

(a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (d) of Section 4980.40:

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

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

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

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

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

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

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

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

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

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an

accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

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

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

(8) The requirements added by paragraphs (6) and (7) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for [licensed](#) marriage and family therapists.

(b) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

AMEND §4980.43.

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

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

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

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

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

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

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

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

(7) Not more than a combined total of 1,000 hours of experience in the following:

(A) Direct supervisor contact.

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

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

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

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

(9) For all hours gained on or after January 1, 2012, not more than 500 hours of experience in the following:

(A) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.

(B) Client centered advocacy.

(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For up to 150 hours of treating couples and families in conjoint therapy, the applicant shall be credited with two hours of experience for each hour of therapy provided.

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

(12) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

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

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

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

(c) Except for experience gained pursuant to subparagraph (B) of paragraph (7) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

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

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

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

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

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

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

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

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

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

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

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

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

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

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

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

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

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

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

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

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

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

AMEND §4980.55.

As a model for all therapeutic professions, and to acknowledge respect and regard for the consuming public, all [licensed](#) marriage and family therapists are encouraged to provide to each client, at an appropriate time and within the context of the psychotherapeutic relationship, an accurate and informative statement of the therapist's experience, education, specialties, professional orientation, and any other information deemed appropriate by the licensee.

AMEND §4980.72.

(a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4980.78. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(2) The applicant complies with Section 4980.76, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and or has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered. ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

AMEND §4980.78.

(a) This section applies to persons who apply for licensure or registration on or after January 1, 2016.

(b) For purposes of Sections 4980.72 and 4980.74, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by an accrediting agency that is recognized by the United States Department of Education and consists of, at a minimum, 48 semester or 72 quarter units, including, but not limited to, both of the following:

(A) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 150 hours of face-to-face counseling.

(B) Twelve semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) The applicant completes any units and course content requirements under subdivision (d) of Section 4980.36 not already completed in his or her education.

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

(A) Instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery model practice environments.

(B) An understanding of various California cultures and the social and psychological implications of socioeconomic position.

(C) Structured meeting with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(D) Instruction in addiction and co-occurring substance abuse and mental health disorders, as specified in subparagraph (l) of paragraph (2) of subdivision (d) of Section 4980.36.

(4) The applicant completes an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process.

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

AMEND §4987.5.

A marriage and family therapy corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed marriage and family therapists, physicians and surgeons, psychologists, licensed professional clinical counselors, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a marriage and family therapy corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the Board of Behavioral Sciences.

ADD §4990.33

Notwithstanding any other law, the expiration, cancellation, forfeiture, or suspension of a license, registration, practice privilege, or other authority to practice by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license or registration by a licensee or registrant, of any license or registration within the board's authority, shall not deprive the board of jurisdiction to commence or proceed with any investigation of or action or disciplinary proceeding against the licensee or registrant, or to render a decision suspending or revoking the license or registration.

AMEND §4996.23.

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of postmaster's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. For purposes of this subdivision, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group conducted within the same week as the hours claimed.

(3) An associate shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(4) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

(5) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.

(6) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, [a licensed professional clinical counselor](#), a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

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

(l) An associate shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(3) Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of his or her employer.

(m) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

AMEND §4998.

A licensed clinical social worker corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed clinical social workers, physicians and surgeons, psychologists, [licensed professional clinical counselors](#), [licensed](#) marriage and family therapists, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs. With respect to a licensed clinical social worker corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the Board of Behavioral Sciences.

AMEND §4999.58.

(a) This section applies to a person who applies for examination eligibility between January 1, 2011, and December 31, 2015, inclusive, and who meets both of the following requirements:

(1) At the time of application, holds a valid license as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States.

(2) Has held the license described in paragraph (1) for at least two years immediately preceding the date of application.

(b) The board may issue a license to a person described in subdivision (a) if all of the following requirements are satisfied:

(1) The education and supervised experience requirements of the other jurisdiction are substantially the equivalent of this chapter, as described in subdivision (e) and in Section 4999.46.

(2) The person complies with subdivision (b) of Section 4999.40, if applicable.

(3) The person successfully completes the examinations required by the board pursuant to paragraph (3) of subdivision (a) of Section 4999.50. An applicant who obtained his or her license or registration under another jurisdiction by taking a national examination that is required by the board may apply for licensure with the board without retaking that examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the national licensing examination that is required by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and or has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered, ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

(4) The person pays the required fees.

(c) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure by that state as a licensed professional clinical counselor.

(d) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed the training or coursework required under subdivision (e) of Section 4999.32, which includes, in addition to the course described in subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.32, an 18-hour course in California law and professional ethics for professional clinical counselors.

(e) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant's education meets the requirements of Section 4999.32. If the applicant's degree does not contain the content or the overall units required by Section

4999.32, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(1) The applicant's degree contains the required number of practicum units under paragraph (3) of subdivision (c) of Section 4999.32.

(2) The applicant remediates his or her specific deficiency by completing the course content and units required by Section 4999.32.

(3) The applicant's degree otherwise complies with this section.

(f) This section shall become inoperative on January 1, 2016, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2016, deletes or extends that date.

AMEND §4999.59.

(a) This section applies to a person who applies for examination eligibility or registration between January 1, 2011, and December 31, 2015, inclusive, who meets both of the following requirements:

(1) At the time of application, holds a valid license described in paragraph (1) of subdivision (a) of Section 4999.58.

(2) Has held the license described in paragraph (1) for less than two years immediately preceding the date of application.

(b) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter, if the applicant complies with Section 4999.40, if applicable, and if the applicant has gained a minimum of 250 hours of supervised experience in direct counseling within California while registered as an intern with the board. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure in that state as a professional clinical counselor.

(c) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed the training or coursework required under subdivision (e) of Section 4999.32, which includes, in addition to the course described in subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.32, an 18-hour course in California law and professional ethics for professional clinical counselors.

(d) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant's education meets the requirements of Section 4999.32. If the applicant's degree does not contain the content or the overall units required by Section 4999.32, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(1) The applicant's degree contains the required number of practicum units under paragraph (3) of subdivision (c) of Section 4999.32.

(2) The applicant remediates his or her specific deficiency by completing the course content and units required by Section 4999.32.

(3) The applicant's degree otherwise complies with this section.

(e) An applicant who obtained his or her license or registration under another jurisdiction by taking a national examination that is required by the board may apply for licensure with the board without retaking that examination if both of the following conditions are met:

(1) The applicant obtained a passing score on the national licensing examination that is required by the board.

(2) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and/or has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered, ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

(f) This section shall become inoperative on January 1, 2016, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2016, deletes or extends that date.

AMEND §4999.60.

(a) This section applies to persons who are licensed outside of California and apply for examination eligibility on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4999.62.

(2) The applicant complies with subdivision (b) of Section 4999.40, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and/or has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered, ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

AMEND §4999.123.

A professional clinical counselor corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees who are rendering professional services and who are licensed professional clinical counselors, [licensed](#) marriage and family therapists, physicians and surgeons, psychologists, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists, are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a professional clinical counselor corporation, the term “governmental agency” in the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code) shall be construed to mean the Board of Behavioral Sciences.



NOTICE AND RATIONALE FOR COAMFTE DECISION TO WITHDRAW FROM RECOGNITION BY THE U.S. DEPARTMENT OF EDUCATION (USDE)

(Authored by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and approved at the COAMFTE meeting in April 2013)

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is recognized by the U.S. Department of Education and Council for Higher Education Accreditation (CHEA) as an accrediting agency for graduate degree and clinical training programs in marriage and family therapy.

Background

Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) – The purpose of COAMFTE accreditation is to assure quality education in graduate marriage and family therapy programs. It provides a reasonable basis for evaluation of potential employees and a safeguard for the protection of clients.

U.S. Department of Education (USDE) – USDE recognizes accreditors as gatekeepers for federal funds. In this role, USDE is concerned mainly with the mechanisms accreditors have in place to monitor the federal funding process. Accreditors recognized under Title IV of the Higher Education Act of 1965, like regional accrediting agencies, fall primarily in that category and provide its accredited institutions with access to major federal financial funds. COAMFTE is not recognized under Title IV and provides access to only a small number of financial programs.

Council for Higher Education Accreditation (CHEA) - CHEA's purpose is quality assurance of higher education through accreditation. In this role, it provides a "seal of approval" for COAMFTE. Since CHEA's focus is quality assurance through accreditation, CHEA recognition enables COAMFTE to fulfill its purpose while providing an external review of COAMFTE processes, procedures and standards for accreditation. COAMFTE and COAMFTE-accredited programs directly benefit from CHEA's review process as it provides a system of checks and balances.

Since the federal regulations render COAMFTE ineligible to operate as a gatekeeper for major federal financial assistance programs, the benefit of USDE recognition is negligible. Yet, the cost of maintaining USDE recognition has steadily increased over the years, i.e., tracking changes in federal regulations, developing policies that do not apply to COAMFTE-accredited programs and would impose on institutional freedom. After long and careful deliberation at its November 2012 meeting, COAMFTE determined that the costs of maintaining USDE recognition outweighed the benefits and voted not to pursue USDE recognition, effective April 15, 2013. In making the decision, COAMFTE also determined that such a course of action at this time would not prevent COAMFTE from pursuing such recognition in the future if things changed such that USDE recognition was determined to be relevant and vital for COAMFTE and its accredited programs. This document provides information and the rationale for this decision (See also Appendix A).

History

USDE

At the time the American Association for Marriage and Family Therapy (AAMFT) was working on being recognized as a core mental health profession, it looked to USDE as a way of legitimizing the profession through education. COAMFTE (formerly Committee on Accreditation of AAMFT) gained official recognition by the United States Office of Education, Department of Health, Education, and Welfare in 1978. In 1980, the Department was renamed to the USDE and has continued its recognition of COAMFTE. Originally, COAMFTE was recognized by USDE under Title IV of the Higher Education Act of 1965. Recognition under Title IV, allowed programs accredited by COAMFTE to establish eligibility to participate in the federal student financial assistance programs administered by the Department.

At the time, USDE was the only organization to provide external recognition. While the purpose of USDE recognition was to ensure that federal funds were appropriately distributed and managed through Title IV accreditors, as the only external recognition agency, it created a perception of providing a stamp of approval for quality. During that period, the benefit of USDE recognition to COAMFTE was significant. Even with the time it took COAMFTE to gain USDE recognition and maintain it by placing certain constraints on accredited programs, it was worth it. COAMFTE-accredited programs were eligible to participate in the major federal student financial assistance programs, creating a direct benefit to students.

Fast forward to the early 1990s when USDE implemented re-authorization of Higher Education Act (HEA) and changed its recognition criteria, rendering COAMFTE ineligible to be recognized as a Title IV accreditor. That role was shifted primarily to regional accreditors who accredited universities. COAMFTE was eligible to be recognized only under the non-Higher Education Act criteria. The change in the USDE recognition criteria meant that COAMFTE-accredited programs were no longer eligible to participate in the federal student financial assistance programs administered by the Department. That eligibility was now determined through regional accreditation of universities. As long as COAMFTE-accredited programs were housed in regionally accredited universities, their students were still eligible for federal financial programs. This change, however, effectively diminished the benefit of USDE recognition to COAMFTE.

CHEA

While the re-authorization of the HEA was taking place, the world of higher education was still looking for a recognition entity that would provide a stamp of approval for quality. Like other accrediting agencies, COAMFTE sought a separate recognition by an entity with a direct interest in the quality of education not weighed down by fiscal interests. In 1994, COAMFTE achieved recognition by the Commission on Recognition of Postsecondary Accreditation (CORPA), the successor to the Council on Postsecondary Accreditation (COPA). In 1997, CORPA was dissolved and the Council on Higher Education Accreditation (CHEA) was created.

Licensure: Unintended consequences

The unintended consequences of USDE recognition are such that it made its way into the licensure laws. Upon review of state licensure, eight states (CA, CT, GA, FL, KY, MA, MO, and RI) were identified as having references to USDE in their language. In many cases these references were incorrect, referring to USDE as granting accreditation/approval of *academic programs* instead of its role as providing recognition for *accrediting agencies*. AAMFT began working with the divisional leaders in those states to correct the language.

Licensure is controlled at a state level. The purpose of licensure is to protect the public by ensuring that practitioners meet the minimum requirements for education, practice and examination. Part of the minimum requirements is an educational degree from a program accredited by an agency appropriate to that field. COAMFTE accreditation of MFT programs provides assurance of the quality of education in the field of marriage and family therapy. USDE recognition, the purpose of which is to monitor financial funds flowing to institutions, has no bearing on either the quality of MFT educational programs or an applicant's ability to become licensed. The Commission does not anticipate that COAMFTE withdrawal from USDE recognition will impact graduates in obtaining licensure.

States where the language erroneously links an applicant's ability to become licensed to USDE accreditation/approval/recognition of MFT programs and/or the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) were identified and encouraged to revise the language. Following a meeting in Spring 2012 with AAMFT Divisional Leaders of those states (CA, CT, GA, FL, KY, MA, MO, RI), the AAMFT staff shared a fact sheet with the Divisions and COAMFTE-accredited programs. Staff also worked with divisions to propose a revision in language to assist the divisions in correcting the state licensure language in order to protect MFT applicants in those states. Already, four states have introduced bills that will effectively eliminate USDE references in state law. The remaining states have access to the staff to guide them through the process. For more information on the status of these changes, please see Appendix B.

Current Status

Cost-Benefit analysis

The diminishing benefits of USDE recognition compelled COAMFTE to review the cost of maintaining it. In 2010, USDE significantly changed their recognition criteria resulting in further regulation that included federal definition of a credit hour; changing the definition of Public Member; requiring programs to provide accreditors with copies of all student complaints; state authorization, etc. All USDE-recognized accreditors had to absorb these changes regardless if they operated as a gatekeeper for major federal financial assistance programs or not. The new regulations were directed at Title IV accreditors with oversight of major federal financial aid programs. They were not intended for accreditors like COAMFTE who are not eligible to be a Title IV accreditor. And yet, COAMFTE had to amend its process, policy, and procedures to meet the criteria.

More and more hours of staff time was spent in tracking changes in state regulation, reviewing COAMFTE policies and procedures in relation to the federal changes, and working towards changes that will mostly hinder the flexibility of the accreditation process. COAMFTE staff's role is to provide support to programs going through the accreditation process, assist the Commission with creating and delivering training workshops, expanding the pool of volunteers, and staying current with best practices, among many. Staff's ability to focus on these important issues was challenged by the time spent on tracking federal regulations. As COAMFTE began the process of seeking renewal of recognition with USDE in 2011, it was faced with a dilemma of higher costs and few benefits.

In 2011, COAMFTE surveyed its accredited programs to assess the cost-benefit of dual recognition by USDE and CHEA. The survey showed that 82.9% of respondent programs have never participated in the federal programs accessible through USDE recognition of COAMFTE. Over 97% of respondents reported that the direct benefit of USDE recognition of COAMFTE was inconsequential and/or unknown. When faced with increasing costs of COAMFTE accreditation only 5.7% somewhat agreed that COAMFTE should continue with dual recognition.

Why USDE recognition is no longer a benefit

The re-authorization of HEA and the change in the recognition criteria also brought more regulation that USDE-recognized accreditors and programs they accredit had to absorb. The changes made it clear that the seal of approval for quality that was previously associated with USDE, correctly or incorrectly, became the seal of approval for management of major federal financial funds. And COAMFTE was not allowed to be a player. Today, USDE recognition of COAMFTE under non-HEA allows COAMFTE-accredited programs to participate in only two remaining programs: National Health Service Corp Loan Repayment Programs and the Faculty Loan Repayment Program. The cost of USDE recognition is meeting an exorbitant number of federal regulations aimed at accrediting agencies who are the major players under Title IV with access to major federal financial assistance programs. The benefit of USDE recognition is all but eliminated. While a small number of COAMFTE-accredited programs indicated that they access federal programs through COAMFTE status of being USDE-recognized, the cost of maintaining the recognition to many is outweighed by the benefit to a few.

Why is CHEA a continuing benefit

CHEA is “a national advocate and institutional voice for self-regulation of academic quality through accreditation” and has recognized the Commission since CHEA’s inception. As “a primary national voice for accreditation and quality assurance”, CHEA provides COAMFTE with a stamp of approval for quality. With the mission that aligns with the purpose and focus of accreditation, CHEA provides accrediting agencies with a system of checks and balances, and creates a process parallel to accreditation that requires accrediting agencies to self-evaluate and improve. COAMFTE benefits from this process as it provides the validation as an external recognition body and serves as a more appropriate recognition for the intent of COAMFTE specialized professional accreditation and the needs of MFT programs.

Appendix A

INFORMATION CONSIDERED IN THE DECISION

Information	Determination
May 2011 survey of COAMFTE programs re: the Cost-Benefit of USDE Recognition	Handful of programs utilizing Federal funding aspects of USDE recognition.
AAMFT Legal Department Review of State Licensure laws regarding inclusion of USDE recognition by the AAMFT Legal Department and notification to State Divisions re: actual or implied licensure language that linked licensure to USDE recognition and that might be potentially problematic for future LMFT applicants seeking licensure (8 states – CA, CT, GA, FL, KY, MA, MO and RI)	Review of the laws revealed that in these states the laws incorrectly referred to USDE recognition (e.g., the law stated that degrees had to be from MFT programs with USDE recognition and the USDE doesn't recognize programs but rather accrediting bodies such as COAMFTE that then accredits MFT programs). The state divisions in these states were notified of language problems and were already in the process of making requisite changes in licensure language.
USDE Scope of Recognition and Meaning. USDE recognizes accreditors as gatekeepers for federal funds, primarily through Title IV funding, however, federal regulation changes render COAMFTE ineligible to operate as a Title IV gatekeeper.	COAMFTE-accredited programs obtain Title IV funding through regional accreditation, not COAMFTE accreditation.
Cost of meeting USDE Recognition requirements (Staff, Policies and Procedures)	In order to meet the USDE requirements, COAMFTE would have to revamp its policies and procedures in order to come into compliance. In addition, COAMFTE would then have to modify how it tracked compliance, with corresponding policy and procedural changes that would require significantly more staff and Commission time.
Intended and unintended consequences of not maintaining USDE Recognition	This included a discussion of the following items: Accredited programs' perceptions and implications, competing mental health profession accreditors, historical value/attachment to USDE recognition, external perceptions of USDE recognition, Education/Understanding of USDE recognition.
Accredited Programs' Perceptions and Implications of Discontinuing USDE Recognition	Important to make sure programs understand the decision and why it was made.
Implications with regard to Competing Mental Health Accreditors and their recognition and influence (i.e. American Psychological Association and American Counseling Association)	Discussion about political arena and the importance of the Association, Board and Divisions being educated and prepared and ready to advocate for the profession and counteract any inaccurate uses by other associations of USDE recognition and/or decision to withdraw recognition.
Historical value/attachment to USDE recognition	Discussion of the history of seeking USDE recognition and the meaning attached to it. Important that others be educated about the true value, cost and benefit of USDE recognition, changes in purpose of

	USDE recognition and transparency in how COAMFTE reached its decision regarding USDE recognition.
External perceptions of USDE recognition	Discussion of how others outside of AAMFT and accredited programs view/use USDE recognition. Again determined that education would be vital to correcting misperceptions about actual purpose/benefits of USDE recognition.
Education/Understanding of Accreditation	With so much of the discussion of items identifying the importance of education and understanding of Accreditation and USDE recognition, COAMFTE discussed how critical this would be once a decision had been made.
Transparency regarding the decision and rationale	Discussion of how important transparency and sharing of the decision and rationale for the decision would need to be.
Regional vs. Specialize Professional Accreditation	Regional USDE Accreditation stills provides coverage to degree granting programs for those that are in regionally accredited institutions
Implications for COAMFTE-accredited Post-degree Institutions (PDIs)	Discussion of how many PDIs actually utilize USDE recognition as means of securing federal funding for students and that changes in USDE recognition no longer make this an avenue for such programs to access such funds.
Standards Review Committee revisions to standards necessitated by USDE requirements	Discussion of standard changes that would be required to come into compliance with requirements and the corresponding time and expenses.
Council for Higher Education Accreditation (CHEA) vs USDE recognition	Discussion of need for external validation as an external recognition body and that CHEA is a more appropriate recognition for the needs and intent of MFT specialized professional accreditation.
Implications for Expansion of COAMFTE-accredited programs, including international programs	With the increased interest from programs around the world, the relevance of USDE recognition becomes less significant.
COAMFTE financial dependence on AAMFT and need to become more financially independent	Discussion of the need to maximize efficiency of COAMFTE resources and keep expenses down.
Cost-Benefit Analysis of Continued Recognition	Review of costs and benefits associated with USDE recognition.
Losing Recognition vs Withdrawal of Recognition	Better to withdraw from the recognition process based on COAMFTE's determination rather than losing it due to non-compliance.
Implications on future USDE Recognition	Better to withdraw from the recognition process and keep the option of pursuing recognition in the future should things change and the benefits of USDE recognition again become relevant and outweigh the costs.

Appendix B

CURRENT STATUS OF CHANGES IN LICENSURE LAW IN STATES WITH INACCURATE REFERENCES IN THE LANGUAGE

1. California – In March, the Division legislative chair indicated that the state would like to hold off on introducing the suggested language until next year or not introduce it if not needed. AAMFT Legal Staff suggested they could wait until next year, but not abandon all efforts to amend the law. California’s language is the least worrisome.
2. Connecticut – In March, House Bill 6646 was introduced. This bill will eliminate the USDE references in state law.
3. Florida -- In March, House Bill 1161 and Senate Bill 1368 were introduced. These bills will eliminate the USDE references in state law and make some other key changes to the MFT licensure law.
4. Georgia – In February, Senate Bill 128 was introduced. This bill will eliminate the USDE references in state law and add the term “diagnose” to the MFT scope of practice. It passed the Senate and a House committee. However, the House did not pass the bill due to reasons that were unrelated to the legislation. The House will consider this bill in early 2014.
5. Kentucky – No legislation has been introduced on this issue.
6. Massachusetts – In December, the Division decided not to pursue advocacy on this topic. Staff with the licensure board that regulates MFTs told the Division that there would not be any problem recognizing applicants from COAMFTE –accredited programs after any change is made.
7. Missouri – Earlier this year, Senate Bill 234 was introduced and has recently passed the Senate. It will be heard by the House shortly. This bill will eliminate the USDE references in state law and make some other key changes to the MFT licensure law.
8. Rhode Island – No legislation has been introduced on this issue.

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ATTACHMENT C
BUSINESS AND PROFESSIONS CODE
SECTION 118

Business and Professions Code Section 118.

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

(Added by Stats. 1961, Ch. 1079.)

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To: Board Members **Date:** October 31, 2013
From: Rosanne Helms **Telephone:** (916) 574-7897
Legislative Analyst
Subject: Legislative Amendment for Exam Restructure

Board staff is in the process of implementing the examination restructure, which will change the examination process for applicants who are seeking licensure as a marriage and family therapist (LMFT), clinical social worker (LCSW), or professional clinical counselor (LPCC). Recently, SB 821 (Chapter 473, Statutes of 2013) changed the implementation date of the examination restructure from January 1, 2014 to January 1, 2016.

In order to implement the examination restructure effectively, staff has found the need for additional technical legislative amendments. Staff has confirmed with the Senate Business, Professions, and Economic Development Committee that they are willing to include these amendments in their omnibus bill.

Potential Problems

The need for amendments is based on questions staff has received regarding renewal of intern and associate registrations in the months after January 1, 2016, when the examination restructure becomes effective. Currently, the law related to the exam restructure states that a registrant shall take the California law and ethics examination prior to registration renewal. In addition, the law also states that the Board shall not issue a subsequent registration number to someone whose registration is expiring, until they have passed the California law and ethics exam.

This raises two potential problems:

1. An intern or associate renewing a registration in the months after January 1, 2016 will not have had much time to attempt the California law and ethics exam, as the exam will not begin to be offered until January 1, 2016.
2. As of January 1, 2016, an intern or associate who has an expiring registration number (because they have held it six years) will be required to pass the California law and ethics exam *prior* to being issued their second registration number. However, this is a new requirement, leaving those with a registration that expires after January 1, 2016 with little time to prepare.

Proposed Amendments

In order to address these potential problems in an equitable manner, staff proposes the following two amendments:

1. Allow an applicant who holds an active registration, who applies for renewal of that registration between January 1, 2016 and June 30, 2016 to if eligible, be allowed to renew his or her registration without first participating in the California law and ethics examination.

Under this scenario, these registrants will be required to participate in the California law and ethics examination when they apply for their next renewal. This will ensure they have adequate advance notice to sign up for and prepare for the exam.

2. Allow an applicant who holds an active registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, to if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination.

These registrants will still be required to take the examination in order to renew their registration each year, and will still be required to pass the examination before obtaining either a license or another registration number.

Policy and Advocacy Committee Recommendation

At its October 30, 2013 meeting, the Policy and Advocacy Committee discussed concerns that the proposal of waiving the requirement for renewing registrants for a full year seemed excessive. The Committee believes a six-month waiver period is sufficient. Therefore, this timeframe was amended in.

The Committee decided that the year-long waiver timeframe from January 1, 2016 to January 1, 2017 was reasonable for those applying for a subsequent registration. This is because instead of just attempting the California law and ethics exam like renewing registrants must do, those seeking a subsequent registration are required to pass the exam before they receive their subsequent registration.

Additional Amendment

Legal Counsel recommended an additional amendment, which was not presented at the Policy and Advocacy Committee. This amendment adds language stating that the exam must be taken at the next renewal period (for renewals) and that the exam must be passed at the next renewal period or prior to licensure, whichever occurs first (for subsequent registration numbers). The purpose of this amendment is to make it abundantly clear that even though the Board is allowing a delay in the California law and ethics exam for those renewing or obtaining a subsequent registration shortly after the exam restructure becomes effective, these subgroups will still be required to take and pass the exam.

Recommendation

Conduct an open discussion regarding the proposed amendments. Direct staff to make any discussed changes, and any non-substantive changes to the proposed language, and submit to the Legislature as a legislative proposal.

Attachments

Attachment A: Proposed Amendments

**ATTACHMENT A
EXAM RESTRUCTURE
PROPOSED AMENDMENTS**

AMEND §4980.399.

(a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

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

(c) Notwithstanding subsection (b), an applicant who holds a registration eligible for renewal, who applies for renewal of that registration between January 1, 2016 and June 30, 2016, shall if eligible, be allowed to renew such registration without first participating in the California law and ethics examination. These applicants must participate in the California law and ethics examination in the next renewal cycle, and must pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

~~(d)~~(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision ~~(d)~~(e).

~~(d)~~(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state or governmental entity, or a college or university.

~~(e)~~(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subsection (f), an applicant who holds or has held a registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to obtain such subsequent registration number without first passing the California law and ethics examination, as long as the examination is passed at the next renewal period or prior to licensure, whichever occurs first.

~~(f)~~(h) This section shall become operative on January 1, 2016.

AMEND §4992.09.

(a) Except as provided in subdivision (a) of Section 4992.07, an applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

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

(c) Notwithstanding subsection (b), an applicant who holds a registration eligible for renewal, who applies for renewal of that registration between January 1, 2016 and June 30, 2016, shall if eligible, be allowed to renew such registration without first participating in the California law and ethics examination. These applicants must participate in the California law and ethics examination in the next renewal cycle, and must pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

~~(e)(d)~~ If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except for as provided in subdivision ~~(d)~~(e).

~~(d)~~(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state or governmental entity, or a college or university.

~~(e)~~(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subsection (f), an applicant who holds or has held a registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to obtain such subsequent registration number without first passing the California law and ethics examination, as long as the examination is passed at the next renewal period or prior to licensure, whichever occurs first.

~~(f)~~(h) This section shall become operative on January 1, 2016.

AMEND §4999.55.

(a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

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

(c) Notwithstanding subsection (b), an applicant who holds a registration eligible for renewal, who applies for renewal of that registration between January 1, 2016 and June 30, 2016, shall if eligible, be allowed to renew such registration without first participating in the California law and ethics examination. These applicants must participate in the California law and ethics examination in the next renewal cycle, and must pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

~~(e)~~(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application, except as provided in subdivision ~~(d)~~(e).

~~(d)~~(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state, or governmental entity, or a college or university.

~~(e)~~(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subsection (f), an applicant who holds or has held a registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to obtain such subsequent registration number without first passing the California law and ethics examination, as long as the examination is passed at the next renewal period or prior to licensure, whichever occurs first.

~~(f)~~(h) This section shall become operative January 1, 2016.

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To: Board Members

Date: November 14,
2013

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Review of Board Sponsored and Monitored Legislation

BOARD-SPONSORED LEGISLATION

CHAPTERED BILLS

AB 404 (Eggman): Retired Licenses

This bill clarifies the law regarding eligibility for a retired license. It states that a licensee is eligible for a retired license if he or she holds a current, active license, or an inactive license, if the license is in good standing. It also reduces the timeline allowed to restore a retired license to active status from five years to three years.

Chapter 339, Statutes of 2013

AB 428 (Eggman): LMFT and LCSW Applicant Remediation of Coursework

This bill amends LMFT licensing law to allow an LMFT applicant whose degree is deficient in the alcoholism and other chemical substance dependency requirement, or the spousal or partner abuse assessment requirement, to remediate those deficiencies. Current law does not allow remediation. It also amends LCSW licensing law to clarify that LCSW applicants may also remediate a deficiency in the spousal or partner abuse assessment coursework.

Chapter 376, Statutes of 2013

AB 451 (Eggman): LMFT and LPCC Out-of-State Applicant Requirements

Licensing requirements for out-of-state LMFT and LPCC applicants were set to change on January 1, 2014. However, the Board had concerns that the new out-of-state requirements may be too stringent, restricting portability of these license types to California.

This bill extends the effective date of the new education requirements for out-of-state licensees from January 1, 2014 to January 1, 2016. This allows the Board additional time to carefully consider solutions to this problem which would increase portability of licenses while maintaining public protection. The Board has formed a special committee, which has been meeting to discuss this issue further. The Board will propose follow-up legislation to this bill.

Chapter 551, Statutes of 2013

SB 821 (Senate Business, Professions, and Economic Development Committee): Omnibus Legislation

This bill makes technical and non-substantive amendments to add clarity and consistency to current Board licensing law. It also extends the effective date of the exam restructure from January 1, 2014 to January 1, 2016.

Chapter 473, Statutes of 2013

TWO-YEAR BILLS

AB 958 (Jones): Child Custody Evaluators

This bill would specify that the Board may access a child custody evaluation report for the purpose of investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report. Currently, the law does not give the Board direct access to the child custody evaluation report. This leaves the Board unable to investigate allegations of unprofessional conduct of its licensees while they are serving as a custody evaluator, even though the Board is mandated to do so by law.

Status: This is a two-year bill.

BOARD-SUPPORTED LEGISLATION

CHAPTERED BILLS

AB 1057 (Medina): Professions and Vocations: Licenses: Military Service

This bill requires all boards under DCA to ask on licensing applications if the individual applying for licensure is serving in or has served in the military.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

Chapter 693, Statutes of 2013

SB 126 (Steinberg): Health Care Coverage - Autism

This bill extends the requirement that health care service plans and health insurance policies provide coverage for behavioral health treatment for pervasive developmental disorder or autism, until January 1, 2017.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

Chapter 680, Statutes of 2013

SB 243 (Wyland): Professional Clinical Counselors

This bill amends the requirements for an LPCC who opts to treat couples and families so that the required training and education in order to do this does not need to be in addition to the minimum training and education required for licensure.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

Chapter 465, Statutes of 2013

TWO-YEAR BILLS

SB 22 (Beall): Health Coverage: Mental Health Parity

This bill would require health care plans and insurers to submit an annual report certifying that the plan is compliant with the mental health parity act.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

Status: This is a two-year bill.

BILLS THAT FAILED PASSAGE

No Board-supported legislation failed passage this year.

THE BOARD MONITORED THE FOLLOWING LEGISLATION:

CHAPTERED BILLS

AB 512 (Rendon): Healing Arts: Licensure Exemption

This bill extends provisions allowing a health care practitioner who is licensed out-of-state to participate in a free, sponsored health care event in California. The provisions currently expire on January 1, 2014, and are now extended to January 1, 2018.

At its May 23, 2013 meeting, the Board took a “support if amended” position on this bill. The Board noted that the intent of this bill is to provide basic medical, dental, and vision services to the uninsured and underinsured. However, licensees of the Board of Behavioral Sciences do not provide these basic services. Therefore, the Board asked the author to narrow the scope of this bill to exclude the Board of Behavioral Sciences.

Staff learned in subsequent conversations with the author’s office that they did not plan to amend this bill, as they do not believe the Board is required to adopt regulations to implement the bill since it does not apply to its licensees’ services.

Chapter 111, Statutes of 2013

SB 282 (Yee): Confidential Medical Information: Required Authorization to Disclose

This bill extends a provision in law, currently in place for physicians and surgeons, to marriage and family therapists. The provision requires that a patient’s demand for settlement or offer to compromise, be accompanied by authorization to disclose medical information to the insuring or defending organization.

At its May 23, 2013 meeting, the Board adopted a “support if amended” position on this bill, and requested that the Board’s other license types be included. However, due to possible opposition or objections that this may have caused, the other license types were not included.

Chapter 58, Statutes of 2013

TWO-YEAR BILLS

AB 186 (Maienschein): Military Spouses: Temporary Licenses

This bill requires a Board within DCA to issue a temporary license to an applicant who is eligible for, and requests, an expedited license. Such an applicant must be married to or in a domestic partnership with an active member of the U.S. military who is assigned to active duty in California, and must hold a current license in the same profession in another state.

At its meeting on May 23, 2013, the Board took a “support if amended” position on this legislation, asking for the following amendments:

- An amendment requiring the applicant to provide a transcript to the Board;
- An amendment allowing delayed implementation to accommodate DCA’s BreEZE database system; and
- An amendment requiring the applicant to pass the California law and ethics examination prior to the issuance of the temporary license.

These requested amendments have not been made as of this date.

Status: This is a two-year bill.

AB 213 (Logue): Licensure and Certification Requirements: Military Experience

This bill, as of July 1, 2015, requires a board that accredits or approves schools offering education course credits toward licensing requirements to require a school seeking accreditation or approval to submit proof that it has procedures in place to evaluate an applicant’s military education, training and experience toward completion of an educational program designed to qualify a person for licensure.

The Board chose not to adopt a position on this bill at its May 23, 2013 meeting.

Status: This is a two-year bill.

AB 252 (Yamada/Eggman): Social Workers

This bill would limit the use of the title “social worker” to only those who hold a degree from an accredited school of social work.

At its May 23, 2013 meeting, the Board adopted a “support if amended” position on this bill, and requested that several specific amendments be made.

The requested amendments have not been made at this time, because this legislation became a 2-year bill.

Status: This is a two-year bill.

AB 376 (Donnelly): Regulations: Notice

This bill would require a state agency enforcing a new regulation to notify all affected businesses 30 days before the regulation goes into effect.

The Board opted to take an “oppose” position on this bill at its May 23, 2013 meeting.

Status: This is a two-year bill.

AB 790 (Gomez) Child Abuse: Reporting

This bill would delete the provision that allows a team of mandated reporters of suspected child abuse or neglect to designate one member to make a single mandated report. Therefore, all mandated reporters who obtain knowledge of suspected child abuse or neglect would be required to make their own report.

The Board opted to take no position on this bill at its May 23, 2013 meeting, but directed staff to provide technical support to the author’s office on specified points. Staff has provided the author’s office with the Board’s feedback.

Status: This is a two-year bill.

AB 809 (Logue): Healing Arts: Telehealth

This bill would allow the verbal consent to telehealth given by the patient at its initial use to apply in any subsequent use of telehealth.

The Board opted to take no position on this bill at its May 23, 2013 meeting.

Status: This is a two-year bill.

SB 578 (Wyland): Marriage and Family Therapists: Unprofessional Conduct

This bill would add engaging in certain types of dual relationships with a patient to the list of provisions that may be considered unprofessional conduct for a marriage and family therapist licensee or registrant.

At its May 23, 2013 meeting, the Board adopted a “support if amended” position on this bill, requesting that a technical amendment be made.

The requested amendment has not been made at this time, because this legislation became a 2-year bill.

Status: This is a two-year bill.

Updated: October 14, 2013

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To: Board Members

Date: November 7, 2013

From: Christy Berger
Regulatory Analyst

Telephone: (916) 574-7817

Subject: Rulemaking Update

CURRENT REGULATORY PROPOSALS

Continuing Education: Title 16, CCR Sections 1887, 1887.1, 1887.3, 1887.4, 1887.11; Add Sections 1887.41, 1887.42, 1887.43; Delete Sections 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.13, 1887.14

This proposal makes a number of changes to the Board's continuing education program. These proposed changes are based on the recommendations of the Board's Continuing Education Committee, which was formed in 2011 in response to a number of concerns raised about continuing education.

This proposal was approved by the Board at its meeting on February 28, 2013. The Notice has been filed with the Office of Administrative Law (OAL) and the 45-day public comment period has ended. The public hearing for this proposal was on October 22, 2013. Staff is currently considering comments received during the public comment period.

APPROVED REGULATORY PROPOSALS

Implementation of SB 363 (Marriage and Family Therapist Intern Experience): Title 16, CCR Section 1833

SB 363 (Chapter 384, Statutes of 2011) limited the number of client-centered advocacy hours that a marriage and family therapist intern may earn toward licensure to 500 hours.

This proposal deletes regulatory language that conflicts with SB 363, and which is no longer needed due to the new legislative provisions enacted by SB 363. This amendment was approved by the Board at its meeting on November 9, 2011. This proposal also deletes an outdated provision regarding crisis counseling on the telephone, which directly conflicts with telehealth provisions in LMFT licensing law. This amendment was approved by the Board at its meeting on February 29, 2012.

This proposal was approved by the Office of Administrative Law (OAL) and filed with the Secretary of State on July 15, 2013. It became effective on **October 1, 2013.**

Enforcement Regulations: Title 16, CCR Sections 1803, 1845, 1858, 1881; Add Sections 1823, 1888.1, SB 1111

This proposal is part of an effort by the Department of Consumer Affairs (DCA) for healing arts boards to individually seek regulations to implement provisions of SB 1111 and SB 544 (part of DCA's Consumer Protection Enforcement Initiative) that do not require statutory authority.

The intent of SB 1111, which failed passage in 2010, and SB 544, which failed passage in 2011, was to provide healing arts boards under DCA with additional authority and resources to make the enforcement process more efficient. These regulations propose delegation of certain functions to the executive officer; sets forth required actions against registered sex offenders and adds unprofessional conduct provisions to aid in the enforcement streamlining effort.

This proposal was approved by OAL and filed with the Secretary of State on March 25, 2013. It became effective on **July 1, 2013.**

Disciplinary Guidelines: Title 16, CCR Section 1888

This proposal makes several revisions to the Disciplinary Guidelines, which are incorporated by reference into Board regulations.

This proposal was approved by OAL and filed with the Secretary of State on April 2, 2013. It became effective on **July 1, 2013.**

PENDING REGULATORY PROPOSALS

Disciplinary Guidelines and SB 1441: Uniform Standards for Substance Abuse: Title 16, CCR Section 1888

This is a regulatory proposal that the DCA and the Legislature has asked all healing arts licensing boards to pursue. It creates uniform standards for discipline that the boards must follow in cases of licensee or registrant substance abuse. This proposal was prompted by a concern at the Legislature that there is a lack of a consistent policy across DCA's healing arts boards for handling cases that involve licensees or registrants who abuse drugs or alcohol.

This proposal was approved by the Board at its meeting on November 28, 2012. Next, staff will submit it to OAL for publication in its Notice Register, which will begin the 45-day public comment period.

Implementation of SB 704 (Examination Restructure): Title 16, CCR Sections 1805, 1806, 1816, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1829, 1877; Add Sections 1805.01, 1825, 1826, 1830, 1878

This proposal revises current Board regulations for consistency with statutory changes made by SB 704 (Chapter 387, Statutes of 2011), which restructures the examination process for LMFT, LCSW, and LPCC applicants.

This proposal has been withdrawn. Staff plans to bring this proposal back to the Policy and Advocacy Committee with further amendments in February 2014.

**Requirements for Licensed Professional Clinical Counselors to Treat Couples or Families:
Title 16, CCR Section 1820.5; Add Sections 1820.6 and 1820.7**

This proposal clarifies the law regarding requirements for LPCCs to treat couples and families. It also outlines a process by which LPCCs and PCC Interns would receive Board confirmation that they have met the requirements to treat couples and families.

This proposal was approved by the Board at its meeting on November 28, 2012. This proposal is currently on hold.

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To: Board Members

Date: November 8, 2013

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Strategic Plan

The Board's current Strategic Plan was last revised in 2010. Noting that much has changed since this plan was created, the Board begin the process last spring to update its Strategic Plan.

On August 23, 2013 and September 27, 2013, board members, board staff, and stakeholders meet to develop the Board's Strategic Plan. The meetings were facilitated with the assistance of SOLID staff Tom Roy and Shelley Menzel. The group noted the accomplishments from the previous plan and worked together to set identify the Board's goals for the next 3 years. Attached is the draft of the Board's 2014 Strategic Plan.

The Board would like to express their appreciation to Tom and Shelley for their valuable assistance during this process.

Recommendation

Review and discuss the 2014 draft of the Board's Strategic Plan. If the Strategic Plan is acceptable to the Board Members, the Board Members should vote to adopt the Strategic Plan and direct Board staff to initiate the steps to establish the objectives to achieve the Strategic Plan goals.

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CALIFORNIA
BOARD OF
BEHAVIORAL SCIENCES

Strategic Plan

2014-2017



MEMBERS OF THE BOARD

DR. CHRISTINE WIETLISBACH, PUBLIC MEMBER – CHAIR

CHRISTINA WONG, LMFT MEMBER– VICE-CHAIR

SAMARA ASHLEY, PUBLIC MEMBER

DR. LEAH BREW, LPCC MEMBER

DEBORAH BROWN, PUBLIC MEMBER

EILEEN COLAPINTO, PUBLIC MEMBER

ELIZABETH CONNOLLY, LEP MEMBER

DR. HARRY DOUGLAS, PUBLIC MEMBER

SARITA KOHLI, MFT MEMBER

PATRICIA LOCK-DAWSON, PUBLIC MEMBER

RENEE LONNER, LCSW MEMBER

KAREN PINES, LMFT MEMBER

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AGENCY

DENISE D. BROWN, DIRECTOR, DEPARTMENT OF CONSUMER AFFAIRS

KIM MADSEN, EXECUTIVE OFFICER, BOARD OF BEHAVIORAL SCIENCES

TABLE OF CONTENTS

MESSAGE FROM THE BOARD CHAIR.....	1
ABOUT THE BOARD.....	2
SIGNIFICANT ACCOMPLISHMENTS	3
CHALLENGES AND TRENDS	4
MISSION, VISION AND VALUES	5
GOALS AND OBJECTIVES.....	6

DRAFT

MESSAGE FROM THE BOARD CHAIR

Dr. Wietlisbach will provide content (and optional picture/signature)

DRAFT

ABOUT THE BOARD

A Pioneering Beginning

In 1945, legislation signed by Governor Earl Warren created the Board of Social Work Examiners. California became the first state to register social workers and the initial effort to protect California consumers began.

Increasing Efforts to Protect Consumers

The 1960's proved to be a busy decade. This young regulatory agency received a new responsibility: administration of the Marriage, Family, and Child Counselor Act in 1963. This additional responsibility inspired a new name: the Social Worker and Marriage Counselor Qualifications Board. In 1969, the Licensed Clinical Social Worker program was established. Change continued in 1970 with the addition of the Licensed Educational Psychologist program. This new mental health profession prompted a third name change: the Board of Behavioral Sciences Examiners. The Board took its current name, the Board of Behavioral Sciences, on January 1, 1997. Beginning January 1, 2010, a fourth mental health profession, Licensed Professional Clinical Counselor, was added to the Board's regulatory responsibilities.

A Consumer Protection Agency

Since 1945, the Board has been a consumer protection agency that licenses and regulates the mental health profession. Today, the Board provides regulatory oversight for four mental health professions totaling over 85,000 licensees and registrants and growing.

- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Educational Psychologists
- Licensed Professional Clinical Counselors

The Board is comprised of six licensed professionals and seven public members. These members make policy decisions and determine appropriate disciplinary action against licensees and registrants who violate the Board's laws and regulations. Through the Board staff, the decision of

the Board members is implemented. These decisions ensure California consumers are protected through effective enforcement of licensee/registrant misconduct and establishing standards for examinations and professional licensure.

Board activity is organized through standing and ad-hoc committees. The Policy and Advocacy Committee is the only current standing committee. Ad-hoc committees are established to address emerging issues or concerns related to mental health practice. Each committee provides the opportunity to collaborate with stakeholders to develop policy recommendations that respond to changes in the mental health profession without compromising consumer protection. All committee recommendations are presented to the full Board for approval during a public Board meeting.

The Board Forges Ahead

Focusing on its mission, the Board of Behavioral Sciences looks to continue its commitment to protect the consumers of California through effective enforcement, ensuring credibility and high professional standards through examinations and licensing requirements, and providing excellent customer service to all its constituents.

SIGNIFICANT ACCOMPLISHMENTS

Through strategic action and ongoing collaboration, the Board has had many accomplishments in recent years. This section briefly reviews the key accomplishments as identified by the Board during its 2013 strategic planning session.

Conducted holistic review of the Board's examination program and proposed legislative changes in 2011 to revise the examination process.

The Board established the Examination Program Review Committee to bring together stakeholders and Board staff to discuss the Board's current examination process and consider possible revisions to improve the process. As a result of this collaboration, the Board proposed legislative changes to revise the sequence of board licensure examinations. The new examination sequence will require all registrants to take and pass a law and ethics examination within the first year of registration. The second and final licensure examination will be administered following completion of the registrant's supervised experience hours.

Assessed the use of the Association of Social Work Board (ASWB) national social worker examination for professional licensure in California and initiated steps to implement its use by 2016.

The Board conducted an assessment of the ASWB national examination and determined the examination was appropriate to use for licensure in California. Effective January 1, 2016, the Board will use this national examination for licensure, which improves license portability among the states.

Partnered with the Association of Marriage and Family Therapy Regulatory Boards (AMFTRB) to jointly conduct an occupational analysis to be used for the both the national examination and California examination for licensure as a Licensed Marriage and Family Therapist.

This unique partnership allowed AMFTRB to solicit practice information from California Licensed Marriage and Family Therapists (LMFT) in larger numbers than in previous occupational analyses. AMFTRB included California LMFTs in the national examination development process. The inclusion of California LMFTs allowed the Board to examine the national examination for possible use for licensure in California.

Established ad-hoc committees, such as the Continuing Education Provider Review Committee and the Out-of-State Education Review Committee, to address emerging trends in the mental health professions and improve board programs.

The use of ad-hoc committees allows the Board to thoroughly discuss issues and concerns with its stakeholders to determine a solution that increases licensee competency and consumer protection. Specifically, the Board and stakeholders collaborated to propose revisions to the educational requirements for Licensed Marriage and Family Therapists.

Established business processes and proposed regulations to implement the licensed professional clinical counselor program.

In 2009, Board staff analyzed the statutory requirements for this new mental health profession to identify business processes and promulgate regulations necessary to implement the licensed professional clinical counselor program. The licensure of professional clinical counselors began January 1, 2010.

Communicated and publicized revisions to the educational requirements for licensed marriage and family therapists through outreach activities and on the Board's website.

In 2010, Board staff collaborated with professional associations to host outreach events that provided training and technical assistance to educators regarding the revisions to the educational requirements for licensed marriage and family therapists. These efforts assisted educators in developing curriculum that would comply with the new educational requirements that were effective August 1, 2012.

OUR MISSION

Protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practice.

OUR VISION

All Californians are able to access the highest quality mental health services.

OUR VALUES

INTEGRITY

We are honest, fair and respectful in our treatment of everyone.

QUALITY

We will deliver service, information, and products that reflect excellence with the most efficient use of our resources.

RESPECT

We will be responsive, considerate, and courteous to all, both inside and outside the organization.

ACCOUNTABILITY

We are accountable to the people of California and each other as stakeholders. We operate transparently and encourage public participation in our decision-making whenever possible.

CUSTOMER SERVICE

We acknowledge all stakeholders as our customers, with professionalism, listen to them, and take their needs into account.

Licensing

Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.

- 1.1 Identify and implement improvements to the licensing process to decrease application processing times.
- 1.2 Complete the processing of Licensed Professional Clinical Counselor grandfathered licensing application.
- 1.3 Review the current eligibility process for Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors to identify and reduce barriers and implement process improvements.
- 1.4 Explore development of uniform clinical supervision standards to ensure consistent supervision of registrants and trainees.
- 1.5 Investigate the use of technology for record keeping and therapeutic services and its effects on patient safety and confidentiality and establish best practices for licensees.
- 1.6 Determine feasibility of license portability and pursue legislation if needed.
- 1.7 Establish ongoing process to evaluate requirements for all license types to promote parity between licensing programs as appropriate.
- 1.8 Evaluate the feasibility of online application submission through the Breeze system and implement if possible.

Examinations

Administer fair, valid, comprehensive, and relevant licensing examinations.

- 2.1 - Implement recommendations made by the Exam Program Review Committee to restructure the examination process and promulgate regulations as necessary.
- 2.2 - Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for examination development.
- 2.3 - Create a process for evaluating the performance of Subject Matter Experts assisting with exam development.

DRAFT

Enforcement

Protect the health and safety of consumers through the enforcement of laws and regulations.

- 3.1 Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for exam development.
- 3.2 Develop a training program, including uniform standards for reports and evaluations, for all enforcement Subject Matter Experts.
- 3.3 Improve internal process to regularly consult with the Attorney General's office to advance pending disciplinary cases.
- 3.4 Establish uniform standards and templates for reports and evaluations submitted to the Board related to disciplinary matters.
- 3.5 Create a process for evaluating the performance of Subject Matter Experts assisting on enforcement cases.
- 3.6 Identify and implement improvements to the investigation process to decrease enforcement processing times.

Legislation and Regulation

Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.

- 4.1 Adopt regulations to incorporate Uniform Standards for Substance Abusing Licensees to align with other healing arts boards.
- 4.2 Modify regulations to shift oversight of continuing education providers to Approval Agencies.
- 4.3 Pursue legislation to implement the recommendations of the Out of State Education Review Committee to ensure parity with California educational requirements.
- 4.4 Pursue legislation to resolve the conflict in law that prohibits the Board's access to information necessary for investigations regarding child custody reports.
- 4.5 Review regulatory parameters for exempt settings and modify, if necessary, to ensure adequate public protection.

Organizational Effectiveness

Build an excellent organization through proper Board governance, effective leadership, and responsible management.

- 5.1 Pursue adequate staffing levels across all functional areas within the Board.
- 5.2 Evaluate internal procedures to identify areas for improvement to ensure prompt and efficient work processes.
- 5.3 Enhance Board employee recognition program to reward exceptional performance and service.
- 5.4 Implement an internal training and education program for all Board staff to enhance skills and abilities for professional development.
- 5.5 Establish standing Board committees that align with the Board's strategic goal areas.

Outreach and Education

Engage stakeholders through continuous communication about the practice and regulation of the professions.

- 6.1 Implement cost-effective ways to educate applicants and licensees on current requirements.
- 6.2 Enhance the Board's outreach program by redesigning publications and the Board's website, leveraging new technologies and exploring the use of social media.
- 6.3 Partner with the Office of Statewide Planning Health and Development and other external stakeholder groups to encourage more diversity within the mental health professions.



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To: Board Members

Date: November 8, 2013

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

**Subject: Office of Statewide Health Planning and Development Career Pathways Subcommittee
Licensed Professional Clinical Counselors Presentation**

Rowena Gill, LCSW and Adrienne Shilton, MPPA, members of the Office of Statewide Health Planning and Development Career Pathways Subcommittee, will present the results from a survey of County Mental Health Agencies regarding employment of Licensed Professional Clinical Counselors in county mental health facilities.

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Licensed Professional Clinical Counselor

Board of Behavioral Health Sciences (BBS) Board Meeting

Presented by:

Rowena Gillo, LCSW Pacific Clinics	Adrienne Shilton, MPPA CIMH
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November 21, 2013

OSHPD Mental Health Career Pathways Subcommittee: Membership

Marianne Baptista, MFT, CPRP

Cindy Beck

Sherry Daley

Rowena Gillo, LCSW

Erynne Jones, MPH

Brandy Oeser

Melodie Schaefer, PsyD

Steve Barrow

David A. Cherin, MD

Angel Galvez

Cynthia Harrison, RN, MS

Kimberly Mayer, MSSW

Alejandra Postlethwaite, MD

Adrienne Shilton, MPPA



WHO ARE LPCCs?

Licensed Professional Clinical Counselors (CA, KY, MN, NM, ND, OH)

- ▶ Also named LPCs (Licensed Professional Counselors)
- ▶ LCPCs (Licensed Clinical Professional Counselors)
- ▶ LMHCs (Licensed Mental Health Counselors)
- ▶ LPCMHs (Licensed Professional Counselor of Mental Health)

LPCCs:

- ▶ Are **master's and doctoral-degreed** mental health service providers, who are **on par with LCSWs and LMFTs** in California and with LPCs in the other 49 states
- ▶ **Prevent, diagnose, and treat** mental, emotional, and behavioral disorders and problems
- ▶ Combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution*

Nationwide, LPCCs:

- ▶ Are trained and have **scope of competency** to work with individuals, families, and groups, from children to older adults.
- ▶ Make up a large percentage of the workforce employed in mental health centers, agencies, and organizations

Sources: American Counseling Association <http://www.counseling.org/PublicPolicy/WhoAreLPCs.pdf>

*American Mental Health Counselors Association <http://www.amhca.org/about/facts.aspx>

University of San Diego <http://www.sandiego.edu/soles/academics/ma-counseling-clinical-mental-health>

WHAT DO LPCCs DO?

Nationwide, LPCCs:

- ▶ Practice independently in a variety of settings that include (but are not limited to) hospitals, community-based mental health organizations, colleges and universities
- ▶ Provide mental/behavioral health and substance abuse services to millions of Americans
- ▶ Provide a diverse spectrum of services, from life adjustment, career counseling, to substance abuse and serious & persistent mental illnesses.
- ▶ Work with veterans, active duty military personnel and their families
- ▶ Are covered by managed care organizations and health plans

Sources: American Counseling Association <http://www.counseling.org/PublicPolicy/WhoAreLPCs.pdf>

California Association for Licensed Professional Clinical Counselors www.calpcc.org

Federal Register / Vol. 76, No. 248 / Tuesday, December 27, 2011 / Rules and Regulations

HOW ARE LPCCs UTILIZED?

Nationwide, LPCCs have been utilized as:

- ▶ Addiction Therapist
- ▶ Behavioral Care Coordinator
- ▶ Children's Social Skills Worker
- ▶ Counselor Educator
- ▶ Licensed Therapist
- ▶ School Counselor
- ▶ Advanced Clinical Specialist
- ▶ Behavioral Health Coach
- ▶ Clinical Director
- ▶ Mental Health Practitioner
- ▶ Psychotherapist
- ▶ School & Family Mental Health Therapist
- ▶ Assessment & Referral Clinician
- ▶ Children's Behavior Specialist
- ▶ Clinical Supervisor
- ▶ Inpatient Behavioral Care Manager
- ▶ Senior Case Manager

Offering a full range of services, including:*

- ▶ Assessment and diagnosis
- ▶ Psychotherapy
- ▶ Treatment planning and utilization review
- ▶ Brief and solution-focused therapy
- ▶ Alcoholism and substance abuse treatment
- ▶ Psychoeducational and prevention programs
- ▶ Crisis management

Sources: Indeed Job Search Engine <http://www.indeed.com/jobs?q=Licsw+Lpcc&start=30>

Career Builder <http://www.careerbuilder.com>

*American Mental Health Counselors Association <http://www.amhca.org/about/facts.aspx>

CURRENT STATE: 2013 Master-Level Mental Health Professional Counts

According to the American Counseling Association:

- ▶ **LPC/LPCCs:** 126,378 nationwide
 - ▶ 499 licensed in CA (as of September 30, 2013)*

- ▶ **LMFTs:** 58,007 nationwide
 - ▶ Over 33,000 licensed in CA

- ▶ **LCSWs:** 224,593 nationwide
 - ▶ Over 19,000 licensed in CA

Sources: American Counseling Association – Office of Public Policy and Legislation – 2013

*Board of Behavioral Sciences

COUNSELOR LICENSURE LAW: IMPLEMENTATION OF SB 788

- **Oct 2009:** Governor Schwarzenegger signed SB 788 into Law
 - Legislation amended the CA Business & Professions Code
 - Board of Behavioral Sciences identified as the regulatory agency responsible for the licensure of counselors*
- **Jan 2010:** SB 788 became law
- **Jul 2011:** Applications became available from the BBS
 - **Grandparenting Path** (application deadline 12/31/2011): non-BBS-licensed counselors and currently licensed LMFTs and LCSWs in CA
 - All Grandparenting applications have been evaluated by the BBS by September 30, 2013
 - **Traditional Path:** for LPCs from other states, PCC Intern registration
- **Feb 2012:** First LPCC licenses were issued

Sources: California Association for Licensed Professional Clinical Counselors www.calpcc.org

*The National Certified Counselor / Volume 25, Number 3 / Fall 2009

LPCCs & PCCIs ARE MEDI-CAL PROVIDERS

- ▶ **Dec 18, 2012:** California LPCCs and PCC Interns were approved as providers of Medi-Cal services
 - ▶ Will provide services within their scope under state law through the county mental health systems
 - ▶ Will abide by procedures and processes parallel to those currently used for LMFTs, MFTIs, LCSWs and ASWs

Source: The California State Plan Amendment (SPA) developed by California's Department of Health Care Services (DHCS) and approved by the Centers for Medicare and Medicaid Services (CMS) of the Department of Health and Human Services.

HOW ARE LPCCs QUALIFIED?

- According to the American Counseling Association (2011):
*“LPCC education and training standards for licensure are **on par with** those of the other two master’s level mental health providers (**clinical social workers and marriage and family therapists**)”*
- California requirements for LPCCs:
 - Possession of a 60-unit master’s or doctoral degree in counseling, or a closely related degree, from a regionally accredited or “approved” institution of higher education that includes certain core content areas
 - Completion of a minimum of 3,000 hours of post-master’s supervised clinical experience, performed over two years, and continuing education hours for renewal
 - Passage of a California Law & Ethics Exam (taken during first year of internship)
 - Passage of the National Clinical Mental Health Counselor Examination (NCMHCE) (taken after supervision requirements have been met)
 - Adherence to a strict Code of Ethics and recognized standards of practice, as regulated by California’s Board of Behavioral Sciences

Sources: Business and Professions Code, Chapter 16, Licensed Professional Clinical <http://www.leginfo.ca.gov>
Board of Behavioral Sciences <http://www.bbs.ca.gov>
American Counseling Association <http://www.counseling.org/PublicPolicy/WhoAreLPCs.pdf>
California Association for Licensed Professional Clinical Counselors www.calpcc.org

LPCC EDUCATION REQUIREMENTS

For individuals beginning graduate study ON or AFTER August 1, 2012:

A qualifying master's or doctoral degree that includes:

- ▶ 60 semester-units (or 90 quarter-units) in **counseling or psychotherapy** from an accredited or approved university with:
 - **13 core content areas:** At least 3 semester-units (or 4 ½ quarter-units)
 - 3 of 13 areas may be completed post-degree, but all must be completed before intern registration
- ▶ **Supervised practicum/fieldwork:** 6 semester-units (or 9 quarter-units) with a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups

Sources: Business & Profession Code 4999.33

Board of Behavioral Sciences <http://www.bbs.ca.gov>

California Association for Licensed Professional Clinical Counselors www.calpcc.org

2012 LPCC CORE CONTENT AREAS

10 of the 13 Core Content areas must be included in the degree and all must be completed before education can be approved:

1. Counseling and psychotherapeutic theories and techniques
2. Human growth and development across the lifespan
3. Career development theories and techniques
4. Group counseling theories and techniques
5. Assessment, appraisal, and testing of individuals
6. Multicultural counseling theories and techniques
7. Principles of the diagnostic process
8. Research and evaluation
9. Professional orientation, ethics, and laws in counseling
10. Psychopharmacology
11. Addictions counseling
12. Crisis or trauma counseling
13. Advanced counseling and psychotherapeutic theories and techniques

Sources: Business & Profession Code 4999.33

Board of Behavioral Sciences <http://www.bbs.ca.gov>

California Association for Licensed Professional Clinical Counselors www.calpcc.org



LPCC EDUCATION REQUIREMENTS (CONT'D)

Within the 60 graduate semester units (or 90 graduate quarter units) of instruction:

- ▶ 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations

A degree program that qualifies for licensure under B & P Code 4999.33 shall do all of the following:

- (1) **Integrate the principles of mental health recovery-oriented care** and methods of service delivery in recovery-oriented practice environments
- (2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position
- (3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

LPCCs SUPERVISION REQUIREMENTS

- ▶ Supervised experience requires:
 - ▶ Completion of education requirements
 - ▶ Registration with the BBS
 - ▶ 3,000 **post-degree** hours of supervised clinical mental health experience, with an approved supervisor, over a period of not less than two years (104 weeks) and no more than six years to include:
 - Not less than 1,750 hours of direct counseling
 - At least one hour of individual or two hours of group supervision each week that counseling takes place
 - Not less than 150 hours of **clinical experience in a hospital or community health setting**
 - Not more than 1,250 hours of supervisor contact, test administration, writing progress notes, attending training sessions, client centered advocacy, etc.

Sources: Business & Profession Code 4999.42, 45, 46, 47, 48

Board of Behavioral Sciences <http://www.bbs.ca.gov>

California Association for Licensed Professional Clinical Counselors www.calpcc.org

WHO CAN SUPERVISE PCC INTERNS?

An approved supervisor must have:

- 2 years of clinical experience in CA as a LPCC, LMFT, LCSW, licensed clinical psychologist or licensed physician certified in psychiatry
- Received professional training in supervision
- Not provided therapeutic services to the trainee or intern
- A current and valid license that is not under suspension or probation

Source: California Association for Licensed Professional Clinical Counselors www.calpcc.org

LPCCs SCOPE OF PRACTICE IN CALIFORNIA

California Business & Professions Code 4999.20. (a) (1):

"Professional clinical counseling" means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems.

Professional clinical counseling includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions.

LPCCs SCOPE OF PRACTICE IN CALIFORNIA

California Business & Professions Code 4999.20. (a) (2):

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

LPCCs SCOPE TRANSLATED:

California Business & Professions Code 4999.20. (a) (1):

- ▶ Application of counseling interventions and psychotherapeutic techniques to improve mental health

California Business & Professions Code 4999.20. (a) (2):

- ▶ The license is not intended to capture other, non-clinical, non-mental health forms of counseling

Source: California Association for Licensed Professional Clinical Counselors www.calpcc.org

WHAT DOES THE SCOPE NOT INCLUDE? FOR CA LPCCs

California Business & Professions Code 4999.20. (a) (3):

- The assessment or treatment of couples or families, or the supervision of MFT interns, unless the LPCC has:
 - 6 semester-units (or 9 quarter-units) focused on MFT
OR
 - A named specialization in MFT
AND
 - 500 hours supervised experience working with couples, families or children
AND
 - 6 hours of CEUs in MFT in each renewal cycle

WHAT ELSE DOES THE SCOPE NOT INCLUDE? FOR CA LPCCs

California Business & Professions Code 4999.20. (a) (3):

- ▶ Projective techniques in the assessment of personality
- ▶ Individually administered IQ tests
- ▶ Neuropsychological testing
- ▶ Utilization of a battery of **3 or more tests** to determine presence of psychosis, dementia, amnesia, cognitive impairment or criminal behavior

FUTURE NEED

- ▶ According to a 2012 Health Benefits Exchange Briefing by Dale Jarvis, it is not unreasonable to assume that an additional 200,000 to 300,000 uninsured individuals in the safety net needing behavioral health services will obtain coverage beginning in 2014 and present for care.
- ▶ Although progress has been made with the support of MHSA funding to support workforce development, many challenges remain.
- ▶ Our **behavioral health system is not ready to meet the needs of an additional 200,000 behavioral health consumers** in a culturally/linguistically competent and recovery-oriented manner.
- ▶ Additional efforts are needed to ensure that behavioral health providers reflect the cultural and linguistic profiles of the communities they serve, the entire workforce is trained in the provision of recovery-oriented care.

FUTURE NEED (CONT'D)

- ▶ Dale Jarvis also predicts a **need for 3,866 to 5,205 additional behavioral health clinicians in California by 2019.**
- ▶ Employers are not necessarily looking for a specific occupation; but rather seeking specific functions in their workforce; e.g., those individuals who can truly understand the mission and values of the public mental health system.
- ▶ **LPCCs bring essential functions to the public mental health workforce that will be needed to address the mental health demands of the newly insured.**

HEARTFUL THANKS TO ALL OUR SOURCES CONSULTED: Subject Matter Experts

Dean Porter, Executive Director

California Association for LPCC

Leah Brew, Ph.D., LPCC

California State University, Fullerton

Janee Booth-Gragg, Ph.D., LMFT

University of Redlands

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Pacific Clinics

Carla Cross, LMFT

Ventura County Behavioral Health

Rita Downs, M.Ed., MPA

CalMHSA Regional Contract Specialist

Beth Jenks, Ph.D.

Pacific Clinics

Karen Lee, LMFT

Pacific Clinics

Kim Madsen, Executive Officer

Board of Behavioral Sciences

Susan Mandel, Ph.D., President/CEO

Pacific Clinics

David Miller, LMFT, LPCC

Fresno County Behavioral Health

Marianne Ruffolo, MBA

San Bernardino County Behavioral Health

David Schoelen, LCSW

Riverside County Behavioral Health

Roman Shain, Ph.D., LMFT, LPCC

San Fernando Valley Community MH Center

Sheree Summers, LMFT

Riverside County Behavioral Health

Laura Williams, M.S., MBA, SSGB, CHC

Butte County Behavioral Health

Susan Zgliczynski, Ph.D., LPCC

University of San Diego

SOURCES CONSULTED: Literature Review

- American Counseling Association <http://www.counseling.org/PublicPolicy/WhoAreLPCs.pdf>
- American Mental Health Counselors Association <http://www.amhca.org/about/facts.aspx>
- Board of Behavioral Sciences http://www.bbs.ca.gov/pdf/publications/pcci_faq.pdf
- Business and Professions Code, Chapter 16, Licensed Professional Clinical Counselors <http://www.leginfo.ca.gov>
- California Association for Licensed Professional Clinical Counselors (CALPCC) www.calpcc.org
- California State University of Fullerton / College of Health & Human Development
<http://hhd.fullerton.edu/counsel/degree.htm#MFT%20Licensure%20Preparation>
- Career Builder <http://www.careerbuilder.com>
- Council for Accreditation of Counseling and Related Educational Programs (CACREP) <http://www.cacrep.org>
- Counselor License Resources <http://www.counselor-license.com/states/california-counselor-license.html>
- Dyeson, T.B., *Social Work Licensure: History and Definition*, Home Health Care Management & Practice / August 2004 / Volume 16, Number 5, 408-411
<http://www.sagepub.com/jimenezstudy/articles/Dyeson.pdf>
- Epstein, J., *The Living History of the MFT License*, The Therapist / January-February 2013 <https://www.camft.org>
- Federal Register / Vol. 76, No. 248 / Tuesday, December 27, 2011 / Rules and Regulations <http://www.gpo.gov/fdsys/pkg/FR-2011-12-27/pdf/2011-33109.pdf>
- Indeed Job Search Engine <http://www.indeed.com/jobs?q=Licsw+Lpcc&start=30>
- The National Certified Counselor / Volume 25, Number 3 / Fall 2009 <http://www.nbcc.org/Assets/Newsletter/Issues/fall09.pdf>
- University of Redlands / Masters of Arts in Clinical Mental Health Counseling <http://www.redlands.edu/academics/school-of-education/11789.aspx>
- University of San Diego / Masters of Arts in Counseling <http://www.sandiego.edu/soles/academics/ma-counseling-clinical-mental-health/>

TOP 4 LPCC PATHWAY BARRIERS & RECOMMENDATIONS ADDRESS MHSA CORE VALUES & WET GOALS

Barriers	Recommendations	Supports MHSA Core Values* and WET Goals** (Sources: *CA BBS and **OSHPD)
(1) New state licensed profession: Lack of clarity and understanding of LPCC Scope and Role	Collaboration between key groups on statewide level and campaign to educate workforce providers and payors about LPCC	<p>MHSA CORE VALUES: (1) Develop a diverse, culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group. (2) Outreach to underserved and unserved populations</p> <p>WET GOALS: (1) Increase the quality and success of educating and training the public mental health workforce in the expressed values of the Act</p> <p>(2) Increase the partnership and collaboration of all entities involved in public mental health workforce education and training</p>
(2) Restriction in Scope of Practice & Supervisory Capability	Remove restrictions in Scope of Practice & Supervisory Capability. CA to model after 49 states that do not have Scope and Supervisory Capability restrictions. Collaboration among the licensed disciplines	<p>MHSA CORE VALUES: (1) Develop a diverse, culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group. (2) Promote wellness, recovery and resilience (<i>LPCCs are formally trained in principles of MH recovery-oriented care</i>)</p> <p>WET GOALS: (1) Develop sufficient qualified individuals for the public mental health workforce</p> <p>(2) Increase the quality and success of educating and training the public mental health workforce in the expressed values of the Act</p> <p>(3) Increase the partnership and collaboration of all entities involved in public mental health workforce education and training</p>

TOP 4 LPCC PATHWAY BARRIERS & RECOMMENDATIONS ADDRESS MHSA CORE VALUES & WET GOALS

Barriers	Recommendations	Supports MHSA Core Values* and WET Goals**
(Sources: *CA BBS and **OSHPD)		
(3) Limited Pre-degree practicum & Post-degree internship sites for PCC Interns	Collaboration between academic institutions, DMH and CBOs to create community-based practicum/internship sites, and educate staff about benefits of PCC interns	<p>MHSA CORE VALUES: Develop a diverse, culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.</p> <p>WET GOALS: (1) Increase the quality and success of educating and training the public mental health workforce in the expressed values of the Act</p> <p>(2) Increase the partnership and collaboration of all entities involved in public mental health workforce education and training</p> <p>(3) Develop sufficient qualified individuals for the public mental health workforce</p>
(4) Cost of Education not affordable	Develop financial incentive programs for LPCC graduates. Create employment commitment incentives for LPCC graduates to work in public behavioral health similar to other MHSA WET stipend programs (MSW, MFT)	<p>MHSA CORE VALUES: Develop a diverse, culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.</p> <p>WET GOALS: (1) Develop sufficient qualified individuals for the public mental health workforce</p> <p>(2) Increase the quality and success of educating and training the public mental health workforce in the expressed values of the Act</p>

COUNTY SURVEY

- ▶ CiMH distributed a survey regarding Licensed Professional Clinical Counselors to all county behavioral health departments in September, 2013
- ▶ We were interested in gathering feedback from counties about whether or not they are hiring LPCCs and what recent experiences and challenges they have encountered.

SURVEY QUESTIONS

1. Are you hiring LPCCs?
2. If your county is hiring LPCCs, are there any barriers that you have encountered, and how have you overcome them.
3. If you are not hiring LPCCs, please list the barriers for your county.
4. If you are interested in hiring LPCCs but have not yet, please list what material or information would be helpful for your county.

COUNTY RESPONDENTS: 44

LPCC Survey

● - Survey Respondents

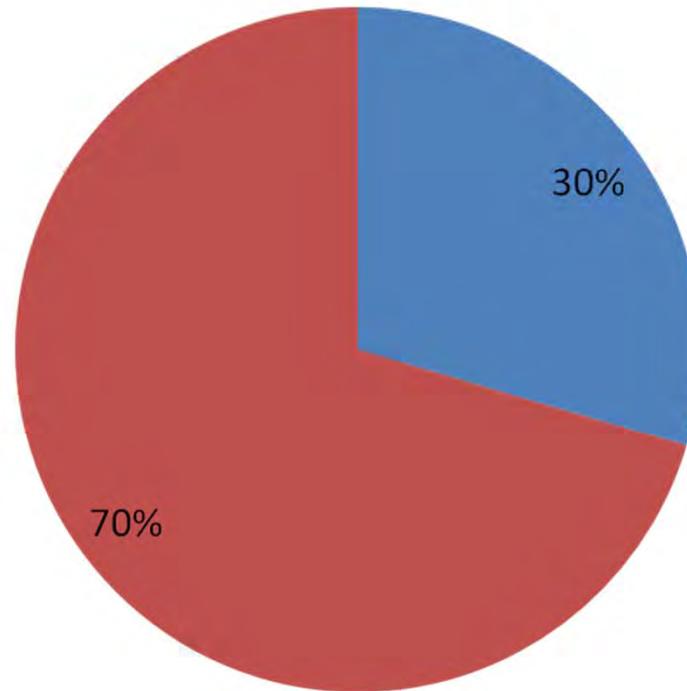


NOTES:

SURVEY QUESTION 1:

Is Your County Hiring LPCCs?

■ Yes ■ No



SURVEY QUESTION 2:

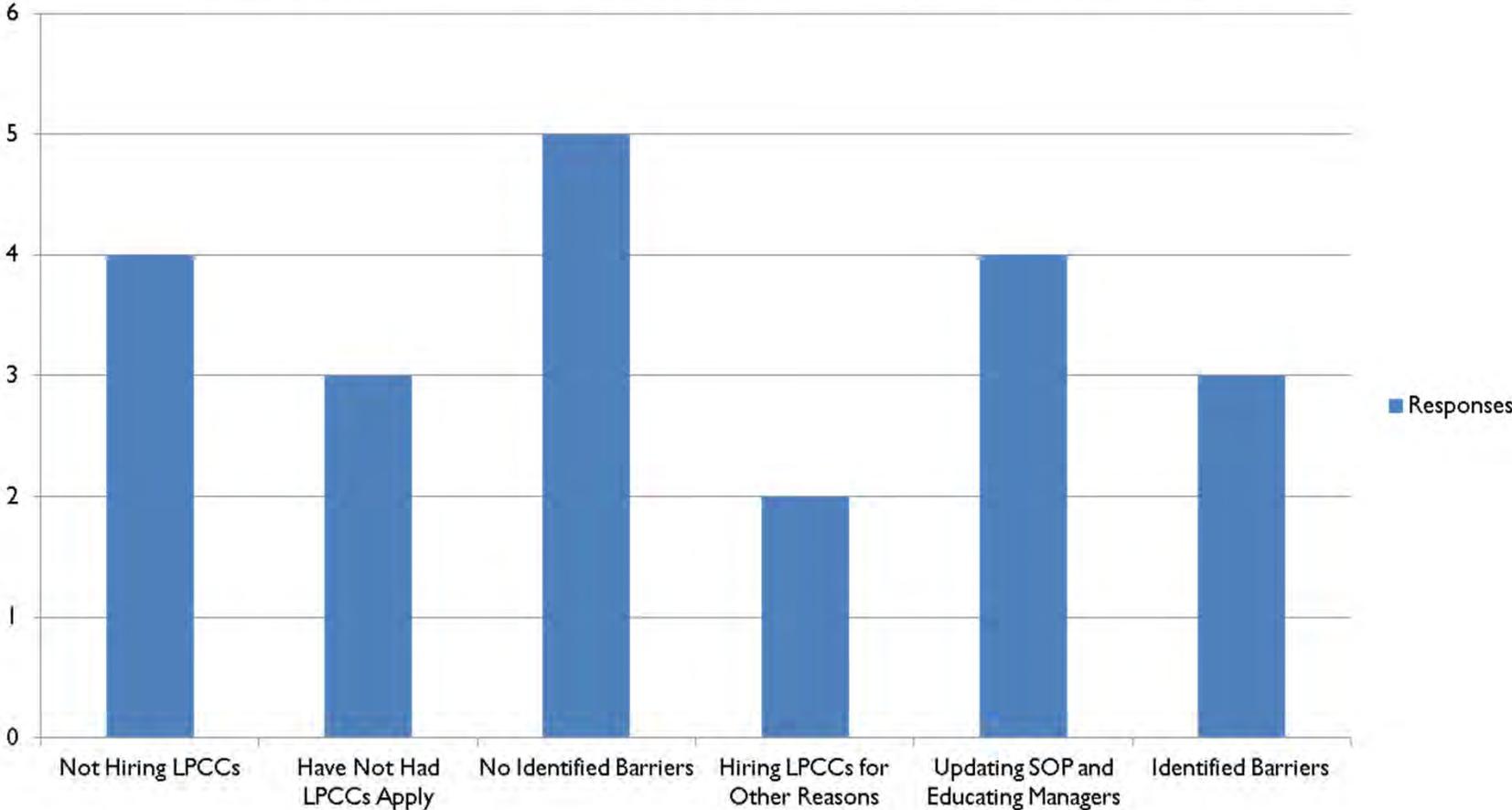
**If your county is hiring LPCCs, are there any Barriers you have encountered?
If so, how have you overcome them?**

Barriers Identified:

- ▶ The main barrier encountered is that the assessment and treatment of couples and families is not included in the LPCC's scope of practice without additional training/education.
- ▶ Lack of interest in working in rural county (feels it is impossible to overcome)
- ▶ Waiting for a letter from the state regarding hiring and scope of practice

SURVEY QUESTION 2 (Graph):

If your county is hiring LPCCs, are there any barriers you have encountered? If so, how have you overcome them?

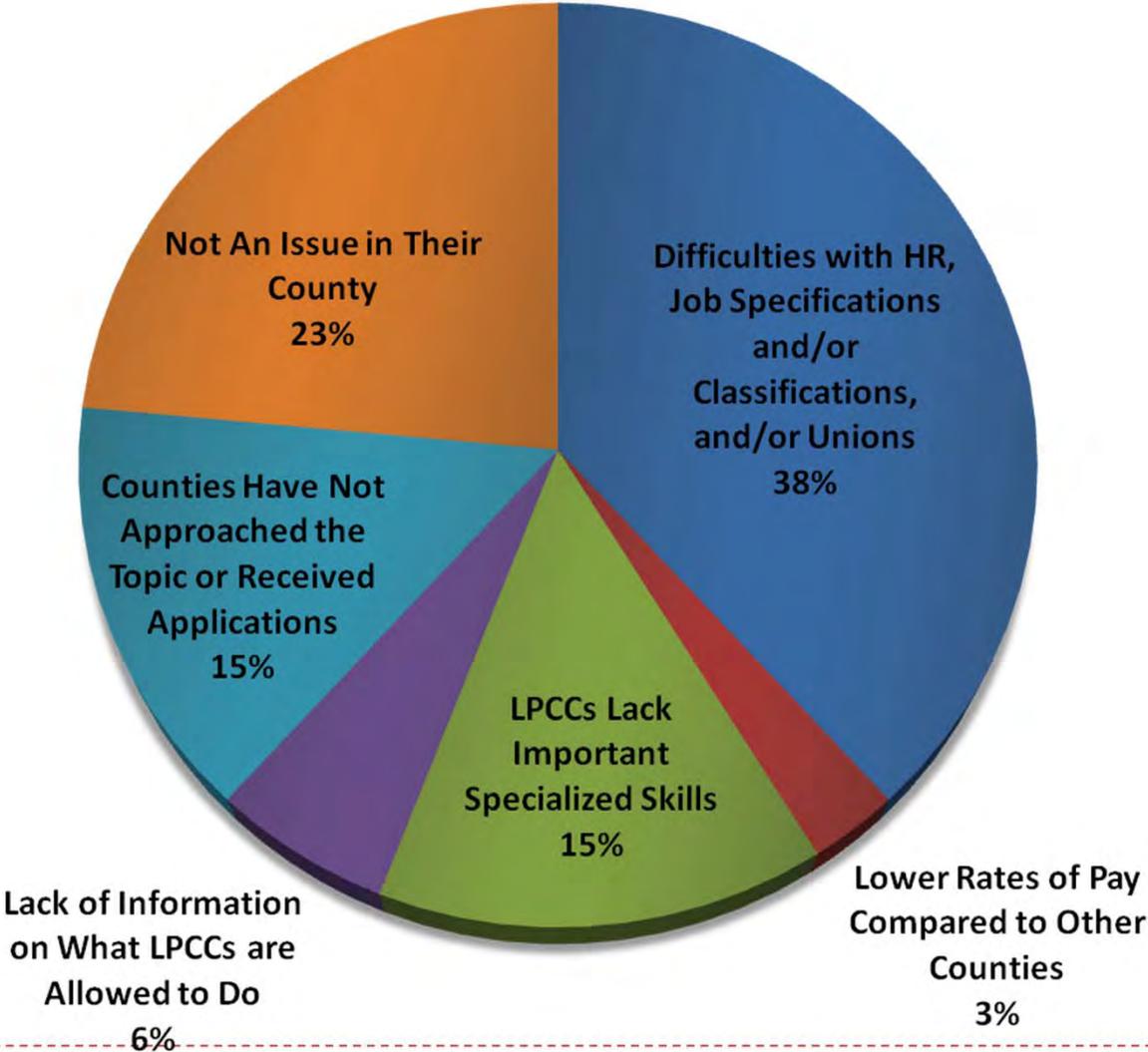


SURVEY QUESTION 3:

If your county is not hiring LPCCs, please list the Barriers for your county

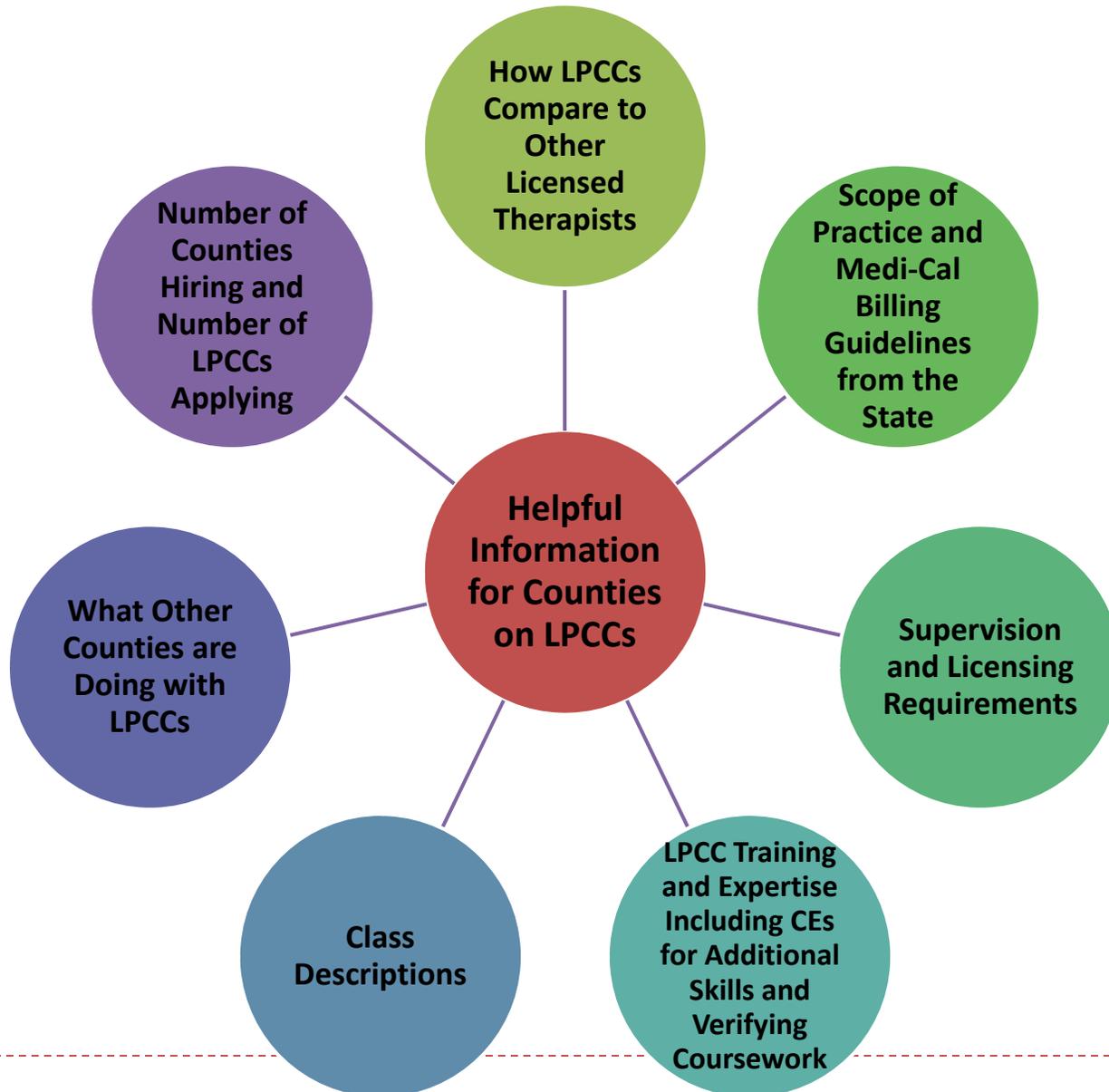
- ▶ Job Specifications, including minimum qualifications, need to be updated for LPCCs and then need to meet and confer with employee union
- ▶ Our county does not hire by licensure or title, we hire by job classification. Classifications include licensure as a requirement for eligibility. Currently only those with masters degree or licensure as Clinical Social Worker or Marriage and Family Therapist are eligible for our Mental Health Clinician series. In our community, there has not been much focus on LPCCs including their role in providing services or education pathways to becoming LPCC.
- ▶ Lack of specialized skills
- ▶ Does not include proficiency with Group Therapy
- ▶ They cannot bill Medi-Cal/Medi-Care
- ▶ Need additional coursework in Family Therapy
- ▶ May not be able to function in roles that fall to licensed staff
- ▶ Scope of practice, education and ability to provide licensure supervision is too limited
- ▶ Have not approached the topic yet or received any applications
- ▶ No Classification/Position yet
- ▶ HR Department difficulties with job specifications
- ▶ Lack of information on what LPCCs are allowed to do
- ▶ Not an Issue in their county
- ▶ Have enough applicants without LPCCs
- ▶ Lower Rates of pay compared to other counties and private sector
- ▶ Not hiring even though LPCCs fit qualifications

Barriers For Hiring LPCCs



SURVEY QUESTION 4:

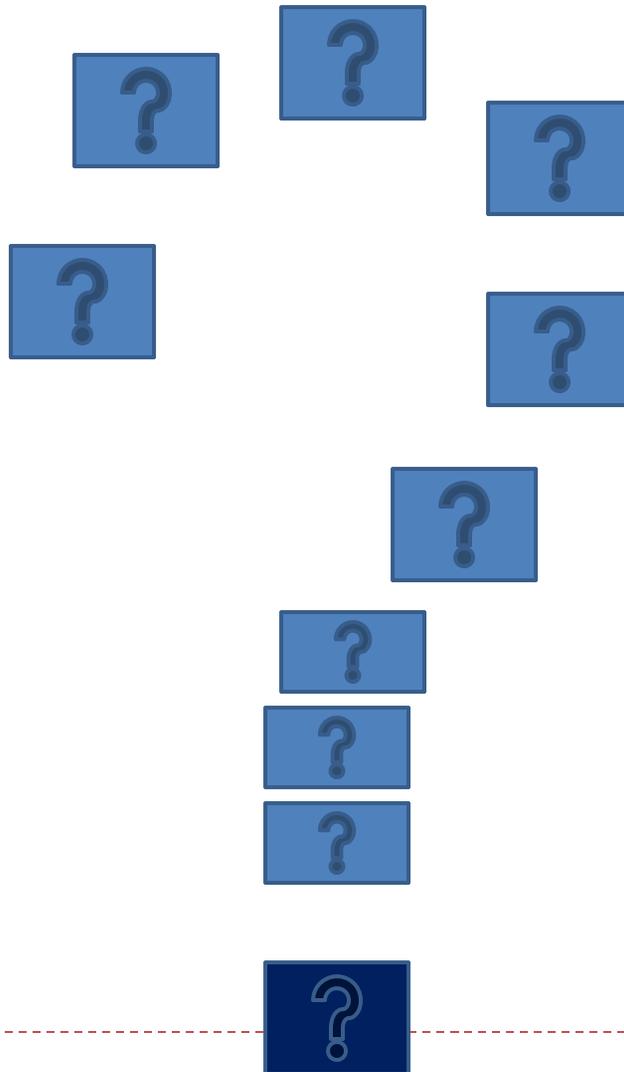
What material or information would be helpful for your county?



SUGGESTIONS FOR BBS BOARD

- ▶ Create a *Frequently Asked Question* document and provide additional guidance to counties on the following:
 - ▶ How LPCCs compare to other licensed therapists
 - ▶ Provide Scope of Practice and Scope of Competency guide for LPCCs; counties are unsure of their scope and abilities
 - ▶ Coursework that LPCCs take

THANK YOU! 😊



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www.bbs.ca.gov

To: Board Members

Date: November 8, 2013

From: Steve Sodergren
Assistant Executive Officer

Telephone: (916) 574-7847

Subject: Discussion and Possible Action Regarding Practice in Exempt Settings

Background

The Licensed Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW) and Licensed Professional Clinical Counselor (LPCC) statutes specify certain types of organizations, referred to as “exempt settings”, whose employees are not required to have a license or a registration in order to perform marriage and family therapy, clinical social work or clinical counseling within the scope of their employment. The statutes also specify certain types of professions, referred to as “exempt professions”, which can perform counseling or work of a psychosocial nature consistent with the standards and ethics of their respective professions. (

Concern has been expressed, now and in the past, that allowing people to perform services in exempt settings without a license or registration could be a consumer safety issue. There has also been an expressed concern that the standard of care delivered to consumers in an exempt settings may be of a lower standard than services delivered by entities under the Boards purview.

History

Exempt settings have been listed in statute from the time the Board began licensing clinical social workers in 1968. This was virtually the same until 2007 when the language was amended in order to standardize exempt setting between the LMFT and LCSW statutes. The amendment removed family/children services, private psychiatric clinics and nonprofit organizations engaged in research and education as exempt settings in the LCSW statutes.

Two types of exempt settings were listed in the LMFT statutes when the Board began licensing LMFTs, also in the late 1960's. These were institutions both nonprofit and charitable, and accredited educational institutions. However, such institutions were required to apply to the Board for a biennial waiver, and had to demonstrate adequate supervision of non-licensed counseling personnel, as well as community or training need. In 1976, governmental agencies were added to the list of exempt settings in the LMFT statutes. These agencies were not required to obtain a waiver from the Board. In 1986, the LMFT statute was amended to remove the need for any setting to obtain a waiver.

For both the LMFT and LCSW, the exempt professions have been the consistent through the years. These professions include: priests, rabbis, or ministers of the gospel of any religious denomination; any person admitted to practice law in the state; and any person who is licensed to practice medicine.

There is a difference in the statutes in that the LMFT statute exempts these professions when they are performing “counseling service as part of his or her professional practice” and the LCSW statute exempts these professions when they are “doing work of a psychosocial nature consistent with the standards and ethics of their respective professions”.

The LPCC statutes regarding exempt settings mirror LMFT and LCSW statutes and the LPCC exempt profession statute mirrors the LCSW language. Also, statutes for Licensed Education Psychologists (LEPs) exempt persons appropriately credentialed by the Commission on Teacher Credentialing.

The original concept during the writing of the licensure language was to exempt non-profit settings, particularly governmental settings, because the assumption of institutional control. It was felt that the institutional control in these exempt settings would offer the necessary public protection. For the exempt professions, this institutional control is the standards and ethics of the person’s respective profession. It is assumed that these exempt settings/professionals have an organizational structure that would protect and allow consumers recourse from receiving substandard care.

In essence, there is no mechanism for the Board to ensure the protection of consumer who is receiving services at these exempt settings or from exempt professionals. Consumer complaints regarding services provided by an individual in an exempt setting are usually deemed non-jurisdictional because the oversight of the individual’s practice is the responsibility of the employer and not the Board. Complaints against exempt professionals are also deemed non-jurisdictional because of the difficulty in determining whether they were acting within the scope of their professional standards and ethics when counseling or performing services of a psychosocial nature.

Recommendation

Staff recommends conducting an open discussion regarding exempt settings to determine if the Board desires to explore this issue further. If so, staff recommends forming a committee using the following list to guide the committee’s work.

- The current environment of exempt settings and professions;
- The risk, if any, that exempt settings present to the consumers;
- Whether current statutes, regarding exempt settings, allow the Board to effectively protect the consumer from unlicensed practitioners;
- If current statutes should be amended in order to strengthen consumer protection;
- If the term “counseling services” or “work of a psychosocial nature” need to be better defined.

Exhibits

Attachment A – Relevant Exempt Settings Statutes

Attachment B - 2007 Proposed Lang. Exempt Settings

**Attachment A
Relevant Code
Business & Professions Code**

MARRIAGE AND FAMILY THERAPISTS

Section 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, the 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 provisions 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.

LICENSED EDUCATIONAL PSYCHOLOGIST

Section 4989.16

(a) A person appropriately credentialed by the Commission on Teacher Credentialing may perform the functions authorized by that credential in a public school without a license issued under this chapter by the board.

(b) Nothing in this chapter shall be construed to constrict, limit, or withdraw the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), the Psychology Licensing Law (Chapter 6.6 (commencing with Section 2900)), the Licensed Marriage and Family Therapist Practice Act (Chapter 13

(commencing with Section 4980)), or the Clinical Social Worker Practice Act (Chapter 14 (commencing with Section 4991)).

LICENSED CLINICAL SOCIAL WORKERS

Section 4996.13

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

- (a) A physician and surgeon certified pursuant to Chapter 5 (commencing with Section 2000).
- (b) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).
- (c) Members of the State Bar of California.
- (d) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980).
- (e) Licensed professional clinical counselors pursuant to Chapter 16 (commencing with Section 4999.10).
- (f) A priest, rabbi, or minister of the gospel of any religious denomination.

Section 4996.14

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

- (1) A governmental entity.
- (2) A school, college, or university.
- (3) An institution that is both nonprofit and charitable.

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

(c) This chapter shall not apply to a person using hypnotic techniques by referral from any of the following persons if his or her practice is performed solely under the supervision of the employer:

- (1) A person licensed to practice medicine.

(2) A person licensed to practice dentistry.

(3) A person licensed to practice psychology.

(d) This chapter shall not apply to a person using hypnotic techniques that offer vocational self-improvement, and the person is not performing therapy for emotional or mental disorders.

Section 4996.15

Nothing in this article shall restrict or prevent activities of a psychosocial nature on the part of persons employed by accredited academic institutions, public schools, government agencies, or nonprofit institutions engaged in the training of graduate students or social work interns pursuing the course of study leading to a master's degree in social work in an accredited college or university, or working in a recognized training program, provided that these activities and services constitute a part of a supervised course of study and that those persons are designated by such titles as social work interns, social work trainees, or other titles clearly indicating the training status appropriate to their level of training. The term "social work intern," however, shall be reserved for persons enrolled in a master's or doctoral training program in social work in an accredited school or department of social work.

LICENSSED PROFESSIONAL CLINICAL COUNSELORS

Section 4999.22.

(a) Nothing in this chapter shall prevent qualified persons from doing work of a psychosocial nature consistent with the standards and ethics of their respective professions. However, these qualified persons shall not hold themselves out to the public by any title or description of services incorporating the words "licensed professional clinical counselor" and shall not state that they are licensed to practice professional clinical counseling, unless they are otherwise licensed to provide professional clinical counseling services.

(b) Nothing in this chapter shall be construed to constrict, limit, or withdraw provisions of the Medical Practice Act, the Clinical Social Worker Practice Act, the Nursing Practice Act, the Psychology Licensing Law, or the Licensed Marriage and Family Therapist Act.

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

(d) This chapter shall not apply to an employee of a governmental entity or a school, college, or university, or of an institution both nonprofit and charitable, if his or her practice is performed solely under the supervision of the entity, school, college, university, or institution by which he or she is employed, and if he or she performs those functions as part of the position for which he or she is employed.

(e) All persons registered as interns or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

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Attachment B

BOARD OF BEHAVIORAL SCIENCES PROPOSED LANGUAGE EXEMPT SETTINGS

MFT: § 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, 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) This chapter shall not apply to an employee ~~of a governmental entity or of a school, college, or university, or of an institution both nonprofit and charitable~~ or volunteer working in any of the following settings if his or her practice is performed solely under the supervision of the entity, school, or organization by which he or she is employed, and if he or she performs those functions as part of the position for which he or she is employed. employer:

(1) A governmental entity

(2) A school, college, or university

(3) An institution both nonprofit and charitable

(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 provisions 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.

LCSW: § 4996.14.

~~(a) Nothing in this chapter shall restrict or prevent activities of a psychosocial nature or the use of the official title of the position for which they are employed on the part of the following persons, if those persons are performing those activities as part of the duties for which they are employed or solely within the confines or under the jurisdiction of the organization in which they are employed. However, they shall not offer to render clinical social work services, as defined in Section 4996.9, to the public for a fee, monetary or otherwise, over and above the salary they receive for the performance of their official duties with the organization in which they are employed. This chapter shall not apply to an employee or volunteer working in any of the following settings if his or her practice is performed solely under the supervision of the employer:~~

~~(a) Persons employed by the United States Department of Health and Human Services.~~

~~(b) Persons employed in family or children services agencies.~~

~~(c) Individuals employed in proprietary or nonproprietary private psychiatric clinics.~~

~~(d) Individuals employed in accredited colleges, junior colleges, or universities.~~

~~(e) Individuals employed in federal, state, county or municipal governmental organizations, or nonprofit organizations which are engaged in research, education, and services which services are defined by a board composed of community representatives and professionals.~~

(1) A governmental entity

(2) A school, college, or university

(3) An institution both nonprofit and charitable

~~(f) (b) This chapter shall not apply to Persons utilizing persons using hypnotic techniques by referral from any of the following persons if his or her practice is performed solely under the supervision of the employer: persons licensed to practice medicine, dentistry, or psychology, or persons utilizing hypnotic techniques which offer a vocational or vocational self-improvement and do not offer therapy for emotional or mental disorders.~~

(1) Persons licensed to practice medicine

(2) Persons licensed to practice dentistry

(3) Persons licensed to practice psychology

(4) Persons using hypnotic techniques which offer a vocational or vocational self-improvement and not performing therapy for emotional or mental disorders.

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To: Board Members

Date: November 6, 2013

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: English Second Language Testing Accommodation

During the August 22, 2013 Board Meeting, an examination candidate for licensure as a Marriage and Family Therapist requested that the Board consider reinstating the English Second Language (ESL) testing accommodation. The candidate shared her personal testing experience and stated the removal of the ESL accommodation is against the best interest of California's culturally diverse population. At the conclusion of the candidate's statements, the Board Members directed staff to research the ESL testing accommodation.

Background

Pursuant to the Federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act, the Board will provide testing accommodations or auxiliary aids or services for applicants who can substantiate the need for accommodation due to a physical or mental disability or a qualified medical condition.

Title 28, Code of Federal Regulations Part 35 defines the term "*Disability*." Specifically, "*Disability*" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Title 28, Code of Federal Regulations Part 35 further defines the following phrases.

- (i) The phrase *physical or mental impairment* means—
 - (A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine;
 - (B) Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- (ii) The phrase *physical or mental impairment* includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech

and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

- (iii) The phrase *physical or mental impairment* does not include homosexuality or bisexuality.
- (2) The phrase *major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- (3) The phrase *has a record of such an impairment* means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (4) The phrase *is regarded as having an impairment* means—
 - (i) Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a public entity as constituting such a limitation;
 - (ii) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or
 - (iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by a public entity as having such an impairment.
- (5) The term *disability* does not include—
 - (i) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;
 - (ii) Compulsive gambling, kleptomania, or pyromania; or
 - (iii) Psychoactive substance use disorders resulting from current illegal use of drugs.

Upon receipt of documentation from the candidate that substantiates the request for the testing accommodation, the Board evaluates each request, in order to provide an appropriate and effective testing accommodation.

Board records indicate that from at least 2000 up to July 1, 2011, candidates who requested an ESL accommodation were granted extra time to take the board examinations. It should be noted that ESL is not identified as a disability under the ADA.

Decision to End ESL Accommodations

Prior to making the decision to end the ESL accommodation, the Board contacted the Office of Professional Examination Services (OPES) for information. OPES indicated that they reviewed the readability of the Board's examination as well as other ESL issues. OPES considered that prior to entering a bachelor's program or master's program, ESL candidates take the Test of English as a Foreign Language (TOFEL). Further, the candidate receives the master's degree in English. Based on this information, it is reasonable to conclude that a candidate should be proficient enough to take the examination in English.

Should the Board consider reinstating the ESL accommodation?

During the presentation to the Board Members, the examination candidate asked if the cancelation of the ESL accommodation in the best interest of the culturally different/diverse population in the State of California? Certainly, the current research suggests that California's diverse population will continue grow.

Serving California's diverse population and allowing an ESL candidate extra time to take the test are different topics. The Board addressed the needs of California's diverse population through the revisions of the educational requirements for licensure. All students, including ESL students, receive education in cultural competency within their degree program. Further, throughout the master's degree program, coursework related to cultural values and mores within the wide range of ethnicities, is integrated.

Based on an online review of several DCA Boards (Board of Pharmacy, Board of Registered Nursing, and Board of Psychology) examination accommodation policies, it does not appear that any of these boards offer an ESL accommodation. Each of these boards uses a national examination for licensure. Review of these national examination accommodation policies did not reveal that an accommodation was available for ESL candidates.

The Board is currently using the National Clinical Mental Health Counselor Examination (NCMHCE) for licensure as a professional clinical counselor in California. The National Board of Certified Counselors (NBCC) develops and administers the NCMHCE. NBCC allows candidates to apply for an ESL accommodation. However, candidates must submit verification from their graduate program that they received an ESL accommodation in their graduate program. All approved candidates must pay \$60 for the extra two hours of time for the ESL accommodation.

In 2016 the Board will use the Association of Social Workers Board (ASWB) clinical examination for licensure as a social worker. A review of ASWB's accommodation policy reveals that candidates who desire an ESL accommodation must be approved by the jurisdiction in which they are applying for licensure. A brief review of several states, including New York, did not reveal any state that currently authorizes an ESL accommodation. Both NBCC and ASWB adhere to the disability policies outlined in the ADA.

Alternatives

In lieu of reinstating the ESL accommodation, the Board could consider translating its examinations. OPES published an informational sheet regarding the translation of examinations (Attachment A). The information sheet states that the translation of an examination does not imply a literal word-to-word translation. The examination adaptation process provides for recognition of cultural, content, and language differences so that the intended meaning is retained.

OPES notes that when a licensing board, bureau, or committee under DCA is faced with the decision whether or not to adapt an examination, the following must be taken into consideration:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited English-speaking candidates, an examination may be adapted.
- If English is an essential aspect of a profession, an examination will not be adapted. If the candidate population is too small to produce reliable data for determining equivalency, an unadapted examination may be most valid.

A translated examination must adhere to the current standards and guidelines for testing. Otherwise, a license may be issued to an unqualified individual in error. Further, the cost to translate an examination ranges from \$25,000 up to \$75,000 per exam, per language. The Board currently develops 6 examinations; two different versions of each examination.

Recommendation

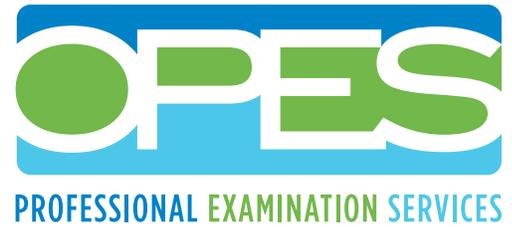
Conduct an open discussion regarding reinstatement of the ESL accommodation.

Attachments:

A. OPES Translating Examinations Information

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TRANSLATING EXAMINATIONS

**Purpose**

Licensure examinations may be translated (adapted) from English into another language or languages in order to provide equal consideration to candidates for whom English is not their first language.

Process

Examination adaptation does not imply a literal word-to-word translation. The examination adaptation process provides for recognition of cultural, content, and language differences so that the intended meaning is retained. OPES' process includes the use of subject matter experts/expert consultants in a series of adaptation workshops. In these workshops, the examination is adapted and then independently reviewed to ensure the final adapted examination is equivalent to the original examination.

Key Factors

When a licensing board, bureau, or committee under the Department of Consumer Affairs is faced with the decision whether or not to adapt an examination, the following must be taken into consideration:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited English-speaking candidates, an examination may be adapted.¹
- If English is an essential aspect of a profession, an examination will not be adapted.²
- If the candidate population is too small to produce reliable data for determining equivalency, an unadapted examination may be most valid.

Standards and Guidelines

During the adaptation process, there are well-established psychometric standards, guidelines, and statistical procedures that should be applied to evaluate its equivalency.

- The *Standards for Educational and Psychological Testing* emphasize that linguistic and cultural differences should be taken into full account, as cultural behaviors and thinking may not be comparable between languages, and translated words may appear to be the same but can have significantly different meanings.³
- The *Guidelines for Translating and Adapting Tests* set forth by the International Test Commission outline the process and the evaluation procedures for examination adaptation.⁴

Failure to adhere to these standards, guidelines, and procedures can lead to offering an examination that is not equivalent in content, difficulty level, reliability, and validity, which may result in erroneous licensure.

(Continued on back)

1. California Government Code section 7295.4, 7296.2.

2. California Business and Professions Code sections 853, 855, 1630, 2103, 3053, 8023.5, 8565, 9702.5, 10153.

3. American Educational Research Association, *Standards for Educational and Psychological Testing*, Washington, DC, 1999, p. 91-100.

4. International Test Commission (2010). *International Test Commission Guidelines for Translating and Adapting Tests*. [<http://www.intestcom.org>].

TRANSLATING EXAMINATIONS (CONTINUED)

**Time and Cost**

Adaptation can take several months depending on various factors. Estimated costs of adapting examinations are as follows:

- 100-item multiple choice exam, per language \$25,000 - \$40,000
- 200-item multiple choice exam, per language \$55,000 - \$75,000

Contact

To learn more about these and other examination-related services, please contact the Office of Professional Examination Services (OPES) at (916) 575-7240.

§ 35.104 Definitions.

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

- (1)
 - (i) The phrase *physical or mental impairment* means—
 - (A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine;
 - (B) Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
 - (ii) The phrase *physical or mental impairment* includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.
 - (iii) The phrase *physical or mental impairment* does not include homosexuality or bisexuality.
- (2) The phrase *major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- (3) The phrase *has a record of such an impairment* means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (4) The phrase *is regarded as having an impairment* means—
 - (i) Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a public entity as constituting such a limitation;
 - (ii) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or
 - (iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by a public entity as having such an impairment.

- (5) The term *disability* does not include—
 - (i) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;
 - (ii) Compulsive gambling, kleptomania, or pyromania; or
 - (iii) Psychoactive substance use disorders resulting from current illegal use of drugs.