

1 **BOARD MEETING MINUTES**  
2 **May 21-22, 2014**

3  
4 Embassy Suites Anaheim-Orange  
5 Chapman Room  
6 400 N. College Blvd.  
7 Orange, CA 92868  
8  
9

10 **Wednesday, May 21<sup>st</sup>**

11  
12  
13 **Members Present**

14 Dr. Christine Wietlisbach, Chair, Public Member  
15 Christina Wong, Vice Chair, LCSW Member  
16 Samara Ashley, Public Member  
17 Dr. Leah Brew, LPCC Member  
18 Deborah Brown, Public Member  
19 Dr. Peter Chiu, Public Member  
20 Eileen Colapinto, Public Member  
21 Betty Connolly, LEP Member  
22 Dr. Harry Douglas, Public Member  
23 Sarita Kohli, LMFT Member  
24 Patricia Lock-Dawson, Public Member  
25 Renee Lonner, LCSW Member  
26 Karen Pines, LMFT Member (*arrived at 9:05 a.m.*)  
27

28 **Members Absent**

29 Patricia Lock-Dawson (*left meeting at 11:34 a.m.*)  
30  
31

13 **Staff Present**

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

21 **Guest List**

22 On file

32 **FULL BOARD OPEN SESSION**

33  
34 Dr. Christine Wietlisbach, Chair of the Board of Behavioral Sciences (Board), called the  
35 meeting to order at 8:45 a.m. Christina Kitamura called roll, and a quorum was  
36 established with 12 members present.  
37

38 **I. Petition for Modification of Probation for Maatisak Amenhetep, LCS 19290**

39 Judge W. Hewitt, Administrative Law Judge, opened the hearing at 8:50 a.m. Erin  
40 Sunseri, Deputy Attorney General (DAG), presented the facts of the case on behalf of the  
41 Board of Behavioral Sciences. Maatisak Amenhetep was not represented by an attorney.

1 Ms. Sunseri presented the background of Ms. Amenhetep's probation. Ms. Sunseri  
2 provided an opening statement. Ms. Amenhetep was sworn in. Ms. Amenhetep  
3 presented her request for modification of probation and information to support the request.  
4 Ms. Amenhetep was questioned by Ms. Sunseri and Board Members. Ms. Sunseri gave  
5 closing argument. Judge Hewitt closed the hearing at approximately 10:17 a.m.

6 *Karen Pines arrived at 9:05 a.m. The Board proceeded with 13 members present.*

7 *Dr. Wietlisbach called for a break at 10:17 a.m. The Board reconvened at 10:31 a.m.*

8

9 **II. Petition for Modification of Probation for Kimberly Kupfer, MFC 27299**

10 Judge Hewitt opened the hearing at 10:32 a.m. Erin Sunseri, DAG, presented the facts of  
11 the case on behalf of the Board. Kimberly Kupfer was not represented by an attorney.

12  
13 Ms. Sunseri presented the background of Ms. Kupfer's probation. Ms. Kupfer was sworn  
14 in. Ms. Kupfer presented her request for early termination of probation and information to  
15 support the request. Ms. Sunseri and Board Members posed questions to Ms. Kupfer.  
16 Ms. Sunseri gave a closing argument. Judge Hewitt closed the hearing at approximately  
17 11:25 a.m.

18  
19 *Dr. Wietlisbach called for a break at 11:26 a.m. The Board reconvened at 11:34 a.m.*

20 *Patricia Lock-Dawson did not return to the meeting. The Board maintained its quorum*  
21 *with 12 members present.*

22

23 **III. Petition for Early Termination of Probation for Kevin Gutfield, LCS 18523**

24 Judge Hewitt opened the hearing at 11:34 a.m. Erin Sunseri, DAG, presented the facts of  
25 the case on behalf of the Board. Kevin Gutfield was not represented by an attorney.

26  
27 Ms. Sunseri presented the background of Mr. Gutfield's probation. Mr. Gutfield was sworn  
28 in. Mr. Gutfield presented his request for early termination of probation and information to  
29 support the request. Ms. Sunseri and Board Members posed questions to Mr. Gutfield.  
30 Ms. Sunseri gave a closing argument. Judge Hewitt closed the hearing at approximately  
31 12:22 p.m.

32  
33 *The Board took a break at 12:22 p.m. and reconvened at 1:34 p.m.*

34

35 **IV. Petition for Early Termination of Probation for Troy Nickell, IMF 70464**

36 Judge Hewitt opened the hearing at 1:34 p.m. Erin Sunseri, DAG, presented the facts of  
37 the case on behalf of the Board. Troy Nickell was not represented by an attorney.

38  
39 Ms. Sunseri presented the background of Mr. Nickell's probation. Mr. Nickell was sworn  
40 in. Mr. Nickell presented his request for early termination of probation and information to  
41 support the request. Ms. Sunseri and Board Members posed questions to Mr. Nickell.  
42 Ms. Sunseri gave a closing argument. Judge Hewitt closed the hearing at approximately  
43 2:09 p.m.

44

45 **V. Petition for Early Termination of Probation for Racheal Rhoades, MFC 43624**

46 Judge Hewitt opened the hearing at 2:13 p.m. Erin Sunseri, DAG, presented the facts of  
47 the case on behalf of the Board. Racheal Rhoades was not represented by an attorney.

48

1 Ms. Sunseri presented the background of Ms. Rhoades' probation. Ms. Rhoades was  
2 sworn in. Ms. Rhoades presented her request for early termination of probation and  
3 information to support the request. Ms. Sunseri and Board Members posed questions to  
4 Ms. Rhoades. Ms. Sunseri and Ms. Rhoades gave closing arguments. Judge Hewitt  
5 closed the hearing at approximately 3:04 p.m.

6  
7 *The Board took a break at 3:04 p.m. and reconvened in closed session at 3:25 p.m.*

8  
9 *Items VI and VII were taken after closed session.*

10  
11 **FULL BOARD CLOSED SESSION**

12  
13 **VIII. Pursuant to Section 11126(c)(3) of the Government Code, the Board will Meet in**  
14 **Closed Session for Discussion and Take Action on Disciplinary Matters**

15  
16  
17 **FULL BOARD OPEN SESSION**

18  
19 **VI. Suggestions for Future Agenda Items**

20 Deborah Brown suggested a discussion regarding the creation of a task force to address  
21 telehealth issues. The task force would consist of representatives from all of the healing  
22 arts boards.

23  
24  
25 **VII. Public Comment for Items Not on the Agenda**

26 There were no public comments.

27  
28 **IX. Adjournment**

29 The Board adjourned at 6:08 p.m.

30

Thursday, May 22<sup>nd</sup>

**Members Present**

Dr. Christine Wietlisbach, Chair, Public Member  
Christina Wong, Vice Chair, LCSW Member  
Dr. Peter Chiu, Public Member  
Samara Ashley, Public 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  
Karen Pines, LMFT Member

**Staff Present**

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

**Guest List**

On file

**Members Absent**

Eileen Colapinto, Public Member

**FULL BOARD OPEN SESSION**

Dr. Christine Wietlisbach called the meeting to order at 8:55 a.m. Dr. Wietlisbach announced a change in the order of agenda items. Agenda item XXI will follow item XI, and item XXII will follow item XXI.

Christina Kitamura called roll, and a quorum was established.

**X. Introductions**

The Board Members, Board staff, and guests introduced themselves.

**XI. Approval of the March 5-6, 2014 Board Meeting Minutes**

The following corrections were made:

Page 1, line 35: ...Administrative Law Judge Karl S. Engeman...

Page 2, line 19: Dr. Chiu noted that he worked for Kaiser Permanente...

Page 6, line 5: Andrea Flores was hired as a Management Services Technician...

Page 9, line 42: Marriage, Family and Child Counseling Content

Page 10, line 15: Committee members expressed concern that the coursework as specified in BPC §4980.36(d) is only a list.

Page 12, line 41: ...stated that one of the most common complaints...

Page 16, line 7: ...stated that other states have various requirements regarding practicum...

Page 16, line 8: Many states measure the practicum by the total of hours instead of units; for example, 700 hours. Some states require a 3-credit practicum.

Page 16, line 10: Only five states list a direct client requirement.

Page 19, line 46: ...the Board is currently pursuing.

1 **Patricia Lock-Dawson moved to approve the minutes as amended. Sarita Kohli**  
2 **seconded. The Board voted unanimously (12-0) to pass the motion.**

3  
4 *Items XXI and XXII were heard following item XI.*

5  
6 **XXI. Election of Board Officers for 2014-2015**

7 **Dr. Leah Brew nominated Christina Wong for Board Chairperson. Patricia Lock-**  
8 **Dawson seconded. Christina Wong accepted the nomination. The Board voted**  
9 **unanimously (12-0) to elect Christina Wong as the Board Chairperson.**

10  
11 Renee Lonner nominated Dr. Leah Brew as Board Vice Chairperson. Dr. Peter Chiu  
12 seconded. Dr. Leah Brew accepted the nomination.

13  
14 **Sarita Kohli nominated Deborah Brown as Board Vice Chairperson. Patricia Lock-**  
15 **Dawson seconded. Deborah Brown accepted the nomination.**

16  
17 Dr. Leah Brew withdrew her nomination for Vice Chairperson.

18  
19 **The Board voted unanimously (12-0) to elect Deborah Brown as the Board Vice**  
20 **Chair.**

21  
22 **XXII. Discussion and Possible Action Regarding Compensation for the Executive Officer**

23 The current compensation for the Board's Executive Officer position was established in  
24 2000 following a 1999 salary review of 26 Executive Officer positions within Department of  
25 Consumer Affairs (DCA). Since then, there has not been an increase in compensation.

26  
27 Since 1999, the Board has grown, and the Executive Officer has taken on additional  
28 responsibilities. Dr. Wietlisbach suggested that the Board recommend a salary increase.

29  
30 In July 2011, DCA contracted with CPS HR Consulting to conduct an executive officer  
31 salary assessment to determine any meaningful changes in job duties and responsibilities  
32 that could be supportive of a request for a salary increase. The study was limited due to  
33 budgetary constraints at that time. The review did not find major changes that had not  
34 been addressed in prior salary increase requests.

35  
36 The Board's Executive Officer position was included in the 2011 study. However, at the  
37 time the study was conducted, California was experiencing shortfalls in its budget, across  
38 state government, that resulted in furloughs, vacancies, and hiring freezes. The direction  
39 of the administration at that time was to reduce program expenditures, and increases in  
40 staffing levels were not permitted.

41  
42 Dr. Wietlisbach outlined the major program changes that have increased the Board's  
43 legislative and regulation activity since 1999, including the passage of SB 788 in 2009,  
44 which added a fourth mental health profession to the Board's regulatory responsibilities.  
45 There has also been an increase in the Board's licensing population, budget, and staffing  
46 since 1999.

47  
48 **Dr. Leah Brew moved to submit a letter to the Director of Consumer Affairs**  
49 **requesting that DCA submit the Board's request to CalHR to increase the Executive**

1 **Officer's salary range to the next appropriate level. Patricia Lock-Dawson**  
2 **seconded. The Board voted unanimously (12-0) to pass the motion.**  
3

4 *Dr. Wietlisbach called for a break at 9:20 a.m. and reconvened at 9:38 a.m.*  
5

6 **XII. Executive Officer's Report**

7 **a. Budget Report**

8 Kim Madsen provided a brief summary of the Board budget report:

- 9 • The 2013/2014 budget for the Board is \$8,240,648. As of March 31, 2014, the  
10 Board has spent \$5,126,675 reflecting 62% of the total budget. The Board is  
11 projecting an unencumbered balance of \$160,000.
- 12 • As of March 31, 2014, total revenue collected is \$6,246,068.
- 13 • The Board's fund condition reflects 3.3 months in reserve.
- 14 • The Board's loan balance to the General Fund is \$12.3 million dollars. The Board  
15 is scheduled to receive a \$1.4 million dollar loan repayment this fiscal year.
- 16 • The Board's proposed budget for fiscal year 2014-15 is \$ 9,139,000 and reflects an  
17 increase in Board staffing levels from 42.5 positions to 50 positions.  
18

19 Annually the Governor submits an update to his budget in mid-May. The May revision  
20 contains a revised estimate of General Fund revenues for the current and ensuing  
21 fiscal years, and proposals to adjust expenditures to reflect updated revenue  
22 estimates.  
23

24 According to the State Controller's office, the forecast for the last quarter of the fiscal  
25 year is "good." To date, revenues have exceeded expectations. However, the  
26 Governor remains focused on paying down debt and building up reserves with the  
27 increased revenue. Therefore, it is unlikely that any new or increased spending not  
28 already included in the Governor's budget will occur.  
29

30 **b. Operations Report**

31 Ms. Madsen provided a summary of the Operations Report. Due to challenges in  
32 obtaining statistical data to compile quarterly statistics, the reports are not available for  
33 review. Board staff continues to work with the BreEZe team and the vendor to resolve  
34 these challenges.  
35

36 Construction to remodel the Board's suite is scheduled to begin. This first phase  
37 builds the file room to accommodate the Board's licensing and enforcement files as  
38 well as office supplies. The second phase will reduce the size of the Board's existing  
39 file and break room, remove walls to open up the suite, and install additional cubicles.  
40 The project is scheduled to be completed in late June or early July. The total cost is  
41 estimated to be under \$200,000.  
42

43 Board management recently completed interviews to hire five of the eight positions in  
44 the Governor's 2014/2015 budget. The new hires will begin with the Board in May.  
45 The new assignments will consist of three positions in the Licensing Unit and two  
46 positions in the Enforcement Unit.  
47

1 The BreEZe system was implemented six months ago. Many of the issues that staff  
2 identified have been resolved with subsequent releases. There will be two additional  
3 releases. The first one will be mid-May and the second one in August. Board staff  
4 continues testing to confirm that the functionality issues are resolved prior to each  
5 release.  
6

7 Board staff participated in various outreach events during the month of March. In one  
8 of those events, the Board's social work evaluators conducted a webinar with the  
9 University of Southern California School of Social Work (USC) to explain the  
10 registration and licensure process. This is the second year Board staff has conducted  
11 a webinar with USC. This year, several other schools of social work joined the  
12 presentation. The webinar was recorded and is available on YouTube.  
13

14 Board staff also participated in outreach events during the month of April, including the  
15 first conference sponsored by the California Association for Licensed Professional  
16 Clinical Counselors (CALPCC).  
17

### 18 **c. Personnel Update**

19 Effective May 12, 2014, Gina Bayless joined the Board as the new Staff Services  
20 Manager I and will be responsible for the management of the daily operations of the  
21 Consumer Complaint and Investigations Unit.  
22

23 Effective May 19, 2014, Deborah McAdams joined the Board as a Management  
24 Services Technician (MST) in the Licensing Unit. Ms. McAdams will perform the  
25 duties of a Licensed Clinical Social Worker (LCSW) Evaluator.  
26

27 Effective May 19, 2014, Leontyne Lyles joined the Board as an MST in the Licensing  
28 Unit. Ms. Lyles will perform the duties of a Licensed Marriage and Family Therapist  
29 (LMFT) Evaluator.  
30

31 Another MST position will be filled within the next few months. This is a 2-year limited-  
32 term position in the Licenseing Unit.  
33

34 There is a vacancy in the Enforcement Unit for a Staff Services Analyst. This opening  
35 is due to Angie Ramos-Zizumbo's departure.  
36

37 The Board hired two seasonal clerks effective March 10, 2014 to assist in the  
38 Cashiering and Enforcement Units.  
39

40 Effective June 2, 2014, Relena Amaro will transfer to the Board as an Office  
41 Technician in the Licensing Unit. She will act as both the Licensing Educational  
42 Psychologists (LEP) Evaluator and as a Licensing Support Technician.  
43  
44

### 45 **XIII. Strategic Plan Update**

46 Steve Sodergren reported that management met with SOLID training solutions in February  
47 2014 to complete the final step in the strategic planning process, identifying the tasks that  
48 are necessary to accomplish each objective in the strategic plan. The tasks and  
49 objectives were discussed and refined during subsequent management meetings.

1 Currently, management is continuing to discuss implementation strategies in order to  
2 ensure successful completion of tasks, objectives and goals.

3  
4 Mr. Sodergren noted that steps have already been taken on objectives with due dates in  
5 2014. If necessary, due dates on some objectives may change.  
6

#### 7 **XIV. Supervision Committee Update**

8 The Supervision Committee (Committee) held its first meeting in April 2014. The  
9 Committee was appointed to conduct a holistic review of the current requirements for  
10 supervised work experience and requirements for supervisors. Topics of discussion  
11 included:

- 12 • The purpose of the Committee.
- 13 • A survey conducted by the Board in 2005 to gain a better understanding of the quality  
14 and nature of an intern's or associate's supervision experience.
- 15 • The similarities and differences in supervision requirements for each Board license  
16 type.
- 17 • Results of staff research concerning the similarity of other states' supervision  
18 requirements.
- 19 • Professional organizations that provide guidance on supervisory-related issues and/or  
20 have a program that provides certification for supervisors who meet the associations'  
21 standards.
- 22 • The possibility of conducting a new supervision survey.

23  
24 Staff was directed to draft a new supervision survey tool that will be discussed at the next  
25 Committee meeting.  
26

27 Mr. Sodergren announced the next Committee meeting on June 27, 2014, will be at the  
28 Phillips Graduate Institute in Chatsworth, California.  
29

30 Currently, the Committee is composed of two members: an LEP member and a LPCC  
31 member. Sarita Kohli suggested that a member from the LCSW and LMFT professions be  
32 added to this Committee. Ms. Kohli will consider joining the Committee as the LMFT  
33 member.  
34

35 Ben Caldwell, American Association for Marriage and Family Therapy California Division  
36 (AAMFT-CA), expressed that AAMFT-CA intends to be involved in the Committee  
37 meetings, and because of that, AAMFT-CA is not concerned with the composition of the  
38 Committee.  
39

40 Janlee Wong, National Association of Social Workers California Chapter (NASW-CA),  
41 urged the Committee to include input from the employers.  
42

#### 43 **XV. Policy and Advocacy Committee Report**

##### 44 **a. Recommendation #1 – Oppose, Assembly Bill 1702 (Maienschein)**

45 Rosanne Helms presented AB 1702 regarding Professions and Vocations –  
46 Incarceration. This bill would prohibit a board under the DCA from denying or delaying

1 an application solely on the grounds that some or all of the licensure requirements  
2 were completed while the individual was incarcerated.

3  
4 Existing law permits a board under DCA to deny a license on the grounds that the  
5 applicant has been convicted of a crime, only if the crime is substantially related to the  
6 qualifications, functions, or duties of the business or profession for which they are  
7 applying for licensure.

8  
9 This bill also states that the provision does not limit the ability of a board to deny a  
10 license if the conviction was for a crime substantially related to the qualifications,  
11 functions, or duties of the business or profession.

12  
13 According to the author's office, the intent of the bill is to remove obstacles preventing  
14 individuals who have obtained job training and education while incarcerated, from  
15 receiving a license for that particular profession.

16  
17 Staff is concerned about delays in processing time. The Board does not delay  
18 application processing solely on the fact that education or experience was obtained  
19 during incarceration. However, all applicants with a conviction or other disciplinary  
20 action are automatically routed to the Board's Enforcement Unit for further  
21 investigation. For these applicants, there will be a delay simply because additional  
22 staff time is needed to determine if the crime was substantially related and to  
23 determine if disciplinary measures are necessary. Delays due to the enforcement  
24 process can vary from weeks to several months, depending on the complexity of the  
25 case.

26  
27 The Policy and Advocacy Committee (Committee) recommended that the Board take  
28 an oppose position on this bill. This bill has been amended since its consideration by  
29 the Committee. The author amended the bill in an attempt to clarify that the prohibition  
30 on delay and denial is based on the fact that the applicant completed some or all of the  
31 licensure requirements while incarcerated.

32  
33 Christina Wong stated that BBS licensees are required to obtain a graduate-level  
34 education as well as practicum. Since graduate-level education and practicum cannot  
35 be accumulated while incarcerated, this bill may not apply to the Board.

36  
37 Ms. Helms recommended that the Board request to be removed from the bill.

38  
39 Dr. Leah Brew expressed concern regarding online programs, stating that obtaining a  
40 degree online while incarcerated is not impossible. Practicum is not impossible if there  
41 is a supervisor at the prison.

42  
43 ***Renee Lonner moved to support AB 1702 if amended to remove the Board from***  
44 ***the bill. Samara Ashley seconded. The Board voted unanimously (12-0) to pass***  
45 ***the motion.***

46  
47 **b. Recommendation #2 – Support, Assembly Bill 2058 (Wilk)**

48 Ms. Helms presented AB 2058 regarding Open Meetings. This bill would make an  
49 advisory body consisting of less than three members subject to the Bagley-Keene

1 Open Meeting Act if the body is a standing committee with a continuing subject matter  
2 jurisdiction or a has a meeting schedule fixed by formal action of a state body.

3  
4 Existing law:

- 5 • Establishes the Bagley-Keene Open Meeting Act, which requires that actions and  
6 deliberations of state agencies be conducted openly;
- 7 • Defines a “state body” as an advisory board, commission, committee, or  
8 subcommittee that consists of three or more persons and is created by formal  
9 action by the state body or any of its members;
- 10 • Requires that all meetings of a state body be open and all members of the public  
11 permitted to attend; and
- 12 • Requires a state body to provide notice and an agenda at least 10 days prior to a  
13 meeting.

14  
15 This bill revises the definition of a state body subject to the Bagley-Keene Open  
16 Meeting Act. Under the proposed change, an advisory body consisting of less than  
17 three members would be subject to Bagley-Keene if it is a standing committee with a  
18 continuing subject matter jurisdiction or a meeting schedule fixed by formal action of a  
19 state body.

20  
21 According to the author’s office, current law allows standing committees of a state  
22 entity to hold closed door meetings as long as they contain fewer than three members  
23 and do not vote to take action on items of discussion. The author’s office is concerned  
24 that some state agencies are conducting meetings with two or fewer members  
25 specifically to avoid open meeting requirements. The author notes it is the intent of the  
26 Legislature and the public for government to conduct its business visibly and  
27 transparently.

28  
29 Ms. Helms explained that local government entities must abide by the Brown Act,  
30 which is an open meeting act similar to Bagley-Keene. In the early 1990s, the Brown  
31 Act contained a similar allowance as Bagley-Keene. This was corrected as soon as  
32 the Legislature discovered it; however, a conforming change was not made to the  
33 Bagley-Keene Act at that time.

34  
35 The Board commonly utilizes two-member standing committees to address issues  
36 requiring in-depth discussion and analysis. The intent is to create an environment that  
37 encourages discussion and sharing of ideas between Board members, staff, and  
38 stakeholders, which may eventually be used to generate a legislative or regulatory  
39 proposal. No votes are taken at these meetings; any action must be approved by the  
40 Board at a Board meeting.

41  
42 The Board still notices an agenda for these two-member meetings ten days prior, as  
43 Bagley-Keene requires.

44  
45 If this bill were to become law, additional staff time would be required to complete and  
46 post meeting minutes.

47  
48 ***Samara Ashley moved to support AB 2058. Dr. Peter Chiu seconded. The Board***  
49 ***voted unanimously (12-0) to pass the motion.***

1 **c. Recommendation #3 – Oppose, Assembly Bill 2165 (Patterson)**

2 *AB 2165 died in the Assembly, Business, Professions, and Consumer Protection*  
3 *Committee before it was heard by the Board.*

4  
5 **d. Recommendation #4 – Support, Senate Bill 909 (Pavley)**

6 Ms. Helms presented SB 909 regarding Dependent Children – Health Screenings.  
7 This bill makes it clear in law that a social worker may authorize a non-invasive initial  
8 medical, dental, and mental health screening for a child taken into temporary custody  
9 by a county welfare agency due to an immediate danger.

10 Existing law:

- 11 • Requires that when a minor is taken into temporary custody due to an immediate  
12 danger, the social worker may authorize the performance of medical, surgical,  
13 dental, or other remedial care only if recommended by the attending physician and  
14 surgeon or dentist, and if the parent or guardian is notified and does not object.
- 15 • Provides that if the parent or guardian is notified and objects to the care, the care  
16 shall only be given if the court orders it.
- 17 • Provides that if a child is placed under the supervision of a social worker and there  
18 is no parent or guardian available to authorize the care, the court may authorize  
19 that the social worker to obtain care.

20  
21 This bill allows a social worker, in the absence of a court order, to authorize a non-  
22 invasive initial medical, dental, and mental health screening for a child taken into  
23 temporary custody due to an immediate danger. The screening may be prior to the  
24 required detention hearing, and may be for any of the following reasons:

- 25 • To determine if the child has an urgent medical, dental, or mental health need  
26 requiring immediate attention;
- 27 • To determine if the child poses a health risk to others; and
- 28 • To determine an appropriate placement to meet the child’s medical and mental  
29 health care needs as identified in the initial health screening.

30  
31 This bill specifies that the provisions of the bill do not authorize a child to receive  
32 psychotropic medications without parental consent.

33  
34 The bill also provides a definition for “mental health care.”

35  
36 The author’s office states that there is no clear statutory authority for a social worker to  
37 provide consent for initial health screenings when a child is taken into temporary  
38 custody by a county welfare agency during the 72 hours prior to the detention hearing.  
39 Such screenings are important because these children sometimes have health  
40 conditions such as communicable diseases, chronic health conditions, or mental  
41 health crises that may not be immediately evident to the social worker. Because there  
42 is no clear authority for these screenings, the various counties have relied on a variety  
43 of local rules and blanket juvenile court orders to provide authority, leading to  
44 inconsistency in the screenings statewide.

45  
46 Some situations that may be detected by an initial health screening are:  
47

- 1 • An infant with a urinary tract infection that may go unnoticed because it cannot be  
2 communicated;
- 3 • A child with behavioral or medical effects of prenatal drug exposure;
- 4 • A child with asthma who needs an inhaler; or
- 5 • A child with vision or hearing issues which may require special home placement.  
6

7 The Committee recommended that the Board take a support position on this bill.  
8

9 Ms. Lonner expressed concerns with the amendment. In a situation where the child  
10 needs medical attention, the bill's amended language places the burden on the social  
11 worker to obtain parental consent. If the parent is angry that the child was taken into  
12 custody, the parent can object. A court order must then be obtained, which can take  
13 from several days to weeks to obtain.  
14

15 Rebecca Gonzales, NASW-CA, stated that NASW-CA supports SB 909. She noted  
16 that the intent is to address those cases where the county cannot find/contact the  
17 parent. She also noted that current law provides for the county to obtain a court order  
18 when the parent objects; therefore, the amendment does not change that requirement.  
19

20 Betty Connolly shared Ms. Lonner's concern; however, the bill as currently written is  
21 an improvement to what is currently in place. She expressed that she would not want  
22 this bill to fail due to the language regarding the court order.  
23

24 Ms. Lonner agreed with Ms. Connolly.  
25

26 ***Christina Wong moved to support SB 909. Dr. Leah Brew seconded. The Board***  
27 ***voted unanimously (12-0) to pass the motion.***  
28

29 *The Board took a short break at 11:03 a.m. and reconvened at 11:21 a.m.*  
30

31 **e. Recommendation #5 – Support, Senate Bill 1148 (Yee)**

32 Ms. Helms presented SB 578, sponsored by Senator Wyland. SB 578 was previously  
33 SB 1148. This bill would require an LMFT to retain patient records for a minimum of  
34 seven years from the date therapy is terminated. It also requires an LMFT to retain a  
35 minor patient's records for a minimum of seven years from the date the patient  
36 reaches age 18.  
37

38 Existing law sets the following statutes of limitations for enforcement actions:

- 39 • An accusation filed against a licensee must be filed within three years from the  
40 date of Board discovery, or within seven years of the act occurring, whichever  
41 occurs first. This may be tolled for the length of time required to gain compliance  
42 by the licensee to provide the information.
- 43 • There is no statute of limitations for an allegation that a license was obtained by  
44 fraud or misrepresentation.
- 45 • An accusation alleging sexual misconduct must be filed within three years from the  
46 date of Board discovery, or within ten years of the act occurring, whichever occurs  
47 first. However, if certain acts of sexual contact with a minor are alleged after the

1 limitations period expire, an accusation shall be filed within three years of the date  
2 of Board discovery if there is independent evidence corroborating the allegation.

- 3 • Provides that if the sexual misconduct involves a minor, the seven and ten year  
4 limitations are tolled until the minor reaches age 18.

5  
6 Ms. Helms noted that this bill sets a time period for which LMFTs must keep patient  
7 records, but it does not specify a time period for the Board's other three license types.

8  
9 The Committee recommended that the Board take a support position on SB 1148, and  
10 requested that the sponsor consider including the Board's other licenses.

11  
12 Jill Epstein, California Association of Marriage and Family Therapists (CAMFT), stated  
13 that CAMFT does not have any problem adding the other license types to the bill as  
14 long as it does not garner opposition from the associations.

15  
16 Mr. Caldwell stated that AAMFT-CA supports this bill.

17  
18 Ms. Porter stated that CALPCC would like LPCCs to be included in the bill.

19  
20 Luisa Mardones, California Society for Clinical Social Work (CSCSW), expressed  
21 support for the bill; however, she requested that records of minors be kept until the  
22 minor reaches age 21.

23  
24 ***Sarita Kohli moved to support SB 1148 if amended to include all BBS licenses.***  
25 ***Renee Lonner seconded. The Board voted unanimously (12-0) to pass the***  
26 ***motion.***

27  
28 *Ms. Helms tabled item XV.f. until later in the meeting. This item was presented after item*  
29 *XIX.*

30  
31 **XVI. Discussion and Possible Action Regarding Other Legislation Affecting the Board**  
32 **a. Assembly Bill 809 (Logue) – Healing Arts: Telehealth**

33 Ms. Helms presented AB 809.

34  
35 Existing law defines "telehealth" as a mode of delivering health care via information  
36 and communication technologies. The patient's location is the originating site, and the  
37 health care provider's location is the distant site.

38  
39 Existing law also states that prior to providing health care via telehealth, the health  
40 care provider at the originating site shall verbally inform the patient that telehealth may  
41 be used. The patient must then provide a verbal consent, which must be documented  
42 in the medical record.

43  
44 AB 415 updated the law by removing the term "telemedicine" and its corresponding  
45 outdated definition. In its place, the term "telehealth" was used, and telehealth was  
46 defined to include a more broad, up-to-date range of services.

47  
48 Since AB 415 became effective, two unintended consequence have arisen:

1 1. Business and Professions Code (BPC) §2290.5(b) states that “Prior to the delivery  
2 of health care via telehealth, the health care provider at the originating site shall  
3 verbally inform the patient that telehealth may be used and obtain verbal consent  
4 from the patient for this use.”  
5

6 The term “originating site” is defined as the location of the patient. This implies that  
7 if the health care provider does not physically go to the site where the patient is  
8 located to obtain the patient’s verbal consent, then he or she is guilty of  
9 unprofessional conduct and subject to disciplinary action of his or her license or  
10 registration. This runs counter to the purpose of telehealth, which is to use  
11 electronic means to make health care more accessible, especially for patients in  
12 rural areas.

13 2. BPC §2290.5(b) is also written to require that a health care provider must obtain  
14 verbal consent for telehealth prior to every visit with the patient. Several  
15 physicians have complained that this requirement is burdensome.  
16

17 This bill requires the health care provider initiating the use of telehealth at the  
18 originating site to do the following:

- 19 • Inform the patient about the use of telehealth;
- 20 • Obtain verbal or written consent from the patient for the use of telehealth as an  
21 acceptable mode of delivering health care services and public health during a  
22 specified course of health care and treatment;
- 23 • Document the consent in the patient’s medical record; and
- 24 • Transmit the documented consent to a distant-site health care provider who will be  
25 providing the telehealth services upon initiation of that treatment.  
26

27 This bill requires the distant-site health care provider to either confirm the patient’s  
28 telehealth consent from the originating provider, or separately obtain and document  
29 telehealth consent from the patient.  
30

31 A previous version of this bill was presented to the Board at its May 2013 meeting.  
32 The Board decided not to take a position on the bill at that time.  
33

34 Ms. Brown opined that this bill seems vague. She stated that telehealth is growing  
35 quickly and must be addressed. Ms. Brown expressed that she would like to get input  
36 from licensees.  
37

38 Ms. Helms added that the problem with the bill as written is that it requires a patient’s  
39 consent for each visit. She agreed that the bill needs more work to clarify procedures  
40 and guidelines.  
41

42 Dr. Harry Douglas stated that if this legislation is going to help further define telehealth,  
43 then the Board should support it.  
44

45 Dr. Brew suggested removing the Board from the bill and forming a committee to  
46 research this matter; she added that one bill cannot apply to all of the professions.  
47

1 Ms. Madsen stated that this bill is a clean-up bill for what is already in law. The  
2 Board's goal in the near future is to address telehealth as it relates to the BBS  
3 professions.  
4

5 Ms. Helms responded that the Board is already included in the law, but it is something  
6 that could be made more specific later.  
7

8 **Renee Lonner moved to support AB 809. Dr. Harry Douglas seconded. The**  
9 **Board voted unanimously (12-0) to pass the motion.**

10 *Ms. Helms tabled items XVI.b.–d. until later in the meeting.*

11  
12  
13 **e. Assembly Bill 1775 (Melendez) – Child Abuse and Neglect Reporting Act: Sexual**  
14 **Abuse**

15 Ms. Helms reported on AB 1775. This bill makes downloading and streaming or  
16 accessing via digital media any material in which a child is engaged in an obscene  
17 sexual act a mandated report under the Child Abuse and Neglect Reporting Act  
18 (CANRA).  
19

20 Existing law establishes the CANRA which requires a mandated reporter to make a  
21 report in instances in which he or she knows or reasonably suspects that a child has  
22 been the victim of child abuse or neglect.  
23

24 According to the author's office, CANRA was written before downloading of material  
25 was a common occurrence, and therefore, it is not specifically mentioned. Therefore,  
26 CANRA does not specifically require a mandated report for downloading pornography  
27 via the internet.  
28

29 CAMFT reports that it receives a number of calls from its members, who are mandated  
30 reporters under CANRA, asking if they are required to make a mandated report when  
31 they learn someone is downloading child pornography.  
32

33 While the law mandates a mandated report for printing or copying of these materials,  
34 the law does not specifically mention downloading, and therefore CAMFT is unable to  
35 answer this question.  
36

37 **Sarita Kohli moved to support AB 1775. Dr. Leah Brew seconded. The Board**  
38 **voted unanimously (12-0) to pass the motion.**

39  
40 *Ms. Helms tabled items XVI.f.-g., XVII., and XVIII. until later in the meeting.*

41  
42 **XIX. Legislative Update**

43 Ms. Helms reported on legislative proposals that the Board is currently pursuing:

44 • AB 2213: LMFT and LPCC Out-of-State Applicant Requirements

45 This bill passed the Assembly Business, Professions, and Consumer Protection  
46 Committee and has been referred to the Assembly Appropriations Committee

47 • SB 1466: Omnibus Legislation

48 This bill has been referred to the Senate Appropriations Committee.

- 1 • AB 1843 (Jones and Gordon): Child Custody Evaluations: Confidentiality  
2 The Board is seeking statutory authority to access a child custody evaluation report for  
3 the purpose of investigating allegations that one of its licensees, while serving as a  
4 child custody evaluator, engaged in unprofessional conduct in the creation of the  
5 report. Currently, the law does not give the Board direct access to the child custody  
6 evaluation report. This leaves the Board unable to investigate allegations of  
7 unprofessional conduct of its licensees while they are serving as a custody evaluator,  
8 even though the Board is mandated to do so by law.  
9

10 The Board conducted a series of stakeholder meetings in early March. These  
11 meetings consisted of representatives from the Assembly Judiciary Committee, the  
12 professional associations of the Board's licensees, the Board of Psychology and their  
13 professional association, associations representing family law attorneys, and  
14 representatives from the Administrative Office of the Courts.  
15

16 At these meetings, there was general consensus that licensees acting unprofessionally  
17 or unethically should be subject to discipline, and that the confidentiality of the child  
18 custody evaluation reports is essential. There were differing opinions on the  
19 conditions under which the report should be made available.  
20

21 At the stakeholder meetings, two questions were raised:

- 22 1. Family Code (FC) §3025.5(b) states a federal or state law enforcement office is  
23 one of the parties to whom the report may be disclosed. The stakeholders inquired  
24 if a Division of Investigation (DOI) investigator could be used to obtain the report  
25 for the boards. DOI is a division within DCA that employs peace officers for  
26 investigative purposes. The Board sought guidance from the Attorney General's  
27 (AG) office to determine if DOI investigators qualify as state law enforcement for  
28 purposes of receiving the reports, and if so, if the Board would be able use this  
29 report for investigative purposes and in a subsequent disciplinary action.
- 30 2. While the Board was advised by the Administrative Office of the Courts that it may  
31 not legally have access to the report, the Board of Psychology has been advised  
32 by their DAG that if a party provides the report, they may use it in their  
33 investigation. The Board of Psychology is required to use a different unit within the  
34 AG's office, called the Health Quality Enforcement Unit. Board staff has asked the  
35 AG's office for a clarification of why this direction is not consistent.  
36

37 The AG's office prepared an informal legal opinion evaluating the situation for the  
38 Board. The opinion stated the following:

- 39 • The law is uncertain regarding whether a child custody evaluation may lawfully be  
40 obtained by a DOI investigator. The AG's office writes that while there is  
41 uncertainty as to whether the Legislature intended to include DOI investigators as  
42 state law enforcement officers in FC §3025.5, it appears that it intended to limit the  
43 definition to those law enforcement officers who are actively participating in the  
44 custody or visitation proceeding.
- 45 • The AG's office recommends that "In light of the uncertainty in the law regarding  
46 whether DOI investigators are considered law enforcement officers under this code  
47 section, and in the interest of saving the Board the time, expense, and uncertainty  
48 of petitioning the court for court orders permitting the disclosure of 730 reports in  
49 each and every case," FC §3025.5 should be amended to specifically identify

1 licensing boards and their agents/investigators as parties the report may be  
2 disclosed to. They also recommended that the law should specify certain  
3 safeguards, including that the report may only be used to pursue disciplinary action  
4 against licensees, as well as confidentiality provisions.  
5

6 Regarding the second question posed at the stakeholder’s meeting, the AG’s office  
7 advised that this opinion applies to the Board of Behavioral Sciences. While it may be  
8 possible that the same applies to the Board of Psychology, that board would need to  
9 make the same request of the AG’s office.  
10

11 *The Board took a break for lunch.*  
12

### 13 **XV. Policy and Advocacy Committee Report**

#### 14 **f. Recommendation #6 – Support, Assembly Bill 1505 (Garcia)**

15 Ms. Helms presented AB 1505. This bill will likely not be passed this year; however,  
16 there will be a stakeholder group convening this fall to discuss the issue and proceed  
17 with language.  
18

19 This bill would specify that consensual acts of sodomy and oral copulation are not acts  
20 of sexual assault that must be reported by a mandated reporter, unless it involves  
21 either a person over 21 or a minor under 16.  
22

23 Existing law:

- 24 • Establishes CANRA which requires a mandated reporter to make a report in  
25 instances in which he or she knows or reasonably suspects that a child has been  
26 the victim of child abuse or neglect.
- 27 • Defines “sexual abuse” for the purposes of CANRA as sexual assault or  
28 exploitation consisting of several acts specified in law.
- 29 • Declares, except under certain specified circumstances, that any person over age  
30 21 who participates in an act of sodomy or oral copulation with someone under age  
31 16 is guilty of a felony.  
32

33 The Board examined this issue last year when stakeholders expressed concern that  
34 consensual oral copulation and sodomy among minors were mandated reports under  
35 CANRA, while other types of consensual sexual activity were not.  
36

37 However, at the same time, staffers at the Legislature contacted Board staff to caution  
38 that there had been past legal opinions stating that this interpretation of CANRA was  
39 incorrect, and that amendments could potentially have ramifications for family planning  
40 agencies.  
41

42 The Board directed staff to obtain a legal opinion from the DCA legal office. In its legal  
43 opinion, DCA found that CANRA does not require a mandated reporter to report  
44 incidents of consensual sex between minors of a similar age for any actions described  
45 in Penal Code (PC) §11165.1, unless there is reasonable suspicion of force,  
46 exploitation, or other abuse. DCA also found past court cases that support DCA  
47 Legal’s opinion.  
48

1 The Board of Psychology directed its staff to seek opinion from the AG’s Office in order  
2 to obtain further clarification on the matter.

3  
4 The Policy and Advocacy Committee (Committee) recommended that the Board take a  
5 support position on this bill; however, this bill has been amended since the April 2014  
6 Committee meeting, and staff has concerns regarding the amendments.

7  
8 The version of the bill that the Committee considered stated that “sexual assault” does  
9 not include sodomy or oral copulation for the purposes of CANRA unless a person  
10 over age 21 is participating in the act with someone under age 16.

11  
12 The revised version of the bill, which the Committee did not consider, states that  
13 “sexual assault” does not include sodomy or oral copulation for the purposes of  
14 CANRA unless it involves either a person over 21 or a person under 16.

15  
16 Board staff is concerned that the most recent version of the bill does not resolve the  
17 lack of clarity in current law as effectively as the previous version did. The current  
18 version of the bill actually codifies that consensual sodomy or oral copulation among  
19 two minors under 16, is a mandated report of sexual assault under CANRA. This is in  
20 conflict with existing case law and the recent DCA legal opinion.

21  
22 Staff believes that if the intent of the Board is to allow the professional to determine if  
23 sodomy or oral copulation among two 15 or 14 year olds, for example, is abusive and  
24 reportable or non-abusive and non-reportable, then the current version of this bill goes  
25 against that intent.

26  
27 The author’s staff member stated the original intent of the bill remains, and that they  
28 are committed to continue working with stakeholders to find a solution that supports  
29 the original intent.

30  
31 ***Patricia Lock-Dawson moved to table the position and direct staff to participate***  
32 ***in the stakeholder discussions. Dr. Peter Chiu seconded.***

33  
34 Mr. Caldwell expressed that AAMFT-CA shares the Board’s concerns and is not happy  
35 with the current bill as written.

36  
37 Ms. Gonzales expressed that NASW-CA has the same concerns.

38  
39 Mr. Wong, NASW-CA, recommended a training course in the complex issue of minors  
40 and sex.

41  
42 ***The Board voted (12-0) to pass the motion.***

43  
44 **XVI. Discussion and Possible Action Regarding Other Legislation Affecting the Board**

45 **f. Senate Bill 1012 (Wyland) – Marriage and Family Therapists: Trainees**

46 Ms. Helms presented AB 1012. This bill would revise the amount of supervision that  
47 may be credited by an intern toward the required experience hours in any one week  
48 from 5 hours to 6 hours.

1 Existing law:

- 2 • Requires an applicant for licensure as an LMFT to complete a minimum of 3,000  
3 hours of supervised experience over a period of at least 104 weeks.
- 4 • Allows no more than 40 hours of supervised experience to be obtained in any  
5 seven consecutive days.
- 6 • Allows no more than a combined total of 1,000 hours of the required supervised  
7 experience to be direct supervisor contact and professional enrichment activities.
- 8 • Requires supervision to include at least one hour of direct supervisor contact for  
9 each week for which experience is credited in each work setting.
- 10 • Defines “one hour of direct supervisor contact” to mean one hour per week of face-  
11 to-face contact on an individual basis, or two hours per week of face-to-face  
12 contact in a group.
- 13 • Requires an intern to receive at least one additional hour of direct supervisor  
14 contact for every week in which more than 10 hours of client contact is gained in  
15 each setting.
- 16 • Requires the applicant to have a minimum of 52 weeks of supervised experience in  
17 which at least one supervised hour was individual, face-to-face supervision.

18  
19 Currently, MFT interns are limited to counting five hours of supervision per week  
20 toward their required experience hours for licensure. The sponsor of this bill states  
21 that often, MFT interns are working in a number of settings simultaneously in order to  
22 gain the experience hours required for licensure. Interns working in multiple settings  
23 may be required by law to have more than five supervised hours per week. Therefore,  
24 these individuals may be required to obtain some hours of supervision that they cannot  
25 count.

26  
27 CAMFT notes that many work sites are only offering their interns group supervision.  
28 Therefore, an intern may easily be required to have more than 5 hours of supervision,  
29 as one unit of supervision equals two hours of supervision in a group.

30  
31 Current law limits hours of direct supervisor contact and professional enrichment  
32 activities to a combined total of no more than 1,000 hours. Of these 1,000 hours, no  
33 more than 550 may be professional enrichment activities. The Board’s LMFT  
34 evaluator reports that most applicants are already at or very close to this 1,000 hour  
35 limit.

36  
37 If this bill were to pass, it would not apply retroactively. This means that supervision  
38 hours that were earned prior to January 1, 2015 would continue to count at a  
39 maximum of five hours per week.

40  
41 Having two different standards for counting supervision hours depending on when they  
42 were earned could make the evaluation process more time-consuming. Evaluators  
43 must already apply two different standards for supervision hours that were earned  
44 before and after January 1, 2010 (when a new law took effect to reduce supervision  
45 hours), and this would add another level of review to supervised hours.

1 The Board has formed the Supervision Committee, which is tasked with conducting an  
2 in-depth review of the requirements for supervised work experience and the  
3 requirements for supervisors. This committee met in April and June.  
4

5 Ms. Helms noted that the title of this bill may need to be revised. The change  
6 proposed by this bill would affect interns, not trainees.  
7

8 The Policy and Advocacy Committee opted to not take a position on this bill, but to  
9 offer technical support.  
10

11 Dr. Brew suggested including LPCCs.  
12

13 Mr. Caldwell expressed that AAMFT-CA supports this bill.  
14

15 The other associations were asked if they would want to be included in the bill. Mr.  
16 Wong, NASW-CA, stated that NASW-CA does not have a position and would need  
17 more time to consider it. Ms. Porter, CALPCC, stated that they would like to be  
18 included in the bill.  
19

20 ***Christina Wong moved to support SB 1012 if amended to include LPCCs, to***  
21 ***change the language to reflect “Interns” instead of “Trainees,” and to add the***  
22 ***retroactive language. Dr. Leah Brew seconded. The Board voted unanimously***  
23 ***(12-0) to pass the motion.***  
24

25 **b. Assembly Bill 2198 (Levine) – Mental Health Professionals: Suicide Prevention**

26 Ms. Helms presented AB 2198. This bill would require Board licensees to complete a  
27 six-hour training course in suicide assessment, treatment and management. It would  
28 also require new applicants who began graduate study after January 1, 2016 to take a  
29 15-hour course in suicide assessment, treatment and management.  
30

31 There is currently no specific requirement that a licensee of the Board must show  
32 coursework in his or her degree or must complete continuing education (CE) that  
33 covers suicide assessment. However, LPCC licensees are required to complete  
34 coursework in crisis or trauma counseling. Several organizations indicated a need for  
35 improved education and training in suicide assessment.  
36

37 The intent of this bill is to ensure mental health professionals have concentrated  
38 training in suicide assessment, treatment, and management. The author’s office noted  
39 that suicide is the 10<sup>th</sup> leading cause of death in the United States.  
40

41 Ms. Helms noted that it is not clear from the current language whether the intent is for  
42 coursework to be taken prior to registration as an intern/associate, or prior to licensure.  
43 The proposed LMFT and LCSW sections state the requirement is prior to licensure,  
44 while the LPCC section states the requirement is prior to exam eligibility or intern  
45 registration. The language should be amended to be consistent across all license  
46 types.  
47

48 Language was proposed allowing acceptance of coursework that may have already  
49 been taken by the licensee, either in the degree program or as a separate course.  
50

1 At its April 2014 meeting, the Policy and Advocacy Committee (Committee) decided  
2 not to take a position on this bill, as the author's office had indicated the bill would be  
3 amended. However, the Committee directed staff to watch the bill and to provide the  
4 author's office with technical support. Staff has provided technical assistance, and the  
5 bill has been amended substantially since the Committee met in April.  
6

7 Ms. Lonner stated that this belongs in, and is included in, graduate school curriculum;  
8 therefore, a mandated course is not necessary. Ms. Lonner suggested that the  
9 author's office should be provided with information regarding how/where the  
10 coursework is included in the graduate program.  
11

12 Dr. Brew stated that the coursework should be required prior to exam eligibility.  
13

14 Ms. Kohli disagreed that all graduate programs are providing training in suicide  
15 prevention. If this bill passes, she supports having this coursework required in  
16 graduate school, not after licensure.  
17

18 Several board members agreed that this is an important issue.  
19

20 Ms. Gonzales acknowledges that this is a serious issue; however, NASW-CA opposes  
21 this bill. Early in the process, NASW-CA and the author discussed forming a  
22 stakeholders group to establish best practices guidelines; however, this idea fell  
23 through. NASW-CA states that suicide prevention training is provided at the graduate-  
24 school level. NASW-CA also offers coursework to those who want more training in  
25 suicide prevention. Ms. Gonzales also noted that there is already a lot of coursework  
26 required for CE.  
27

28 Mr. Caldwell agreed that suicide prevention is a serious issue; however, the bill, as  
29 written, seems unlikely to accomplish the author's intent. He added that there is not a  
30 shortage in suicide intervention training at the graduate level. Mr. Caldwell explained  
31 that it is specifically mentioned in the law and ethics course that LMFTs must have this  
32 training. Currently, therapists are hampered with client autonomy and the lack of  
33 hospital beds. This bill does not solve the problem of access to care.  
34

35 Ms. Epstein expressed that CAMFT opposes AB 2198 for the same reasons cited by  
36 NASW-CA and AAMFT-CA.  
37

38 Ms. Porter also expressed that CALPCC opposes AB 2198 for the same reasons cited  
39 by NASW-CA and AAMFT-CA.  
40

41 Ms. Helms suggested not taking a position, and to request a stakeholder process to  
42 work towards a solution.  
43

44 Mr. Caldwell stated that AAMFT-CA took the position of oppose AB 2198 unless  
45 amended. AAMFT-CA wants to convene a stakeholder process as previously  
46 discussed.  
47

48 Ms. Helms stated that the Board could choose to not take a position, and write a letter  
49 indicating the wishes of the Board to convene a task force to establish best practices;  
50 and later, submit a proposal to the Legislature.  
51

1 Dr. Chiu stated that in graduate school, the student goes through the suicide  
2 prevention training; but if the training is mandated to require a number of hours in  
3 suicide prevention, it cannot be ignored. Dr. Chiu stated that perhaps this needs a  
4 mandated process even though it will not please the professions that are affected by  
5 this.  
6

7 Ms. Kohli agreed that suicide prevention was infused in the curriculum, but the  
8 curriculum did not specifically address suicide prevention separately.  
9

10 Mr. Caldwell stated that maybe the solution needs to be legislative, but to determine  
11 that could be emotionally-based instead of a scientifically-based. This is why a task  
12 force can effectively work this out. AAMFT-CA urges the Board to take the position of  
13 oppose unless amended so that it forces the conversation. If the Board does not take  
14 a position, the bill will continue forward.  
15

16 Ms. Connolly asked if there would be any motivation from the author's office to go back  
17 and discuss this if they see that legislatures are on board with the bill.  
18

19 Dr. Chiu stated that the Board could write a letter requesting stakeholder involvement  
20 and list the Board's concerns to modify the bill. If the author's office does not want to  
21 entertain the stakeholder involvement, the Board could at least make its points to fix  
22 the legislation as long as the Board does not oppose the bill.  
23

24 Ms. Helms agreed that clean-up language is needed. The Board could provide the  
25 technical clean-up and then request to have a stakeholder meeting.  
26

27 Mr. Caldwell stated that AAMFT-CA took a position of oppose unless amended to  
28 recast the bill as a task force. Their recommendation is oppose unless amended to  
29 amend the technical issues as well as the address the involvement of stakeholders.  
30

31 Ms. Helms outlined the technical issues to:

- 32 • Include equivalent education language;
- 33 • Change the timing of the requirement so that interns who began the degree  
34 program before 2016 are not excluded;
- 35 • Make LMFT and LPCC education references consistent; and
- 36 • Add psychiatrists to the bill.  
37

38 ***Dr. Peter Chiu moved to oppose AB 2198 unless amended to include the***  
39 ***technical cleanup provided by Rosanne Helms. Renee Lonner seconded. The***  
40 ***Board voted (9 yea, 1 nay) to pass the motion.***  
41

42 **c. Assembly Bill 2041 (Jones) – Developmental Services: Regional Centers:**  
43 **Behavioral Health Treatment**

44 *This item was removed from the agenda.*  
45

46 **d. Assembly Bill 2396 (Bonta) – Expungement: Licenses**

47 Ms. Helms presented AB 2396. This bill would prohibit the Board from denying a  
48 license solely based on the applicant having certain types of convictions that have  
49 been expunged.  
50

1 Existing law:

- 2 • Allows a board under DCA to deny a license if the applicant has one of the  
3 following:
  - 4 1. A criminal conviction. A conviction means a plea or verdict of guilty or a  
5 conviction following a plea of nolo contendere.
  - 6 2. Committed a dishonest, fraudulent, or deceitful act with intent to substantially  
7 benefit his/herself, or with the intent to substantially injure someone else.
  - 8 3. Committed an act that, if committed by a licensee, would be grounds to  
9 suspend or revoke the license.
- 10 • Only allows a board to deny a license if the crime is substantially related to the  
11 qualifications, functions, or duties of the profession.
- 12 • Allows the Board to deny a license or registration regardless of whether the  
13 conviction has been expunged.
- 14 • Requires the Board to consider the following when evaluating the rehabilitation of  
15 an applicant and his or her present eligibility for a license or registration:
  - 16 1. The nature and severity of the act or crimes;
  - 17 2. Evidence of committing any subsequent acts;
  - 18 3. The time elapsed since the acts;
  - 19 4. The applicant's compliance with his or her terms of probation, parole,  
20 restitution, or other sanctions; and
  - 21 5. Any evidence of rehabilitation by the applicant.

22  
23 Currently, the court is allowed to permit a defendant to withdraw a plea of guilty or nolo  
24 contendere and enter a not guilty plea, or allows a court to set aside a guilty verdict, if  
25 the defendant has fulfilled the conditions of probation, been discharged from probation,  
26 or otherwise been granted relief. The court must then dismiss the accusations and  
27 release the defendant from all penalties and disabilities. The defendant is still required  
28 to disclose the conviction in an application for state licensure. This provision of law  
29 does not apply to certain sex offenses.  
30

31 The author's intent is to reward rehabilitation and reduce employment barriers for  
32 those with criminal records who have been rehabilitated.  
33

34 Examples of convictions that Board applicants sometimes have, that may be eligible  
35 for expungement, include convictions for petty theft, grand theft, drug or alcohol use, or  
36 fraud. These convictions may be substantially related to the practice of the profession,  
37 and may be especially relevant if there are multiple convictions showing a pattern of  
38 use, even if those convictions are expunged.  
39

40 Under the current process prescribed by law, if the Board saw an applicant with a  
41 conviction that it determined was substantially related to the practice of the profession,  
42 the first step would be to deny the license. Then, under law, the applicant would have  
43 60 days to request a hearing. At the hearing, the Board would ask the applicant to  
44 show evidence of rehabilitation. The Board would evaluate the applicant based on the  
45 criteria in the Board's regulations.

1 If this bill were to pass, the Board would no longer be able to deny a license based on  
2 the fact that the applicant had a conviction, if that conviction had been expunged.  
3

4 In such a case, if the Board would need to “prove up” the case in order to take  
5 disciplinary action if it had public protection concerns. This means that the Board  
6 would need to conduct its own investigation to substantiate the cause of the violation  
7 of law. If the Board was able to substantiate the violation, it may then present this  
8 information at a hearing. This type of Board investigation might involve interviewing  
9 parties involved in the incident. Requiring the Board to attempt to prove up these  
10 cases would lead to increased enforcement processing times and decreased public  
11 protection.  
12

13 If the Board were required to prove up every case it would have normally denied due  
14 to a substantially related conviction, this would cause a significant fiscal impact to the  
15 Board. The Board would face increased costs in staff, Attorney General’s Office, and  
16 the Office of Administrative Hearings.  
17

18 The proposed language in this bill contains language stating it is “notwithstanding any  
19 other provision of this code.” Therefore, the language in this bill would override current  
20 Board provisions.  
21

22 Ms. Wong expressed serious concerns with this bill. The bill takes away the Board’s  
23 authority.  
24

25 ***Dr. Leah Brew moved to oppose AB 2396. Betty Connolly seconded. The Board***  
26 ***voted (8 yea, 1 abstention) to pass the motion.***  
27

28 *The Board took a break at 3:29 p.m. and reconvened at 3:36 p.m.*  
29

### 30 **g. Other Legislation As Needed**

31 There were no reports on additional legislation.  
32

## 33 **XVII. Discussion and Possible Action Regarding Proposed Revisions to the California** 34 **Code of Regulation, Title 16, Sections 1820.5 and 1822; Add New Sections 1820.6** 35 **and 1820.7 Licensed Professional Clinical Counselors: Requirement to Work with** 36 **Couples and Families** 37

38 Christy Berger presented the proposed revisions.  
39

40 At its meeting in March 2014, the Board approved a regulatory proposal pertaining to  
41 LPCCs and treatment of couples and families. Under current law, LPCCs may not treat  
42 couples or families unless they complete all of the following training and education:

- 43 • Six semester or nine quarter units focused on theory and application of marriage and  
44 family therapy, or a named specialization or emphasis area of the qualifying degree in  
45 marriage/marital and family therapy, marriage, family, and child counseling, or couple  
46 and family therapy;
- 47 • At least 500 hours of documented supervised experience working directly with  
48 couples, families or children; and

- 1 • Six hours of CE specific to marriage and family therapy during each two-year renewal  
2 cycle.  
3

4 The regulatory proposal contains a requirement that LPCCs obtain Board approval to treat  
5 couples and families, and that the LPCC must provide evidence of this approval to couple  
6 or family clients prior to treatment, or to a supervisee prior to supervision, beginning July 1,  
7 2015.  
8

9 The proposal was approved by the Board in March 2014, and staff began working on the  
10 regulation package for submission to the Office of Administrative Law. As part of the fiscal  
11 analysis required for that package, staffing needs for the approval process were  
12 determined, as well as changes needed to the Breeze database system.  
13

14 Staff concluded that the July 1, 2015 effective date for the requirement that LPCCs provide  
15 a copy of the Board approval to clients and supervisees may not be feasible. Staffing for  
16 this new review process, as well as changes to the BreEZe database system, must be in  
17 place early enough for the Board to issue approvals prior to the deadline.  
18

19 ***Christina Wong moved to direct staff to make any discussed changes, and any non-***  
20 ***substantive changes, and to run as a revised regulatory proposal. Dr. Leah Brew***  
21 ***seconded. The Board voted unanimously (9-0) to pass the motion.***  
22

23 **XVIII. Discussion and Possible Action Regarding Proposed Amendments to the Omnibus**  
24 **Bill Amending Business and Professions Code Sections 4980.399, 4992.09, 4999.55**

25 Ms. Helms presented the amendments to the Omnibus Bill.  
26

27 Board staff is in the process of implementing the examination restructure, which will  
28 change the examination process for applicants who are seeking licensure as an LMFT,  
29 LCSW, or LPCC. The exam restructure becomes effective on January 1, 2016.  
30

31 Once the exam restructure becomes effective, registrants must take the California law and  
32 ethics examination prior to registration renewal. In addition, any registrants needing a  
33 subsequent registration number will be required to pass the California law and ethics exam  
34 before receiving their subsequent number.  
35

36 Due to concerns that a registrant renewing a registration in the months just after January  
37 1, 2016 will not have had much time to attempt the California law and ethics exam, and  
38 that those needing a new registration number in the months after the exam restructure  
39 becomes effective will not have sufficient time to pass the California law and ethics exam,  
40 the Board approved the following exceptions to be included as amendments in the  
41 omnibus bill:

- 42 • To allow an applicant who holds a registration, who applies for renewal of that  
43 registration between January 1, 2016 and June 30, 2016 to, if eligible, to renew the  
44 registration without first participating in the California law and ethics examination.
- 45 • To allow an applicant who holds or has held a registration, who applies for a  
46 subsequent registration number between January 1, 2016 and January 1, 2017, if  
47 eligible, to obtain the subsequent registration number without first passing the  
48 California law and ethics examination.

1 The intent of the above amendment is that if someone's registration expired during the  
2 grace period, he or she would be able to renew or obtain a new number without the  
3 hardship of unexpectedly having to take the California law and ethics exam.  
4

5 However, a concern has been raised that the language, as written, could allow any  
6 registrant, not just one expiring during the grace period, to apply for the renewal during the  
7 grace period in order to exempt themselves from later having to take the California law  
8 and ethics exam that year, even if they are not expiring during the grace period. This was  
9 not the intent of the grace period.

10  
11 Staff is recommending an additional amendment, which would specify that in order to  
12 receive the exemption, the registration must be expire no later than the end of the grace  
13 period.  
14

15 ***Dr. Leah Brew moved to direct staff to make any discussed changes, and any non-***  
16 ***substantive changes to the proposed language, and submit to the Legislature as an***  
17 ***amendment to the omnibus bill. Renee Lonner seconded. The Board voted***  
18 ***unanimously (9-0) to pass the motion.***  
19

## 20 21 **XX. Rulemaking Update**

22 Ms. Berger presented an update on the following regulations:  
23

- 24 • Continuing Education – Staff is working with the Office of Administrative Law (OAL).  
25 OAL has some concerns regarding the standards of the profession and how that  
26 affects the quality of the courses. Staff is likely to make changes and bring it back to  
27 the Board with a 15-day notice to the public. A special Board meeting will need to be  
28 scheduled.  
29

30 Ms. Helms noted that a special Board meeting will be scheduled for June.  
31

- 32 • Disciplinary Guidelines, Uniform Standards – These regulations are at OAL and will be  
33 noticed on May 23<sup>rd</sup>. The hearing is scheduled for July 8<sup>th</sup>.  
34
- 35 • Requirements for LPCCs to Treat Couples and Families – A minor language change  
36 was approved earlier today by the Board. Staff will submit the proposal to OAL for  
37 publication, which will begin the 45-day public comment period.  
38
- 39 • Examination Restructure - A revised proposal was approved by the Policy and  
40 Advocacy Committee at its meeting in February 2014. Staff plans to bring this  
41 proposal for consideration by the Board at its meeting in August 2014 once additional  
42 details have been worked through.  
43

## 44 **XXIII. Suggestions for Future Agenda Items**

45 Ms. Wong recommended a presentation of an overview of the Enforcement program.  
46

47 Ms. Lock-Dawson would like to get an update on what is being done to address school  
48 violence. Dr. Chiu would like to discuss college violence, as well.  
49  
50

1 **XXIV. Public Comment for Items not on the Agenda**

2 Ms. Madsen proposed a CE regulation meeting in June with the Supervision Committee.  
3 The Board members agreed to a teleconference Board meeting on June 26th in  
4 Sacramento at 10 a.m. The Supervision Committee is scheduled on June 27<sup>th</sup>.

5  
6 Ms. Madsen read an email submitted for public comment from Robert Werst:

7  
8 *My name is Robert Wertz, I address today's BBS meeting (in writing) on the*  
9 *issue of the unconscionable time spans between an applicants submission of*  
10 *Licensed Marriage and Family Therapist Examination Eligibility Application and*  
11 *the eligibility date. A review of past meeting minutes reveals an awareness of the*  
12 *issue, however a review of the statistics, reveals little success or interest in*  
13 *effectively addressing the problem.*

14  
15 *In many cases applicants have put careers aside to complete extensive*  
16 *coursework and complete professional hours, under supervision, at little or no*  
17 *financial compensation. Having completed the rigorous requirements, often at*  
18 *great personal, professional and financial sacrifice and being denied access to*  
19 *the licensing exam is noting short of unconscionable and is inconsistent with the*  
20 *board's mission.*

21  
22 *Solutions based solely on increased personnel have been, and will continue, to*  
23 *prove ineffective. Budget issues, staff turnover, training issues, projects*  
24 *competing for priority, will only continue to frustrate progress in reducing the time*  
25 *span.*

26  
27 *A reasonable review time of six, or eight weeks at the very most, can only be*  
28 *achieved by effective modification of the process. I ask that this issue be an*  
29 *agenda item for the next meeting and any subsequent meetings until an eight-*  
30 *week goal is met.*

31  
32 *Staff is asked to present an effective plan for this time span reduction, at the*  
33 *8/27-28/14 board meeting.*

34  
35 *Licensed Marriage and Family Therapist Examination Eligibility Applications*  
36 *Per BBS Website:*

37 *"For the week noted, staff is working on applications received during the week(s)*  
38 *noted below."*

39 *March 3, 2014 - June 13, 2013 (8 months, 18 days)*  
40 *(At time of March 5-6/2014 Board meeting.)*

41  
42 *(From minutes of 3/6/14 meeting: "As of today, the staff is processing the*  
43 *following applications according to receipt dates: MFT Examination Applications*  
44 *received April 1, 2013") {11months, 5days}*  
45 *Above is likely an error on the part of reporting staff.*

46  
47 *March 10, 2014 - June 7, 2013 (9 months, 3 days)*  
48 *April 7, 2014 - June 27, 2013 (9 months, 11 days)*  
49 *April 14, 2014 - July 5, 2013 (9 months, 9 days)*  
50 *May 5, 2014 - August 7, 2013 (8 months 28 days)*

1                    *May 12, 2014 - August 26, 2013 (8 months, 19 days)*  
2

3                    Dr. Wietlisbach presented a Resolution to Renee Lonner for her service to the Board of  
4 Behavioral Sciences. Ms. Lonner expressed her gratitude to the Board, staff, and  
5 stakeholders.  
6

7                    Dr. Wietlisbach thanked the Board, staff, counsel and associations for their work,  
8 commitment, and assistance to her during her term as Board Chair.  
9

10 **XXV. Adjournment**

11                    The Board adjourned at 4:08 p.m.

# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 1629                      **VERSION:** AMENDED AUGUST 21, 2014

**AUTHOR:** BONTA                              **SPONSOR:** YOUTH ALIVE

**RECOMMENDED POSITION:** NONE

**SUBJECT:** CRIME VICTIMS: COMPENSATION: REIMBURSEMENT OF VIOLENCE PEER  
COUNSELING EXPENSES

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**Overview:** This bill would make costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board.

### **Existing Law:**

- 1) Sets forth a procedure for the state to assist crime victims in obtaining compensation for certain losses suffered as a direct result of a criminal act. (Government Code (GC) §13950)
- 2) Defines “peer counseling” as counseling offered by a provider of mental health counseling services who does the following (GC §13951(f)):
  - a. Has completed a course in rape crisis counseling skills development;
  - b. Participates in continuing education in rape crisis counseling skills development; and
  - c. Provides rape crisis counseling in California.
- 3) Permits the California Victim Compensation and Government Claims Board (CA Victim Compensation Board) to reimburse certain medical, outpatient psychiatric, psychological, or other mental-health counseling-related expenses incurred by a crime victim. This includes peer counseling services provided by a rape crisis center. (GC §13957(a))
- 4) Allows psychiatric, psychological, or other mental health counseling services to be reimbursed only if the services were provided as follows (GC §13957(a)):
  - a. By a person who was authorized to provide the services pursuant to GC §13959 as it read on January 1, 2002;
  - b. By a person licensed by the state to provide the services; or
  - c. By a person properly supervised by a licensed person.
- 5) States that payments by the CA Victim Compensation Board for peer counseling provided by a rape crisis center may not exceed \$15 per hour of service. (GC §13957.7(d))

### **This Bill:**

- 1) Includes peer counseling services provided by a violence peer counselor at a service organization for victims of violent crime, as one of the services for which the California Victim Compensation Board is permitted to reimburse a victim. (GC §13957.9(a)(2))
- 2) Defines a “service organization for victims of violent crime” as a nongovernmental organization with a primary mission to provide services to victims of violent crime, and which provides such services to these victims and their families. (GC §13957.9(c)(1))
- 3) Defines “violence peer counseling services” as counseling by a violence peer counselor in order to render advice to a violent crime victim and his or her family. (GC §13957.9(c)(1)(2))
- 4) Defines a “violence peer counselor” as a provider of formal or informal counseling services who is employed by a service organization for victims of violent crime, whether or not they are financially compensated. The violence peer counselor must meet the following criteria: (GC §13957.9(c)(3))
  - a. Has at least six months full-time equivalent experience providing peer support services, acquired through employment, volunteering, or an internship;
  - b. Has completed a training program to prepare an individual who was once a mental health services consumer to use his or her life experience with mental health treatment to promote the mental health recovery of others who were victims of a violent crime;
  - c. Possess 40 hours of training in the following areas:
    - i. The neurological, biological, psychological, and social effects of trauma and violence;
    - ii. Peace-building and violence prevention strategies; and
    - iii. Post-traumatic stress disorder and vicarious trauma.
  - d. Requires a violence peer counselor to be supervised by a licensee of the Board of Behavioral Sciences when providing violence peer counseling services. The licensee must be employed by the same service organization as the violence peer counselor. (GC §13957.9(c)(3)(D))

### **Comment:**

- 1) **Existing Law.** Under the Board’s current licensing law, a license is required to practice marriage and family therapy, educational psychology, clinical social work, and professional clinical counseling in this state. The only exception is for employees working in an exempt setting, which must be one of the following:
  - i. A governmental entity;
  - ii. A school, college, or university;
  - iii. An institution that is both nonprofit and charitable.

- 2) Definition Unclear.** This bill defines a “violence peer counselor” who is eligible for reimbursement from the CA Victim Compensation Board as a provider of formal or informal counseling services, who is employed by a service organization for victims of violent crime. The violence peer counselor must have six months experience, complete specified training programs, and be supervised by a Board licensee.

This bill also defines a “service organization for victims of violent crime” as a nongovernmental organization with a primary mission of providing services to victims of violent crime, and which provides these services to both victims and their families.

Staff has two primary concerns with these definitions:

- a. The bill permits a “violence peer counselor” to receive reimbursement for providing formal or informal counseling services. This definition is very broad. The term “formal counseling services” is not defined. It is unclear whether formal counseling services would rise to the level of psychotherapy or clinical practice for which a Board license would be required. In addition, the education and experience required for a violence peer counselor does not come close to the education and experience required for an associate or intern registration for any of the Board’s license types.

If the formal counseling services do rise to the level where a license would be required, the language seems to create an exemption from licensure, permitting only a minimal amount of training and experience, as well as supervision by a Board licensee, in order to obtain reimbursement for practice.

- b. The definition of “service organization for victims of violent crime” is overly broad and does not specify that the service organization must be nonprofit and charitable. It simply states that it may be any nongovernmental organization that meets certain criteria. Under Board licensing law, psychotherapeutic or clinical services may only be performed by unlicensed practitioners if the entity is both nonprofit and charitable.

The consequences of the unclear language are twofold. First, it is misleading because it could imply to an unlicensed violence peer counselor that he or she may practice psychotherapy in a private practice setting without a license, even though that is a violation of the Board’s practice acts. Second, it could also mislead a Board licensee, who is supervising a violence peer counselor, into believing that his or her violence peer counselor supervisee does not need to be licensed or registered, even if they are in a non-exempt setting. If the violence peer counselor then provides clinical or psychotherapeutic services in a non-exempt setting, this would be grounds for the supervising licensee to receive disciplinary action for violating the Board’s licensing law.

- 3) Recommended Amendment.** Staff recommends that definitions of a “violence peer counselor,” “violence peer counseling services,” and “service organization for victims of violent crime” be amended to clarify that services falling under the scope of practice of the Board’s licensing acts, conducted in a non-exempt setting, require licensure or registration with the Board.

**4) Support and Opposition.**

*Support:*

- Youth Alive (sponsor)
- AFSCME
- California Catholic Conference
- California Equity Leaders Network

- California Pan-Ethnic Health Network
- Californians for Safety and Justice
- Children's Defense Fund-California
- City of Oakland
- Crime Victims United of California
- National Network of Hospital-based Violence Intervention Programs
- PolicyLink
- San Francisco Wraparound Project
- Wellspace Health

*Opposition:*

- Taxpayers for Improving Public Safety

## 5) History.

### 2014

08/19/14 Read second time and amended. Ordered to third reading.

08/18/14 From committee: Do pass as amended. (Ayes 5. Noes 0.) (August 14).

08/04/14 In committee: Placed on APPR. suspense file.

06/24/14 In committee: Set, first hearing. Hearing canceled at the request of author.

06/17/14 From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (June 17). Re-referred to Com. on APPR.

06/05/14 Referred to Com. on PUB. S.

05/28/14 In Senate. Read first time. To Com. on RLS. for assignment.

05/28/14 Read third time. Passed. Ordered to the Senate. (Ayes 79. Noes 0. Page 5242.)

05/27/14 Read second time. Ordered to third reading.

05/23/14 Read second time and amended. Ordered to second reading.

05/23/14 From committee: Do pass as amended. (Ayes 17. Noes 0.) (May 23).

04/09/14 In committee: Set, first hearing. Referred to APPR. suspense file.

03/26/14 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (March 25). Re-referred to Com. on APPR.

02/20/14 Referred to Com. on PUB. S.

02/11/14 From printer. May be heard in committee March 13.

02/10/14 Read first time. To print.

AMENDED IN SENATE AUGUST 21, 2014

AMENDED IN SENATE AUGUST 19, 2014

AMENDED IN ASSEMBLY MAY 23, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1629**

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**Introduced by Assembly Member Bonta  
(Coauthors: Assembly Members Garcia, Maienschein,  
V. Manuel Pérez, Skinner, Ting, and Waldron)**

February 10, 2014

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An act to add and repeal Section 13957.9 of the Government Code, relating to crime victims, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1629, as amended, Bonta. Crime victims: compensation: reimbursement of violence peer counseling expenses.

Existing law provides for the compensation of victims and derivative victims of specified types of crimes by the California Victim Compensation and Government Claims Board from the Restitution Fund, a continuously appropriated fund, for specified losses suffered as a result of those crimes. Existing law sets forth eligibility requirements and specified limits on the amount of compensation the board may award. Existing law authorizes the board to reimburse a crime victim or derivative victim for the amount of outpatient mental health counseling-related expenses incurred by the victim or derivative victim, including peer counseling services provided by a rape crisis center, as specified

This bill would additionally, until January 1, 2017, authorize the board to reimburse a crime victim or derivative victim for the amount of

outpatient violence peer counseling-related expenses incurred by the victim or derivative victim, as specified. By expanding the authorization for the use of moneys in a continuously appropriated fund, this bill would make an appropriation.

Vote: 2/3. Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 13957.9 is added to the Government  
2 Code, to read:

3 13957.9. (a) ~~(1)~~ In addition to the authorization provided in  
4 ~~Section 13957, 13957 and subject to the limitations set forth in~~  
5 ~~Section 13957.2~~, the board may grant for pecuniary loss, when the  
6 board determines it will best aid the person seeking compensation,  
7 ~~as follows:~~

8 ~~(2) Subject to the limitations set forth in Section 13957.2,~~  
9 ~~reimburse reimbursement of~~ the amount of outpatient psychiatric,  
10 psychological, or other mental health counseling-related expenses  
11 incurred by the victim or derivative victim, including peer  
12 counseling services provided by violence peer counseling services  
13 provided by a service organization for victims of violent crime,  
14 and including family psychiatric, psychological, or mental health  
15 counseling for the successful treatment of the victim provided to  
16 family members of the victim in the presence of the victim, whether  
17 or not the family member relationship existed at the time of the  
18 crime, that became necessary as a direct result of the crime, subject  
19 to the following conditions:

20 ~~(A)~~

21 (I) The following persons may be reimbursed for the expense  
22 of their outpatient mental health counseling in an amount not to  
23 exceed ten thousand dollars (\$10,000):

24 ~~(i)~~

25 (A) A victim.

26 ~~(ii)~~

27 (B) A derivative victim who is the surviving parent, sibling,  
28 child, spouse, fiancé, or fiancée of a victim of a crime that directly  
29 resulted in the death of the victim.

30 ~~(iii)~~

1 (C) A derivative victim, as described in paragraphs (1) to (4),  
 2 inclusive, of subdivision (c) of Section 13955, who is the primary  
 3 caretaker of a minor victim whose claim is not denied or reduced  
 4 pursuant to Section 13956 in a total amount not to exceed ten  
 5 thousand dollars (\$10,000) for not more than two derivative  
 6 victims.

7 ~~(B)~~

8 (2) The following persons may be reimbursed for the expense  
 9 of their outpatient mental health counseling in an amount not to  
 10 exceed five thousand dollars (\$5,000):

11 ~~(i)~~

12 (A) A derivative victim not eligible for reimbursement pursuant  
 13 to ~~subparagraph (A)~~, *paragraph (1)*, provided that mental health  
 14 counseling of a derivative victim described in paragraph (5) of  
 15 subdivision (c) of Section 13955, shall be reimbursed only if that  
 16 counseling is necessary for the treatment of the victim.

17 ~~(ii)~~

18 (B) A victim of a crime of unlawful sexual intercourse with a  
 19 minor committed in violation of subdivision (d) of Section 261.5  
 20 of the Penal Code. A derivative victim of a crime committed in  
 21 violation of subdivision (d) of Section 261.5 of the Penal Code  
 22 shall not be eligible for reimbursement of mental health counseling  
 23 expenses.

24 ~~(iii)~~

25 (C) A minor who suffers emotional injury as a direct result of  
 26 witnessing a violent crime and who is not eligible for  
 27 reimbursement of the costs of outpatient mental health counseling  
 28 under any other provision of this chapter. To be eligible for  
 29 reimbursement under this clause, the minor must have been in  
 30 close proximity to the victim when he or she witnessed the crime.

31 ~~(E)~~

32 (3) The board may reimburse a victim or derivative victim for  
 33 outpatient mental health counseling in excess of that authorized  
 34 by ~~subparagraph (A) or (B)~~ *paragraph (1) or (2)* or for inpatient  
 35 psychiatric, psychological, or other mental health counseling if  
 36 the claim is based on dire or exceptional circumstances that require  
 37 more extensive treatment, as approved by the board.

38 ~~(D)~~

1 (4) Expenses for psychiatric, psychological, or other mental  
2 health counseling-related services may be reimbursed only if the  
3 services were provided by either of the following individuals:

4 (i)  
5 (A) A person who would have been authorized to provide those  
6 services pursuant to former Article 1 (commencing with Section  
7 13959) as it read on January 1, 2002.

8 (ii)  
9 (B) A person who is licensed by the state to provide those  
10 services, or who is properly supervised by a person who is so  
11 licensed, subject to the board’s approval and subject to the  
12 limitations and restrictions the board may impose.

13 (b) The total award to or on behalf of each victim or derivative  
14 victim may not exceed thirty-fi e thousand dollars (\$35,000),  
15 except that this amount may be increased to seventy thousand  
16 dollars (\$70,000) if federal funds for that increase are available.

17 (c) For the purposes of this section, the following definition  
18 shall apply:

19 (1) “Service organization for victims of violent crime” means  
20 a nongovernmental organization that meets both of the following  
21 criteria:

22 (A) Its primary mission is to provide services to victims of  
23 violent crime.

24 (B) It provides programs or services to victims of violent crime  
25 and their families, and other programs, whether or not a similar  
26 program exists in an agency that provides additional services.

27 (2) “Violence peer counseling services” means counseling by  
28 a violence peer counselor for the purpose of rendering advice or  
29 assistance for victims of violent crime and their families.

30 (3) “Violence peer counselor” means a provider of formal or  
31 informal counseling services who is employed by a service  
32 organization for victims of violent crime, whether financiall  
33 compensated or not, and who meets all of the following  
34 requirements:

35 (A) Possesses at least six months of full-time equivalent  
36 experience in providing peer support services acquired through  
37 employment, volunteer work, or as part of an internship experience.

38 (B) Completed a training program aimed at preparing an  
39 individual who was once a mental health services consumer to use  
40 his or her life experience with mental health treatment, combined

1 with other strengths and skills, to promote the mental health  
2 recovery of other mental health services consumers who are in  
3 need of peer-based services relating to recovery as a victim of a  
4 violent crime.

5 (C) Possesses 40 hours of training on all of the following:

6 (i) The profound neurological, biological, psychological, and  
7 social effects of trauma and violence.

8 (ii) Peace-building and violence prevention strategies, including,  
9 but not limited to, conflict mediation and retaliation prevention  
10 related to gangs and gang-related violence.

11 (iii) Post-traumatic stress disorder and vicarious trauma,  
12 especially as related to gangs and gang-related violence.

13 (iv) Case management practices, including, but not limited to,  
14 ethics and victim compensation advocacy.

15 (D) When providing violence peer counseling services, is  
16 supervised by a marriage and family therapist licensed pursuant  
17 to Chapter 13 (commencing with Section 4980) of Division 2 of  
18 the Business and Professions Code, a licensed educational  
19 psychologist licensed pursuant to Chapter 13.5 (commencing with  
20 Section 4989.10) of Division 2 of the Business and Professions  
21 Code, a clinical social worker licensed pursuant to Chapter 14  
22 (commencing with Section 4991) of Division 2 of the Business  
23 and Professions Code, or a licensed professional clinical counselor  
24 licensed pursuant to Chapter 16 (commencing with Section  
25 4999.10) of Division 2 of the Business and Professions Code. For  
26 the purposes of this subparagraph, ~~the supervision requirement is~~  
27 ~~satisfied if~~ a licensed marriage and family therapist, licensed  
28 educational psychologist, licensed clinical social worker, or a  
29 licensed professional clinical counselor ~~is~~ *shall be* employed by  
30 the same service organization as the violence peer counselor.

31 (d) This section shall remain in effect only until January 1, 2017,  
32 and as of that date is repealed, unless a later enacted statute, that  
33 is enacted before January 1, 2017, deletes or extends that date.

O