Board of Behavioral Sciences

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

BOARD MEETING MINUTES - *DRAFT*
May 20-21, 2015

Embassy Suites Santa Ana-Orange County Airport North
1325 E. Dyer Road
Santa Ana, CA 92705

Wednesday, May 20th

Members Present
Christina Wong, Chair, LCSW Member
Deborah Brown, Vice Chair, Public Member
Dr. Scott Bowling, Public Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Betty Connolly, LEP Member
Sarita Kohli, LMFT Member
Renee Lonner, LCSW Member
Karen Pines, LMFT Member
Dr. Christine Wietlisbach, Public Member

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

Members Absent
Samara Ashley, Public Member
Patricia Lock-Dawson, Public Member

Guests
See sign-in sheet

FULL BOARD OPEN SESSION

Christina Wong, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 8:48 a.m. Kim Madsen called roll, and a quorum was established.

Administrative Law Judge Abraham M. Levy, presiding over the hearings, explained the hearing procedures.

I. Petition for Early Termination of Probation for Kwamina Amonoo-Neizer, LCSW 26843

Judge Levy opened the hearing. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Kwamina Amonoo-Neizer was not represented by an attorney.

Mr. Arambula presented the background of Mr. Amonoo-Neizer's probation. Mr. Amonoo-Neizer was sworn in. He presented his request for early termination of probation and information to support the request. Mr. Amonoo-Neizer was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 9:38 a.m.

II. Petition for Early Termination of Probation for Daniel Carr, LMFT 31037

Judge Levy opened the hearing at 9:41 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Daniel Carr was not represented by an attorney.

The Board took a short break to allow staff to make copies of Mr. Carr's written statement to provide to the Board Members.

Mr. Arambula presented the background of Mr. Carr's probation. Mr. Carr was sworn in. Mr. Carr presented his request for early termination of probation and information to support the request. He was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 10:41 a.m.

The Board took a break at 10:42 a.m. and reconvened at 10:52 a.m.

III. Petition for Early Termination of Probation for Jennifer Harris, IMF 68489

Judge Levy opened the hearing at 10:52 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Jennifer Harris was not represented by an attorney.

Ms. Arambula presented the background of Ms. Harris' probation. Ms. Harris was sworn in. Ms. Harris presented her request for early termination of probation and information to support the request. She was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 11:18 a.m.

IV. Petition for Early Termination of Probation for Kimberly Kupfer, LMFT 27299

Judge Levy opened the hearing at 11:20 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Kimberly Kupfer was not represented by an attorney.

Mr. Arambula presented an opening statement. Ms. Kupfer was sworn in. Ms. Kupfer provided an opening statement. Ms. Kupfer presented her request for early termination of probation and information to support the request. She was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 11:52 a.m.

V. Petition for Early Termination of Probation for Cindy Plascencia, IMF 73371

Judge Levy opened the hearing at 11:55 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Cindy Plascencia was not represented by an attorney.

Mr. Arambula presented an opening statement. Ms. Plascencia was sworn in. Ms. Plascencia provided an opening statement. Ms. Plascencia presented her request for early termination of probation and information to support the request. Ms. Plascencia was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 12:46 p.m.

VI. Public Comments

There were no public comments.

VII. Suggestions for Future Agenda Items

There were no suggestions.

The Board took a break at 12:47 p.m. and reconvened in closed session at 2:04 p.m.

FULL BOARD CLOSED SESSION

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

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

FULL BOARD OPEN SESSION

X. Adjournment

The Board adjourned at 4:25 p.m.

Thursday, May 21st

Members Present	Members Absent
Christina Wong, Chair, LCSW Member	*All members present*
Deborah Brown, Vice Chair, Public Member	
Samara Ashley, Public Member	
Dr. Scott Bowling, Public Member	**Staff Present**
Dr. Leah Brew, LPCC Member	Kim Madsen, Executive Officer
Dr. Peter Chiu, Public Member	Steve Sodergren, Asst. Executive Officer
Betty Connolly, LEP Member	Rosanne Helms, Legislative Analyst
Sarita Kohli, LMFT Member	Dianne Dobbs, Legal Counsel
Patricia Lock-Dawson, Public Member	Christina Kitamura, Administrative Analyst
Renee Lonner, LCSW Member	
Karen Pines, LMFT Member	**Guests**
Dr. Christine Wietlisbach, Public Member	*See sign-in sheet*

FULL BOARD OPEN SESSION

Christina Wong called the meeting to order at 8:43 a.m. Christina Kitamura called roll. A quorum was established.

XI. Introductions

Board Members, Board staff and attendees introduced themselves.

XII. Approval of the February 25-26, 2015 Board Meeting Minutes

This item is tabled.

XIII. Chair Report

At the last meeting, the Board established the Sunset Review Committee. This is an ad hoc committee with two members, Christina Wong and Deborah Brown. The goal is to work with staff during the summer and present a draft of the Sunset Review Report by August.

Ms. Wong and Patricia Lock-Dawson attended a gathering in April hosted by the Governor, with the California Legislative Women's Caucus other California leaders.

XIV. Executive Officer's Report

a. Budget Report

2014/2015 Budget:

The 2014/2015 budget for the Board is $9,139,000. As of March 31, 2015, the Board has spent $6,365,218, reflecting 68% of the total budget.

As of March 31, 2015, the Board had collected $6,502,055 in total revenue.

The Board is projecting an unencumbered balance of $13,091 at the end of this fiscal year, which is lower than in previous budget years. The lower balance is due to unanticipated expenses in personnel and examinations.

Board staff believed that the expenses for the staff reassigned to the Board from the Department of Consumer Affairs (DCA) was being paid each fiscal year. However, Board staff was recently informed that none of these payments have been made since the Board began using this staff in 2012. Therefore, the Board owed approximately $160,000 which was to be paid this fiscal year. Board staff will ensure these expenditures will be paid annually to avoid this situation in the future.

Additionally, the Board had an increase in the number of examinations administered in October 2014 through December 2014. A total of 3,731 examinations were administered during this time period. This is a 73% increase from the same period of time in 2013.

Further, from October 2014 to November 2014, the number of examinations administered increased by 36%. Board staff believes the increased volume is attributed to candidates wishing to test prior to the implementation of questions related to the DSM V. Due to the unanticipated increase in the volume of examinations administered, the Board's examination budget must be augmented by $100,000.

Board Fund Condition

The Board's fund condition reflects 2.7 months in reserve.

General Fund Loans

The current outstanding balance of loans to the General Fund is $10.9 million. The Board is scheduled to receive a repayment of $1 million in fiscal year 2014/2015.

2015-2016 Budget

The Board's budget for fiscal year 2015/2016 will be $9,039,000 and includes two limited-term positions and full-time position authority for two existing half time positions. The Board's cost for the BreEZe system will increase significantly in 2015/2016. The increase in cost is attributed to the amended BreEZe contract.

The amended contract revises the scope of the BreEZe project and redistributes the cost of BreEZe among the Boards and Bureaus. The redistribution of costs is based upon the contract revisions that allow DCA to fully implement Release 1 and 2 using the current vendor. Release 3 will not be implemented with the current vendor.

Under the new amendments, the Board's BreEZe costs will increase 94%; rising from $482,249 in 2014/2015 to $938,109 in 2015/2016, and increasing to $990,811 in 2016/2017.

The Board is scheduled to receive a $1.2 million General Fund Loan repayment in 2015/2016. The Board anticipates that this repayment will help to offset the increased BreEZe costs. However, despite the repayment, the Board's fund condition is projected to be a 1.1-month reserve. This figure is below the 3-month reserve that in recent years, has been considered sufficient by the Department of Finance.

b. Operations Report

Licensing Program

Overall, the receipt of all applications decreased in the third quarter. Licensed Clinical Social Worker (LCSW) examination applications increased by 36%.

The licensing program is evaluating Licensed Marriage and Family Therapist (LMFT) applications within 53 days of receipt and LCSW applications within 64 days of receipt. All other applications types are evaluated within 15 days of receipt.

A total of 1,075 initial licenses were issued in the third quarter.

Examination Program

A total of 2,352 examinations were administered in the third quarter. Thirteen (13) examination development workshops were conducted from January through March.

The Board staff initiated recruitment for participation in the Licensed Educational Psychologist (LEP) Occupational Analysis (OA).

Administration Program

The Board received 7,913 applications in the third quarter. The Department of Consumer Affairs (DCA) central cashiering unit received and processed 7,258 renewal applications. The Board's cashiering unit processed 1,682 renewal applications. Online renewals increased over 200% with 2,372 individuals renewing their licenses or registrations online.

Enforcement Program

The Enforcement staff received 243 consumer complaints and 251 criminal convictions in the third quarter. A total of 500 cases were closed this quarter, and 30 cases were referred to the Attorney General's office for formal discipline. Twenty-three (23) Accusations and 11 Statement of Issues were filed this quarter. The current average for Formal Discipline is 548 days. The performance goal is 540 days.

Enforcement staff has completed its review of all Subject Matter Expert (SME) applications. Thirty-three (33) applications were approved. The Board has several

SMEs for each license type encompassing a broad range of expertise. New contracts are in place for all SMEs and training has been scheduled for July 30, 2015, at the Office of the Attorney General in Sacramento.

Outreach Events

Board staff participated at the following events:

- MFT Consortium Meetings throughout the state;
- California Association of School Psychologists (CASP) Conference in Sacramento, March 2015;
- Licensed Professional Clinical Counselor (LPCC) Conference in San Diego, March 2015;
- National Association of Social Workers (NASW) Lobby Days in Sacramento, April 2015;
- California Association of Marriage and Family Therapists (CAMFT) Conference in Burlingame, May 2015

Board staff participated in the USC School of Social Work Webinar at DCA Headquarters, March 2015.

Additional Outreach Efforts

The Board published the Winter 2015 Newsletter.

Board staff developed informational material and FAQs regarding the examination restructure. This information was posted to the Board's website on March 16, 2015. A video tutorial for the examination restructure is currently in development. Once the tutorial is completed, it will be available on the Board's website.

The Board received a Gold Award at the State Information Officers Council Awards for its video *How to Become an ASW*. This video was the first BBS video tutorial.

c. Personnel Update

Ms. Madsen presented the personnel update.

New Employees

Andrea Flores returns to the Board to serve as the lead analyst in the Licensing Program for the LMFT unit. Ms. Flores will evaluate the more complex LMFT applications and serve as the outreach coordinator for the LMFT unit.

Promotions

Darlene York, Licensing Evaluator for the LCSW unit, was promoted to a Staff Services Analyst (SSA) in the LCSW unit. Ms. York will serve as the outreach coordinator and the lead for the LCSW unit.

Ellen Viegas, cashier, was promoted to an SSA. Ms. Viegas will serve as the lead for the cashiering unit, Board liaison with DCA cashiering, and subject matter expert for BreEZe cashiering functions.

Relena Amaro, LEP Evaluator, was promoted to an SSA in the Examination Unit. Ms. Amaro will work with the Office of Professional Examination Services (OPES) to recruit SMEs for the Board's examination development workshops, review all examinations, and prepare all contracts related to examination development.

Flores Lopes, Criminal Conviction Analyst, was promoted to Enforcement Analyst in the Consumer Complaint Unit. Ms. Flores will serve as an Enforcement Analyst investigating consumer complaints.

Charles Johnson, LPCC Evaluator, was promoted to Associate Governmental Program Analyst in the Administration Unit on May 20, 2015.

Departures

Marlon McManus, Enforcement Analyst in the Consumer Complaint Unit, left the Board on April 24, 2015.

Vacancies

Board staff has initiated the recruitment process for the positions noted below:

- Office Technician in Licensing to fill behind Relena Amaro;
- Staff Services Analyst in Licensing to fill behind Pat Fay;
- Staff Services Analyst in Enforcement to fill behind Flora Lopes.

XV. Strategic Plan Update

Steve Sodergren provided an update on the Strategic Plan:

- Examinations - Staff is working with OPES in the SME recruitment process and the Occupational Analysis.
- Enforcement - Staff is preparing for the Enforcement SME training in July.
- Outreach -
  - Staff is committed to get the information out regarding the exam restructure over the next few months
  - The Winter newsletter was published.
  - FAQ was created for the BBS website.

Some of the efficiencies that staff has been working on:

- Managing and maintaining the filing system;
- Installing a computer in the Board lobby for license/registration renewals; and
- Purchasing a laptop computer to take to outreach events for license/registration renewals.

XVI. Supervision Committee Update

Mr. Sodergren presented the Supervision Committee (Committee) update.

Staff reported that the “buckets” legislation has been assigned bill number SB 620. The language reflects the Committee’s and stakeholders’ desire to remove most of the “buckets” for LMFT and LPCC, and instead requires a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience.

There was also a discussion about the remaining areas that the committee needs to address:

- Supervision Requirements including supervision definitions, amount and type of weekly supervisor contact, supervision formats, monitoring/evaluating the supervisee, etc.
- Supervisor Responsibilities including the Supervisor Responsibility Statement.
- Third-party supervisors.

Several stakeholders raised concern that SB 620 removes the limit on experience hours gained via telehealth. This could potentially allow an applicant to gain all of his or her experience hours via telehealth. Current law limits LMFT and LPCC applicants to no more than 375 hours providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

The Committee decided that the bill language should not be amended. There was a consensus that stipulating a limit on the hours would be arbitrary at this time. It was noted that more research and monitoring of telehealth experience would be beneficial in order to identify future issues that may indicate a need for such a limit.

Staff presented the survey results from the Supervisor/Supervisee surveys that were published on March 2, 2015. As of March 23, 2015 the Board had collected 397 total responses for the Supervisee Survey and 357 total responses for the Supervisor Survey.

The Committee discussed the following possible changes to supervisor qualifications:

- Increasing the initial training of LMFT and LPCC supervisors to 15 hours to be consistent with the current requirements for LSCW supervisors.
- Require 6 hours of ongoing training every two years for LCSW, consistent with current LMFT and LPCC requirements. The Committee is interested in the possibility of using a competency-based model rather than specifying particular content. Staff was asked to research how other entities do this.
- Initially decided supervisor training must come from an acceptable CE provider, but asked staff to survey agency directors about the potential impact.
- Decided to accept an advanced supervisor certification in lieu of the requirement that supervisors must be licensed for two years before supervising.
- Decide whether supervisors should have to receive a pre-approval or should be required to obtain a registration from the Board. There was a consensus that while

pre-approval and registration would offer some benefit, the bigger concern is greater oversight of the supervisor.

The next meeting is scheduled on June 26th in Costa Mesa.

Dr. Brew requested to reschedule the August 7th meeting to a different date.

XVII. Examination Restructure Update

Mr. Sodergren presented the Examination Restructure update.

Effective January 1, 2016, the Board's Examination process will be changing. Under the new process, individuals who hold an ASW, MFT or PCC Intern registrations will be required to take a California Law and Ethics Exam a minimum of once per year, per renewal period or until the exam is passed.

Another significant change is the Board's acceptance of the National Clinical ASWB Exam. This exam will replace the current Clinical Vignette for the LCSW applicants.

Because these are significant changes, the Board has established grace periods to mitigate the impact that these changes may have on registrants and examinees.

Staff has developed a web page as well as FAQs concerning the implementation of the Exam Restructure. Outreach efforts are being developed and will be implemented during the coming months in order to ensure that applicants and registrants will understand the impact that the changes will have on them.

Staff has been working closely with the DCA Breeze team and exam vendors to ensure that system changes are ready for implementation.

Jill Epstein, CAMFT, offered input to Board staff regarding the FAQs.

The Board took a break at 9:50 a.m. and reconvened at 10:02 a.m.

XVIII. Policy and Advocacy Committee Report

a. Recommendation #1- Oppose, Assembly Bill 85 (Wilk)

AB 85 would make an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if a member of the state body is serving on it in his or her official capacity, and if the advisory body is supported, wholly or partially, by funds from the state body.

Current law allows standing committees of a state entity to hold meetings that are not subject to the Bagley-Keene Open Meeting Act if they contain fewer than three

members and do not vote to take action on items of discussion. The author's office is concerned that some state agencies are conducting meetings with two or fewer members specifically to avoid open meeting requirements. The author notes it is the intent of the Legislature and the public for government to conduct its business visibly and transparently.

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

If this bill were to become law, additional staff time would be required to complete meeting minutes, but otherwise the Board is already in compliance with Bagley-Keene in regards to these types of two-member committee meetings.

Sometimes boards form two-member executive committee meetings to handle matters such as personnel issues, or to review applications when hiring an executive officer. This bill would require these types of meetings to be noticed and subject to the requirements of Bagley-Keene.

The amendments in this bill would mean that a board member acting in official capacity on any multimember body, whether a state body or corporate body, would subject that body to the Bagley-Keene Act if that board member receives state funds. In such a case, the Board must post notice of, and an agenda for, a meeting that it is not hosting. The cost and compliance issues that this would create may act as a disincentive for Board members to represent the Board at other meetings and events.

Previous legislation, AB 2058, proposed making an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if the body was a standing committee with a continuing subject matter jurisdiction or a had a meeting schedule fixed by formal action of a state body. The Board took a "support" position on AB 2058.

AB 2058 was vetoed by the Governor. The Governor stated that an "*advisory committee does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action. That should be sufficient.*"

At its April 2015 meeting, the Policy and Advocacy Committee (Committee) recommended that the Board take an oppose position on this bill.

Dr. Leah Brew moved to oppose AB 85. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – *absent from discussion and vote*
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

The Board took a short break at 10:15 a.m. and reconvened at 10:23 a.m.

b. Recommendation #2 – Support, Assembly Bill 250 (Olbernolte)

The Business and Professions Code (BPC) does not specify that MFT trainees may practice telehealth. AB 250 would clarify that MFT interns and trainees may practice telehealth.

<u>Current law:</u>

1) Defines a "health care provider" as a person who is licensed by the Business and Professions Code as a healing arts practitioner;
2) Defines a "license" to mean a license, certificate, registration, or other means to engage in a business or profession;
3) Defines an MFT trainee as an unlicensed person; and
4) Defines an MFT intern as an unlicensed person.

However, current law permits MFT trainees to count some of their hours of supervised experience toward licensure and permits up to 375 hours of experience via telehealth.

This bill clarifies that for purposes of the telehealth law, MFT interns and trainees may provide services via telehealth.

At its January 2015 meeting, the Committee discussed this issue, and staff proposed similar language to that used in this proposal. The Committee learned that CAMFT was also pursuing a legislative proposal, and had found an author for the language. The Committee directed staff to continue to work with CAMFT on the proposed language. The Board gave the same direction at its February 26, 2015 meeting.

At its April 2015 meeting, the Committee recommended that the Board take a support position on AB 250.

Patricia Lock-Dawson moved to support AB 250. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

c. Recommendation #3 – Oppose Unless Amended, Assembly Bill 333 (Melendez)

Current law:

1) Specifies that continuing education training, education, and coursework must be from approved providers and must incorporate one or more of the following:
   - Aspects of the discipline that are fundamental to the practice of the profession for which licensed;
   - Aspects of the discipline for which licensed where significant recent developments have occurred; and
   - Aspects of other disciplines that enhance the understanding or practice of the profession for which licensed.

2) Defines the following continuing education credit equivalencies:
   - One hour of instruction equals one hour of continuing education credit;
   - One academic quarter unit equals 10 hours of continuing education credit; and
   - One academic semester unit equals 15 hours of continuing education credit.

This bill:

1) Only allows the healing arts licensee to count such coursework if it is developed by the American Heart Association, the American Red Cross, or an otherwise nationally recognized non-profit organization.

2) Only allows the healing arts licensee to claim CE credit for holding a training session if the training session is approved by his or her licensing board.

3) Specifies that the provisions of this bill do not apply to a licensee if his or her licensing board's laws or regulations establishing CE requirements exclude such coursework.

The author's office notes that AEDs are becoming more common on school campuses. However, pro bono instructors and training resources are rare, and paying for such training can be cost prohibitive. By allowing healing arts licensees to gain continuing education credit for becoming an instructor in CPR/AED use and for conducting training in schools, the author's office believes that this bill creates an incentive that would benefit licensees and schools.

Issues:

1) Relevance to the practice - While CPR/AED training is important, it may be difficult to argue that it is fundamental to, or enhances the understanding of, the practice of psychotherapy.

2) Source of coursework - CPR and AED instructor certification programs appear to be commonly offered by nonprofit organizations. These entities would not meet the definition of an organization that would be approved by a board-recognized approval agency.

3) Definition of "units" - The bill's definition of "units" is unclear, whereas the Board has a very specific definition of "units."

At its April 2015 meeting, the Committee recommended that the Board take an "oppose unless amended" position on AB 333, and asked that the Board be removed from the bill's provisions.

Although the recent amendments attempted to exclude Board licensees from the provisions of the bill, they do not explicitly state that Board licensees are excluded. Current Board law does not explicitly state that CPR/AED coursework and training is excluded from CE, although one could infer that it is excluded because it is not directly related to the practice of psychotherapy or relevant to the profession. There may be room for disagreement in this matter, which has the potential to cause confusion or differences of opinion among licensees.

CAMFT and NASW-CA indicated that they are not watching AB 333 nor participating in this bill. CALPCC indicated that they agree with the Committee's position on AB 333.

Renee Lonner moved to oppose AB 333 unless amended. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay

Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

d. Recommendation #4 – Support, Assembly Bill 690 (Wood

Current law:

1) Establishes that federally qualified health center services (FQHCs) and rural health clinic (RHC) services are covered Medi-Cal benefits that are reimbursed on a per-visit basis.

2) Defines a FQHC or RHC "visit" as a face-to-face encounter between an FQHC or RHC patient and one of the specified practitioners, including a clinical psychologist or an LCSW.

The intent of this legislation is to allow federally qualified health centers and rural health clinics to be able to hire a marriage and family therapist and be reimbursed through Medi-Cal for covered mental health services. Under current law, a clinic may hire a marriage and family therapist. However, only clinical psychologists or LCSWs may receive Medi-Cal reimbursement for covered services in such settings.

Staff suggests an amendment be made to include the word "licensed" in front of the term "marriage and family therapist."

This bill was run as AB 1785 in 2012. The Board took a "support" position on AB 1785; however, the bill died in the Assembly Appropriations Committee.
At its April 2015 meeting, the Committee recommended that the Board take a "support" position on this bill.

Ms. Gonzales, expressed that NASW-CA opposes AB 690 for the following reasons"

1) NASW-CA believes that there is a sufficient workforce of social workers to fill these jobs.

2) NASW-CA feels that social workers are trained to work in federally qualified health centers.

3) NASW-CA feels that there would be a large cost associated with this bill.

4) NASW-CA feels that this bill is premature due to the discussions regarding potential changes to the reimbursement system.

Ms. Kohli disagreed with Ms. Gonzales regarding the workforce of social workers. She also stated that community mental health has become required training in the MFT programs.

Ms. Brown expressed that more is better, especially in the schools and rural communities where access to care is limited.

Sarita Kohli moved to support AB 690. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

e. Recommendation #5 – Neutral, Assembly Bill 796 (Nazarian)

AB 796 modifies the definition of “qualified autism service professional” and “qualified autism service paraprofessional” to allow insurance coverage for types of behavioral health treatment other than applied behavior analysis.

SB 946, passed in 2011, requires every health care service plan contract and insurance policy that provides hospital, medical, or surgical coverage to also provide coverage for behavioral health treatment for pervasive developmental disorder or autism (PDD/A).

SB 946 went on to specifically define “qualified autism service professionals” and “qualified autism service paraprofessionals” as behavioral health treatment providers meeting the requirements of California Code of Regulations (CCR). However, this section of the CCR only refers to behavioral health treatment providers as applied behavior analyst providers, leaving out other types of evidence-based behavioral health treatment.

The author is attempting to have the behavioral health coverage mandated by SB 946 apply to all types of evidence-based behavioral health treatment, not just applied behavior analysis. This bill does this by codifying the educational and professional requirements listed in the CCR for applied behavior analysts, and applying them to all behavioral health providers.

The author's goal in doing this is to ensure that the qualified medical professional who knows the child best can prescribe the appropriate behavioral health treatment for that child, even if that behavioral health treatment is not applied behavior analysis.

This bill allows an associate clinical social worker (ASW) registered with the Board to be a qualified autism services professional. It is unclear why ASWs are specified as being able to become qualified autism service professionals, but marriage and family therapist interns and professional clinical counselor interns are not.

The author's office writes that the definitions of applied behavioral analysis in the CCR were written before newer forms of behavioral health treatment therapy had been developed and tested, which is why current coverage requirements specify applied behavior analysis.

SB 479 is running concurrently with AB 796. SB 479 would create a licensure category for behavior analysts under the Board of Psychology. The prospect of competing types of effective behavioral health treatment may raise questions about the implications of establishing a licensure category for one of the treatment types, but not the others.

At its April 2015 meeting, the Committee recommended that the Board take a "neutral" position on this bill.

Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC), and Ms. Epstein, CAMFT, opposed AB 796. Ms. Gonzales. NASW-CA, remained neutral.

Patricia Lock-Dawson moved to take a neutral position on AB 796. Dr. Christine Wietlisbach seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay

Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

f. Recommendation #6 – Support, Assembly Bill 832 (Garcia)

AB 832 would specify that voluntary acts of sodomy, oral copulation, and sexual penetration are not considered acts of sexual assault that must be reported by a mandated reporter, unless it is between a person age 21 or older and a minor under age 16.

Current law:

- Establishes the Child Abuse and Neglect Reporting Act (CANRA) which requires a mandated reporter to make a report in instances in which he or she knows or reasonably suspects that a child has been the victim of child abuse or neglect.
- Defines "sexual abuse" for the purposes of CANRA as sexual assault or exploitation consisting of any of the following: rape, statutory rape, rape in concert, incest, sodomy, oral copulation, and certain lewd or lascivious acts upon a child, sexual penetration, or child molestation.

The author's office states that the reporting requirements for mandated reporters of child abuse are confusing, inconsistent, and discriminatory. They note that current law states that consensual sodomy and oral copulation is illegal with anyone under age 18, and that it requires a mandated report as sexual assault under CANRA. However, the same reporting standards do not apply to consensual heterosexual intercourse. The author is attempting to make the law consistent by ensuring that all types of voluntary activities are treated equally for purposes of mandated reporting under CANRA.

The Board examined this issue in 2013 when stakeholders expressed concern that the law was not equal in its reporting requirements.

In its legal opinion, DCA found that CANRA does not require a mandated reporter to report incidents of consensual sex between minors of a similar age for any actions described in the Penal Code, unless there is reasonable suspicion of force, exploitation, or other abuse.

The legal office also noted the legislative intent of the reporting law is to leave the distinction between abusive and non-abusive sexual relations to the judgment of professionals who deal with children.

The Board of Psychology is seeking an opinion from the Attorney General's Office. A response is expected this summer.

Board staff had a discussion with the author's office to clarify how how the amendments would affect the reportability of a situation of sexual activities between an adult under 21 and a significantly younger minor.

Staff believed such an act would be reportable due to the provisions of the Penal Code. The author's office consulted with Legislative Counsel on this issue, and Legislative Counsel confirmed that such an act would still be reportable.

Previous legislation, AB 1505, would have specified that consensual acts of sodomy and oral copulation are not acts of sexual assault that must be reported by a mandated reporter, unless it involved either a person over age 21 or a minor under age 16.

At its April 2014 meeting, the Committee recommended that the Board take a "support" position on AB 1505; however, AB 1505 died before the Board was able to take a position on it.

At its April 2015 meeting, the Committee recommended that the Board take a "support" position on AB 832.

Ms. Helms added that the Board of Psychology requested to add the following amendment:

> "Penal Code Section 11165.1(a) "Sexual assault" for the purposes of this article does not include voluntary conduct in Violation of Section 286, 288a, or 289, *where there are no indicators of abuse*, unless the conduct is between a person 21 years or older and a minor who is under 16 years of age."

Ms. Gonzales, NASW-CA, supports AB 832.

Ms. Dobbs expressed that she stands behind the DCA Legal Opinion, and that the amendment requested by the Board of Psychology would make it much clearer.

Ms. Esptein, CAMFT, supports AB 832.

Dr. Christine Wietlisbach moved to support AB 832, if amended to include the language provided by the Board of Psychology. Samara Ashley seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay

Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

g. Recommendation #7 – Support, Assembly Bill 1001 (Maienschein)

Current law states that supervisors or administrators may not impede reporting duties, and mandated reporters shall not be subject to sanctions for making a mandated report. The law further states that a supervisor or administrator who impedes reporting duties shall be punished by a fine up to $1,000 and/or up to six months in county jail.

The author's office believes that mandated reporters should have a clear path to reporting and eliminating child abuse and neglect without interference. However, they have learned that social workers who work for private, non-profit foster family agencies, as well as one teacher, have confidentially reported to the Children's Advocacy Institute at the University of San Diego School of Law that supervisors at foster family agencies sometimes override mandated reporting.

This bill would still prohibit a person from impeding or interfering with the making of a mandated report. The bill also states that a person who impedes or interferes with a mandated report is guilty of a misdemeanor and may be liable for actual damages to the victim.

At its April 2015 meeting, the Committee recommended that the Board take a "support" position on AB 1001.

Dr. Peter Chiu moved to support on AB 1001. Dr. Leah Brew seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay

Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

h. Recommendation #8 – Neutral, Assembly Bill 1279 (Holden)

In existing law, several state agencies define music therapy in their regulations. There is some variance in the definitions of music therapy across these regulations.

<u>This bill:</u>

1) Defines "Music Therapy."
2) Identifies a scope of practice for music therapy.
3) Defines a "qualified individual" as one who has completed the education and clinical training requirements established by the American Music Therapy Association. The individual must also hold a current board certification from the Certification Board for Music Therapists.
4) Prohibits use of the term "Board Certified Music Therapist" unless the person meets the definition of "qualified individual" and has obtained the "Music Therapist Board Certified" (MT-BC) credential from the Certification Board of Music Therapists.
5) States that it is not the intent of the bill for a music therapist to be able to imply that he or she practices psychotherapy if he or she is not licensed to do so.
6) States that the use of music therapy does not imply that a person is a Board Certified Music Therapist.

The author is seeking to create a uniform definition for music therapy in statute. They note that several agencies have established definitions of music therapy in regulation; however the definitions are inconsistent and sometimes refer to obsolete entities. The goal of this bill is to protect consumers from harm and misrepresentation from practitioners who are not board certified music therapists and who are not practicing under the Certified Board for Music Therapists' Code of Professional Practice.

Recent amendments to this bill clarify a concern staff had with the previous version of this bill, specifically that the bill would restrict Board licensees from practicing music therapy. The bill now states that various professionals may utilize music therapy, as long as they do not use the title Board Certified Music Therapist.

Recent amendments to this bill also clarify that music therapists may not claim to use mental health counseling or psychotherapy, unless they are appropriately licensed to do so.

At its April 2015 meeting, the Committee recommended that the Board take a "neutral" position on this bill.

Ms. Wong explained that this is a title protection bill, and is not relevant to BBS licensees.

Renee Lonner moved to take a neutral position on AB 1279. Karen Pines seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

i. Recommendation #9 – Neutral, Senate Bill 479 (Bates)

<u>This bill:</u>

1) Establishes the Behavior Analyst Act under the Board of Psychology.
2) Specifies that the practice of behavior analysis does not include psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or counseling.
3) Creates the Behavior Analyst Committee, under the jurisdiction of the Board of Psychology.
4) Outlines specified educational requirements for Behavior Analysts and Assistant Behavior Analysts.
5) Prohibits a person from engaging in the practice of behavior analysis, representing his or her self as a licensed behavior analyst or licensed assistant behavior analyst, or using the title or letters, without being licensed.
6) Exempts specified practitioners from the provisions of this licensing act if the person is acting within the scope of his or her licensed scope of practice, including LMFTs and Licensed Educational Psychologists (LEP).

Recent amendments now include LCSWs and LPCCs. However, amendments are not in print yet.

Previous legislation in 2010, AB 1282, attempted to establish a certification process for practitioners of behavior analysis. The Board took an oppose position on this legislation.

At its April 2015 meeting, the Committee recommended that the Board take a "neutral" position on this bill.

There is a new amendment, but it is not in print yet: Applicants for ABA certification must have a degree that is conferred in behavior analysis, psychology or education.

Dr. Brew noticed that the curriculum does not include a course on the DSM. She is concerned that if an individual needs differential diagnosis, and they are not PDD/A, the licensee is not qualified to treat the individual.

Ms. Helms stated that the amendments will have substantial changes. She suggested that the Board watch and revisit SB 479, if the bill moves forward.

Ms. Epstein stated that CAMFT has concerns regarding exemptions from licensure, and they are working with the author's office.

Ms. Porter expressed concerns that the degrees eligible for this certification do not include any degrees that the LPCC licensees may have. CALPCC have been working with the sponsors about including degrees in counseling or psychology.

Ms. Gonzales expressed that NASW-CA is watching SB 479.

Karen Pines moved to not take action on SB 479 until the amendments are in print. Dr. Leah Brew seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

j. Recommendation #10 – Oppose Unless Amended, Senate Bill 614 (Leno)

Under current law, certain essential mental health and substance use disorder services are covered Medi-Cal benefits effective January 1, 2014.

This bill establishes a peer support specialist certification program, and authorizes Department of Health Care Services (DHCS) to add peer support providers as a provider type within the Medi-Cal program.

This bill:

1) Requires DHCS to establish a certification body and to provide statewide certification for adult peer support specialists, family peer support specialists, and parent peer support specialists.
2) Requires DHCS to establish:
   - The range of responsibilities and practice guidelines;
   - Curriculum and core competencies;
   - Training requirements;
   - Continuing education requirements;
   - Supervision requirements;
   - A code of ethics;
   - A process for renewal; and
   - A process to allow those currently employed in the peer support field to obtain certification.
3) Requires DHCS to collaborate with several mental health agencies to develop this plan.
4) Requires DHCS to amend its Medicaid plan to include a peer and family support specialist as a provider type.
5) Allows DHCS to implement this law via plan letters, bulletins, or similar instructions, without regulations, until regulations are adopted. Regulations must be adopted by July 1, 2018.

In 2013, 31 states and the federal Department of Veteran's Affairs certified and employed peer specialists. The services that peer specialists provide in these states are eligible for reimbursement by Medicaid.

Issues:

- Lack of a clear definition of a peer and family support specialist;
- Lack of a scope of practice;
- Fingerprinting and examination not required for certification; and

- Requirements not established in legislation.

At its April 2014 meeting, the Committee recommended that the Board take an "oppose unless amended" position on this bill. The Committee suggested the following amendments:

- Include in statute a clear definition of peer counseling;
- Include in statute a defined scope of practice for peer counseling;
- Specify required hours of supervision for a peer counselor, and who may provide this supervision;
- Specify education requirements; and
- Require fingerprinting.

Dr. Brew expressed concerns regarding public protection. She also stated that many of the activities listed are what social workers perform at the Bachelor's Degree level.

Ms. Kohli agreed with most of the amendments except for the education requirements. She explained that the certification is more of the social work model. This is significant in California because of diversity, and there is a lack of providers who speak different languages. Sometimes, paraprofessionals are needed to reach individuals who speak other languages. The educational piece limits access to the most underserved populations.

Ms. Helms suggested "specified training requirements" instead of "specified education requirements."

Ms. Gonzales stated that many of the peer specialists would be hired by the county, thus will be required to fingerprint. She also noted that NASW-CA is watching SB 614. She disagreed with the comments regarding scope of practice, stating that this is not a licensure bill.

Ms. Gonzales also stated that Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) has concerns with this bill. This certification is problematic because a mental health diagnosis and people who work in mental health are not acceptable in ethnic communities. REMHDCO requested an amendment.

Ms. Epstein expressed that CAMFT has concerns regarding the lack of definition and the scope. CAMFT is watching SB 614.

Ms. Lonner expressed concern regarding lack of fingerprinting. Paraprofessionals have access to children and vulnerable populations; fingerprinting is an important standard.

Dr. Leah Brew moved to oppose SB 614 unless amended. Renee Lonner seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

k. Recommendation #11 – Oppose, Senate Bill 594 (Wieckowski)

SB 594 was amended on April 27, 2014.

As currently written, this bill specifies that a child custody evaluation, investigation, or assessment shall only be considered by the court in a child custody case if it was conducted in accordance with the Judicial Council's standards.

At its April 23, 2015 meeting, the Committee considered an earlier version of this bill and recommended an "oppose" position. That version of the bill would have required the Board to investigate a complaint against a mediator, if the mediator held a Board license. Unlike child custody evaluators, for which the Board does investigate complaints, mediators are not required to hold a board license.

The most recent version of this bill no longer requires Board investigation of mediators.

No action taken.

The Board took a break 12:15 p.m. and reconvened at 1:05 p.m.

Ms. Wong moved item XXI. Legislative Update and item XXII. Regulation Update and heard these two items after the Policy and Advocacy Committee Update.

XIX. Update and Possible Action on Text of Proposed Legislation for 2015: Crime Victims: Compensation for Reimbursement of Violence Peer Counseling

This item was tabled to the June 12th Board Meeting due to forthcoming amendments on this legislation.

XX. Discussion and Possible Action Regarding Proposed Regulations for Telehealth

Many state licensing entities and professional associations are beginning to adopt laws, regulations and guidelines regarding telehealth. The Policy and Advocacy Committee (Committee) discussed several aspects of telehealth, including the following:

- Telehealth laws, regulations, and policies in other states;
- Client appropriateness for telehealth;
- Mandated reporting and telehealth;
- Trainees' ability to perform telehealth lawfully; and
- Utilizing security and encryption in telehealth.

The Board's licensing law offers little guidance regarding telehealth practice. The law implies that a licensee in another state may not counsel an individual who is located in the State of California, unless they hold a California license. If the client is not located in California, the state where the client is located would have jurisdiction. However, this is not stated specifically.

At its April 2015 meeting, the Committee directed staff to bring the proposed regulations to the Board for consideration as a regulatory proposal.

Dr. Brew expressed concerns regarding verbal consent. Ms. Helms responded that the law already indicates that a provider must obtain "verbal or written consent" prior to the delivery of service, and must document the consent.

Ms. Madsen informed the Board that the goal is to establish some broad parameters so that the Board can begin regulating telehealth; currently, there is no language. This will be a work in progress. If the informed consent becomes an issue, it can be addressed.

Renee Lonner moved to approve proposed telehealth regulations, and direct staff to make any non-substantive changes. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay

Dr. Christine Wietlisbach – yay
Christina Wong - yay

XXI. Board-Sponsored Legislation Update

SB 531 Board of Behavioral Sciences Enforcement Process
This bill has passed through the Senate and is on first reading in the Assembly.

SB 620 (Block) Board of Behavioral Sciences: Licensure Requirements
This bill is on third reading in the Senate.

SB 800 (Senate Business, Professions, and Economic Development Committee) Healing Arts (Omnibus Bill):
This bill is in the Senate Appropriations Committee.

XXII. Regulation Update

Disciplinary Guidelines and SB 1441: Uniform Standards for Substance Abuse
The public comment period has ended, and staff has submitted the proposal to OAL for final approval.

Implementation of SB 704 (Examination Restructure)
The 45-day public comment period has ended. This proposal is now under review by DCA.

Requirements for Licensed Professional Clinical Counselors to Treat Couples or Families
The public comment period has ended, and staff is preparing to submit the file to the DCA for review.

XXIII. Update on Suicide Prevention Training for Mental Health Professionals

During the 2013-2014 Legislative Session, AB 2198 was introduced in an effort to ensure that licensed mental health professionals were receiving adequate training in suicide assessment, treatment, and management. The bill would have required licensees of the Board and the Board of Psychology to complete a six-hour training course in suicide assessment, treatment, and management. Applicants for licensure would have been required to complete a 15-hour course in this subject area.

While the Board shared the author's concerns that some health care professionals may lack training in suicide assessment, treatment, and management, it did not believe that the bill would accomplish its objective.

The Governor vetoed the bill and requested that the licensing boards evaluate the issues raised and take any needed actions.

The Board wanted to determine the extent of exposure to the topics of suicide assessment, treatment, and management, for a student enrolled in a Master's degree program intended to lead to licensure. The Board surveyed California schools offering a degree program leading to Board licensure.

Degree programs were asked to report the following:

- Courses required for the degree which cover the topic of suicide assessment, treatment, and management;
- Number of units or hours each required course spends on these topics;
- A description of the topics or methods covered by each required course; and
- Additional relevant courses offered as electives in the degree program.

The survey results indicate that schools appear to be providing training for suicide assessment, treatment, and management:

- The data support the claim by the schools that they commonly integrate the topic across a variety of courses, discussing it as it is relevant to the particular focus of a course.
- Many schools also indicated that the topics in question are discussed in practicum, where the students are doing the most hands-on portion of their learning.
- Several schools offer additional elective coursework on the topic, for students seeking further specialization.
- Schools consistently reported teaching across a wide range of aspects of suicidality, including legal and ethical issues, crisis intervention, assessment instruments for suicide risk factors, and role playing activities.

Other interventions may be effective in addressing the treatment of suicidal individuals:

- Ensuring front-line health care professionals have adequate training in suicide assessment, treatment, and management.
- Formation of a task force among mental health educators and suicide experts to discuss the latest research in suicidology, and to develop model curriculum so that educators can ensure they are covering the latest suicide assessment techniques and concepts in their programs.
- Assessment of resources at the county mental health care level to determine if there is an adequate level of support for suicidal individuals.
- Increase public awareness through various media campaigns in an effort to reduce the stigma of seeking mental health services and to identify available local resources.

Board staff has been providing the Governor's office with technical assistance on this topic and will continue to do so as requested.

Dr. Chiu advised that the Board should look at this issue in a bigger context in regards to suicide prevention. When a person is suicidal, there are many things that have already gone wrong. Therefore, it is a disservice to campaign for suicide prevention instead of increasing public awareness, advocating for mental health, and eliminating stigma.

Ms. Kohli expressed that suicide is a very serious issue. Many of the mandated CE courses are one-time courses. By stating that there are already too many requirements for licensees, sends the wrong message.

Ms. Lonner stated that many adolescents who commit suicide were not in treatment. Assuming therapists are the frontline, is not accurate. Ms. Lonner feels that CE will not improve the issue. The Board should collaborate with other organizations to provide outreach.

Ms. Brown stated that teachers are the frontline. CE should not be mandated (for teachers). Instead, teachers need to be trained to identify a suicidal student. Although she likes the mandate, teachers need to be trained because they see students daily, not once per week.

Ms. Wong recommended working with other entities to address this issue.

Ms. Gonzales stated that NASW offers CE courses in suicide prevention at its conferences and online. NASW-CA is interested in any future collaboration.

No action taken.

XXIV. Discussion and Possible Action Regarding English as a Second Language Accommodation for Examination Candidates

From at least 2000 up to July 1, 2011, candidates who requested an ESL accommodation were granted extra time to take the board examinations. However, English as a second language (ESL) is not identified as a disability under the Americans with Disabilities Act (ADA).

Prior to making the decision to end the ESL accommodation, the Board contacted OPES for information. OPES considered that prior to entering a bachelor's program or master's program, ESL candidates take the Test of English as a Foreign Language (TOEFL). Further, the candidate receives the master's degree in English. Based on this information, it is reasonable to conclude that a candidate should be proficient enough to take the examination in English.

There are two possible accommodations that the Board could make. The first accommodation that could be made is to translate the Board's exams into languages other than English, which would be very expensive. When faced with the decision

whether or not to adapt an examination, the following must be taken into consideration:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited English-speaking candidates, an examination may be adapted.
- If English is an essential aspect of a profession, an examination will not be adapted.

The second option for an ESL accommodation is to grant candidates extra time to take the exam. This is the option the Board has used in the past. If the Board did choose this option, criteria for how to decide who would be granted an ESL accommodation would need to be developed and likely placed in regulations.

The Board of Psychology has proposed regulations that require the following for an ESL accommodation of extra time:

- The candidate submits a signed request for an ESL accommodation of extra time under penalty of perjury that English is his or her second language.
- A TOEFL IBT certification score of 85 or below must be sent by Educational Testing Service directly to the Board. The TOEFL must have been taken within the previous two years prior to the application.

At its February meeting, the Board expressed concern over the cost and availability of the TOEFL IBT, and about the methods used to arrive at the needed score. Another option could be using a TOEFL IBT score that the applicant obtained at any time during the applicant's university career. The Board would not look at the score or evaluate it but simply deem having taken the TOEFL IBT as sufficient reason to offer a special accommodation. In addition to this, the Board could accept proof that an applicant obtained his or her university education in a country outside of the United States as an additionally sufficient reason to offer an ESL accommodation.

Dr. Chiu feels that any of the presented criteria will be problematic. When looking at the cultural aspect, it's not just a language problem; he or she may have to read questions twice. Dr. Chiu recommended giving everybody more time to take the exam, unless there is a compelling argument against it.

Ms. Connolly asked if the extended time will affect the pass rate. Mr. Sodergren responded that in opinion of OPES, the exam passing rate would decrease.

Dr. Brew does not agree with extending the time for everybody. She recommends using the TOEFL scores or other documentation.

Dr. Wietlisbach does not see anything wrong with extending the time to everybody.

Ms. Kohli advised that applying the same standard for the English speaker as well as for the ESL speaker, does not change anything. Changing the standard is not an accommodation.

Ms. Lonner requested that staff create a form for the exam candidate requesting additional time.

Dr. Brew suggested the following:

- Keep the current exam time, but set criteria to allow extra time; obtain supporting documentation from the candidate.
- Discuss whether a candidate can request extra time on the second administration of the exam if they fail the first administered exam (if they did not request an accommodation for the first exam).
- Gather statistics if accommodations are provided.

Ms. Madsen suggested that staff develop a quantifiable checklist and bring it back to the Board.

Dr. Chiu requested that DCA weigh-in on this discussion at the next meeting.

Jerry Grossman suggested using Immigration and Naturalization Service (INS) documentation to substantiate an accommodation. Ms. Kohli responded that INS documentation is not the appropriate criteria to use.

No action taken.

XXV. Discussion and Possible Action Regarding Signatures on the Board's Licensed Wall Certificates

Several months ago, Board staff became aware that Wall Certifications were being issued with the prior Board Chair signature. Prior to BreEZe, the process to change signatures on the Wall Certification could be done internally and quickly. However, since BreEZe, this modification now requires a change request that is submitted to the BreEZe team. The change is not immediate and can take several months to implement.

Further research revealed that the seal that appears on both the smaller license and Wall Certification are not in compliance with law.

Three options regarding signatures were provided to the Board for consideration:

1. Remain with the current format; recognizing that changes to any signature will require some time.
2. Remove the Board Chair signature and keep the Executive Officer signature. Historically, the Executive Officer position does not change as frequently as the

Board Chair position. This option would eliminate a potential yearly or every other year request to change to the signature block.

3. Require that all Wall Certifications are issued with “wet” signatures. On average the Board issues approximately 220 new licenses per month. If this option is selected, all smaller licenses and the Wall Certifications would be returned to the Board from the printing vendor. Board staff would mail out both documents when the signatures on the Wall Certification are complete. This option would negate the Board’s effort to streamline this process; new licensees would see an increased delay in receiving their smaller license and their Wall Certification.

Updated Board seal designs were provided to the Board.

Samara Ashley moved to select option 2 of the wall certificate signature. Renee Lonner seconded. The Board voted unanimously to pass the motion.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay
Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

XXVI. Election of Board Chair and Vice Chair

Patricia Lock-Dawson moved to nominate Christina Wong for Chair and Deborah Brown for Vice Chair. Samara Ashley seconded. The Board voted unanimously to elect Christina Wong for Chair and Deborah Brown for Vice Chair.

The Board voted as follows:

Samara Ashley – yay
Dr. Scott Bowling - yay
Dr. Leah Brew – yay
Deborah Brown – yay
Dr. Peter Chiu – yay
Betty Connolly – yay
Sarita Kohli - yay
Patricia Lock-Dawson – yay

Renee Lonner – yay
Karen Pines – yay
Dr. Christine Wietlisbach – yay
Christina Wong - yay

XXVII. Discussion Regarding the Preparation of Sunset Review Report

On April 30, 2015, the Senate Committee on Business, Professions, and Economic Development and Assembly Committee on Business and Professions (Committee) sent notification to the Board that the Committee will begin its Sunset Oversight Review in the Fall of 2015.

The Sunset Oversight Review process affords the legislature the opportunity to review Board operations and performance as well as discuss current issues facing the Board. The purpose of the Sunset Oversight Review is to determine if the Board should continue to license and regulate its licensees/registrants. The Committee will also determine the extension time period granted to the Board.

The Committee requested the Board submit a comprehensive report that responds to 12 sections with over 60 questions regarding Board operations, performance, and past issues. This comprehensive report will include statistics, procedural information, and essentially detail the work of the Board since 2012. Board staff and members of the Board's Sunset Review Committee (Christina Wong and Deborah Brown) will work together to prepare the report.

A draft report will be available at the August Board meeting for the Board members to review. A final report will be presented at the November meeting to the Board members for approval and submission to the Committee. The Board's Sunset Review Report is due December 1, 2015. The public hearing dates will be announced in January.

No action taken.

XXVIII. Public Comment for Items not on the Agenda

There were no public comments.

XXIX. Suggestions for Future Agenda Items

There were no suggestions.

XXX. Adjournment

The meeting adjourned at 3:05 p.m.

Board of Behavioral Sciences

Budget Report August 25, 2015

2014/2015 Budget

Following budgetary adjustments, the Board's FYU 2014/2015 budget is $9,407,794. The expenditures received to date reflect a total $8,805,714 or 94% of the Board's budget. Based on these figures, it appears that the Board will have an unencumbered balance of $602,080. This figure exceeds previous estimates from prior budget reports.

The chart below provides a breakdown of expense categories and percentages.

Expense Category	Amount	Percentage
Personnel	$ 3,681,658	39%
OE&E	$ 3,303,930	35%
Enforcement	$ 1,362,313	14%
Minor Equipment *Includes LPCC exp*	$ 457,813	5%
Total Expenses	$ 8,805,714	**94%**

Board staff and management met with the budget office to review the expenditure figures to identify areas of discrepancies. It appears that the salaries and benefits for the CIC staff on loan to the Board were not included in the Board's expenditures. This amount is approximately $162,000. Also, due to an accounting requirement for the LPCC program, the LPCC staff salaries are not reflected in the Salary & Wages budget line. This discrepancy totals $150,000. Board staff and the Budget Office will research to determine if the requirement to separate LPPC program costs from the other Board programs is still in effect.

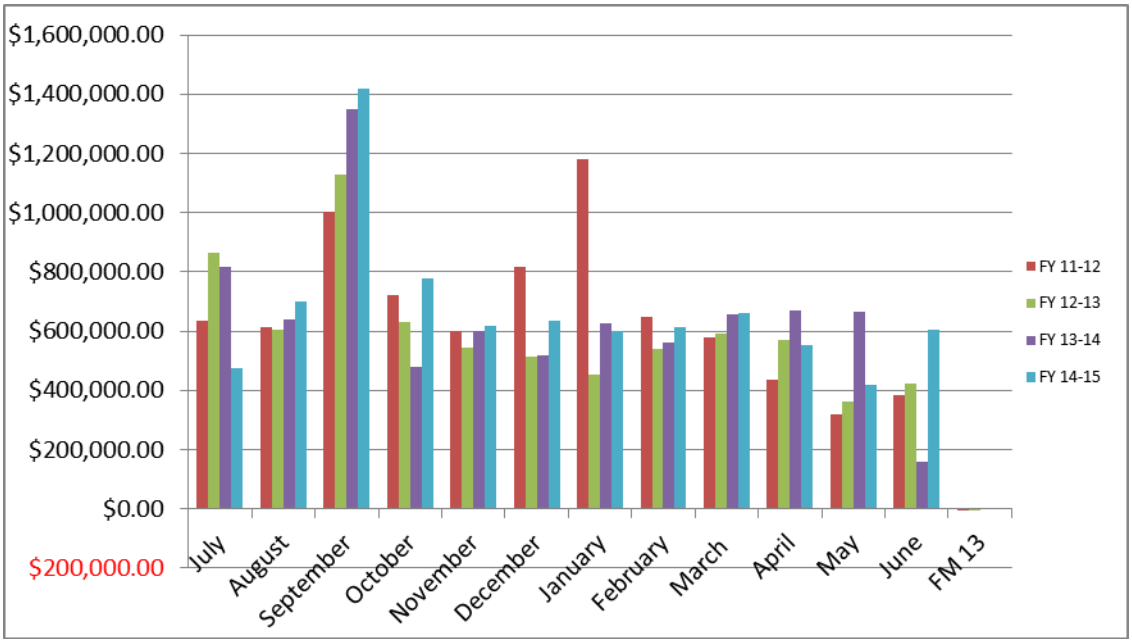
The cancelation of some examination development workshops accounts for the under spending in the Interagency Services (OER IAC) and C/P Svs External Subject Matter Expert budget line items. The discrepancies in the C&P Services – External Contracts and Facilities budget line items were noted. Board management requested the Budget Office to further review these two line items to confirm the figures are accurate.

The Board's FY 14/15 budget summary will be updated after all of the research is completed. A final summary of the FY 14/15 budget will be presented at the next Board meeting.

As of June 30, 2015, the Board had collected $8,085,648 in total revenue.

Month	FY 11-12	FY 12-13	FY 13-14	FY 14-15
July	$636,305.00	$865,553.99	$817,394.34	$475,567.98
August	$614,882.97	$605,609.87	$641,178.70	$698,635.93
September	$1,002,602.57	$1,130,230.37	$1,349,479.66	$1,419,736.29
October	$723,621.83	$631,685.86	$480,531.87	$779,134.95
November	$601,895.03	$545,880.97	$600,316.56	$617,891.41
December	$816,772.93	$514,784.93	$516,264.24	$635,199.34
January	$1,180,871.34	$452,850.71	$625,528.05	$601,512.09
February	$646,040.15	$541,115.50	$559,755.55	$612,208.93
March	$576,972.25	$593,123.75	$655,619.38	$662,167.83
April	$437,016.67	$569,381.90	$670,839.44	$554,415.62
May	$317,204.07	$360,131.06	$663,732.55	$420,330.14
June	$383,326.67	$421,329.60	$158,802.68	$606,750.69
FM 13	($1,375.78)	($266.97)	$388.71	$2,096.87

The chart below provides a fiscal year comparison of the Board's monthly revenue.



Board Fund Condition

The Board's Fund Condition report reflects the $1 million loan repayment from the 2002 loan to the General Fund. Thus, providing the Board with 4.4 months in reserve at the end of FY 14/15. Projections for the FY 15/16 budget indicate a repayment of $1.2 million dollars from the 2002 loan to the General Fund and 2.5 months in reserve.

General Fund Loans

With the recent loan repayment, the current outstanding balance of loans to the General Fund is $ 9.9 million.

2015/2016 Budget

The Board's budget for fiscal year 2015/2016 is $9,039,000. As previously reported, the Board's budget includes two limited term positions and full time position authority for two existing half time positions. Additionally, the Board's cost for the BreEZe system will increase significantly in 2015/2016. The Board's BreEZe costs will increase 94%; rising from $482,249 in 2014/2015 to $938,109 in 2015/2016, and increasing to $990,811 in 2016/2017. The increase in cost is attributed to the amended BreEZe contract.

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BBS EXPENDITURE REPORT FY 2014/15

OBJECT DESCRIPTION	FY 2013/2014 ACTUAL EXPENDITURES	FY 2014/2015 BUDGET ALLOTMENT	FM 13	UNENCUMBERED BALANCE
PERSONAL SERVICES				
Salary & Wages (Civ Svc Perm)	1,867,358	2,459,901	2,193,060	266,841
Salary & Wages (Stat Exempt)	93,888	93,888	91,989	1,899
Temp Help (907)(Seasonals)	62,564	60,000	85,680	(25,680)
Temp Help (915)(Proctors)	0	444	0	444
Board Memb (Per Diem)	16,400	12,900	18,600	(5,700)
Overtime	18,025	1,500	23,670	(22,170)
Totals Staff Benefits	1,026,090	1,378,745	1,268,659	110,086
Salary Savings		0		0
TOTALS, PERSONAL SERVICES	3,084,325	**4,007,378**	**3,681,658**	**325,720**
OPERATING EXP & EQUIP				
Fingerprint Reports	9,743	14,827	17,872	(3,045)
General Expense	79,829	113,428	93,648	19,780
Printing	***88,968***	***53,000***	***92,313***	(39,313)
Communication	14,311	31,513	14,909	16,604
Insurance	0	325	0	325
Postage	***48,855***	***24,767***	***41,072***	(16,305)
Travel, In State	***84,066***	***67,684***	***105,321***	(37,637)
Travel, Out-of-State	17,835	82,000	1,237	80,763
Training	***450***	***30,463***	***2,496***	27,967
Facilities Operations	353,176	227,925	204,700	23,226
Utilities	0	9,330	140	9,190
C&P Services - Interdept.	0	14,939	0	14,939
C&P Services-External Contracts	***40***	***280,516***	***8,527***	271,989
DEPARTMENTAL PRORATA				0
DP Billing (424.03)	851,283	917,310	885,579	31,731
Indirect Distribution Costs (427)	432,543	485,759	485,370	389
Public Affairs (427.34)	16,010	14,852	14,575	277
D of I Prorata (427.30)	13,864	23,133	13,408	9,725
Consumer Relations Division (427.35)	15,797	16,098	15,988	110
OPP Support Services (427.01)	0	490	0	490
Interagency Services (OER IACs)	175,868	325,065	255,469	69,597
Consolidated Data Services (428)	685	24,096	33	24,063
Data Proc (Maint,Supplies,Cont) (432)	16,785	14,448	16,296	(1,848)
Statewide Pro Rata (438)	361,763	388,161	388,160	1
EXAM EXPENSES				0
Exam Site Rental	27,608	99,630	41,656	57,974
Exam Contract (PSI) (404.00)	280,488	358,659	425,073	(66,414)
C/P Svs - Expert Examiners (404.01)	0	45,000	0	45,000
C/P Svs - External Subj Matter (404.03)	126,202	365,260	180,090	185,170
ENFORCEMENT				0
Attorney General	739,028	801,588	898,872	(97,284)
Office of Admin. Hearing	131,616	154,926	202,462	(47,536)
Court Reporters	9,223	0	14,546	(14,546)
Evidence/Witness Fees	22,564	94,955	28,475	66,480
Division of Investigation	60,756	215,669	217,959	(2,290)
LPCC	*482,348*		*402,885*	(402,885)
Minor Equipment (226)	***63,162***	***16,000***	***46,164***	(30,164)
Equipment, Replacement (452)	***0***	***0***	***6,846***	(6,846)
Equipment, Additional (472)	***0***	***69,600***	***1,918***	67,682
Vehicle Operations	***0***	***19,000***	***0***	19,000
TOTAL, OE&E	4,524,866	**5,400,416**	**5,124,056**	**276,360**
TOTAL EXPENDITURES	**$7,609,191**	**$9,407,794**	**$8,805,714**	**$602,080**

Reimbursements	FY 13/14 FM 13	Budget Allotment	FM 13
Fingerprints	(11,040)	(24,000)	(14,488)
Other Reimbursements	(9,685)	(26,000)	(6,815)
Unscheduled Reimbursements	(140,234)		(184,138)
Total Reimbursements	(160,959)	(50,000)	(205,440)

ITALIC PRINT INDICATES THE ITEMS ARE DISCRETIONARY.

0773 - Behavioral Science
Analysis of Fund Condition

8/11/2015

(Dollars in Thousands)

2015-16 Budget Act w/ FY 2014-15 Actuals

NOTE: $5.7 Million Dollar General Fund Repayment Still Outstanding After FY 2017-18		Actual CY 2014-15	Budget Act BY 2015-16	BY +1 2016-17	BY +2 2017-18
BEGINNING BALANCE		$ 3,309	$ 3,682	$ 2,290	$ 1,372
Prior Year Adjustment		$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 3,309	$ 3,682	$ 2,290	$ 1,372
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	$ 74	$ 83	$ 83	$ 83
125700	Other regulatory licenses and permits	$ 2,680	$ 2,388	$ 2,388	$ 2,388
125800	Renewal fees	$ 5,019	$ 4,996	$ 4,996	$ 4,996
125900	Delinquent fees	$ 89	$ 72	$ 72	$ 72
141200	Sales of documents	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 8	$ 2	$ -	$ -
150500	Interest from Interfund loans	$ 321	$ -	$ -	$ -
160100	Attorney General Proceeds of Anti-trust	$ 1	$ -	$ -	$ -
160400	Sale of fixed assets	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 3	$ 3	$ 3	$ 3
161400	Miscellaneous revenues	$ 4	$ 4	$ 4	$ 4
Totals, Revenues		$ 8,199	$ 7,548	$ 7,546	$ 7,546
Transfers from Other Funds					
F00683	Teale Data Center (CS 15.00, Bud Act of 2005)	$ -	$ -	$ -	$ -
F00001	GF loan repayment per item 1170-011-0773 BA of 2002	$ 1,000	$ 1,200	$ 2,400	$ -
F00001	GF loan repayment per item 1110-011-0773 BA of 2008	$ -	$ -	$ -	$ 600
F00001	GF loan repayment per item 1110-011-0773 BA of 2011	$ -	$ -	$ -	$ -
Totals, Revenues and Transfers		$ 9,199	$ 8,748	$ 9,946	$ 8,146
Totals, Resources		$ 12,508	$ 12,430	$ 12,236	$ 9,518
EXPENDITURES					
Disbursements:					
8860 FSCU (State Operations)		$ -	$ -	$ -	$ -
8880 Financial Information System for California		$ 7	$ 17	$ -	$ -
1110 Program Expenditures (State Operations)		$ 8,819	$ 10,123	$ 10,242	$ 10,447
Position Authority BCP		$ -	$ -	$ 622	$ 598
Total Disbursements		$ 8,826	$ 10,140	$ 10,864	$ 11,045
FUND BALANCE					
Reserve for economic uncertainties		$ 3,682	$ 2,290	$ 1,372	$ -1,527
Months in Reserve		4.4	2.5	1.5	-1.7

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.

B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR IN BY+1 AND ON-GOING.

C. ASSUMES INTEREST RATE AT 0.3%.

BOARD OF BEHAVIORAL SCIENCES
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of December 1, 2015

Section 1 –
Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board. Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

The Board of Behavioral Sciences (Board) is one of the forty regulatory entities within the Department of Consumers Affairs (DCA). The Board licenses and regulates Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Educational Psychologists (LEP), and Licensed Professional Clinical Counselors (LPCC). Additionally, the Board registers Associate Social Workers (ASW), Marriage and Family Therapist Interns (MFT Interns), Professional Clinical Counselor Interns (PCC Interns), and Continuing Education Provider.

The Board's mission is to protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practice. The Board's vision is that all Californians are able to access the highest-quality mental health services. To this end, the Board develops and administers licensure examinations; investigates consumer complaints and criminal convictions; responds to emerging changes and trends in the mental health profession legislatively or through regulations; and creates publications for consumers, students, and licensees.

The Board's statutes and regulations require a license before an individual may engage in the practice of Licensed Clinical Social Work, Licensed Marriage and Family Therapy, Licensed Educational Psychology, and Licensed Professional Clinical Counseling. These statutes and regulations set forth the requirements for registration and licensure and provide the Board the authority to discipline a registration or license.

70 years ago, legislation signed on July 18, 1945, by Governor Earl Warren created the Board of Social Work Examiners under the Department of Professional and Vocational Standards (renamed the Department of Consumer Affairs in 1970). California became the first state to register social workers. The first board members were comprised of seven members: two "lay persons" and four social workers. All Board members were appointed by the Governor. During the first 16 months of its existence, the Board registered 4,098 social workers. The intent of the registration was to identify competent professionals who were working for higher standards and services to the public.

A 1962 California State Assembly investigation regarding the fraudulent practice of marriage counseling contributed to the 1963 creation of the Marriage, Family, and Child Counselor Act. Under this Act, the Board of Social Work Examiners received the responsibility of licensing and regulating

Marriage, Family, and Child Counselors. Soon after the addition of Marriage, Family, and Child Counselors, the Board of Social Work Examiners was renamed the Social Worker and Marriage Counselor Qualifications Board.

After 1969, anyone who wanted to practice clinical social work was required to hold a license. The addition of Licensed Educational Psychologists in 1970 to the Board's regulatory responsibilities inspired a new name, the Board of Behavioral Sciences Examiners. In 1997, the Board of Behavioral Sciences Examiners was officially changed to its present name, the Board of Behavioral Sciences.

In 2010, a fourth mental health profession, Licensed Professional Clinical Counselor, was added to the Board's jurisdiction. Today, the Board is responsible for the regulatory oversight for over 102,000 licensees. Current law provides for thirteen board members; six licensees and seven public members. Eleven members are appointed by the Governor and are subject to Senate Confirmation. One public member is appointed by the Speaker of the Assembly, and one public member is appointed by the Senate Rules Committee.

1. **Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).**

   The Board has one standing committee, the Policy and Advocacy Committee. The Policy and Advocacy Committee is comprised of four board members. The work of the committee is focused on proposed legislation, proposed regulations, legislative and regulatory changes that respond to emerging trends or concerns in the mental health profession that may affect the Board's licensees and registrants.

   Another standing committee was the Board's former Continuing Education Appeal Committee. This committee heard requests from continuing education provider applicants who sought to appeal the denial of their application. The committee was comprised of three board members and hearings occurred during regularly scheduled board meetings. This committee no longer exists as a result of the changes to the Board Continuing Education Program.

   The Board also uses Ad-Hoc committees to address specific topic areas. For example, the Continuing Education Review Committee, Out of State Education Committee, the Examination Program Review Committee, and the Supervision Committee. Ad-Hoc committees are usually comprised of two to three members and each meeting is publicly noticed and may be webcast.

   Ad-Hoc committees hold a series of meetings with stakeholders and interested parties to discuss a single topic and develop recommendations to present to the Board. Currently, the Board has one active Ad-Hoc Committee, the Supervision Committee. The Supervision Committee is discussing current supervision requirements and ideas to improve and streamline the licensure requirements without compromising consumer protection.

   Frequently, all committee meetings are held in Sacramento, California. However, some committee meeting locations are rotated between Northern California and Southern California to increase stakeholder access due to the topic being discussed. For example, the current Supervision Committee holds meetings in both Northern and Southern California.

2. **In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?**

   The Board has not canceled any meetings since the last Sunset Review due to lack of quorum.

3. **Describe any major changes to the board since the last Sunset Review, including:**

- **Internal changes** (i.e., reorganization, relocation, change in leadership, strategic planning)

Reorganization

Since the 2011 Sunset Review, the Board has experienced significant growth in its licensing population. The Board's licensing population increased 32% rising from 77,000 to over 102,000 licensees and registrants. The Board added a fourth mental health profession in 2010; however, this new mental health profession is not solely responsible for the increase. The Board believes that many individuals, who lost their jobs during California's recession, returned to school to increase their employment opportunities. Consequently, this increase in school enrollment translated into more applications for Board staff.

To address the increasing workload, the Board was successful in obtaining additional staff in fiscal year 2014/2015. Board staff increased 14% rising from 44 positions to 50 positions. The Board received additional staff for its Enforcement, Licensing, and Examination Units. Additionally the Board received an additional manager, which allowed the Board to reorganize its Enforcement Unit; creating a Criminal Conviction and Probation Unit and a Consumer Complaint and Investigations Unit with sufficient supervisory oversight.

The Board was able to accommodate the increase in staff by remodeling its current office space and relocating its file room to another space within its current building.

Relocation

The Board has been in its present location, 1625 North Market Boulevard, Sacramento, California since 2005.

Change in Leadership

The leadership of the Board has changed slightly since the 2012 Sunset Review. Two Staff Services Managers were added to the Board staff; one in fiscal year 2012/2013 and the other in fiscal year 2014/2015. Additionally, the current Assistant Executive Officer was hired in fiscal year 2012/2013. The Board's current Executive Officer was appointed in 2010.

The Board Member composition increased from twelve positions to thirteen positions effective January 1, 2012. Many of the current Board Members have been reappointed to a subsequent term. This continuity affords the Board the opportunity to have thoughtful policy discussions without losing institutional knowledge relevant to the discussion.

Strategic Plan

In August 2013, the Board revised its Strategic Plan. Collaborating with its stakeholders, the Board developed the 2014-2017 Strategic Plan. This plan reflects the Board's mission *to protect and serve Californians by setting, communicating, and enforcing standards for and competent mental health practice.* The plan was adopted at the November 2013 board meeting.

Legislation Sponsored by or Affecting the Board of Behavioral Sciences

A number of legislative changes relevant to the Board of Behavioral Sciences (Board's) duties have been enacted since the last Sunset Review in 2012. These changes are listed below in chronological order.

AB 367 - Board of Behavioral Sciences: Reporting (Smyth, Chapter 154, Statutes of 2012)

This bill added the Board of Behavioral Sciences to the list of boards required to report the name and license number of a person whose license has been revoked, suspended, surrendered, or made inactive, to the State Department of Health Care Services within ten working days. This bill had a delayed implementation date of January 1, 2015, to accommodate the Board's transition to the new Breeze Database System.

AB 1588 - Reservist Licensees: Fees and Continuing Education (Atkins, Chapter 742, Statutes of 2012)

This bill requires the Board to waive continuing education requirements and renewal fees for a licensee or registrant while he or she is called to active duty as a member of the United States Armed Forces or the California National Guard if he or she meets certain requirements.

AB 1904 - Military Spouses: Expedited Licenses (Block, Butler & Cook, Chapter 399, Statutes of 2012)

This bill requires the Board to expedite the licensing process of an applicant who is a spouse of a military member assigned to active duty in California, if they hold a current license for the same profession in another state.

AB 2570 - Licensees: Settlement Agreements (Hill, Chapter 561, Statutes of 2012)

This bill closed a loophole in the law that allows a Board licensee or registrant to prohibit a consumer who settles a civil suit with that licensee or registrant from filing a complaint with or cooperating in an investigation of the Board. The intent of the bill was to protect consumers by disallowing "gag clauses" that hamper the ability of a regulatory board to take disciplinary action against a negligent practitioner.

SB 632 - Marriage and Family Therapist Trainee Practicum (Emmerson, Chapter 50, Statutes of 2012)

Board-sponsored SB 363 (Chapter 384, Statutes of 2011) became law on January 1, 2012. It allowed a trainee to counsel clients while not enrolled in practicum only if the lapse in enrollment was less than 90 days and was immediately preceded, and immediately followed, by enrollment in practicum.

Because the requirement to be enrolled in practicum to counsel clients only applied to specified MFT trainees, (individuals that began graduate study after August 1, 2012; individuals that began graduate study before August 1, 2012 but do not complete that study before December 31, 2018; and, individuals that attend a graduate program that meets the enhanced requirements required by Business and Professions Code Section 4980.36) an exception from the requirement should have only applied to those specific MFT trainees. However, the effect of the language signed into law with SB 363 instead required all trainees to be enrolled in practicum to counsel clients regardless of when the trainee began graduate study.

This bill was an urgency measure to amend this section of licensing law and restore the original intent of requiring only specified MFT trainees to enroll in practicum to counsel clients. The Board sponsored this legislation.

SB 1134 - Persons of Unsound Mind: Psychotherapist Duty to Protect (Yee, Chapter 149, Statutes of 2012)

Previous law allowed no monetary liability or cause of action to arise against a psychotherapist who fails to warn of and protect from a patient's threatened violent behavior, or who fails to predict and warn of and protect from a patient's violent behavior, except where the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.

This bill renamed the duty of a psychotherapist, defined in Section 43.92 of the Civil Code, from "duty to warn and protect" to "duty to protect."

SB 1172 - Sexual Orientation Change Efforts (Lieu, Chapter 835, Statutes of 2012)

This bill prohibits a mental health provider from engaging in sexual orientation change efforts with a patient under 18. The bill specifically defined the term "sexual orientation change efforts," and made any such efforts on a patient under 18 unprofessional conduct, for which the mental health provider would be subject to disciplinary action by his or her licensing entity.

SB 1236 - Professions: Board of Psychology: Board of Behavioral Sciences (Price, Chapter 332, Statutes of 2012)

This bill extended the Board's sunset date until January 1, 2017.

SB 1527 - Social Workers: Licensing (Negrete McLeod, Chapter 800, Statutes of 2012)

As part of the Board's examination restructure, each associate social worker (ASW) is required to take and pass a California law and ethics examination. This bill added a requirement, similar to the ones in the LMFT and LPCC licensing laws, that an individual seeking ASW registration or LCSW licensure complete coursework in California law and ethics.

This bill also clarified the acceptability of older licensing exam scores. Under the examination restructure, the Board may use national examinations as the clinical examinations, if the Board

determines that they meet California standards. However, SB 704 did not place a limit on when a passing score on the clinical exam must have been obtained. In order to address the question about the acceptability of older exam scores, this bill did the following:

- For applicants who do not hold an out of state license, it allows a passing score on the clinical exam to be accepted by the Board for seven years.

- For applicants who already hold a valid license in good standing in another state, who had passed the exam this Board is requiring as part of their requirements for licensure in that other state, this Board may accept that exam score regardless of age.

The Board sponsored this legislation.

SB 1575 - Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 799, Statutes of 2012)

The Board sponsored the following provisions of SB 1575:

- Provisions providing technical clean-up amendments to the Board's marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute;

- Provisions providing amendments which either included the Board's newest licensees, LPCCs, in statute where the Board's other licensees are already included, or made LPCC law consistent with the law for the Board's other license types; and

- The extensions of the Board's examination restructure effective date from January 1, 2013 to January 1, 2014.

AB 404 - Retired Licenses (Eggman, Chapter 339, Statutes of 2013)

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

The Board sponsored this legislation.

AB 428 - LMFT and LCSW Applicant Remediation of Coursework (Eggman, Chapter 376, Statutes of 2013)

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

The Board sponsored this legislation.

AB 451 - LMFT and LPCC Out-of-State Applicant Requirements (Eggman, Chapter 551, Statutes of 2013)

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

This bill extended the effective date of the new education requirements for out-of-state licensees from January 1, 2014 to January 1, 2016. This allowed the Board additional time to carefully consider solutions which would increase portability of licenses while maintaining public protection. The Board formed an Ad-Hoc committee, which met to discuss the issue further. It then sponsored follow-up legislation (AB 2213 (Eggman, Chapter 387, Statutes of 2014) which addressed the concerns.

This bill was sponsored by the Board.

AB 512 - (Rendon): Healing Arts: Licensure Exemption (Rendon, Chapter 111, Statutes of 2013)

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

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

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

AB 1057 - Professions and Vocations: Licenses: Military Service (Medina, Chapter 693, Statutes of 2013):

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

SB 243 - Professional Clinical Counselors (Wyland, Chapter 465, Statutes of 2013)

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

SB 282 - Confidential Medical Information: Required Authorization to Disclose (Yee, Chapter 58, Statutes of 2013)

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

SB 821 – Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 473, Statutes of 2013)

The Board sponsored the following provisions of SB 821:

- Provisions providing technical clean-up amendments to the Board's marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute;
- The extensions of the Board's examination restructure effective date from January 1, 2014 to January 1, 2016.

AB 809 - Healing Arts: Telehealth (Logue, Chapter 404, Statutes of 2014)

This bill corrected some deficiencies and made clarifying amendments to the telehealth law for healing arts practitioners, including Board licensees.

AB 1629 - Reimbursement of Violence Peer Counseling (Bonta, Chapter 535, Statutes of 2014)

This bill made costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board.

This bill was amended late in the legislative session, to require a violence peer counselor eligible for reimbursable services to be supervised by a Board licensee. The Board had concerns that this language does not make it clear that a violence peer counselor may not practice psychotherapy in a private practice unless licensed. At its August 28, 2014 meeting, the Board took an "oppose unless amended" position on this bill.

The author's office committed to making clarifying amendments in the following legislative session.

AB 1702 - Professions and Vocations: Incarceration (Maienschein, Chapter 410, Statutes of 2014)

This bill prohibits a board under DCA from denying or delaying an application solely on the grounds that some or all of the licensure requirements were completed while the individual was incarcerated.

AB 1775 - Child Abuse and Neglect Reporting Act: Sexual Abuse (Melendez, Chapter 264, Statutes of 2014)

This bill made downloading, streaming, or accessing through electronic or digital media, material in which a child is engaged in an obscene sexual act a mandated report under the Child Abuse and Neglect Reporting Act (CANRA).

AB 1843 - Child Custody Evaluations: Confidentiality (Jones and Gordon, Chapter 283, Statutes of 2014):

This bill gave the Board the statutory authority to access a child custody evaluation report for the purpose of investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report. Previously, the law did not give the Board direct access to the child custody evaluation report. This left the Board unable to investigate allegations of unprofessional conduct of its licensees while serving as a custody evaluator, even though the Board was mandated to do so by law.

This bill was sponsored by the Board.

AB 2213 (Eggman) - LMFT and LPCC Out-of-State Applicant Requirements (Eggman, Chapter 387, Statutes of 2014)

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

During the previous year, the Board sponsored AB 451 (Chapter 551, Statutes of 2013), which extended the change to the out-of-state licensing requirements from January 1, 2014 to January 1, 2016. This allowed the Board time to form the Out-of-State Education Committee, which worked to formulate new out-of-state requirements that better accommodated license portability, while still maintaining consumer protection.

This bill made changes to the practicum requirements for out-of-state applicants, as well as allowed them to remediate certain coursework through continuing education, instead of requiring all coursework to be from a graduate program. It also allowed certain coursework to be remediated while registered as an intern.

This bill was sponsored by the Board.

AB 2396 - Expungement: Licenses (Bonta, Chapter 737, Statutes of 2014)

This bill prohibits boards under DCA from denying a license solely based on the applicant having certain types of convictions that have been expunged.

SB 578 - Behavioral Sciences: Records Retention (Wyland, Chapter 312, Statutes of 2014)

This bill requires a licensee of the Board of Behavioral Sciences to retain patient records for a minimum of seven years from the date therapy is terminated. If the patient is a minor, records must be retained for a minimum of seven years from when the patient turned 18.

This bill only applies to records of a patient whose therapy is terminated on or after January 1, 2015.

SB 1012 - Marriage and Family Therapists: Trainees (Wyland, Chapter 435, Statutes of 2014)

This bill increased the hours of direct supervision that a marriage and family therapist intern, marriage and family therapist trainee, and professional clinical counselor intern may count toward licensure, from five hours per week to six hours per week.

SB 1466 - Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 316, Statutes of 2014)

The Board sponsored provisions of this bill providing technical clean-up amendments to the Board's marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute.

AB 250 - Telehealth: Marriage and Family Therapist Interns and Trainees (Olbernolte, Chapter 50, Statutes of 2015)

This bill clarifies that MFT interns and trainees may practice via telehealth.

AB 1140 - California Victim Compensation and Government Claims Board (Bonta)

This bill is a follow-up to AB 1629 (Reimbursement of Violence Peer Counseling, Chapter 535, Statutes of 2014).

This bill contains amendments that the Board had requested to clarify certain provisions of AB 1629 related to the Board's licensees' respective scopes of practice.

The amendments clarify that a violence peer counselor may not perform services that fall under the scope of practice of any of the professions which the Board regulates, unless those services take place in an exempt setting.

SB 531 - Board of Behavioral Sciences Enforcement Process (Bates)

This bill makes two separate amendments to the law governing the enforcement process:

a) It modifies the Board's requirements for an individual to petition for a termination of probation or modification of penalty. Under the proposal, the Board may deny a petition without hearing if the petitioner is not in compliance with the terms of his or her probation.

b) It clarifies that the Board has jurisdiction to investigate and take disciplinary action even if the status of a license or registration changes or if the license or registration expires.

The goal of these changes is to increase the efficiency of the enforcement process. The Board sponsored this legislation.

SB 620 - Board of Behavioral Sciences: Licensure Requirements (Block)

This bill streamlines the experience requirements for LMFT and LPCC applicants. It eliminates the complex assortment of minimum and maximum hours of differing types of experience required for licensure (also known as the "buckets" of experience) and instead requires 1,750 hours of the experience to be direct clinical counseling hours. The remaining required 1,250 hours may be non-clinical experience.

The bill also makes amendments to LCSW law to allow LCSW applicants to count some direct supervisor contact hours, as well as some hours spent attending workshops, trainings, conferences, and seminars, toward their required experience. The Board sponsored this legislation.

SB 800 – Omnibus Legislation (Senate Business, Professions, and Economic Development Committee)

The Board sponsored provisions of this bill providing technical clean-up amendments to the Board's marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute.

Regulation Changes Approved by the Board Since the Last Sunset Review. Include the status of each regulatory change approved by the board.

Enacted Regulations

The following changes to Title 16 of Division 18 of the California Code of Regulations (CCR) have been enacted since the Board's last Sunset Review in 2011, and are listed in chronological order.

Advertising, Supervision, and Continuing Education

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

Disciplinary Guidelines

Effective July 1, 2013, section 1888 and the *Disciplinary Guidelines*, incorporated by reference, were amended for consistency with statute, and made procedural changes to both the standard and optional terms and conditions of probation.

Enforcement Regulations (CPEI Initiative)

Effective July 1, 2013, sections 1803, 1845, 1858, and 1881 were amended and sections 1823 and 1888.1 were added in order to streamline the enforcement process, delegate certain authorities to the board's Executive Officer, add unprofessional conduct provisions, and require certain board actions against an applicant or licensee who is required to register as a sex offender.

Marriage and Family Therapist Intern Experience

Effective October 1, 2013, section 1833 was amended for consistency with statutory amendments regarding supervised experience requirements.

Continuing Education

Effective January 1, 2015, sections 1887, 1887.1, 1887.2, 1887.3, 1887.4, 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.11, 1887.12, 1887.13, and 1887.14 were amended, and sections 1887, 1887.2, 1887.3, 1887.4, 1887.41, 1887.42, 1887.43, 1887.11, and 1887.15 were added. This regulatory package made a number of changes that strengthened and restructured the board's continuing education program in response to concerns raised about the quality of continuing education courses and providers.

Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

Effective October 1, 2015, section 1888 and the Board's Disciplinary Guidelines, incorporated by reference, were amended. The DCA and the state Legislature asked all healing arts licensing boards to create uniform standards for discipline that the boards must follow in cases of a substance abusing licensee or registrant.

Pending Regulations

The following changes to Title 16 of Division 18 of the California Code of Regulations (CCR) have been proposed, and are in various stages of the regulatory process as follows:

Examination Restructure

Amend Title 16, CCR sections 1806, 1816, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1829, 1877, Add section 1825
This proposal would align LCSW, LMFT and LPCC application and examination-related regulations with statutory provisions that implement a restructure of the Board's examinations effective January 1, 2016.

Status: This proposal was under review by the Department of Consumer Affairs.

Licensed Professional Clinical Counselors – Treatment of Couples and Families

Amend Title 16, sections 1820, 1820.5 and 1822, and add section 1820.7
This proposal establishes a process for the Board to review a LPCC's qualifications to treat couples and families, and to issue proof of the licensee's having met the requirements. The proposal also clarifies requirements regarding supervised experience with couples and families, required coursework, and exemptions.

Status: This proposal is currently under review by the Department of Consumer Affairs.

Telehealth

Add Title 16, section 1815.5
California statute defines telehealth for all healing arts practitioners. However, the law does not address specific issues regarding the use of telehealth in providing psychotherapy. This proposal provides clarification of when a California license is required, and actions a licensee must take in order to protect the client in a telehealth setting.

Status: The 45-day comment period ends on August 24, 2015 and a public hearing is scheduled for August 25, 2014.

Exemptions for Sponsored Free Health Care Events

Add sections 1820, 1820.1, 1820.2, and 1820.3
California law permits health care practitioners licensed or certified in good standing in another state to be temporarily exempted from California licensing requirements in order to participate in a free, sponsored health care event in California *(AB 2699, Chapter 270, Statutes of 2011)*. The purpose of the regulatory proposal was to implement, interpret, and make specific the statutory provisions by specifying procedures and forms to be used by sponsoring entities and out-of-state practitioners who desire to participate in sponsored events.

Status: This proposal was approved by Board at its November 2011 meeting. However, staff had higher priority projects at that time, and had been unable to pursue this regulatory package. During 2012, AB 512 *(Chapter 111, Statutes of 2013)* extended the provisions of the original legislation to January 1, 2018. At that time, staff asked the author's office whether the scope of AB 512 applied to Board of Behavioral Sciences licensees, because it appeared that the intent of the legislation was to provide free, basic medical, dental, and vision services, which are services that Board licensees do not provide. The author's office agreed that the Board was not required to implement the bill since it does not apply to mental health services.

4. **Describe any major studies conducted by the board**

Occupational Analysis

An occupational analysis (practice survey) is a required component in the examination development process. Professional guidelines and testing standards recommend conducting an occupational analysis every five to seven years. This survey of licensees is conducted to determine the current practice of the profession. The survey results become the foundation for the examination plan which is utilized to develop the licensure examination for the professions. The Board conducted the following occupational analyses since the last Sunset Review.

- 2012 Licensed Marriage and Family Therapists
- 2015 Licensed Educational Psychologists

2015 Supervision Survey

The Board conducted two surveys related to its comprehensive review of registrant supervision. The Supervisee Survey was designed to collect demographic information and to determine the types and quality of supervision that registrants are receiving. The Supervisor Survey was designed to collect demographic information, gather opinions regarding current supervisory requirements and possible additional requirements.

2011-2012 Continuing Education Program Review

The Board conducted a comprehensive review of its Continuing Education Program and various continuing education and accreditation models throughout the state and country. Collaborating with its stakeholders, the Board proposed significant changes to its Continuing Education Program. These regulatory changes sought to end the Boards role in approving Continuing Education Providers and directed licensees to obtain continuing education from Board recognized approval agencies. The changes became effective January 1, 2015.

5. **List the status of all national associations to which the board belongs.**

The Board is a current member of the Association of Marriage and Family Therapy Regulatory Board (AMFTRB) and the American Association of State Counseling Boards (AASCB). The Board's membership in each of these associations includes voting privileges.

The Board is also a member of the Council on Licensure, Enforcement, and Regulation (CLEAR). This membership does not include any voting privileges. Rather, it provides resources and information relating to regulatory agencies and licensure examinations.

The Board was unable to attend any national association meetings due to Executive Orders restricting In-State and Out-of-State travel.

- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

The Board is currently using the National Board of Certified Counselor's (NBCC) National Counselor Mental Health Clinical Examination (NCMHCE) for licensure as a LPCC in California. Effective January 1, 2016, the Board will begin using the Association of Social Work Boards (ASWB) national examination for licensure as a LCSW in California.

Prior to the decision to use both of these national examinations for licensure, the Board engaged the services of Applied Measurement Services, LLC (AMS) to assess the development and administration of each national examination. AMS was tasked with determining if each examination would meet professional guidelines and technical standards for licensure examinations; as well as, California requirements specified in Business and Professions Code section 139.

AMS concluded that both examinations met the prevailing standards for licensure examinations. Further, both examinations will provide special testing accommodations, approved by the Board, in compliance with the American Disabilities Act.

The Board continues to evaluate all applications for the licensure examination to confirm that the candidate has satisfied all of the statutory requirements for licensure. Once a candidate is deemed eligible for the licensure examination, the candidate's eligibility is transmitted to the testing vendor.

Examination development, scoring, and analysis frequently involves the participation of Subject Matter Experts (typically licensees). Each national examination has its own schedule for conducting an occupational analysis (practice analysis) and examination development. Since the Board recently began using national examinations for licensure, the opportunities to participate in the development of the national examination have been few.

However, as the Board becomes aware of opportunities, the Board utilizes its website, professional associations, and its existing Subject Matter Expert list to recruit and promote participation in the development of the national examination. The most recent opportunity involved the Association of Social Work Board examination. In 2012, the Board recruited two Subject Matter Experts to participate in the development of the Association of Marriage and Family Therapy Regulatory Board's national examination.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website
7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

   Need to obtain information from DCA

Section 3 –
Fiscal and Staff

Fiscal Issues – ***Fiscal Charts will be added when FY 14/15 data is complete.***

8. **Describe the board's current reserve level, spending, and if a statutory reserve level exists.**

   The Board ended FY 2014-15 with a reserve balance of $XXX, which equates to XXX months in reserve. The Board estimates FY 2015-16 reserve balance to be approximately XXX, equaling XXX months in reserve.

   In FY 2014-15, the Board reverted $XXX, due to spending $XXX of its $9,330,794 budget. The Board's statutory reserve fund limit is 24 months[1].

9. **Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.**

   Current Board projections do not indicate any future deficit. Accordingly, the Board does not have plans to increase or reduce fees.

10. **Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?**

    Since FY 2002/2003 the Board has made a total of three loans to the General Fund; $6 million in FY 2002/2003, $3 million in FY 2008/2009, and $3.3 million in FY 2011/2012, for a total of $12.3 million dollars. The Board has received two repayments in the amount of $1.4 million in FY 2013-14, and $1.0 million in FY 2014-15. Both of these repayments were for the $6 million loan in 2002. The Board is scheduled to receive $1.2 million in FY 2015-16, and $2.4 million in FY 2016-17. The remaining $6.3 million dollars will be paid in FY 2017-18 or later depending on the Board's fund balance.

11. **Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.**

    The chart below reflects the Board's expenditures by program component. On average, during the last four fiscal years, the Board's enforcement program accounts for XX% of the Board's expenditures, the examination program accounts for XX%, and the licensing program accounts for XX%.

12. **Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.**

    Renewal fees, inactive license fees, and continuing education provider fees are all paid on a biennial basis. The due date for the renewal fees is biennial and is based on the licensees' birth month. Registrations for interns and associates are renewed annually. All other fees for exams

[1] Business & Professions Code Section 128.5

and initial license are received and processed on an on-going basis. The chart below provides a history of Board fee changes over the last ten years.

Fee	Date Repealed	Date Added
Examination and re-examination fee for oral exam (LMFT & LCSW)	3/3/2004	
LMFT & LCSW oral examination appeal fee	3/3/2004	
LMFT & LCSW Clinical Vignette		3/3/2004
Delinquency of CE Provider		1/26/2008
LPCC (all)		5/24/2011

Add the CE Provider fees

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

A chart will be provided.

14. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The performance targets for the licensing program are from the California Code of Regulations, Title 16, Division 18, Article 1, Section 1805.1, Permit Processing Times.

Licensing Performance Targets			
	Maximum Time for Notifying Applicant of Deficient or Complete Application	Maximum Time to Issue or Deny License or Registration after application complete	Current Processing Times (as of August 17, 2015)
LMFT Intern Registration ("IMF")	60 days	30 days	15 days
LCSW Associate Registration ("ASW")	60 days	30 days	21 days
LPCC Intern Registration ("PCI")	60 days	30 days	21 days
LMFT License*	90 days	120 days	41 days
LCSW License*	90 days	120 days	31 days
LEP License*	90 days	120 days	12 days
LPCC License*	90 days	120 days	19 days
All Renewals	30 days	60 days	7 days

**Approval is the eligibility for the licensing examination.*

The Board recently eliminated the severe application backlog that was a result of a series of events. These simultaneous events - stagnant staffing levels, increasing application volumes, furloughs, hiring freezes, implementation of a new licensing program and database system, created an unprecedented backlog of applications. As a result, many applicants experienced an eight to nine month delay in processing their application to take the licensure examination.

[2] The term "license" in this document includes a license certificate or registration.

In fiscal year 2014/2015 the Board received additional staffing resources for its Licensing Unit. Additionally, the Board hired seasonal clerks and entered into a Memorandum of Understanding with the Department of Consumer Affairs (DCA) to temporarily utilize staff from another DCA department to assist the Board in reducing the application backlogs.

The efforts of the additional licensing staff and temporary staff have made significant progress to reduce processing times to reasonable levels. Currently, the Board is meeting and/or exceeding the performance targets set forth in regulations. Applications for examinations are taking less than 60 days to process. All other applications are processed under 30 days.

Tables will be updated once FY 14/15 data is complete.

Table 6. Licensee Population

		FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Marriage and Family Interns	**Active**	15358	16358	15908	16262
	Delinquent	n/a	n/a	6365	3010
Associate Clinical Social Workers	**Active**	10139	10714	10687	12215
	Delinquent	n/a	n/a	4062	2284
Professional Clinical Counselor Interns	**Active**	41	273	611	1098
	Delinquent	n/a	n/a	46	116
Licensed Marriage and Family Therapist	**Active**	32546	33713	29908	31638
	Current Inactive	n/a	n/a	4342	4302
	Delinquent	n/a	n/a	2349	2403
Licensed Clinical Social Worker	**Active**	13470	20076	18033	19027
	Current Inactive	n/a	n/a	2396	2427
	Delinquent	n/a	n/a	1336	1388
Licensed Educational Psychologist	**Active**	1821	1813	1299	1323
	Current Inactive	n/a	n/a	442	442
	Delinquent	n/a	n/a	347	376
Licensed Professional Clinical Counselor	**Active**	61	427	905	1245
	Current Inactive	n/a	n/a	13	24
	Delinquent	n/a	n/a	12	13
Continuing Education Provider	**Active**	2587	2646	2583	2414
	Delinquent	n/a	n/a	415	436
Totals		**76023**	**86020**	**102059**	**102443**

Table 6a. Registration/License Renewal

	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Processed In-House	8075	8718	n/a	
Processed by Central Cashiering	48129	47571	47427	

Table 7a. Licensing Data by Type

Marriage and Family Therapist		Received	Approved	Closed	Issued	Cycle Times		
						Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	4108	4099	n/a	4099	48	52	50
	Exam	2160	2217	n/a	n/a	152	164	158
	License	n/a	1420	n/a	1420			
FY 2012/13	Registration	4382	3900	n/a	3900	26	31	29
	Exam	2378	1683	n/a	n/a	144	165	154
	License	n/a	1837	n/a	1837			
FY 2013/14	Registration	4431	4182	n/a	4182	16	n/a	16
	Exam	2305	1150	n/a	n/a	107		107
	License	n/a	1075	n/a	1075			
FY 2014/15	Registration			n/a				
	Exam			n/a				
	License			n/a				

Clinical Social Worker		Received	Approved	Closed	Issued	Cycle Times		
						Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	2890	2693	n/a	2693	51	56	54
	Exam	1437	1220	n/a	n/a	60	90	75
	License	n/a	1043	n/a	1043			
FY 2012/13	Registration	2886	2799	n/a	2799	44	49	47
	Exam	1583	962	n/a	n/a	121	154	138
	License	n/a	632	n/a	n/a			
FY 2013/14	Registration	3092	2898	n/a	2898	n/a	n/a	22
	Exam	1524	723	n/a	n/a	n/a	n/a	152
	License	n/a	632	n/a	632			
FY 2014/15	Registration			n/a				
	Exam			n/a				
	License			n/a				

Licensed Educational Psychologist		Received	Approved	Closed	Issued	Cycle Times		
						Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Exam	109	88	n/a	n/a	35	78	57
	License	n/a	79	n/a	79			
FY 2012/13	Registration	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Exam	104	96	n/a	n/a	31	60	46
	License	n/a	70	n/a	70			
FY 2013/14	Registration	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Exam	152	136	n/a	n/a	n/a	n/a	20
	License	n/a	51	n/a	n/a			
FY 2014/15	Registration	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Exam			n/a				
	License			n/a				

Professional Clinical Counselor		Received	Approved	Closed	Issued	Cycle Times		
						Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	166	41	n/a	41	119	139	126
	Exam GP	3433	642	n/a	n/a	n/a	n/a	n/a
	Exam Trad	55	5	n/a				
	License	n/a	61	n/a	61			
FY 2012/13	Registration	398	220	n/a	220	47	106	77
	Exam GP	0	1509	n/a				
	Exam Trad	57	46	n/a				
	License	n/a	373	n/a				
FY 2013/14	Registration	774	436	n/a	436			
	Exam GP	0	615	n/a				
	Exam Trad	71	32	n/a				
	License	87	459	n/a	459			
FY 2014/15	Registration			n/a				
	Exam GP			n/a				
	Exam Trad			n/a				
	License			n/a				

Continuing Education Provider		Received	Approved	Closed	Issued	Cycle Times		
						Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	n/a	n/a	n/a	n/a			
	Exam	n/a	n/a	n/a	n/a			
	License	256	253	n/a	253	57	79	68
FY 2012/13	Registration	n/a	n/a	n/a	n/a			
	Exam	n/a	n/a	n/a	n/a			
	License	262	234	n/a	234	58	69	64
FY 2013/14	Registration	n/a	n/a	n/a	n/a			
	Exam	n/a	n/a	n/a	n/a			
	License	n/a	227	n/a	227	n/a	n/a	22
FY 2014/15	Registration			n/a				
	Exam			n/a				
	License			n/a				

15. How does the board verify information provided by the applicant?

a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

The Board considers background checks of applicants vital to its consumer protection mandate. Applications are reviewed for previous criminal convictions and disciplinary actions against a professional license.

Applicants are required to declare, under penalty of perjury, whether they have ever been convicted of, pled guilty to or pled nolo contendere to, any misdemeanor or felony. Applicants must also declare, under penalty of perjury, whether they have been denied a professional license or had license privileges suspended, revoked or disciplined, or if they have ever voluntarily surrendered a professional license in California or other state.

If an applicant reports such an act, the Board requires the applicant to provide a written explanation, documentation relating to the conviction or disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences.

The Board uses a variety of methods to determine the accuracy of an applicant's declarations. For criminal conviction history, California law authorizes the Board to conduct criminal record background checks to help determine the eligibility of a person applying for a license or registration. The Board requires all applicants to submit fingerprints through the Department of Justice (DOJ) who then provides the Board's authorized personnel with access to information contained in the DOJ's criminal offender record information database (CORI). The Board requires both a DOJ and Federal Bureau of Investigation (FBI) criminal history background check on all applicants for licensure or registration. If an applicant has a criminal history the DOJ will notify the Board of results in approximately 14 to 30 days.

b. Does the board fingerprint all applicants?

Yes. All applicants are required submit fingerprints prior to the issuance of a license or registration. The application is held until both the DOJ and the FBI have issued fingerprint clearances.

c. Have all current licensees been fingerprinted? If not, explain.

Yes. In 2009, the Board promulgated California Code of Regulations, Title 16, Section 1815 requiring all licensees and registrants who have not previously submitted fingerprints as a condition of licensure or registration to successfully complete a state and federal level criminal offender record information search. This project has been completed and all licensees and registrants have either complied with this requirement; or the Board has pursued enforcement action for non-compliance.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The Healthcare Integrity and Protection Databank is the national databank relating to disciplinary boards. Information contained in the databank is provided by state regulatory agencies and other entities that are required to report disciplinary information. However, not all entities consistently comply with the reporting requirement. Therefore, the information may be either non-existent or current. The Board is required to pay a fee for each query prior to receiving a response.

In lieu of using the national databank, the Board verifies an out-of-state applicant's licensure status through other state regulatory boards. This verification process also provides any disciplinary history, if it exists. For verification of in-state licensure status the Board can check for prior disciplinary actions through the Commission on Teacher Credentialing, the Consumer Affairs System (CAS), and the DCA Breeze System.

e. Does the board require primary source documentation?

Yes, the Board requires a sealed transcript from the applicant's educational institution in order to verify and document that educational requirements have been met. Additionally, the Board requires licensure certifications from other state licensing board when an applicant has held an out-of-state license.

16. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board does not have reciprocity with any other state licensing board. Any person from another state seeking licensure as an LMFT, LCSW, LEP or LPCC in California must satisfy all

California licensing requirements, pass the required licensing examinations and apply for licensure.

The statutory requirements for out-of-state or out-of-country applicants are as follows:

Licensed Marriage and Family Therapists

The Board may issue a license to a person who, at the time of submitting an application for licensure holds a valid license issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or county, if all of the following requirements are satisfied:

- The applicant's education is substantially equivalent;
- An applicant for licensure or registration with a degree obtained from an education institution outside the United States shall provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation services (NACES) and shall provide other documentation the Board deems necessary;
- The applicant's supervised experience is substantially equivalent to that required for a license under the Board. The Board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license in another state or country;
- Completion of specific additional coursework;
- Attainment of 18 years of age; and
- The applicant passes the examinations required to obtain a license.

Licensed Clinical Social Workers:

The Board may issue a license to any person who, at the time of application, holds a valid active clinical social work license issued by a board of clinical social work examiners of corresponding authority of any state; if the person passes the licensing examinations required by licensing statutes and pays the required fees, and if all of the following requirements are satisfied:

- The applicant's master's degree is from an accredited school of social work;
- Attainment of 21 years of age;
- The applicant's experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent;
- Completion of specific additional coursework
- An applicant for licensure or registration trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a master's of social work degree that is equivalent to a master's degree issued from school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work Education; and
- The applicant passes the examinations required to obtain a license.

MISSING LPCC INFO

17. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

In May 2015, the Board changed all registration and examination eligibility applications to inquire whether or not the applicant is serving or had ever served in the United States Armed Forces or the California National Guard. The Department of Consumer Affairs' is revising the Breeze Database in order for Board's to begin collecting and maintaining statistics on these changes. The Board will begin tracking and collecting statistics on these individuals as soon as we are able to collect this information on our database.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

To date, the Board has not received an application in which military education, training or experience was submitted towards the licensing requirements.

c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

The Board has very specific requirements for education and experience in its licensing laws. Currently, if an applicant for registration of licensure had military education and experience, the Board would conduct a review to determine whether or not it was substantially equivalent to current licensing requirements. This would be done on a case by case basis, depending on the specific characteristics of the individual's education and experience.

The Board is not aware of any instance in which an individual had military education and/or experience. This is not tracked by the Board and there is not a common provider of military education or experience that the Board sees cited on incoming applications. The Board may occasionally see supervised experience obtained at an out of state military base. This experience may be accepted by the Board if it can determine that the supervision was substantially equivalent, and upon verification that the supervisor is an equivalently licensed acceptable professional who has been licensed at least two years in his or her current jurisdiction and is in good standing.

The U.S. Army Medical Service Corps lists two types of behavioral health job descriptions on its website. These two are:

- Social Workers - Army Social Workers practice within a broad spectrum of practice areas and settings. Appointment as a social worker requires a master's degree in social work with emphasis in clinical practice from a program accredited by the Council on Social Work Education. The social worker must also have a state license in social work that allows clinical independent practice; and
- Clinical Psychologists – Army clinical psychology officers provide a full range of psychological services to soldiers, family member and military retirees. Assignment options include major medical centers, community hospitals and clinics. Appointment as a clinical psychologist requires a doctorate in clinical or counseling psychology, a clinical psychology internship at an APA accredited program, and an unrestricted license to practice clinical or counseling psychology in the U.S.

Aside from utilizing social workers or clinical psychologists who are already state-licensed, the Board has not been made aware of any programs that offer training to those seeking licensure as a psychotherapist. If such a program were presented to the Board, it would need to be evaluated to see it the education and experience gained met current licensing requirements.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3 and what has the impact been on board revenues?

Pursuant to BPC § 114.3, the Board has waived the renewal requirements and fees for two registrants and two licensees; with a minimal impact of $370 for fiscal year 2014/15.

e. How many applications has the board expedited pursuant to BPC § 115.5?

Pursuant to BPC § 115.5, the Board was not required to begin expediting applications until July, 2016; however, it was determined that this would not be difficult to implement therefore the Board began expediting applications for military veterans and their spouses in January 2015. The Board has expedited the applications for eighty registrants and examination eligibility applicants who met the requirements since January 2015.

18. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The board sends No Longer Interested (NLI) notifications to Department of Justice (DOJ) on a regular and ongoing basis. Prior to the implementation of DCA's BreEZe system, this was done both electronically and manually. Currently, the board is sending NLI notifications manually as there is no mechanism in place at this time to send NLI notifications to DOJ electronically.

Due to staff constraints and the inability to send NLI notifications electronically, the Board currently has a backlog in sending NLI notifications of registrants and licensees whose registration is cancelled because it has reached the six year limit or licensees whose license were cancelled because they failed to renew their licenses within three year timeframe. Currently, the BreEZe system does not change the status of a registration from "delinquent" to "cancel" when a registration has reached the six year limit. Board staff has to manually change each record to reflect a "cancel" status. After the status of the registration has been changed to "cancel" status, the NLI notification can be prepared. The Board is actively working reducing this backlog. Although there is a backlog, when the Board receives Criminal Offender Record Information (CORI) on a registrant or a licensee for whom the Board no longer wishes to receive information on, the Board immediately sends a NLI notification to DOJ.

Examinations WAITING FOR DATA

19. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

20. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)*

21. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

22. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

School approvals

23. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The Board does not approve schools. The Board will confirm a school's degree program has coursework that satisfies the educational requirements for licensure.

Applicants for licensure as a Licensed Marriage and Family Therapist ("LMFT") must obtain a doctor's or master's degree from a school, college, or university approved by or accredited by the following entities.

- Bureau for Private Postsecondary and Vocational Education (BPPE);
- Commission on the Accreditation of Marriage and Family Therapy Education; or,
- A regional accrediting agency recognized by the United States Department of Education.

Applicants for licensure as a Licensed Clinical Social Worker ("LCSW) must obtain a master's degree from a school of social work, accredited by the Commission on Accreditation of the Council on Social Work Education.

LEP licensure candidates must obtain a master's degree from a regionally accredited university. Regionally accredited schools include:

- Western Association of Schools and Colleges
- Northwest Association of secondary and Higher Schools
- Middle States Association of Colleges and Secondary Schools
- New England Association of Colleges and Secondary Schools
- North Central Association of Colleges and Secondary Schools
- Southern Association of Colleges and Schools

Applicants for licensure as a Licensed Professional Clinical Counselor ("LPCC") must obtain a doctor's or master's degree from a school, college, or university approved by or accredited by the following entities:

- Bureau for Private Postsecondary and Education (BPPE);
- Western Association of Schools and Colleges, or,
- A regional accrediting agency recognized by the United States Department of Education.

24. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

As previously stated the Board does not approve schools. Rather, the Board confirms the educational institution has coursework within the degree program that satisfies California licensure requirements.

25. **What are the board's legal requirements regarding approval of international schools?**

As previously stated the Board does not approve schools. Rather, the Board confirms the educational institution has coursework within the degree program that satisfies California licensure requirements.

Continuing Education/Competency Requirements

26. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Current law requires all licensees of the Board, as a condition of biennial licensure renewal, to complete 36 hours of continuing education ("CE") in, or relevant to, the licensee's respective field of practice (BPC Section 4980.395, 4989.34, 4996.26 and 4999.76). An individual must only complete 18 hours of CE in his/her initial license renewal period (16 CCR Section 1887.2).

An exemption from the CE requirement exists if the licensee meets one of the following criteria.

- His/her license is inactive (BPC Section 4984.8, 4989.44, 4997 or 4999.12)
- For at least one year during the licensees' previous license renewal period the licensee was absent from California due to his or her military service;
- For at least one year during the licensees' previous license renewal period the licensee resided in another country;
- For at least one year during the licensees' previous license renewal period the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist.

Since the last review the Board has made significant changes to its continuing education program. The Board established a Continuing Education Program Review Committee in 2012 to work with stakeholders to improve the quality and content of continuing education. As a result of the Committee's work, the Board proposed regulations that ceased the Board's Continuing Education Provider program.

Effective January 1, 2015, the Board no longer approves CE providers. Additionally, the Board ceased renewing existing Board CE Providers on June 30, 2015. Instead, licensees are now required to obtain CE from a Board recognized approval agency, a recognized continuing education provider, an educational institution, or a Board CE provider possessing a valid provider number.

The Board's analysis of the approval agencies reveals a stringent application process with an initial and ongoing review of the coursework offered by the CE provider. All coursework is required to be relevant to the practice of the licensed mental health professional. Specifically, the coursework shall be based upon the methodological, theoretical, research, or practice knowledge base. The coursework must also be related to the ethical, legal, statutory or regulatory policies, guidelines, and standards of the licensed mental health professional. CE providers are also subject to periodic audits by the approval agency. This existing framework was the foundation the Board established in considering new applicants to become a Board recognized approval agency.

Effective July 1, 2015, licensees may only obtain continuing education from one of the following:

1. A Board-approved continuing education provider with a current PCE provider number. (Note: as previously stated, these Board-issued PCE provider numbers will no longer be renewable after July 1, 2015, existing provider numbers are valid until expiration)

2. An accredited or approved postsecondary institution that meets the requirements set forth in Sections 4980.54(f)(1), 4989.34, 4996.22(d)(1), or 4999.76(d) or the Business & Professions Code.

3. A Board-recognized approval agency or a continuing education provider that has been approved or registered by a Board-recognized approval agency. Listed below are the Board recognized approval agencies:
   - National Association of Social Workers (NASW)
   - Association of Social Work Boards (ASWB)
   - National Board for Certified Counselors (NBCC)
   - National Association of School Psychologists (NASP)
   - American Psychological Association (APA)
   - California Association of Marriage and Family Therapists (CAMFT)
   - California Psychological Association (CPA)

4. An organization, institution, association or other entity that is recognized by the Board as a continuing education provider. Listed below are the Board-recognized continuing education providers:
   - American Association for Marriage and Family Therapy (AAMFT)
   - American Association for Marriage and Family Therapy-California Division (AAMFT-CA)
   - California Association for Licensed Professional Clinical Counselors (CALPCC)
   - California Association for Marriage and Family Therapists (CAMFT)
   - National Association of Social Workers-California Chapter (NASW-CA)
   - California Society for Clinical Social Work (CSCSW)
   - California Association of School Psychologists (CASP)
   - California Psychological Association (CPA)
   - California Counseling Association (CCA)
   - American Counseling Association (ACA)

a. How does the board verify CE or other competency requirements?

The Board may conduct an audit of a licensees continuing education hours to confirm compliance with the continuing education requirement.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

The Board does have the authority to conduct CE audits. However, the number of audits performed in the last four years has been significantly impacted by staffing resources and other high priority tasks. The analyst performing the audits was also tasked with conducting the fingerprint reconciliation on licensees who had not previously fingerprinted. This project was deemed a high priority and given to this analyst when the limited term positions hired to do the fingerprint project were cut. Consequently, the Board has not conducted a CE audit since 2012. The Board anticipates resuming CE audits in late 2015.

To conduct a CE audit, licensees are randomly selected and required to submit copies of their CE certificates to demonstrate compliance with the CE renewal requirements. Board staff will review the certificates to confirm the CE was taken during the renewal period and from a valid CE provider.

c. What are consequences for failing a CE audit?

Licensees who fail the CE audit are subjected to a citation and fine (pursuant to 16 CCR Sections 1887.3 and 1887.1(b)). Depending on the severity of the violation, fines for failure to

comply with the CE requirements may be levied in an amount up to $1,200. If a licensee fails to comply with the Order of Abatement or pay the determined fine, an enforcement hold is placed on the license, making the license ineligible for renewal until all conditions are met.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure? ***A table with this information will be provided.***

e. What is the board's course approval policy?

Prior to the changes to the Board's CE Program, an applicant to become a CE Provider was required to demonstrate that the CE course was directly or indirectly related to the practice of the Board's licensees. CE coursework was only reviewed during the application period. CE coursework added after the CE Provide number was issued was not subject to Board review.

Effective January 1, 2015, the Board no longer approves continuing education providers or coursework. Instead, the Board provides a list of recognized approval agencies or continuing education providers from which Board licensees may obtain their CE hours. These entities have a stringent application process as well as an initial and ongoing review of coursework offered by the approved CE provider.

The approval agencies coursework requirements served as the foundation for the Board's regulations that specify the content for continuing education coursework (California Code of Regulations section 1887.4.0).

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

Effective January 1, 2015, the Board's recognized approval agencies approve CE providers. Prior to this date, Board staff reviewed all applications to become a CE provider and the proposed coursework. Board staff would determine if the proposed coursework satisfied the requirements specified in law that the coursework is directly or indirectly related to the practice of the mental health professional. The revisions to the Board's Continuing Education Program now specify the requirements for continuing education coursework content (California Code of Regulations section 1887.4.0), which mirrors the Board recognized approval agencies' coursework content.

g. **How many applications for CE providers and CE courses were received? How many were approved**?

Need stats.

h. Does the board audit CE providers? If so, describe the board's policy and process.

The Board's statutes and regulations never provided the authority for the Board to audit CE providers. With the change in the Board's Continuing Education Program, periodic audits of CE providers will be conducted by the Board recognized approval agencies.

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

In 2012, the Board established the Continuing Education Program Review Committee to conduct a holistic review of the Board's Continuing Education Program. The Committee held a series of meetings with stakeholders to discuss improving the quality of continuing education, ensure the coursework was relevant to the practice of Board licensees, and satisfies the legislative intent of continuing education.

The Committee and stakeholders evaluated existing CE programs available through entities such as the National Association of Social Workers, Association of Social Work Boards, the

National Board of Certified Counselors, the National Association of School Psychologists, and the American Psychological Association. The rigor and ongoing evaluation of CE providers and coursework exceeded the Board's current program. Further, the resources necessary to establish a similar program within the Board was not viable.

The Committee and stakeholders agreed that ceasing the Board's current CE provider program would provide higher quality continuing education to Board licensees. As a result, the Board proposed significant changes to its continuing education program. These changes became effective January 1, 2015.

Section 5 – Enforcement Program

27. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

In 2010, DCA developed standard performance measures for each board and bureau to assess the effectiveness of its enforcement program. DCA established an overall goal to complete consumer complaints within 12 to 18 months. Each board and bureau is responsible for determining its performance target for each performance measure to achieve the 12-18 month goal. The Board's performance targets are noted below.

Performance Measure (PM)	Definition	Performance Target	Actual FY 2014/2015
PM 1 Volume	Number of complaints received.	*	*
PM 2 Cycle Time	Average number of days to complete complaint intake.	7 days	5 days
PM 3 Cycle Time	Average number of days to complete closed cases not resulting in formal discipline.	80 days	
PM 4 Cycle Time	Average number of days to complete cases resulting in formal discipline.	540 days	
PM 5 Efficiency (cost)	Average cost of intake and investigation for complaints not resulting in formal discipline.	**	
PM 6 Customer Satisfaction	Consumer satisfaction with the service received during the enforcement process.	75% Satisfaction	***
PM 7 Cycle Time (probation monitoring)	Average number of days from the date a probation monitor is assigned to a probationer to the date the probation monitor makes first contact.	10 days	1 day

PM 8 Initial Contact Cycle Time (probation monitoring)	Average number of days from the time a violation is reported to the program to the time the assigned probation monitor responds.	1 day	

* Complaint volume is counted and is not considered a performance measure.
** The BreEZe system does not capture this data at this time.
*** Due to lack of consumer response, data is not available for this measure.

Discussion regarding performance measures will be included after receipt of performance measures data.

28. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Will respond to question #28 after 14/15 data is entered.

Table 9a. Enforcement Statistics			
	FY 2012/13	FY 2013/14	FY 2014/15
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	991	1243	
Closed	1	65	
Referred to INV	992	1206	
Average Time to Close	7	14	
Pending (close of FY)	35	19	
Source of Complaint (Use CAS Report 091)			
Public	813	672	
Licensee/Professional Groups	8	18	
Governmental Agencies	3	7	
Other	1241	1260	
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	1074	714	
CONV Closed	1074	706	
Average Time to Close	1	8	
CONV Pending (close of FY)	0	5	
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied	47	57	
SOIs Filed	28	21	
SOIs Withdrawn	0	0	
SOIs Dismissed	0	0	
SOIs Declined	0	0	
Average Days SOI	0	0	
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed	86	64	
Accusations Withdrawn	2	4	

Accusations Dismissed	0	1	
Accusations Declined	9	1	
Average Days Accusations	522	704	
Pending (close of FY)	130	113	

Table 9b. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions	40	20	
Stipulations	62	49	
Average Days to Complete	857	780	
AG Cases Initiated	86	115	
AG Cases Pending (close of FY)	130	137	
Disciplinary Outcomes (Use CAS Report 096)			
Revocation	41	24	
Voluntary Surrender	34	25	
Suspension	0	0	
Probation with Suspension	4	2	
Probation	47	45	
Probationary License Issued	N/A	N/A	
Other	7	8	
PROBATION			
New Probationers	51	47	
Probations Successfully Completed	11	9	20
Probationers (close of FY)	126	140	149
Petitions to Revoke Probation	15	4	
Probations Revoked	7	7	
Probations Modified	1	6	
Probations Extended	0	1	
Probationers Subject to Drug Testing	40	50	58
Drug Tests Ordered	976	1506	
Positive Drug Tests	37	132	
Petition for Reinstatement Granted	0	0	
DIVERSION			
New Participants	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A
Terminations	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A

Table 9c. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned	2066	1929	
Closed	1999	1255	
Average days to close	120	138	
Pending (close of FY)	707	611	
Desk Investigations (Use CAS Report EM 10)			
Closed	1969	1232	
Average days to close	116	130	
Pending (close of FY)	687	566	
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	12	8	
Average days to close	292	108	
Pending (close of FY)	6	22	
Sworn Investigation			
Closed (Use CAS Report EM 10)	18	15	
Average days to close	433	222	
Pending (close of FY)	14	23	
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued	0	0	
PC 23 Orders Requested	2	1	
Other Suspension Orders	0	0	
Public Letter of Reprimand	2	0	1
Cease & Desist/Warning	26	Extract Requested	Extract Requested
Referred for Diversion	N/A	N/A	N/A
Compel Examination	1	0	
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	105	39	
Average Days to Complete	147	279	
Amount of Fines Assessed	209,450	46,100	
Reduced, Withdrawn, Dismissed	41,025	16,500	
Amount Collected	28,650	20,850	
CRIMINAL ACTION			
Referred for Criminal Prosecution			

Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	3	2	12			
2 Years	31	35	44			
3 Years	37	43	35			
4 Years	13	22	13			
Over 4 Years	0	0	0			
Total Cases Closed	84	102	104			
Investigations (Average %)						
Closed Within:						
90 Days	1025	1137	681			
180 Days	410	456	240			
1 Year	344	274	196			
2 Years	175	124	106			
3 Years	9	6	14			
Over 3 Years	3	2	3			
Total Cases Closed	1967	1999	1240			

29. What do overall statistics show as to increases or decreases in disciplinary action since last review.

The overall statistics show a significant increase in the number of Disciplinary actions since the last sunset review. Table 9b reflects _____ cases resulting in final disciplinary action were closed in _____. In _____, this number increased to ____ cases, a _____ increase in disciplinary actions taken by the Board.

Will respond to question 29 after data entry is complete.

30. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Board developed its Complaint Prioritization Guidelines in 2009 using the DCA model guidelines for health care agencies. Although similar to the DCA model, the Board modified the complaint categories in the DCA guidelines to reflect the subject areas unique to the Board.

Using these guidelines, complaints are reviewed by Board staff and categorized. Complaints categorized as "urgent" demonstrate conduct or actions by the licensee or registrant that pose a serious risk to the public's health, safety, or welfare. These complaints receive the immediate attention of the Enforcement Manager to initiate the appropriate action.

Complaints categorized as "high" involve allegations of serious misconduct but the licensee's or registrant's actions do not necessarily pose an immediate risk to the public's health, safety, or welfare. "Routine" complaints involve possible violations of the Board's statutes and regulations, but the licensee's or registrant's actions do not pose a risk to the public's health, safety, or welfare.

31. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

Listed below are the mandatory reporting requirements.

- BPC section 801(b) requires every insurer providing professional liability insurance to marriage and family therapists and licensed clinical social workers to report any settlement or arbitration award over $10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services. This report must be sent to the Board within 30 days of the disposition of the civil case.

- BPC section 802(b) requires marriage and family therapists, licensed clinical social workers, and claimants (or, if represented by counsel) to report any settlement, judgment, or arbitration award over $10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services. This report must be submitted to the Board within 30 days after the written settlement agreement.

- BPC section 803(c) requires the clerk of the court to report, within 10 days after judgment made by the court in California, any person who holds a license or certificate from the Board who has committed a crime or is liable for any death or personal injury resulting from a judgment for an amount in excess of $30,000 caused by his or negligence, error or omission in practice or by rendering of unauthorized professional services.
- Business and Professions code section 803.5 requires a district attorney, city attorney or other prosecuting agency to report any filing against a licensee of felony charges and the clerk of the court must report a conviction within 48 hours.

- BPC section 805(b) requires the chief of staff, chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic to file an 805 report within 15 days after the effective date which any of the following occurs as a result of an action taken by the peer review body of a marriage and family therapist or licensed clinical social worker: 1) The licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason; 2) the licentiate's membership, staff privileges, or employment is terminated or revoked for medical disciplinary cause or reason.; or, 3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.
- Penal Code Section 11105.2 establishes a protocol whereby the DOJ reports to the Board whenever Board applicants, registrants or licensees are arrested or convicted of crimes. In such instances, the DOJ notifies the Board of the identity of the arrested or convicted applicant, registrant or licensee in addition to specific information concerning the arrest or conviction.

Additionally, registrants and licensees are required to disclose at the time of renewal all convictions since their last renewal.

The Board is not currently experiencing any problems regarding the receipt of reports from entities required to report identified incidents to the Board.

32. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Board is subject to a statute of limitations period as set forth in Business and Professions code section 4990.32 and 4982.05. An accusation must be filed within three years from the date the Board discovers the alleged act or violation or within seven years from the incident date, whichever occurs first. Cases regarding procurement of a license by fraud or misrepresentation are not subject to the limitations.

An Accusation alleging sexual misconduct must be filed within three years after the Board discovers the act or omission alleged as the ground for disciplinary action, or within ten years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. In cases involving a minor patient, the seven and ten year limitation is tolled until the child reaches 18 years of age.

In the last three years the Board has lost jurisdiction in only one case due to the limitation period. As a result, the Board implemented monitoring procedures to ensure that limitation deadlines are identified and that cases are tracked closely through the review and investigation process. If a case is forwarded for formal investigation, the investigator is informed of the limitation deadline and staff frequently follows up with the assigned investigator to track the progress. If violations are confirmed and the case is transmitted to the office of the Attorney General, the Deputy Attorney General assigned to the case is informed of the limitations deadline to ensure prompt filing of charges.

33. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board provides several publications and information to consumers on its Website relating to the selection of a mental health practitioner and verification of an individual's license status. Any complaint received by the Board related to unlicensed activity is investigated. Investigations confirming unlicensed activity result in the Board issuing a citation and fine up to $5,000 to the unlicensed individual or referring the case to the Attorney General's Office or the local district attorney's office for appropriate action.

Cite and Fine

34. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?

A citation and fine order is an alternative means by which the Board can take an enforcement action against a licensed or unlicensed individual who is found to be in violation of the Board's statutes and regulations. The citation and fine program increases the effectiveness of the Board's disciplinary process by providing a more effective method to address relatively minor violations that normally would not warrant more serious license discipline in order to protect the public.

Citations and fine orders are not considered formal disciplinary actions, but they are matters of public record. Business and Professions Code section 125.9 authorizes the Board to issue citations and fines for certain types of violations. A licensee or registrant who fails to pay the fine

cannot renew his/her license until the fine is paid in full. The Board has not increased its maximum fine ($5000) since the last review.

35. How is cite and fine used? What types of violations are the basis for citation and fine?

A citation and fine is appropriate if an investigation substantiates a violation of the Board's statutes and regulations, but the violation does not warrant formal disciplinary action. A citation and fine order contains a description of the violation, an Order of Abatement which directs the subject to discontinue the illegal activity, a fine (based on gravity of the violation, intent of the subject and the history of previous violations), and procedures for appeal. Payment of a fine does not constitute an admission of the violation charged, but only as satisfactory resolution of the citation and fine order.

Frequently, citations are issued for violations related to unlicensed practice, practicing with an expired license, record keeping, advertising violations or failure to provide medical records in accordance with the law.

In assessing a fine, the Board, considers the appropriateness of the amount of the fine with respect to factors such as the gravity of the violation, the good faith of the licensee, and the history of previous violations.

36. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

An individual to whom a citation is issued may choose to appeal their case at an informal conference. The informal conference is a forum for the individual to state his or her case. Documentary evidence such as sworn witness statements and other records will be accepted. The individual can be present at the conference with or without counsel or he or she may choose to be represented by counsel alone. All information submitted will be considered. The Board may affirm, modify or withdraw the citation. Most citations are uncontested and result in full payment. Since the last review the Board averages 6 informal office conferences each year and has had # (Breeze Extract Requested) formal appeals.

Chart will be inserted here

37. What are the 5 most common violations for which citations are issued?

Get data from enforcement

38. **What is average fine pre- and post- appeal?** Data available?

39. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

The Board utilizes the Franchise Tax Board Intercept Program which allows tax returns to be intercepted as payment for any outstanding fines. Typically, uncollected fines are related to unlicensed individuals that the Board has limited information on to pursue collection.

Cost Recovery and Restitution

40. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

Pursuant to Business and Professions code Section 125.3, the Board is authorized to request that its licensees who are disciplined through the administrative process reimburse the Board for its costs of investigating and prosecuting the cases. The Board seeks cost recovery regardless of whether the case is settled by stipulation or proceeds to an administrative hearing.

Probationers are afforded a payment schedule to satisfy the cost recovery. However, compliance with cost recovery is also a condition of probation. Non-compliance with this condition may result in the case returning to the AG's Office to seek revocation or to extend the probation term until the cost recovery is made in full.

41. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

During the settlement process, the Board will frequently offer to reduce costs as an incentive to settle a case prior to a hearing. This strategy is beneficial to all parties in that hearing costs and time to resolve the matter are minimized, the individual may continue to practice while on probation, and the individual's violations and probation terms are publicly disclosed sooner.

Probationers are required to pay the cost recovery ordered as a condition of probation and must be paid in full prior to the end of probation. The Board establishes a payment schedule for probationers to pay their cost recovery; spreading the payments throughout the probation term.

Cost recovery is not always collected in disciplinary cases that resulted in which a license is surrendered. Often, one of the terms in the final order accepting the license surrender requires that the cost recovery must be paid in full, if the individual were to reapply to the Board. In these situations, the individual may never reapply and the Board will not collect the cost recovery.

Table 11. Cost Recovery (list dollars in thousands)

	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total Enforcement Expenditures	1,697,178	1,049,902	963,187	
Potential Cases for Recovery *	61	63	55	49
Cases Recovery Ordered	60	60	53	48
Amount of Cost Recovery Ordered	117,457	128,590	191,835	207,943
Amount Collected	75,746	58,225	72,457	

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

42. Are there cases for which the board does not seek cost recovery? Why?

The Board seeks cost recovery in every formal disciplinary case although Administrative Law Judges often reduce the amount of cost recovery payable to the Board. The Board's request is made to the Administrative Law Judge (ALJ) who presides over the hearing. The ALJ may award full or partial cost recovery to the Board or may reject the Board's request for cost recovery.

43. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board does not use the Franchise Tax Board to collect cost recovery. As noted previously, all probationers must pay cost recovery in full prior to the completion of their probation term.

44. **Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.**

Pursuant to Government Code section 11519, the Board may impose a probation term requiring restitution. In cases regarding violations involving economic exploitation or fraud, restitution is a necessary term of probation. The Board may order that restitution be ordered in cases regarding Medi-Cal or other insurance fraud. In addition, restitution would be ordered in cases where a patient paid for services that were never rendered or the treatment or service was determined to be negligent.

Table 12. Restitution				(list dollars in thousands)
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

Section 6 – Public Information Policies

45. **How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?**

The Board actively updates its website to provide information regarding board activities. The Board is also developing a social media presence (Facebook and Twitter) to increase awareness of the board and its activities. The Board's meetings are posted to its website no later than 10 days prior to the meeting. Draft minutes are included in the following meeting's materials. Once the minutes are approved, the minutes are posted to the Board's website.

Currently, the Board has information regarding its board meetings dating back to 2000.

46. **Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?**

Since 2012, the Board webcasts all board meetings and some committee meetings. Prior meeting webcasts are available on the board's website. The Board will continue its practice to webcast all board meetings and, as appropriate, some committee meetings. The length of time to retain webcast of prior meetings has not been established.

47. **Does the board establish an annual meeting calendar, and post it on the board's web site?**

Yes. The Board publishes its annual meeting calendar prior to its August Board meeting.

48. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The Board's complaint disclosure policy is consistent with the Public Records Act and the guidelines in DCA's Recommended Minimum Standards for Consumer Complaint Disclosure. The Board posts all disciplinary actions (accusations, statement of issues, and final orders) on its website. Disciplinary information is linked to the individual's record and consumers may view all documents by selecting the link provided.

49. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The requirements for licensure are available on the Board's website. These requirements include completion of a master level degree program, completion of supervised work experience hours, and passing the required licensure examinations. The Board will soon provide information regarding a Licensed Professional Clinical Counselor's qualifications to treat families and couples. As discussed previously, all disciplinary action is posted on the Board's website.

50. What methods are used by the board to provide consumer outreach and education?

Consumer information is available on the Board's website. Publications such as *Professional Therapy Never Includes Sex; Self-Empowerment – Choosing a Mental Health Professional in California* provide consumers information to consider when seeking mental health treatment. Information regarding the complaint process guides consumers seeking to file a complaint against a board licensee.

Section 7 – Online Practice Issues

51. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The Board is aware that the delivery of mental health services via electronic means is increasing. Concerns associated with mental health services delivered electronically include patient confidentiality, suitability of the patient to receive services electronically, and ensuring the individual providing the service is appropriately licensed. To address these concerns, the Board proposed a rulemaking package to provide criteria for mental health professionals engaging in Telehealth in California. The Board believes this proposal provides protect for consumers and a clear expectations for licensees engaged in Telehealth services.

Section 8 –
Workforce Development and Job Creation

52. What actions has the board taken in terms of workforce development?

The Board remains committed to ensuring that mental health professionals are qualified to provide services to California's diverse population. To this end, the Board established the Out-of-State Education Review Committee to identify any barriers to the licensure process. As a result of the Committee's work, the Board sponsored legislation that provides greater flexibility to remediate application deficiencies without compromising licensing standards.

Further, the Board was an active participant in the Office of Statewide Health Planning and Development's Mental Health Services Act Workforce Education and Training Advisory Committee. The Committee and stakeholders collaborated to develop a five year plan to continue its work to develop a diverse workforce and expand the roles of families, individuals, and the community in mental health services.

53. Describe any assessment the board has conducted on the impact of licensing delays.

The Board's previous application backlog and implementation of BreEZe compelled the Board to review its existing processes and procedures. The lack of sufficient resources did contribute to the Board's processing delays. However, Board management and staff also identified processes that could be eliminated or revised to improve application processing times.

One of the barriers was the calculation of supervised work experience hours for two of the Board's licensing profession. Both the LMFT and LPCC required supervised work experience hours in various categories with minimum and maximum limits. Throughout the years, the various categories expanded and became a source of confusion for both the registrant gaining the hours and the supervisor.

Through the work of the Supervision Committee, the Committee and stakeholders discussed options and ideas that would be more efficient without compromising public safety. The Board subsequently sponsored legislation to reduce the categories to two – clinical experience and non-clinical experience. The Board believes this revision will remove a number of barriers that exist in obtaining supervised work experience hours.

The implementation of the BreEZe database system created another opportunity for the Board to evaluate its current processes and procedures. Procedures specifically related to the previous legacy system that were no longer necessary were eliminated. Further, the Board initiated the use of online renewal of licenses and registrations in November 2014. The Board anticipates releasing additional online features after the implementation of the examination restructure.

54. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

In June 2015, due to several revisions to the educational requirements to become a Licensed Marriage and Family Therapist and a Licensed Professional Clinical Counselor, the Board contacted all graduate programs to recertify that their degree programs complies with current educational requirements. The graduate program certification identifies specific coursework that satisfies the licensure requirements in California. The schools participating in this recertification and are confirmed to comply with the law, are listed on the Board's website.

Recently, the Board resumed attendance at the Marriage and Family Therapy Consortium Group meetings. This group is comprised of educators who meet on a quarterly basis discussing the education and training of students for licensure as a Licensed Marriage and Family Therapist (LMFT). Board staff provides a quarterly update regarding matters that may affect LMFT students, registrants, and licensees. The update is frequently provided through a conference call or on occasion, in person.

Since 2012, the Board has participated in a webinar with the University of Southern California's School of Social Work to discuss the licensure process with students. Students are able interact directly with Board staff to ask questions regarding the licensure process. These webinar's are recorded and are available on YouTube.

The popularity of these webinars inspired the Board to collaborate with the Department of Consumer Affairs Public Affairs unit to develop a video tutorial regarding the licensure process for social workers. This video tutorial is now available on the Board's website. The Board plans to develop video tutorials for the other licensing professions. Video tutorials regarding the changes to the Board's examination process will be available in September 2015.

55. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

b. Successful training programs.

The Board does not collect data regarding workforce shortages or training programs.

Section 9 – Current Issues

56. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The rulemaking package to implement Senate Bill 1441 (Chapter 548, Statutes of 2008) was approved by the Secretary of State on June 23, 2015 and will take effect on October 1, 2015.

57. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The Enforcement Regulation package to implement the Department of Consumer Affairs Consumer Protection Enforcement Initiative provisions that do not require statutory authority became effective July 1, 2013.

58. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The Board was part of Release 1 for the new BreEZe data system. Release 1 was implemented on October 8, 2013. Several members of Board staff worked nearly full time during the design and testing phases in the months leading up to the release.

The transition to BreEZe was challenging, but not impossible. Prior to the implementation of the BreEZe system, Board staff attended training through DCA SOLID and Board "in-house" training

to become familiar with the new data system. The "in-house" training was provided to assist Board staff with their specific job duties.

To manage the transition to BreEZe, Board management established a process during those early days that allowed staff to identify possible issues to existing business procedures due to the data system's design and functionality. This process allowed Board staff and management to evaluate the issue, determine a possible solution to the issue, and to consider any impact the solution may have to procedures or the data system; and if appropriate, submit a request for change to DCA's BreEZe team.

The Board opted to phase in some of the online features of BreEZe. The Board determined this strategy was the best method to manage the scope of change for Board staff and stakeholders. In November 2014, the Board released the BreEZe online renewal feature. This release was relatively uneventful. Daily, the use of online renewal is growing.

Since the initial launch of BreEZe, Board staff continues to work with the DCA BreEZe team and the vendor to develop and enhance reports for licensing and enforcement purposes. Additionally, the Board continues its work to identify issues in data system and to submit a request for change, if appropriate.

Board staff is currently working with the DCA BreEZe team to implement the requirements for its examination restructure. This collaboration differs slightly from the work completed to initially implement the BreEZe database system. Specifically, the design plan is being developed by Board staff and the DCA BreEZe team and not the vendor.

The completed design plan has been submitted to the vendor to confirm the viability of the plan, obtain estimates for costs and time required to build the design, and support after the design is implemented. The Board's examination restructure design is a pilot project for the Board and DCA. However, this collaboration appears to be efficient and does provide some cost savings to the Board.

Section 10 – Board Action and Response to Prior Sunset Issues

Include the following:

1. **Background information concerning the issue as it pertains to the board.**
2. **Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.**
3. **What action the board took in**
4.
5. **response to the recommendation or findings made under prior sunset review.**
6. **Any recommendations the board has for dealing with the issue, if appropriate.**

ISSUE #1 What is the status of the strategic plan?

2012 Committee Recommendation:
The BBS should advise the Committee of the current status of their Strategic Plan and whether there should be an update of the Strategic Plan.

2012 Committee Comments:
…Considering the Strategic Plan has not been updated since 2010, a review of the Strategic Plan and an update may be warranted. The BBS should review if there have been any impediments to pursuing the goals set forth in the Strategic Plan, ascertain if the goals are currently relevant and make adjustments to the plan in order to guarantee that the goals are achievable.

Board Response:
In August 2013, the Board initiated the process to update its Strategic Plan. The current Strategic Plan was adopted on November 21, 2013.

ISSUE #2 What is the status of pending regulations?

2012 Committee Recommendation:
The BBS should inform the Committee of the current status of their implementation of the law. Specifically, what actions has the BBS taken to implement the 5 "pending" regulations including the regulations which would implement SB 1441 and AB 2699?

2012 Committee Comments
..Five regulatory packages were "pending" at the time the Sunset Report was submitted with the notation that one regulation was submitted to OAL for initial notice by the end of 2011, three would be reviewed at the November 2011 Board meeting, and another would be reviewed at the February 2012 meeting. Among these proposals, the regulatory changes to implement SB 1441 (scheduled for review by BBS in November 2011) and AB 2699 (scheduled for review by BBS in February 2012) have been identified as critical items for the BBS to update the Committee about.

Board Response

The Board has completed the rulemaking process for the four of the five regulatory packages referenced in the 2012 Sunset Review. These packages are as follows:

- Enforcement Regulations to implement the Department of Consumer Affairs Consumer Protection Enforcement Initiative provisions that do not require statutory authority. These regulations became effective July 1, 2013.
- Regulations to Implement Senate Bill 363 (Chapter 384, Statutes of 2011) became effective on October 1, 2013.
- Enforcement Regulations to revise the Board's Disciplinary Guidelines became effective July 1, 2013.
- The rulemaking package to implement Senate Bill 1441 (Chapter 548, Statutes of 2008) was approved by the Secretary of State on June 23, 2015 and will take effect on October 1, 2015.

The fifth package, the Examination Restructure Regulations, was withdrawn in May 2013, as staff learned that the implementation conflicts with the new BreEZe database system. Implementation of the Board's examination restructure was delayed until January 1, 2016. On November 14, 2014, the rulemaking package was published in its California Regulatory Notice Register. The

public hearing was held on December 29, 2014, and the 45-day public comment period has ended. This proposal is now under review by the Department of Consumer Affairs.

The Board has not proposed a rulemaking package to implement the provisions of Assembly Bill 2699 (Chapter 270, Statutes of 2010). This bill proposes exemptions for licensees participating in Sponsored Free Health Care Events. These events often provide free medical, dental, or eye care services and utilize the services of state licensees or perhaps, licensees from other states.

Mental health services are not offered at these events. Attendees at these events may seek information regarding available resources for their current situation. Although a licensee may have this information, providing the information does not require licensure. Therefore, the Board did not propose regulations to implement AB 2699. Furthermore, the Board has not received a request for a licensure exemption for attendance at one of these events.

ISSUE #3 LICENSING- NEW LICENSE CATEGORY

2012 Committee Recommendation:
The BBS should provide an update to the Committee on the current status of the LPCC category including information about training programs, licensed LPCCs and any challenges to implementing this new license category. The BBS should also indicate if any legislation needs to be proposed in order to help the BBS more effectively oversee this facet of the profession and serve the professional interests of licensees.

2012 Committee Comments:
Effective January 1, 2010, a fourth mental health profession, Licensed Professional Clinical Counselor, was added to the Board's jurisdiction….Considering that the LPCC is the newest license category; the Committee desires to know if the Board has fully implemented this new licensing category. What is the current status of training programs for LPCC candidates? What is the current status of newly licensed Professional Clinical Counselors? Have there been any challenges in this process? Is any legislation needed to assist the Board in overseeing the training and/or licensing process for LPCCs?

Board Response:
The Board faced multiple challenges to implement this new licensure program: limited resources, hiring constraints; and fifteen months to develop the infrastructure necessary for a new program. Despite these challenges and through the extraordinary efforts of existing Board staff, the Licensed Professional Clinical Counselor licensure program was established.

Since the last review, the LPCC Grandparent application deadline ended on December 31, 2011. Qualified applicants who applied using this pathway and completed the licensure process are now licensed. With the end of the LPCC Grandparent pathway, all applicants must apply using the traditional pathway to licensure. As of June 30, 2015, there are 1,260 LPCCs and 1,102 LPCC Interns.

The Board continues its work to refine the LPCC program through regulation and legislative proposals. These proposals either clearly define a statutory requirement or revise existing statutes to remove barriers to licensure.

ISSUE #4 WHAT IS THE CURRENT STATUS OF THE NBCC PROCESS

2012 Committee Recommendation:

The BBS should provide an update to the Committee on the current status of the use of the NBCC licensing examination for LPCCs.

2012 Committee Comments:

In 2011, the Board voted to use the National Clinical Mental Health Counseling Examination (NCMHCE) in order to license LPCCs in California. The examination is developed and administered by the National Board for Certified Counselors (NBCC) which is located in North Carolina… Considering that the adoption of the NBCC for licensing LPCCs is a new procedure, the Committee desires to know how this change has or will affect prospective licensees. Has the BBS fully adopted use of the NBCC with its prospective licensees? What is the current status of this process? Have there been any challenges in switching to the NBCC Examination?

Board Response:

The Board continues to use the National Clinical Mental Health Counseling Examination (NCMHCE) to license LPCCs in California. This national examination is offered by the National Board of Certified Counselors (NBCC). The use of this national examination for licensure in California provides the opportunity for licensure portability for not only California licensees; but also for LPCC licensees from other states.

The Board has not experienced any significant challenges to use this examination. Exam candidates schedule their examinations directly with NBCC after the Board has approved their application for the examination. Score reports and statistics from NBCC are provided in a timely manner. Additionally, testing concerns are resolved quickly.

ISSUE #5 SHOULD THE BBS USE A NATIONAL DATA BANK TO CHECK THE BACKGROUND OF APPLICANTS FOR LICENSURE?

2012 Committee Recommendation:

The BBS should provide rationale to explain why they do not utilize a national data bank to check the background of applicants for licensure.

2012 Committee Comments:

… To determine if an applicant has had prior disciplinary history, the BBS can verify out-of-state licensure status through other state regulatory boards and by conducting a query through the Healthcare Integrity and Protection Data Bank. For verification of in-state licensure status, the BBS can check for prior disciplinary actions through the Commission on Teacher Credentialing and the Consumer Affairs System (CAS).

Though the process for checking the background of an applicant who has been trained or practiced within the state of California seems to be thorough, the Committee is concerned about the steps taken to fully check the background of an applicant who has previously practiced outside of the state.

For example, in the most recent Sunset Report, BBS indicated that they do not currently utilize a national data bank to retrieve information about prospective licensees.

The Committee is concerned with the protection of the public and the effective operation of the profession. As such, it is imperative that steps be taken to thoroughly examine a potential licensee's professional background and criminal history.

Board Response:

The Healthcare Integrity and Protection Databank is the national databank relating to disciplinary boards. The accuracy, completeness, and timeliness of the information are dependent upon states and other required reporters fulfilling their statutory duty to report. A recent review of the national databank website revealed that not all 50 states are reporting. A fee per query is required to access this information. The fee is processed whether or not the query is accurately submitted or not.

In lieu of using the national databank, the Board verifies out-of-state applicant's licensure status through other state regulatory boards. This verification process also provides any disciplinary history, if any exists. Additionally, the Board requires all applicants to submit fingerprints and receive a criminal background clearance prior to issuing a license or registration. Both California records (Department of Justice) and the Federal Bureau of Investigation databases are checked.

Combined, these two requirements for out-of-state applicants provide the Board with reliable information to make decisions about an individual's application.

The Board may consider using the national databank as an adjunct to its existing process in the future. However, the limitations of the databank and the associated fees should be evaluated to determine what additional benefit the Board gains by using this service.

ISSUE #6 WHY IS BBS NOT MEETING ITS PERFORMANCE TARGETS? ***Will respond when PM data received.***

2012 Committee Recommendation:

The BBS should provide updated data reflecting the current timeframe for issuing licenses and outline a plan to meet the performance targets outlined by the BBS.

2012 Committee Comments:

While in FY 2008/2009 the licensing and cashiering staff was able to meet the performance standards, the combination of the existing vacancies and increase in workload have significantly increased the BBS's processing times. At the present time, the BBS is not meeting these performance targets due to vacancies over the last year in both the licensing and the cashiering units. Many of the duties within the licensing and cashiering units are assigned to one or two staff members to process the workload. Any vacancies in these areas have an immediate and adverse effect on processing times.

Moreover, the overall application volumes have increased 13% in the last three years. In order to maintain a continual workload in both the licensing and cashiering units, the BBS staff in other units have been cross-trained to assist in the preparation of all applications received by the Board. This

allows the remaining staff in the licensing and cashiering units to process applications more expediently.

The Committee understands that vacancies in the licensing and cashier unit have impacted the processing time for licenses. However, it would be helpful to provide data reflecting what the current licensing timeframes are. What is the plan to rectify this issue?

Board Response:

ISSUE #7 DOES THE BBS HAVE ADEQUATE AUTHORITY TO OVERSEE THE COURSE CONTENT OF CONTINUING EDUCATION PROVIDERS?

2012 Committee Recommendation:

Even though the BBS has assured that NARTH has been removed from the list of approved CE Providers, and would have to apply for a new initial approval in order to become a CE Provider, the BBS should assure that it has sufficient authority to review the course content of both initial and renewal provider applications, and to deny the approval or renewal of those applicants who offer courses which teach inappropriate methods or practices. The BBS should report to the Committee its current assessment of changes that may need to be made to the requirements for CE Providers, and advise the Committee on any legislative changes that should be made. The BBS should further work with the stakeholders in the profession and in the Legislature to make the appropriate procedural, regulatory or legislative changes to its CE program.

2012 Committee Comments:

… A recent case illustrates need for the BBS to review its process for approving CE Providers, and make appropriate changes to its procedures, or recommend legislative changes to its CE requirements. In July of 2011, the BBS began receiving complaints from the public regarding the BBS approved CE Provider, the National Association of Research and Therapy of Homosexuality (NARTH). The BBS received hundreds of emails from individuals protesting the approval of an organization that offers “reparative” or “conversion” therapy for individuals that have unwanted homosexual tendencies. NARTH was approved by the Board as a CE Provider in 1998. As of November 1, 2010 NARTH had not renewed its Provider Approval and is currently unable to provide CE courses to the BBS licensees for credit. Since that time NARTH’s approval remained expired for more than one year and can no longer be renewed, and has been cancelled by the BBS. In order to become a CE Provider, NARTH would have to apply for a new Provider authorization from the BBS.

One of the primary factors in this issue is that NARTH has advocated the use of “reparative” or “conversion” therapy. Conversion therapy (also called reparative therapy or reorientation therapy) is a type of sexual orientation change effort that attempts to change the sexual orientation of a person from homosexual or bisexual to heterosexual. The American Psychological Association defines conversion therapy as “therapy aimed at changing sexual orientation.” The American Psychiatric Association states that conversion therapy is a type of psychiatric treatment "based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation." Both the American Psychiatric

Association and the American Psychological Association have rejected the concept of conversion therapy for therapists.

However, the approval of an organization advocating conversion therapy, such as NARTH, by the BBS drew the attention of the public and a number of legislators. Since that time, BBS staff has met with legislative staff to discuss the provider approval process and deficiencies in the process. Concern has been expressed over the approval of NARTH and the provider approval process.

Board Response:

In response to the concerns regarding the Board's limitations under its current continuing education program, the Board established the Continuing Education Program Review Committee (CE Committee) in November 2011. During 2012, the CE Committee conducted a series of meetings with stakeholders and interested parties to assess the Board's current continuing education program and to develop recommendations to improve the Board's continuing education program.

The review encompassed researching various continuing education and accreditation models throughout the state and country. CE Committee members, stakeholders, and interested parties were afforded the opportunity to provide comment about the current continuing education program and the proposed changes. The work of the CE Committee was completed in late 2012 and the recommendations to revise the Board's continuing education program were presented to Board for approval in 2013.

The CE Committee recommended significant changes to the Board's continuing education program. Specifically, the Committee recommended ceasing the Board's continuing education provider approval program. The CE Committee further recommended that licensees would be required to obtain continuing education from Board recognized approval agencies (national entities with established continuing education programs) or Board recognized continuing education providers (professional associations).

On February 28, 2013, the Board approved the proposed revisions to its continuing education program and directed staff to initiate the rulemaking process. On September 16, 2014, the Office of Administrative Law approved the changes to the Board's continuing education program. These changes were effective January 1, 2015.

ISSUE #8 WHY IS STAFF TURNOVER RATE SO HIGH? Add the staff vacancy rate to narrative answer after staff information is complete

2012 Committee Recommendation:
The BBS should report the current status of vacancies and newly hired staff to the Committee. The BBS should review the nature of the remaining vacancies and report to the Committee its plan to fill the vacancies.

2012 Committee Comments:
Historically, the BBS has had very little staff turnover. Currently, the BBS has authorization for 43.3 staff positions and 3.3 blanket positions. The Governor's Hiring Freeze (Executive Order B-3-11) and the past Executive Orders for the Furlough Programs were adversely impacted the Board's recruitment efforts and operations. The BBS currently has eight vacancies and has initiated recruitment efforts to fill the following positions: 1 Staff Services Manager I, 1 Special Investigator, 1

Associate Governmental Program Analyst, and 5 Office Technicians. Recruitment efforts were not successful under the recent hiring freeze constraints. The majority of the vacancies are in the BBS's licensing and cashiering unit. The time of the year when the BBS sees an increase in the application volume has recently passed. Consequently, as a result of the ongoing vacancies, the BBS's processing times increased.

….The Committee understands the impact that the recent hiring freeze has had on the BBS. However, it would be helpful to explain to the Committee why so many vacancies exist. Has a survey of departing staff been conducted to ascertain why they left? What are the efforts to fix the problems that led to the vacancies? What are the plans to hire new staff and what are the impediments to accomplishing this task?

Board Response:

The vacancies identified in the 2012 Sunset Review Report were a result of the Board receiving new staff positions at the same time a hiring freeze was in effect. The absence of the hiring freeze allows the Board to fill vacancies in a timely manner. Since the 2012 Sunset Review, the Board has experienced relatively little turnover.

ISSUE #9 WHAT ACCOUNTS FOR THE DECLINE IN CONSUMER SATISFACTION? ***Need data prior to response.***

2012 Committee Recommendation:
The BBS should review the nature of the vacancies in the licensing and cashiering unit and report to the Committee its efforts to hire staff. The BBS should outline the plan to improve customer satisfaction with staff and with the Website in the interim. The BBS should also provide suggestions about how the Committee might assist the BBS in operating at its full capacity thereby providing good customer service.

2012 Committee Comments:
The BBS began using a customer satisfaction survey in April 2008. However, the overall satisfaction rating with the services provided by Board staff has declined over the last three fiscal years. The BBS attributes this to existing vacancies in the licensing and cashiering unit. The BBS also states that it is continuing its efforts to improve communication to ensure important and relevant information is provided timely and efficiently.

It would be helpful to explain why there are vacancies in the licensing and cashiering unit. What are the efforts to hire new staff and what are the impediments to accomplishing this task? What changes does the BBS plan to implement in order to improve customer satisfaction- particularly as it relates to the customer's interactions with staff members and their interface with the Website?

Board Response:

In 2012, the Board began to see an improvement in its overall customer satisfaction rating. This trend continued in 2013. The improvement is attributed to the Board's ability to fill its vacancies and improved processing times.

ISSUE # 10 HOW HAS THE BBS ADDRESSED THE INCREASE IN ENFORCEMENT WORKLOAD SINCE ITS LAST REVIEW?

2012 Committee Recommendation:
The BBS should detail the steps involved in reviewing the enforcement program and advise the Committee of the "duplicative and obsolete" processes that were eliminated. Have the changes made as a result of the enforcement program review resulted in any positive outcomes e.g. decreased work load and/or decreased consumer complaints? Also, what is the BBS's plan for continuing to handle the increased workload?

2012 Committee Comments:
Per the Sunset Review report, the BBS's enforcement workload has increased 210% since the 2004 Sunset Review. The enforcement data for FY 2010/2011 reflects the highest number of consumer complaints and conviction/arrest reports ever received by the Board, with a total of 1,981 cases. By comparison, in its 2004 Sunset Review, the BBS reported receiving 943 total cases. …The increasing enforcement workload requires the BBS to assess its resources and review its processes.

…The BBS completed a comprehensive review of its enforcement program in 2010. The review included all procedural steps from receipt of the complaint to closure. Many duplicative and obsolete processes were identified and eliminated. Considering the very high increases in consumer complaints and the increased workload, it is important to advise the Committee about the results of the 2010 review of the enforcement program and plans for improved enforcement of the profession.

Board Response:

Following the 2010 review of its Enforcement Program, the Board implemented several procedural changes to improve and increase efficiency. Some of these procedural changes included elimination of duplicate data entry and eliminating multiple reviews of non-jurisdictional cases prior to closing.

Additionally, the Board received one manager position and four (4) staff positions in FY 2014/2015 for its Enforcement Program. The new positions allowed the Board to reorganize the Enforcement Unit to provide consistent and ongoing oversight to the Enforcement Staff.

ISSUE #11 WHY IS THE BBS UNDERSPENDING?

2012 Committee Recommendation:
The BBS should provide the Committee with an explanation of why the Board is not spending all funds under its authority.

2012 Committee Comments:

The BBS ended FY 2010/2011 with a reserve balance of $448,700, which equates to 6.9 months in reserve. The Board estimates FY 2011/2012 reserve balance to be approximately $120,900, equaling 1.7 months in reserve. The drastic decrease is a direct result of the $3.3 million loan to the General Fund in FY 2011/2012, revenue lost as a result of implementing a retired license status (Assembly Bill 2191, Chapter 548, Statutes of 2010), and the Departmental BreEZe Budget Change Proposal. In FY 2010/2011, the BBS reverted $1,063,586, due to spending $6,927,523 of its $7,991,109 budget.

Considering the staffing vacancies, and the impact on existing staff and on customer satisfaction, it is important that the BBS inform the Committee about the reasons that the BBS is not spending all funds it is authorized to spend.

Board Response:

The under-spending of Board funds was a result of numerous factors; specifically, the Executive Orders to reduce spending, furloughs, staff vacancies, hiring freezes, and the delayed implementation of BreEZe. These unique events in combination led to the large reversions in the past four fiscal years.

ISSUE #12 LOANS TO THE GENERAL FUND

2012 Committee Recommendation:

The Committee requests that the BBS provide an update about the status of the loans and when the funds are projected to be returned. Has the BBS received any report from the Department of Finance regarding the repayment of the loans?

2012 Committee Comments:

Since FY2002/2003 the BBS has made a total of three loans to the General Fund; $6 million in FY2002/2003, $3 million in FY2008/2009, and $3.3 million in FY2011/2012. To date, the BBS has not received any repayment. The total loan balance remains at $12.3 million.

Board Response:

The Board received a $1.4 million loan repayment in fiscal years 2012/2013 and 203/2014. The Board is scheduled to receive the following loan repayments; $1 million (FY 2014/2015), $1.2 million (FY 2015/2016), and $2.4 million (FY 2016/2017) for a total repayment of $6 million. Should the Board receive all of the scheduled loan repayments the Board will have an outstanding balance of $6.3 million to the General Fund.

ISSUE #13 WEBCASTING MEETINGS

2012 Committee Recommendation:

The BBS should utilize webcasting at future Board meetings in order to allow the public the best access to meeting content and to stay apprised of the activities of the BBS and trends in the professions.

2012 Committee Comments:

In 2010 two BBS committee meetings were available via webcast. The Committee is concerned about the BBS's lack of use of technology in order to make the content of the BBS meetings more available to the public. Webcasting is an important tool that can allow for remote members of the public and/or those who are disabled to stay apprised of the activities of the Board as well as well as trends in the professions.

Board Response:

The Board concurs with the Committee's 2012 recommendation. Since February 2012, the Board has webcasted all quarterly board meetings with the exception of the May16-17, 2012 meeting. Additionally, the Board elected to webcast all Supervision Committee meetings. Committee meetings are not typically webcasted. However, due the nature of the Supervision Committee's work, the Board wanted to ensure all stakeholders and interested parties throughout California were aware of the discussions and had the opportunity to comment.

ISSUE #14 WHAT IS THE STATUS OF BREEZE IMPLEMENATION?

2012 Committee Recommendation:

The BBS should update the Committee about the current status of their implementation of BreEZe. What have the challenges of implementing the system been? What are the costs of implementing this system? Is the cost of BreEZe consistent with what the BBS was told the project would cost?

2012 Committee Comments:

BreEZe is an important opportunity to improve BBS operations to include electronic payments and expedite processing. The Board staff has actively participated with the BreEZe project. The Board's Staff Information Systems Analyst is designated as a Subject Matter Expert for the project.

Other Board staff members with extensive knowledge regarding the licensing, examination, cashiering and enforcement processes participated in workgroups providing their expertise regarding the BBS's business processes. Additionally, several Board staff members were assigned to participate in the workgroups to standardize forms, reports, and correspondences.

The BBS is scheduled to begin using BreEZe in the Summer of 2012. It would be helpful to update the Committee about the Board's current work to implement the BreEZe project.

Board Response:

BreEZe was released in October 2013. The initial days of BreEZe were relatively uneventful for the Board and Board staff. Since the release, Board staff has identified "fixes" in the BreEZe system that would benefit Board processes and reporting capabilities. Yet, none of the requested "fixes" adversely affect Board operations. In November 2014, the Board implemented the online renewal feature. On average, 1000 licensees and registrants are using the online renewal system. The Board continues to explore other online features for applicants, registrants, and licensees.

ISSUE # 15 SHOULD THE CURRENT BBS CONTINUE TO LICENSE AND REGULATE LICENSED CLINICAL SOCIAL WORKERS (LCSW), LICENSED MARRIAGE AND FAMILY THERAPISTS (LMFT), LICENSED PROFESSIONAL CLINICAL COUNSELORS (LPCC), AND LICENSED EDUCATIONAL PSYCHOLOGISTS? SHOULD THE REGISTRATION OF ASSOCIATE SOCIAL WORKERS (ASW), MARRIAGE AND FAMILY THERAPIST INTERNS (IMF), PROFSSIONAL CLINICAL COUNSELOR INTERNS (PCI), AND CONTINUING EDUCATION PROVIDERS CONTINUE TO BE REGULATED BY THE CURRENT BOARD?

2012 Committee Recommendation:
Recommend that the LCSW, LMFT, LEP and LPCC professions and registration of ASW, MFT Interns, PCC Interns and Continuing Education Providers continue to be regulated by the current the BBS in order to protect the interests of consumers and be reviewed once again in four years.

2012 Committee Comments:
The health and safety of consumers is protected by well-regulated professions. The BBS is charged with protecting the consumer from unprofessional and unsafe licensees. It appears as if the BBS has been an effective and for the most part an efficient regulatory body for the professions that fall under its purview. Therefore, the BBS should be granted a four-year extension of its sunset date.

Board Response:

The Board concurs with the Committee's recommendation and comments.

Section 11 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. **Issues that were raised under prior Sunset Review that have not been addressed.**

   The Board has addressed all issues identified in the prior Sunset Review.

2. **New issues that are identified by the board in this report.**

   Board Resources

   Both the Board and its stakeholders remain concerned that the Board has sufficient resources to address existing and new workload. The Board has only recently recovered from severe application backlogs and the possibility that new workload could adversely comprise this progress is alarming.

   The Board has been fortunate to receive additional staffing resources for both its licensing and enforcement programs in the past two fiscal years. Yet, these additional positions create a perception that the Board should be sufficiently staffed. This is perception is not accurate.

The additional staff provided the Board with resources to address existing workload and does not consider any increases in the Board's licensee and registrant population or any major changes to existing programs. Further, it was through the efforts of these new positions and the addition of temporary staff that the Board was able to reduce its application backlogs to more reasonable processing times.

The Board will continue to see its licensee and registrant population increase. Some of the increase will occur as a result of natural growth. However, the Board anticipates that the growth in the LPCC profession will reflect significant increases in the coming years.

Applications from the first LPCC graduates from California LPCC degree programs were received in 2015. Although the initial number of applications was smaller in comparison to our other professions, the volume will increase each year due to ease of license portability for this profession.

Ultimately, the Board will experience increased application volumes and enforcement cases. Moreover, the Board will implement the examination restructure affecting over 34,000 registrants in January 2016. The application volume, an estimated 60,000 during the first year, for this new examination process will be at levels the Board has never experienced before. Therefore, the Board's staffing levels cannot remain static and requests for additional staffing must be approved to avoid catastrophic application backlogs.

3. New issues not previously discussed in this report.

Implementation of the Examination Restructure

Effective January 1, 2016, the Board will implement a new examination process. Under the new examination process, **all Board registrants** are required to take and pass a Law and Ethics examination. All registrants must take the Law and Ethics examination at least once a year to renew their registration. Currently, the Board has over 34,000 registrants who will be required to submit an application to take the Law and Ethics examination.

Registrants who are not successful in the Law and Ethics examination will have the opportunity to retake the Law and Ethics examination every 90 days. The Board estimates that it will receive over 61,000 applications (initial examination application and retake applications) within first year of the new examination restructure and over 31,000 ongoing.

In addition to the application volume the examination restructure will generate, requests for testing accommodations, mail, emails, and telephone calls will also increase. If the Board does not have sufficient resources to address all of the increased workload associated with the examination restructure, applicant files will be closed due to the Board's inability to process all applications timely or will be unable to renew their registration. Applicants will be required to reapply for examination which will create an unnecessary and overwhelming workload from which the Board would be unable to recover from. Registrants will be unable to renew their registration which may cause them to lose their job. Moreover, failure to process requests for testing accommodations timely may be viewed as discriminatory.

Therefore, it is essential the Board have sufficient resources that are necessary to avoid all adverse consequences associated with failing to process the workload timely.

Participation in National Association Meetings Related to National Examinations

Effective January 1, 2016, the Board will begin using a second national examination for licensure in California. The use of the Association of Social Worker Board's national examination and the National Board of Certified Counselor national examination improves license portability for social workers and professional clinical counselors.

Prior to using both of these examinations, the Board conducted an extension review of both examinations. The purpose of the review was to determine if both of the examinations satisfied the criteria for examinations specified in Business and Professions Code (BPC) section 139.

As expected, the content of each national examination was not solely specific to the diverse practice of mental health in California. However, both examinations are constructed in a manner that will assess a candidate's competency and requisite knowledge of mental health practice. Therefore, the Board determined that both national examinations would be suitable for licensure in California.

The continued use of national examinations for licensure requires active participation in decisions regarding the national examination. These decisions are discussed at annual meetings or conferences. Often these meetings are held outside of California. The restrictions on out of state travel are such that the Board is unable to attend these meetings, despite the entity sponsoring the event's willingness to pay all costs. Therefore, the Board is excluded from participating in these decisions that will impact California's licensure process.

The Board is confident that each examination will continue satisfy the requirements specified in BPC 139. However, the Board remains concerned that the content and delivery of the examination continue to be relevant to California mental health practice. Attendance at these national meetings will ensure that continued use of a national examination for licensure in California is appropriate.

4. New issues raised by the Committees.

Prelicensed MFTs: Professional Title

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The Intern title is socially understood as applying to those **still in school.**

The definition of "intern"

in•tern *n.*
in' tern

1. A **student or trainee** who works, sometimes without pay, at a trade or occupation in order to gain work experience.

- Oxford English dictionary

Intern survey responses: Still in school

"People in my past work settings **assumed that I was still in school."** *- MFT Intern*

"Many people have mistaken the term to mean **that I don't have my degree yet."** *- Michelle H., MFT Intern*

"People think you are in school […] even though you may have been seeing clients for 2 to 4 years." *- Licensed MFT*

"We have to **constantly explain that we are not students."** *- MFT Intern*

The Intern title leads to **employer, payer, and consumer confusion** about what an MFT Intern can do.

Intern survey responses: Employer struggles

"The title of 'intern' implies that I should receive **little or no compensation** for my service as a clinician." *- MFT Intern*

"The first question I usually get is, **'Do you work for free?'"** *- Tara M., MFT Intern*

"My intern status gets misconstrued as novice, nonprofessional, **volunteer."** *- MFT Intern*

"Being called an intern **makes it easier for agencies to not pay us."** *- MFT Intern*

Many current "internships" are legally **jobs**

- ✓ The intern title can **mislead employers** into believing that MFT interns can be unpaid
- ✓ Six-point test for internships at for-profit locations
- ✓ **Even nonprofits are not exempt from labor laws**
  - ✓ UCSF ordered to pay Psych intern back wages
  - ✓ Whether a job there can be an unpaid internship rests on whether it is a commercial enterprise

- Jensen, D. G. (2013 July/August). Are nonprofits commercial enterprises? The Therapist *magazine.*

Many current "internships" are legally **jobs**

- ✓ The nature of gathering supervised experience for licensure creates a situation **ripe for exploitation**
- ✓ **The current title compounds the issue** by pushing MFT interns to take unpaid internships to get their required experience in time
- ✓ Interns may be reluctant to complain about questionable or even illegal labor practices

Intern survey responses: Consumer confusion

"After multiple explanations **I still find my credibility doubted and my position less respected** because of the confusion." *- Lila W., MFT Intern*

"Some believe it **isn't a real job."** *- Amber C., MFT Intern*

"[Hospice and grief counseling clients] **interpret this designation as 'student'** and, despite explanations to the contrary, decide not to come here for counseling." *- Carole W., Licensed MFT*

Intern survey responses: Payor confusion

"As a Program Director for a program contracted by LA County DMH, I have been asked many times **'How can you run a program if you're a student.'"** *- MFT Intern*

"Even when calling Medi-Cal for routine check-ins, **many of their own employees and managers hear the word 'intern' and tell you that they don't work with interns."**

- Robert B., MFT Intern

There is **no scientific or policy reason** to apply differential titles to those at similar levels of experience.

Differences between professions

- ✓ Studies consistently find **little to no difference between master's level professions** in regard to client outcomes.
- ✓ The use of "associate" for CSWs while "intern" is used for MFTs and PCCs **suggests a meaningful difference in career level that doesn't exist.**

MFTs, like other professions, are **moving away from using the intern title** in post-degree contexts.

Psychology

The American Psychological Association's model licensure act **does not require postdoctoral supervised experience.** Fewer than half the states in the US still require such experience. When referring to those that still do, APA does not use the term "internship." They call it a "postdoc," "postdoctoral training," or "postdoctoral requirement," depending on context.

- Munsey, C. (2009). More states forgo a postdoc requirement. Monitor on Psychology, 40*(11), 10.*

Medicine

The Accreditation Council for Graduate Medical Education, which accredits the majority of graduate medical training programs in the US, **officially dropped the term "intern" in 1975.** Those in their first year of graduate medical education are now commonly referred to as **first-year residents.**

- ACGME

Beyond health care

The National Council of Architecture Registration Boards has voted to remove "intern" titles and terminology for pre-licensed architects, arguing that it **devalues their role and work.**

- "NCARB tackles the great 'intern' title debate," ncarb.org

Within MFT

- ✓ At least 11 states formally use the Associate title for post-degree MFTs registered with the state (AL, AK, AZ*, AR*, GA, ID*, IL, IN*, MN*, ND*, UT).
- ✓ **Only four states** credential post-degree MFTs under the Intern title (CA, LA, NV, OR)
- ✓ Where "intern" is used, **it typically indicates pre-degree MFTs.**

* - Licensed Associate title

- AMFTRB (2009), UAMFT

The **BBS has made successful changes to professional titles in the past** without compromising its ability to do other key work.

Transition from MFCC to MFT

- ✓ In one bill, clarify in statute that the titles are equivalent
- ✓ Then update statutes, forms, and regulations *as they would need updating anyway*

What the "Associate" title would do

- ✓ Bring California more in line with other states
- ✓ Align titles on the CSW and MFT career ladders, reducing confusion among consumers and employers
- ✓ Empower prelicensed therapists
  - ✓ Employers more likely to follow labor laws

Intern survey response

"It is simplistic to think that a word could change all of this. However, discarding the word intern so [our title] is more congruent with the law – and with supporting our professional worth – **would be a good start."** *- Maria S., Licensed MFT*