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Arnold Schwarzenegger, *Governor*
State of California
State and Consumer Services Agency
Department of Consumer Affairs

BOARD MEETING MINUTES

May 31, 2007

State Capitol, Room 447
Sacramento, CA 95814

June 1, 2007

Department of Consumer Affairs
1625 N. Market Blvd., 1st Floor Hearing Room
Sacramento, CA 95834

Thursday, May 31
9:00 a.m.

MEMBERS PRESENT

Victor Law, Chair, Public Member
Gordonna DiGiorgio, Public Member
Elise Froistad, MFT Member
Judy Johnson, LEP Member
D'Karla Leach, Public Member
Renee Lonner, LCSW Member
Victor Perez, Public Member
Karen Roye, Public Member
Dr. Ian Russ, MFT Member
Howard Stein, Public Member
Joan Walmsley, LCSW Member

STAFF PRESENT

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Steve Sodergren, Program Manager
George Ritter, Legal Counsel
Christy Berger, Legislation Analyst
Christina Kitamura, Administrative Assistant
Sean O'Connor, Outreach Coordinator
Julie McAuliffe, Enforcement Analyst
Jason Reinhardt, Licensing/CE Technician
Nikki Cotto, CE Technician

MEMBERS ABSENT

GUEST LIST

On File

FULL BOARD OPEN SESSION

Victor Law, Board Chair, called the meeting to order at 9:03 a.m. Christina Kitamura called roll and a quorum was established.

I. Chairperson's Report

Mr. Law welcomed and introduced newly appointed Board member, Elise Froistad.

Ms. Froistad introduced herself and gave a background of her career. She is a marriage and family therapist (MFT) from Orange County. She served as a therapist since 1991 for Olive Crest Homes and Services for Abused Children. Ms. Froistad served as director and clinical director of residential group homes, and is currently serving as Director of Community Involvement for the Olivecrest Homes and Services for Abused Children. She also had a private practice working with adolescents and adults.

II. Executive Officer's Report

A. Personnel Update

Paul Riches reported that Ms. Kitamura was promoted to Management Services Technician. Justin Sotelo, who served as the Regulation Analyst, left the Board in April. He accepted a position at the Board of Architecture. Cassandra Kearney will be joining the Board on June 18th as an administrative analyst in place of Mr. Sotelo. Kari O'Connor, a former employee, returned to the Board in the enforcement unit.

Three new positions are expected to become available after the budget is signed by the Governor. Those positions will be two enforcement analysts and a new manager to focus on Mental Health Services Act (MHSA) and public mental health issues. Recruitment for these positions will take place in the next 1-2 months.

B. Examination Update

Beginning June 1st, PSI Inc. (PSI) will administer all of the licensing exams. PSI has 13 test sites throughout the state. Candidates have received their new handbooks. Testing will begin on June 1st.

C. Miscellaneous Matters

The new Board of Behavioral Sciences (BBS) website went online on May 30th. BBS was the first board in the department to go online with the new website. The new website meets the state's standards.

D. Future Meeting Dates

Staff made a recommendation to the Board Chair regarding alterations to the committee structure. Staff recommended retaining the Policy and Advocacy Committee and the Consumer Protection Committee. These committees would meet on the same day at the same location. Based on Board member feedback, the committees would meet on Fridays.

Staff also recommended establishing the Planning Committee that will oversee the Board's strategic planning efforts, Board budget, and

communications/outreach efforts. This committee would meet at least twice a year in conjunction with regular Board meetings and on an as needed basis. Mr. Law stated that these dates will be tentatively scheduled.

III. Approval of February 15-16, 2007 Board Meeting Minutes

HOWARD STEIN MOVED, JUDY JOHNSON SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO APPROVE THE FEBRUARY 15-16, 2007 BOARD MEETING MINUTES.

IV. Discussion and Possible Action on Assembly Bill 1486 (Calderon) Regarding Licensure of Professional Counselors

Christy Berger presented the background and discussion regarding AB 1486 which proposes the licensure of professional counselors (LPC). The Policy and Advocacy Committee recommended that the Board take a position of support if all staff concerns are addressed. This included a list of desired amendments, all of which have been addressed by the sponsor of the bill. There are four outstanding issues regarding this bill that were either concerns previously expressed by the Board or need to be addressed by the Board.

The first issue is the scope of practice. The scopes of practice for MFTs and Licensed Clinical Social Workers (LCSW) are very comparable, and would permit LPCs to perform psychotherapy, consistent with the proposed LPC education and experience requirements, which are also comparable with MFT education and experience requirements, except that all experience must be gained post-degree.

The second is fiscal issues. The bill proposes that the LPC program be supported from fees assessed to applicants, interns and licensees. However, to get the program up and running, a loan of approximately \$168,542 would be needed from the Board's reserve fund. This could be repaid in the second fiscal year from fees generated from the LPC program, specifically from fees generated from grandparenting. Another loan of approximately \$21,044 would be needed in the third fiscal year because the spike in fees generated by grandparenting will not be present in the third fiscal year. This loan could be repaid in year four. Beyond the fourth year, the program would be self-supporting. A provision has been added to the bill that the Board is not required to implement the program until funds have been appropriated.

The third issue is grandparenting. The bill includes three different routes to obtaining a license via grandparenting: 1) Possession of a MFT license and a degree that meets LPC coursework requirements; or, 2) Possession of a LCSW license, a degree that meets LPC coursework requirements, and passage of two specified examinations; or, 3) Possession of all of the following qualifications:

- A 48 unit qualifying degree that meets the same requirements as for regular LPC licensure, including a complete practicum. The applicant must have completed all core curriculum.
- Two years of full time post-degree counseling experience that includes at least 1,000 hours of supervised direct client contact.
- Passage of specified examinations.

In addition, anyone applying under the LCSW license or under route #3 above would be required to become recertified after a six-year period, which would require the licensee to pass the examinations required for counselor licensure at that time, or his or her license would expire and not be renewable.

The fourth issue is examinations for grandparenting. The legislation proposes requiring two examinations for grandparenting, except if applying under the MFT license. The two examinations are the National Counselor Examination (NCE) or the Certified Rehabilitation Counselors Examination (CRC or CRCE) and the National Clinical Mental Health Counselor Examination (NCMHCE).

California Association of Marriage and Family Therapists (CAMFT) has removed their opposed position to this bill. Other supporting associations are the California Psychiatric Association and the American Counseling Association. The American Association for Marriage and Family Therapy, California Division has taken an oppose position.

Board action items are: 1) to determine whether it will accept the CRCE examination for grandparenting 2) to determine a position on this legislation.

Dr. Russ asked how an MFT or LCSW would become grandparented. Ms. Berger responded that most would have to take a career counseling course, and perhaps other courses. The LCSW would have to pass two exams.

Mr. Riches added that at minimum most would have to take a career counseling course; for some it will depend on when the MFT went to school. It's going to vary candidate to candidate.

Dr. Russ asked why LCSWs would be required to take the exam and MFTs would not. Mr. Riches did not have an answer; the question would have to be answered by the sponsor of the bill.

Joan Walmsley stated that the Board requires an answer to Dr. Russ' question before a decision is made.

Judy Johnson referred to assessment as defined in the bill analysis, asked for a clarification as far as the definition of their scope of practice in terms of diagnosing learning disabilities, and how that differs from a licensed educational psychologist (LEP). LPCs in other states perform different functions than they would be doing in California because in other states they don't have LEPs. California has credentialed counselors, and under the PPS which is the credential given by the state Department of Education, they are allowed all of these functions and to work privately. California LEPs want to make sure that a LPC in California is not going to be doing the functions that a LEP is doing in diagnosing syndromes and ADHD. Ms. Johnson asked if diagnose learning disabilities is part of the license and if so, what kind of training will they have in that area.

Dean Porter, President of the California Coalition for Counselor Licensure (CCCL) and sponsor of AB 1486 introduced herself. CCCL is working on language that has been put before some psychologists as to the definition of assessment. The amendment has not been made yet because CCCL is waiting to hear back from the psychologist. However, the last sentence added at the end of the definition of assessment is:

“Counselors are permitted by law to only engage in specific testing activities for which they are qualified by training and education.”

This has been added that to the definition of assessment to clarify. CCCL is considering removing the words “psychological and educational” from the definition of assessment and defining assessment as:

“... selecting, administering, scoring, and interpreting instruments and other tools and methods designed to measure an individuals attitudes, abilities, achievements, interests, personal characteristics disabilities, and mental, emotional, and behavioral concerns and development in the use of methods and techniques for understanding human behavior.”

Ms. Johnson stated that this language is preferred because the definition aligns to the scope of a PPS credentialed counselor. That language of the definition will be helpful.

Dr. Russ asked if there is a reason that LCSWs are required to take an exam and MFTs are not required. Ms. Porter replied that these were negotiated at different times. Also, when a side-by-side comparison of the social work curriculum and the MFT and LPC curriculum was conducted, it was not evident that the curriculum was equivalent. Normally, the LCSW is much different in regards to the counseling compared to the MFT and the LPC, which are much more similar to each other.

Ms. Walmsley asked how they are different. Ms. Porter replied that based on the curriculum, LCSWs are not comparable to MFTs and LPCs. Ms. Walmsley asked if the requirement for LCSWs can be modified. Ms. Porter replied that it is negotiable.

Geri Esposito, California Society for Clinical Social Work, stated that the reason that comparability does not exist is because the only stated requirement in the law is an accreditation from counsel and social work education. California law does not stipulate the entire course curriculum required. Furthermore, the masters degree program has a wide range within the 60 credits for supplemental specialized coursework. It does not mean those elements are not present in the education. Within those 60 credits, there are also elements of social work that make it conducive to working within various environments, such as a school or a community, or a familial environment. An LCSW should not have to pass two additional exams when they have already passed exams that widely accommodate the elements of the LPC.

Dr. Russ asked Ms. Esposito if the students have taken that coursework before they apply for licensure. Ms. Esposito responded that many of the students have, but cannot say if all of them have. That intensive two years afterwards is frequently when they go back for additional training because they've decided to go in a particular direction. Many of the curricula include psychopharmacology and all of the diagnosis treatment planning. It is hard make a representation with such an array of curricula and schools, and because the law does not mandate course content.

Ms. Porter stated that they have inadequate information which is the reason it is difficult for them to know if it's comparable. Ms. Walmsley asked why require it if there is not sufficient information. Ms. Porter replied that they can reconsider this.

Janlee Wong, National Association for Clinical Social Work (NASW), expressed that he does not believe that LCSWs should have to pass additional exams. Mr. Law asked Mr. Wong if he would approve this if the requirement was removed. Mr. Wong responded yes.

Dr. Benjamin Cauldwell, American Association of Marriage and Family Therapy (AAMFT) California Division, cited several reasons for their opposition: 1) This bill would enable counselors who are currently exempt settings become licensed and able to practice independently. A portion of this group would leave for private practice, creating an immediate drain on the public mental health work force. 2) This license would allow the counselor to work with seriously mentally ill with only one course in working with the seriously mentally ill, and no requirement that any of the supervised experience, particularly for grandparenting, be with the seriously mentally ill. 3) For counselors coming from out of state, this bill makes provisions that the Board has rejected in the past for other professions. There is no requirement that LPCs coming from other states be held accountable for the knowledge of California law. 4) During the previous legislation, the LPCs went through the sunrise process and failed. The Joint Committee stated that there was neither an established harm that would occur from lack of licensure nor a benefit to be had by licensure. For the current bill, there has not been a sunrise questionnaire submitted. AAMFT would like to see this independently analyzed so that the Board can make a fully informed decision before moving forward with this bill.

Ms. Walmsley expressed her concern regarding that national exam, stating that she is opposed to the idea of the national exam, when LCSWs and MFTs when relocating to California are required to pass California's exams. LPCs should not be able to relocate to California and begin practicing with only having taken the national exam.

Mr. Riches provided clarification regarding the requirements in the bill. The Board can conduct an evaluation of the national exam, and make a determination regarding appropriate exams for licensure. If the bill passes, it is important for the Board to have discretion regarding the appropriate exam structure. At this time, the Board is not in the position to make that judgment until an evaluation is conducted. The way the bill is written, it is the regulatory board's decision as to what that exam structure is to be. The bill requires that the Board conduct an evaluation of the national exam, not that the Board accepts it.

Mary Riemersma, CAMFT, stated that CAMFT removed their opposition to this bill. Ms. Riemersma spoke to the testing issue in reference to changes being proposed to appease LEPs. She recommended adding language that would clarify that the counselors have the competence to administer the tests but that it is done in the course of treatment and not for the purposes of testing, which directly infringes upon the scope of LEPs.

Judy Barrett Miller, CCCL, provided clarification regarding the LCSW issue, stating that it is not an issue of not having adequate information to make that decision. MFTs have a comparable curriculum and they would be well suited to be an LPC with one or two additional courses. As for schools of social work, many are heavily focused on counseling, but not all. That was the standard that they went by when addressing this issue. As many LCSWs have passed this coursework and would qualify, CCCL was not sure that all of them have because it is not a requirement in statute. She stated that CCCL is looking at what is in statute and consumer protection. In terms of the joint sunrise process, that recommendation did not gain enough votes to prevail. The sunrise process does not have to be repeated, and each bill introduction does not require a sunrise process. The Joint Committee believed that CCCL made a case that there is a workforce shortage. It is currently documented that masters level counselors without a license are working below their pay level in 36 out of the 58 counties. However, for the county, they are unable to get reimbursed for those services and that individual masters

level counselor cannot do psychotherapy without a license. They can do other jobs, but not the critical jobs that are needed.

Mr. Riches suggested an alternative solution that could satisfy all candidates applying for licensure. Transcripts can be required and reviewed for all candidates to show coursework that satisfies the LPC requirements. This will provide assurance that those who are grandparenting would have the background that is expected, and will determine if additional coursework is required. This may eliminate the need to pass additional exams. As for public mental health, this creates another category of licensed professionals that would be potentially eligible under MediCal as treatment plan signers.

Rita Downs, Director of Calaveras County Behavioral Health Services, is an LPC from the state of Oregon. She stated that her agency represents a small rural county with an underserved population. Half of her clinical positions are open, and she cannot get qualified people to apply and do the work. Her staff has three counselors: two are masters level and one is a PhD. She has three people on staff who cannot supervise or perform mental health services because there is no licensure in California. Their main funding comes from MediCal. The agency now has Mental Health Services Act funding, but she cannot hire a clinician to work in that program to bring children in for services. As a result, they are backed up because there is only person on staff who can bring them in. There is a need in public mental health, and there are qualified people in California that are not licensed yet.

Dr. Russ asked Dr. Cauldwell to clarify the requirements regarding treatment of mentally ill. Dr. Cauldwell responded that LPCs have one required course in their curriculum, and MFTs are required to have training in psychopathology. He stated that the issue is grandparenting. If MFTs are working with the seriously mentally ill, it is presumed that they had training and supervision in the course of their practicum and internship. Grandparenting LPCs who may not have supervision in that area creates a danger.

Dr. Russ stated in that case, the LPC would be practicing beyond the scope of their license because they would be operating in an area that they did not have adequate training, which would be the same as MFTs and LCSWs, and does not see what the difference is.

Dr. Cauldwell responded that they would be performing outside the scope of their competence. He stated that AAMFT wants clarification that the supervision would be necessary. Their main concerns are procedural and with public mental health.

Ms. Walmsley asked Ms. Porter if the Diagnostic and Statistical Manual IV (DSM) is studied as part of the curriculum. Ms. Porter responded that it is one of the required courses.

Dr. Russ asked Ms. Porter if CCCL would be willing to correct the discrepancy between the MFT grandparenting and LCSW grandparenting so that they are in alignment. Ms. Porter stated that they could look at that.

Ms. Johnson expressed that it is critically important to have more mental health professionals in the workforce. There are plenty of people who are qualified. The Board needs to move on this quickly on behalf of the consumers and the population that is served.

Dr. Russ stated that the LPC programs are located in the state universities, which are more culturally diverse than the University of California system. This program has much more diversity in enrollment, and it addresses the issue of getting more culturally diverse counselors in the workforce.

Ms. Roye stated that it is critical to have enough people to address the at-risk population. She expressed concern regarding the baseline of education, and asked what it would take to correct the baseline to place MFTs and LCSWs on a level baseline. She also asked if there could be an acknowledgement of California exams over national exams.

Mr. Riches responded that staff's assessment is that the education is comparable. As for the exam issue, a transcript review will address that to assure that the coursework has been completed. The recertification provision that staff insisted was that the grandparenting individuals must take and pass the license examination that is adopted by the Board, whether that is a California based exam or a national exam, and it must be done within six years. It will take six years to go through the process of exam development, and that is also the period of time allowed to BBS interns.

Ms. Roye asked for the population of LPCs. Ms. Porter responded that because LPCs are not regulated, the CCCL does not have a count. There are two groups of counselors who are certified by national bodies. There are about 1,000 certified rehabilitation counselors that could meet CCCL's licensing standards, with additional coursework and passage of the exam. There are about 800 certified national counselors. She did not know how many LPCs from other states are residing in California and waiting for licensure.

Ms. Walmsley stated that she is not opposed to this. She wants to make sure that the standards for LCSWs are the same.

Ms. Porter stated that she would take these discussions back her board. She stated that in the grandparenting, MFTs could be grandparented as long as they had the LPC coursework, and the same would be true of the LCSWs. She believes that CCCL can remove that language requiring LCSWs to take an exam.

Dr. Cauldwell stated that the claim that licensure of LPCs would have a positive impact on the public mental health workforce has not been independently established. By taking a position on this bill without that information, the Board would be moving forward without due diligence.

Mr. Stein moved to support AB 1486.

Dr. Russ stated that he would support this bill if amendments to make the grandparenting requirements for LCSWs and MFTs equivalent, and to eliminate the exam requirements for LCSWs.

Ms. Johnson added the stipulation to amend the LEP wording of the assessment.

HOWARD STEIN MOVED, DR. IAN RUSS SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO SUPPORT AB 1486 AS AMENDED.

The Board adjourned for a short break at 10:22 a.m. and reconvened at 10:40 a.m.

V. Discussion and Possible Action Regarding Emergency Regulations Related to MFT Degrees from BPPVE Approved Schools.

Mr. Riches gave background regarding emergency regulations. Current law recognizes three separate entities for approving/accrediting MFT degree programs including the Western Association of Schools and Colleges (WASC), Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE), and the Bureau of Private Postsecondary and Vocational Education (BPPVE). The BPPVE will cease to exist on July 1, 2007. Absent further legislative action, the Board will be unable to accept degrees conferred by the 21 programs approved through BPPVE on or after July 1, 2007.

At its February 2007 meeting, the Board agreed to sponsor legislation to recognize schools in California that are accredited by regional accreditation agencies other than WASC, and to recognize approvals granted by BPPVE until they would have expired irrespective of the BPPVE sunset. That legislation was rejected.

Board staff has been conferring with counsel and the Department of Consumer Affairs regarding this situation, and has developed an emergency regulation that will allow the Board to continue to accept degrees from approved schools through July 1, 2008.

Mr. Riches gave an overview of the emergency rulemaking and requirements and procedures.

Dr. Russ asked if the Board should require that the schools that are affected to notify the students of the situation. Mr. Riches stated that the Board could require that, however, he does not feel it is necessary because schools are engaged with their student bodies.

Mr. Law asked if all the schools have been notified. Mr. Riches stated that schools must provide a certification to the students entering the program stating that the MFT degree program qualifies for licensure. George Ritter, Board Counsel, added that notices have been mailed.

Ms. Johnson commended staff for addressing this issue expeditiously.

Bruce Hamlet, Western Institute for Social Research, expressed his support for the emergency regulations and thanked the Board for its work on the regulations.

Ms. Riemersma thanked the Board in trying to protect the students and for continuing to look for alternative solutions to address this issue.

Dr. Cauldwell expressed his support for the emergency regulations and thanked the Board for its diligence in pursuing this.

Dr. Neil Kobrin, Vice President of California Graduate Institute, stated that the expectation is that there will be a governing body within 12 months. However, some schools have an approval that will expire in a year. He suggested adding language that can support the possibility to extend this for more than 12 months.

Mr. Riches responded that the timing was not chosen incidentally to the emergency rulemaking process. The reason why the Board's legislative proposal was rejected was because permanent, long-term solutions require legislative negotiations. From a legal standpoint, the Board found it necessary to find a short-term solution to respect that

intent. This Board has taken a strong position to ensure that students continue the education they began. Regarding the text of the adopted regulation, attempting to go beyond the one-year window may complicate an already complicated political process.

DR. IAN RUSS MOVED, RENEE LONNER SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO AUTHORIZE STAFF TO FILE THE PROPOSED EMERGENCY REGULATION IF LEGISLATION ALLOWING THE BOARD TO ACCEPT DEGREES FROM APPROVED SCHOOLS DOES NOT BECOME LAW BEFORE JULY 1, 2007.

VI. Report of the Policy and Advocacy Committee

A. Recommendation #1 – Sponsor legislation to allow Marriage and Family Therapy Interns Credit for “Client Centered Advocacy.”

Mr. Riches reported that comments were received during the MFT Education Committee concerning client-centered advocacy. Currently, MFT interns may not gain hours for client-centered advocacy. However, associate clinical social workers (ASW) can count these hours. Because of this, MFT interns are resistant to engage in client centered advocacy functions because the hours do not count towards licensure.

Ms. Riemersma commended the Board for considering this because it is valuable experience that MFTs need to have.

Dr. Cauldwell Ben also thanked the Board and agreed with Ms. Riemersma’s comment.

DONNA DIGIORGIO MOVED, HOWARD STEIN SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO SPONSOR LEGISLATION TO ALLOW MFT INTERNS TO GAIN EXPERIENCE FOR CLIENT CENTERED ADVOCACY.

B. Recommendation #2 – Support the following legislation:

Assembly Bill 164 (Smyth)

Christy Berger gave an overview of AB 164, sponsored by CAMFT. The Policy and Advocacy Committee recommended a position of support. This bill would 1) prohibit denying a parent who has either physical or legal custody of a child with access to medical and other types of records and information pertaining to a minor, unless a court orders otherwise, and 2) requires the court, when making an order for sole physical and legal custody to one parent, to specify whether the other parent shall have access to medical and other types of records and information pertaining to the child.

Ms. Berger reported that this bill would provide clarification and additional specificity regarding provision of medical records to parents who do not have physical or legal custody of a child. This bill would require the court to expressly address the issue of access to records whenever it issues an order for sole legal or physical custody. This would provide a clear statement as to the access rights of the respective parents.

Ms. Berger explained that when the Board receives a complaint regarding a child's psychotherapist, staff attempts to obtain a signed release from both parents. If that attempt is unsuccessful, staff will request a copy of the custody agreement to see the terms. Staff also will write to the therapist in an attempt to obtain the records. Typically, if a custodial parent will not sign a release, staff cannot obtain records from the therapist. If staff is unable to obtain records, the Board often cannot pursue the case. This bill may assist the Board in pursuing some cases by providing greater access to records.

Mr. Riches added that this bill has been dropped for this year.

Assembly Bill 249 (Eng)

Ms. Berger gave an overview of AB 249. The Policy and Advocacy Committee recommended a position of support. This bill would prohibit a "healing arts" licensee, including LCSWs, MFTs, and LEPs, or an entity acting as an authorized agent of a licensee, from including any of the following provisions, known as "gag clauses" in a civil settlement::

- Prohibiting the other party from contacting the Department of Consumer Affairs (DCA) or the Board
- Prohibiting the other party from cooperating with the DCA or the Board
- Prohibiting the other party from filing a complaint with the DCA or the Board
- Requiring the other party to withdraw a complaint the DCA or the Board.

This bill would also specify that a licensee who includes or permits a gag clause to be included in a civil settlement agreement is subject to disciplinary action by the appropriate board.

This bill is intended to close a loophole in current law that allows a healing arts licensee under the DCA to prohibit a consumer who settles a civil suit from also filing a complaint or otherwise cooperating with a regulatory agency.

Dr. Russ commented that this is important to support. Ms. DiGiorgio agreed.

Mr. Perez stated that when weighing the public interest, full disclosure is better than hiding whatever misconduct has occurred.

JUDY JOHNSON MOVED, VICTOR PEREZ SECONDED, ALL THE BOARD VOTED UNANIMOUSLY TO ADOPT THE RECOMMENDATION OF SUPPORT.

Assembly Bill 509 (Hayashi)

Ms. Berger gave an overview of AB 509. The Policy and Advocacy Committee recommended a position of support. This bill would establish the Office of Suicide Prevention (OSP) under the Department of Mental Health (DMH) and requires OSP to create and implement statewide suicide prevention strategy, to collect and disseminate information on best practices, to collect and disseminate data and research, and to develop prevention standards. This bill would require the DMH to implement this program using existing funds and resources.

This bill calls for the statewide prevention strategy to be modeled after the National Strategy for Suicide Prevention (NSSP), which represents the combined work of advocates, clinicians, researchers and survivors around the nation.

HOWARD STEIN MOVED TO SUPPORT, RENEE LONNER SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO ADOPT THE RECOMMENDATION OF SUPPORT.

Assembly Bill 1525 (Cook)

Mr. Riches reported on the status of AB 1525. This is the bill for the reform of BPPVE and would have been the vehicle to carry the Board's provisions that was sponsored and was rejected. At this time, the passage of this bill is tied with the passage of the larger reform bill by July 1st. The Policy and Advocacy Committee recommended a position of support at the time. Given the action that the Board is taking on the emergency regulations, this bill does not offer anything beyond that. No action is necessary at this point.

Senate Bill 851 (Steinberg & Romero)

Ms. Berger gave an overview of SB 851. The Policy and Advocacy Committee recommended a position of support. This bill 1) would permit superior courts to develop and implement Mental Health Courts (MHC), 2) require a MFC to provide a single point of contact where a defendant with a serious mental illness or co-occurring disorder can receive court-ordered treatment and support services in connection with a diversion from prosecution, a sentencing alternative, or a term of probation, 3) increase mental health services for parolees and prison inmates using the MHSA model.

Ms. DiGiorgio stated that this is a long time coming.

Dr. Russ stated that this is essential. It is a necessity to not punish further people who are mentally ill; it's a huge step forward.

Heather Halperin, University of Southern California, School of Social Work, requested that the Board support this bill.

DR IAN RUSS MOVED, KAREN ROYE SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO ADOPT THE RECOMMENDATION OF SUPPORT.

C. Recommendation #3 – Oppose Assembly Bill 1025 (Bass)

Ms. Berger gave an overview of AB 1025. The Policy and Advocacy Committee recommended a position of oppose. This bill would 1) prohibit a person from being denied licensure or from having his or her license suspended or revoked based on a criminal conviction that has been dismissed under Penal Code Section 1203.4 or 1203.4a, and 2) require the Board to provide an applicant or ex-licensee whose application has been denied or whose license has been suspended or revoked based upon the applicant's criminal history record with a copy of the criminal history record.

Ms. Berger explained that this proposal is in conflict with BPC Sections 4982(a), 4989.54(a) and 4992.3(a) which permits the Board to order any license or registration suspended or revoked, or deny license or registration when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code.

The Board's processes and laws pertaining to criminal convictions are currently working well. Applicants with a criminal conviction are not categorically excluded. Licenses are being denied with just cause, and applicants are provided with ample due process. The Board needs to be able to consider all past criminal history, including dismissed convictions, rather than a formulaic standard in making a decision regarding a denial or disciplinary action.

Through the 1203.4 process, felony convictions are reduced to misdemeanors and subsequently dismissed. The board needs to retain the right to be able to deny based on those convictions if they are substantially related. Such standards would result in prohibiting denial of a license based on multiple misdemeanors, or any felony which is not considered serious or violent by law, but may be substantially related to the license.

This bill would require the Board to provide certain applicants with a copy of his or her criminal history record. This appears to be in conflict with Penal Code Section 11105. While the Board is investigating a conviction, the licensee or applicant is aware of the conviction history being investigated. Any licensee or applicant can obtain his or her own criminal history record.

Mr. Perez stated that anyone applying for a license must disclose, and he was not certain what this bill is trying to accomplish. He asked if they're attempting to get around the disclosure act.

Mr. Riches stated that he could only speak to the Board's processes, which are on a case-by-case basis. Staff looks at how recent the conviction, severity, patterns of convictions, rehabilitation, and conduct since the conviction. Frequently those people cannot get into the schools because they require background checks and have a zero tolerance policy. Looking at the Board's history, most individuals are not denied - they are put on probation.

VICTOR PEREZ MOVED, DR. IAN RUSS SECONDED, AND THE BOARD VOTED UNANIMOUSLEY TO ADOPT THE RECOMMENDATION OF OPPOSE.

D. Discussion and Possible Action on 2007 Legislation

Assembly Bill 64

Ms. Berger reported on AB 64. Staff is not recommending a position until an analysis is completed. This bill 1) creates the Uniform Emergency Volunteer Health Practitioners Act. 2) defines a Volunteer Health Practitioner as a health practitioner who provides health services during a declared emergency, and would include the Board's licensees, 3) permits the Emergency Medical Services Authority (EMSA) in conjunction with the appropriate licensing board to regulate practice by a volunteer health practitioner, 4) establishes a volunteer health practitioner registration systems and allows the licensing board to maintain a registration system, 5) allows the licensing board to regulate the conduct of the volunteer health practitioners and impose administrative sanctions upon a health practitioner licensed in California for conduct outside of the state in response to an out-of-state emergency, or impose administrative sanctions on a practitioner not licensed in California in response to an in-state emergency.

Ms. Berger explained that this proposal would permit the EMSA, while an emergency declaration is in effect, to regulate "...matters necessary to

coordinate effectively the provision of health or veterinary services during the emergency.” At the same time, it would permit a licensing board to “modify or restrict the health services... regulated by that body that volunteer health practitioners may provide pursuant to this article.” It is unclear which entity would have the greater authority in an emergency to regulate the services provided by volunteer health practitioners.

It is not clear what type of administrative sanctions the Board would be permitted to take on its own licensee. It may be difficult to get people to register in advance of a disaster, as many may not be motivated to register until a disaster actually happens. Additionally, this proposal does not require health practitioners to have specific training in disaster response.

Dr. Russ recommended bringing this back to the next Board meeting.

Ms. Johnson stated that this is an important legislation. She and Ms. Walmsley have attended the surge impact meetings to address emergency disasters and preparedness, and developing an emergency plan for California.

Ms. Esposito stated that disaster planning was addressed on the county Aging Commission. Office of Emergency Services and the Office of Homeland Security in California have not figured out the lines of authority yet, and there is still no resolution in California. Ms. Esposito pledged to work with the Board to take a look at this.

Mrs. Riemersma stated that CAMFT has a trauma response network, instrumental in creating the California Disaster Mental Health Coalition, which is a coalition of all of the disciplines, the Red Cross, the DMH, and other entities. CAMFT will also take a look at this issue. There is a need in this state.

Dr. Russ stated that staff needs to research this and the various programs. He recommended taking this back to the Policy and Advocacy Committee.

Dr. Cauldwell stated that AAMFT supports the idea and will work with the Board and professional organizations.

Mr. Wong recommended taking this issue to the Consumer Protection Committee as well to address regulation of out-of-state licensees and unlicensed individuals, and to address qualifications, training and education criteria.

Ms. Roye suggested including emergency preparedness in the strategic plan.

Assembly Bill 234

Ms. Berger reported on AB 234 sponsored by CAMFT. Staff is not recommending a position on this bill. This bill makes a number of clarifying changes and updates to the MFT licensing law. This bill would 1) clarify that interns may earn supervised experience providing services via telemedicine, and place a 125-hour cap on counting such hours toward licensure, 2) prohibit trainees and interns from leasing or renting space, paying for furnishings, equipment or supplies, or in any other way paying for the obligations of their employers, 3) be in conformity with the intent of current law, which prohibits trainees and interns from having a proprietary interest in their employer's business, 4) make an change in the law regarding persons who reside in California but complete their education outside of California.

Assembly Bill 423

Ms. Berger reported on AB 423. The Policy and Advocacy Committee recommended a position of support. California already has partial parity for severe mental illness or for a child's serious emotional disturbance. This bill would 1) expand that to cover for any mental disorder in the Diagnostic and Statistical Manual IV (DSM) or subsequent editions, including substance abuse, 2) requires health care service plans that provide hospital, medical, or surgical coverage to include mental health coverage.

Staff has suggested a position of support for this bill. However, mental health parity is a large and complex issue, and this recommendation is grounded in the general idea that people should have access to mental health care.

Ms. DiGiorgio strongly supports the concept of this bill.

Ian stated that this is an important step in the right direction.

Ms. Esposito urged support of this bill. She stated that one of the major findings through the Mental Health Services Act (MHSA) is that many seriously mentally ill people self medicate with substances. It was found is that the disparity of coverage disallows the treatment of people with co-occurring disorders. Diagnoses are manipulated to lessen the impact of the condition in order to not give unlimited treatment by private health insurance. This stigmatizes the patient.

Ms. Roye expressed support for this bill. She requested that staff look at universal health care for children.

Ms. Riemersma clarified that this bill would mandate the system of coverage to pay for mental health care in the same manner that physical health care is paid, and should not be confused with universal health care. She urged support for this bill.

DR. IAN RUSS MOVED, JOAN WALMSLEY SECONDED, AND THE BOARD VOTED UNANIMOUSLY VOTED TO ADOPT THE RECOMMENDATION OF SUPPORT.

The Board adjourned for lunch at 12:06 p.m. and reconvened at 1:15 p.m.

Assembly Bill 673

Ms. Berger reported on AB 673 sponsored by CAMFT. Staff is not recommending a position on this bill. This bill would 1) add a "death other than by accidental means" to the definition of child abuse and neglect, 2) clarify that a mandated reporter may report known or suspected child abuse when the mandated reporter acts in his or her private capacity and not in his or her professional capacity.

Ms. Berger explained that current law already requires a child's death to be reported when it is the result of physical abuse or when there is evidence of prior physical abuse or severe neglect. However, this bill would make this requirement more explicit. Currently, mandated reporters are permitted to make an anonymous report as a private citizen when they observe child abuse in their

private capacity, outside the scope of their employment. This bill would make this authorization more explicit.

Ms. Riemersma stated that currently the law talks about mandated reporters and “any other person.” Is a mandated reporter when operating in their private capacity considered to be any other person? This permits a mandated reporter when operating in their private capacity to make that report anonymously and to ensure that they have immunity from liability.

Assembly Bill 1178

Ms. Berger reported on AB 1178 sponsored by CAMFT. Staff is not recommending a position on this bill. This bill would permit a provider of health care to disclose medical information when a psychotherapist has reasonable cause to believe that the patient is in such a mental or emotional condition as to be dangerous to himself or herself or to the person or property of another and that disclosure is necessary to prevent the threatened danger.

This bill clarifies in the California Medical Records Confidentiality Act (CMIA) that a psychotherapist may breach confidentiality in the case of a dangerous patient. Evidence Code Section 1024 already permits therapists to take this action, so this bill would make a conforming change.

Dr. Russ stated that the Board should support this because it’s going to make a clarification. Dr. Russ moved to support AB 1178.

Ms. Lonner asked what the bill is clarifying? When Tarasoff vs. the regions became codified into state law, it contained these aspects.

Mr. Riemersma responded that Tarasoff is case law; it’s not codified in statute. This is placing that in the CMIA as it is in the Evidence Code. This section was incorrectly placed in the Evidence Code when it really should have been placed in the CMIA - it needs to be in both places.

DR. IAN RUSS MOVED, DONNA DIGIORGIO SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO SUPPORT AB 1178.

Assembly Bill 1687

Ms. Berger reported on AB 1178. There is no analysis because the bill was very unclear and confusing. This is likely to become a two-year bill with major amendments.

Senate Bill 823

Mr. Riches stated that SB 823 was included for informational purposes. There is no analysis. This bill was Senator Perata’s vehicle for the reform of the BPPVE.

Senate Bill 963

Mr. Riches reported on SB 963. Currently all boards and bureaus are subject to review under the Sunset Review process. The process puts a date on which the board/bureau cease to exist. This bill would change the process of sunseting process. Currently, when a board is sunsetted, it becomes a bureau directed under the department. This bill would essentially allow the creation of a new board when a board is sunsetted by allowing appointing authorities to appoint new members and to reappoint effective members. The new board may then

replace the executive officer if the executive officer has been ineffective in managing the operations. Staff does not recommend a position on this bill.

E. Regulation Update

Ms. Berger stated that there is nothing new to report. She briefly provided a status on the regulations.

Title 16, CCR Section 1803, Delegation of Authority to the Executive Officer: The completed regulatory packet was given final approval by the Office of Administrative Law (OAL) and was filed with the Secretary of State's office. This regulatory change took effect on April 19, 2007.

The remainder of the regulations are awaiting departmental approval.

F. Legislation Update

Ms. Berger reported that the Omnibus Legislation Bill has not yet been introduced. All the proposed legislation over the past year will be in one bill.

Assembly Bill 1367 regarding alcohol and drug abuse counselors has become a two-year bill.

Senate Bill 993 regarding the scope of practice of psychologists has become a two-year bill.

G. Strategic Plan Updates

Mr. Riches stated that the strategic plan update is provided under the goals for the Policy and Advocacy Committee, and current strategic planning efforts will be covered on agenda item XIII.

H. Budget Update

Mr. Riches reported on the Board's budget. Current projections indicate a year end balance of approximately \$100,000 which is significantly lower than previous years. Budget change proposals (BCP) for three new positions were accepted, and will become effective when the 2007-08 budget is signed. The third position will be funded by the DMH through the MHSA funding.

The budget for 2007-08 has passed the subcommittees for both houses. Total budget authority for the Board in the 2007-08 fiscal year will increase to approximately \$5.8 million. This is approximately a 15% increase in spending authority over the prior fiscal year. Most of this increase is attributed to cost increases resulting from recent collective bargaining agreements and a dramatic increase in costs for the Division of Investigation.

Staff is in the early planning stages for the 2008-09 budget. A number of BCPs are being developed for submission this year. These include proposals related to enforcement, improving customer service, and funding occupational analyses.

I. Quarterly Licensing Statistics

Mr. Riches stated that statistics are provided for review. Processing time has increased from last quarter, however, staffing has been stable. The goal is to get the average processing time down to 11-12 days. Staff is working very hard. The licensing staff has completed 500 more applications during the 12-month period compared to the previous 12-month period.

VII. Report of the Consumer Protection Committee

A. Recommendation #1 – Sponsor Legislation to Adopt a Retired License Status for Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs), and Licensed Educational Psychologists (LEPs)

Ms. Johnson reported on legislation to adopt a retired license status for MFTs, LCSWs, and LEPs. Currently, if a licensee retires from practice, the licensee can: 1) Request that his/her license be placed on inactive status and pay a biennial fee of one half the standard active renewal fee (inactive license fees are \$65 for MFTs, \$50 for LCSWs, and \$40 for LEPs). Renewing with an inactive status, by definition, means that a licensee may not engage in practice and is exempt from continuing education requirements; or 2) Not pay a fee and allow the license to expire. Allowing a license to expire means that the license will go into delinquent status and will ultimately be cancelled after five years.

The Committee recommended that the Board approve the proposed language, with modifications, in order to pursue implementing a retired license status for MFTs, LCSWs, and LEPs.

Ms. Riemersma expressed several concerns: 1) Why do this? 2) Why would a licensee retire their license if it requires passage of an exam to become relicensed? 3) Anyone who is a retired MFT should be able to use the title "Retired MFT" and should not have to qualify or pay a fee to do so. 4) The continuing education language is confusing. Ms. Riemersma stated that she does not encourage a licensee to do this because life circumstances change. She encouraged more work on the language.

Mr. Riches responded that staff receives many calls from licensees requesting an option for a retired status. Licensees who are retired and do not intend to become relicensed expressed a desire for a retired license, to keep their license on a retired status instead of canceling the license.

Ms. Riemersma asked if this would prevent a retired licensee, who has not acquired this status, to use the title "Retired MFT." Mr. Riches responded that he has not looked into that. Mr. Ritter added that if the disclosure is not false and misleading, then there is no reason why that should be prohibited under state law.

Mr. Riches stated that staff will continue to work with CAMFT to make modifications and ensure that the language is acceptable.

JUDY JOHNSON MOVED, JOAN WALMSLEY SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO SUPPORT THE RECOMMENDATION.

B. Recommendation #2 – Sponsor Legislation to Revise LEP Statutes Affected by Senate Bill 1475

Ms. Johnson asked for the reason for the amendment to Section 4989.20(6)(B) of the proposed language of the LEP statutes.

Ms. Maggio responded that the original proposal was to add “with experience in educational assessment and testing.” It was decided that it was not the appropriate time to do that, and the preference was to focus on amending the sections of SB 1475 that impacted the LEPs. This particular piece was referred back to the Committee for further discussion.

The recommendation was to sponsor legislation in 2007 regarding the LEP statutes consistent with this proposal as modified.

RENEE LONNER MOVED, HOWARD STEIN SECONDED, THE BOARD VOTED UNANIMOUSLY TO SUPPORT THE RECOMMENDATION.

C. Recommendation #3 – Sponsor Legislation to Allow Supervisors the Ability to Conduct Required One-On-One Supervisions Sessions with MFT Interns and ASW Registrants via Videoconferencing

The Committee discussed allowing MFT interns and registrants hours of experience in videoconferencing towards licensure requirements. The Committee recommended that the Board approve the attached proposed language. However, staff had an additional question for the Board to consider: Should an allowance for group supervision be made? If so, how many hours of group supervision should be allowed via videoconferencing (group supervision is done in two hour increments, individual in one hour)?

Ms. Walmsley stated that the group should be limited to 8 interns or registrants, 60 hours group, and 30 hours for individual.

Ms. Riemersma thanked the Board for considering this.

DR. IAN RUSS MOVED, DONNA DIGIORGIO SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO APPROVE THE RECOMMENDATION.

D. Recommendation #4 – Amend California Code of Regulations (CCR) Section 1887.2 Regarding Exceptions to Continuing Education Requirements

Ms. Johnson reported that the Committee is proposing regulatory language setting minimum time frame for disability at one year, so that staff may proceed with the regulatory change process.

Mr. Riches stated that the original discussion set the time frame at 9 months. Staff reviewed and discussed this, and determined that a 12-month period was more appropriate. Staff is bringing this back to the Board to recommend a 12-month period.

RENEE LONNER MOVED, D’KARLA LEACH SECONDED, AND THE BOARD VOTED TO APPROVE THE RECOMMENDATION TO AMENDED CCR SECTION 1887.2.

E. Recommendation #5 – Amend CCR Sections 1887, 1887.2, 1887.3, and 1887.7 Minor Clean-Up of CE Regulations

Ms. Berger reported that in effort to meet the Board’s strategic planning objectives, staff has reviewed the continuing education regulations and has recommended minor clean-up amendments. The Committee recommended that the Board approve the proposed language.

Ms. Lonner noted an error on Section 1887(d) which should read: An “initial renewal period” means the period *from* issuance of an initial license to the license’s first expiration date. Section 1887(e) should read: A “renewal period” means the two-year period *from* a license’s expiration date to the license’s next expiration date.

DONNADIGIORGIO MOVED, HOWARD STEIN SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO APPROVE THE RECOMMENDATION TO AMEND CCR SECTIONS 1887, 1887.2, 1887.3, AND 1887.7, AS AMENDED.

F. Recommendation #6 – Amend CCR Section 1870 Regarding Two-Year Practice Requirement for Supervisors of Associate Clinical Social Workers

Ms. Johnson reported that the Committee recommended that the Board approve the proposed regulatory language.

There was no discussion regarding this recommendation.

VICTOR PEREZ MOVED, D’KARLA LEACH SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO APPROVE THE RECOMMENDATION TO AMEND CCR SECTION 1870.

G. Enforcement Statistics

Ms. Johnson reported that the enforcement statistics were available for review. There was no discussion regarding this statistics.

H Examination Statistics

Ms. Johnson stated that there were no new examination statistics to present.

VIII. Review and Possible Action on Proposed Amendments to CCR Sections 1887.2 and 1887.3 Regarding Continuing Education Course Requirements

Mr. Riches requested the Board to review and approve the rulemaking file for proposed amendments to Title 16, CCR Sections 1887.2 and 1887.3 regarding continuing education self-study hours. The Board voted on this rulemaking and approved it during its February 2007 meeting. One comment was received subsequent to the meeting.

DONNA DIGIORGIO MOVED, JOAN WALMSLEY SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO APPROVE THE PROPOSED AMENDMENTS.

IX. Report of the Marriage and Family Therapist Education Committee

Dr. Russ reported on the MFT Education Committee and the ongoing discussions. The Committee met with the Northern California Coalition of MFT schools. People from state agencies were involved and commented on MFTs and MFT education. Controversial things were said such as MFTs are not qualified in community programs and DMH programs to offer the services that social workers were offering. This continues the discussion of regarding the necessity of adding more education in the areas of the recovery models and areas traditionally related to social work so that MFTs have access to community positions, DMH positions, and MHSA positions. This is going to require more coursework, but cannot be done in 48 units when social workers have a 60-unit masters degree. To make this an equivalent degree, those elements must be added.

Warren Hayes will be speaking at the next Committee meeting, and will give feedback on the Committee's proposal regarding education for public service and MFTs entering into public service.

Dr. Russ encouraged public discussion and invited anyone interested in participating in the dialogue.

Dr. Russ and Ms. DiGiorgio attended a meeting at Pepperdine University with consumers of mental health services. Ms. DiGiorgio stated that this was a positive experience and thanked Duncan Wigg and the staff from Pepperdine University.

Dr. Russ expressed that this was a humbling experience, and the feedback was powerful. This talks to the necessity and the power of MHSA. The Board needs to acquaint itself with these consumers. This type of training and experience is important for students, the consumers, and the state.

X. Election of Officers

Mr. Law stated that his term expires in June. Mr. Law served on the Board for 4 years. He urged Board members to attend an outreach presentation with Outreach Coordinator, Sean O'Connor.

Mr. Law opened the floor for nominations for Board Chair.

VICTOR PEREZ NOMINATED DR. IAN RUSS FOR BOARD CHAIR, D'KARLA LEACH SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO ELECT DR. IAN RUSS AS THE BOARD'S CHAIR.

Mr. Law opened the floor for nominations for Board Vice Chair.

HOWARD STEIN NOMINATED JOAN WALMSLEY FOR VICE CHAIR, DONNA DIGIORGIO SECONDED, AND THE BOARD VOTED UNANIMOUSLY TO ELECT JOAN WALMSLEY AS THE BOARD'S VICE CHAIR.

XI. Public Comment for Items Not on the Agenda

Ms. Riemersma reported that AB 1486, LPC bill, passed out of Appropriations today.

No other comments were received.

The Board adjourned for a short break at 2:20 p.m. and reconvened for its closed session at 2:42 p.m.

FULL BOARD CLOSED SESSION

XII. Pursuant to Government Code Section 11126(c)(3) to Deliberate on Disciplinary Decisions:

- A. Regarding Stipulated Settlement of Lila Karoub MFC 36460**
- B. Concerning Penalty for Gary Vincent Ventimiglia MFC 21132**

The meeting adjourned at 4:00 p.m.

Friday, June 1

MEMBERS PRESENT

Victor Law, Chair, Public Member
Gordonna DiGiorgio, Public Member
Elise Froistad, MFT Member
Judy Johnson, LEP Member
D'Karla Leach, Public Member
Renee Lonner, LCSW Member
Victor Perez, Public Member
Dr. Ian Russ, MFT Member
Howard Stein, Public Member
Joan Walmsley, LCSW Member

STAFF PRESENT

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Steve Sodergren, Program Manager
Christy Berger, Legislation Analyst
Christina Kitamura, Administrative Assistant
Sean O'Connor, Outreach Coordinator
Lynne Stiles, IT Analyst
Rosanna Webb-Flores, Enforcement Analyst
Pearl Yu, Enforcement Analyst
Cheree Lasley, Enforcement Technician
Kari O'Connor, Enforcement Technician
Nikki Cotto, CE Technician

MEMBERS ABSENT

Karen Roye

GUEST LIST

On File

STAFF PRESENT

Elina Taylor, Examination Analyst
Sandra Wright, Examination Analyst
Mary Miranda, Examination Technician
Gordon Redoble, Lead Cashier
Marsha Gove, Cashier
Karrmyne Williams, Cashier
Michelle Eernisse, MFT Evaluator
Jason Reinhardt, Licensing/CE Technician
Marilyn Schilling, Receptionist
Cynthia Finan, Office Assistant
Lora Romero, Office Assistant

FULL BOARD OPEN SESSION

Victor Law, Board Chair, called the meeting to order at 8:30 a.m. Christina Kitamura called roll, and a quorum was established.

Ms. Maggio introduced BBS staff in the audience.

Paul Riches introduced and navigated the new BBS website. Mr. Riches commended Lynne Stiles and Sean O'Connor for their extensive work on this project.

XIII. Strategic Planning Work Session

Dr. Lindle Hatton facilitated the Strategic Planning work session. He gave a brief overview on the Strategic Planning process.

Dr. Hatton reviewed the Strategic Plan Initiative Survey Results of the survey conducted in December 2006 with stakeholders and staff. This survey was designed to measure BBS effectiveness and analysis of BBS' strengths, weaknesses, opportunities, and threats (SWOT).

Dr. Hatton explained the key elements of the Vision statement: 1) it is approximately 8-10 words; 2) it should carry the organization through 20 years, 3) it focuses on the future ideal state; 4) and it is brief, memorable, inspiring, and challenging.

Dr. Hatton explained the key elements of the Mission statement: 1) it speaks to the purpose of the organization; 2) it is 30-35 words; 3) it focuses on the current state; 4) it is built on the competencies and the core functions of the organization.

Dr. Hatton explained that Values represent the guiding principles and help to reinforce the culture. He explained that Goals support the Mission and should focus on a specific activity or theme that leads to the accomplishment of the Mission. Each Goal has an Outcome. Each Goal has approximately 2-5 Objectives. Every Objective has a Measure. This is the GOOM model: Goals, Outcomes, Objectives, and Measures.

Vision

Paul Riches presented the Vision sculpted by staff. The BBS Vision was changed from *Strong minds, strong lives, strong families through quality mental health* to:

Strong minds, strong lives, strong communities.

Judy Johnson, Donna DiGiorgio, Renee Lonner, D'Karla Leach, and Victor Perez liked the new vision because it is shorter, stands out, and liked the reference to "communities."

Dr. Ian Russ liked the Vision, however, preferred the reference to "family." The interaction between minds, lives and communities is connected through family, and there has to be a commitment to the widening definition of family.

Ms. Johnson expressed that the language is reflective of the Mental Health Services Act (MHSA).

Joan Walmsley does not see "mental health" in the Vision, and suggested that it should be part of the Vision.

Mary Riemersma, Executive Director of CAMFT, referred to the role of consumer protection and suggested that it be mentioned in the Vision.

Heather Halperin stated that the term "strong" is opposed to "weak," and does not want to think about people who are mentally ill as "weak." The term "weak" as opposed to "strong" has a negative connotation.

Mission

Mr. Riches presented the Mission statement:

*Protect Californians by promoting consumer awareness,
advocating for changes in mental health services,
and by setting, communicating, and enforcing standards.*

Some edits were requested. After some discussion and editing, a vote was taken on the proposed changes to the Vision and Mission.

Vote on the Mission

- Protect Californians by promoting consumer awareness, advocating for changes in mental health services, and by setting, communicating, and enforcing standards. *(NO VOTES.)*
- Protect Californians by promoting consumer awareness, advocating improved mental health services, and setting, communicating, and enforcing standards. *(UNANIMOUS)*
- Protect Californians by promoting consumer awareness and advocating for improved mental health services through setting, communicating, and enforcing standards. *(NO VOTES.)*

Vote on Vision

- Strong minds, strong lives, strong communities. *(3 VOTES)*
- Strong minds, strong lives, strong families, strong communities. *(0 VOTES)*
- Strong minds, lives, families, communities. *(7 VOTES)*

The approved Vision and Mission are:

Vision: Strong minds, lives, families, and communities.

Mission: Protect Californians by promoting consumer awareness, advocating for mental health services, and setting, communicating, and enforcing standards.

Values

Mr. Riches expressed that the Values are reflective of staff's value system, and there is no interest in changing it.

THE BOARD VOTED UNANIMOUSLY TO KEEP THE CURRENT VALUES.

Goals and Objectives

Mr. Riches stated that stakeholder feedback gave staff a lot of material to consider. The BBS is in a different position as an organization than we were two years ago. We've developed a sense of what objectives to work towards; one of those things is being a leadership organization.

There was some discussion regarding difference between Goal 2 and Goal 3. Mr. Law felt that Goal 2 and 3 could be merged as one goal. Dr. Russ stated that Goal 2 is about influencing policy, and availability and appropriateness of services; and Goal 3 is a quality issue.

Dr. Hatton explained the importance of having 4 goals is to measure the effectiveness of the Board by addressing the following concepts: 1) How do you look to your customers (Goal 1); 2) What are the innovative aspects of the organization (Goal 2); 3) What are the internal best practices to use in developing the organization and getting the message out there (Goal 3); 4) What the economic drivers of the

organization; what resources can the organization gain access to and benefit from (Goal 4).

Dr. Hatton described the Objectives and how they are crafted. Objectives are:

- Specific
- Measurable but Meaningful
- Aggressive but Attainable and Assignable
- Results-Oriented
- Time Bounded

Dr. Hatton presented the Goals and Objectives.

Goal 1: Be a model state licensing board.

- 1.1 Increase the board's accessibility rating on the customer satisfaction survey to 85% by July 1, 2012.
Measure: Percent increase in accessibility rating
- 1.2 Improve internal communications by 33% as measured by the internal communications survey by July 1, 2011.
Measure: Percent improvement in survey
- 1.3 Increase staff productivity index by 10% by July 1, 2012.
Measure: Percent increase in index
- 1.4 Improve complainant satisfaction by 50% by July 1, 2012.
Measure: Percent improvement in satisfaction
- 1.5 Have all employees complete BBS certification by July 1, 2012.
Measure: Number of employees with certification
- 1.6 Conduct 45 outreach events per fiscal year by July 1, 2012.
Measure: Number of outreach events
- 1.7 Increase Board effectiveness index by ___ by July 1, 2012.
Measure: Increase in effectiveness index

Goal 2: Influence changes in mental health services throughout California.

- 2.1 Advocate for five (5) laws that expand access to mental health services by July 1, 2012.
Measure: Number of laws advocated
- 2.2 Implement four (4) strategies to improve the quality of clinical supervision by July 1, 2012.
Measure: Number of strategies
- 2.3 Secure passage of legislation to revise the curriculum for marriage and family therapists by January 1, 2009.
Measure: Passage of legislation

Goal 3: Promote quality mental health services.

- 3.1 Implement four (4) consumer awareness initiatives o the roles of mental health services by July 1, 2102.
Measure: Number of initiatives implemented
- 3.2 Provide ___ new publications in at least two (2) additional languages by July 1, 2012.
Measure: Number of publications in additional languages
- 3.3 Implement four (4) strategies to address demographic disparities between providers of mental health services and consumers by July 1, 2012.
Measure: Number of strategies implemented

Goal 4: Expand the Board's access to resources.

- 4.1 Achieve 70% utilization of iLicensing in the first year of implementation.
Measure: Percent utilization achieved
- 4.2 90% of BBS staff will participate in the Human Resource Management Plan by July 1, 2010.
Measure: Percent of staff participating
- 4.3 Obtain access to ___ external experts to address our competency gaps by July 1, 2009.

THE BOARD VOTED UNANIMOUSLY TO APPROVE THE GOALS AND OBJECTIVES.

Future Plan

- Create staff Strategic Planning Council
- Work action plan (WAP) will take place with staff next week.
- Board approval of final draft of strategic plan
- Implementation
- Tracking performance
 - Quarterly reviews
 - Ongoing training
 - Updating strategic plan

Meeting adjourned 11:45 a.m.