

## MEETING MINUTES

### Policy and Advocacy Committee January 18, 2008

University of Phoenix  
860 Gateway Oaks Drive, Room 209  
Sacramento, CA 95833

**Committee Members Present:**

Donna DiGiorgio, Chair, Public Member  
Renee Lonner, LCSW Member  
Karen Roye, Public Member  
Dr. Ian Russ, MFT Member

**Staff Present:**

Paul Riches, Executive Officer  
Mona Maggio, Assistant Executive Officer  
Christy Berger, MHSA Coordinator  
Tracy Rhine, Legislative Analyst  
Sean O'Connor, Outreach Coordinator  
Kristy Schieldge, Staff Counsel  
Christina Kitamura, Administrative Assistant

**Committee Members Absent:**

None

**Guest List:**

On File

**I. Introductions**

Donna DiGiorgio called the meeting to order at 9:30 a.m. Christina Kitamura called roll, and a quorum was established. Guests introduced themselves.

**II. Review and Approval of the October 5, 2007 Policy and Advocacy Committee Meeting Minutes**

*Renee Lonner moved to accept the minutes of the October 5, 2007 Policy and Advocacy Committee meeting. Ian Russ seconded. The Committee voted unanimously to approve the motion.*

**III. Discussion and Possible Action on Assembly Bill 1367 Regarding Alcohol and Drug Abuse Counselors**

Tracy Rhine reported on AB 1367. This bill creates the Alcoholism and Drug Abuse Counselors Licensing Law, and provides for the licensing and regulation of Alcoholism and Drug Abuse Counselors by the Board of Behavioral Sciences (BBS), beginning January 1, 2010. This bill is a practice act and mandates that all persons providing

alcoholism and drug abuse counseling, as defined, in a private setting, to be licensed according to the provisions in this bill (with specified exemptions).

This bill creates a two-tiered system for licensure of these counselors: Alcoholism and Drug Abuse Counselor I (ADAC I) and Alcoholism and Drug Abuse Counselor II (ADAC II). An ADAC I can only practice under the supervision of a qualified mental health practitioner, including an ADAC II. An ADAC II may practice independently and may supervise an ADAC I. This bill also provides for ADAC trainees and Interns.

Practice of Alcoholism and Drug Abuse Counseling is defined as the 12 Core Functions outlined in the bill to include: screening, initial intake, orientation, alcoholism and drug abuse counseling, case management, crisis intervention, assessment, treatment planning, client education, referral, reports and recordkeeping and consultation with other professions. All these listed activities must be for the purpose of treating alcoholism and drug abuse.

Grandparenting provisions are provided for both tiers of licensure. Beginning January 1, 2010 and through December 31, 2011, to qualify for licensure as an ADAC I an individual must obtain:

Certification by the California Association of Alcoholism and Drug Abuse Counselors (CADAAC) as a Certified Alcohol and Drug Counselor I or II (CADACI or II),

*Or*

Certification by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) as a National Certified Addiction Counselor II

*Or*

Certification by the IC & RC as an international Certified Alcohol and Drug Abuse Counselor

*Or*

Current certification by an organization recognized by the Department of Alcohol and Drug Programs (ADP) - if the certification requirements are substantially similar to those above listed certificates.

Grandparenting provisions for licensure as an ADAC II require:

The same certification requirements as those for the ADAC I, and documentation of 10,00 hours of experience to include 4,00 hours of experience in clinical supervision

*Or*

10,00 hours of experience and licensure in a mental health field that requires a masters degree.

Beginning January 1, 2012, the BBS must issue ADAC I and ADAC II licenses to those that meet the following qualifications:

For ADAC I:

- A high school diploma
- 315 hours of classroom instruction in alcoholism and drug abuse, including 45 hours of classroom practicum

- 255 hours of field work in clinically supervised practicum
- 6,000 hours of supervised work experience in the 12 core functions
- Pass the written and oral examination offered by the IC & RC or as required by the Board.

For the ADAC II:

- A master's degree in alcoholism and drug abuse counseling, or a related mental health field approved by the Board
- And passage of the written and oral exam

This bill requires that both an ADAC I and II refer all clients to a referral agent (a qualified mental health practitioner) within 14 days to assess any co-occurring needs or disorders.

This bill was introduced last year but was held in Assembly Business and Professions (B&P) Committee over the interim for an information hearing. At the time of introduction, this bill only provided for title protection and has been substantially amended for the last several months. AB 137 was heard in Assembly B&P Committee last Tuesday, where it passed out on a 6- 0 vote. The bill now heads to Appropriations Committee.

Paul Riches highlighted some issues in the analysis. The different levels of licensure and their scopes are not clear, and there are inconsistencies between the tiers. There are differences in the supervision regime, and there is not a lot of specification regarding what qualifies as adequate supervision.

This is a single-diagnosis license, and has a limited function and scope in respect of the BBS principle licensing work. The areas of substance abuse are areas where the Board has been as strong and thorough as it should be. There is the threshold question that is difficult to answer. However, it is more difficult to create a new board than it is to create a new license.

Mr. Riches was concerned about the referral agent. Anytime referral relationships are established in statute, it invites potential for unsavory relationships and problems. Clients need a full breadth of people available to suite the clients' needs, rather than a single individual. Mr. Riches prefers referral requirements to be a general referral requirement, that any licensed professional has an obligation to make referrals based on the client's needs, rather than a pre-established relationship.

There is a small number of alcohol and drug counselors who have masters level degrees. Those who come in as ADAC I are required to be under the supervision of someone with a masters degree. This puts the bulk of a profession in a situation that is not similar to the position our registrants hold as they are pursuing licensure. His question revolved around whether the requirement for this type of licensure is necessary. While the counselors would work under the supervision of marriage and family therapists (MFTS), licensed clinical social workers (LCSW), and psychologists, he is not sure that meets the objectives of the legislature.

Ms. DiGiorgio had several concerns. Being in the industry, she is concerned about the exempt status of government agencies, which is where abuse happens. Ms. DiGiorgio works in a private residential treatment program that is a dual-diagnosis program where

MFTs and psychologists are employed. She is concerned that a lot of people in these professions will no longer do this work if these requirements are passed. If people are going to school to get their masters degree as a licensed alcohol and drug counselor, why not go to school to become an MFT? Alcohol and drug counselors do not make a lot of money, and licensure will not make a difference. Six thousand (6,000) hours of supervised work experience is excessive. MFTs require only 3,000 hours, and LCSWs require 3200 hours. This is important; this is a new scope of practice. There needs to be statutes, specifications and education that is consistent and realistic.

Ian Russ asked how this would be paid for? Mr. Riches responded that staff is currently working on the fiscal details. The sponsors are committed to work with the Board. The resources required are not inconsiderable. The more categories of licensure the Board has significantly increases cost and administrative burden. Creating a new licensing program based on the numbers that the sponsors are expecting to pursue licensure, would put the costs at a minimum of hundreds of millions of dollars.

Dr. Russ asked where the start-up money would come from? Mr. Riches responded that the bill specifies a loan from the Board's current reserves. It is fee supported and will be paid back.

Karen Roye asked has there been some consideration of timing and moving forward. Mr. Riches responded that one of the suggested amendments is to move back the implementation date to address budgetary timelines, hiring time, and to obtain the necessary resources. It takes approximately 4 months to hire once staff is given the authority to hire.

Dr. Russ asked: 1) Is there a need for this? 2) Is there a public safety issue? 3) Is this a status issue? 4) What does the public gain from this?

Dr. Russ referred to the bill analysis page 3, number 4.g.ii: Initial intake to include the administrative and initial assessment procedures for admission into a treatment program (does not include psychological testing intended to diagnose mental illness). He also referred to number 4.g.iv, regarding a separation of counseling. He asked how is this not psychotherapy. The terms *counseling* and *psychotherapy* has been used interchangeably, and the Board has taken a stand that those terms are interchangeable. He asked if this means that those terms are no longer interchangeable. Dr. Russ asked how this work is performed without it being psychotherapy?

Dr. Russ commented on definition of addiction, and asked if it included sex addiction and gambling addiction, or if it only pertained to drug and alcohol. He asked how those addictions are addressed.

Dr. Russ commented that 6000 hours are excessive unless the concept is that the hours are largely CAADAC certification candidates and are not receiving a master's degree, and using the hours of experience in place of education. Ms. DiGiorgio replied that the 6000 hours is in addition to the schooling.

Dr. Russ referred to the bill analysis page 5 where it quotes 10,000 hours of experience plus a master's degree for an ADAC II. Christy Berger explained that this is grandfathering requirement. After the grandfathering period, there is no experience required for the ADAC II.

Mr. Riches stated that one of the suggested amendments in the analysis is to add a section that requires persons grandparented under sections 4705 and 4707 to be recertified after a 6-year period, to consist of taking current licensing examinations and meeting all other requirements at the time of recertification. This language is consistent with Board approved language amended into AB 1486 (Calderon), the bill creating licensure for professional counselors.

Renee Lonner stated that she shared the same concerns. She asked if there is a more appropriate regulating body that can take this on. The recovery model and the 12-step model address character issues, but with the 12-step model, it does not come from a psychotherapeutic, clinical, psychodynamic base. It comes from a character development basis.

Willie Guerrero, legal counsel for CAADAC, explained that when the bill was first introduced it was a title protection bill. It has evolved with the input of legislatures, stakeholders, and the BBS staff. Mr. Guerrero addressed public protection by stating that under current law, any person without background, education, and training can hang a shingle and provide counseling in this area. There is a lack of standards in the field. There is no oversight in this field and over those who are unlicensed and unregulated.

Dr. Russ asked why the Board of Psychology or the BBS has not pursued those individuals for practicing psychotherapy without a license? Mr. Riches responded that there have not been any complaints; and without the complaint, staff cannot establish what is happening in the field and have no basis to proceed.

Dr. Russ asked if there is a public safety issue at hand if nobody is complaining. Mr. Guerrero responded that there is no data to support that because there is no oversight.

Dr. Russ asked if there is an "unofficial sense" that people are complaining? Mr. Guerrero responded yes, consumers do not have an avenue in government to turn to; consumers have turned to CAADAC.

Dr. Russ asked how many complaints have been made . Mr. Guerrero did not know exactly, and stated that over the course of the year between CAADAC and other groups, it was perhaps over 100 complaints.

Warren Daniels, CAADAC, stated that CAADAC decertifies up to a dozen of people a year, and they do receive up to 100 anonymous complaints per year against individuals in both public and private practice. Currently, there are no regulatory actions that can be taken over individuals in private practice; and even though their credentials are taken away, it does not stop them from hanging a shingle and practicing under any title they use. CAADAC refers the consumers to whatever resources they can, including the BBS.

Mr. Riches asked when speaking about private practice, is this inclusive of approved 12-step programs and the people working in those organizations, or how do they exist in relation to private practice. How much is private practice inside and outside of that type of organization?

Mr. Guerrero replied that the big difference is the question of money - charging for the services. CAADAC started the bill with specific exemption for self-help groups. At the time it was drafted, it was difficult to enforce; therefore, it was taken out with the

understanding that it did not fall in with the specific scope of practice. Notwithstanding the political reality that ensued, CAADAC ensured to various stakeholders that there would be an exemption status.

Mr. Riches asked how much private practice space is occupied by 12-step programs and how much is occupied by unaffiliated practitioners.

Mr. Daniels responded that Alcoholics Anonymous and Narcotics Anonymous are not professional organizations. They are fellowships of people who wish to stop using and drinking, and they do not provide professional services. CAADAC members were surveyed and asked how many members were in private practice. CAADAC has approximately 3500 registered or certified members. Of those 3500 members, approximately one-third work in private practice. Of those certified at a CADC II level, which is about 1500 members, approximately 500 members have bachelor's degrees and 800 members have certification with a high school diploma and addiction counselor education. The remainder of approximately 600-700 members has a bachelor's degree or an associate degree along with their certification.

Mr. Daniels stated that CAADAC went to the public sector, and through their counselor certification regulations, they show that there are 21,000 people registered or certified in California. CAADAC believes there is a workforce of approximately 5,000 people that would apply for this license through grandfathering, which would be 1,500 people from the CAADAC membership and 3,500 from other certifying organizations who are registered or certified with the state but work in both public and private practice.

Mr. Daniels addressed the matter regarding psychological evaluation, explaining that it specific to substance abuse issues, not the psychological state. CAADAC recommends that in addition to a substance abuse evaluation, that the client also seeks out assistance from a mental health professional.

Mr. Guerrero stated that the bill requires the counselor to refer the client to a mental health professional within 14 days. He added that this bill would meet other goals. This would also bolster the private arena because with more counselors that are competent and capable, this will relieve the pressure in the public arena and a potential cost savings to the state.

Ms. Roye asked how this legislation works with public entities. Mr. Guerrero responded that there is a structure in place based on regulations set by the California Department of Alcohol and Drug Programs (ADP) that sets standards for counselors working in the public arena and provides oversight of the facilities. CAADAC chose to leave that in place and focus on the private arena, which is currently unregulated.

Ms. Roye expressed concerns that this legislation does not focus on the population who do not have access to care, and that this will create a divide between those who are below poverty level, without insurance, and those who are able to pay for private care. She expressed concerns that the standards are not consistent between the public and private arenas, and stated that the level of care should be consistent between the two. In other words, there should be no exempt status for individuals working in government agencies.

Mr. Riches explained that the current practice acts for marriage and family therapy and clinical social work provide an exemption in governmental agencies. Licensure has been a de facto requirement in those environments for some time. There are some legal requirements from state funded programs stating that the employees must be licensed in order to receive funding. Essentially, the licensing requirement has been a backdoor into other governmental programs by payment structures. The establishment of any licensing act creates pressure elsewhere in the system to adopt licensure. One reason this is structured toward the private sector is because CAADAC may not want to take on ADP. If this license is created and it holds, the reality would be that agencies would find it difficult to not hire a licensed person over a reasonable time frame.

Mr. Daniels stated that of the other states that have licensure in this area have an independent agency specifically for alcohol and drug abuse counselors. California is unique in that it has the BBS, and CAADAC could not find an agency across the nation like the BBS.

Ms. DiGiorgio asked what happens to the other certification bodies? Mr. Daniels responded that one of the suggested amendments is to take the language regarding the national level and CAADAC level, and create a nationally competency level of education and testing. CAADAC is willing to do that. If other certification bodies want to obtain that level of education and testing, they should be able to qualify for this license.

Mr. Guerrero went over the suggested amendments. Regarding number 2, redundant licensing categories, CAADAC agrees with BBS, and that there needs to be some recasting of the various categories. CAADAC wants to work with BBS to come up with the appropriate language.

Mr. Riches expressed concern over the scope of duties at the different levels. Requirements for the trainees need to involve the whole spectrum, not just a portion of it. Mr. Guerrero agrees that they can agree to three categories and work with BBS to construct the scopes.

Mr. Guerrero addressed the suggested amendments under number 3, discrepancy in qualification and function of ADAC trainee and ADAC intern. CAADAC believes that 6000 hours is adequate. For the lower level counselor, this is mostly experience-based. With that said, there is no lack of education. At both levels - grandfather and post-grandfather for the lower level counselor – the education component is 315 hours of classroom instruction in alcoholism and abuse counseling and related fields, 255 hours of supervised practicum. CAADAC wants to set a high standard. Six thousand hours is currently required within the CAADAC II level certification. CAADAC is willing to discuss this further with the BBS.

Mr. Guerrero addressed the suggested amendments under number 4, supervision requirements unclear. CAADAC agrees with the two amendments and will work with BBS to make the appropriate changes. He agreed to the suggested amendment under number 5, restriction of future Board action. Under number 6, timelines for implementation, this amendment has been incorporated showing a delay of one year and shortening the grandfathering period to one year. Under number 7, examinations, CAADAC agreed to make the change to language in Section 4709 to conform to current law. CAADAC will work with BBS regarding reference to oral examinations.

Mr. Riches stated that if CAADAC is asking the Board to regulate a profession, it must give a reasonable amount of discretion to do so, and a reasonable amount of discretion to determine educational standards and the ability to match the examination program is going to be the most appropriate exam program based on the licensing requirements. Mr. Riches stated that he is reluctant to enter discussions with options closed off.

Mr. Guerrero addressed the suggested amendments under number 8, referral agent, stating that CAADAC will work with BBS and other stakeholders to incorporate this change.

Mr. Guerrero addressed the suggested amendments under number 9, grandfathering, stating that the CAADAC agrees with the sunset clauses. He stated that he inserted a provision of the bill aimed at the Appropriations Committee where it states that this bill is subject to appropriation, and if appropriation is not made, it will sit. As for the first suggestion, it is achievable at the lower level. However, at the upper level, it is problematic because these are the people who will be supervising folks. What CAADAC is requiring under grandfathering is the equivalent of a bachelor's degree, and 10,000 hours by five years of direct experience, two of which need to be at the supervisory capacity.

Mr. Riches stated that Board staff has witnessed significant differences in competency and performance between folks under grandparented licenses and those who are more recently trained and licensed under a more rigorous structure. The Board believes in a single standard of competence. The Board needs to know that these folks have the skill set and competencies to do the job.

Kristy Schieldge asked for clarification regarding the compromise on the lower level licensure and require them to be tested, but those who are practicing independently do not have to be tested after the 6-year period. Mr. Guerrero responded as the bill is currently at the lower level, it is a marginal difference between the what is grandfathered in at the lower level and what is ultimately required at the post-grandfather at the lower level. That is achievable in a certain time frame. If someone is 50 years old and practicing fulltime, they are not going back to school.

Ms. Schieldge asked if CAADAC would object to an exam requirement. Mr. Guerrero stated that they would consider that. Mr. Riches added that an educational component could be structured as well.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), commended the CAADAC staff and author for doing everything possible to accommodate CAMFT's concerns. CAMFT is concerned about co-occurring disorders, which happens in about 80% of alcohol and drug addiction cases. There is a need to regulate the profession. The counselors already exist, but there is no mechanism in the state of California to pursue any disciplinary action. Before BBS can take a case, they would have to be practicing beyond their scope of practice. The complaints exist, but there is no entity to deal with those complaints in the private sector.

Ms. Riemersma stated that CAMFT's position is that a person becoming an alcohol and drug counselor should have at least a bachelor-level degree. Base level skills are learned at that level of education, such as record keeping, note taking, communication skills, and working with others. What is proposed in this bill is 315 classroom hours,

which is equivalent to 7 classes, and is not equivalent to a bachelor's degree. A bachelor's degree is equal to about 2,000 hours.

Ms. Riemersma stated that CAMFT is requesting course work in law and ethics. There also needs to be specified methods of treatment, cultural diversity, psychopharmacology, anger management and domestic violence, interviewing techniques, and conflict resolution – these need to be specified in the law.

Ms. Riemersma expressed CAMFT's concerns regarding supervision. The supervision is actually more like consultation, not oversight. The supervisor is not actually working with the individual. CAMFT requested informed consent or disclosure that is provided to every client that details the level of education of the practitioner and the limitations of their scope of practice. CAMFT also has concerns with Section 4721.1 because as the bill is currently drafted, it would state that only alcoholism and drug abuse counselors can provide alcoholism and drug abuse treatment, or refer to themselves as alcoholism and drug abuse counselors. The sponsors agreed to address that concern. Ms. Riemersma is also concerned about the potential of licensing of professional counselors, and the demands placed on the Board if that passes, as well as the additional demands placed upon the Board of regulating alcoholism and drug abuse counselors. She expresses concerns regarding the effect of regulation of the professions that the Board already regulates, and not to diminish the Board's work with those professions.

Mr. Guerrero responded that CAADAC has been working on language regarding disclosure and title protection. In terms of education, CAADAC is working with details regarding education.

Dr. Russ stated that the Committee would like to see the core curriculum outline in law.

Janlee Wong, National Association of Social Workers California Division (NASW), agrees with getting this legislation through. He stated that this is very complex, and CAADAC and BBS should take their time on it. He expressed concerns regarding several issues: 1) conviction issues – Mr. Wong believes in rehabilitation of incarcerated people, but there is also a duty and obligation to take care of the public; 2) oral exams – disagrees with the concept of oral exams because it is subjective and anti-culture; 3) education – an academic degree develops critical thinking skills and is the basis of professionalism, and is necessary.

Geri Esposito, California Society for Clinical Social Work (CSCSW), stated that the bill needs to be more prescriptive. She agreed with Ms. Riemersma's points of concern: curriculum, supervision, and the Board taking on two additional licenses. There is already much to learn about several license types as public members on the Board during a short term. It obliterates the intent and purpose of having public members to provide tension on the Board and providing balance.

David Peterson, California Association of Addiction Recovery Resources (CAARR), gave a brief background of CAARR stating that it is the largest frontline drug and alcohol treatment association in California. CAARR also operates the CAARR Institute, which is the largest counselor-certifying agency in the state. CAARR is opposed to this bill as it is currently written. Mr. Peterson questioned whether the BBS is the appropriate body to take this on. He suggested that the ADP is the appropriate body. ADP just completed the process of adopting regulations, which were implemented in September 2007.

Those regulations certify ten organizations in California that are allowed to train and certify counselors. The counselors must meet the competency standards that were developed by Substance Abuse and Mental Health Services Administration (SAMHSA).

Mr. Peterson expressed concerns regarding several issues: 1) the creation of a licensing standard and an exemption status, will eventually push for everyone to obtain licensure; 2) notion that the bill addresses private practice only, and wants a definition of private practice; 3) education issues; 4) grandfathering, as it is written in the bill. CAARR believes that a counselor working in a private practice setting should be held to the same requirements as an LCSW or MFT; and 5) CAARR claims the intent of the bill is for title protection.

Mr. Peterson added that people who end up in treatment have hit the wall and are burned out, and do not have the funds to pay a private practitioner for treatment. Many people come from the criminal justice system; some come from referrals from other government agencies.

Mr. Guerrero stated the reasons that CAADAC came to BBS instead of ADP was because 1) ADP only wanted to deal with the public arena, and 2) the responsible body is the licensing body of the related fields.

Mr. Daniels disagreed that ADP is the appropriate agency for this. ADP has a clear distinction from the Legislature to regulate facilities around health and safety issues. The ADP director and staff have stated that regulating individuals in the private arena falls under the umbrella of the Department of Consumer Affairs.

Dr. Russ asked Mr. Riches how private practice would be defined. Mr. Riches responded that to the extent the statute does not define it, it is going to be within the Board's authority to define it through regulation.

Ms. Schieldge stated that regulation or clarification in statutes is necessary only when it is not a commonly understood term. If there is no confusion in the profession as to what private practice means, or if it is capable of being understood by referring to the definition in the dictionary, usually the Legislature does not define it.

Mr. Riches stated that currently the Board defines it by exclusion - private practice is anything not under current exemption.

Mr. Guerrero referred to Section 4704(b)(2), stating this was their attempt at excluding the public arena. CAADAC is going to modify that to read "if a person is qualified or licensed to engage in that practice and is employed or volunteers at a program administered, certified, or licensed by a governmental agency." That is more encompassing with CAADAC's intent.

Ms. DiGiorgio closed the public comment session.

Dr. Russ summarized the points of concern regarding public safety: 1) there is a vulnerable population that cannot protect themselves; 2) there are some undefined quantity of complaints; 3) it will increase costs along the way, but it is good for public protection. Dr. Russ noted concern regarding training, qualifications, and disclosure to

the clients. These issues need to be clear, and the Committee needs to see it before it can move forward to the Board.

Ms. Roye agreed that there is a consumer protection issue. The language contained in the bill needs more work, and would like more dialogue in this process.

Ms. DiGiorgio expressed appreciation for all of the amendments to the bill. If this passes, she would like to see this required by everyone in the field, not just in the private sector. If the bar is set so high for a job that pays very low, there will not be enough counselors in the field.

Ms. Lonner stated that it needs more work.

This item will be discussed again at the Policy and Advocacy Committee meeting in April.

The Committee adjourned for lunch at 12:44 p.m. and reconvened at 1:12 p.m.

**IV. Discussion and Possible Action to Recommend Sponsoring Legislation to Recognize Degrees Conferred by Schools Accredited by the Transnational Association of Christian Colleges and Schools for Marriage and Family Therapist Licensure**

Mr. Riches reported that the Consumer Protection Committee heard a presentation and reviewed material submitted by Transnational Association of Christian Colleges and Schools (TRACS) and the Southern California Seminary at its July 2007 meeting. After a thorough review, staff found that the accreditation meets the same standards as Western Association of Schools and Colleges (WASC), Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE), and other regional accrediting agencies all of which have been found acceptable by the Board. Staff recommends that the Board sponsor legislation to recognize TRACS accreditation.

Dr. Russ noted that TRACS standard regarding faculty academic freedom parallels the WASC standard. He asked if that academic freedom within the framework of the institution's biblical philosophy would limit the presentation of curriculum in sex therapy or if it would foster a judgment regarding particular behaviors.

Barry Lord, Southern California Seminary, responded that they teach all sides; they teach critical thinking, and to follow the ethics codes set by the state.

Ms. Riemersma commended the Board on its efforts to find a resolution to this matter. CAMFT will do whatever it can to assist the Board in this effort.

***Dr. Russ moved to recommend sponsoring legislation to recognize degrees conferred by schools accredited by the Transnational Association of Christian Colleges and Schools for marriage and family therapist licensure. Karen Roye seconded. The Committee voted unanimously to pass the motion.***

**V. Discussion and Possible Action Regarding Rules for Supervision of Marriage and Family Therapist Interns and Associate Clinical Social Workers who have Qualified for Examination**

Mr. Riches reported that the law requires MFT Interns and Associate Clinical Social Workers (ASW) who have met experience requirements for licensure and are still practicing to remain under supervision. However, what type and how much supervision is not consistent or clear.

Ms. Riemersma agrees that this is an area of confusion. CAMFT advised people that once they qualified for the license, they are still required to get supervision in all of the work settings, but they do not need to achieve the ratios; one hour of individual or 2 hours of group supervision per work setting should be sufficient. However, that is not stated anywhere.

Olivia Loewy, AAMFT, stated that the Board may want to consider in the exempt settings “staff meetings” in which cases conference are taking place. The “staff meetings” are not an operational meeting, but are actually case conferences among staff as a group; however, not necessarily called “group supervision.” Ms. Loewy suggested defining that.

Mr. Riches stated when drafting a requirement, an enforcement mechanism needs to be created. There is no accountability mechanism after one qualifies for examination.

Ms. Riemersma stated that because the law is not clear, this could create problems if the Board receives a complaint on someone who is not receiving supervision in the exam phase. The Board does not have the legal authority to take action.

Ms. Riemersma added if the law is clear and specifies that supervision is required for applicants who are in the exam process, it makes it easier on applicants to get supervision from their employers who are reluctant to provide supervision. The same holds true in the exempt work settings.

Mr. Wong stated that most public agencies have supervision criteria. Interns and ASWs are required to get supervision under the licensing criteria, which supercedes the employers’ supervision criteria. Once the hours are completed and the candidate is in the exam process, they are reverting back to the supervisory requirements of the agency. The complication is that it is not known what services they are delivering after they completed their hours.

Dr. Russ referred to a letter explaining that the requirement would drain institutions’ resources, and asked if the Board needs to ask the public agencies if this is realistic and if it is a drain on their resources. Mr. Riches responded that the discussion should only involve the parameters in a proposal that staff can put together for future discussion; it will then go through its normal review and action process.

Ms. Riemersma added that the intent is to clarify the law, not to change anything.

Mr. Riches agreed, stating that agencies are interpreting it in their own way, and there are substantial variances in what is supposed to happen after one qualifies for examination. Staff wants to bring more clarity and standardization to the intent.

Dr. Russ proposed to begin the process to clarify the supervision requirements for MFT Interns and ASWs who have qualified for examination. Mr. Riches stated that staff will draft language and bring it back to the next meeting to continue discussions.

**VI. Review and Discussion of Supervision Guides for Marriage and Family Therapist Interns and Associate Clinical Social Workers**

Mr. Riches presented the draft publications on supervision. He invited feedback; edits could be directed to Sean O'Connor.

The Committee commended Mr. O'Connor on the publications.

Mr. Wong stated that NASW receives questions often regarding where and how to find a supervisor; are associates required to pay for supervision, and if so, what is the average rate. Mr. Riches responded that the Committee will address those issues its meeting in April.

Ben Caldwell, American Association for Marriage and Family Therapy (AAMFT), stated that another issue that comes up frequently is what to do when an individual has a problem with their supervisor.

Mr. O'Connor stated that staff is currently working on new website pages that supervisors can refer to for information to better understand the ratios and supervision requirements.

**VII. Review and Possible Action on Current Legislation**

There was nothing new to report on current legislation. Board-sponsored legislation for 2008 was provided for reference. There was no discussion.

**VIII. Presentation by Janlee Wong Regarding Recruitment of Social Workers at the California Department of Corrections and Rehabilitation**

Janlee Wong, NASW, gave a presentation on meeting the need for clinical social workers within the California Department of Corrections and Rehabilitation (CDCR). Mr. Wong reported that a court order provides for mental health services for inmates. However, CDCR faces several challenges: the rising number of prisoners in California, the rising number of mentally ill in the system, and the Governor's proposed early release program.

Mr. Wong reported that there are currently 300 social worker vacancies, and expect there to be as many as 900 social worker vacancies in the near future. CDCR reported its challenges are: insufficient pay, poor working conditions, and too few candidates. CDCR raised the social worker salary; however, it was not posted on their website. Furthermore, all of the social worker exam bulletins were only posted on the State Personnel Board's website.

NASW proposed short and long-term strategies for filling the vacancies. The short-term strategies include utilizing all communication vehicles as possible for recruitment efforts, including BBS vehicles. Long-term strategies include working with California Social Work Education Center (CalSWEC) to develop a stipend program for corrections,

developing a loan repayment program for those who serve in corrections, add a specialty to the current mental health program, and utilizing the Association of Social Work Boards (ASWB) clinical exam in California for license portability and for the National Health Service Corps (NHCS) loan repayment program.

Mr. Wong reported that CDCR is open to bringing more mental health professionals into the correctional system. The recidivism rate is 75%. Mr. Wong will be presenting throughout the state to bring more social workers into the corrections system.

**XI. Rulemaking Update**

The rulemaking update was provided for reference. There was no discussion.

**X. Suggestions for Future Agenda Items**

No suggestions for future agenda items were made.

**XI. Public Comment for Items Not on the Agenda**

No public comments were made.

The Committee adjourned at 2:14 p.m.