

MEETING MINUTES

Policy and Advocacy Committee April 11, 2008

Phillips Graduate Institute
5445 Balboa Blvd, Room 118
Encino, CA 91316

Committee Members Present:

Gordonna 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
Tracy Rhine, Legislative Analyst
Sean O'Connor, Outreach Coordinator
Kristy Schieldge, Staff Counsel

Committee Members Absent:

None

Guest List:

On File

Gordonna DiGiorgio, Policy and Advocacy Committee (Committee) Chair, called the meeting to order at 10:00 a.m. Mona Maggio called roll, and a quorum was established.

I. Introductions

Guests in the audience introduced themselves.

II. Review and Approval of the January 18, 2008 Policy and Advocacy Committee Meeting Minutes

Ian Russ referred to the first bullet at the bottom of page two, questioned if a general education degree (GED) was supposed to be listed along with a high school diploma, or if it was discussed at all. If GED was not discussed or mentioned in the list of qualifications, it should be added to the qualifications.

Clarification was made to the first sentence on 2nd to last paragraph on page 3. The sentence should read: There are a small number of alcohol and drug counselors who have masters level degrees.

On the last paragraph of page 5, the first sentence should read: Mr. Guerrero replied that the big difference is the question of money.

Kristy Schieldge referred to page 10, 5th paragraph from the bottom. The paragraph should read: 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.

Renee Lonner moved to approve the minutes as amended. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

III. Presentation by Bobby Pena of BP Cubed Regarding Additions to the Board's Website

Bobby Pena presented additions to the Board's website which includes a new package of web pages titled Career Connect. Mr. Pena described Career Connect as a "one stop shop" for registrants, students, and anyone interested in pursuing a career in the mental health professions licensed by the Board. Career Connect will provide information relating to the licensing processes, employment listings, and financial aid programs available to mental health professionals. Career Connect will require partnerships with various professional organizations and governmental entities. Rather than create and maintain its own database of employment listings, the Board can provide links to employment listings made available by professional organizations and governmental entities.

Other features include videos based on frequently asked questions and answers. The videos are near completion. An outreach presentation was recently filmed and will be accessible online.

BP Cubed is currently working on other pieces for consumers, providing information on how to choose a mental health professional and important questions to ask. BP Cubed is working on public service announcements (PSA). The goal of the PSA is to reduce stigmas related to the mental health care and how to access care.

Ms. DiGiorgio asked if there is going to be information provided to distinguish the difference between marriage and family therapists (MFT), licensed clinical social workers (LCSW), and licensed educational psychologists (LEP), and information for the consumer to determine what type of therapist to seek. Sean O'Connor responded that some of those components would be built in; however, staff wants to avoid providing information that suggests seeking particular types of therapy based on particular issues or needs. The goal is to provide general information regarding the differences between the mental health professions licensed by the Board and where they perform services.

Ms. Roye asked: 1) Which audiences are targeted through the PSAs? 2) Will BP Cubed ensure that they reach diverse communities and cultures? 3) What information will be provided through the PSAs? Mr. Pena responded that BP Cubed and board staff are in the early stages of development. The PSA will start out general, and over time, will become more specific. BP Cubed has conducted informal focus groups with some licensees. Issues came up relating to the aging population, to specific ethnicities and sensitivities, and stigmas. The long-term goal is to aim at specific communities; but initially the focus will be generally broad, specifically breaking down negative stigmas, life changes and situations.

Dr. Russ stated that he wants input from the professional organizations regarding the PSAs and Board approval before the PSAs are released. Mr. Pena agreed, and emphasized that BP

Cubed is in the infant stages of development and is determining messages to convey to the public, not scripts, at this time. Mr. Pena assured that the plan includes licensee input and Board approval.

Dr. Russ wants to ensure that these projects are within the purview of the Board, which is public protection. He stated that he is supportive of including references of the professional organizations, but questioned if it is a legal conflict to use public sources to refer to other entities. Mr. Riches stated that our website has many referrals to other websites already. There is consistent messaging with efforts from the Department of Consumer Affairs (Department). The Department identified that there is not enough awareness amongst the public regarding the existence of other regulatory boards and their roles.

Ms. Schieldge stated that this raised issues with her. She explained that the Board needs to make sure that it is careful to avoid the appearance of endorsing or promoting a private entity, because the government agencies are not supposed to do that. The Board must take steps to ensure that the Board is not promoting a private party's business on its website. The Board must be very confident in who it is linking to on the website, because the Board has no control over the content on other websites. There may be ways to handle that by working out web link indemnity agreements with whoever the Board is linking to, or using disclaimers.

Janlee Wong, Executive Director of the National Association of Social Workers (NASW) California Division, stated that one of the BBS goals is to promote good practice and to promote good ethical practitioners. When talking about practice and ethics, people need to speak to a qualified professional. Each professional association has their own code of ethics. The best source that can interpret the code of ethics is the professional organization. If callers are asking about ethics, it is best to help them find those resources instead of telling them that you do not have that information. Providing resources helps practitioners to be good practitioners.

Mr. Riches responded that those referrals are made daily. He added that PSAs provide opportunities to get some of the messages out inexpensively and effectively.

Ms. Roye requested that the PSA come to the Board as a separate item for discussion so the Board can think about what a PSA would look like and determine if it is targeting certain professionals or clients.

Olivia Loewy, Executive Director of the American Association for Marriage and Family Therapy (AAMFT) California Division, stated that the Career Connect is a needed project especially by the public mental health sector where there is a workforce shortage. It may be a challenge to keep it updated. She hopes that the website will post paid intern positions as well as regular placements. Ms. Loewy stated that AAMFT California Division will do what it can to assist BBS with information on an ongoing basis.

Dr. Russ asked what BP Cubed and staff had in mind regarding how to choose a therapist. Mr. Riches responded that information would be provided on how to find out if a therapist is licensed and if there is a disciplinary history, the types of professionals available, and places to get referrals.

IV. Presentation by Kathy Sniffen Regarding Gerontological Workforce Issues and Assembly Bill 2543

Kathy Sniffen was scheduled make a presentation on gerontological workforce issues. However, she was not able to attend.

Tracy Rhine reported on AB 2543, the Geriatric and Gerontology Workforce Expansion Act of 2008. This bill primarily establishes two loan assistance programs.

The first piece of the bill establishes the California Geriatric Social Worker and Marriage and Family Therapist Loan Assistance Program. BBS licensees would pay a \$10 fee upon licensure and renewal towards fund. This program would be administered through Office of Statewide Health Planning and Development (OSHDP). It provides loan repayment for recipients that contract to work 3 years of service in an "eligible geriatric setting." The bill does not specify an eligible geriatric setting, and may need to be defined.

MFTs, LCSW, and associate social workers (ASW) would be eligible for \$7,500 in loan repayment if they provide one year of service in an eligible setting, \$17,000 if they provide two consecutive years of service, or \$30,00 if they provide four consecutive years of service.

One issue with the program is that it does not include MFT interns. Ms. Rhine believes that it will be amended to include MFT interns.

The second piece of the bill establishes the California Geriatric and Gerontology Student Loan Assistance Program for students enrolled in school and contract to work in eligible settings after graduation. There is no funding in the bill for this program. The students are given a warrant if they decide to work in the eligible settings. It is not clear how this will work, or how and when the warrants can be used.

Ms. Rhine outlined the issues of the bill:

- MFT interns are not included.
- The loan assistance program makes reference to health profession and social work profession instead of mental health profession. That may be worked out, but it should be addressed.
- The program awards are not specifically proportionate to the funds paid by the licensees. Money needs to be proportionate the amount paid in.
- Funds would be held within an account in the Board's fund. The account should be in OSHDP's fund.
- There is not a specific implementation date for the Board to begin receiving the surcharge from licensees. Staff expects it would be upon implementation of the bill, which is January 1, 2009. Staff would like to see an extension of time for implementation.
- This creates two very similar programs that essentially target the same population. The first program targets new professionals. The second program is intended to target students, but since it is a loan assistance program and loans are not paid back until after graduation, the same population of folks is targeted.

Mr. Wong stated that currently there is no specially trained workforce to work with the geriatric population. Social work has recognized this problem at least two decades ago, and has sought out special funding to train social workers to work with the elderly and the disabled. There are

programs at universities to train social workers to work with the geriatric population. Mr. Wong explained that originally, the bill did not include MFTs. MFTs were going to oppose the bill unless they were included. Therefore, there are a lot of problems with the language because it was put in at the last moment. Before the MFTs were added, the intent was to only collect the surcharge from LCSW license renewals. NASW strongly disagrees that MFTs are the same as LCSWs, and that MFT interns and ASWs do the same thing. It is increasingly difficult to include MFTs in the bill because the practice settings are not the same, MFT education and social work education are not the same, and the social work education programs that have special geriatric training is very different. NASW does not agree with the language in the bill.

Dr. Russ expressed that he does not believe that MFTs and social workers are the same. They are different orientations, and they have different philosophical bases. That is not to say that MFTs could not be very effective in treating the elderly. Dr. Russ stated that he does not want two different programs targeting the same population. It needs to be one program and amendments before it comes back to the Board.

Ms. DiGiorgio suggested fixing the language so that it's specific and not duplicative. Dr. Russ added that it should be amended to ensure that funds are properly placed.

Mr. Wong suggested an amendment to the current loan repayment program to add an additional \$10 for the gerontology program to the current fund program. This would reduce wasted overhead.

Mr. Riches agreed that this could be a much simpler bill and a simpler process. Dr. Russ also agreed, stating there is already a mechanism in place.

Ian Russ moved to support the bill if amended to create a legislative proposal establishing a separate \$10 surcharge directed through the current loan forgiveness program, and modifying the current loan forgiveness program to include gerontology. Renee seconded. The Committee voted unanimously (4-0) to pass the motion.

V. Review and Possible Action to Recommend Positions on Current Legislation

Ms. Rhine reported on current legislation.

AB 164, sponsored by California Association of Marriage and Family Therapy (CAMFT), provides a qualified immunity for persons who communicate with a marriage and family therapy school, when the communication is intended to aid in the evaluation of the qualifications, fitness, character or insurability of the healing arts practitioner.

Gordonna DiGiorgio moved to support AB 164. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

AB 1486, sponsored by California Coalition for Counselor Licensure, the Board previously took a position to support the bill. The issue is that SB 1218 is Board-sponsored legislation, which changes curriculum requirements for MFTs. Staff suggested that Licensed Professional Counselors (LPC) make their practice act consistent with the changes that Board is implementing for MFTs. Staff recommended changes to the educational requirements and supervised experience for LPCs. The sponsor and author are working on amendments to these items.

Ian Russ moved to support the bill as amended to include staff's recommended amendments. Renee Lonner seconded. The Committee voted unanimously (4-0) to pass the motion.

AB 1887, sponsored by Assembly Member Beall, the Board previously took a position of support on AB 423 last year, which is essentially identical to this bill. Requires health care service plan contracts and disability insurance policies, which cover hospital, medical, or surgical benefits to provide coverage, to also provide coverage diagnosis and treatment of severe mental illnesses. This bill defines mental illness as a mental disorder defined in the Diagnostic and Statistical Manual IV (DSM-IV).

Ian Russ moved to support AB 1887. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

AB 1922, sponsored by CAMFT, adds MFTs to the list of healing arts practitioners defined as "licentiates" under peer review statutes relating to notice of final proposed action. Ms. Rhine explained that MFTs are part of the peer review process established in California. They were added in that process in 1999. However, MFTs were not added to Business and Professions Code Section 809.

Gordonna DiGiorgio moved to support AB 1922. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

AB 1925, introduced by Assembly Member Eng, was amended on April 7th. The analysis was written on before it was amended; however, the amendments were technical. This bill allows the Franchise Tax Board to suspend the professional or occupational license of a licensee with outstanding tax liabilities.

Mr. Riches stated that staff recommends an oppose position unless amended. The proposal is not parallel with the guidelines set for the family support system. Staff suggested amending the bill to be modeled after the family support system, and the Board would have the final say in refusing to issue, reinstate, reactivate, or renew or suspend a license based on notification.

Renee Lonner moved to support AB 1925 if amended. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

AB 1951, Suicide Prevention Training, introduced by Assembly Member Hayashi. Ms. Lonner stated that this is very important, however, there are already a number of specific areas of training that is mandated. This is already included in the curriculum.

Dr. Russ stated that he would not have an objection if this were presented as a continuing education course. This is already in the curriculum. Dr. Russ stated that he is against the bill, and added that there is no indication that suicides are a result of incompetent therapy.

Mr. Wong stated that whatever position is taken, that the Committee encourages and supports further continuing education within this area.

Dr. Russ suggested opposing the bill, but supporting ongoing continuing education on suicide prevention.

Mr. Riches explained that there are a variety of issues that clinicians face, including additional training and a lot of it is dependent on their practice environment and population. One of those is suicide in many populations. Mandating this for everyone may have the consequence of pushing somebody out of training that may need it more significantly.

Renee Lonner moved to oppose AB 1951. Donna DiGiorgio seconded. The Committee voted unanimously (4-0) to pass the motion.

The Committee adjourned for lunch at 12:10 p.m. and reconvened at 1:10 p.m.

AB 2652, sponsored by CAMFT, allows licensure requirements for mental health practitioners employed with the state correctional system to be waived for a person to gain qualifying experience for licensure as a marriage and family therapist.

Ian Russ moved to support AB 2652. Renee Lonner seconded. The Committee voted unanimously (4-0) to pass the motion.

SB 1402, introduced by Senator Corbett, was amended on April 1st. The analysis was written on before it was amended. This bill requires all entities under the Department of Consumer Affairs (DCA) to post on its websites information regarding misdemeanor convictions that result in disciplinary actions, accusations that are not subsequently withdrawn or dismissed, or any felony convictions that are reported to DCA entities that is reported by the courts.

Currently the Board already posts information on the website regarding disciplinary actions taken against licensees and accusations. This bill would require the Board to post felony convictions.

Issues are:

- The Board does not receive many court documents on convictions.
- The intent or purpose of posting this information is not clear. If the Board has not taken disciplinary action, it brings to question whether that conviction is relevant.
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- Ms. Schieldge explained that it must be substantially related to the profession in order for the Board to take action.

Ms. Rhine stated that the intent was focused on the Board of Chiropractic Examiners; however, all of the boards under DCA were included in this provision. Staff suggested deleting the provisions relating to posting criminal convictions on the Board's website.

Ian Russ moved to oppose unless amended to remove the provision that relates to felony convictions. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

SB 1415, introduced by Senator Kuehl, was amended on April 10th. The bill originally required health care providers to retain patient records for a minimum of 10 years from the date of their most recent use. The bill now states that each licensee must have a retention schedule and must obtain consent from the client for that retention schedule.

Mr. Riches stated there is an issue of uniformity, and this bill would allow a different retention schedule for every practitioner.

Ms. Rhine stated that the bill was not available in print, and has not seen what the bill looks like. Mr. Riches suggested bringing this back to the Board at its May meeting.

VI. Review and Possible Action to Recommend Revisions to the Board's Disciplinary Guidelines

Ms. Maggio reported that the Board adopted Disciplinary Guidelines in 1997. The most recent revision was in May 2004. Board staff, Deputy Attorneys General, Administrative Law Judges, licensees, and attorneys to assist in determining the appropriate penalties in the disciplinary process utilize the Disciplinary Guidelines. At the July 2007 Consumer Protection Committee Meeting, Judy Johnson and Victor Perez volunteered to review the current Disciplinary Guidelines and determine if the recommended penalties are appropriate for the violations and to suggest revisions where necessary. Ms. Johnson could not attend the Committee meeting to discuss this, nor has she had the opportunity to provide written suggestions to revisions. However, the Board's enforcement unit provided suggested revisions. Some of the edits are a result of the changes to the LEP law.

This item was tabled to next meeting to allow Judy Johnson and Victor Perez an opportunity to provide their comments to suggested revisions.

There were no public comments.

VII. Review and Possible Action to Recommend Amendments to California Code of Regulations Title 16, Section 1811 Related to Advertising

This item was omitted.

VIII. Review and Possible Action to Recommend Clarifications to Existing Unprofessional Conduct Statutes

Ms. Rhine reported that staff has discovered several provisions to consider amending to add clarity for both consumers and licensees. Issues and recommendations are:

- The Educational Psychologist Practice Act does not include failure to comply with BPC section 2290.5 as unprofessional conduct for LEPs. Staff recommends that the BPC section 4989.54 be amended to include the language to create consistency with all Board licensees regarding statutes relating to telemedicine.
- BPC section 123 makes it is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination. Staff recommends adding a provision to the unprofessional conduct statutes of each of the practice acts specifying that the acts contained in BPC section 123 represent unprofessional conduct, and are cause for disciplinary action by the Board.
- The unprofessional conduct statutes for all three licensing categories under the jurisdiction of the Board contain provisions stipulating that the Board may deny a license or may suspend or revoke a license of a licensee if he or she has been guilty of unprofessional conduct. The first issue is that the language contained in the LEP unprofessional conduct statutes breaks up one subdivision into two separate subdivisions, and is confusing. The second issue is a problem of inconsistency within the unprofessional conduct provisions of all Board licensees. Staff recommends that the unprofessional conduct provisions for all licensing categories are amended to make them comprehensible and consistent.

Gordonna DiGiorgio moved to recommend to the Board to sponsor legislation to amend these sections of law. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

IX. Discussion Regarding Draft Study Guides

Mr. O'Connor reported that staff has been working with Office of Examination Resources (OER) and subject matter experts (SME) on draft study guides for MFTs and LCSWs. The study guides offer guidance and tips on taking the examination. It includes administrative information for the exam candidate as well as a very limited number of examination questions and exam content outline. These study guides will provide information in addition to what is currently offered in the Examination Candidate Handbooks. MFT and LCSW SMEs reviewed and commented on prior versions of these draft study guides. The OER provided the sample questions included in the study guides.

Mr. Wong requested more time to allow for professionals to look at the drafts. Mr. Riches stated that he invites comments before the next Board meeting so that there is no delay in getting the study guides approved and released.

X. Review and Discussion Regarding Draft Supervision Course Outline

Ms. Maggio reported that this is one of the strategic plan objectives to increase the quality of supervision. To begin the discussion on this issue, staff sought the assistance from licensees who have experience in providing clinical supervision to interns and associates. The Supervision Workgroup was formed with the guidance of Board member, Joan Walmsley, LCSW, Gary Henderson, MFT and Michael Brooks, LCSW. Ms. Walmsley provides supervision for the Irvine School District, Mr. Henderson provides supervision in a private practice setting and conducts supervision courses to supervisors who work in a variety of employment settings. Mr. Brooks is a member of the American Board of Examiners in Clinical Social Work.

Initially, the Workgroup and licensing staff began discussions with the idea of developing guidelines to assist supervisees in selecting a supervisor, and expectations from the supervisory experience. However, further discussions led the creation of a draft curriculum for training supervisors.

Mr. Henderson conducted two supervision workshops. Board staff attended one of the sessions, which provided them an opportunity to share issues and a sampling of questions that they receive from both supervisors and supervisees.

This was brought forward to the Board at its February 2008 meeting. There were a lot of questions and concerns about how this was going to be used. There was a request to obtain additional input from stakeholders. The Board directed staff to take this matter back to the Policy and Advocacy Committee for additional discussion and input from stakeholders.

Ms. Maggio outlined points for discussion:

- Should the elements of this course be added to the current statutes and regulations that define supervision?
- Should the Board consider defining a basic supervision course and should elements beyond that be defined as an advanced supervision course?
- Should the workgroup and staff recast back to the original idea of creating expectations of a supervisory experience for supervisees?

- Create a uniform curriculum written to cover both professions?
- Standardize the supervision course hourly requirement?

Ms. DiGiorgio stated that she initially thought this was going to be a written guide of what to expect from a supervisor and what a supervisor can expect from those they supervise. She does not want to revisit the issue of mandating curriculum.

Dr. Russ recalled the professional organizations felt that they were not aware of this. He also questioned if this is done, would it be considered underground regulation. Is this a standard or an informational piece? If so, do we need to include more professionals from agencies?

Mr. Riches stated that the Committee needs to decide what form to present this information and determine if anything in the guideline is wrong. What is the irreducible minimum? What should take place in a supervised learning process?

Ms. Roye suggested something less structured but informational for the student. She stated that the goal should be to help facilitate better and effective communication between the student and the supervisor.

Mr. Riches stated that whatever is offered needs to be helpful. The calls fielded by staff are folks stating that there is not enough concrete information. Staff's intent was to provide something useful. There seems to be a demand for something more concrete, not necessarily prescriptive.

Ms. Maggio added that this is not only for the supervisees to know what to expect from their supervisors, but also for the supervisor to know what is expected of them.

Dr. Russ expressed support for this and suggested taking this to coalitions where there are supervisors and getting feedback. He also requested feedback from the professional organizations. CAMFT has a supervision training program. NASW may also have a program.

Ms. Roye expressed that she doesn't want this to be so structured that there may be some resistance.

Dr. Russ stated he does not want to create fear in supervisors because the Board is telling them to complete this requirement. Mr. Riches stated that a lot of feedback is that they are afraid to be supervisors because they do not know what to do and do not understand the expectations. Mr. Riches stated that we could put this out to the professional organizations and consortiums.

A guest in the audience who provides supervision and trains supervisors and supervisees, commented that after 6 years, she does not know if the licensed staff have issues with their clinical skill and applying their clinical skill in a supervisory role as much as they have concern and confusion over the bureaucratic, micromanagement feeling over everything they do that is supposed to be a dynamic learning experience. When looking at the curriculum presented, her agency comes very close to it. People now have the mandates, such as the supervision requirement. She stated that licensees in the field are not coming to the table because of this. She conducts orientations similar to what Mr. O'Connor does, and gets the same people asking the same questions. Regardless how much you reiterate, there will be a population that will refuse to take responsibility for what they are mandated to learn. What the Board has done to date is more than sufficient.

Mr. Riches responded that this is not a question of clinical competency. It's about a learning process, and it's very different when one teaches it. Some people need a lot of assistance, and other do not need it. This also gives the opportunity to those who have not taught. This is not proposed to be a bureaucratic mandate. It is only guidance; it's not statute or regulation.

Ms. Roye stated that if this is put out, there is going to be an expectation. The way it is written, it states, "the supervisor should...". It should be written more gently.

Ms. Lonner asked if that is a worse argument than going through the schooling, putting in the required time, going into the exam unprepared and failing exam, and then having to pay back a fortune in school loans.

A guest in the audience stated that it is difficult to explain what a supervisory relationship is until one has been in it for a while, and is not sure how the Board will provide a fact sheet that will answer those questions. The callers that are contacting the Board and are confused about supervision have to go through that process. She further explained that by the time the students are entering the licensure process, if they do not have an idea about what supervision is, that is a problem. They have already been doing clinical work for nearly two years and have been receiving supervision. Why don't they understand what supervision is? A lot of this falls on the schools and the degree program. The guest added that the Committee is trying to educate interns about supervision and trying to clarify for supervisors, and those are two completely different issues. It would be helpful to separate those issues. Having some concrete information for the supervisors would be helpful, because a lot of supervisors are uneducated about what it is to be a supervisor. If the Board writes something very broad, it's going to be of no use to anyone. If the Board writes something specific, there are different disciplines and job duties. Supervision has to be adjusted based on who is supervised, the discipline, and the environment. This is very complicated.

Mr. Riches responded that there are people who have been through supervision, have become licensed, and do not understand what supervision is about. Nothing was addressed in the guidelines regarding the nature of the interpersonal connection. This was focused on the learning process.

Ms. Lonner stated that this is conceptual. It is not overly specific.

Another guest in the audience expressed concerned regarding the word "guideline." Mr. Riches stated that the workgroup is more concerned over the content regardless of what it is called, and requested the stakeholders to assist in providing language to fit the intent.

Ms. Loewy expressed that a lot of what is included in the draft supervision course outline is very good.

Jose Luis Flores from Phillips Graduate Institute stated that when he sees this outline, he sees it pertaining more towards post-degree supervisees. There is a need to empower them to get the supervision they need, and that is not here. Mr. Riches responded that there is brochure that addresses this.

Another guest in the audience stated that anything that can be provided to students would be helpful.

Mr. Wong urged the Committee to base their policy decisions on data analysis and evidence, and to conduct a survey and get some input from people rather than base this on anecdotal phone calls.

Dr. Russ suggested the following language: Here are some important issues to think about for supervisors and supervisees. These are not regulations or rules, but only talking points to inspire conversation among institutions, supervisors, students, and other interested parties.

Mr. Riches stated that this will be taken back to the workgroup.

Mr. Flores suggested at the end of the language, to encourage supervisees to look at the Supervisory Statement form and the brochure.

XI. Review and Possible Action Regarding Supervisory Plans

Mr. Riches stated that the Committee is looking for ways to improve to the existing supervisory plan requirement that is in law for clinical social work. Ms. Maggio asked for input to be sent directly to her.

XII. Legislative Update

Ms. Rhine reported briefly on four bills.

AB 1897 allows the Board to accept degrees from schools accredited by regional accrediting bodies that are equivalent to Western Association of Schools and Colleges (WASC) for MFT Intern registration or for MFT licensure. This bill also allows the Board to accept degrees from BPPVE recognized schools through 2011. The bill will be heard in Assembly Appropriations Committee on April 16th.

SB 1218 makes a number of changes relating to the education requirements of MFTs.

SB 1505 is in the Senate Business, Professions and Economic Development Committee to be heard on April 28th. This bill will increase funds directed into the Mental Health Services Provider Education Program by increasing the surcharge on MFT and LCSW licensure renewal. This bill will increase the funds directed into the program from \$10 to \$30. However, SB 1505 directs the Board to also decrease the overall license renewal fee by the same amount –\$20 – and thereby no actual fee increase will be charged to the licensee.

The Omnibus Senate Business, Professions, and Economic Development Bill, has not been introduced yet. It has been assigned bill number SB 1779.

The remainder of the bills is not active or moving. These bills are being monitored.

XIII. Rulemaking Update

Ms. Rhine reported on three regulatory proposals that took effect this year:

- Title 16, CCR Sections 1833.1 and 1870, Supervisor Qualifications
- Title 16, CCR Sections 1816.7, 1887.7, 1887.75, and 1887.77, Delinquency Fees for Continuing Education Providers
- Title 16, CCR, Sections 1887.2(a) and 1887.3(a), Continuing Education Self-Study

Ms. Rhine reported on three regulatory proposals that will be pursued in the near future:

- Title 16, CCR Section 1887.2 Exceptions to Continuing Education Requirements
- Title 16, CCR Sections 1887, 1887.2, 1887.3, and 1887.7, Minor Clean-Up of Continuing Education Regulations
- Title 16, CCR Section 1870, Two-Year Practice Requirement for Supervisors of Associate Clinical Social Workers

XIV. Suggestions for Future Agenda Items

No suggestions received.

XV. Public Comment for Items Not on the Agenda

No public comments received.

The meeting was adjourned at 2:40 p.m.