BOARD MEETING MINUTES

May 29, 2008

Members Present
Ian Russ, Chair, MFT Member
Joan Walmsley, Vice Chair, LCSW 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

Members Absent
Victor Law, Public Member
Rita Cameron Wedding, Public Member

Thursday, May 29

FULL BOARD OPEN SESSION

Ian Russ called the meeting to order at 8:38 a.m. Christina Kitamura called role. A quorum was established.
FULL BOARD CLOSED SESSION

I. Pursuant to Government Code Section 11126(c)(1) Regarding Administration of Licensing Examinations for Licensed Clinical Social Workers.

Dr. Russ closed the meeting to the public at 8:40 a.m. to discuss the audit findings of the Association of Social Work Board’s examination.

FULL BOARD OPEN SESSION

II. Introductions

Dr. Russ reopened the meeting at 9:50 a.m. Audience members introduced themselves. BBS staff was introduced and applauded by the Board. Dr. Russ commended staff stating that they receive excellent remarks from the public and the professional organizations. Judy Johnson added that licensed educational psychologists have commented that staff is efficient and friendly. Ms. Johnson thanked staff on behalf of the professionals in her field. The Board commended their work and thanked staff for their commitment.

III. Approval of February 21-22, 2008 Board Meeting Minutes

Kristy Schieldge noted a correction to the last paragraph on page 18, which should read: "Kristy Schieldge warned of board related discussions when at the events as it violates the Open Meeting Act."

Dr. Russ noted a correction for clarity on the first full paragraph on page 11, which should read: "One of the things left unresolved is that the MFT requirements do not demand supervised meetings with families."

Renee Lonner moved to approve the February 21-22, 2008 board meeting minutes as amended. Gordonna DiGiorgio seconded. The Board voted unanimously (9-0) to pass the motion.

IV. Discussion and Possible Action Related to the Association of Social Work Boards Examination for Licensure as a Clinical Social Worker

Tracy Montez, Applied Measurement Services, was introduced. Dr. Montez was retained as the psychometrician for BBS. She performed an audit of the ASWB licensed clinical social worker exam plan.

Dr. Montez reviewed her findings based on the audit. She explained that there were two primary parts of this project: 1) to evaluate the clinical social worker exam program and determine whether it was valid and defensible, and 2) to compare the California licensed clinical social worker exam plan and that of the ASWB exam plan and determine whether the same competencies were being measured.

Dr. Montez explained that there were two documents that guided this assessment: 1) Standards for Educational and Psychological Testing, and 2) California Business and Professions Code, Section 139.

In evaluating the exam program, the first component was to evaluate their practice analysis, or the occupational analysis. ASWB was looking at the tasks that are performed at the national level in the profession requiring knowledge, skills, and abilities. The methodology used to
conduct the practice analysis is valid and legally defensible; however, the issue of concern overall is that it is a substantial process.

The next component was a look at the exam development, which utilizes a product from the occupational analysis that is an exam plan or test blueprint. This is used as a guide providing test items or questions. The exam development is consistent with professional guidelines and technical standards. There were a couple issues of concern, but overall, it is a strong exam development program.

The next component was passing scores, which is a score that divides those individuals who are competent to practice from those who are not competent to practice. They utilize the Modified Angoff Approach. Overall, the methodology is strong. A couple of concerns were noted with regards to participants. It was found to demonstrate a sufficient degree of validity, meeting professional guidelines and technical standards.

The next phase was test administration. ASWB uses a primarily computer based testing, they have sites available nationally, and the procedures in place were found defensible. A couple of concerns were noted in the conclusion.

The next component was exam performance, which is evaluating individual item data and overall exam data in terms of functioning as it is intended to. The protocol in place was very good. The steps taken to evaluate exam performance met professional guidelines and technical standards, and there were no areas of weaknesses noted in this component.

The next component was information available to candidates. The standards show that ASWB presented as much information as possible without compromising the exam itself. The ASWB’s information provided to candidates and on their website is comprehensive and meets professional guidelines.

The next component was test security. ASWB had a detailed manual that articulated the security measures that are implemented. There was a concern noted. Overall, the policies and procedures outlined in their manual met professional guidelines and technical standards.

The second portion of the assessment was to compare the California exam to ASWB’s exam and determine if the critical competencies were being measured. A group of subject matter experts (SME) were recruited, and took them through the process of knowledge and skill comparisons. A comparison of the documents show that California’s exam has a greater detail, depth in specificity to where the ASWB’s exam did not. The California exam plan and the ASWB exam content outline differ. Dr. Montez stated that it would be inappropriate at this time to use the ASWB exam in California.

Overall conclusions of the strengths of the program were: 1) comprehensive passing score study, 2) use of the Item Response Theory, 3) Use of the Differential Item Functioning, 4) readability studies, 5) partnership with ACT, and 6) ongoing research. The issues or weaknesses include: 1) discrepant information, 2) role of Examination Committee members and Board of Directors, 3) multiple use of test centers, 4) availability and confidentiality of clinical exam data, and 5) differences between the LCSW exam plan and clinical exam content outline.

If the Board chooses to adopt the ASWB program, Dr. Montez’s recommended negotiating the following points: 1) update ASWB materials, 2) use more SMEs, 3) explore, and implement as
needed, additional securities measures at test centers, 4) involve California in the ASWB occupational analysis, 5) development and use of task and knowledge statements, and 6) availability of examination data.

Janlee Wong, National Association of Social Workers (NASW) California Division, asked Dr. Montez if the results were shared with ASWB, and if so, what their response was. Dr. Montez responded that a copy of the report was publicized through the board meeting, but a copy was not provided to ASWB.

Paul Riches added that a package will be provided to ASWB with a copy of the report. The issues raised in the report are not raised for the first time. There was extensive discussion between Dr. Montez, ASWB and ACT in the context of performing the audit. ASWB expressed to Mr. Riches an interest in soliciting California's participation in the newest version of their occupational analysis.

Mr. Wong asked if the SMEs used in the study were from all over the country. Dr. Montez responded yes.

Mr. Wong asked for clarification of Dr. Montez’s statement in regards to utilizing more SMEs. Dr. Montez explained that ASWB should use more SMEs to participate in various stages of the practice analysis and exam development. ASWB tends to use a core group.

Mr. Wong asked if they used California SMEs. Dr. Montez responded that she could not answer that in terms of their item writers. In terms of their practice analysis and their committee, it does not appear that they were from California.

Mr. Wong asked if ASWB used any responses from Californians in their occupational survey, and if so, what the quantity was. Dr. Montez responded that ASWB used a small sample; however, under confidentiality of the ASWB, she could not disclose information regarding the quantity.

Dr. Russ outlined the three positions to consider: 1) adopt the ASWB exam, 2) have more discussions regarding the ASWB exam, or 3) do not adopt the ASWB exam.

Kristy Schieldge stated that the Board needs to be aware of the fact that it is currently under contract with a vendor until the year of 2010 with the option to renew for another couple of years. The Board is in a good place to make decisions for the future going forward. She stated that the Board may not want to put itself in a position where it may be in conflict with a current contract. Dr. Russ agreed stating that this is a good time to discuss and make decisions since changes would require time to implement.

Ms. Lonner stated that it could take a few years to take a look at this and for ASWB to complete their occupational analysis. If the Board participates in the analysis and also provides feedback to the current vendor, the Exam Review Committee could take this on.

Mr. Riches stated that staff recommendations parallel what Dr. Montez presented. The Board is about to review its own examination programs. Some decisions are going to be made regarding the Board’s examination program going forward. The essential findings of the audit are that ASWB has a valid and legally defensible exam program in the jurisdictions in which it is used. There are a lot of policy considerations; some significant issues need to be addressed before taking the next steps. Staff recommends several ideas: 1) to actively
participate with ASWB to get a significant representative sample in their next occupational analysis, 2) to direct the Examination Review Committee to consider the ASWB exam in its work as it relates to licensure for clinical social work, 3) to direct staff to engage ASWB in discussions regarding the items identified in the audit report as recommendations to negotiate.

Joan Walmsley expressed that the Board should not adopt the ASWB exam. She has been involved with the examination process for 21 years, and feels that the California exam does not impede individuals from out of state to come into California. California’s exam stands alone, and the integrity of the exams sets California social workers apart from the rest in a very positive way.

Geri Esposito, California Society for Clinical Social Work (CSCSW), provided a brief history. Back in 1987, CSCSW proposed that BBS explore cooperating with ASWB on the delivery of the national exam. CSCSW agreed with the Board when it decided to discontinue using the national exam for the reasons shown. Ms. Esposito disagreed with Ms. Walmsley regarding the aspects on the disadvantage to the profession. She stated that ASWB may perhaps work with BBS to address the weaknesses, and the Board should look into this opportunity. The idea of reciprocity, contrasted with the extreme workforce deficits that exist makes it necessary to move in that direction.

Ms. Walmsley responded that she does not believe that social workers are not moving to California due to the fact that California does not have reciprocity.

Mr. Wong asked if Dr. Montez’s analysis determined that California is far more superior in terms of quality to licensed clinical social workers outside of California. Dr. Montez responded that that the evaluation did not include that.

Mr. Wong stated that the Board has two issues that should be considered. The technical issue that the exam is valid and defensible: this gives BBS the opportunity to work out the technical issues with ASWB. The policy issues: they must be weighed very carefully. Mr. Wong stated that we are at a critical stage in California regarding clinical social workers. As a policy board, the board has a right to address how to bring social workers to California. Regarding issues of out-of-state social workers, the biggest reason that social workers were not coming to California is the exam. ASWB tests for minimum competency standards, not the maximum. The purpose of the exam is not to test for maximum competency, or to create the most difficult exam to pass.

Dr. Russ stated that the Board may have a possibility to talk to ASWB and discuss the issues of importance to the Board. California should afford itself that possibility and continue negotiating with ASWB.

Ms. Walmsley stated that if ASWB is willing to come up with the standards that the Board is requesting, there is no reason to not adopt the exam.

Dr. Russ stated that there is a bigger picture in regards to the need for more social workers in this state, reciprocity, and federal loan repayment programs tied into this exam. These issues need to be discovered because many social workers in California are disadvantaged.

Jane Middleton, President of NASW and Director of Social Work Program at California State University Fresno, stated that it is important to link the educational piece to the licensure piece. There are standardized methods of educating social workers across the country. To
be dismissive of social workers who are from other states, to say that they are inadequate, diminishes the profession in the long run.

Dr. Russ reminded the guests that when the Board talks about licensing, the Board is talking about private practice.

Mr. Riches stated that the practice act validates Dr. Russ’ statement. The challenge is that numerous other statutes have been enacted for state-funded programs requiring licensed practitioners to provide services. While those requirements are not a function of the licensing act, they are functional requirements. There are a few exempt settings where people can practice without a license. The reality is that to do this work in California, one needs a license.

Victor Perez stated that it is premature to take a stand on this issue. There is an audit of BBS exam being performed, and the Board will need to review that information and compare it to the assessment of the ASWB exam. The Board needs to determine the best system to be utilized for the state of California. Ultimately, the Board is responsible to the people of the state of California, and social workers need to serve those people to the best of their abilities. What exam mechanism is used will be determined in the future. The Board needs to agree to keep the communication lines open, continue to discuss the possibility to rejoin ASWB. Collectively, the Board should only decide if we want to have that dialogue.

Betty Garcia, professor at California State University Fresno and California representative to the NASW national board in Washington D.C., expressed her support regarding the workforce issues in the future. She stated that anything to help facilitate workforce is welcomed. She asked what areas of negotiation with ASWB did not have enough depth to satisfy California’s standards.

Mr. Riches responded that there were some issues pointed out by Dr. Montez. In addition to securing greater California participation in the occupational analysis, there were some inconsistencies in the materials provided to exam candidates. There is also a core issue about the manner in the variety of the SME’s involved in various phases of the exam development process. Based on BBS practice, there could be a broader participation of SMEs in the exam development process. There are issues with exam security with the exam test sites. Their sites are utilized in a different manner than BBS test sites. As for task and knowledge statements, ASWBs statements are generally written compared to those written by BBS. Gaps in the content outlines cannot be identified due to their generality. There are issues regarding information sharing, particularly exam forms information. There are issues regarding aspects of their program that in California are public information, and that they do not regard as public information. Other issues include BBS’s contractual obligations based on the current exam program, administrative issues, and cost issues.

Renee Lonner moved to adopt staff recommendations to 1) direct staff to work with ASWB to ensure that a significant sample of California LCSWs participate in the ASWB occupational analysis process, 2) direct the Examination Review Committee to consider the ASWB examination in its work as it relates to licensure for clinical social work, and 3) direct staff to engage ASWB in discussions regarding the items identified in the audit report. Joan Walmsley seconded. The Board voted unanimously (9-0) to pass the motion.
V. Presentation Regarding the Prevention and Early Intervention Component of the Mental Health Services Act by:

Michelle L. Lawson from the Department of Mental Health gave a presentation on the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Component, the First Wave of Implementation.

Ms. Lawson gave a brief overview of the MHSA. It was passed in November 2004 after voters passed Proposition 63. It takes 1% from the taxable income from those who make over a million dollars in a year, and gives is back to mental health services. There are 5 components of the MHSA:
- Community Services and Supports, which are services for the seriously mentally ill
- Education and Training
- Capital and Technology, which provides housing, infrastructure, and technology needs
- Prevention and Early Intervention (PEI)
- Innovation

The MHSA transformation principles include:
- Community Collaboration
- Cultural Competence
- Individual and family-driven programs and interventions, with specific attention to individuals from underserved communities
- Wellness focus, which includes the concepts of resilience and recovery
- Integrated service experience for individuals and their families
- Outcomes-based program design. This principle is important in terms of mental health services because evaluation is not usually funded. An effort is being made on how PEI is funded so that results can be seen. The results from PEI expenditures are going to form positions for MHSA and for all mental health programs in the community.

Reasons to invest in PEI:
- It’s a positive, proactive approach
- It is cost-effective. It’s been shown to reduce cost for more extensive services such as mental health treatment, special education, and welfare supports.
- It improves school readiness, academic achievement, and health status
- It reduces future negative outcomes

Ms. Lawson explained that although the MHSA provides a lot of opportunities, there is a struggle because there is not enough funding to do everything. The Oversight and Accountability Commission, which provides oversight of the MHSA, developed a PEI Committee. Along with the public, they developed the PEI framework. The major components of the framework are: (1) key community mental health needs, (2) priority populations, (3) priority age requirement, and (4) PEI definitions.

The PEI Committee identified 5 key community mental health needs. When counties submit their plans to the Department of Mental Health for PEI funding, they must identify one of these key mental health needs to receive funding:
- Disparities in access to mental health services
- Psycho-social impact of trauma
- At-risk children, youth, and young adult populations
- Stigma and discrimination
• Suicide risk

The PEI Committee identified the priority populations:
• Underserved cultural populations - those who are less likely to seek mental health services because of stigma, lack of knowledge, or barriers.
• Individuals experiencing onset of serious psychiatric illness.
• Children and youth in stressed families. Parental conditions place children at high risk for behavioral and mental problems. Some examples of those parental conditions are parents with mental illness, serious mental health conditions, substance abuse, domestic violence, and incarceration.
• Trauma-exposed individuals.
• Children and youth at risk for school failure due to unaddressed emotional and behavioral problems. Early school failure is one of the main indicators for future antisocial behavior.
• Children and youth at risk of or experiencing juvenile justice involvement and have signs of a behavioral or emotional issue.

PEI projects for each county must address all age groups, including adults and older adults. However, a minimum of 51% of the overall PEI budget must be dedicated to individuals who are between the ages of 0 to 25, small counties excluded. This is because research done by that National Institute of Mental Health (NIMH) found that 50% of all lifetime mental health disorders start by age 14 and 75% start by age 24.

PEI defined Prevention:
• Involves reducing risk factors and stressors
• Building protective factors and skills
• Promotes positive cognitive, social and emotional development

PEI defined Early Intervention:
• Addresses a condition early in its manifestation
• Is of relatively low intensity
• Is a relatively short duration, usually less than one year
• Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services

PEI receives 20% of the MHSA fund, which is about $307 million for January 2008 through June 2009.

Community Program Planning has begun. The purpose of this program is outreach and engagement. Counties can request funds for their community program planning, and they must involve the following required sectors:
• Underserved communities
• Individuals with serious mental illness and/or their families
• Providers of mental health services
• Education
• Health
• Social services
• Law enforcement
Counties must:
- Identify and select their key community mental health needs
- Assess their community capacity and strengths
- Select PEI programs to achieve desired outcomes
- Develop PEI projects with timeframes, staffing, and budgets
- Implement accountability, evaluation and program improvement activities

To date, PEI received and approved 38 requests for Community Program Planning. Three PEI Component Plans have been received and are being reviewed.

Ms. Lonner asked if there were any programs for mothers and infants. Ms. Lawson responded that only 3 plans have been received so far, but there are some specific programs in the resource materials.

Ms. DiGiorgio asked if the PEI includes alcohol and drug addiction issues. Ms. Lawson responded that the PEI Committee specifically selected individuals with alcohol and drug addictions as a priority population; however, if they fell into another population, they would be served in that area. But that is not a specific category that counties could select.

Ms. DiGiorgio asked if there would be any education or outreach concerning stigma. Ms. Lawson responded that one of the statewide projects is for stigma discrimination. This is currently under development and is one idea under consideration for public education.

Mr. Perez asked if foster children are included under the priority population of youth at risk of or experiencing juvenile justice involvement. Ms. Lawson responded that she was not sure and would have to research this. Mr. Perez stated that services are most needed when foster children are released from care. Ms. Lawson stated that foster children are targeted for some of the programs, but she did not have specific details.

Ms. Froistad responded to Mr. Perez’s question by stating that there is money set aside for the teen to 25 year old individuals. Those are services that are continued for kids in foster care specifically and they can stay in the children and youth services if they are receiving care. Mental health programs transfers them into adult mental health for an extended period of time to continue with services if they choose to take advantage of that.

Mr. Wong suggested that the board invite the counties to present their plans after they are approved.

VI. Chairperson’s Report

A. Future Board & Committee Meetings
Dr. Russ briefly reviewed the future board meeting dates for 2008:
- August 21-22, 2008 - North Coast
- November 18, 2008 - Los Angeles

B. Approval of Board Self Assessment Survey
The Board Self-Assessment is a tool in which the Board will evaluate itself each quarter, at the end of a board meeting.

Dr. Russ recommended adding a statement clarifying that this is a quarterly review.
Ms. Johnson explained that when the Planning Committee and staff were developing this, staff recommended placing a higher value on enforcement votes than what was originally decided. Staff is looking at a timely response to mail in the ballots. The Planning Committee listened to staff and appreciated staff’s wishes. The Planning Committee and staff added more value to the outreach participation because it demonstrates who the board members are and why the Board is effective.

*Donna DiGiorgio moved to approve the Board Self-Assessment as amended. Elise Froistad seconded. The Board voted unanimously (9-0) to approve motion.*

VII. Executive Officer’s Report

A. Budget Update
Mr. Riches reported on the budget update. BBS is doing well for the current year. The expenditure report indicates that staff is projecting a year-end balance of $120,000, which is a comfortable level. Attorney General expenditures are above projection, and exam administration costs are below projections; therefore, they are washing each other out.

For the 2008-2009 fiscal year, both houses' budget committees approved three budget change proposals. If all goes normal, those will be in the final budget act, and BBS will receive additional funding for those positions.

It is expected that the state budget will be signed very late this year; BBS will be operating without a budget. Staff will be paid, but supplies will not be purchased as of July 1st. Board member travel reimbursements will not be paid until the budget is signed.

The Governor proposed, and the Assembly Budget Committee approved, another $3 million loan from the BBS to the state general fund, which brings that outstanding balance to $9 million. That loan was about half of the fund balance and takes BBS down to a six-month operating reserve. That is an ample operating reserve. That does have some impact on policy issues, which will be discussed under the legislative report.

The MHSA expenditure report is now included in the budget report. Christy Berger’s position is funded by the MHSA fund to work on aligning the BBS programs with the MHSA policy and programs.

Ms. Roye asked if the operational reserve will impact moving forward with the strategic plan. Mr. Riches responded that it will not be affected at this time; the reserves are still healthy.

B. Licensing Statistics
Mr. Riches reported briefly on licensing statistics. He stated that there was an inexplicable growth in MFT applications, which slowed production. There is a vacancy in the licensing unit of the social work program.

C. Personnel Update
Mr. Riches referred to the personnel update in the meeting materials for personnel activities relating to new hires, departures, vacancies, and training.
D. Mental Health Services Act Coordinator’s Report

Mr. Riches reported that Ms. Berger, MHSA Coordinator, has coordinated field trips for board members and staff to attend as part of the board meetings. The field trips have been positive experiences.

Ms. Berger reported that she attended the Interagency Partners meeting at the Department of Mental Health. This was a meeting among the various staff of different agencies, funded by the MHSA. Some of the agencies represented were the Department of Social Services, Department of Rehabilitation, Department of Alcohol and Drug Programs, and Department of Aging. Ms. Berger expressed that this is going to be an incredible resource for the BBS. Dr. Russ commended Ms. Berger in her role and for a job well done.

E. Discussion and Approval of Comment on Proposed California Department of Education Regulations

Mr. Riches stated that a letter was written and mailed to the Board of Education earlier this year. The Board proposed regulations regarding the services provided by BBS licensees in non-public school settings. Board staff became aware of regulations proposed by the California State Board of Education that would, among other things, significantly restrict the roles and functions of licensed clinical social workers (LCSW), marriage and family therapists (MFT) and licensed educational psychologists (LEP) in private schools. The period for public comment precluded bringing the issue to the full board, and the impact of the proposed regulations was significant enough that staff felt the need to provide comment independent of any Board action. Tracy Rhine and Kristy Schieldge drafted a very comprehensive letter to the Department of Education. Staff is requesting that the Board approve the comment letter.

Dr. Russ clarified that Mr. Riches discussed this issue with him, and Dr. Russ directed Mr. Riches to move forward and draft the letter.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), and Ms. Esposito thanked staff and commended staff on their response to the Department of Education.

Olivia Loewy, American Association for Marriage and Family Therapy, also thanked staff and asked if there was anything more that stakeholders can do at this point. Mr. Riches stated that the 45-day public comment period has been closed. Staff has been monitoring the Board of Education’s website and their agendas to see if the items were removed. At this point, staff has not received feedback.

Mr. Wong thanked the Board and staff. He asked how this originated. Mr. Riches responded that he does not have first-hand knowledge regarding why this came about.

Ms. Johnson stated that the timing on this is consistent with the American Psychological Association and the adoption of its Model Act for state licensure of psychologists.

Gordonna DiGiorgio moved to approve the draft letter. Karen Roye seconded. The Board voted unanimously (9-0) to pass the motion.
F. Discussion and Possible Action on 2008 Legislation:

1. Senate Bill 1779
   Mr. Riches reported that SB 1779 is the Omnibus Bill. There is a provision in the current bill that is sponsored by CAMFT. The language contains that citations and fines issued by this board for under $1,500 will not remain on the board’s website for more than five years. This information is available through the Public Records Act. These citations and fines are overwhelmingly continuing education violations and occasional business card violations. Staff’s recommendation was to take no position.

   Ms. Riemersma expressed appreciation to staff for their willingness to advocate for CAMFT’s position to get this into the committee bill.

   No action required. No Board comments.

   Ms. Rhine reported on minor technical statutory changes for the 2008 legislation. The first is to add the Marriage and Family Therapy Act title added to statute. Currently, licensing laws regulating the practice of LCSWs and LEPs begin each respective chapter with a section noting the title of the Act. The Marriage and Family Therapy licensing law has no such code section and therefore no codified language by which to cite the licensing law as a whole.

   The second issue is the LCSW licensure eligibility for applicants licensed in another state. There is a contradiction in the use of terms in two provisions of the statute. One provision states that an application must hold a license in another state. Another provision states that they must have held a license. The intent is for the applicant to currently hold an active license in another state.

   The third issue is to delete obsolete language that represents the 1991 Budget Act.

   Ben Caldwell, Alliant International University, asked if the title referring to the Marriage and Family Therapy Act is mentioned in any other sections of the law. Mr. Riches responded that because it is not a named act, any other statutory reference would be to the chapter, which is the organizational level in which the act exists. Having a named act makes it more straightforward to refer to as opposed to the chapter reference.

   Mrs. Riemersma recommended for consistency that the title be the Marriage and Family Therapist Act as opposed to the Marriage and Family Therapy Act. Dr. Russ agreed and asked Ms. Rhine if she agreed with the recommendation. Ms. Rhine agreed.

   Victor Perez moved to adopt recommendations as amended to make technical changes and corrections to the statutes. Judy Johnson seconded. Board voted unanimously (9-0) to pass the motion.

G. Review and Possible Action on Draft Community Assessment Survey
   Mr. Riches briefly explained the community assessment of the Board, which is the second evaluation tool of the Board. This survey will be conducted on a quarterly basis and will be sent to individuals who attended two or more board meetings over the prior years.
Mr. Wong stated that instrument is a good first start. He requested that the Board looks at getting more public, licensees, and consumers involved in the meetings. He also suggested involving more technologies to involve more public participation.

Ms. Esposito asked if the Board used more technology for board meetings would there be problems regarding meeting minutes. Mr. Riches responded that it could cause slight issues, but records of the meetings are required. The larger problems are the meeting act issues and the limitations and availability of the technology.

H. Enforcement Statistics
Enforcement statistics were provided in the meeting materials for reference.

Ms. Roye asked why there were more complaints against MFTs than LCSWs. Mr. Riches responded that the license base is estimated to be 60% MFTs, 35% LCSWs, and 5% LEPs. Ms. Roye pointed out the percentage of licensees is higher. Ms. Riemersma responded that has consistently been the case over time. It is possibly due to the fact that MFTs have largely been in private practice.

Mr. Wong suggested that when BBS has more resources and staff, that it should conduct a study on this. Ms. Roye agreed.

The Board adjourned for lunch at 12:11 p.m. and reconvened at 12:51 p.m.

VIII. Discussion and Possible Action on Assembly Bill 239 Relating to Drug and Alcohol Counselors

Mr. Riches explained that AB 239 proposes a licensing act administered by BBS for Drug and Alcohol Abuse Counselors (ADAC). The Policy and Advocacy Committee had a lengthy discussion regarding this bill in January. That bill did not survive the legislative process in January. Subsequent to that, this bill has been amended to contain those similar provisions. The amendments were not made in time to take it up at the last Policy and Advocacy Committee meeting, so the bill was brought to the full board today.

Ms. Rhine made a correction on the analysis provided, correcting the version date from January 11, 2008 to May 5, 2008. The bill was amended again on May 20th. The amendments were substantive, but there were only a couple of amendments. One of the amendments made on May 20th added a provision that adds a misdemeanor for any violation of the act, which makes it consistent with the BBS license acts.

Ms. Rhine explained that the ADAC I is a supervised position and the ADAC II could practice within a private practice. The grandparented ADAC I has less educational requirements than the ADAC II.

Mr. Perez expressed his concern regarding how this bill will affect peer counselors or other individuals who provide services based on their life experiences. Ms. Rhine stated that this will impact them, but there are exemptions in the bill for peer groups. Sherry Daley from the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) responded that there are several levels of certification that these individuals acquire. Folks who are receiving the higher certifications can grandfather in the ADAC I.
Willie Guerrero, CAADAC lobbyist, stated that CAADAC has taken suggestions, advice, and a host of amendments. Over the months, CAADAC has worked with the opposition taking amendments. MFTs and social workers have not only removed their opposition, but have joined in support of the bill. Psychologists who were opposed are now neutral. The author is interested in addressing stakeholders and their issues, and to make this workable. Mr. Guerrero added CAADAC incorporated 19 of the 20 amendments that BBS requested at the Policy and Advocacy Committee meeting in January.

Ms. DiGiorgio agreed with Mr. Perez’s concerns that this bill may eliminate a field of people who are currently serving folks with addiction. She explained that the private residential treatment program where she is employed has MFTs and a psychologist working there who are in recovery and practically volunteering their time. Ms. DiGiorgio explained that when clients received services from licensed professions who were not in recovery, they did not get the services they needed. A lot of these people cannot afford to go to school, take this coursework, put the time into the internship hours, and then work for very little money. There may be a large workforce that is going to be invalidated.

Mr. Guerrero stated that there are a number of folks from different backgrounds and approach this in different manners. CAADAC wants to make sure that this bill does not negatively impact any particular point of view or type of service. The best practices of the other states are incorporated into this bill. The grandfather clause is to recognize that there is an existing workforce and CAADAC does not want to unnecessarily put them back into school. At the request of the Board, CAADAC limited the grandfathering period from two years to one year. Currently, there is nothing that prevents anyone from practicing, and there is no oversight or recourse. This bill addresses that problem. CAADAC is open to working with any stakeholders, and does not want to undermine the current workforce. There are a number of exemptions including individuals in self-help environments and clergy members. Mr. Guerrero stated that CAADAC is willing to look at other bodies or individuals that exemptions should apply to.

Shara Perkins, legislative aide to Assembly Member DeSaulnier, addressed salary concerns. She stated that all public facilities that are licensed or certified are not required to hire licensed individuals. The problem that California has opposed to other states is there is not a professional license, which can be required in this profession that raises that end of the salary tier so that people can continue to invest in this career. Ninety percent (90%) of CAADAC counselors are in recovery, and the other 10% has been impacted by some type of substance abuse that led them to choose this career goal.

Dr. Russ asked if this were to become a license, by definition, does it mean that folks who do not have a license could not practice. Mr. Riches responded that as he understands it, individuals would be required to have the license when working in a private practice requirement. Broad exemptions have been written into the bill, such as 12-step programs, self-help oriented programs, and state funded programs or any governmentally funded programs.

Dr. Russ asked for clarification, that once a person is grandparented, they do not have to meet the final qualifications. Mr. Guerrero responded yes, that is purposeful so that this would acknowledge the current workforce and include those individuals who have years of experience, but little education.
Dr. Russ asked the CAADAC representatives to describe the difference between the psychotherapy licenses and the ADAC licenses and describe how ADAC would licensees handle issues of dual diagnosis.

Ms. Daley responded that they looked at the 12 core functions, which are defined in federal regulation. They tried to write the scope of practice that was comfortable to other professions. In addition, they included referral within 14 days of admission of the client. CAADAC understands that most clients with addiction have co-morbidities. CAADAC has always had a very clear scope of the 12 core functions and a very strong education system that teaches referral. The licensure act supports referral.

Ms. Daley responded it is difficult to write code defining a violation, which is why they came to the board.

Ms. Daley responded that a majority of those folks will be working unlicensed in certified facilities where a certification is the level that is required. CAADAC hopes that the public will ask for higher standards. The standards in ADP facilities are unacceptable right now. CAADAC is hoping that this will push for higher standards for better treatment outcomes.

David Peters, California Association of Addiction Recovery Resources (CAARR), stated that CAARR is a statewide association, made up of approximately 200 members. The membership includes non-profit, private sector, and residential treatment facilities. CAARR offers outpatient treatment. CAARR also operates a counselor training program, which is one of 9 counselor training programs that is accredited by ADP. Mr. Peters detailed the issues that CAARR has regarding the bill:

- In statute, ADP has sole authority to regulate all licensing and certification of counselors and everything within the alcohol-related and drug-related field. ADP was specifically created to consolidate all of the interested state agencies and programs. CAARR disagrees in taking some of ADP’s jurisdiction and putting it into another state government agency. CAARR has discussed the issue with the authors and sponsors, and feels that the parties cannot come to an agreement on this.
- What is the basic need for this bill? Currently, ADP licenses outpatient facilities and certifies outpatient facilities. There is no real definition of private practice in this bill, and could not locate the definition in the Business and Professions Code. Mr. Peters stated that he fails to see the difference between the general concept of private practice and the general concept of an ADP certified outpatient treatment program.

If the bill were to move forward:

- CAARR does not agree with grandfathering individuals with only high school diplomas or equivalent.
- CAARR has issues with the exam and reciprocity. The bill stipulates that the board shall evaluate the IC and RC exam and may decide to develop its own. Mr. Peters would like to see reciprocity on the table for discussion.
- Mr. Peters questioned the intent and definition of referral, asking if it means the patient is given a name, address and phone number, or does it mean the patient is required to go?
Mr. Peters stated that CAARR agrees that there are people doing this work who are unregulated and there is no oversight. However, there is one provision in the bill that states that an individual cannot practice without a license issued by BBS. CAARR would support a provision in the Health and Safety Code giving ADP the authority to state that an individual cannot call himself/herself an alcohol and drug counselor without being regulated by ADP. This can be done without creating a licensing program.

Ms. Perkins responded that there is nothing in statute giving ADP authority or requests them to do anything regarding individuals. They have statutory authority over licensed facilities only. ADP does not have any authority over individuals – BBS is the correct entity to license and oversee the qualifications of individuals. With the methamphetamine epidemic in this state, every resource needs to be put into this.

Dr. Russ asked if ADP supports the bill. Ms. Perkins responded that ADP does not have a position as of yet. CAADAC is working with them because ADP is currently revising their very low certification standards so that their top tier will fit nicely with CAADAC’s bottom tier.

Mr. Guerrero stated that in regards to the certification standards, only 30% of individuals practicing in public facilities need to be certified by 2010. Only 3 out of 10 will have to meet the minimum standards. When ADP promulgated the regulations, they had the authority and opportunity to expand those to the private arena as well, but they did not do that.

Mr. Wong stated that NASW does not have a position on this bill. The CSCSW has a position of support for this bill. Mr. Wong read a statement from former BBS board chair and LCSW Peter Manoleas, who serves on the clinical faculty of UC Berkeley and holds a CAADAC certification.

“AB 239 essentially creates a license to treat one diagnosis only; two, if you consider abuse and dependency. In order to do this, one must have the skill set to competently do differential diagnosis, to know what is outside the scope of practice. The proposed license does not require this skill set. The potential for unlawful practice of an LCSW and MFT is therefore high and likely to be encouraged by this new license.”

Mr. Wong stated that NASW agrees with Mr. Manoleas’ comments. He requested statistical analysis and data supporting the need for the license, and stated that the definition of a professional is questioned. The license is to provide a single treatment for a single license in an LCSW’s opinion because LCSWs look at people holistically. MFTs, LCSWs, and psychologists can provide alcohol and drug treatment with training and certification. The second element of this bill is to create a master’s level license. Mr. Wong inquired if one is going to school to get a master’s degree, why not become a whole, comprehensive professional? Do we know how many current licensees of BBS provide alcohol and drug treatment? To create a license in order to put more attention on this and get more money in the field is not the correct way to go about this. Instead, the focus should be the dire need and lack of money in treatment.

Dr. Russ asked Mr. Wong to respond to the comment that there is a group of people with unique experiences, understanding and effectiveness who know how to provide treatment to people with addictions, far better than a professional with the only training. Mr. Wong responded that social work encompasses that entire world. There are people who are paraprofessionals with high school degrees working in social settings and providing valuable
services. He referred to the social work hearings conducted by former Assembly member Aroner, stating that social work has a career ladder. The career ladder anticipates high school to doctoral level degrees. Once new licenses are created and a population of counselors does not have those licenses or are precluded from getting those licenses, then the career ladder concept is turned around. Mr. Wong added that a professional is one who goes to college and learns critical thinking, judgment, and ethics. He also stated that the scope of practice is not very clear. This legislation is narrow and limited. NASW would like to work with CAADAC; however, CAADAC have never approached NASW regarding this.

Ms. Riemersma expressed support for the legislation stating that this issue is about public protection. Currently, there are people independently providing alcohol and drug abuse treatment without a license or credentials, and in some cases working beyond their scopes of practice and competence. This bill will help to assure that people are working within their scope of competence, and that there will be a mechanism to make sure that the public is protected. CAMFT was originally in opposition to this bill. CAADAC worked with CAMFT and accommodated CAMFT’s concerns. It is a step in the right direction to make sure that those who are practicing independently are doing so in the best interest of public protection.

Mr. Riches stated that this bill proposes a startup cost with a loan from the BBS reserve. As discussed earlier, the reserve is now $3 million lighter, which is now a factor. The start up figure is close to $1 million. The Board needs to consider the financial position in any deliberation of this bill.

Heather Halperin, USC School of Social Work, addressed two concerns: (1) Grandfathering people who have not had a lot of teaching in ethics and boundary issues that arise out of that, (2) Co-occurring disorders and the recovery model are strongly looked at as conjoint treatment. Working in private practice and treating one component of a joint issue seems as though we’re moving apart instead of joining together.

Mr. Guerrero responded to Mr. Riches’ statement regarding the financial position. The provision stated that the startup costs would be through a loan. There is an addition provision stating that if the Board were not in a financial position to grant the loan, the dates would be pushed back accordingly until the loan is made for the startup costs.

Ms. Johnson reported that she and some BBS staff recently visited Serenity Knolls, a residential co-occurring treatment center. She reported that this center is arguably the best that she has seen in the state. What makes it better is the family systems model, the community systems model, and the collaboration of people working together for the common good. Ms. Johnson asked Ms. DiGiorgio for her opinion, and what kind of effect this would have.

Ms. DiGiorgio responded that she chose to work at Serenity Knolls because it is a co-occurring disorder residential treatment program. Treatment has to be done simultaneously, which is why they have MFTs and psychologists on staff that are in recovery as well, so they can differentiate what is an addictive behavior and what is a psychological issue. What needs to change in this state is the way the disease of addiction is handled. Until insurance companies recognize this as a mental health issue, and are willing to paying for the treatment, it’s not going to get better. Ms. DiGiorgio stated that she has worked in the field for 24 years, and knows a lot from a personal level and from a professional level. She doesn’t know that licensure is going to make a difference in the bottom line. Her oversight is her boss and the people she helps. Upon leaving the program, residents have asked to continue seeing
Ms. DiGiorgio one-on-one, which she continues to do so as an Alcoholics Anonymous sponsor only.

Dr. Russ stated that he does not have enough information and would like to hear from the ADP.

Ms. Johnson recommended that CAADAC begin a dialogue with NASW.

*Joan Walmsley moved to take no action at this time. Elise Froistad seconded. The Board voted unanimously (9-0) to pass motion.*

IX. **Report of the LCSW Education Committee**

Ms. Berger reported that the LCSW Education Committee was appointed in February. The Committee held its first meeting on May 5th in Sacramento, where the committee reviewed sources of information and key stakeholders, and asked the audience for feedback. The LCSW occupational analysis was discussed briefly, and Robin Carter, Chair of the graduate social work division at California State University, Sacramento (CSUS) presented information about CSUS’ program and social work accreditation in general and answered questions. Representatives from CSU Chico and the University of Southern California also provided information and answered questions.

The next meeting will be held on June 23rd in Long Beach. A representative from the California Social Work Education Center (CalSWEC) regarding schools’ level of adoption of CalSWEC’s mental health curriculum competencies, and how this ties in with the mental health stipend program. The Committee will also take a closer look at demographics. Chad Costello, MSW from Mental Health America will present on recovery-oriented care.

Future meetings will be held on September 15th in the bay area and on December 8th in Los Angeles. Staff anticipates having a presentation from the Council on Social Work Education (CSWE) about accreditation standards and process.

Ms. Lonner reported that one of the most valuable things that came out of the meeting was the identification of a diverse group of stakeholders that will be invited to future meetings. She commended Ms. Berger for the start up of the LCSW Education Committee.

X. **Election of Officers**

Mr. Perez inquired on the status of Victor Law’s term on the Board. Mr. Riches responded that Mr. Law is an appointee of the Legislature; therefore his grace period is one year after the expiration of his term. Mr. Law is currently serving his grace period, which expires on June 1, 2008.

Mr. Perez inquired on the status of Rita Cameron Wedding’s term on the Board. Mr. Riches responded that she was appointed by the Senate. Staff has been in touch with Ms. Wedding but has been unable to clear meeting dates with her.

Nominations were opened for Board Chair.
D'Karla Leach nominated Ian Russ for Chair. Renee Lonner seconded the nomination. No further nominations were made. Dr. Russ accepted the nomination. The Board voted unanimously (9-0) to elect Ian Russ as the Board Chair.

Nominations were opened for Board Vice Chair.

Donna DiGiorgio nominated Joan Walmsley. Renee Lonner seconded the nomination. Ms. Walmsley accepted the nomination. The Board voted unanimously (9-0) to elect Joan Walmsley as the Board Vice Chair.

The Board meeting adjourned at 2:15 p.m.

**BOARD COMMITTEE MEETING**

**XI. Planning Committee**

<table>
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<tr>
<th>Members Present</th>
<th>Members Absent</th>
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<tr>
<td>Judy Johnson, Chair</td>
<td>None</td>
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<tr>
<td>D'Karla Leach</td>
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Judy Johnson, Committee Chair, called the Planning Committee meeting to order at 2:15 p.m. Christina Kitamura called roll, and a quorum was established.

**A. Review and Approval of October 24, 2007 Meeting Minutes**

*D'Karla Leach moved to approve the October 24, 2007 Planning Committee meeting minutes. Judy Johnson seconded. The Committee voted unanimously (2-0) to approve the minutes.*

The Planning Committee adjourned at 2:17 p.m.

**FULL BOARD OPEN SESSION**

The Board reconvened at 2:45 p.m. at Visions Unlimited.

**XII. Presentation Regarding Visions Unlimited Programs by Visions Unlimited Staff**

**XIII. Discussion with Visions Unlimited Staff and Tour of Facility**

Visions Unlimited staff provided an overview of their adult and children’s mental health treatment programs, answered questions, and provided a tour of their facility.

The meeting adjourned at approximately 5:15 p.m.
FULL BOARD OPEN SESSION

Ian Russ called the meeting to order at 8:42 a.m. A quorum was not established, and the Board began the meeting as a subcommittee. Dr. Russ called to move forward with agenda item XIV.

Dr. Russ called the meeting to order as a full board at 9:13 a.m., between agenda item XIV and XV. Christina Kitamura called roll, and a quorum was established.

XIV. Presentation By California Victims of Crime Program

Robin Foemmel Bie, LCSW, from the Victims of Crime (VOC) Program provided an overview of the Victims of Crime program, presented a video, and answered questions regarding the Victim Compensation Program.

XV. Policy and Advocacy Committee Report

A. Recommendation #1 – Sponsor Legislation to Clarify Unprofessional Conduct Statutes

Ms. Rhine reported that there are three different issues that the Committee is recommending the Board to sponsor legislation to rectify the issues. The first issue is that subversion of the exam process is not stipulated as an act of unprofessional conduct. Currently, Business and Professions Code (BPC) section 123 makes it 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. However, the licensing acts do not include subversion of the exam as unprofessional conduct. 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 second issue is an inconsistent provision relating to convictions and our unprofessional conduct statutes. The unprofessional conduct statutes for all three licensing categories 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. There are two provisions describing unprofessional conduct:

(1) Conviction of a crime substantially related to the qualifications, functions and duties of the licensee or registrant

(2) Administering to himself or herself a controlled substance or using any of the dangerous drug as defined or an alcoholic beverage to the extent, or in a manner injurious to himself or herself or to any other person or to the public or to the extent that the use impairs his or her ability to safely perform the functions authorized by the license.

Another provision of unprofessional conduct contained in the practice acts allows the board to deny licensure or to revoke or suspend licensure if a licensee has a conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of controlled substance, dangerous drug, as defined, or alcoholic beverage.

Ms. Rhine explained that this is a conflict because it is already unprofessional conduct; however, the board is allowing one conviction for that conduct. The Committee recommends that the unprofessional conduct provisions for all licensing categories be amended to make them comprehensible and consistent.

The third issue is the unprofessional conduct for failure to comply with statutes relating to telemedicine. The LCSW and MFT licensing acts have a provision stating that it is unprofessional conduct for failure to comply with statutes related to telemedicine. The LEP licensing act does not include the same provision. The Committee recommends including the provision in the LEP licensing act for consistency.

Donna DiGiorgio moved to sponsor legislation to amend the unprofessional conduct statutes. Victor Perez seconded. The Board voted unanimously (8-0) to pass motion.

B. Recommendation #2 – Support Assembly Bill 164
Ms. Rhine presented AB 164, sponsored by CAMFT. This bill has been passed by both Houses and on its way to the Governor. This bill provides qualified immunity for persons who communicate with MFT schools, when the communication is intended to aid in the evaluation of the qualifications, fitness, character or insurability of the healing arts practitioner. The Committee recommends a position of support.

Donna DiGiorgio moved to support AB 164. Judy Johnson seconded. The Board voted unanimously (8-0) to pass motion.

C. Recommendation #3 – Support Assembly Bill 1486 If Amended
Mr. Riches presented AB 1486, the Licensed Professional Counselor (LPC) licensure bill. The Board has supported this bill in the past. Staff recommended that the curriculum requirements for the LPC should contain elements consistent with those that are
proposed to be added to the MFT curriculum requirements. The Committee recommends a position of support if amended. The sponsors have amended most of the language to include those elements.

Dr. Russ asked if this would require a start up loan. Mr. Riches responded that this would require a start up loan from the BBS reserve.

Ms. Johnson stated that it is important to move this through because it is important; these people are needed in the field.

Dr. Russ asked if the bill passes, and the start up costs are borrowed from the reserve, will the integrity of the board and its functions threatened. Mr. Riches responded that it would not be threatened in the first year. Revenues would generate from the grandparenting period to backfill. The projections show that by year two, there would be a lot of revenue generated from grandparenting. Year three would drop because grandparenting period passes. Renewal revenue is what will keep the program funded and operating. Mr. Riches added that a $1 million dollar loan to start up the program would decrease the 6-month reserve to a 4-month reserve.

Jan Osborn, the American Association for Marriage and Family Therapy (AAMFT), stated that AAMFT opposes the bill unless there are amendments regarding the language stating that counselors do not have to do any psychotherapy to get a license and amendments to the grandparenting language.

**Judy Johnson moved to support AB 1486 if amended. Karen Roye seconded. The Board voted unanimously (8-0) to pass the motion.**

**D. Recommendation #4 – Support Assembly Bill 1887**
Ms. Rhine presented AB 1887, the mental health parity bill. This bill requires health care service plan contracts which provide hospital, medical, or surgical coverage, and health insurance policies issued, amended or renewed on or after January 1, 2009 to provide coverage for the diagnosis and treatment of a mental illness of a person of any age under the same terms and conditions applied to other medical conditions. The Committee recommends a position of support.

Ms. Osborn stated that AAMFT supports the bill.

**Donna DiGiorgio moved to support the AB 1887. Elise Froistad seconded. The Board voted unanimously (8-0) to pass the motion.**

**E. Recommendation #5 – Support Assembly Bill 1922**
Ms. Rhine presented AB 1922, sponsored by CAMFT. This bill has been passed by both Houses and is on its way to the Governor. This bill adds MFTs to the list of healing arts practitioners defined as "licentiates" under peer review statutes relating to notice of final proposed action. Amendments to the bill on May 14th also added LCSWs. The Committee recommends a position of support.

There were no comments or discussion.

**Renee Lonner moved to support AB 1922. Donna DiGiorgio seconded. The Board voted unanimously to pass motion.**
F. **Recommendation #6 – Oppose Assembly Bill 1925 Unless Amended**

Ms. Rhine presented AB 1925. The analysis provided was written prior to the amendment on May 23rd. The bill allows the Franchise Tax Board to suspend licenses for folks that have outstanding tax liabilities. The Committee recommends a position of oppose unless amended. The discussion was to amend the bill to the model currently in place for outstanding liabilities for family support. The current model provides for communication with county agencies and allows the Board to take action against its licensees.

*_Renee Lonner moved to oppose AB 1925 unless amended. Judy Johnson seconded. The Board voted unanimously (8-0) to pass motion._*

G. **Recommendation #7 – Oppose Assembly Bill 1951**

Ms. Rhine presented AB 1951. This bill mandates that before the year 2010, BBS licensees take 6 hours of coursework in suicide prevention during their first renewal period. After the year of 2010, the 6-hour course would be incorporated in the coursework prior to licensure. The Committee recommends a position of oppose. The Committee stated that ongoing education relating to suicide prevention is important, but expressed that the board already mandates many specific coursework requirements and continuing education (CE), and suicide prevention is already included in the coursework.

Ms. Riemersma, CAMFT, initially supported this bill. Currently, CAMFT opposes the bill because of the CE requirement.

Ms. Berger stated that the Department of Mental Health has a new Office of Suicide Prevention. There is a task force appointed to develop a suicide prevention plan that is awaiting signature by the Governor. The plan includes workforce pieces.

*_Donna DiGiorgio moved to continue to oppose AB 1951. Renee Lonner seconded. The Board voted unanimously (8-0) to pass motion._*

H. **Recommendation #8 – Support Assembly Bill 2652**

Ms. Rhine reported that AB 2652 is no longer viable; the bill did not pass the Appropriations Committee. No action was required.

I. **Recommendation #9 – Consider Senate Bill 1415**

Ms. Rhine reported that SB 1415 was amended and no longer applies to BBS licensees. No action was required.

J. **Recommendation #10 – Support Assembly Bill 2543 If Amended**

Ms. Rhine presented AB 2543, the Geriatric and Gerontology Workforce Expansion Act. The bill provides a program for loan repayment assistance to BBS licenses that commit to working in specified geriatric settings for three years. The funds are provided by a $10 surcharge to BBS licensees upon initial issuance of license and renewal. This is very similar to the program that BBS already has in place that provides loan repayment assistance for licensees that work in underserved areas. There are technical issues with the bill because there are two separate programs set up in this bill that deal with the same population. Amendments were made on May 23rd in Appropriations Committee; however, it was a fiscal amendment, and it did not address the Committee’s issues. The suggestion was to use the program that BBS already has in place, but specify that funds
coming in be funneled to the applicants that work in geriatric settings and not create a whole new program. The Committee recommends a position of support if amended.

_Judy Johnson moved to support the AB 2543 if amended. Karen Roye seconded. The Board voted unanimously (8-0) to pass the motion._

### K. Legislation Update

Mr. Riches reported on SB 1505, sponsored by the board. This bill proposed a reduction of renewal fees by $20 and an increase of the surcharge by $20. At this point, the board does not have a fund condition that would support this. Board staff spoke with Senator Yee’s office this week and gave him two options: (1) to delay implementation and put the appropriate language in the bill, or (2) to drop the bill and revisit later. Staff’s expectation is that this bill will be dropped.

Mr. Riches reported on AB 1897, sponsored by the board. The bill passed the Assembly, but in a different form. The bill now provides for continuing the board’s ability to take degrees from the Bureau for Private Postsecondary and Vocational Education (BPPVE) approved programs through the end of 2011 and addresses the issues of regional accreditation bodies that the board wants to recognize. However, it also states that if the Legislature passes a new bureau act this year, this bill will no longer exist. Currently, this bill is in the Senate Business and Professions Committee. The parties still appear to be at complete impasse. The Senate Business and Professions Committee will have discussions with the interested parties to come up with a solution to take the students and schools out of harms way. It is not clear if that is at all possible. Senator Perata’s office is taking the lead from a legislative side in resolving this issue. They have articulated that they do not want a resolution that is not part of the whole resolution.

Mr. Riches explained that this situation has been complicated. Until now, the board has had a constructive relationship with the approved programs in trying to come to a resolution. Last week, the University of Phoenix and Argosy University have announced their opposition to this bill and to SB 1218, which contains the MFT curriculum revisions. They oppose both the bills on the grounds that the bills do not address their need as it relates to the recognition to other regional accrediting bodies. The Board and staff have attempted through the course of the year to keep SB 1218 and the curriculum revisions, which have nothing to do with the bureau. At this point, we are no longer able to do that. The Board took a vote to recognize degrees issued by institutions accredited by their approved regional accrediting bodies. On several occasions, we have attempted to put that legislation through. On every occasion, the legislation was rebuffed by Senator Perata’s office. When those bills arrive in the Senate with the institutions’ language, they will not be allowed to pass. These institutions have well-established lobbyists.

Ms. Johnson asked who to talk to at these institutions. Dr. Russ stated that he would meet with representatives of those institutions. Ms. Johnson offered to join Dr. Russ when meeting with the institutions.

Dr. Russ stated that he has understands the opinions of the institutions because they are at risk of losing students and money. Dr. Russ requested more support from the community.

Niel Cobrin, California Graduate Institute, asked what the board’s authority is versus the legislative process. Mr. Riches explained the statute regarding acceptable accrediting
bodies and the current situation that the board faces with the sunset of BPPVE. Mr. Riches explained what the board is attempting to do to address the issue and the rulemaking process. Mr. Riches stated that the two institutions are acting upon their own personal interests. At this moment, he doesn't know what to do and asked the community for assistance.

Dr. Russ stated that Steve Arthur from Ryokan University was expected to attend the board meeting, but has not arrived. He has spoken to Mr. Arthur who wanted a voice at this meeting.

Mr. Cobrin stated that people need to understand that the board is the best vehicle at this point for something positive to occur for these schools. He stated that he is not sure whether Mr. Arthur maintains or understands that position. Dr. Russ responded that Mr. Arthur does not believe that the board if supportive.

Mr. Cobrin stated that he ran one of those schools in the past, they were not exempted from BPPVE; they were treated as any other state-approved school. They argued that since they were regionally accredited, they should be exempted. By interpretation, not by law, the school gave in. Legally, there was never a change. Technically, they still operate as a state-approved school. He doesn’t know if those schools understand that AB 1897 extends that approval. Mr. Riches responded that those schools do understand that.

Ms. Schieldge explained that post-secondary education law in California from 1998 forward only allowed exemptions from state oversight if the school was a degree-only school accredited by the Western Association of Schools and Colleges (WASC). The Reform Act did not recognize any of other regional accrediting agencies. Therefore, if a school was accredited by WASC and was not a degree-only school, the school had to be approved by the state entity. For more than 6 years, they did have to get state approval. About three years ago, there was a change in law through the SB 967 (Burton) that gave a lot of exemptions to the regional accrediting agencies. Schools from other states received more preferential treatment than in-state schools. With respect to the Board statutes, up until 1999, the Board had the authority to decide which schools it would accept through regulation. That authority was struck from the statute, and the Board could only accept WASC or BPPVE approved schools. Now the Board is trying to get back to where it was in 1999 so the Board does not have to rely on the legislature, and this is where the Board is getting resistance.

Mr. Riches stated that the positions being adopted by the two organizations at this point are putting their proprietary policy interests as it relates to regional accreditation recognition ahead of the benefit of the consumers and the profession that is represented by the curriculum changes.

Dr. Russ asked if anyone in the audience knows people in these institutions who can speak to the Board. Jennifer Frei, chair of the counseling program at the University of Phoenix in Sacramento, responded that she will take this conversation back to her campus.

Ms. Riemersma stated that she will also provide assistance and attend meetings with interested individuals.
Mr. Riches informed the audience that the bill will be heard on June 17th.

L. Regulation Update
Mr. Riches stated that there was nothing new to report.

XVI. Update and Possible Action on Board Activity, Proposed Legislation, and Proposed Regulations Regarding Acceptance of Degrees Granted by Institutions Approved by the Bureau for Private Postsecondary and Vocational Education

Dr. Russ stated for the record that staff had been in contact with Steve Arthur to participate in the meeting; however, Mr. Arthur did not appear at the meeting as promised. During the meeting, staff attempted to contact Mr. Arthur to include him in the discussion. Staff was not successful in contacting Mr. Arthur.

Mr. Riches reported that at its February 2007 meeting, the Board took action to: 1) sponsor legislation allowing the board to recognize equivalent accrediting agencies by regulation, and extend the board’s ability to accept degrees from BPPVE approved programs through December 31, 2011; and 2) begin a rulemaking process to recognize approvals granted by the Bureau for Private Postsecondary and Vocational Education (BPPVE) for a period of four years and to continue acceptance of those degrees beyond the four-year period if the program was in the process of obtaining accreditation. The Board elected option two. However, it is clear that any policy-making activity that involves accreditation is regarded with hostility. Staff recommended that the Board give new direction to pursue a regulation containing only the four-year extension provision.

Mr. Riches noted a correction to the date in last sentence of the proposed language, changing it to 2009.

Renee Lonner moved to rescind the Board’s November 8, 2007 order directing staff to initiate the formal rulemaking process to adopt proposed regulations at 16 CCR Section 1832.5 based upon text drafted by staff under option number 2 of the prior proposal. Judy Johnson seconded. The Board voted unanimously (8-0) to pass the motion.

Elise Froistad moved to direct staff to initiate the formal rulemaking process to adopt proposed regulations at 16 CCR Section 1832.5 based upon this proposed language with the amendment that January 1, 2008 should be replaced with January 1, 2009 in subdivision (b) of this proposal, and authorize the executive officer to make any non-substantive changes to the rulemaking package and set the proposed regulations for a hearing. Victor Perez seconded, and the Board voted unanimously (8-0) to pass the motion.

Dr. Russ explained that one of the concerns Mr. Arthur had was regarding the response that students receive when they contact the board. Mr. Riches presented the script that is provided on the BBS website and provided to all BBS staff to use in response to inquiries regarding this issue. If callers request more details beyond the information provided in the script, those callers are referred to management.

Audience and board members were asked to review the script and provide feedback and suggestions.
Mr. Cobrin stated that several students have called the board and claimed that a particular staff person specifically recommended to the student to not attend an unaccredited school. Mr. Riches responded that if anyone is hearing something different than what is heard at a meeting, to inform him so that it can ensure that there is an accurate flow of information.

Mr. Perez stated that school administrators and other public members attend the meetings to complain, but why aren’t they doing anything? He suggested that these individuals go to the hearing and get the media involved. This issue is not in the newspapers. Schools have thousands of students who can fill the room at the hearing.

Mr. Cobrin responded that those 400,000 students are students of mostly nationally accredited vocational schools who fall under the state licensure law. The number of students who are concerned about what the new bureau regulations are going to be and the impact of those regulations on how those schools function has nothing to do with this Board. He stated that his school does not even have 2,000 students; but there has been an attempt by the student body and the schools to plead this case.

Mr. Perez responded that even 1,000 people in the room would bring exposure to this issue. Dr. Russ added that there are 21 schools affected.

Ms. Roye asked if these schools have come together to meet about these issues. Mr. Cobrin responded that Steve Arthur is trying to do that now.

Mr. Riches stated that on June 9th at approximately 1:30 p.m., AB 1897 will be heard by the Senate Business and Professions Committee. On Tuesday June 17th at approximately 9:00 a.m., SB 1218 will be heard by the Assembly Business and Professions Committee. Both of these bills are in jeopardy. Mr. Riches requested getting people to show up to these hearings so their voices can be heard.

XVII. Public Comment for Items Not on the Agenda

Ms. Roye thanked Mr. Riches and staff for creating opportunities for Board members to learn during the Board meetings this year.

XVIII. Suggestions for Future Agenda Items

No suggestions were made for future agenda items.

XIX. Presentation Regarding Programs by Quinn Cottages Staff

Quinn Cottages staff provided an overview of their program and provided a site tour.

XX. Tour of Facility and Client Visits with Quinn Cottages Staff

Quinn Cottages staff provided an overview of their program and provided a site tour.

The Board meeting adjourned at approximately 2:30 p.m.