

## **Policy and Advocacy Committee Minutes October 12, 2010**

Department of Consumer Affairs  
1625 N Market Blvd, Ste N-220  
El Dorado Rm, 2<sup>nd</sup> Floor North  
Sacramento, CA 95834

### **Members Present**

Gordonna (Donna) DiGiorgio, Chair,  
Public Member  
Renee Lonner, LCSW Member  
Michael Webb, MFT Member

### **Staff Present**

Kim Madsen, Executive Officer  
Tracy Rhine, Asst. Executive Officer  
Rosanne Helms, Legislative Analyst  
Marsha Gove, Examination Analyst  
Gary Duke, Legal Counsel

### **Members Absent**

None

### **Guest List**

On file

## **I. Introductions**

Donna DiGiorgio, Policy and Advocacy Committee (Committee) Chair, called the meeting to order at approximately 10:05 a.m. Kim Madsen called roll, and a quorum was established. Attendees introduced themselves.

## **II. Review and Approval of the June 7, 2010 Policy and Advocacy Committee Meeting Minutes**

Ms. DiGiorgio noted an error on the first page under Members Absent. Samara Ashley is not on the Committee, therefore, her name should be omitted.

Michael Webb moved to approve the Policy and Advocacy Committee meeting minutes of June 7, 2010 as amended. Renee Lonner seconded. The Committee voted unanimously to approve the meeting minutes as amended.

## **Policy Discussion and Possible Action Regarding Title Change of “Marriage and Family Therapist Intern” to “Associate Marriage and Family Therapist”**

Rosanne Helms reported that currently, the Business and Professions Code (BPC) defines a marriage and family therapy intern as an unlicensed person who has earned his or her master’s or doctor’s degree qualifying him or her for licensure as a marriage and family therapist. At the same time, the BPC uses the term “associate clinical social worker” for an unlicensed person registered with the Board of Behavioral Sciences (Board) and working toward licensure as a clinical social worker.

Ms. Helms reported that the American Association for Marriage and Family Therapy – California Division (AAMFT-CA) has requested that the Board reconsider the current title “Marriage and Family Therapist Intern.” AAMFT-CA requests the Board instead consider the title “Associate Marriage and Family Therapist.” AAMFT-CA feels that the “intern” designation creates a situation where pre-licensed Marriage and Family Therapist applicants are deemed less qualified than Associate Social Workers in the eyes of the public and employers. AAMFT-CA also feels that it makes it more difficult to advocate for marriage and family therapist interns to be included in systems of care that include other mental health professionals.

Board staff researched “intern” titles among seventeen states. Both terms, “intern” and “associate,” were used.

Ms. Helms stated that adoption of the title change from “marriage and family therapist intern” to “associate marriage and family therapist” would be a lengthy process. It would require that staff change all of the Board’s regulations, make comprehensive statutory changes, and update all forms, publications, and the website with the new title.

Staff recommended the Committee to conduct an open discussion regarding the advantages and disadvantages of changing the current title “marriage and family therapist intern” to “associate marriage and family therapist,” and to direct staff to draft proposed legislation to bring before the board if the change is found to be appropriate.

Ms. Lonner stated that a consistency would be appropriate.

Michael Webb agreed with Ms. Lonner, stating that consumers could distinguish that there is a difference between an associate and a marriage and family therapist (MFT).

Ms. DiGiorgio asked if this is something that requires immediate action given the state of the financial situation and having fewer staff available to do the work required to make this change.

Mr. Webb inquired if it would be a good idea to do all of this before the licensed professional clinical counselors (LPCC) comes on board, so that way it’s consistent

and the Board is not attempting to change it midstream. Ms. DiGiorgio asked what the LPCC title will be. Ms. Madsen responded that they are “interns.”

Ms. Madsen stated that if this change takes place for the MFT interns, she foresees the same requested for the LPCC interns. Making changes to both titles at the same time makes sense. However, there is the issue of staffing. Ms. Madsen added that there is currently a hiring freeze, and the board is down by three licensing evaluators. With the staff taking on a new licensing program, the work entailed to make this statutory change, find a sponsor, to rewrite everything, implement regulations, and changing all forms, this is not something that can be done in an omnibus bill. Ms. Madsen expressed that the timing is not good for the situation at hand and should perhaps be revisited next year.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), stated that CAMFT is taking opposition to this change. She explained that an “associate” is a partner, and implies that one is in a partnership relationship, not in an employed relationship and is on equal standing with the owner of a business. The term “intern” is much clearer. CAMFT is proposing legislation this year to make it abundantly clear as to how interns must advertise themselves so that they don’t use “MFTI,” which CAMFT believes is misleading because it is not clear that the person is not yet licensed and that they are working under supervision. Ms. Riemersma added that most states do not have any designation for pre-licensed individuals. She reminded the Committee that it would also be a huge task to change every law that uses the term “intern.”

Mr. Webb stated that his point was more about continuity and to decrease the level of confusion for the consumer.

Ben Caldwell, AAMFT-CA, stated that AAMFT-CA’s interest is in consistency for both consumer protection and for employment. Some employers have the perception that an MFT Intern is less than or less experienced than an MSW or an associate clinical social worker (ASW) even though they are at similar levels of experience and at similar points on the career path. To level the playing field in the titles, AAMFT-CA proposed to change the MFT Intern title rather than to propose a change to the associate social worker (ASW) title. Mr. Caldwell agreed that AAMFT-CA would do whatever it can to support consistency among the different titles. This is not an urgent matter, and he understands the staffing issues the Board is experiencing.

Janlee Wong, National Association of Social Workers California Division (NASW-CA), asked how much this would cost, and expressed that this is not something that can be afforded at this time. Next year the state budget is predicted to be worse. He added that historically and currently, students in practicum are called “interns.” Mr. Wong guessed that a different title was chosen to distinguish between the student in practicum and the “associate” who has graduated and acquired the registration. He closed by stating that the two professions are not the same.

Mr. Caldwell responded in agreement that the two professions are not the same; however, with similar levels of experience, a similar title is appropriate. In regards to

career progression, it is a challenge with people coming from other states. He explained that in some states, when MFT students are in school and doing their practicum, they are called “interns,” and then they advance to “associate” level once they are out of school. When they come to California, it is especially difficult for those who have a lot of experience who are told that they are an “intern” until they are licensed. Mr. Caldwell expressed that this is inconsistent.

Mr. Wong responded that MFTs have a three-tiered structure, which includes “trainee.” As for employers, many are exempt from licensing laws; the agencies give job classifications that are used on their business cards and are their official titles.

Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC), which is formerly the California Coalition for Counselor Licensure (CCCL), reported that among 29 other states, the terms “associate” and “intern” were equally used. Other terms used were “provisional” and “registered.” Ms. Porter shared the definition of “intern” as “an advanced student or graduate in a professional field gaining supervised, practical experience.” She also shared two definitions of “associate”: 1) one associated with another; and 2) having a secondary or subordinate status. Ms. Porter stated that CALPCC preferred the term “intern” because it is more precise. She also reported that CALPCC is writing legislation to get LPCCs written in all of the state codes, and hopes to get that bill introduced in January 2011. The question is how this would fit, and which bill would have to be introduced first? If the Board’s bill is introduced first, it would hold up getting LPCCs written in the state codes. CALPCC must move forward with the term “clinical counselor intern.” Ms. Helms responded that the Board is implementing the LPCCs in January; therefore, it would move forward and use the term “intern” for the LPCCs.

Ms. DiGiorgio stated that the Committee may table this item and reconsider this issue next year.

A guest in the audience commented that when colleges place both MFT and MSW students, the colleges place them in, what is considered to be, an internship. Mr. Caldwell pointed out that this is part of the confusion; they may all be considered interns to the employer, but one group is actually “MFT trainees,” not interns. Mr. Caldwell suggested that staff look into state law and determine how many times the terms “MFT intern” or “registered intern” occurs. This may give an idea of how much costs would be involved and how laborious the process would be to make this change.

Ms. Madsen responded that the Evidence Code, anything related to the Health and Safety Code, is something that would have to be looked at.

Tracy Rhine stated that the number of times those terms occur in state law would not determine the labor or costs. The process of sponsoring a bill is the same whether it is five pages or 300 pages. The issue is all the different pieces involved in a regulation change. Cost and labor comes in the publishing. The Board currently has boxes of publications that would be obsolete; this is where cost and labor comes in.

Ms. Madsen agreed with Ms. DiGiorgio's earlier comment in that given the current climate, it would be a good idea to table this discussion.

**Renee Lonner moved to table this discussion until a later time. Michael Webb seconded. The Committee voted unanimously to pass the motion.**

### **III. Policy Discussion and Possible Action Regarding Counting Completed Continuing Education Units Towards Renewal Requirements for Separate Licenses Issued by the Board**

Ms. Helms reported that currently, MFTs and Licensed Clinical Social Workers (LCSW) renew their licenses every other year and must complete continuing education. The continuing education required each renewal period is: 1) not less than 36 hours of approved continuing education in or relevant to their field; and 2) a minimum of six hours of approved continuing education in the subject of law and ethics. Currently, the Board allows an individual who holds both an MFT and an LCSW license to apply their continuing education coursework toward the renewal of both licenses, as long as the courses meet the board's continuing education guidelines and the subject matter relates to both scopes of practice. This raises a policy question: Should LPCC dual license holders be allowed to double count continuing education units that they earn toward the continuing education requirements for both licenses?

Ms. DiGiorgio expressed that LPCC dual license holders should be allowed to double count continuing education units and should not have to pay to take the same course twice.

Mr. Caldwell expressed that it would be overly punitive to require LPCC dual licensees to take separate courses.

Ms. Riemersma stated that CAMFT supports double counting of hours for LPCC dual license holders.

**Michael Webb moved to allow LPCC dual license holders to double count continuing education units toward renewal requirements. Renee Lonner seconded. The Committee voted unanimously to pass the motion.**

### **IV. Policy Discussion and Possible Legislative Action Regarding the Implementation of a Voluntary Fee for Expediting License Renewal**

Ms. Helms reported that licensees must renew every two years, and registrants must renew every year. The Board mails a courtesy renewal reminder to each person approximately four months prior to their license or registration expiration date. In this notice, they are advised that it takes approximately 4-6 weeks from the date the Board office receives the renewal application for processing.

Ms. Helms explained that an ongoing issue for many licensees and registrants is that they do not renew their license or registration until it is about to expire; therefore, the

license or registration expiration date passes before the renewal paperwork is processed, and the renewal information can be posted on the Board's website.

One suggested solution to this matter would be to adopt a new fee expediting license and registration renewal processing within a pre-determined time frame for applicants if they choose to pay an additional optional fee for that service.

Ms. Helms reported that Board staff surveyed the web sites of the healing arts boards. None of these boards offer the option of expedited processing for an additional fee. However, a few of these boards allow online renewal. The Board of Psychology notes on their website that renewing online cuts processing time in half. The Dental Board's website states a renewal processing timeline of six to eight weeks through the mail, or 48 hours if renewed online. The Department of Consumer Affairs (Department) has not currently offered the Board the option of online renewal. The Department is in the process of implementing a system (BreEZe) that would allow additional boards to accept online payment. However, the Department estimates it will be three years before this system is available to the Board of Behavioral Sciences.

If in favor of this suggestion, the Committee would need to have a discussion regarding the amount of the fee, the time period staff would need to process the expedited requests, and direct staff to draft legislation for consideration by the Board.

Ms. DiGiorgio summarized this matter by stating that if licensees or registrants do not take responsibility in renewing their licenses or registrations on time, they would only need to pay extra money, which would then displace another licensee/registrant who did renew their license/registration on time.

Ms. Lonner asked what the deadline is to mail the renewal and renew a license timely. Ms. Madsen responded that the window is 6-8 weeks currently. After the first of the year with LPCC applications coming in and the lack of staffing, that time frame may increase.

Ms. Madsen added that the processing timeframe is clearly stated on the renewal applications, and a statement was added to the Board's website noting the current staffing and hiring constraints and requesting that renewals be mailed in at least 75 days ahead of the renewal.

Mr. Webb asked why some boards were included in online renewal opportunities and the Board of Behavioral Sciences was not included. Ms. Madsen responded that the Board was never included on the pilot project, which began as a project known as iLicensing. She explained that this project has evolved and is now known as BreEZe and is still in its development stages. When BreEZe rolls out to all boards and bureaus, the Board of Behavioral Sciences is supposed to be the first to be rolled out.

Mr. Caldwell expressed that money will not solve this problem. With reduced staffing, it would affect licensees/registrants of lesser means while those with greater means would perceive that they are getting gouged. There are consequences for not taking responsibility. In order to convince people to pay their renewals on time, Mr. Caldwell suggested adding a "renewal due date" that is before the actual expiration date.

Ms. Riemersma stated for the record that CAMFT did not suggest this item for discussion. Ms. Rhine responded that Dave Jensen requested several months ago to add this item to a Board agenda. Ms. Riemersma clarified that Mr. Jensen does not speak for CAMFT, and this is not something that CAMFT would necessarily support. For all the reasons already discussed, CAMFT does not support putting one person in front of another. Ms. Riemersma stated that a “renewal due date” may make sense, however, the question is continuing education. When does one need to complete the required continuing education; at the renewal date or at the due date.

Mr. Wong recommended changing the terminology to state “approximate processing time.”

Mr. Webb stated that the associations could be very helpful in educating their members regarding the renewal process and the processing time.

Ms. DiGiorgio inquired if a motion was required to disregard this matter. Gary Duke, legal counselor to the Board, responded that a motion was not needed to disregard.

**V. Policy Discussion and Possible Legislative Action Regarding Amending Supervisors Requirements to include the Supervision of Board Licensees in Addition to Trainees and Registrants**

Ms. Helms reported that Title 16 of the California Code of Regulations (CCR), Section 1870(a)(3) states the following as one of the conditions for supervising an ASW:

*“The supervisor has practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy for at least two (2) years within the last five (5) years immediately preceding supervision.”*

Ms. Helms reported that a particular case was brought to Board staff’s attention by NASW. In this particular case, a supervisor who is an LCSW is overseeing other LCSWs as well as MFTs. The individual has not practiced psychotherapy for at least two years within the last five years, and has not supervised ASWs or MFT interns (IMF) or trainees who perform psychotherapy for at least two years within the last five years. Therefore, according to this Section, although the individual supervises LCSWs and MFTs, he is not eligible to supervise ASWs or IMFs.

The discussion at hand is whether there is a substantive difference between the clinical supervision of a licensee and the clinical supervision of an ASW or IMF.

Ms. Lonner stated that there is a difference between the clinical supervision of a licensee and of an ASW or IMF. She added that there is some confusion in the language. A licensee is licensed to perform independent practice. Any consultation after one acquires a license is called “consultation,” not supervision. “Supervision” is of an unlicensed person. The skills of supervision, which is teaching, are very different from consultation skills.

Ms. Rhine stated that what is being asked is to include “licensees” within the code section that talks about supervisors and what makes one eligible to be a supervisor.

Mr. Wong clarified that this particular situation does not pertain to private practice; this situation is someone working in an agency. It is very common for agency employers to hire clinical supervisors. The agency is a controlled setting. The clinical supervisor or director is going over cases with active licensees and providing clinical direction; therefore, it is supervision. Mr. Wong also explained that there is a difference between the hours acquired pre and post-graduation.

Ms. Lonner responded that there is no confusion between pre or post, MSW or MFT. She clarified that her question was regarding the difference of skill sets between pre-licensed and post-licensed supervision. Ms. Lonner added that it is her belief that one should not supervise what they are not practicing; that one should be providing some level of direct service and not “supervising from history.”

Ms. Riemersma stated that supervision over a licensed person is distinctly different than supervision over an unlicensed person. Supervising a licensed person is providing oversight. Supervising a pre-licensed person is engaging in ongoing training. Supervision is needed, and this is not an excessive idea to comply with. It doesn’t specify how the supervisor must meet the requirements of performing psychotherapy. The supervisor could practice one hour a week. Ms. Riemersma stated that she is not comfortable with this because it is not assuring that the supervisor has the skills to provide the supervision needed for interns, associates and trainees.

Mr. Caldwell stated that there is a clear definition of practicing psychotherapy and a clear definition of supervision of pre-licensees. He inquired if there is a definition in the law for the supervision of licensees.

Mr. Webb stated that he is opposed to this. This would be another avenue to get more supervisors, but is concerned that people who are not qualified would be overseeing supervision of interns and associates.

Mr. Wong stated that this brings up a clear distinction between private practice and agency practice, and that caution should be taken when comparing supervision and saying that agency supervision is not at the level of private practice supervision. Mr. Webb clarified that he was not stating that there is a difference in levels of supervision across the board, but speaks on his experience in working in agencies.

Ms. Madsen asked what she could expect in terms of passing the exam and preparing for practice from a supervisor who may or may not have engaged in psychotherapy. Mr. Wong responded that currently there are many supervisors in agency settings that are supervising interns and associates. If someone decides to supervise, they must follow the rules. Mr. Wong added that a brand new supervisor has no supervision experience; they’ve only taken a course.

Ms. Lonner stated that she had provided direct service, even if it’s one or two hours a week during the time that she provided supervision.

Mr. Wong stated that the supervisor may not be able to provide the direct service whether it is because the agency will not allow the supervisor to provide direct service, there is no time, or there are some other rules placed by the agency. Mr. Wong specifically cited the jail setting where clinicians are needed. Ms. Lonner stated that the laws are not written to address individual agency settings; they are written for the private practice setting.

Ms. Madsen suggested that the associations provide more information and research supporting their arguments. Mr. Webb expressed interest in hearing more information from the associations.

Ms. DiGiorgio concluded the discussion by requesting more research.

## **VI. Discussion and Possible Legislative Action Regarding Hours of Client Centered Advocacy Performed by Marriage and Family Therapy Interns and Trainees**

Ms. Rhine reported that the Board sponsored legislation in 2009 that allowed MFT applicants to earn hours of experience for Client Centered Advocacy. Business and Professions Code (BPC) Section 4980.43(a)(7) allowed for not more than a combined total of 1,250 hours of experience in three categories: 1) direct supervisor contact, 2) professional enrichment activities, and 3) client centered advocacy (CCA).

The law changed January 1<sup>st</sup>. There is no limitation in the law with exception to the total hour limit. CCA is defined as including, but not limited to, “researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.” The Board’s MFT evaluator noticed only after 10 months, that a large number of hours, up to 500 hours, are being claimed by applicants. Board staff is inquiring if there should be a limitation of these hours. Licensed clinical social worker (LCSW) statute allows an applicant to gain a maximum of 1,200 hours in CCA of the 3,200 hours of post-degree experience hours required for licensure.

Mr. Webb expressed that there should be a limit, and expressed his opinion that CCA has a lesser value to being a good clinician than the other categories that are limited to the number of hours allowed. He also added that perhaps the other categories should be opened up to allow for more hours.

Ms. Riemersma expressed that limiting the hours for CCA is acceptable; however, it is just as important as professional enrichment, and feels that the Board’s perception was the same.

Mr. Wong stated that Senate Bill (SB) 33 was created for MFTs to be more competitive in the workforce in the recovery model approach.

Mr. Caldwell stated that AAMFT-CA would support a limitation of hours in CCA. He agrees that CCA is of great value, but does not believe that the intent of SB 33 was to allow an MFT to get more than a third of their hours through CCA. A limitation of 500 is reasonable.

Mr. Webb stated that a maximum of 250 hours in CCA is reasonable.

Ms. Riemersma stated that although the Mental Health Services Act (MHSA) was a factor when SB 33 was crafted, the reason it was pursued was because there was a presentation that came from the California Council of Community Mental Health Agencies (CCCMHSA). They were of the opinion that a lot of MFTs were getting hired and they were coming without the background in case management, record keeping, MediCal reimbursement; and there was also the MHSA. These are the factors that brought about SB 33. Ms. Riemersma stated that CAMFT would support a limit, but would encourage a higher limit and a maximum of 500 hours.

Mr. Webb asked how this is valued more than evaluating psychological tests, writing clinical reports, etc. that are only given for up to 250 hours. He expressed that it feels like it is leaning toward, for MFTs, more of a social work tract in which the experiences need to be provided given the scope of the license as opposed to 250 hours for psychological testing, etc.

Ms. Riemersma stated that perhaps it should be a different configuration: administering and evaluating psychological tests, writing clinical reports, writing process or progress notes, *or* doing CCA of which no more than 750 hours can be in that area because these two areas are more closely related than it is to supervision and other personal enrichment activities.

Ms. Rhine responded that Ms. Riemersma's point makes sense, and it is up to the Committee to determine what those hours look like.

Mr. Wong asked if there is any data that indicates that the current configuration of hours is producing clinicians that are harmful to clients or not prepared. Ms. Rhine responded, as she pointed out earlier, that this went into effect on January 1st, and in the short time, a trend was noticed. This matter was brought to the Committee as a policy discussion.

Ms. Riemersma suggested sitting on this for a year, and look at those with higher CCA hours and determine how they do on their exams. If this population is not fairing as well on the exams, then there is too much CCA and not enough clinical experience being gained. Ms. Rhine responded that would take about 1 or 2 years to cycle that population through, but it is an option.

Mr. Caldwell expressed that it is not a good idea to wait for those folks to fail. It is preferable to go with what most seem to be in agreement, a more desirable configuration. He expressed appreciation for data driven assessment, but this is an opportunity to be proactive instead of waiting for a problem to occur.

Mr. Webb agreed on a "hybrid" number as Ms. Riemersma suggested.

Ms. Rhine stated that the Committee should recommend the maximum amount of hours it wants to allow. If the decision is 500 hours, then that is how the language will be written. She also stated the structure will be clearer if the testing and reporting are categorized together.

**Mr. Webb moved to direct staff to draft language for the Board to sponsor legislation. Renee Lonner seconded. The Committee voted unanimously to pass the motion.**

**VII. Discussion and Possible Action Regarding Proposed Omnibus Legislation - Amending Business and Professions Code Sections 4980.03, 4980.36, 4980.37, 4980.40.5, 4980.42, 4980.45, 4982.25, 4989.54, 4990.38, 4992.3, 4992.36, 4996.13, 4996.24, 4999.12, 4999.120, 4999.91, 4999.103, 4999.455 and Health & Safety Code Section 128454**

Ms. Helms reported on all amendments proposed in the Omnibus Legislation:

**Amend BPC Section 4980.03 MFT Intern Supervisors:** Currently LPCCs are not included as licensees that can supervise MFT interns. This amendment would add LPCCs to the list of licensees listed in Business and Professions Code (BPC) Section 4980.03(g)(1) which may supervise MFT interns.

**Amend BPC Sections 4980.36, 4980.37, 4980.40.5, and 4999.12 BPPE:** This amendment would correct errant references to the Bureau for Private Postsecondary and Vocational Education (BPPVE) to reflect the new name of Bureau for Private Postsecondary Education (PPVE).

**Amend BPC Section 4980.36 MFT Client Centered Advocacy Hours:** This section requires that a qualifying degree for licensure include practicum that includes a minimum of 225 hours of face-to-face experience counseling individuals, couples, families or groups, and states that up to 75 of these hours may be gained performing client centered advocacy as defined in section 4980.03. However, client centered advocacy, as defined in section 4980.03, does not consist of face-to-face contact. This amendment would make a minor adjustment to the language to clarify the type of experience required.

**Amend BPC Section 4980.42 Trainee Work Setting:** Currently, this section incorrectly references section 4980.43(e), which outlines requirements of work settings for interns. It should reference 4980.43(d), which discusses the requirements of work settings for trainees. The amendment would correctly reference 4980.43(d) relating to trainees' work settings.

**Amend BPC Section 4980.45 and 4996.24; Add BPC Section 4999.455 Supervision of Registrants Limitation:** Last year the Board voted to limit the number of registrants a supervisor can supervise in a private practice setting. Current MFT and LCSW laws now limit the number of registrants that a licensed professional in private practice may supervise or employ to two individuals registered either as an MFT intern or an ASW. There is currently no limit on the number of clinical counselor interns that may be supervised in private practice.

In order to apply the supervision policy equally across Board license types, the Committee may want to consider applying similar limitations to the supervision of LPCC interns in private practice settings. Based on the current structure, staff has drafted language reflecting a limitation of three registrants for a supervisor in private practice. Additionally, a corporation may currently employ no more than ten individuals registered by the Board at any one time. The Committee may want to discuss whether corporations should now be allowed to employ additional individuals. The amendment would add conforming changes to the LPCC code. Conforming changes would also need to be made to sections 4980.45 and 4996.24.

**Amend BPC Sections 4982.25, 4989.54, and 4992.36; Add Section 4999.91 Disciplinary Action:** Currently sections 4982.25(b) (for MFTs), 4989.54(i) (for LEPs), and 4992.36 (for LCSWs) discuss grounds for denial of application or disciplinary action for unprofessional conduct. Each section lists the various licenses the Board issues and states that actions against any of these licenses constitute grounds for disciplinary action against the license that is the subject of that particular code. However, each code section leaves out action against its own license as grounds for disciplinary conduct. Additionally, there is no equivalent section in LPCC law stating that action against a Board license or registration constitutes grounds for disciplinary action against an LPCC license or registration. This amendment would list all four of the Board's license types for consistency to sections 4982.25(b), 4989.54(i), and 4992.36. This would clarify the intention that disciplinary action against any one of the Board's license types would constitute grounds for disciplinary action against any other of the Board's licenses if an individual held more than one license with the Board. Staff recommends that section 4999.91 be added to LPCC code to mirror the above listed codes.

**Amend BPC Section 4990.38 Disciplinary Action Taken by the State of California:** Currently, this section allows the Board to deny an application or suspend or revoke a license or application if disciplinary action has been taken by another state, territory or governmental agency against a license, certificate or registration to practice marriage and family therapy, clinical social work, educational psychology or any other healing art. As written, the code does not allow the Board to deny or suspend a license or application based on disciplinary action taken by the State of California. This amendment would include disciplinary action taken by the State of California.

**Amend BPC Section 4992.3 LCSW Scope of Competence:** This section of the LCSW code states that holding one's self out as being able to perform any service beyond the scope of one's license is unprofessional conduct. However, the equivalent code sections in MFT, LEP, and LPCC law state that it is considered unprofessional conduct to perform any professional services beyond the scope of one's competence. This amendment to the LCSW code would include scope of competence in order to make it consistent with MFT, LEP, and LPCC code.

**Amend BPC Section 4996.13 LCSW Work of a Psychosocial Nature:** Current law allows certain other professional groups to practice work of a psychosocial nature as long as they don't hold themselves out to be a LCSW. The professional groups that are allowed to practice social work are listed in section 4996.13. Licensed professional clinical counselors are not included in the list. This amendment would add licensed professional clinical counselors to the list in section 4996.13 of professional groups allowed to practice work of a psychosocial nature.

**Add BPC Section 4999.103; Amend HSC Section 128454 LPCC Mental Health Practitioner Education Fund:** Currently, the Board's MFT and LCSW licensees and registrants pay an additional \$10 biennial fee upon renewal of their license to support the Mental Health Practitioner Education Fund. This funds a grant program allowing licensed mental health service providers who provides direct patient care in a publicly funded facility or a mental health professional shortage area, under certain conditions, to receive reimbursement on educational loans. LPCCs and clinical counselor interns are not currently subject to this fee, and are also not currently included in the list of eligible licensed mental health service providers listed in Health and Safety Code (HSC) Section 128454(b)(1). This amendment would add BPC Section 4999.103 to the LPCC code. With the addition of this section LPCCs and clinical counselor interns would be required to pay an additional \$10 fee upon renewal, which would be deposited in the Mental Health Practitioner Education Fund. This amendment would also include LPCCs and clinical counselor interns to HSC section 128454(b)(1) so that they are eligible for the program.

**Amend BPC Section 4999.120 LPCC Fees:** Section 4999.120 sets the various fees charged to LPCCs. This section does not currently set fees for rescoring of an examination, the issuance of a replacement registration, or for a certificate or letter of good standing. These fees exist in MFT, LCSW and LEP code and these services will be required of the Board in licensing LPCCs. This amendment would set fees for rescoring of an examination, the issuance of a replacement registration, and for a certificate or letter of good standing to the LPCC code.

Ms. Rhine informed the Committee that it should have a discussion regarding supervision of registrants limitations. Last year, the Board decided to limit the number of registrants a supervisor can supervise in a private practice setting. Now with the LPCCs, it's two separate issues: 1) As an LPCC supervisor, there are no limitations to the number of registrants they can supervise, 2) As a registrant, there is no limit to LPCCs that any supervisor can supervise.

Ms. DiGiorgio stated that it makes sense to change it to from two registrants to three registrants since there is a new additional qualification. Mr. Webb agreed.

Ms. Rhine referred to the limitation on corporations. Currently, the limit is 10 registrants. She asked the committee how it would like to address this. Ms. Riemersma noted that in a corporation, the supervisor cannot supervise more than two registrants.

Mr. Caldwell noted that the rule regarding corporations employing registrants was intended for professional, for-profit corporations. He referred to section 4996.24(c) which states in part:

*In no event shall any corporation employ, at any one time, more than a total of 10 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker.*

Mr. Caldwell noted that the language states “any corporation” instead of “professional corporation.” He added that many non-profits and hospitals are corporations. If those settings fall under the umbrella of “any corporation,” there are many places out of compliance. Ms. Rhine agreed that there is an inconsistency in this language and needs to be cleaned up.

Ms. DiGiorgio stated that she does not agree with increasing the number of registrants within the corporations. Mr. Webb stated that the limit within the corporations should be increased from 10 to 15 registrants since the limit is actually 3 registrants per supervisor.

Mr. Caldwell referred to the language regarding MFT intern supervisors. He stated that it would be AAMFT-CA’s preference that the language for LPCCs supervising MFT interns specify that those LPCCs have met the qualifications for LPCCs to work with couples and families.

Ms. Riemersma stated that was already addressed because it is covered in the supervisory responsibility statement and that person is signing under penalty of perjury that they have experience in marriage, family, and child counseling.

Mr. Caldwell responded that this is just another place where this is mentioned. Any supervisor who is going to the law would be able to get clarity, and it would be helpful. He expressed that he does not see a problem for specificity.

Mr. Caldwell also referred to client centered advocacy in practicum, Section 4980.36(d)(1). He explained that the existing law caps practicum experience doing client centered advocacy at 75 hours. The proposed language has no cap. He asked if that was the intent, or if a cap can be included on client centered advocacy in practicum. Ms. Rhine responded that it was not the intent; the intent was to restructure, not to change the content of the law.

Ms. Rhine informed the Committee that the two pieces that refer to the LPCC fees are included on the Omnibus Legislation for discussion purposes, but will later it will most likely be in another piece of legislation because it is regarding fees.

**Renee Lonner moved to direct staff to draft proposed language and recommend to the Board to sponsor legislation. Michael Webb seconded. The Committee voted unanimously to pass the motion.**

## **VIII. Legislative Update**

Ms. Helms reported that the Governor signed SB 1489 (the Board's Omnibus Bill) and AB 2191 (retired licenses).

Ms. Helms reported that the Board supported bills that passed were: Assembly Bill (AB) 2028, Confidentiality of Medical Information: Disclosure; AB 2086, Publication of License Examination Passage Rates; AB 2167, Clinical Social Workers: Examination Requirements; AB 2229, Mandated Child Abuse Reporting; AB 2339, Child Abuse Reporting; AB 2380, Child Abuse Reporting; AB 2435, Elder and Dependent Adult Abuse; SB 294, Professions and Vocations: Regulation; SB 1172 Regulatory Boards: Diversion Programs.

Ms. Helms reported that SB 543, Minors Consent to Mental Health Treatment, was signed by the Governor.

Ms. Helms reported that SB 686/SB 1203, Alcohol and Other Drug Counselor Licensing and Certification, failed passage.

Ms. Riemersma noted that SB 543 put a change in Health and Safety Code and states notwithstanding of any other section of law, which means that it negates any other section of law. The old law was Section 6924, which is still on the books. The old law still exists with the new law. There is going to be a lot of confusion. The old section should be repealed.

## **IX. Rulemaking Update**

Ms. Helms reported that the Board's rulemaking package to implement all provisions related to SB 788, Chapter 619, Statutes of 2009, and the creation of LPCCs and to incorporate changes to continuing education requirements for licensed educational psychologists (LEP) has been submitted to the Department of Consumer Affairs (DCA) for review. Once approved by DCA, it will be submitted to the State and Consumer Services Agency, Department of Finance, and the Office of Administrative Law.

The revision of advertising regulations will be included in the 2011 regulation package.

## **X. Suggestions for Future Agenda Items**

There were no suggestions for future agenda items.

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

Mr. Caldwell requested that future Sacramento meetings be held downtown, if possible.

The meeting was adjourned at approximately 12:45 p.m.