

TELEHEALTH COMMITTEE MINUTES

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A recorded webcast of this meeting is available at
<https://www.youtube.com/watch?v=YpMM0GjLpYE>

DATE June 3, 2022

MEETING PLATFORM WebEx Video/Phone Conference

TIME 10:00 a.m.

ATTENDEES

Members Present: Christopher (Chris) Jones, Chair, LEP Member
Susan Friedman, Public Member
Kelly Ranasinghe, Public Member

Members Absent: *All members present*

Staff Present: Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Rosanne Helms, Legislative Manager
Christy Berger, Regulatory Analyst
Christina Kitamura, Administrative Analyst
Sabina Knight, Legal Counsel

Other Attendees: Public participation via WebEx video conference/phone conference

1 **I. Call to Order and Establishment of Quorum**

2
3 Chris Jones, Chair of the Telehealth Committee (Committee) called the
4 meeting to order at 10:01 a.m. Roll was called, and a quorum was established.

5
6 **II. Introductions**

7
8 Committee members introduced themselves: Chris Jones, LEP Member and
9 Committee Chairperson; Susan Friedman, Public Member; Kelly Ranasinghe,
10 Public Member.

11
12 Staff and 1 remote public attendee introduced themselves.

13
14 **III. Consent Calendar: Discussion and Possible Approval of March 4, 2022
15 Committee Meeting Minutes**

16
17 Correction noted on page III-7, line 17.

18
19 Motion: Approve the March 4, 2022 Committee Meeting Minutes as amended.

20
21 M/S: Ranasinghe/Jones

22
23 Public Comment: None

24
25 Motion carried. Support: 2 Oppose: 0 Abstain: 1

Board Member	Vote
Friedman	Abstain
Jones	Yes
Ranasinghe	Yes

26
27
28 **IV. Overview of the Committee’s Roles and Tasks**

29
30 The Committee members and stakeholders have discussed the following:

- 31 • Future topic areas for Committee discussion.
- 32 • The Board’s existing statutes and regulations related to telehealth: proposed
33 changes drafted.
- 34 • Laws of several other states that pertain to temporary practice across state
35 lines: discussion continued.
- 36 • Potential telehealth coursework requirement: currently pursued via
37 legislation.
- 38 • Potential clarification of telehealth laws for associates and trainees:
39 currently pursued via legislation; discussion continued.
- 40 • Supervision via videoconferencing: currently pursued via legislation.

- Appropriate telehealth settings and potential guidance document: discussion continued.

V. Discussion and Possible Recommendation Regarding Stakeholders and Board Staff Telehealth Listening Session

Board staff will conduct a telehealth listening session in September 2022 to gain additional input from stakeholders that will assist the Committee in planning its future efforts.

Board staff will be sending out a survey to stakeholders to determine topics of concern and to seek presenters for the event. Once the survey responses are collected, Board staff will select and schedule the presenters. A draft of the survey was presented to the Committee.

Discussion

Ranasinghe suggested adding peer specialists or peer consumers to survey question number 6.

Public Comment

Jennifer Alley, California Association of Marriage and Family Therapists (CAMFT): CAMFT would be happy to promote the survey. This is a good time to pause from making any policy changes until more information is obtained from the groups.

Rebecca Gonzales, National Association of Social Workers - California Chapter (NASW-CA): NASW-CA is willing to share information about the listening sessions. In response to Ranasinghe's comment, feels that the listening sessions are intended to gather ideas from practitioners about telehealth and doesn't know if there is a way to get consumer feedback on how telehealth has been working.

No action taken.

VI. Discussion and Possible Recommendation Regarding Telehealth Best Practices Guidance Document

During the previous meeting, the Committee discussed creating a telehealth best practices guidance document to assist employers and supervisors who are utilizing telehealth with their pre-licensees.

Staff has researched current best practice documents to gain a better insight into the topics of concern that should be addressed in the Board's document. Those documents were presented.

1 Committee Discussion

2 Ranasinghe: Liked the NASW document because ethics is the foundation of the
3 entire document, as well as the AMFTRB document, Establishing Consent for
4 Teletherapy Treatment.

5
6 Jones: Agrees in the broad stroke approach and focusing on ethics.

7
8 Public Comment

9 Alley, CAMFT: Anything that can provide additional clarity for their members
10 and the public on the Board’s expectations and its views on the utilization of
11 telehealth and tele-supervision would be helpful. CAMFT had a lot of questions
12 regarding this issue and would like clarity on that.

13
14 Karen Heidebrecht: Suggested that any best practices document include a
15 section on special populations, such as clients with suicidal ideation. There is
16 insufficient guidance regarding if, or when it would be appropriate to see such a
17 person in telehealth. Suggested that the document require the clinician to
18 document their rationale for using telehealth to see a client with suicidal ideation
19 in telehealth.

20
21 No action taken.

22
23 **VII. Clarifications for Trainee Practicum (Business and Professions Code**
24 **§§4980.36, 4980.37, 4980.78, 4999.32, 4999.33, and 4999.62)**

25
26 Staff examined a clarification of the “face-to-face” practicum requirement in
27 statute for marriage and family therapist (MFT) and professional clinical
28 counselor (PCC) trainees.

29
30 Trainee Practicum Clarification: “Face-to-Face” Requirement

31 The Board is in the process of pursuing legislation to clarify that trainees may
32 provide services via telehealth. However, a question arises about the meaning
33 of “face-to-face” practicum hours required as part of the degree programs
34 leading to LMFT and LPCC licensure. At its last meeting, the Committee
35 directed staff to draft language amending the practicum “face-to-face”
36 experience hours as follows:

- 37
38 • Permit a combination of in-person and videoconference hours;
39 • Recommend that the telehealth regulations for associates and licensees be
40 followed; and
41 • Include a placeholder sunset date in the new language.
42

1 Committee Discussion

2 Jones: Leaning towards the language provided, allowing either in-person or a
3 combination of both in-person and video conferencing.

4
5 Ranasinghe: Agreed with Jones and noted that the language allows for
6 accommodation for illness or disability.

7
8 Public Comment

9 Alley, CAMFT: CAMFT recommends that there be some in-person experience
10 and establish hours for training in telehealth. Agreed that the disability aspect
11 is important. Also noted that the definition for “face-to-face” in this proposal is
12 different than the definition and legislation this year regarding remote
13 supervision. These two definitions for “face-to-face” for trainees and associates
14 will cause confusion.

15
16 Motion: Direct staff to bring the proposed language in Attachment A to the
17 Policy & Advocacy Committee for consideration.

18
19 M/S: Jones/Ranasinghe

20
21 Public Comment

22 Alley, CAMFT: Expressed concern about moving forward with changes to the
23 practicum.

24
25 Motion carried Support: 3 Oppose: 0 Abstain: 0

Board Member	Vote
Friedman	Yes
Jones	Yes
Ranasinghe	Yes

26
27
28 **VIII. Discussion and Possible Recommendation Regarding Draft Statutory**
29 **Language for a Temporary Practice Allowance**

30
31 The Board requires a therapist to hold a valid and current California license or
32 registration if the individual is engaging in therapy via telehealth with a client
33 who is physically located in California. Many states have a similar requirement,
34 though some states allow for flexibility so that clients who are travelling or who
35 are transitioning to living in a new state, may obtain temporary services from an
36 out-of-state licensee.

37
38 Staff researched laws of other jurisdictions and drafted potential language for
39 California based on that research.

1 Discussion

2 Ranasinghe: Likes Arizona’s regulation, but 90 days is too long. Prefers to
3 follow the direction of the Board of Psychology, which is 30 days and provides
4 direction for client disclosure.

5
6 Jones: Agreed with Ranasinghe.
7

8 Public Comment

9 Alley, CAMFT: This proposal makes sense. Thanked the Committee for this
10 discussion.
11

12 Gonzales, NASW-CA: Agrees that a change is necessary to allow for a
13 temporary allowance. Feels that a 60-day timeframe might be better than 30
14 days to ensure that clients have continuity of care.
15

16 Motion: Direct staff to bring the proposed language as written in Attachment A to
17 Policy & Advocacy Committee for consideration.
18

19 M/S: Jones/Ranasinghe
20

21 Public Comment: None
22

23 Motion carried Support: 3 Oppose: 0 Abstain: 0
24

Board Member	Vote
Friedman	Yes
Jones	Yes
Ranasinghe	Yes

25
26 **IX. Suggestions for Future Agenda Items**
27

28 Ranasinghe: Develop a document for consumers regarding safe telehealth.
29

30 Friedman: Discuss the topic of suicide.
31

32 **X. Public Comment for Items not on the Agenda**
33

34 None
35

36 **XI. Adjournment**
37

38 The Committee adjourned at 11:24 a.m.