



Board of Behavioral Sciences



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Gavin Newsom, Governor
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

TELEHEALTH COMMITTEE MINUTES

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

DATE September 9, 2021

MEETING PLATFORM WebEx Video/Phone Conference

Pursuant to the provisions of Governor Gavin Newsom’s Executive Order N-25-20, dated June 11, 2021, neither a public location nor teleconference locations are provided.

TIME 2:00 p.m.

ATTENDEES

Members Present: Christina Wong, Chair, LCSW Member
Susan Friedman, Public Member
Christopher Jones, LEP Member

Members Absent: *All members present*

Staff Present: Steve Sodergren, 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

I. Call to Order and Establishment of Quorum

Christina Wong, Chair of the Telehealth Committee (Committee) called the meeting to order at 2:02 p.m. Roll was called, and a quorum was established.

II. Introductions

Committee members and Board staff introduced themselves.

III. Consent Calendar

a. Discussion and Possible Approval of June 25, 2021 Committee Meeting Minutes

Motion: Approve the June 25, 2021 Committee meeting minutes

Wong moved; Friedman seconded.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Susan Friedman	x				
Christopher Jones	x				
Christina Wong	x				

Vote: 3 yea, 0 nay. Motion carried.

b. Discussion and Possible Approval of August 6, 2021 Committee Meeting Minutes

Motion: Approve the August 6, 2021 Committee meeting minutes

Friedman moved; Wong seconded.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Susan Friedman	x				
Christopher Jones	x				
Christina Wong	x				

Vote: 3 yea, 0 nay. Motion carried

IV. Overview of the Committee’s Roles and Tasks

The Committee members and stakeholders have discussed the following:

- Future topic areas for Committee discussion.

- The Board's existing statutes and regulations related to telehealth.
- Laws of several other states that pertain to temporary practice across state lines.
- Potential telehealth coursework requirement.
- Potential clarification of telehealth laws for associates and trainees.
- Supervision via videoconferencing.

V. **Discussion and Possible Action Regarding Telehealth and Supervision via Videoconferencing Survey Results for Students, Associates, Supervisors, and Schools**

Board staff surveyed supervisors, school programs, associates, and students regarding various topics related to telehealth. The results of the survey were presented.

Public Comment:

Jennifer Alley, California Association of Marriage and Family Therapists (CAMFT): CAMFT has concerns to a licensed professional having their first clinical interaction with the patient after they become licensed. CAMFT does not have a recommendation of the number of hours that need to be in person, either for trainees or for associates. CAMFT has concerns if there is zero in-person experience.

Ben Caldwell: The survey results show that a majority of those surveyed believe that video supervision can be done as effectively as in-person supervision, does not compromise public safety and should not be limited. Given that the best current evidence that we have both from this and from underlying science suggests that there's neither a public protection nor a supervision quality basis for doing so.

B. Caldwell: Current state is to allow people to not have their first in-person meeting with a client until they are licensed. That does not seem to be causing significant public safety concerns.

Amber Williams: Requests that the trainees' voice is not minimized in the survey results.

Tony Rousmaniere: We have two decades of research showing that tele-supervision is as effective as in-person supervision. There is data showing that there is not a threat to public safety, and that limiting supervision to in-person seems to not provide the benefits as previously thought. As for increasing access to children and elderly populations, the best way to increase access to in-person therapy is to allow tele-supervision because it is broadening the pipeline of therapists who can enter the field.

Alicia Dabney: One other state, and possible more, have no limits to video supervision, and is requesting data from other states to be gathered.

No action was taken.

VI. Discussion and Possible Recommendation of Next Steps Regarding Supervision via Videoconferencing (BPC §§4980.43.2, 4996.23.1, 4999.46.2)

Supervision via Videoconferencing

Should it be allowed only in exempt settings, as written in current law? Should it be allowed in all other settings?

Jones: In favor of expanding opportunities for tele-supervision or video conferencing supervision beyond exempt settings while still protecting consumer safety.

Number of Supervision Hours

Allow all supervision hours via telehealth? Cap the number or hours?

Friedman: The decision should be up to the supervisor.

Public Comment:

J. Alley, CAMFT: CAMFT feels that if this change moves forward, some of the supervision requirements may need to be revised: signing forms, ensuring associates have the opportunity to meet face-to-face with their supervisor. CAMFT does not have a position on whether there should be a cap.

T. Rousmaniere: Suggests that the best way to protect public welfare is to increase the pipeline for therapists who can get into the fields because there is a shortage of therapists in California. Suggests not having a cap on the amount of tele-supervision.

Miranda Furie: The current face-to-face law is discriminatory towards people who cannot supervise and who cannot mobilize to an office setting.

Rebecca Gonzales, National Association of Social Workers California Chapter (NASW-CA): Supervision in other settings should be allowed. Placing limitations on allowable hours becomes very messy. Licensees should be allowed to use their judgement on whether supervision should be in-person to ensure that the supervisee is being adequately trained.

Discussion:

Wong: Recommends adding language that face-to-face should include video conferencing.

Jones: More concerned with making sure that it's done ethically and correctly versus how much time is allowed. What provisions do we need to put in place for accountability for private practices that do not have the oversight of management and other layers of protection to make sure that people are not cutting corners taking advantage of not having someone to regulate that?

Helms: The law already gives discretion to the supervisor. There could be some extra criteria added.

Sodergren: Video conferencing should be opened up more for supervision. As for consumer protection, the quality of supervision cannot be controlled, but does not want to put more mandates on the supervisors. Discretion should be left to the supervisor. Does not want to put in arbitrary numbers for the amount of time allowed.

Jones: Suggests that instead of talking about the number of hours, the discussion should be about the criteria that an associate or a trainee need to meet in order to be eligible to do video supervision.

Helms: Possible language could state that the first meeting is in-person to assess the appropriateness for video supervision and practice via telehealth.

Public Comment:

A. Williams: Schools are already taking this into account. Schools should have some of the responsibility in ensuring that in-person supervision and in-person services are still part of the experience for trainees.

A. Dabney: 50% is an arbitrary number and still does not address issues of access and equity. Supports supervisor assessment and allowing the supervisor to have control.

M. Furie: The first meeting in-person would be a barrier to some people. Suggests that accommodations be written into the law.

R. Gonzales, NASW-CA: Agrees that the first session should be to assess the appropriateness for video supervision but doesn't need to be face-to-face. The onus should be put on the supervisor to use their judgement in those situations.

B. Caldwell: Arbitrary numbers do not ensure safety and effectiveness in practice. Supports steps to ensure quality, which can be done through a training requirement.

No action was taken. Staff will draft language and present proposed language to the next Telehealth Committee meeting in October.

VII. Public Comment for Items not on the Agenda

A. Williams: Requests that the Board consider allowing trainees to provide telehealth services for clients. Also requests that associates be allowed to take the national exam before they acquire their hours.

VIII. Suggestions for Future Agenda Items

None

IX. Adjournment

The Committee adjourned at 4:49 p.m.