



Board of
Behavioral
Sciences

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POLICY AND ADVOCACY COMMITTEE MEETING NOTICE

**August 7, 2015
9:00 a.m.**

Department of Consumer Affairs
El Dorado Room
1625 North Market Blvd., #N220
Sacramento, CA 95834

- I. Call to Order and Establishment of Quorum
- II. Introductions*
- III. Approval of the January 30, 2015 Committee Meeting Minutes
- IV. Approval of the April 23, 2015 Committee Meeting Minutes
- V. Discussion and Recommendations for Possible Action Regarding Out- of-State Education
- VI. Discussion and Recommendations for Possible Action Regarding Licensed Professional Clinical Counselor Degree Content
- VII. Discussion and Recommendation for Possible Action Regarding Board Policies
 - a. Record Retention Schedule for Enforcement Related Files
 - b. Complaint Disclosure Policy
 - c. Mail Ballots and Confidentiality of Executive Session
 - d. Advertising Psychotherapy/Psychotherapist
 - e. Correspondence Degree Programs
 - f. License Surrenders
 - g. Third Party Complaints
 - h. Public Disclosure of License Verification
 - i. Succession of Officers
 - j. Board Member Attendance and Reimbursement Policy
- VIII. Status of Board-Sponsored Legislation and Other Legislation Affecting the Board
- IX. Status of Board Rulemaking Proposals



Governor
Edmund G. Brown Jr.

State of California

Business, Consumer Services
and Housing Agency

Department of
Consumer Affairs

- X. Suggestions for Future Agenda Items
- XI. Public Comment for Items not on the Agenda
- XII. Adjournment

**Introductions are voluntary for members of the public.*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.

This agenda as well as Board meeting minutes can be found on the Board of Behavioral Sciences website at www.bbs.ca.gov.

NOTICE: The meeting is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



Policy and Advocacy Committee Minutes - *DRAFT*
January 30, 2015

Department of Consumer Affairs
Hearing Room
1625 N. Market Blvd.
Sacramento, CA 95834

Members Present

Renee Lonner, Chair, LCSW Member
Deborah Brown, Public Member
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Members Absent

None

Public Attendees

Sign-in sheet on file

I. Call to Order and Establishment of Quorum

Renee Lonner, Policy and Advocacy Committee (Committee) Chair, called the meeting to order at 9:07 a.m. Christina Kitamura took roll, and a quorum was established.

II. Introductions

The Committee, Board staff, and meeting attendees introduced themselves.

III. Approval of the September 18, 2014 Committee Meeting Minutes

The following edits were suggested:

- Page 3: omit line 28.
- Page 8, line 42: change “30 days” to “90 days.”

Renee Lonner moved to approve the Policy and Advocacy Committee meeting minutes as amended. Christina Wong seconded. The Committee voted to pass the motion.

1 **Roll call vote:**

2 *Deborah Brown: Yay*

3 *Renee Lonner: Yay*

4 *Dr. Christine Wietlisbach: Yay*

5 *Christina Wong: Yay*

6

7

8 **IV. Discussion and Recommendations for Possible Action Regarding Telehealth**

9 **a. Other States' Telehealth Laws, Regulations, and Policies**

10 The Committee discussed telehealth at its September 2014 meeting. At that
11 meeting, the Committee expressed a desire to examine the licensing laws of other
12 states which temporarily allow out-of-state licensees to practice in their state.
13 Arizona and Utah each have variations of such a clause.

14
15 According to the Arizona Board of Behavioral Health Examiners, mental health
16 services are assumed to take place in the jurisdiction where the client lives.
17 Arizona has an exemption to licensure that a behavioral health professional from
18 another state may utilize. A non-resident is exempt from Arizona licensure if the
19 following conditions are met:

- 20
- 21 • The practitioner performs the behavioral health services for no more than 90
days in any year;
 - 22 • The practitioner is licensed to perform those services in the state or country
23 where he or she resides; and
 - 24 • The practitioner informs the client of the limited nature of the services and that
25 he or she is not licensed in Arizona.
- 26

27 A practitioner performing services under this law is considered under the
28 jurisdiction of the board and bound by the laws of Arizona.

29
30 Under this law, a licensee from another state may counsel a client located in
31 Arizona via telehealth without an Arizona license if the duration of the counseling
32 was less than 90 calendar days and the conditions listed above are met.

33
34 In the state of Utah, the Division of Occupational and Professional Licensing has
35 both laws and regulations governing the use of telehealth. In 2013, the state
36 adopted an exemption to licensure for a mental health practitioner licensed in good
37 standing in another state. The practitioner may provide short term, transitional
38 mental health therapy remotely under the following conditions:

- 39
- 40 • The practitioner must be present in the state in which he or she is licensed;
 - 41 • The client must have relocated to Utah; and
 - 42 • The client must be a client of the practitioner immediately before relocating to
43 Utah.
- 44

45 If the criteria specified are met, then short-term transitional mental health therapy
46 may be provided remotely for a 45-day period, which begins on the day the client
47 relocates to Utah. Within 10 days of the client's relocation, the practitioner must

1 provide written notice to the state licensing agency of the intent to provide short-
2 term transitional mental health therapy.

3
4 The Division of Occupational and Professional Licensing staff clarified that the
5 definition of “relocate” does not mean that the client must permanently move to
6 Utah. Instead, the client may be travelling or may be living there for a short period.
7 The licensing agency has not received any complaints against an out-of-state
8 practitioner at this time. They also noted that the main purpose of this provision is
9 to allow a practitioner relocating to Utah the ability to practice while they are
10 seeking a Utah license.

11
12 Utah’s licensing agency also has a regulation dedicated specifically to
13 unprofessional conduct related to telehealth. It requires practitioners to adhere to
14 professional standards when practicing telehealth and to protect the security of
15 confidential data and information.

16
17 The California Board of Psychology has a provision in law allowing a licensed
18 psychologist from another state to practice temporarily for up to 30 days per year
19

20 While this provision helps psychologists moving to California to practice while they
21 are in the licensure process, the provision has raised some legal issues for that
22 board, including the following:

- 23
24
- Issues with out-of-state psychologists wanting to advertise that they may practice in California due to the 30-day provision;
 - Issues with federal agencies accepting psychological exams required in California that were performed by out-of-state practitioners;
 - Difficulties with establishing whether or not a practitioner had practiced in this state for more than 30 days; and
 - Concerns about inequity from licensees who had worked to become licensed in California.
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33 Dr. Wietlisbach asked the following questions: What are the reasons that the
34 Board is looking at telehealth? What is the Board trying to accomplish?

35
36 Kim Madsen suggested focusing on the client. For example, a person from
37 another state is moving to California, and needs time to transition to California and
38 find a therapist without a break in treatment.

39
40 The Committee and staff discussed the following points:

- 41
- Jurisdiction of services based on location of the client and the therapist,
 - Guidelines for California licensees to provide services via telehealth within California,
 - Guidelines for out-of-state licensees to provide services via telehealth in California,
 - Workload challenges for staff to process requests (to practice telehealth temporarily in California) from out-of-state licensees.
- 42
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47

1 Ms. Madsen suggested narrowing the focus and establishing regulations for
2 telehealth practice and for out-of-state licensees providing services via telehealth
3 in California.

4
5 Janlee Wong, National Association of Social Workers, California Chapter (NASW-
6 CA) suggested that this matter be approached with consumer protection in mind
7 and from the perspective of enforcement.

8
9 Cathy Atkins, California Association of Marriage and Family Therapists (CAMFT),
10 expressed that the 30, 60, or 90-day period is reasonable and should be
11 considered for legislation sooner rather than later.

12
13 Angela Kahn, American Association for Marriage and Family Therapy, California
14 Division (AAMFT-CA), expressed that AAMFT-CA would be in favor of California
15 adopting something similar to the Arizona law.

16
17 The issue with the Arizona language is that it is not clear whether or not the 90-day
18 period is consecutive days.

19
20 Ms. Lonner stated that a client knows when they are permanently relocating. As a
21 therapist, there is time to prepare, transition, and gather resources for the client.

22
23 Ms. Kahn added that the situation is different for the client who is working or going
24 to school temporarily out-of-state.

25
26 Ms. Lonner expressed that a task force could be created to address this issue, and
27 use telecommunication technology to hold meetings.

28
29 Dean Porter, California Association for Licensed Professional Clinical Counselors
30 (CALPCC), suggested that Ms. Madsen could attend the American Association of
31 State Counseling Boards (AASCB) Annual Conference and bring up this topic.

32
33 Ms. Madsen expressed that she would be willing to attend the conference;
34 however, out-of-state travel is not approved for BBS staff and board members to
35 attend these events. Ms. Porter expressed disappointment stating that it is very
36 important for the Board to represent California at these events. Ms. Madsen
37 agreed with Ms. Porter, and acknowledges the importance of discussing and
38 brainstorming these common issues with other state representatives.

39
40 Rosanne Helms suggested looking into interstate agreements allowing temporary
41 provisions.

42
43 Christina Berger informed the Committee and staff that the Council on Licensure,
44 Enforcement and Regulation (CLEAR) is beginning to do some work in this area.

45
46 No action taken.

47
48 **b. Inclusion of Trainees in the Board's Proposed Telehealth Regulations**

49 Current law specifies that trainees may not provide services in a private practice. It
50 is the responsibility of the trainee's school to coordinate the trainee's services with

1 the site at which he or she is providing services. The school must approve the site
2 and have a written agreement with the site detailing each party's responsibilities
3 and outlining supervision methods.
4

5 Licensing law for clinical social workers does not specifically define trainees or
6 specify any requirements of them. It does recognize them as being exempt from
7 licensure.
8

9 Because trainees are practicing in exempt settings, the Board does not have
10 authority to regulate their practice. This includes their use of telehealth.
11

12 However, applicants for licensure as a marriage and family therapist (LMFT) are
13 allowed to count some pre-degree hours of trainee experience. Because the
14 Board accepts some of those hours as experience toward licensure, the Board
15 may specify the conditions under which those hours are gained.
16

17 Business and Professions Code (BPC) §2290.5 is the statute that defines
18 telehealth and sets provisions for the practice of telehealth for healing arts
19 licensees. A stakeholder has raised concern that BPC §2290.5 is written only for
20 licensed individuals (a definition which includes interns/associates, but not
21 trainees, who are not yet under the jurisdiction of the Board.)
22

23 However, BPC §4980.43 allows trainees to count some of their experience gained
24 as a trainee toward licensure, and allows some of this experience to be via
25 telehealth. This is causing concern that trainees and their supervisors may be
26 vulnerable to liability for providing telehealth services, as §2290.5 does not include
27 trainees.
28

29 Because BPC §2290.5 affects all healing arts boards with a variety of license,
30 registration, and other provider statuses, it is therefore unlikely that the Board
31 would be successful in getting a Board-specific definition amended. Therefore,
32 staff has worked with DCA's Legal Division to propose a solution via amendment to
33 the LMFT statute, clarifying that trainees are permitted to perform telehealth.
34 Provided that the statutory amendment is made, the Legal Division does not advise
35 including trainees in the telehealth regulations, as they are working in exempt
36 setting that are not under Board jurisdiction.
37

38 Ms. Wong and Ms. Lonner expressed that they like the proposed language.
39

40 Ms. Atkins expressed that she liked the proposed language but would like to
41 discuss the language further with BBS staff.
42

43 The Committee took a break at 10:33 a.m. and reconvened 10:50 a.m.
44

45 ***Christina Wong moved to accept language presented and bring to the Board***
46 ***for discussion, and continue ongoing discussions with CAMFT. Renee***
47 ***Lonner seconded. The Committee voted to pass the motion.***

48 ***Roll call vote:***

49 *Deborah Brown: Yay*

50 *Renee Lonner: Yay*

1 Dr. Christine Wietlisbach: Yay

2 Christina Wong: Yay

3
4 **c. Security and Confidentiality Requirements for Telehealth**

5 The Board's current draft of the telehealth regulations, as considered at the
6 September 2014 Policy and Advocacy Committee Meeting, stated the following:

7 "A licensee or registrant shall take steps to ensure the confidentiality of all
8 telehealth services provided to the patient or client. This includes, but is not
9 limited to, utilizing encryption security for the delivery of services."

10
11 However, the Committee had some concerns about requiring licensees to use
12 encryption.

13
14 HIPAA defines encryption as "the use of an algorithmic process to transform data
15 into a form in which there is a low probability of assigning meaning without use of a
16 confidential process or key."

17
18 Several jurisdictions and professional associations have regulations or guidelines
19 requiring that mental health practitioners take steps to ensure the confidentiality of
20 services performed via telehealth. Some organizations make that requirement
21 even more specific, requiring telehealth services to be encrypted.

22
23 Some entities discuss encryption directly:

- 24
- 25 • "NCCs shall use encryption security for all digital technology
26 communications of a therapeutic type." (*National Board for Certified
27 Counselors (NBCC) "Policy Regarding the Provision of Distance
Professional Services" (Approved July 31, 2012)*)
 - 28 • "Licensees shall use encryption methods for electronic service delivery."
29 (*State of Ohio Administrative Code Chapter 4757-5-13(B)(1)*)
- 30

31 Other entities have more general requirements that telehealth services be
32 safeguarded:

- 33
- 34 • "Marriage and family therapists are also aware of the limitations regarding
35 confidential transmissions by Internet or electronic media and take care
36 when transmitting or receiving such information via these mediums"
(*CAMFT Code of Ethics, May 2002, March 2011, Section 2.3*)
 - 37 • "Prior to commencing therapy or supervision services through electronic
38 means...marriage and family therapists must (c) ensure the security of their
39 communication medium..." (*AAMFT Board Approved Revised Code of
40 Ethics, Effective January 1, 2015, Section 6.1*)
- 41

42 HIPAA does not explicitly require encryption for telehealth. However, there are
43 several products that therapists may utilize that provide an encrypted platform.
44 Google Helpouts, Mytherapynet.com, and CloudVisit are examples of these types
45 of services.

46
47 Stakeholders have offered precautions about utilizing language specifically
48 requiring encryption. For example, it may not be possible to require encryption for

1 services conducted via telephone. In addition, there may be differing opinions
2 about the definition of encryption and its appropriate utilization.

3 Ms. Atkins expressed that encryption is too prescribed – the term has a different
4 definition to different people, HIPAA does not require encryption, and the definition
5 is evolving and changing. She referred to AAMFT’s language as a good standard.
6

7 Dr. Wietlisbach stated that it is important to not be too specific because technology
8 is going to be changing. If the language is overly prescriptive, then the language is
9 going to be outdated by the time legislation passes. Ms. Madsen agreed and
10 added that the language should be broad enough to allow the use of new
11 technology as it becomes available.
12

13 Ms. Brown expressed concern about consumer protection in this area without
14 specificity in the law.
15

16 Ms. Madsen suggested that staff develop an FAQ that can be updated as
17 technology evolves, informing consumers of information when receiving telehealth.
18 This document can be posted on the Board’s website.
19

20 Mr. Wong agreed with Dr. Wietlisbach and Ms. Madsen. He also expressed that a
21 document that provides information and resources is a good idea.
22

23 ***Dr. Christine Wietlisbach moved to direct staff to redraft the language as***
24 ***discussed and bring it back to the Committee. Deborah Brown seconded.***
25 ***The Committee voted to pass the motion.***

26 ***Roll call vote:***

27 *Deborah Brown: Yay*

28 *Renee Lonner: Yay*

29 *Dr. Christine Wietlisbach: Yay*

30 *Christina Wong: Yay*
31

32 **d. Review of Proposed BBS Regulations for Telehealth**

33 At the September 2014 meeting, the Policy and Advocacy Committee discussed
34 the need to develop regulations governing the practice of telehealth by Board
35 licensees. Discussion points focused on the following:

- 36 • The location of the patient is critical. The location of the patient must be
37 verified, and the practitioner must be aware of applicable local laws as well as
38 local resources in case referral is necessary.
39
- 40 • The regulations should be revised so that it is clear that the Board’s laws and
41 regulations apply to services via telehealth just as they apply to face-to-face
42 services. However, it is possible that the standard of care may be higher for
43 telehealth in certain instances.
44
- 45 • The Committee expressed a desire to examine a clause in Arizona’s law that
46 allows practitioners licensed in other states to practice in their state for up to 90
47 days.

1 In addition, CAMFT provided written comments for the draft of the regulations
2 presented in September.

3
4 Cathy Atkins, CAMFT, and Angela Kahn, AAMFT-CA, outlined concerns with
5 various sections of the language and provided input.

6
7 Ms. Brown requested clarification on section 1815.5(j), as it refers to the location of
8 a client.

9
10 Ms. Wong suggested that section 1815.5(e) should state that when considering
11 whether telehealth services is appropriate for the client, the licensee or registrant
12 shall consider the specifications listed.

13
14 Ms. Lonner suggested replacing the term “evaluation” with “assessment.”

15
16 ***Dr. Christine Wietlisbach moved to direct staff to make changes discussed***
17 ***and to consult with legal on language, and bring back to the Committee.***
18 ***Christina Wong seconded. The Committee voted to pass the motion.***

19 ***Roll call vote:***

20 *Deborah Brown: Yay*

21 *Renee Lonner: Yay*

22 *Dr. Christine Wietlisbach: Yay*

23 *Christina Wong: Yay*

24
25 **e. Supervision Via Telehealth**

26 The Board’s statutes currently only allow supervision via videoconferencing if the
27 intern or associate is working in an exempt setting.

28
29 As the use of telehealth in therapy becomes more common, the Board is
30 increasingly being asked to consider allowing supervision via telehealth in all
31 settings. Proponents of such an allowance reason that this would increase the
32 availability of supervision in rural settings, which often have supervisor shortages.
33 This would increase access to care in such areas.

34
35 Last summer, staff conducted a survey of 10 other states to examine their
36 supervised experience requirements. Two of the states examined explicitly
37 allowed some supervision via telehealth:

38 1. Texas

39 • LMFT applicants may obtain a maximum of 50 hours of supervision via
40 telephone or electronic media.

41 • LPCC applicants may obtain up to 50 percent of their required supervision
42 via live internet webcam.

43
44 2. Oregon

45 LMFT and LPCC applicants may obtain up to 75 percent of their required
46 individual supervision hours via electronic communication.

1 **Renee Lonner moved to refer this issue to the Supervision Committee. Dr.**
2 **Christine Wietlisbach seconded. The Committee voted to pass the motion.**

3 **Roll call vote:**

4 *Deborah Brown: Yay*

5 *Renee Lonner: Yay*

6 *Dr. Christine Wietlisbach: Yay*

7 *Christina Wong: Yay*

8
9
10 **V. Update and Possible Action on Text of Proposed Legislation for 2015: Crime**
11 **Victims: Compensation for Reimbursement of Violence Peer Counseling**
12 **Expenses**

13 AB 1629 makes costs incurred for certain services provided by violence peer
14 counselors reimbursable to crime victims through the California Victim Compensation
15 Board. It was signed into law by the Governor in late September, and became
16 effective on January 1, 2015.

17
18 This bill was amended late in last year's legislative session to require a violence peer
19 counselor to be supervised by a Board licensee in order to be eligible for reimbursable
20 services. The Board was supportive of the concept of the bill, and indicated that
21 requiring violence peer counselors to be supervised by Board licensees was a step in
22 the right direction to achieve public protection. However, the Board had several
23 concerns about the bill's language. At its August 2014 meeting, the Board took an
24 "oppose unless amended" position on the bill, citing the following concerns:

25
26 1. Scope of Practice

27 Board members voiced concerns that violence peer counselors may not have
28 enough education or experience to know where their scope of practice ends,
29 making it possible that they may unknowingly perform unlicensed practice.

30
31 2. Liability of Board Licensees

32 The language contains very broad language defining the types of counseling that a
33 peer counselor may perform and the setting it may be performed in. This could
34 mislead a board licensee, who is supervising a violence peer counselor, into
35 believing that his or her supervisee does not need to be licensed or registered,
36 even if providing clinical services. However, in a non-exempt setting, this would be
37 grounds for both the supervisor and supervisee to receive disciplinary action for
38 violating the Board's licensing law.

39
40 3. Supervision Requirements

41 The Board asked whether licensees supervising violence peer counselors should
42 be required to have some education and experience providing supervision.

43
44 4. Cost to Service Organizations for Victims of Violent Crime

45 Questions were raised about the cost to service organizations for victims of violent
46 crime to employ a Board licensee as a supervisor.

1 5. LEPs as Supervisors

2 The language includes LEPs as acceptable supervisors for violence peer
3 counselors; however, LEPs do not typically perform clinical supervision services.
4 Upon learning of the Board’s concerns, the author’s office attempted to make
5 amendments to address some of the concerns, but it was too late in the legislative
6 session to do so. Therefore, they have committed to making clarifying
7 amendments in this year’s legislative session. They have worked with Legislative
8 Counsel to draft amendments. The proposed language is drafted as an urgency
9 measure.

10
11 The following language is of particular concern:

- 12 • Government Code (GC) §13957.9(c)(1) defines a “service organization for
13 victims of violent crime” as a nongovernmental organization. This implies it
14 could be a private practice setting.
- 15
16 • GC §13957.9(c)(3) defines a “violence peer counselor” as a provider of formal
17 or informal counseling services. It is unclear if “formal” counseling services
18 would rise to a clinical level where a license is needed.
- 19

20 Currently, the proposed amendments drafted by Legislative Counsel and provided
21 by the author’s office clarify the following:

- 22 • A “service organization for victims of violent crime” in which violence peer
23 counselors perform services eligible for reimbursement must be both nonprofit
24 and charitable.
- 25
26 • Violence peer counseling services that fall under the scope of practice of any of
27 the professions the Board regulates must either take place in an exempt
28 setting, or be performed by an appropriately licensed professional.
- 29

30 ***Renee Lonner moved to provide technical assistance to the author’s office. Dr.***
31 ***Christine Wietlisbach seconded. The Committee voted to pass the motion.***

32 ***Roll call vote:***

33 *Deborah Brown: Yay*
34 *Renee Lonner: Yay*
35 *Dr. Christine Wietlisbach: Yay*
36 *Christina Wong: Yay*
37
38

39 **VI. Update Regarding AB 2198: Suicide Prevention Training for Mental Health**
40 **Professionals**

41 AB 2198 proposed requiring Board licensees to complete a six-hour training course in
42 suicide assessment, treatment, and management. It also proposed requiring new
43 applicants graduating after January 1, 2016, to take a 15-hour course on the subject.

44
45 There is currently no requirement in law that Board licensees have specific
46 coursework devoted to suicide assessment in his or her degree. According to schools
47 and stakeholders, this content is interwoven throughout the degree programs.

1 Citing a need for further discussion and information from experts on the topic, the
2 Board took an “oppose unless amended” position on AB 2198 and asked that it be
3 amended to form a task force on the subject.

4
5 The Governor vetoed AB 2198 last fall, and in his veto message asked the licensing
6 boards to evaluate the issues raised by the bill and to take appropriate action as
7 needed.

8
9 In an effort to gain specific information about suicide assessment and intervention
10 content currently being offered in degree programs leading to Board licensure, staff
11 created a survey. The survey asks the Master’s degree programs to do the following:

- 12 • Name the required courses in its program covering suicide assessment;
- 13 • Estimate the number of hours each course spends on the topic; and
- 14 • Provide a description of the type of suicide assessment coverage for each course.

15
16 The survey was sent to the Board’s contacts at degree programs leading to Board
17 licensure in late November. Staff is still in the process of receiving responses.

18
19 In mid-January, Board staff, Board of Psychology staff and Medical Board staff were
20 asked to meet with the Governor’s office. The Governor is anticipating a similar bill
21 this year, and is seeking additional information and potential solutions. The attending
22 boards were asked to continue to pursue survey data and to work to develop a menu
23 of options to address the issues raised by AB 2198.

24
25 The Committee reviewed the survey results.

26
27 Mr. Wong, NASW-CA, stated that specified course content is already required. Law
28 and Ethics content areas specify suicide prevention.

29
30 Ms. Kahn expressed that this is not the right solution; additional coursework is not
31 going to prevent suicide.

32
33 Ms. Lonner requested statistics from a suicide prevention center, specifically the
34 percentage of suicides by clients who were in current treatment with mental health
35 professionals.

36
37 No action was taken.

38 39 40 **VII. Legislative Update**

41 The Board is pursuing the following legislative proposals:

42 1. Supervised Work Experience Requirements

43 This bill streamlines the experience requirements for LMFT and LPCC applicants.
44 It eliminates the complex assortment of minimum and maximum hours of differing
45 types of experience required for licensure (also known as the “buckets”).

1 2. Enforcement Process

2 This bill makes two separate amendments to the law governing the enforcement
3 process:

4 a) It modifies the Board’s requirements for an individual to petition for an early
5 termination of probation or modification of penalty. Under the proposal, the
6 Board may deny a petition without hearing if the petitioner is not in compliance
7 with the terms of his or her probation.

8 b) It clarifies that the Board has jurisdiction to investigate and take disciplinary
9 action even if the status of a license or registration changes or if the license or
10 registration expires.

11
12 3. Omnibus Legislation

13 This bill proposal, approved by the Board at its November 20, 2014 meeting,
14 makes minor, technical, and non-substantive amendments to add clarity and
15 consistency to current licensing law.

16
17
18 **VIII. Regulation Update**

19 Continuing Education:

20 The Continuing Education regulations have been finalized and are scheduled to take
21 effect on January 1, 2015, and July 1, 2015.

22
23 Disciplinary Guidelines and SB1441: Uniform Standards for Substance Abuse

24 This has been forwarded to the Department of Finance for approval. Once approved,
25 it will be submitted to the Office of Administrative Law.

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

29 No suggestions for future agenda items.

30
31
32 **X. Public Comment for Items not on the Agenda**

33 No public comment.

34
35
36 **XI. Adjournment**

37 The meeting was adjourned at 12:51 p.m.



Policy and Advocacy Committee Minutes - *DRAFT*
April 23, 2015

Department of Consumer Affairs
Hearing Room
1625 N. Market Blvd.
Sacramento, CA 95834

Members Present

Renee Lonner, Chair, LCSW Member
Dr. Christine Wietlisbach, Public Member
Christina Wong, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Asst. Executive Officer
Rosanne Helms, Legislative Analyst
Dianne Dobbs, Legal Counsel
Christina Kitamura, Administrative Analyst

Members Absent

Deborah Brown, Public Member

Public Attendees

Sign-in sheet on file

I. Call to Order and Establishment of Quorum

Renee Lonner, Policy and Advocacy Committee (Committee) Chair, called the meeting to order at 9:08 a.m. Christina Kitamura took roll, and a quorum was established.

II. Introductions

The Committee, Board staff, and meeting attendees introduced themselves.

III. Approval of the January 30, 2015 Committee Meeting Minutes

The draft minutes of the January 2016 Policy & Advocacy Committee meeting minutes were deferred to the next Committee meeting.

IV. Discussion and Recommendations for Possible Action Regarding Pending Legislation

a. Assembly Bill 85 – Open Meetings

1 This bill would make an advisory body consisting of less than three members
2 subject to the Bagley-Keene Open Meeting Act if a member of the state body is
3 serving on it in his or her official capacity, and if the advisory body is supported,
4 wholly or partially, by funds from the state body.
5

6 Previous legislation, AB 2058, ran last year. However, AB 2058 was vetoed by the
7 Governor. This bill is an attempt to run the legislation again. The author's office is
8 concerned that some state agencies are conducting meetings with two or fewer
9 members specifically to avoid open meeting requirements.
10

11 The Board commonly utilizes two-member standing committees to address issues
12 requiring in-depth discussion and analysis. No votes are taken at these meetings
13 and minutes are not maintained; any action must be approved by the Board at a
14 board meeting.
15

16 If this bill were to become law, additional staff time would be required to complete
17 meeting minutes, but otherwise the Board is already in compliance with Bagley-
18 Keene in regards to two-member committee meetings.
19

20 The amendments in this bill would mean that a board member acting in his or her
21 official capacity on any multimember body, whether a state body or corporate
22 body, would subject that body to the Bagley-Keene Act if that board member
23 receives state funds. In such a case, the Board must post notice of and an agenda
24 for a meeting that it is not hosting. The cost and compliance issues that this would
25 create may act as a disincentive for Board members to represent the Board at
26 other meetings and events.
27

28 ***Christina Wong moved to recommend that the Board oppose AB 85. Renee***
29 ***Lonner seconded. The Committee voted unanimously to pass the motion.***

30 ***Roll call vote:***

31 *Renee Lonner: Yay*

32 *Dr. Christine Wietlisbach: Yay*

33 *Christina Wong: Yay*
34

35 **b. Assembly Bill 250 – Telehealth: Marriage and Family Therapist Interns and**
36 **Trainees**

37 AB 250 clarifies that for purposes of the telehealth law, MFT interns and trainees
38 may provide services via telehealth. This bill also specifies that in order to provide
39 telehealth services, MFT interns and trainees must be under licensed supervision
40 and must also comply with any telehealth regulations adopted by the Board.
41

42 The sponsor of this bill has raised concern that BPC §2290.5 is written only for
43 licensed individuals, a definition which includes interns, but not trainees, based on
44 BPC §23.7. However, at the same time, BPC §4980.43 allows MFT trainees to
45 count some of their experience, gained as a trainee, toward licensure if working in
46 an exempt setting, and allows some of this experience to be via telehealth. There
47 is concern that MFT trainees and their supervisors may be vulnerable to liability for
48 providing telehealth services because BPC §2290.5 does not include trainees.
49

1 This same concern does not apply to ASW or PCC trainees, as they work in
2 exempt settings and they may not count hours earned as a trainee toward
3 licensure. Therefore, they are not under the jurisdiction of the Board.
4

5 The sponsor of this bill states that the proposed amendments would resolve the
6 conflict in law so that pre-licensees could practice telehealth under supervision.
7 This bill clarifies that both interns and trainees may provide services via telehealth.
8 Interns are technically included in the definition of a “license” in BPC §23.7, and
9 therefore the law indicates that interns may provide telehealth.
10

11 At its January 2015 meeting, the Committee discussed this issue, and staff
12 proposed similar language to that used in this proposal.
13

14 At this meeting, the Committee learned that CAMFT was also pursuing a legislative
15 proposal and had found an author for the language. The Committee directed staff
16 to continue to work with CAMFT on the proposed language. The Board gave the
17 same direction at its February 2015 meeting
18

19 ***Renee Lonner moved to recommend that the Board support AB 250. Dr.***
20 ***Christine Wietlisbach seconded. The Committee voted unanimously to pass***
21 ***the motion.***

22 ***Roll call vote:***

23 *Renee Lonner: Yay*

24 *Dr. Christine Wietlisbach: Yay*

25 *Christina Wong: Yay*
26

27 **c. Assembly Bill 333 – Healing Arts Continuing Education**

28 This bill would allow a Board licensee who takes coursework toward, and becomes
29 a certified instructor of, cardiopulmonary resuscitation (CPR) or automated external
30 defibrillator (AED) use, to count one unit of credit toward his or her continuing
31 education (CE) requirement.
32

33 Current law specifies that continuing education must incorporate either aspects of
34 the discipline for which licensed that are fundamental to the practice of the
35 profession, aspects of the discipline where significant recent developments have
36 occurred, or aspects of other disciplines that enhance the understanding or
37 practice of the profession.
38

39 The author’s office notes that AEDs are becoming more common on school
40 campuses. However, pro bono instructors and training resources are rare, and
41 paying for such training can be cost prohibitive. Therefore, by allowing healing arts
42 licensees to gain continuing education credit for becoming an instructor in
43 CPR/AED use and for conducting training in schools, this bill creates an incentive
44 that would benefit both licensees and schools.
45

46 The Board has several one-time continuing educational requirements that must be
47 completed by its LMFT, LCSW, and LPCC licensees. These additional courses
48 must be completed prior to licensure or at the first renewal, depending on when the
49 applicant began graduate study. While CPR/AED training is important, it may be

1 difficult to argue that it is fundamental to, or enhances the understanding of, the
2 practice of psychotherapy.

3
4 CPR and AED instructor certification programs appear to be commonly offered by
5 nonprofits such as the American Red Cross and the American Heart Association.
6 These entities would not meet the definition of an organization that would be
7 approved by a board-recognized approval agency.

8
9 This bill states that a licensee may apply one unit of CE credit if he or she
10 becomes a certified CPR or AED instructor, or up to two units of CE credit toward
11 conducting CPR or AED training for employees of school districts or community
12 colleges. The bill defines a “unit” as any measure of CE, such as hours or course
13 credits. However, the number of CE hours this bill intends to apply toward the CE
14 requirements is unclear. Several nonprofit entities offer CPR and AED instructor
15 courses, and while the programs vary, all programs appear to require many hours
16 of training.

17
18 ***Christina Wong moved to recommend that the Board oppose AB 333 unless***
19 ***amended. Renee Lonner seconded. The Committee voted unanimously to***
20 ***pass the motion.***

21 ***Roll call vote:***

22 *Renee Lonner: Yay*

23 *Dr. Christine Wietlisbach: Yay*

24 *Christina Wong: Yay*

25
26 **d. Assembly Bill 690 – MediCal: Federally Qualified Health Centers: Rural**
27 **Health Clinics**

28 This bill would allow MediCal reimbursement for covered mental health services
29 provided by a marriage and family therapist employed by a federally qualified
30 health center or a rural health clinic.

31 Existing law:

- 32
33 1) Establishes that federally qualified health center services (FQHCs) and rural
34 health clinic (RHC) services are covered MediCal benefits that are reimbursed
35 on a per-visit basis.
- 36 2) Defines a FQHC or RHC “visit” as a face-to-face encounter between an FQHC
37 or RHC patient and one of the following:
- 38 • A physician;
 - 39 • physician assistant;
 - 40 • nurse practitioner;
 - 41 • certified nurse-midwife;
 - 42 • clinical psychologist;
 - 43 • licensed clinical social worker;
 - 44 • visiting nurse; or
 - 45 • dental hygienist.
- 46

1 This bill would add a marriage and family therapist to the list of health care
2 professionals included in the definition of a visit to a FQHC or RHC who are eligible
3 for MediCal reimbursement.
4

5 Staff suggests an amendment be made to include the word “licensed” in front of
6 the term “marriage and family therapist. This will clarify that the marriage and
7 family therapist must be licensed by the Board, and it is consistent with the use of
8 the term “licensed clinical social worker” in that code section. In addition, it is also
9 consistent with the Board’s August 2011 decision that the title “Licensed Marriage
10 and Family Therapist” be utilized in all new regulatory and legislative proposals.
11

12 This bill was run as AB 1785 in 2012. The Board took a “support” position on AB
13 1785; however, AB 1785 died in the Assembly Appropriations Committee.
14

15 Mr. Wong, NASW-CA, opposes AB 690 due to the fiscal impact. He opined that
16 the bill implies there is a shortage of mental health practitioners in rural areas,
17 which NASW-CA does not agree with. Mr. Wong further stated that salaries and
18 MediCal payments for licensees are low; and by expanding the pool of licensed
19 professionals, clinics are able to pay lower salaries in rural areas.
20

21 Ms. Porter stated that LPCCs were not included in the bill. CALPCC requested
22 that LPCCs be included in this bill. However, CAMFT felt it would hinder the bill by
23 including other professions; therefore, suggested that CALPCC run its own bill.
24

25 Alain Montgomery, CAMFT, was not able to provide a response to Ms. Porter’s
26 comment. He wished to defer the question to Cathy Atkins, who was not present
27 at the meeting.
28

29 Dr. Wietlisbach expressed support for the bill as presented because it increases
30 mental health access to consumers.
31

32 Ms. Kahn, AAMFT-CA, responded to Mr. Wong’s comment. She referred to an
33 article published in 2011 by the Journal of Rural Community Psychology, which
34 states that there is a lack of mental health professionals in general, not just a lack
35 of marriage and family therapy services. This bill would increase the general pool
36 of the workforce.
37

38 ***Dr. Christine Wietlisbach moved to recommend that the Board support AB***
39 ***690. Christina Wong seconded. The Committee voted to pass the motion.***

40 ***Roll call vote:***

41 *Renee Lonner: Yay*
42 *Dr. Christine Wietlisbach: Yay*
43 *Christina Wong: Yay*
44

45 **e. Assembly Bill 796 – Health Care Coverage: Autism and Pervasive**
46 **Developmental Disorders**

47 This bill modifies the definition of “qualified autism service professional” and
48 “qualified autism service paraprofessional” to allow insurance coverage for types of
49 behavioral health treatment other than applied behavior analysis.
50

1 Existing Law:

- 2 1) Requires that every health care service plan or insurance policy that provides
3 hospital, medical or surgical coverage must also provide coverage for
4 behavioral health treatment for pervasive developmental disorder or autism
5 (PDD/A).
6
- 7 2) Defines “behavioral health treatment” as professional services and treatment
8 programs, including applied behavior analysis and evidence-based behavior
9 intervention programs, which worked to develop or restore the functioning of an
10 individual with PDD/A, and meets the specified criteria.
11
- 12 3) Defines a “qualified autism service professional” as someone who meets
13 specified criteria:
- 14 • Provides behavioral health treatment;
 - 15 • Is employed and supervised by a qualified autism service provider;
 - 16 • Provides treatment according to a treatment plan developed and approved
17 by the qualified autism service provider.
 - 18 • Is a behavioral service provider approved by a regional center to provide
19 services as an Associate Behavior Analyst, Behavior Analyst, Behavior
20 Management Assistant, Behavior Management Consultant, or Behavior
21 Management Program; and
 - 22 • Has training and experience providing services for pervasive developmental
23 disorder or autism.
24
- 25 4) Defines a “qualified autism service paraprofessional” as an unlicensed and
26 uncertified person who meets all of the following:
- 27 • Is employed and supervised by a qualified autism service provider;
 - 28 • Provides treatment according to a treatment plan developed and approved
29 by the qualified autism service provider;
 - 30 • Meets criteria set forth in regulations regarding use of paraprofessionals in
31 group practice providing behavioral intervention services; and
 - 32 • Is certified by a qualified autism service provider as having adequate
33 education, training, and experience.
34

35 AB 796 modifies the qualifications of a “qualified autism service professional” to be
36 either of the following:

- 37 1) A behavioral service provider approved by a regional center to provide services
38 as an Associate Behavior Analyst, Behavior Analyst, Behavior Management
39 Assistant, Behavior Management Consultant, or Behavior Management
40 Program; or
41
- 42 2) Have a bachelor of arts or science degree and either:
- 43 a) Twelve semester units from an accredited institution in either applied
44 behavioral analysis or clinical coursework in behavioral health, and one year
45 of experience in designing or implementing behavioral health treatment; or

- b) Two years of experience designing or implementing behavioral health treatment; or
- c) Is a registered psychological assistant or registered psychologist; or
- d) Is an associate clinical social worker (ASW) registered with the Board.

SB 946 required health service plan and insurance policies to provide coverage for behavioral health treatment for pervasive developmental disorder or autism (PDD/A). SB 946 defined behavioral health treatment as certain professional services and treatment programs that included applied behavior analysis under qualified autism service providers, professionals, and paraprofessionals.

The author's office notes that SB 946 went on to specifically define "qualified autism service professionals" and "qualified autism service paraprofessionals" as behavioral health treatment providers meeting the requirements of Section 54342 of Title 17 of the California Code of Regulations (CCR). However, this section of the CCR only refers to behavioral health treatment providers as applied behavior analyst providers, leaving out other types of evidence-based behavioral health treatment.

Therefore, the author is attempting to have the behavioral health coverage mandated by SB 946 apply to all types of evidence-based behavioral health treatment, not just applied behavior analysis.

This bill allows an ASW to be a qualified autism services professional, but it does not include marriage and family therapist interns (IMF) and professional clinical counselor interns.

The California Association for Behavior Analysis is currently sponsoring a bill proposal (SB 479), which would create a licensure category under the Board of Psychology.

The prospect of competing types of effective behavioral health treatment may raise questions about the implications of establishing a licensure category for one of the treatment types, but not the others.

Renee Lonner moved to recommend that the Board remain neutral on AB 796. Christina Wong seconded. The Committee voted to pass the motion.

Roll call vote:

Renee Lonner: Yay

Dr. Christine Wietlisbach: Yay

Christina Wong: Yay

f. Assembly Bill 832 – Child Abuse: Reporting

This bill would specify that voluntary acts of sodomy, oral copulation, and sexual penetration are not considered acts of sexual assault that must be reported by a mandated reporter, unless it is between a person age 21 or older and a minor under age 16.

Current law:

- 1 • Establishes the Child Abuse and Neglect Reporting Act (CANRA) which
2 requires a mandated reporter to make a report in instances in which he or she
3 knows or reasonably suspects that a child has been the victim of child abuse or
4 neglect.
5
- 6 • Except under certain specified circumstances, declares any person who
7 participates in an act of sodomy or oral copulation with a person under age 18
8 shall be punished by up to one year in state prison or county jail.
9

10 This bill specifies that voluntary acts of sodomy, oral copulation, or sexual
11 penetration are not considered to be mandated reports of sexual assault under
12 CANRA, unless the conduct is between a person age 21 or older and a minor
13 under age 16.
14

15 The author's office states that the reporting requirements for mandated reporters of
16 child abuse are confusing, inconsistent, and discriminatory. They note that current
17 law states that consensual sodomy and oral copulation is illegal with anyone under
18 age 18, and that it requires a mandated report as sexual assault under CANRA.
19 However, the same reporting standards do not apply to consensual heterosexual
20 intercourse.
21

22 The author is attempting to make the law consistent by ensuring that all types of
23 voluntary activities are treated equally for purposes of mandated reporting under
24 CANRA.
25

26 The Board examined this issue in 2013 when stakeholders expressed concern that
27 consensual oral copulation and sodomy among minors were mandated reports
28 under CANRA, while other types of consensual sexual activity were not. However,
29 at the same time, staffers at the Legislature contacted Board staff to caution that
30 there had been past legal opinions stating that this interpretation of CANRA was
31 incorrect, and that amendments could potentially have ramifications for family
32 planning agencies.
33

34 The Board was concerned about a potential legal misinterpretation of CANRA, but
35 at the same time saw this as a valid effort. Therefore, it directed staff to obtain a
36 legal opinion from the DCA legal office.
37

38 In its legal opinion, DCA found that CANRA does not require a mandated reporter
39 to report incidents of consensual sex between minors of a similar age for any
40 actions described in Penal Code (PC) Section 11165.1, unless there is reasonable
41 suspicion of force, exploitation, or other abuse.
42

43 Board staff had a discussion with the author's office to verify a question about how
44 the amendments would affect the reportability of a situation of sexual activities
45 between an adult under 21 and a significantly younger minor.
46

47 Board staff believes such an act would be reportable due to the provisions of PC
48 Section 288 (which addresses lewd and lascivious acts with someone under 14).
49 However, the author's office is in the process of consulting with Legislative
50 Counsel on this issue. Legislative Counsel confirmed that the provision is covered.

1 At its April 2014 meeting, the Committee recommended a “support” position on a
2 previous bill, AB 1505, which would have specified that consensual acts of sodomy
3 and oral copulation are not acts of sexual assault that must be reported by a
4 mandated reporter, unless it involved either a person over age 21 or a minor under
5 age 16. However, AB 1505 died before the Board was able to take a position on it.
6

7 Ms. Kahn explained that there were some issues with the language in the previous
8 bill. Since then, AAMFT-CA has been working with stakeholders and the author’s
9 office. AB 832 has new language. The language proposed in AB 1505 did not
10 cover conduct between a person under age 21 and a minor under age 14. The
11 language actually made the act not reportable, which was not the intent of AAMFT-
12 CA. Therefore, AAMFT-CA abandoned that language. AB 832 now covers
13 conduct between a person under 21 and a minor under age 14, and makes the
14 conduct reportable.
15

16 Dianne Dobbs stated that AB 832 is an improvement over last year’s bill.
17

18 Ms. Wong expressed concern regarding the term “voluntary” as it is used in AB
19 832, in place of the term “consensual.”
20

21 Mr. Wong, NASW-CA, does not have a position on AB 832; however, he
22 expressed that judgment should be left to the clinician, and the clinician should not
23 let statute guide their practice.
24

25 Ms. Kahn stated that current statute limits the clinician’s judgment. The proposed
26 bill alleviates the legal pressure to report.
27

28 Ms. Kahn reported that the District Attorney’s Office wrote a letter of opposition.
29 Currently, AB 832 is in the Assembly Appropriations Committee. Ms. Kahn
30 requested the Board’s support on AB 832.
31

32 Dr. Wietlisbach expressed that she did not want to make a recommendation before
33 reviewing the Attorney General’s letter.
34

35 *The Committee took a break at 10:10 a.m. so that the Committee could obtain*
36 *copies and review the Attorney General’s letter. The Committee reconvened at*
37 *10:33 a.m.*
38

39 After review of the Attorney General’s opinion, Ms. Dobbs stated that her legal
40 opinion has not changed. She opined that AB 832 clarifies reporting requirements
41 for practitioners, and the bill is worth supporting.
42

43 ***Dr. Christine Wietlisbach moved to recommend that the Board support AB***
44 ***832. Renee Lonner seconded. The Committee voted unanimously to pass***
45 ***the motion.***

46 ***Roll call vote:***

47 *Renee Lonner: Yay*

48 *Dr. Christine Wietlisbach: Yay*

49 *Christina Wong: Yay*
50

1 **g. Assembly Bill 1001 – Child Abuse: Reporting**

2 This bill clarifies that it is illegal for anyone, including a supervisor, to impede or
3 interfere with the making of a mandated report of suspected child abuse or neglect.

4
5 The author’s office believes that mandated reporters should have a clear path to
6 reporting and facilitating intervention with suspected child abuse and neglect
7 without interference. However, they have learned that social workers who work for
8 private, non-profit foster family agencies, as well as one teacher, have
9 confidentially reported to the Children’s Advocacy Institute at the University of San
10 Diego School of Law that supervisors at foster family agencies sometimes override
11 mandated reporting.

12
13 Current law states that a supervisor or administrator who impedes reporting duties
14 shall be punished by a fine up to \$1,000 and/or up to six months in county jail.

15
16 This bill prohibits a person from impeding or interfering with the making of a
17 mandated report of suspected child abuse or neglect, and states that a person who
18 impedes or interferes with a mandated report is guilty of a misdemeanor and may
19 be liable for actual damages to the victim.

20
21 They believe that this bill will clarify the law and provide consequences, in the form
22 of a misdemeanor and liability, for those who interfere with a mandated report.

23
24 ***Renee Lonner moved to recommend that the Board support AB 1001.***
25 ***Christina Wong seconded. The Committee voted unanimously to pass the***
26 ***motion.***

27 ***Roll call vote:***

28 *Renee Lonner: Yay*

29 *Dr. Christine Wietlisbach: Yay*

30 *Christina Wong: Yay*

31
32 **h. Assembly Bill 1279 – Music Therapy**

33 This bill seeks to define music therapy in statute and to provide guidance to
34 consumers and agencies regarding the education and training requirements of a
35 qualified music therapist.

36
37 The author is seeking to create a uniform definition for music therapy in statute.
38 They note that several agencies have established definitions of music therapy in
39 regulation; however the definitions are inconsistent and sometimes refer to
40 obsolete entities. The goal of this bill is to protect consumers from harm and
41 misrepresentation from practitioners who are not board certified music therapists
42 and who are not practicing under the Certified Board for Music Therapists’ Code of
43 Professional Practice.

44
45 Two organizations are jointly involved in the certification process for music
46 therapists. The certification board administers its own board certification
47 examination. Once passed, the certification is valid for five years. To recertify
48 after this time, the exam must either be passed again, or continuing education
49 must be completed.

1 Recent amendments to this bill clarify a concern staff had with the previous version
2 of this bill, specifically that the bill would restrict Board licensees from practicing
3 music therapy. The bill now states the various professionals may utilize music
4 therapy, as long as they do not use the title Board Certified Music Therapist.

5
6 Recent amendments to this bill also clarify that music therapists may not claim to
7 provide mental health counseling or psychotherapy, unless they are appropriately
8 licensed to do so.

9
10 Dr. Wietlisbach expressed that this bill seeks title protection and is not a licensing
11 act.

12
13 ***Christina Wong recommended that the Board remain neutral on AB 1279. Dr.***
14 ***Christine Wietlisbach seconded. The Committee voted unanimously to pass***
15 ***the motion.***

16 ***Roll call vote:***

17 *Renee Lonner: Yay*

18 *Dr. Christine Wietlisbach: Yay*

19 *Christina Wong: Yay*

20
21 **i. Senate Bill 479 – Healing Arts: License and Regulate Applied Behavioral**
22 **Analysis**

23 This bill establishes licensure for behavior analysts and assistant behavior analysts
24 under the Board of Psychology.

25
26 This bill:

- 27 1) Establishes the Behavior Analyst Act to license behavior analysts and assistant
28 behavior analysts under the Board of Psychology beginning January 1, 2018.
 - 29 2) Defines the “practice of behavior analysis.”
 - 30 3) Specifies that the practice of behavior analysis does not include psychological
31 testing, diagnosis of a mental or physical disorder, neuropsychology,
32 psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy,
33 or counseling.
 - 34 4) Creates the Behavior Analyst Committee, under the jurisdiction of the Board of
35 Psychology.
 - 36 5) Specifies licensure requirements for Behavior Analysts and Assistant Behavior
37 Analysts.
 - 38 6) Exempts the following practitioners from the provisions of this licensing act if
39 the person is acting within the scope of his or her licensed scope of practice
40 and within the scope of his or her training and competence:
 - 41 a) Licensed psychologists;
 - 42 b) Licensed occupational therapists;
 - 43 c) Licensed physical therapists;
 - 44 d) Licensed marriage and family therapists;
 - 45 e) Licensed educational psychologists.
- 46

1 This bill allows reciprocity for licensed behavior analysts or assistant behavior
2 analysts in other states, as long as the state in which licensed has comparable
3 licensing requirements, and that state offers reciprocity to California licensees.
4

5 *The Committee took a break at 11:00 a.m. and reconvened at 11:05 a.m.*
6

7 Ms. Helms has requested that the author's office include LCSWs and LPCCs in the
8 exemption from licensure section.
9

10 The Committee agreed to wait for further amendments to the bill before taking a
11 position.
12

13 ***Renee Lonner recommended that the Board remain neutral on SB 479.***
14 ***Christina Wong seconded. The Committee voted unanimously to pass the***
15 ***motion.***

16 ***Roll call vote:***

17 *Renee Lonner: Yay*

18 *Dr. Christine Wietlisbach: Yay*

19 *Christina Wong: Yay*
20

21 **j. Senate Bill 614 – Medi-Cal: Mental Health Services: Peer and Family Support**
22 **Specialist Certification**

23 This bill:

- 24 1) Establishes the Peer and Family Support Specialist Certification Program Act;
- 25 2) Requires the State Department of Health Care Services (DHCS) to establish a
26 certification body and to provide statewide certification for adult peer support
27 specialists, family peer support specialists, and parent peer support specialists
28 by July 1, 2016.
- 29 3) Requires DHCS to establish the following for peer and family support
30 specialists:
 - 31 a) The range of responsibilities and practice guidelines;
 - 32 b) Curriculum and core competencies;
 - 33 c) Training requirements;
 - 34 d) Continuing education requirements;
 - 35 e) Clinical supervision requirements;
 - 36 f) A process to allow those currently employed in the peer support field to
37 obtain certification.
- 38 4) Allows DHCS to implement this law via plan letters, bulletins, or similar
39 instructions, without regulations, until regulations are adopted. Regulations
40 must be adopted by July 1, 2018.
41

42 The author cites benefits of peer certification including establishing a standard of
43 practice and code of ethics, providing peer support employees with a professional
44 voice, and qualifying peer services for federal financial participation.
45

1 Several other states recognize certified peer counselors: Washington, Tennessee,
2 and New Mexico. California has not established a peer certification program at this
3 time.

4
5 This bill specifically identifies several uses for peer and family support specialists.
6 However, it does not provide an exact definition of a peer and family support
7 specialist, and it does not define a scope of practice. These tasks appear to be
8 delegated to DHCS.

9
10 Assuming this bill were to pass, it would become effective January 1, 2016, and
11 the certification program must be established by July 1, 2016. Regulations must
12 be established by July 1, 2018. However, the bill leaves discretion to DHCS to
13 implement the program via various modes on instruction, until regulations are
14 adopted.

15
16 Ms. Lonner was concerned that the bill does not require fingerprinting for
17 certification.

18
19 Ms. Wong indicated that she likes the “spirit” of the bill, but it has a lot of holes and
20 needs more work.

21
22 Ms. Madsen expressed concern that this will be developed in regulation, so there
23 will be less opportunity for stakeholder involvement and public feedback. Ms.
24 Madsen wants to be certain that this will not affect the scopes of BBS licensees.
25 The regulation process may or may not afford the Board that opportunity.

26
27 Ms. Kahn expressed concerns. She referred to research regarding efficacy of peer
28 counselors in two primary settings: 12-step programs and the recovery model with
29 individuals with severe mental illnesses. In looking at empirical data, efficacy is
30 largely supported in peer counselors working with severe mental illnesses in the
31 recovery model. Efficacy is largely unsupported in the 12-step model. According
32 to the research cited in *The Sober Truth*, the 12-step model is the most widely
33 used treatment for alcohol and drug addiction; however, it is the least effective
34 treatment.

35
36 Ms. Kahn added that when asked what service is provided by peer counselors,
37 they responded that they do not provide psychotherapy; however, they used
38 terminology and processes that describe psychotherapy.

39
40 The Committee expressed concerns and is requesting the following:

- 41
- 42 • Define peer counseling,
 - 43 • Define scope of practice,
 - 44 • Require fingerprinting,
 - 45 • Supervision requirements - number of hours and who may supervise;
 - 46 • Define educational requirements.

47 ***Renee Lonner moved to recommended that the Board oppose SB 614 unless***
48 ***amended, and direct staff to work with the author’s office. Christina Wong***
49 ***seconded. The Committee voted unanimously to pass the motion.***

1 **Roll call vote:**

2 *Renee Lonner: Yay*

3 *Dr. Christine Wietlisbach: Yay*

4 *Christina Wong: Yay*

5
6 **k. Senate Bill 689 – Veterans: Housing**

7 This item was removed from the agenda.

8
9
10 **V. Update and Possible Action on Text of Proposed Legislation for 2015: Crime**
11 **Victims: Compensation for Reimbursement of Violence Peer Counseling**

12 AB 1629 ran during the end of the 2014 legislative session. It was amended to require
13 that a violence peer counselor who wanted to be eligible for reimbursement through
14 the California Victim Compensation Board had to be supervised by a BBS licensee.

15
16 The Board had concerns and requested amendments. The author’s office tried to
17 amend the bill; however, it was too late. The author’s office committed to working with
18 the Board this year to address its concerns.

19
20 The Policy and Advocacy Committee (Committee) reviewed the amended language in
21 January. The Committee had concerns with one particular item regarding the
22 definition of a “violence peer counselor as a provider of formal or informal counseling
23 services.” Specifically, “formal or informal counseling services” is vague and not
24 defined.

25
26 The Committee suggested editing the language to define a violence peer counselor as
27 a “provider of supportive and non-psychotherapeutic peer counseling services.” The
28 author’s office drafted the bill to include the Committee’s amendment.

29
30 The Assembly Public Safety Committee is going forward with the amendments. The
31 legislative staff asked if the Board felt strongly about making this an urgency bill.
32 Board staff suggested that the bill should be an urgency bill.

33
34 No action taken.

35
36 **VI. Discussion and Recommendation for Possible Action Regarding Other Pending**
37 **Legislations Affecting the Board**

38 SB 594 would require the Board to investigate a complaint against a person acting as
39 a mediator in a child custody dispute if that mediator holds a license with the Board.

40
41 Existing law regarding mediators sets requirement for counselor of conciliation,
42 including a master’s degree in psychology, social work, marriage, family and child
43 counseling, or other behavioral science that is substantially related to marriage and
44 family interpersonal relationships; and two years of experience in counseling or
45 psychotherapy.

46
47 This bill states that a child custody recommending counselor who makes child custody
48 and visitation recommendations to the court is considered a child custody evaluator.

1 Defining child custody recommending counselors as child custody evaluators subjects
2 them to disciplinary action by the Board if they hold a Board license. This is because
3 Family Code Section 3110.5(e), states that a child custody evaluator is subject to
4 disciplinary action by his or her licensing board for unprofessional conduct.

5
6 The purpose of this bill is to establish a mandatory form that child custody
7 professionals must complete to ensure that they are acting in compliance with state-
8 mandated standards of practice.

9
10 By defining child custody recommending counselors (mediators) as child custody
11 evaluators, the Board would be required to investigate a complaint against a mediator
12 if he or she also holds a Board license. This is because the family code states that a
13 child custody evaluator shall be subject to disciplinary action by his or her licensing
14 board for unprofessional conduct.

15
16 The Board currently does not investigate complaints against mediators who also hold
17 a Board license, because a Board license is not required in order to be a mediator.
18 Because a license is not required, the mediator is not acting in a role within the scope
19 of his or her professional license. Instead, the complainant is directed to file a
20 complaint with the court.

21
22 Board staff estimates that approximately 25% of its annual enforcement complaints
23 involve mediators in child custody cases. This works out to about 250 cases per year.
24 The Board currently directs these complainants to the court system, as they handle
25 complaints against mediators. If the Board were required to investigate these cases, it
26 would need a new enforcement analyst position.

27
28 Staff is concerned that this will create two different standards and the workload this
29 will create.

30
31 ***Christina Wong moved to recommended that the Board oppose SB 594. Renee***
32 ***Lonner seconded. The Committee voted unanimously to pass the motion.***

33 ***Roll call vote:***

34 *Renee Lonner: Yay*

35 *Dr. Christine Wietlisbach: Yay*

36 *Christina Wong: Yay*

37
38
39 **VII. Discussion and Recommendation for Possible Action Regarding Proposed**
40 **Regulations for Telehealth**

41 At its January 30, 2015 meeting, the Policy and Advocacy Committee discussed
42 several aspects of telehealth, including the following:

- 43 • Telehealth laws, regulations, and policies in other states;
- 44 • Trainees' ability to perform telehealth lawfully; and
- 45 • Utilizing security and encryption in telehealth.

46
47 At that meeting, the Committee also discussed an initial draft of proposed telehealth
48 regulations.

1 Several changes have been made based on discussion at the January 30, 2015 Policy
2 and Advocacy Committee meeting. Major changes are as follows:

- 3
- 4 • Deletion of subsections which prescribed specific points to consider when
5 assessing whether a particular client is appropriate for telehealth. It was thought
6 best to leave such considerations to the professional judgment of the therapist.
7 Therefore, this language has been replaced with a more general requirement that
8 the therapist assess whether the client is appropriate for telehealth, including
9 consideration of the client’s psychosocial situation.
- 10
- 11 • Language regarding confidentiality was updated to require the utilization of industry
12 best practices to ensure both client confidentiality and the security of the
13 communication medium.
- 14
- 15 • Language requiring the therapist to inform the client of specified risks and
16 limitations of telehealth was modified. The language now leaves discussion of
17 specific risks to the therapist’s professional judgment, as specifying individual risks
18 was thought to be too prescriptive.
- 19
- 20 • Deletion of a subsection requiring a licensee or registrant providing telehealth
21 services to follow the mandated reporting requirements in the client’s jurisdiction,
22 and to be prepared to refer the client to local services in that jurisdiction.
- 23

24 Staff re-organized the latest version of the telehealth regulations into two categories:
25 tasks a therapist must perform at the initiation of telehealth (intended to be one-time),
26 and tasks a therapist must perform each time telehealth is performed (intended to be
27 ongoing).

28
29 Mr. Montgomery pointed out the following:

- 30 • Subdivision (b) does not include trainees to provide telehealth;
- 31 • Subdivision (c)(iv) should clarify what type of written procedures is required (for
32 emergency situations);
- 33 • Subdivision (d)(i) should clarify the type of verification is required to verify physical
34 location of the client.
- 35

36 Mr. Montgomery also referred to the consequence for failing to comply is
37 unprofessional conduct. There is a concern that since this is a new regulation, and
38 inquired if there could be a less consequence for unintentional breaches.

39
40 Ms. Madsen responded that any noncompliance with the law is unprofessional
41 conduct. The degree of severity is determined by mitigating information provided in
42 the investigation.

43
44 Ms. Kahn made the following suggestions:

- 45 • Subdivision (d)(i) – add to “at the beginning of each session.”
- 46 • Subdivision (d)(ii) – change to “including but not limited to”.
- 47

48 Ms. Helms responded to CAMFT’s concerns. In response to (b), trainees were not
49 included because trainees are not under BBS jurisdiction; it is not enforceable. In

1 response to (c)(iv) regarding written procedures, it is not necessary. It is listed under
2 professional ethics codes.

3
4 In response to (d)(i), staff, Committee members, and stakeholders agreed to change it
5 to “Verbally obtain from the client and document the client’s full name and address of
6 present location at the beginning of each telehealth session.”

7
8 ***Dr. Christine Wietlisbach moved to direct staff to make discussed changes and***
9 ***bring to the Board for consideration as a regulation proposal. Christina Wong***
10 ***seconded. The Committee voted unanimously to pass the motion.***

11 **Roll call vote:**

12 *Renee Lonner: Yay*

13 *Dr. Christine Wietlisbach: Yay*

14 *Christina Wong: Yay*

15
16
17 **VIII. Legislative Update**

18 Board staff is currently pursuing the following legislative proposals:

- 19 • SB 531 BBS Enforcement Process
20 This bill has passed the Senate Business, Professions, and Economic
21 Development Committee and is now in the Senate Appropriations Committee.
22
- 23 • SB 620 BBS Licensure Requirements
24 This bill has passed the Senate Business, Professions, and Economic
25 Development Committee and is now in the Senate Appropriations Committee.
26
- 27 • SB 800 Healing Arts (Omnibus Bill)
28 This bill is in the Senate Business, Professions, and Economic Development
29 Committee.
30

31
32 **IX. Regulation Update**

33 Current regulatory proposals:

- 34
- 35 • Disciplinary Guidelines and SB 1441: Uniform Standards for Substance Abuse
36 This proposal was initially approved by the Board at its meeting in November 2012.
37 A revised proposal was approved by the Board in March 2014. The public
38 comment period has ended, and the proposal is under review by the Business,
39 Consumer Services and Housing Agency (BCSH). Once approved by BCSH, staff
40 will submit it to OAL for final approval.
41
- 42 • Implementation of SB 704 (Examination Restructure)
43 The public hearing was held on December 29, 2014, and the 45-day public
44 comment period has ended. This proposal is now under review by DCA.
45
- 46 • Requirements for Licensed Professional Clinical Counselors to Treat Couples or
47 Families
48 The public hearing was held on April 21, 2015, and is now under review by DCA.

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

2 No suggestions for future agenda items.

3

4

5 **XI. Public Comment for Items not on the Agenda**

6 No public comment.

7

8

9 **XII. Adjournment**

10 The meeting was adjourned at 12:36 p.m.

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To: Committee Members

Date: July 31, 2015

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Discussion of Definition of Out-of-State Education

Background

Current statute permits the Board to accept education gained outside of California toward licensure if it is substantially equivalent to the Board's in-state education requirements for licensure.

For LMFT and LPCC applicants, Business and Professions Code (BPC) Sections 4980.74 and 4999.61, respectively state that the Board shall accept education gained while residing outside of California if it is substantially equivalent. Subsequent sections of the law then define what coursework makes the education substantially equivalent, and whether or not post-degree remediation is acceptable.

This means that out-of-state education requirements are triggered based on the residence of the applicant while obtaining his or her degree.

Summary of the Problem

1. In-State Applicants Cannot Remediate Coursework:

An increasing number of applicants who reside in California are completing online degree programs from schools that are not based in California.

The Board screens all in-state schools to ensure that they meet education requirements, because remediation outside the degree program is not permitted for in-state applicants. However, if an applicant who resides in California attends an out-of-state school which has not designed its program to lead to California licensure, he or she is treated as an in-state applicant (and thus is not allowed to remediate missing coursework), because the education was gained while residing in California.

This distinction can be confusing to applicants, who may not be aware that a degree program taken from an online school while they reside in California can make them ineligible for licensure because they are a California resident. To increase awareness of this issue, the Board has placed the following statement on its website:

*If you are enrolled in or considering an online degree program that is based in another state, please be aware that your degree will be evaluated in accordance with California in-state degree requirements. Please contact your school to ensure that the program integrates the California-specific content required of California residents. **This coursework must be integrated into the program and cannot be remediated post-degree.** Therefore, it is imperative that the California-specific requirements are included in the degree program.*

2. It can be Difficult to Determine Where a Student Resided While Obtaining a Degree:

It can be difficult for the Board to obtain proof of where an applicant resided while he or she completed his or her degree program, especially if the degree program was completed several years prior. The fact that residing in California while completing an out-of-state degree program prohibits remediation of any deficiencies may provide an incentive for the applicant to list an out-of-state address.

Further complicating matters, sometimes students move from one state (and school) to another while completing a degree program.

Affected License Types

This issue affects the LMFT and LPCC license types because of the large quantity of California-specific coursework that is required for those license types. It does not affect LCSW applicants because the degree must be accredited by the Commission on Accreditation of the Council on Social Work Education. There are no California-specific coursework requirements other than California law and ethics, which may be remediated.

Possible Solutions

The Committee may want to consider triggering out-of-state requirements based on the location of the educational institution, rather than the applicant's place of residence while obtaining the degree. This would allow applicants who obtained an online degree outside of California to remediate specific coursework. However, if this is done, the following should be considered:

- Is this fair to students who reside in California and attend a California school?
- Would this create a disincentive for students to attend a California –based degree program (because remediation is not allowed from California degree programs)?
- How would the location of the educational institution be defined? Some institutions have several locations, including sites in and out of California (For example, University of Phoenix has campuses in California, but is headquartered in Arizona. It has California “in-state” programs designed to lead to California licensure with the Board.) Possible ways to define the location are as follows:

- Does the degree program specifically market to potential California students?
- Does the school have a degree specifically designed to lead to California licensure with the Board?
- Does the school have a campus or headquarters in California?

Recommendation

Conduct an open discussion about whether out-of-state education requirements should be triggered based on where the applicant resides while obtaining the degree, or based on the location of the educational institution.

Attachments

Attachment A: Relevant Code Sections

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**ATTACHMENT A
RELEVANT CODE SECTIONS**

LMFT STATUTE

BPC §4980.74. EDUCATION AND EXPERIENCE GAINED OUTSIDE OF CALIFORNIA; EFFECTIVE JANUARY 1, 2016

(a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who do not hold a license as described in Section 4980.72.

(b) The board shall accept education gained while residing outside of California for purposes of satisfying licensure or registration requirements if the education is substantially equivalent, as defined in Section 4980.78, and the applicant complies with Section 4980.76, if applicable. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(c) The board shall accept experience gained outside of California for purposes of satisfying licensure or registration requirements if the experience is substantially equivalent to that required by this chapter.

BPC §4980.78. SUBSTANTIALLY EQUIVALENT EDUCATION; COURSEWORK REQUIRED OF APPLICANTS NOT LICENSED OUTSIDE OF CALIFORNIA; EFFECTIVE JANUARY 1, 2016

(a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who do not hold a license as described in Section 4980.72.

(b) For purposes of Section 4980.74, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by an accrediting agency that is recognized by the United States Department of Education and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.36, the degree shall contain no less than 60 semester or 90 quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an intern.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.37, the degree shall contain no less than 48 semester units or 72 quarter units of instruction.

(C) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 150 hours of face-to-face counseling, and an additional 75 hours of either face-to-face counseling or client-centered advocacy, or a combination of face-to-face counseling and client-centered advocacy.

(D) Twelve semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) The applicant shall complete coursework in California law and ethics as follows:

(A) An applicant who completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (7) of subdivision (a) of Section 4980.81, that did not contain instruction in California law and ethics, shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process. This coursework shall be completed prior to registration as an intern.

(B) An applicant who has not completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (7) of subdivision (a) of Section 4980.81 shall complete this required coursework. The coursework shall contain content specific to California law and ethics. This coursework shall be completed prior to registration as an intern.

(3) The applicant completes the educational requirements specified in Section 4980.81 not already completed in his or her education. The coursework may be from an accredited school, college, or university as specified in paragraph (1), from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate courses shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited school, college, or university as specified in paragraph (1) from an educational institution approved by the Bureau for Private Postsecondary

Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate courses shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraphs (3) and (4) not already completed in his or her education while registered as an intern, unless otherwise specified.

(6) The applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

BPC §4980.81. ADDITIONAL COURSEWORK REQUIREMENTS FOR OUT-OF-STATE APPLICANTS

This section applies to persons subject to Section 4980.78 or 4980.79, who apply for licensure or registration on or after January 2016.

(a) For purposes of Sections 4980.78 and 4980.79, an applicant shall meet all of the following educational requirements:

(1) A minimum of two semester units of instruction in the diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature. This shall include at least one semester unit or 15 hours of instruction in psychological testing and at least one semester unit or 15 hours of instruction in psychopharmacology.

(2) (A) Developmental issues from infancy to old age, including demonstration of at least one semester unit, or 15 hours, of instruction that includes all of the following subjects:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(B) An applicant who is deficient in any of these subjects may remediate the coursework by completing three hours of instruction in each deficient subject.

(3) (A) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(ii) A minimum of 10 contact hours of coursework that includes all of the following:

(I) The assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(II) Aging and its biological, social, cognitive, and psychological aspects.

(III) Long-term care.

(IV) End-of-life and grief.

(iii) A minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iv) Cultural factors relevant to abuse of partners and family members.

(v) Childbirth, child rearing, parenting, and stepparenting.

(vi) Marriage, divorce, and blended families.

(vii) Poverty and deprivation.

(viii) Financial and social stress.

(ix) Effects of trauma.

(x) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (ix), inclusive.

(4) At least one semester unit, or 15 hours, of instruction in multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality,

sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(5) A minimum of 10 contact hours of training or coursework in human sexuality, as specified in Section 25 and any regulations promulgated under that section, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(6) A minimum of 15 contact hours of coursework in substance use disorders, and a minimum of 15 contact hours of coursework in cooccurring disorders and addiction. The following subjects shall be included in this coursework:

(A) The definition of substance use disorders, cooccurring disorders, and addiction. For purposes of this subparagraph “cooccurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(B) Medical aspects of substance use disorders and cooccurring disorders.

(C) The effects of psychoactive drug use.

(D) Current theories of the etiology of substance abuse and addiction.

(E) The role of persons and systems that support or compound substance abuse and addiction.

(F) Major approaches to identification, evaluation, and treatment of substance use disorders, cooccurring disorders, and addiction, including, but not limited to, best practices.

(G) Legal aspects of substance abuse.

(H) Populations at risk with regard to substance use disorders and cooccurring disorders.

(I) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(J) Recognition of substance use disorders, cooccurring disorders, and addiction, and appropriate referral.

(K) The prevention of substance use disorders and addiction.

(7) A minimum of a two semester or three quarter unit course in law and professional ethics for marriage and family therapists, including instruction in all of the following subjects:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(C) The current legal patterns and trends in the mental health professions.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(F) Differences in legal and ethical standards for different types of work settings.

(G) Licensing law and licensing process.

LCSW STATUTE

BPC §4996.17. ACCEPTANCE OF EDUCATION AND EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

(a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) Commencing January 1, 2014, an applicant with education gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(b) The board may issue a license to any person who, at the time of application, holds a valid active clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,200 hours of qualifying

supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(4) The applicant's license is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid, active clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) Commencing January 1, 2016, an applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination specified in Section 4996.1 if the applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

LPC STATUTE

BPC §4999.61. EDUCATION AND EXPERIENCE GAINED OUTSIDE OF CALIFORNIA; NON-LICENSE HOLDER; EFFECTIVE JANUARY 1, 2016

(a) This section applies to persons who apply for examination eligibility or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) The board shall accept education gained while residing outside of California for purposes of satisfying licensure or registration requirements if the education is substantially equivalent, as defined in Section 4999.62, and the applicant complies with subdivision (b) of Section 4999.40, if applicable.

(c) The board shall accept experience gained outside of California for purposes of satisfying licensure or registration requirements if the experience is substantially equivalent to that required by this chapter.

BPC §4999.62. SUBSTANTIALLY EQUIVALENT EDUCATION; ADDITIONAL COURSEWORK; NON-LICENSE HOLDER; EFFECTIVE JANUARY 1, 2016

(a) This section applies to persons who apply for examination eligibility or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an intern.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 280 hours of face-to-face counseling.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet those deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence,

treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an intern.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an intern.

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraphs (2), (3), or (4) not already completed in his or her education while registered with the board as an intern.

The law only requires the degree to be “counseling or psychotherapy in content.” However, it is possible for a degree to have some counseling or psychotherapy content but not be intended to prepare the student for licensure as a professional clinical counselor.

Although the law does require the degree to contain practicum and certain specified core content areas, the new out-of-state licensure requirements, which become effective January 1, 2016, allow remediation of most degree requirements, including up to 6 out of the 13 core content areas. Practicum may also be remediated if licensed out-of-state, and the practicum requirement is waived if the applicant has been licensed in another state for two or more years.

The Committee may want to consider if it should clarify the degrees accepted to practice professional clinical counseling. This could help avoid situations where a degree is not intended to prepare an applicant to practice clinical counseling, but the applicant remediates a large amount of the coursework outside of a degree program.

LPCC Scope of Practice

Although LPCC licensing law does not provide a clear picture of the content of the degree, it does provide a clearly defined scope of practice. This can be found in BPC §4999.20. The Committee may wish to refer to the scope of practice when discussing which degrees are acceptable. The full text of BPC §4999.20 can be found in **Attachment A**.

LMFT Licensing Law

LMFT licensing law is more specific about the degree titles required for licensure. It lists the following master’s or doctoral degrees as acceptable (BPC §4980.36(b)):

- Marriage, family, and child counseling;
- Marriage and family therapy;
- Couple and family therapy;
- Psychology;
- Clinical psychology;
- Counseling psychology; or
- Counseling with an emphasis in marriage, family, and child counseling or marriage and family therapy.

The law gives the Board authority to make the final decision about whether or not a degree is acceptable. In addition, out-of-state degrees are not required to have one of the above titles.

Counselor Licensure in Other States

Many other states also contain vague language in their licensing law about the degree title, typically requiring the degree to be in mental health counseling or a related field. However, in some states, the statutes or regulations are more specific about the type of degree allowed. Examples of the degree title requirements in other states are shown in **Attachment B**.

Texas provides one notable example of specifying which degrees are acceptable and which are not. In order to be licensed as a professional counselor, the Texas Administrative Code requires a

Master's or Doctoral degree in counseling or a counseling-related field from an accredited school. The code then specifically defines a "counseling-related field" as follows:

"A mental health discipline utilizing human development, psychotherapeutic, and mental health principles including, but not limited to, clinical or counseling psychology, psychiatry, social work, marriage and family therapy, and counseling and guidance. Non-counseling related fields include, but are not limited to, sociology, education, administration, dance therapy and theology." (Texas Administrative Code §681.2 (7)).

CACREP Accreditation

The Council for Accreditation of Counseling & Related Educational Programs (CACREP) accredits counseling programs covering certain topic areas:

- Addiction Counseling;
- Career Counseling;
- Clinical Mental Health Counseling;
- Marriage, Couple, and Family Counseling;
- School Counseling; and
- Student Affairs and College Counseling

Schools applying for CACREP accreditation for their counseling program must meet certain specific criteria.

Attachment C shows a partial CACREP application showing the various topic areas, and also provides a brief overview of each (obtained from the CACREP website).

Recommendation

Conduct an open discussion regarding the degrees accepted for an LPCC license. Is it the intent of the Board is to accept a broad range of degrees generally encompassing counseling professions, or should acceptable degrees be limited to those designed to specifically prepare the student for the practice of clinical counseling?

Attachments

Attachment A: BPC §4999.20 – LPCC Scope of Practice

Attachment B: Degree Title Requirements in Other States

Attachment C: CACREP Program Accreditation Areas and Overview of Each

Attachment D: BPC §§4999.32 and 4999.33 (in-state licensure requirements) and 4999.62 and 4999.63 (out-of-state applicant substantially equivalent education)

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ATTACHMENT A
LPCC SCOPE OF PRACTICE
BPC §4999.20

BPC §4999.20.

(a) (1) “Professional clinical counseling” means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems, and the use, application, and integration of the coursework and training required by Sections 4999.32 and 4999.33. “Professional clinical counseling” includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions.

(2) “Professional clinical counseling” is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health, and is not intended to capture other, nonclinical forms of counseling for the purposes of licensure. For purposes of this paragraph, “nonclinical” means nonmental health.

(3) “Professional clinical counseling” does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the following training and education:

(A) One of the following:

(i) Six semester units or nine quarter units specifically focused on the theory and application of marriage and family therapy.

(ii) A named specialization or emphasis area on the qualifying degree in marriage and family therapy; marital and family therapy; marriage, family, and child counseling; or couple and family therapy.

(B) No less than 500 hours of documented supervised experience working directly with couples, families, or children.

(C) A minimum of six hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle.

(4) “Professional clinical counseling” does not include the provision of clinical social work services.

(b) “Counseling interventions and psychotherapeutic techniques” means the application of cognitive, affective, verbal or nonverbal, systemic or holistic counseling strategies that include principles of development, wellness, and maladjustment that reflect a pluralistic society. These interventions and techniques are specifically implemented in

the context of a professional clinical counseling relationship and use a variety of counseling theories and approaches.

(c) "Assessment" means selecting, administering, scoring, and interpreting tests, instruments, and other tools and methods designed to measure an individual's attitudes, abilities, aptitudes, achievements, interests, personal characteristics, disabilities, and mental, emotional, and behavioral concerns and development and the use of methods and techniques for understanding human behavior in relation to coping with, adapting to, or ameliorating changing life situations, as part of the counseling process.

"Assessment" shall not include the use of projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior.

(d) Professional clinical counselors shall refer clients to other licensed health care professionals when they identify issues beyond their own scope of education, training, and experience.

ATTACHMENT B DEGREE TITLE REQUIREMENTS IN OTHER STATES

Massachusetts (262 CMR 2.05) (Degree Requirements Post-July 1, 2017)

Applicants must have completed a Master's or Doctoral degree in Mental Health Counseling or a Related Field with a minimum of 60 semester credit hours or 80 quarter credit hours from an integrated, planned and comprehensive program from a Recognized Educational Institution.

Missouri (20 CSR 2095-2.010)

A master's degree must be accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), or the Counseling on Rehabilitation Education, Incorporated (CORE), or be in counseling or the following mental health disciplines:

- Counseling & guidance;
- Counseling psychology;
- Clinical psychology; or
- School psychology

The degree must consist of 48 semester or equivalent quarter hours. The degree must teach counseling principles, theories, techniques, and counseling interventions.

New Jersey (N.J.A.C. 13:34-11.2(a)(3)(i))

The degree awarded is a master's degree or doctorate in counseling. The word "Counseling" or the word "Counselor" shall appear in the title of the graduate degree awarded and the institution offering the degree shall state in the catalog or in another format acceptable to the Committee that the purpose of the graduate degree is to prepare students for the professional practice of counseling

Texas (Texas Administrative Code Title 22, §§681.82 and 681.2(7))

Requires a graduate degree in counseling or related field on at least the master's level.

Texas Administrative Code §681.2(7) specifically defines a "counseling-related field" as *"A mental health discipline utilizing human development, psychotherapeutic, and mental health principles including, but not limited to, clinical or counseling psychology, psychiatry, social work, marriage and family therapy, and counseling and guidance. Non-counseling related fields include, but are not limited to, sociology, education, administration, dance therapy and theology."*

West Virginia (W. VA. Code §27-1-6.1(a))

A master's or doctoral degree from an institution with a program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP), the National Council on Accreditation for Teacher Education (NCATE), the North Central Association of Colleges and Schools (NCACS), the Southern Association of

Colleges and Schools (SACS), Council on Rehabilitation Education (CORE) or a comparable accrediting body. Acceptable graduate degrees include a specialization in community agency counseling, mental health counseling, pastoral counseling, rehabilitation counseling, school counseling, and substance abuse or addictions counseling. Similar degrees that include the word “counseling” and include the core of coursework as outlined in 6.1.b may be accepted.



Application for Accreditation

Date _____

Institution _____

Department/Academic Unit _____

Mailing Address _____

Program Website _____

CACREP Liaison _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Place an "X" on the left next to the program area(s) for which accreditation is sought and indicate the degree(s) offered.

Entry-Level

- | | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|--------------------------------------|
| ____ Addictions Counseling | <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Other _____ |
| ____ Career Counseling | <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Other _____ |
| ____ Clinical Mental Health Counseling | <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Other _____ |
| ____ Marriage, Couple, and Family Counseling | <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Other _____ |
| ____ School Counseling | <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Other _____ |
| ____ Student Affairs and College Counseling | <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Other _____ |

Doctoral-Level

- ____ Counselor Education and Supervision Ph.D. Ed.D.

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Email: * Required

Enter your email address

JOIN Our Community

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Email: * Required

For Students

Choosing a Graduate Program

There are many factors to consider when choosing a masters-level counseling program to attend. Attending a CACREP accredited program makes your choice a little easier because you can be assured that the program has met the standards of quality established by the profession.

CACREP accredits masters-degree programs in the following areas:

Addiction Counseling – Addiction Counseling programs prepare graduates to work with persons and families affected by alcohol, drugs, gambling, sexual and other addictive disorders (e.g., food-related). These 60-semester hour programs focus on models of treatment, prevention, recovery, and relapse prevention of addiction, along with the appropriate application of appropriate interventions. Graduates of Addiction Counseling programs may choose to work in private practice or may work in a variety of community agencies offering counseling services for substance abuse.

Career Counseling – Career Counseling programs prepare graduates to help persons wanting to make career decisions. Sometimes known as vocational counselors, career counselors help clients explore the intersection of their education, skills, interests, and personality to determine and plan for possible career paths. Career counselors often make use of inventories and other assessment tools to assist persons in making decisions. In addition, career counselors understand and maintain resource information on employment and labor market trends. Career counselors may work in a variety of settings from private practice, to career resource centers or employee assistance programs associated with specific industries or organizations.

Clinical Mental Health Counseling – Clinical Mental Health Counseling programs prepare graduates to work with clients across a spectrum of mental and emotional disorders, as well as to promote mental health and wellness. Clients may be seen individually, in couples, families, or group settings. Clinical Mental Health Counselors are knowledgeable in the principles and practices of diagnosis, treatment, referral and prevention and often work in interdisciplinary teams with other health professionals (e.g., psychiatrists, social workers, MDs). Employment opportunities may include private practice, community-based mental health centers, hospitals and other treatment centers.

(Please note that over the years, the titles used for this program area have been revised and regrouped. Therefore, the CACREP Directory of Accredited Programs may show programs with designations such as Community Counseling (CC) or Mental Health Counseling (MHC) only. These designations indicate that the accredited program was reviewed prior to the implementation of the 2009 CACREP Standards when the CC program standards and the MHC program standards were combined. Programs that have either the CC or MHC designation will be changed upon their next full accreditation review.)

Marriage, Couple and Family Counseling – Graduates of Marriage, Couple and Family Counseling programs have been prepared to work with individuals, couples and families from a family systems perspective. From this perspective, Marriage, Couple and Family Counselors work with clients across of variety of mental and emotional disorders, relationship issues, or communication issues and in a variety of work settings including

inpatient facilities, community mental health centers, private practice offices, and social service agencies.

School Counseling – School Counseling programs prepare graduates to work with students ranging from kindergarten through high school. School counselors are prepared to promote the academic, career, and personal/social development of all K-12 students through understanding how to design and implement comprehensive school guidance and counseling programs that include time for individual counseling, group counseling, classroom guidance, family and teacher consultations within the school setting. School counselors work with in both private and public school systems at the elementary, middle, and high school levels.

Student Affairs and College Counseling – these programs prepare students to assume a variety of positions in higher education and student affairs offices after graduation. Such positions might include working at a college's or university's housing and residential life office, assisting with management activities at a student union, offering student leadership activities and orientation sessions, or providing counseling, career services, and multicultural support services. Students opting to specialize in student affairs and college counseling programs acquire a strong professional counseling knowledge base including: history of the profession, philosophy, ethics, theory and assessment, while simultaneously learning about the culture of higher education, its organizational dynamics, and administrative structure to enable them to provide leadership in student development issues and policy-making in student affairs.

(Please note that over the years, the titles used for this program area have been revised and regrouped. Therefore, the CACREP Directory of Accredited Programs may show titles areas such as College Counseling (CIC) or Student Affairs (SA) or Student Affairs College Counseling (SACC) to represent this area. These designations indicate that the accredited program was reviewed under a previous set of CACREP Standards and the program designation will be changed upon its next full accreditation review.

Although with the implementation of the 2009 CACREP Standards, institutions no longer have the option to seek accreditation under the following program areas titles, the CACREP Directory of Accredited Programs still reflects those institutions that have attained accreditation for these programs through the end of their current accreditation cycle. When these programs apply for their next full accreditation review, these programs will be dropped from the CACREP list.

Community Counseling (CC) – see description for Clinical Mental Health Counseling above.

College Counseling (CIC) – see description for Student Affairs and College Counseling above.

Gerontological Counseling: Program in gerontological counseling provide students with the knowledge and skills needed to work with older adults and their families. Students are exposed to the psychological, biological, and socio-cultural factors that impact the aging process and human reaction to this process to better understand the needs and issues of older adults. Graduates of this program area are prepared for leadership roles in a variety of human services agencies, both in the private and public sectors, that deal with aging.

Mental Health Counseling – see description for Clinical Mental Health Counseling above

Student Affairs (SA) or Student Affairs College Counseling (SACC) – see description for Student Affairs and College Counseling above.

**ATTACHMENT A
RELEVANT LPCC LICENSING LAW**

**BPC §§4999.32 and 4999.33 (in-state licensure requirements) and 4999.62 and
4999.63 (out-of-state applicant substantially equivalent education)**

**§4999.32. QUALIFICATIONS FOR REGISTRATION AND EXAMINATION
ELIGIBILITY; GRADUATE COURSEWORK BEGINNING BEFORE AUGUST 1, 2012
AND COMPLETED BEFORE DECEMBER 31, 2018**

(a) This section shall apply to applicants for examination eligibility or registration who begin graduate study before August 1, 2012, and complete that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4999.33.

(b) To qualify for examination eligibility or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (d), the coursework in the core content areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 48 graduate semester or 72 graduate quarter units of instruction, which shall, except as provided in subdivision (d), include all of the following:

(1) The equivalent of at least three semester units or four and one-half quarter units of graduate study in each of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for

collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(2) In addition to the course requirements described in paragraph (1), a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Other recognized counseling interventions.

(I) A minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) (1) An applicant whose degree is deficient in no more than two of the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

(e) In addition to the degree described in this section, or as part of that degree, an applicant shall complete the following coursework or training prior to registration as an intern:

- (1) A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse dependency, as specified by regulation.
- (2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.
- (3) A two semester unit or three quarter unit survey course in psychopharmacology.
- (4) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.
- (5) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations adopted thereunder.
- (6) A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, and state and federal laws related to confidentiality of patient health information. When coursework in a master's or doctoral degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester unit or 72 quarter unit requirement in subdivision (c).
- (7) A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
- (8) A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.

(f) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2019, deletes or extends that date.

§4999.33. QUALIFICATIONS FOR REGISTRATION AND EXAMINATION ELIGIBILITY; GRADUATE COURSEWORK BEGINNING AFTER AUGUST 1, 2012 OR COMPLETED AFTER DECEMBER 31, 2018

(a) This section shall apply to the following:

(1) Applicants for examination eligibility or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for examination eligibility or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for examination eligibility or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for examination eligibility or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (f), the coursework in the core content areas listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 60 graduate semester or 90 graduate quarter units of instruction, which shall, except as provided in subdivision (f), include all of the following:

(1) The equivalent of at least three semester units or four and one-half quarter units of graduate study in all of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, group developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including California law and professional ethics for professional clinical counselors, professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the

profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(J) Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

(K) Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

(L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

(M) Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Professional writing including documentation of services, treatment plans, and progress notes.

(I) How to find and use resources.

(J) Other recognized counseling interventions.

(K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

§4999.62. SUBSTANTIALLY EQUIVALENT EDUCATION; ADDITIONAL COURSEWORK; NON-LICENSE HOLDER; EFFECTIVE JANUARY 1, 2016

(a) This section applies to persons who apply for examination eligibility or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an intern.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 280 hours of face-to-face counseling.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet those deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an intern.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an intern.

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraphs (2), (3), or (4) not already completed in his or her education while registered with the board as an intern.

§4999.63. SUBSTANTIALLY EQUIVALENT EDUCATION; ADDITIONAL COURSEWORK; LICENSE HOLDER; EFFECTIVE JANUARY 1, 2016

(a) This section applies to persons who apply for examination eligibility or registration on or after January 1, 2016, and who hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.60, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an intern.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 280 hours of face-to-face counseling.

(i) An applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the practicum requirement, shall remediate the requirement by demonstrating completion of a total of 280 hours of face-to-face counseling, as specified in subparagraph (K) of paragraph (3) of subdivision (c) of Section 4999.33. Any postdegree hours gained to meet this requirement are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while the applicant is registered with the board as an intern.

(D) The required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) An applicant whose degree is deficient in no more than six of the required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet those deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an intern.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an intern.

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units or 45 hours of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit or 15 hours of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required by subparagraph (D) of paragraph (1) or paragraphs (2), (3), and (4) not already completed in his or her education while registered with the board as an intern, unless otherwise specified.

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To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Record Retention Policy

Background

Business and Professions Code section 800 requires the Board to maintain a central file for individuals who hold a license, certificate, or similar authority from the Board. The Board is required to maintain the file to provide an individual historical record. Further, the State Administrative Manual section 1611 requires each agency to establish a records retention program consistent state and agency statutory requirements.

The State Records Management Act (Government Code sections 14740-14774) requires the Director of the Department of General Services (DGS) to “establish and administer...a records management program which will apply efficient and economical management methods to the creation, utilization, maintenance, retention, preservation, and disposal of state records.” To this end, the Director of DGS assigned the task to develop and coordinate a statewide records management program to the DGS Procurement Division’s California Records and Information Management (CalRIM) Program.

CalRIM established the overall record management policy and published the *Records Retention Handbook* to provide guidance to state agencies in establishing their record retention program. Yet, each agency must manage its own records program and is required to review its retention schedule every five (5) years.

The handbook does not specify the length of time to maintain a record. Rather, the handbook suggests considering specific criteria when considering how long to keep a record. For example, laws, regulations, or policies. Other considerations include administrative uses, legal and fiscal requirements, historical and research value, vital/essential record requirements. Below are questions agencies should consider in determining how long to keep a record.

- How serious would it be if we were unable to put our hands on a particular record five to ten years from now?
- What are the chances of it being needed?

- Are the consequences serious enough to justify our keeping large volumes of records for a long period of time at considerable cost to the State?
- Is the same information available elsewhere?
- What would it cost to reconstruct the record if it were lost?

Board Policy #E-00-1

A review of the May 18, 2000 Consumer Committee meeting minutes revealed that the Board had an existing retention schedule, however, the schedule did not include a retention period for citation and fines. The Committee determined that citation and fines would be kept for a period of one year in the office and ten years in SRC.

On January 12, 2001 Board Policy #E-00-1, Record Retention Schedule for Enforcement Related Files, was adopted. This policy specifies the number of years the Board will retain Enforcement related material in the Board office, at the State Records Center (SRC), and provides for confidential destruction of these materials following the retention period. A copy of this policy is included for your review.

It should be noted that the retention period for citation and fines is a total of 5 years and not the 11 years agreed to by the Committee members. Unfortunately, staff research did not reveal any minutes or records for this change. However, on or about January 2007, six years after the adoption of Policy #E-00-1, Business and Professions Code section 4990.9 was revised to state in part that the Board may publish on the Internet the final determination of a citation and fine of \$1500 dollars or less for a period of time in excess of five years from the date of the citation.

The Board's current record retention was approved in 2014 and the retention schedule for enforcement related material complies with Policy #E-00-1.

Discussion

Board staff recommends that the Committee members review the current retention period (1.5 years) for complaints and investigations that are closed without merit. These are typically cases that are non-jurisdictional, the source of the complaint did not respond to the Board's request for additional information, or the investigation did not reveal a violation of law. Retaining these types of cases for 1.5 years may be excessive.

If the Board receives additional information to support the allegations in the closed complaint, typically, the source of the complaint will submit this information soon after the complaint is closed; not months later. Further, if the complaint was re-opened it would be necessary to obtain updated documents such as the patient release for information from the source of the complaint. A patient release for information is only valid until the completion of the investigation.

Considering the type of cases closed without merit, retaining the information for 6 months in the Board office and then destroying the case confidentially may be more appropriate.

The remainder of the Board's current Enforcement Related Files retention schedule appears appropriate. However, the reference to Government Code section 14750 is now incorrect and should be updated. The proposed change is noted in blue text.

Recommendation

Staff recommends the committee discuss Policy #E-00-1 to determine if revisions to the policy are needed. If so, direct staff to make the recommended revisions to present to the Board for consideration at the next Board meeting.

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**BOARD OF BEHAVIORAL SCIENCES**

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WEBSITE ADDRESS: <http://www.bbs.ca.gov>

SUBJECT: Record Retention Schedule for Enforcement Related Files	POLICY # E-00-1	DATE ADOPTED: January 12, 2001
	SUPERSEDES: N/A	PAGE: 1 of 1
DISTRIBUTE TO: All BBS Board Members and Enforcement Staff	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

Policy: Listed below is the record retention schedule for archiving closed enforcement files:

<u>CATEGORY ITEM</u>	<u>OFFICE</u>	<u>SRC</u>	<u>CONFIDENTIAL DESTRUCT</u>
1. Complaint/Investigations – Without Merit	6 mos.	1 yr.	Yes
2. Complaint/Investigations – With Merit	6 mos.	4 yrs. ¹	Yes
3.* Closed Disciplinary Files			
a. Revocations, or cases closed without prob.	1 yr.	20 yrs.	Yes
b. Disciplinary files that result in probation will be retained in office until probation is completed.			
4. Closed Probation Files	1 yr.	20 yrs.	Yes
5.* Closed Petitioners (Reinstatement)	1 yr.	20 yrs.	Yes
6.* Closed Criminal Cases	1 yr.	20 yrs.	Yes
7. Closed Citations & Fines	1 yr.	4 yrs.	Yes

* Retain copies of final findings (accusations, decisions, etc.) in the office binders before the file is sent to State Records Center.

Background: The Board establishes this record retention schedule for enforcement related files to comply with Government Code section ~~14750-14740-~~ **14774**, which requires each state agency to establish and maintain an active, continuing program for the economical and efficient management of the records and information practices of the agency.

Implementation: Effective Immediately

Attachment: None

¹ Reference Business and Professions Code Section 800(a), (b).

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SAM—RECORDS MANAGEMENT

RECORDS RETENTION SCHEDULE PROGRAM

1611

(Reviewed 6/2015)

Each agency must establish a Records Retention Schedule Program consistent with state and agency statutory requirements. The [Records Retention Handbook](#) (Handbook) implements statutory requirements and supplements information in SAM 1600. The Handbook covers specific procedures and areas necessary to ensure that all records produced, maintained, or disposed of by the agency are properly and timely acted upon.

Rev. 430

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To: Policy and Advocacy Committee

Date: August 6, 2015

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

**Subject: Agenda Item VII b: Complaint Disclosure Policy and Public Disclosure
of License Verification**

Agenda item VII h regarding Public Disclosure of License Verification has been merged with item VII b Complaint Disclosure Policy, and will be discussed as item VII b.

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To: Committee Members **Date:** July 23, 2015
From: Kim Madsen **Telephone:** (916) 574-7841
Executive Officer
Subject: Complaint Disclosure Policy #E-06-2
Public Disclosure of License Verification #E-06-01

Background

During the May 18, 2006 Board meeting, Board Members were informed that Executive Order S-03-06 required all state agencies to take a number of actions related to agency compliance with the California Public Records Act (PRA). The action required of each agency was to review and revise as necessary, written guidelines for accessibility of public records. A review of current Board policies noted two policies required revisions – Policy #E-06-01 and #E-06-02.

Board Members and the public discussed the proposed revisions and some amendments to both policies. Specifically, the policies did not mention the inclusion of reporting settlements and arbitrations. Yet, the Board is required to disclose this information upon request. Some of the suggested amendments included revisions to the language for clarity. Following the discussion, the Board Members voted to accept the amendments to Policy #E-06-01 and Policy #E-06-02.

Discussion

The California Public Records Act (PRA), Government Code section 6250 *et seq.*, requires public records be available upon request. The PRA provides for specific timelines and general process to respond to a request for public records. Further, Government Code section 6254 specifies which records are not subject to public disclosure. In accordance with the Government Code section 6250 *et seq.*, DCA developed guidelines in 2006 for Boards and Bureaus to follow upon receipt of a public record request.

As a state regulatory board within DCA, the Board is subject to the requirements for all public record requests. The Board's response is coordinated with its DCA legal counsel.

Business and Professions Code section 27 specifies what information, such as enforcement actions and a licensee's address of record, must be available through the Internet (aka Board

website). Since 2006, revisions to both of these code sections have been enacted, with the last revisions occurring in 2014. These revisions include the contents of Policy # E-06-01 and #E-06-02.

Finally, Business and Professions Code 4990.09 specifies how long a citation and fine issued for \$1500 or more shall be published on the Internet (aka Board website). A citation and fine of less than \$1500 may not be published on the Internet.

At the time these policies were adopted, some of the code sections related to PRAs and license disclosure were not specific. So it was prudent for Boards and Bureaus to adopt policy guidelines as to what specific information would be available to the public. Now, the Board's policies for complaint disclosure and public disclosure of license verification are now incorporated into the Business and Professions Code and the Government Code.

Recommendation

Staff recommends rescinding Policy #E-06-01 and #E-06-02 since both policies are now redundant.



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SUBJECT: Complaint Disclosure Policy	POLICY # E-06-2	DATE ADOPTED: 5/18/2006
	SUPERSEDES: E-01-2 SUPERSEDES: E-03-2	PAGE: 1 OF 1
DISTRIBUTE TO: All Staff /Board Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

Policy: Upon a request from the public, The Board of Behavioral Sciences (Board) releases complaint information in the form of an accusation once an accusation is prepared and filed by the Attorney General's Office, with certain exceptions. Following are exceptions to this policy, where complaint information is disclosed in lieu of or prior to the filing of an accusation.

1. A citation, fine, and/or order of abatement may be disclosed after the issuance of a citation. (Under Sections 125.9 and 148 of the Business and Professions Code and Section 1886 et. seq. Title 16 of the California Code of Regulations), the Board may issue citations, fines, and orders of abatement in lieu of an accusation.
2. An interim suspension order (ISO) may be disclosed upon filing of the ISO.
3. An action taken by the Board pursuant to Penal Code Section 23 may be disclosed, upon the Board's appearance or filing. (Under Section 23 of the Penal Code, the Board may intervene in a criminal case to obtain a court order to suspend or restrict practice of marriage and family therapy, licensed educational psychology, or licensed clinical social work in advance of the filing of an accusation.)

Accusations and ISOs are allegations of wrongdoing for which there has not been a final determination. These actions and decisions resulting from these actions are matters of public record and will be disclosed.

Implementation: Immediate

Attachment: None

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SUBJECT: Public Disclosure of License Verification	POLICY # E-06-1	DATE ADOPTED: 05/18/2006
	SUPERSEDES: E-95-1 SUPERSEDES: E-01-1 SUPERSEDES: E-04-1 SUPERSEDES: E-04-2	PAGE: 1 OF 2
DISTRIBUTE TO: All Staff/Board Members	APPROVED BY: BOARD OF BEHAVIORAL SCIENCES	

Policy:

Upon request by a member of the public, the following information, if known, shall be disclosed:

1. Current status of a license, issuance and expiration date of a license, prior discipline, accusation filed, temporary restraining order or interim order of suspension issued or the resulting discipline.
2. Malpractice judgments of more than \$30,000 reported to the Board on or after July 1, 1995.
3. Final determination of a citation and fine issued by the Board. This is not considered disciplinary action. Payment of the fine shall be represented as satisfactory resolution of the matter for purposes of public disclosure. (B&P Code Section 125.9(d)).
4. Malpractice settlements and arbitration awards in excess of \$10,000 reported to the board.

A request by a member of the public includes access to the Board’s Web site.

Implementation:

TO IMPLEMENT THE PUBLIC DISCLOSURE POLICY:

Effective immediately, the CAS (Consumer Affairs System) mainframe should be used for verifying the status of a license. This information is extracted nightly to the Board’s Web site under its “Verify License” feature so that the public may access the information on the Board’s Web site.

INFORMATION AVAILABLE BY MAIL AND TELEPHONE

License Status and/or formal action: Staff are to use the CAS 624 License Verification screen to verify the current status of a license.

1. Name
2. Address of Record
3. Issued Date
4. Expiration Date
5. License Number
6. Current status (status codes)
7. School attended and year of graduation.

Do NOT provide the DOB (date of birth), social security number or other information. Should the caller request this information, staff should suggest that the request be submitted in writing and then we will obtain authorization to release the requested information from the licensee. This procedure applies to telephone verification requests and does not apply when the Board is served with a subpoena.

If a Public Disclosure record is present on an individual's license a PF6 key will appear at the bottom of the 624 (License Verification) screen. Select the PF6 key and continue to hit enter until it brings you back to the 624 screen. This will paginate you through each public disclosure screen that is available for that license record. In addition, the Public Disclosure records are extracted from the CAS mainframe nightly and made available on the Board's Web site under the "license verification" feature so the public may access the information. The following disclaimers appear for each public disclosure category:

Administrative Disciplinary Actions Disclaimer:

"The information on Board disciplinary actions only goes as far back as 1980 following the final date of the action, such as the effective date of the discipline (e.g., revocation, probation, etc.) or the last day of probation. Our data does not include actions that were a result of action prior to this date."

* Note: If only status code 50 (Accusation filed) appears, also read the following:

"Although an Accusation has been filed, the subject has not had a hearing or been found to have violated any law or regulation."

Malpractice Judgment Disclaimer:

"A malpractice judgment is an award for damages and does not necessarily reflect that the care provided by the licensee is substandard. All such reported judgments are reviewed by the Board and action taken only when and if it is determined that a violation of the licensing laws and/or regulations has occurred. Judgments are subject to a possible appeal." The information provided includes judgments reported on or after July 1, 1995.

Administrative Citations Issued:

A citation and/or fine has been issued. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of the matter.

Implementation Date: Immediate

Attachment: None

1625 North Market Blvd., Suite S-200
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www.bbs.ca.gov

To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Mail Ballots and Confidentiality of Executive Session Policy #B-02-1

Background

During the November 15, 2002 Board meeting, Board Members discussed the adoption of the Mail Ballots and Confidentiality of Executive Session Policy #B-02-1. The discussion focused on whether or not it was necessary to have this policy when there are several statutes and regulations that addresses mail ballots and confidentiality. Further, the members added that this issue could be addressed during Board Member training.

DCA Legal Counsel stated that although DCA provided New Board Member Orientation, the trainings may not be convenient for all individual and the new members may not be aware of all the confidentiality issues before they become a functioning board member. At the end of the discussion, the Board Members decided not to adopt this policy.

Instead the Board Members recommended including this information in the New Board Member Orientation Binder provided to all new members. The Board Members also recommended the information be included in the legal memorandum that is included with mail ballot votes.

Discussion

Board staff was unaware that Policy #B-02-1 was not adopted until this policy's history was researched. The policy reflected an adoption date and therefore, it was assumed the policy was adopted. The ability to determine a decision by mail ballot is addressed in Government Code section 11526. This code does not specify the number of votes needed to hold a case for discussion. Nor, do Board records reflect how the current number of "two" was determined.

The Bagley-Keene Open Meeting Act addresses the confidentiality of a closed session meeting.

The mail ballot process is included in the Board Member Procedure Manual.

Recommendation

Since this policy was never adopted by the Board, staff recommends removing this document from the list of Board policies.

**BOARD OF BEHAVIORAL SCIENCES**

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SUBJECT: MAIL BALLOTS AND CONFIDENTIALITY OF EXECUTIVE SESSION	POLICY # B-02-1	DATE ADOPTED: 11/15/02
	SUPERSEDES: N/A	PAGE: 1 OF 1
DISTRIBUTE TO: All Board Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

The Board of Behavioral Sciences takes its mandate to protect the public with the utmost seriousness. Each member recognizes it is a privilege and an honor to serve as a member of the Board of Behavioral Sciences. It is the policy of the Board to adopt a policy to state the utmost importance of confidentiality and independent decision-making within the mail ballot process.

MAIL BALLOTS

Deliberation and decision making should be done independently and confidentially by each Board member.

Two votes are needed to “Hold for Discussion” at the next Executive Session. Board members will be notified of this result and will be provided with the necessary materials before the next meeting.

If a Board member has a procedural question not specific to evidence, they are to contact DCA staff counsel.

CONFIDENTIALITY OF EXECUTIVE SESSION

Under California law, the deliberation of Boards in Executive Session is privileged and members must keep Executive Session deliberations and information confidential.

Implementation: Immediately

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To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Advertising Psychotherapy/Psychotherapist Policy #E-95-2

Background

On or about November 17, 1995 the Board members at that time adopted Policy #E-95-2, Advertising Psychotherapy/Psychotherapist. It appears that this policy was adopted because of a concern regarding the use of the words “psychotherapy” and “psychotherapist” by Board licensees in advertisements.

The policy specified that use of these words “in itself” in an advertisement by a licensee was not a violation of law. The policy further specified that certain conditions must be met when using the words “psychotherapy” or “psychotherapist” in an advertisement. The intent of this policy appears to clarify the appropriate use of these words and in a manner that was not misleading. Further, the Board members expressed a commitment to providing factual information that would assist consumers in making informed decisions. Attached is a copy of Policy E-95-02 for your review.

On August 14, 2012, the Board gave notice of proposed changes to California Code of Regulations (CCR) section 1811. This regulation package proposed changes to clarify which abbreviations may be used in an advertisement and whether or not a licensee can use the term “psychotherapy” and “psychotherapist” when advertising. The proposal added a subsection “c” to CCR 1811 regarding the use of “psychotherapy” and “psychotherapist, which is listed below.

Licensees may use the words “psychotherapy” or “psychotherapist” in an advertisement provided that all the applicable requirements of subsection (a) are met.

CCR 1811 (a) specifies the type of abbreviations a licensee or registrant may use in advertisements.

On January 9, 2103, the Office of Administrative Law approved the proposed changes to CCR 1811. This regulation changed went into effect on April 1, 2013. A copy of CCR 1811 is provided for your reference.

Recommended Action

The current language of CCR 1811 appears to incorporate the intent of Board Policy #E-95-02. Therefore, it appears that this policy is no longer relevant. Staff recommends that the committee consider rescinding this policy.

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**BOARD OF BEHAVIORAL SCIENCES**

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SUBJECT: Advertising Psychotherapy/Psychotherapist	POLICY # E-95-2	DATE ADOPTED: 11/17/95
	SUPERSEDES:N/A	PAGE: 1 OF 1
DISTRIBUTE TO: Board Members/ All Staff	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

Policy:

Use of the words “psychotherapy” or “psychotherapist” in advertising by a licensee is not, in itself*, a violation of law, of regulation, nor is it, in itself, false or misleading advertising, **provided that all of the following conditions are met:**

1. the advertising indicates the full name of the licensee and the complete title of the license (licensed marriage, family and child counselor, licensed clinical social worker, -- in those words).
2. the person advertising is competent, by reason of his/her education, training, and/or experience, to perform the professional services advertised or to act in a manner or professional capacity advertised.

* The words “in itself” are of significance. Whether or not a particular advertisement is found to be false or misleading or in violation of any law or regulation depends upon an analysis of **all** of the facts and circumstances relating to the advertisement in question. Certainly, the usage of any and all words will be amongst the factors considered.

Background:

This policy is adopted by the California Board of Behavioral Science Examiners (BBSE) because of its firm belief that arbitrary limits or restrictions on the use of the specific words in advertising do not serve the interests of the consumers of mental health services, but tend to promote unhealthy “turf” battles between competing professions. BBSE’s commitment is to the provision of factual information which will assist the consumer in making informed decisions with respect to the utilization of professional services.

This policy should not be construed, nor is it intended, to encourage any specific manner or form of advertising or the usage of any words. It is not intended to serve as a substitute for independent legal advice on the issue of permissible, i.e., lawful, advertising. Its purpose is simply and solely to clarify the

position of the BBSE with respect to the use of words “psychotherapist” or “psychotherapy” in advertisements by its licensees.

Implementation: Immediate

Attachment: None

§1811. ADVERTISING

(a) All persons or referral services regulated by the board who advertise their services shall include all of the following information in any advertisement:

(1) The full name of the licensee, registrant, or registered referral service as filed with the board.

(2) The complete title of the license or registration held or an acceptable abbreviation, as follows:

(A) Licensed Marriage and Family Therapist, or MFT, or LMFT.

(B) Licensed Educational Psychologist or LEP.

(C) Licensed Clinical Social Worker or LCSW.

(D) Marriage and Family Therapist Registered Intern or MFT Registered Intern. The abbreviation "MFTI" shall not be used in an advertisement unless the title "marriage and family therapist registered intern" appears in the advertisement.

(E) Registered Associate Clinical Social Worker or Registered Associate CSW.

(F) Registered MFT Referral Service.

(G) Licensed Professional Clinical Counselor or LPCC.

(H) Professional Clinical Counselor Registered Intern or PCC Registered Intern. The abbreviation "PCCI" shall not be used in an advertisement unless the title "professional clinical counselor registered intern" appears in the advertisement.

(3) The license or registration number.

(b) Registrants must include the name of his or her employer in an advertisement, or if not employed, the name of the entity for which he or she volunteers.

(c) Licensees may use the words "psychotherapy" or "psychotherapist" in an advertisement provided that all the applicable requirements of subsection (a) are met.

(d) It is permissible for a person to include academic credentials in advertising as long as the degree is earned, and the representations and statements regarding that degree are true and not misleading and are in compliance with Section 651 of the Code. For purposes of this subdivision, "earned" shall not mean an honorary or other degree conferred without actual study in the educational field.

(e) The board may issue citations and fines containing a fine and an order of abatement for any violation of Section 651 of the Code.

(f) For the purposes of this section, "acceptable abbreviation" means the abbreviation listed in subsection (a)(2) of this Section.

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To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Corresponding Degree Program L-98-02

Background

A review of the May 7, 1998 Licensing Committee meeting minutes reveal that the committee discussed the issue of accepting correspondence degree program. Information presented at the meeting included the results of a survey that Board staff conducted.

Specifically, staff contacted other states to determine any other state accepted correspondence degree programs. The results from this survey revealed that most states do not accept this type of degree program. A clear policy decision had never been in place and staff requested direction on this issue.

The committee subsequently voted to not accept correspondence degrees. This action resulted in Board Policy #L-98-02.

Business and Professions Code sections 4980.36, 4980.37, 4989.20, 4996.2, 4999.32, and 4999.33 each specify the educational qualifications for licensure. Pursuant to these sections applicants must possess a qualifying degree from an educational institution that is accredited by a specific accrediting agency. Such as an institution accredited by the Western Association of Schools and Colleges (WASC) or Commission on Accreditation of the Council of Social Work Education.

Recommended Action

A correspondence degree program was likely a precursor to the online degree programs that are in place today. Currently, the law specifies the type of degree programs that the Board may accept to satisfy the requirements for licensure. Therefore, it appears that Policy #L-98-02 is no longer relevant. Staff recommends that the committee consider rescinding this policy.

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SUBJECT: CORRESPONDENCE DEGREE PROGRAMS	POLICY # L-98-02	DATE ADOPTED: 5/8/98
	SUPERSEDES: N/A	PAGE: 1 OF 1
DISTRIBUTE TO: ALL STAFF	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

Policy:

Correspondence based degree programs will not be accepted as meeting the educational requirements for licensure as a marriage, family, and child counselor, with the exception of the Governor's California Virtual University Matching Grant Program.

This does not indicate that some courses cannot be taken through distance learning. However, the entire degree program cannot be based on this concept.

Background:

Board staff has received numerous inquiries as to whether or not a correspondence degree program is acceptable for licensure. As this issue is not currently addressed in law, a survey was conducted with the other 39 state licensing boards and the Commission on Accreditation for Marriage and Family Therapy Education asking if these agencies recognize correspondence degree programs. Upon compilation of the results, the matter was brought before the Board for consideration.

Implementation:

Effective immediately.

Attachment:

None.

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To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: License Surrenders #E-96-1

Background

During the February 5, 1998 Enforcement Committee meeting, the Board's License Surrender Policy #E-96-1 was discussed. The members noted this policy and the recommended language in the Board's Disciplinary Guidelines for voluntary surrender. Although no changes to the policy were proposed, Richard Leslie, Legal Counsel for CAMFT, stated that in the voluntary surrender decisions, there is mention of the ability for licensees to petition for reinstatement. Mr. Leslie believed that petitioning for reinstatement should not be an option. The current Executive Officer and DCA Legal Counsel agreed to look into this matter.

Discussion

Since 1996, the Board's Disciplinary Guidelines have been revised several times. The Board's Disciplinary Guidelines are incorporated by reference in California Code of Regulations section 1888. Accordingly, in order to propose any revision to these guidelines, the Board must initiate a rulemaking package, which is subject to public comment; review by DCA, the Business, Consumer Services, and Housing Agency, and the Office of Administrative Law.

A review of the Board's current Disciplinary Guidelines reveals that nearly all of the language in Policy #E-96-1 is reflected the Disciplinary Guidelines.

Recommendation

Staff recommends that the committee members discuss if the Board should retain Policy #E-96-1 now that the policy is incorporated into the Board's Disciplinary Guidelines.

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**BOARD OF BEHAVIORAL SCIENCES**

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WEBSITE ADDRESS: <http://www.bbs.ca.gov>

SUBJECT: License Surrenders	POLICY # E-96-1	DATE ADOPTED: 04/26/96
	SUPERSEDES:	PAGE: 1 OF 1
DISTRIBUTE TO: Enforcement Staff/ Board Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

Policy:

License surrenders should include, but not be limited to, cases where the hearing would be too long and costly for the Board, witness credibility is problematic, or where the licensee is retiring from the profession. License surrenders are not the preferential settlement in standard cases, but may be the most appropriate resolution in some.

License surrenders should be considered to be a disciplinary action and part of the respondent's license history with the Board. Once a surrender is adopted by the Board, the respondent may not petition for reinstatement of the surrendered license. Should the respondent at any time after the surrender ever reapply to the Board for licensure, all current requirements for licensure would need to be met, including but not limited to, filing a current application, meeting all current educational requirements, and taking and passing any and all written and oral examinations required of new applicants. If the respondent should ever reapply for licensure or registration to the Board, all charges contained in the accusation would be deemed admitted for the purpose of any statement of issues or other proceeding seeking to deny such application or reapplication.

Background:

The Board recognizes that when considering license surrenders, they should focus their attention on the licensee's practice of mental health and the Board's responsibility to protect consumers. The consequences and scope of the license surrender should be considered and the terms of the license surrender should be set forth in writing. Admissions made in the surrender should be made solely for the purpose of resolving the charges pending in the accusation.

Implementation: Effective Immediately

Attachment: None

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Standard Terms and Conditions of Probation
Specific Language for Standard Terms and Conditions of Probation
(To be included in all Decisions)

27. License Surrender

Following the effective date of this decision, if respondent ceases practicing due to retirement or health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily request the surrender of his/her license to the Board. The Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 30 calendar days deliver respondent's license and certificate and if applicable wall certificate to the Board or its designee and respondent shall no longer engage in any practice for which a license is required. Upon formal acceptance of the tendered license, respondent will no longer be subject to the terms and conditions of probation.

Voluntary surrender of respondent's license shall be considered to be a disciplinary action and shall become a part of respondent's license history with the Board. Respondent may not petition the Board for reinstatement of the surrendered license. Should respondent at any time after voluntary surrender ever reapply to the Board for licensure respondent must meet all current requirements for licensure including, but not limited to, filing a current application, meeting all current educational and experience requirements, and taking and passing any and all examinations required of new applicants.

BOARD POLICIES AND GUIDELINES

Recommended Language for License Surrenders

"Admission(s) made in the stipulation are made solely for the purpose of resolving the charges in the pending accusation, and may not be used in any other legal proceedings, actions or forms, except as provided in the stipulation.

The admissions made in this stipulation shall have no legal effect in whole or in part if the Board does not adopt the stipulation as its decision and order.

Contingency

This stipulation shall be subject to approval by the Board of Behavioral Sciences. Respondent understands and agrees that counsel for Complainant and the staff of the Board

of Behavioral Sciences may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his/her counsel. By signing the stipulation, Respondent understands and agrees that he/she may not withdraw his/her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

Respondent fully understands that when the Board adopts the license surrender of respondent's license, respondent will no longer be permitted to practice as a _____ in California. Respondent further understands that the license surrender of his or her license, upon adoption, shall be considered to be a disciplinary action and shall become a part of respondent 's license history with the Board.

The respondent further agrees that with the adoption by the Board of his or her license surrender, respondent may not petition the Board for reinstatement of the surrendered license.

Respondent may reapply to the Board for licensure three years from the date of surrender and must meet all current requirements for licensure including, but not limited, to filing a current application, meeting all current educational and experience requirements, and taking and passing any and all examinations required of new applicants.

Respondent understands that should he or she ever reapply for licensure as a _____ or should he or she ever apply for any other registration or licensure issued by the Board, or by the Board of Psychology, all of the charges contained in Accusation No. _____ shall be deemed admitted for the purpose of any Statement of Issues or other proceeding seeking to deny such application or reapplication."

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To: Committee Members

Date: August 5, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Third Party Complaint Policy #E-98-01

Background

During the February 5, 1998 Enforcement Committee meeting, the Executive Officer and the Committee discussed whether or not to adopt a policy regarding Third Party Complaints. At that time, these types of complaints were received regarding child custody cases. For various reasons, investigation of these complaints could not move forward. Following this discussion, the Committee agreed to recommend adoption of the proposed policy. The Policy was adopted February 6, 1998.

Discussion

Board enforcement staff currently follows Policy #E-98-01. In general Third Party complaints are challenging to investigate. Frequently, the allegations are such that a release of information is required from the patient in addition to first hand testimony. Board staff may or may not be successful in obtaining this release. Further, the patient may be reluctant to participate in the investigation and/or subsequent prosecution. In these situations where a release of information could not be obtained and/or the patient is not willing to participate, the case is closed.

There are cases in which the Board is able to investigate a Third Party complaint. In these cases, frequently the evidence to determine whether or not a violation occurred is available without involving the patient. In these cases, the Board proceeds with the investigation.

With respect to the concerns expressed in 1998 about child custody cases, through a legislative change, the Board now has access to child custody evaluation report for investigative purposes.

Recommendation

The Committee should discuss whether or not they wish to retain Policy #E-98-01. If so, direct staff to prepare an updated version to present to the Board at the next Board meeting.

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**BOARD OF BEHAVIORAL SCIENCES**

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WEBSITE ADDRESS: <http://www.bbs.ca.gov>

SUBJECT: Third Party Complaints	POLICY # E-98-01 #E-15-01	DATE ADOPTED: 02/06/98 <i>Insert date update was adopted</i>
	SUPERSEDES: N/A #E-98-01	PAGE: 1 OF 2
DISTRIBUTE TO: All Board/Staff Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

Policy:

In general, third party complaints will be pursued only when they involve an allegation that would warrant disciplinary action if substantiated **and** there is a reasonable likelihood that the necessary evidentiary standard can be met **without** the patient providing first hand testimony or authorizing the release of information from the therapist.

BBS Evaluation Procedures

Staff shall evaluate third party complaints in accordance with the above policy. Specifically, the following conditions and/or elements must exist for the case to be referred to investigation:

- The allegation(s) must be jurisdictional and "actionable," i.e., per the BBS Disciplinary Guidelines would warrant formal action against the licentiate if the allegation was sustained.
- There must be a reasonable likelihood that a case could be "made" and the necessary evidentiary standard met without the patient providing firsthand testimony or authorization to release information. If there is a technical question as to what would be needed to adequately meet the requisite evidentiary standard, staff may wish to consult with various parties involved in the enforcement process: i.e., the expert clinician, the appropriate DOI area administrator or the DAG liaison.

Background:

The majority of complaints received regarding therapists are firsthand complaints, i.e., they are from the patient or client. A smaller number of complaints are received from third party complainants, e.g., a relative of the client/patient, another therapist, a former employee, etc. Many of these third party complaints involve extremely serious allegations of misconduct.

Pursuing these third party complaints presents a unique challenge because of the confidentiality of the patient/therapist relationship. As stated in the Board of Behavioral Sciences (BBS) Consumer Complaint Information form:

"...Anyone may file a complaint and the Board will review each complaint regardless of the source."

The most effective complaints are those that contain firsthand, verifiable information... Third party complaints involving another adult, other than the complainant, may be impossible for the Board to

pursue, because each individual has the legal right to invoke confidentiality as to their personal records."

In the past, many third party complaints were automatically sent to the Division of Investigation (DOI) without regard to whether they could be successfully investigated and/or prosecuted without the patient providing first hand testimony or authorizing release of confidential information.

Implementation: Effective Immediately.

Attachment: None.

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To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Succession of Officers Policy #B-05-1

Background

During the November 19, 2004, the Board Members requested that a policy be drafted to address situations when the Board Chair is unable to serve for reasons including term expiration and absences. A review of Board Minutes during that time period indicates that the Board experienced delays in Board Member appointments. The current Board Chair was in the final months of service to the Board and was not reappointed. As a result, the Board was left without a Board Chair in the summer of 2004 and did not have a process or policy to address this situation.

The Succession of Officers Policy #B-05-01 was presented at the February 17, 2005 meeting to the Board for consideration and was adopted.

Discussion

In recent years, Board staff has actively contacted the Governor's Appointment Office and DCA to inform them of any upcoming Board Member vacancies. Through these efforts the Board has not experienced any situation that led to current policy. Additionally, at every May Board Meeting, prior to the election of officers, Board Members are provided with each member's expiration date of his/her term. Board Members are cautioned about potential consequences of electing a member whose term is nearly complete and has not been reappointed to the Board.

While the Board has not invoked the use of this policy in recent years, it seems reasonable to have a policy addressing the absence of the Board Chair. However, the policy should be updated to reflect minor changes since 2005 such as the Board address.

Recommendation

Staff recommends updating Policy #B-05-1 to reflect the minor changes since 2005 and present the updated policy to the Board Members at the next Board meeting.

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SUBJECT:	POLICY # B-05-1	DATE ADOPTED: February 17, 2005 <i>Insert new date</i>
Succession of Officers	SUPERSEDES: N/A	PAGE: 1 OF 1
DISTRIBUTE TO: All Board Members	APPROVED BY: BOARD OF BEHAVIORAL SCIENCES	

The Board of Behavioral Sciences takes its mandate to protect the public with the utmost seriousness. Each member recognizes it is a privilege and an honor to serve as a member of the Board of Behavioral Sciences. It is the policy of the Board to adopt a policy that clearly states the appropriate succession of officers.

SUCCESSION OF OFFICERS:

If for any reason the Chairperson of the Board is unable to continue in his/her role as Chairperson, the Vice-Chairperson shall immediately assume the duties of Chairperson until the next election of officers.

Nominations to fill the position of Vice-Chairperson may be made and voted on at the next scheduled Board Meeting.

BACKGROUND: Business and Professions Code Section 4990.6 states “Not later than the first of March of each calendar year, the board shall elect a chairperson and a vice chairperson from its membership.” The law does not address a sudden or unexpected departure of the Chairperson and the Board requested a policy be in place to address the situation.

IMPLEMENTATION: Effective Immediately

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To: Committee Members

Date: July 23, 2015

From: Kim Madsen
Executive Officer

Telephone: (916) 574-7841

Subject: Board Member Attendance and Reimbursement Policy #B-98-1

Background

During the 1997-1998 Sunset Review Boards were asked about their Board member attendance policies. At the January 16, 1998 Board meeting, the Board members were informed of this inquiry and were provided information regarding other Board's attendance policy to review. Following the Board member's review of other Board policies, Policy #B-98-1 was drafted. On or about May 8, 1998, Policy #B-98-1 was adopted.

This policy addresses the following topics.

- Expectation that all Board members should attend all board and committee meetings
- Defines the term "meeting";
- Procedure to follow if a Board member will be absent from a board meeting or committee meeting;
- Per Diem reimbursement;
- Expenses related to board and committee meetings and other approved board functions;
- Business expenses such as meals, costs of hotels, rental cars, official telephone calls, facsimiles, postage, emergency purchases, transportation;
- In-State reimbursement rates for mileage, meals, lodging, taxi service, rental cars;
- Reimbursement requests;
- Out-of-State travel; and
- Conference fees.

Discussion

Many of the topics in Policy #B-98-1 are specified under current law. Business and Professions Code section 103 sets forth the compensation for Board members (per diem). However, this code section does not specify the types of activities that are considered "official duties". The State Administrative Manual (SAM) specifies travel reimbursement rates that are incorporated into the Department of Consumer Affairs Travel Guide.

The topics related to attendance are relevant. Although the expectation is that the Board member will attend all board and committee meetings, Board member attendance is not specified in law. Further, a summary of Board member attendance is provided in the each Sunset Review Report.

Since many of the topics related to travel are already addressed in the SAM and incorporated in the DCA Travel Guide it seems redundant to have a Board policy addressing these topics. The DCA Travel Guide is provided to all Board Members soon after their appointment to the Board. All revisions to travel, such as mileage reimbursement, are provided as the revisions occur.

Therefore, the committee may wish to consider revising Policy #B-98-1 to set forth a policy related only to Board Member attendance. Additionally, the committee may wish to consider adopting a new policy clarifying the "official duties" for which per diem may be claimed.

A draft to revise Policy #B-98-1 and a suggested Per Diem policy are attached.

Recommendation

Conduct an open discussion regarding suggested revisions to Policy #B-98-1 and establishing a new Per Diem policy. If the committee recommends revising Policy #B-98-1 and establishing a Per Diem policy, the committee should direct staff to make any suggested changes to Policy #B-98-1 and the Per Diem policy to present to the full Board for consideration at the next Board meeting.

SUBJECT: Board Member Attendance and Reimbursement Policy	POLICY # B-98-1 B-15-1	DATE ADOPTED: 5/8/98 Insert date adopted
	SUPERSEDES: N/A B-98-1	PAGE: 1 OF 4
DISTRIBUTE TO: All Board Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

~~The Board of Behavioral Sciences takes its mandate to protect the public with the utmost seriousness.~~ Protection of the public is the highest priority for the Board of Behavioral Sciences (Board) in exercising its licensing, regulatory, and disciplinary functions. Each member recognizes it is a privilege and an honor to serve as a member of the Board of Behavioral Sciences. So that the Board can fulfill its consumer protection mandate and conduct the Board’s business, consistent attendance at Board and Committee Meetings is critical.

~~It is the policy of the Board to adopt a conservative expense policy keeping in mind the Board of Behavioral Sciences is funded by license fees generated by licensed educational psychologist, licensed clinical social worker, and marriage, family, and child counselor licensees.~~ The Board seeks to control costs and remain cognizant of the importance of limiting costs for all its endeavors.

Attendance:

1. All Board members should attend all required quarterly board meetings, and any special board meetings.
2. All Board members should attend all required committee meetings for each committee to which the Board member has been assigned.
- a. 3. A “meeting” shall mean the entirety, from the date and time of the beginning of the meeting as set forth on the official agenda for said meeting, until the official adjournment of the meeting.

Absences:

If a Board member has been absent from more than two consecutive Board meetings, a letter will be sent to the appointing authority regarding the absences.

Per Diem:

~~Board members receive a per diem amount of one hundred (\$100) dollars for every scheduled day of Board work. Normally per diem is paid in eight (8) hour increments and is authorized for the following activities:~~

- ~~1. Board Meetings~~
- ~~2. Committee Meetings~~
- ~~3. Sub-Committee Meetings~~
- ~~4. Attendance as an official representative of the Board (i.e. conferences).~~
- ~~5. Extensive work on enforcement cases such as reading lengthy transcripts.~~

~~Any other activity for which per diem is requested shall be approved by the Board and/or Executive Officer. Should there be concern about the appropriateness of claiming work for per diem, the issue shall be resolved by the Deputy Director of Board Relations for the Department of Consumer Affairs.~~

Expenses:

~~Expenses will be covered for Board members who attend Board meetings, Committee meetings, and other approved Board functions (i.e. conferences, hearings). In order to have expenses reimbursed, the Board member should attend the entire Board meeting as set forth in the agenda.~~

Business Expenses:

~~Board members may be reimbursed for meals, costs of hotels, rental cars, official telephone calls/facsimiles/postage, emergency purchases, transportation travel (airline, train, bus, taxi, shuttle), mileage, and approved conference fees. Other costs are the responsibility of the Board member. It is the responsibility of the Board member to keep necessary receipts and to submit them in a timely manner to the Board staff.~~

In State Reimbursement Rates:

~~Board members will be reimbursed for actual costs up to the maximum reimbursement for each meal, incidental, and lodging expense incurred while on travel status~~

Meals & Incidental	Reimbursement
Breakfast	Up to \$6.00
Lunch	Up to \$10.00
Dinner	Up to \$18.00
Incidentals	Up to \$6.00

Lodging	Reimbursement
Actual lodging costs with substantiating itemized receipt up to a maximum of...	\$84.00 plus taxes on the entire cost of the lodging rate.

A Board member may not claim lodging when within 50 miles of their primary residence.

Mileage:

Mileage shall be reimbursed at the rate of 31 cents per mile. Board members may receive reimbursement for mileage costs incurred for the performance of a Board function.

Taxi Service:

Common sense should dictate the use of taxis for transportation. Normally, taxis should be used for trips within but not over a 10 mile radius or if the taxi is less expensive and more efficient than a rental car. Receipts are required for expenses

General Services charge cards are accepted for taxi services in Sacramento and Fresno only. Taxi expenses incurred in other areas are reimbursable. Receipts are required for expenses.

Rental Cars:

The Board encourages care and discretion in the use of rental cars. When an automobile is rented, the lowest rate possible should be obtained. No Board member may be reimbursed for the upgrade costs of renting an automobile that is full sized or luxury. A Board member may rent an automobile with a cost greater than that allowed, however, when this occurs, the Board member shall pay the difference in cost from the maximum state (California) rate allowed to the rate charged for the vehicle.

Reimbursement Requests:

All requests for reimbursement of expenses and per diem should be submitted to the Board staff within sixty (60) days. All such requests for reimbursement shall be accompanied by all necessary receipts and other supporting documentation.

Out of State Travel:

No out of state travel will be authorized except by prior approval of the Board. Requests for out of state travel must be submitted sufficiently in advance so that the Board, Departments, and Agency can approve or deny the request.

Conference Fees:

Conference fees will be reimbursed when the Board member is an official representative of the Board at the conference. All conference fees should be approved in advance. Occasionally the Board may pay the conference fees for a Board member in order to assist that member in obtaining expertise directly relevant to the functioning of the Board. In addition, the Board member shall provide written and oral summary of the conference as a means of training fellow Board members.

Implementation: Immediate



SUBJECT: Per Diem Policy	POLICY #B-15-2	DATE ADOPTED:
	SUPERSEDES: N/A	PAGE: 1
DISTRIBUTE TO: All Board Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

The role and functions of a Board Member are vital to the ensure consumer protection. Each Board Member appointed to the Board of Behavioral Sciences will be compensated in accordance with Business and Professions Code section 103. This code section specifies that “ a Board Member will be compensated a per diem of \$100 for each day of duty actually spent in the discharge of official duties”. Per diem is paid in eight (8) hour increments.

This policy specifies the activities that are considered official duties for which a Board Member would be compensated pursuant to Business and Professions Code section 103.

Per Diem Activities:

1. Board Meetings
2. Committee Meetings
3. Reading all meeting materials in preparation for meetings.
4. Attendance as an official representative of the Board (i.e. conferences).
5. Reading disciplinary cases and hearing transcripts.
6. Days of travel to and from meetings.

Any other activity for which per diem is requested shall be approved by the Board and/or Executive Officer. Should there be concern about the appropriateness of claiming work for per diem, the issue shall be resolved by the Deputy Director of Board Relations for the Department of Consumer Affairs.

All Board member Per Diem requests should be submitted to the Board office each month on the Board Member Per Diem form, no later than the 15th of each month.

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To: Board Members
From: Rosanne Helms
Legislative Analyst
Date: July 31, 2015
Telephone: (916) 574-7897
Subject: Review of Board Sponsored and Monitored Legislation

BOARD-SPONSORED LEGISLATION

Board staff is currently sponsoring the following legislative proposals:

1. **SB 531 (Bates) Board of Behavioral Sciences Enforcement Process**

This bill makes two separate amendments to the law governing the enforcement process:

- a) It modifies the Board's requirements for an individual to petition for a termination of probation or modification of penalty. Under the proposal, the Board may deny a petition without hearing if the petitioner is not in compliance with the terms of his or her probation.
- b) It clarifies that the Board has jurisdiction to investigate and take disciplinary action even if the status of a license or registration changes or if the license or registration expires.

The goal of these changes is to increase the efficiency of the enforcement process.

This bill proposal was approved by the Board at its November 20, 2014 meeting.

Status: This bill is currently in the Senate for concurrence of amendments.

2. **SB 620 (Block) Board of Behavioral Sciences: Licensure Requirements**

This bill streamlines the experience requirements for LMFT and LPCC applicants. It eliminates the complex assortment of minimum and maximum hours of differing types of experience required for licensure (also known as the "buckets" of experience) and instead requires 1,750 hours of the experience to be direct clinical counseling hours. The remaining required 1,250 hours may be non-clinical experience.

The bill also makes amendments to LCSW law to allow LCSW applicants to count some direct supervisor contact hours, as well as some hours spent attending workshops, trainings, conferences, and seminars, toward their required experience.

This bill proposal was approved by the Board at its November 20, 2014 meeting.

Status: This bill is currently in the Senate for concurrence of amendments.

3. **SB 800 (Senate Business, Professions, and Economic Development Committee) Healing Arts (Omnibus Bill)**

This bill proposal, approved by the Board at its November 20, 2014 meeting, makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

Status: This bill is currently in the Assembly Appropriations Committee.

BOARD-SUPPORTED LEGISLATION

AB 250 (Olberholte): Telehealth: Marriage and Family Therapist Interns and Trainees

This bill would clarify that MFT interns and trainees may practice via telehealth.

At its May 21, 2015 meeting, the Board took a “support” position on this bill.

Status: Signed by Governor; Chapter 50, Statutes of 2015.

AB 690 (Wood): Medi-Cal: Federally Qualified Health Centers: Rural Health Clinics

This bill would allow Medi-Cal reimbursement for covered mental health services provided by a marriage and family therapist employed by a federally qualified health center or a rural health clinic.

At its May 21, 2015 meeting, the Board took a “support” position on this bill.

Status: AB 690 is now a 2-year bill. The provisions of AB 690 were amended into another bill, AB 858, on May 28, 2015. AB 858 is currently in the Senate Appropriations’ Suspense File.

AB 832 (Garcia): Child Abuse: Reportable Conduct

This bill would specify that voluntary acts of sodomy, oral copulation, and sexual penetration are not considered acts of sexual assault that must be reported by a mandated reporter, unless it is between a person age 21 or older and a minor under age 16.

At its May 21, 2015 meeting, the Board took a “support if amended” position on this bill, and asked for an amendment to clarify that only non-abusive sexual conduct would not be reportable.

Status: The Board’s requested amendment was made, however this is a two-year bill.

AB 1001 (Maienschein): Child Abuse: Reporting

This bill clarifies that it is illegal for anyone, including a supervisor, to impede or interfere with the making of a mandated report of suspected child abuse or neglect.

At its May 21, 2015 meeting, the Board took a “support” position on this bill.

Status: This is a two-year bill.

AB 1140 (Bonta): California Victim Compensation and Government Claims Board

This bill will contain language that clarifies that a violence peer counselor may not perform services that fall under the scope of practice of any of the professions which the Board regulates, unless those services take place in an exempt setting.

At its June 12, 2015 meeting, the Board reviewed and took a “support if amended” position on this language, asking for one minor clarifying amendment.

Status: The author’s office committed to taking the language at the July 14, 2015 Senate Committee on Public Safety Hearing. The language has not been released in print yet.

THE BOARD IS MONITORING THE FOLLOWING LEGISLATION:

AB 85 (Wilk): Open Meetings

This bill would make an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if a member of the state body is serving on it in his or her official capacity, and if the advisory body is supported, wholly or partially, by funds from the state body.

At its May 21, 2015 meeting, the Board took an “oppose” position on this bill.

Status: This bill is currently in the Senate Appropriations Committee.

AB 333 (Melendez): Healing Arts: Continuing Education

This bill would allow a healing arts licensee who takes coursework toward, and becomes a certified instructor of, CPR or AED use, to count one unit of credit toward his or her continuing education requirement. The CE credit would only count if the licensee’s licensing board laws or regulations do not exclude counting such courses or activities.

At its May 21, 2015 meeting, the Board took an “oppose unless amended” position on this bill, and asked that the Board be removed from the provisions of the bill.

This bill was amended on June 24, 2015 to require a licensing board’s laws or regulations to allow CPR or AED continuing education courses in order for the provisions of this bill to apply. Therefore, this bill no longer affects Board licensees, as the Board’s statutes and regulations do not permit this type of CE coursework. The Board’s position is now “neutral.”

Status: This bill is on third reading in the Senate.

AB 796 (Nazarian): Health Care Coverage: Autism and Pervasive Developmental Disorders

This bill modifies the definition of “qualified autism service professional” and “qualified autism service paraprofessional” to allow insurance coverage for types of behavioral health treatment other than applied behavior analysis.

At its May 21, 2015 meeting, the Board opted to remain neutral on this bill.

Status: This is a two-year bill.

AB 1279 (Holden): Music Therapy

This bill seeks to define music therapy in statute and to provide guidance to consumers and agencies regarding the education and training requirements of a qualified music therapist.

At its May 21, 2015 meeting, the Board opted to remain neutral on this bill.

Status: This bill is on third reading in the Senate.

SB 479 (Bates): Healing Arts: Behavior Analysis: Licensing

This bill establishes licensure for behavior analysts and assistant behavior analysts under the Board of Psychology.

At its June 12, 2015 meeting, the Board opted to remain neutral on this bill.

Status: This bill is in the Assembly Appropriations Committee.

SB 614 (Leno): Medi-Cal: Mental Health Services: Peer and Family Support Specialist Certification

This bill would require the State Department of Health Care Services to develop a peer and family support specialist certification program.

At its May 21, 2015 meeting, the Board took an “Oppose unless Amended” position on this bill, requesting amendments that specified certain information in statute, rather than designating that information to be defined in regulations. The amendments the Board requested in statute are as follows:

- Inclusion of a clear definition of a peer and family support specialist;
- Inclusion of a defined scope of practice for a peer and family support specialist;
- Specification of the required hours of supervision for a peer and family support specialist, and identification of who may provide this supervision;
- Specification of the training requirements for a peer and family support specialist; and
- Addition of a fingerprinting requirement for peer and family support specialists.

This bill was amended on July 6, 2015. The amended version provides a definition of a peer and family support specialist, as the Board requested. However, the Board’s remaining requested amendments are either not addressed or are only partially addressed.

Status: This bill is in the Assembly Appropriations Committee.

Updated: July 20, 2015

The final proposal was approved by the Board at its meeting in August 2014. It was published in its California Regulatory Notice Register on November 14, 2014. The public hearing was held on December 29, 2014, and the 45-day public comment period has ended. This proposal is now under review by the Department of Consumer Affairs.

Requirements for Licensed Professional Clinical Counselors to Treat Couples or Families: Amend Title 16, CCR Sections 1820.5 and 1822; Add Sections 1820.6 and 1820.7

This proposal clarifies requirements for LPCCs to treat couples and families, and outlines a process by which LPCCs and PCC Interns would receive Board confirmation that they have met the requirements to treat couples and families.

The final proposal was approved by the Board at its meeting in May 2014. It was published in the California Regulatory Notice Register on March 6, 2015. The public comment period has now ended, and the proposal is now under review by the Department of Consumer Affairs.

Standards of Practice for Telehealth: Add Title 16, CCR Section 1815.5

This proposal addresses the use of telehealth in the provision of psychotherapy, and clarifies questions, such as when a California license is needed, actions a licensee must take in order to protect the client in a telehealth setting, and that failure to follow telehealth requirements is considered unprofessional conduct.

The final proposal was approved by the Board at its meeting in May 2015 and was published in the California Regulatory Notice Register on July 10, 2015. The 45-day public comment period ends on August 24, 2015, and the public hearing is scheduled for August 25, 2015.