

(d) Consumer education.”

Background

Numerous clients are seeking therapy from online therapy companies. A few examples of these companies include:

- [BetterHelp](#)
- [Talkspace](#)
- [LiveHealth Online](#)
- [Cerebral](#)

Such companies typically offer various plans that include video therapy, therapy via text or messaging, or some combination of these. They may have an app from which the client and therapist interact.

Complaints to the Board

The Board's Enforcement Unit reports that complaints about online therapy platforms represent a very small proportion of the total complaints it receives. Past complaints that were received include the following:

- Complaints about unlicensed practice (either the therapist treating a California client is not licensed here, or a California client reports that a company assigned them a therapist without a California license.)
- Client reports that a company will not provide them billing codes that they need in order to seek insurance reimbursement.
- Therapist concerns that a company provides bonuses if their therapist keeps long term clients, which could provide incentives to keep clients in therapy longer than needed.
- Complaints about a company listing professional information about therapists online without the therapist's permission.
- Concerns about the wording of the client user agreement.
- Concerns about the therapist potentially not having access to the client's legal name and location in case of emergency.
- Concerns about a company's advertising.

Past Committee Discussion

The Telehealth Committee discussed this topic at its December 8, 2022 meeting. At that meeting, the Committee expressed that it wished to do the following:

1. Obtain feedback from therapists who have worked for online-only therapy platforms (via a survey).
Staff has prepared a draft survey for therapists who have worked for or contracted with an online-only therapy platform. Staff also shared the survey with stakeholders for feedback. The proposed survey is shown in **Attachment A**.
2. Discuss potential oversight concerns about these companies with the Legislature.
Staff met with representatives from the Legislature's Senate and Assembly Business and Professions Committees. These committees are charged with overseeing issues related to the Department of Consumer Affairs and licensed professions. Staff relayed to the Committee staff the various concerns raised by Board members related to online-only therapy platforms, as well as the discussion that was taking place at the Telehealth Committee.

Recommendation

Conduct an open discussion regarding the proposed survey shown in **Attachment A**. Direct staff to make any discussed changes and any non-substantive changes, and to proceed with distributing the survey to licensees and registrants.

Attachments

Attachment A: Proposed Survey

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ATTACHMENT A PROPOSED SURVEY

Online-Only Therapy Platform Survey

The Board of Behavioral Sciences is seeking information from its licensees and registrants who have experience working for or contracting with an online-only therapy platform (such as BetterHelp, Cerebral, Talkspace, etc.)

This survey is anonymous; the Board will not be able to associate your identity with your answers.

* 1. Please indicate your license or registration type:

- | | |
|--|---|
| <input type="radio"/> Licensed Marriage and Family Therapist | <input type="radio"/> Associate Marriage and Family Therapist |
| <input type="radio"/> Licensed Educational Psychologist | <input type="radio"/> Associate Clinical Social Worker |
| <input type="radio"/> Licensed Clinical Social Worker | <input type="radio"/> Associate Professional Clinical Counselor |
| <input type="radio"/> Licensed Professional Clinical Counselor | |
| <input type="radio"/> Other (please specify) | |

* 2. Have you worked for or contracted with an online-only therapy platform?

- Yes
 No

* 3. When did you last work for or contract with an online-only therapy platform?

- More than 5 years ago.
- 4 to 5 years ago.
- 2 to 3 years ago.
- 1 year ago or less.
- I currently work for or contract with an online-only therapy platform.

* 4. Which online-only therapy platforms have you worked for or contracted with: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> BetterHelp | <input type="checkbox"/> Regain |
| <input type="checkbox"/> Cerebral | <input type="checkbox"/> TeenCounseling |
| <input type="checkbox"/> Talkspace | <input type="checkbox"/> 7 Cups |
| <input type="checkbox"/> Online-Therapy.com | <input type="checkbox"/> Pride Counseling |
| <input type="checkbox"/> Amwell | <input type="checkbox"/> Live Health Online |
| <input type="checkbox"/> MDLive | |
| <input type="checkbox"/> Other (please specify) | |

* 5. How many hours, on average, did you work for or contract with the online-only therapy platform?

- | | |
|---|---|
| <input type="radio"/> 0 to 10 hours per week | <input type="radio"/> 31 to 40 hours per week |
| <input type="radio"/> 11 to 20 hours per week | <input type="radio"/> More than 40 hours per week |
| <input type="radio"/> 21 to 30 hours per week | |

* 6. How many clients, on average, did you see per week working for or contracting with the online-only therapy platform?

- | | |
|---|---|
| <input type="radio"/> 0 to 5 clients per week | <input type="radio"/> 21 to 30 clients per week |
| <input type="radio"/> 6 to 10 clients per week | <input type="radio"/> More than 30 clients per week |
| <input type="radio"/> 11 to 20 clients per week | |

* 7. Was this primary employment, or supplemental employment?

- Primary employment
 Supplemental employment

8. Please explain how you were paid and your pay rate. (This is optional.)

* 9. Did the platform provide you with any type of bonus or incentive structure?

- Yes
 No

10. Please explain the bonus or incentive structure the platform used.

* 11. Did the platform ever match you to clients in states where you are not licensed?

Yes

No

12. Did the platform provide you with any instructions regarding treating clients located in states where you are not licensed? If so, please describe.

* 13. Did the platform provide you with a way to verify the client's legal name (versus allowing the client to be anonymous, use a pseudonym, etc)?

Yes

No

14. Please explain how the client's legal name was verified.

* 15. Did the platform provide you with a way to verify the location of the client?

Yes

No

16. How were you able to verify the location of the client?

* 17. Did the platform share information with you regarding how they collect and store client health information?

Yes

No

18. If yes, please explain.

* 19. How was the client informed consent agreement handled when you worked for, or contracted with, the online-only therapy platform?

- The platform handled the informed consent agreement and maintained it as part of the client's records.
- I handled the informed consent agreement and maintained it as part of the client's records.
- Informed consent agreements were not done.
- Other (please specify)

* 20. Who served as the custodian of record for client health information and records when you were working for or contracting with the online-only therapy platform?

- Me, as the therapist.
- The online-only therapy platform.
- I don't know.
- Other (please specify)

* 21. If the online-only therapy platform or someone other than you served as custodian of record for your client's records, would you, as the therapist, still be able to access them if needed if you were to leave the platform?

- Yes
- No
- Other (please specify)

* 22. Did the platform have a clear emergency plan in place for clients in crisis?

- Yes
- No

23. Please briefly summarize the emergency plan.

* 24. What methods did you use to provide psychotherapy services to clients when working for or contracting with the platform? Please check all that apply.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Online with Video (Videoconferencing) | <input type="checkbox"/> Online Chat |
| <input type="checkbox"/> Online without Video | <input type="checkbox"/> Email |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Texting |
| <input type="checkbox"/> Other (please specify) | |

* 25. What method did you primarily use to provide psychotherapy services to clients when working for or contracting with the platform?

- Online with Video (Videoconferencing)
- Online without Video
- Telephone
- Online Chat
- Email
- Texting
- Other (please specify)

* 26. Did you ever use texting to provide therapy to your clients when working for or contracting with the platform?

- Yes
- No

27. Please explain how you integrated texting into therapy with your clients.

28. Please explain the procedure for verifying client's identity when providing therapy via texting with them.

* 29. Where were you primarily located when you provided therapy services on this platform?

- Home office
- Business office
- Vehicle
- Public location
- Other (please specify)

30. What confidentiality measures were taken to mitigate for the separate location of the therapist and the client?

31. Did you experience any advantages to working for or contracting with an online-only therapy platform, versus working on your own or for a company with a physical site?

32. Please describe any problems you encountered when working for or contracting with the online-only therapy platform.

33. Do you have any other comments or concerns you would like to share related to your experience working for or contracting with an online-only therapy platform?