



Board of Behavioral Sciences



1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

Gavin Newsom, Governor
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

TELEHEALTH COMMITTEE MINUTES

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

DATE June 3, 2022

MEETING PLATFORM WebEx Video/Phone Conference

TIME 10:00 a.m.

ATTENDEES

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

Members Absent: *All members present*

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

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

I. Call to Order and Establishment of Quorum

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

II. Introductions

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

Staff and 1 remote public attendee introduced themselves.

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

Correction noted on page III-7, line 17.

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

M/S: Ranasinghe/Jones

Public Comment: None

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

Board Member	Vote
Friedman	Abstain
Jones	Yes
Ranasinghe	Yes

IV. Overview of the Committee’s Roles and Tasks

The Committee members and stakeholders have discussed the following:

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

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

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

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

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

Discussion

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

Public Comment

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

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

No action taken.

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

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

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

Committee Discussion

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

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

Public Comment

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

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

No action taken.

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

Staff examined a clarification of the "face-to-face" practicum requirement in statute for marriage and family therapist (MFT) and professional clinical counselor (PCC) trainees.

Trainee Practicum Clarification: "Face-to-Face" Requirement

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

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

Committee Discussion

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

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

Public Comment

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

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

M/S: Jones/Ranasinghe

Public Comment

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

Motion carried Support: 3 Oppose: 0 Abstain: 0

Board Member	Vote
Friedman	Yes
Jones	Yes
Ranasinghe	Yes

VIII. Discussion and Possible Recommendation Regarding Draft Statutory Language for a Temporary Practice Allowance

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

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

Discussion

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

Jones: Agreed with Ranasinghe.

Public Comment

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

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

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

M/S: Jones/Ranasinghe

Public Comment: None

Motion carried Support: 3 Oppose: 0 Abstain: 0

Board Member	Vote
Friedman	Yes
Jones	Yes
Ranasinghe	Yes

IX. Suggestions for Future Agenda Items

Ranasinghe: Develop a document for consumers regarding safe telehealth.

Friedman: Discuss the topic of suicide.

X. Public Comment for Items not on the Agenda

None

XI. Adjournment

The Committee adjourned at 11:24 a.m.