

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES



2015 SUNSET REVIEW REPORT

*PRESENTED TO THE SENATE COMMITTEE ON
BUSINESS, PROFESSIONS, AND ECONOMIC
DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON
BUSINESS AND PROFESSIONS*

DECEMBER 1, 2015

California

Board of Behavioral Sciences

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Samara Ashley, Public Member
Dr. Scott Bowling, Public Member
Dr. Leah Brew, LPCC Member
Dr. Peter Chiu, Public Member
Elizabeth (Betty) Connolly, LEP Member
Sarita Kohli, LMFT Member
Patricia Lock-Dawson, Public Member
Renee Lonner, LCSW Member
Karen Pines, LMFT Member
Dr. Christine Wietlisbach, Public Member

Executive Staff

Kim Madsen, Executive Officer
Steve Sodergren, Assistant Executive Officer

Additional copies of this report can be obtained at: www.bbs.ca.gov

Board of Behavioral Sciences
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**BOARD OF BEHAVIORAL SCIENCES
BACKGROUND INFORMATION AND OVERVIEW OF THE
CURRENT REGULATORY PROGRAM
As of December 1, 2015**

Background and Description of the Board and Regulated Professions

History and Function of the Board

The Board of Behavioral Sciences (Board) is one of the forty regulatory entities within the Department of Consumers Affairs (DCA). The Board licenses and regulates Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Educational Psychologists (LEP), and Licensed Professional Clinical Counselors (LPCC). Additionally, the Board registers Associate Clinical Social Workers (ASW), Marriage and Family Therapist Interns (MFT Interns), Professional Clinical Counselor Interns (PCC Interns), and Continuing Education Providers. As of June 30, 2015 the Board discontinued the registration of Continuing Education Providers.

The Board's mission is to protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practice. The Board's vision is to ensure that Californians are able to access the highest-quality mental health services. To this end, the Board develops and administers licensure examinations; investigates consumer complaints and criminal convictions; responds to emerging changes and trends in the mental health profession legislatively or through regulations; and creates informative publications for consumers, applicants, and licensees.

The Board's statutes and regulations require licensure before an individual may engage in the practice of Licensed Clinical Social Work, Licensed Marriage and Family Therapy, Licensed Educational Psychology, and Licensed Professional Clinical Counseling. These statutes and regulations set forth the requirements for registration and licensure and provide the Board the authority to discipline a registration or license.

Seventy years ago, legislation signed on July 18, 1945 by Governor Earl Warren created the Board of Social Work Examiners under the Department of Professional and Vocational Standards (renamed the Department of Consumer Affairs in 1970). California became the first state to register social workers. The legislation created a seven member board to represent both consumers and the profession. At least two of the members were required to be "lay persons". All Board members were appointed by the Governor. During the first sixteen months of its existence, the Board registered

4,098 social workers. The intent of the registration was to identify competent professionals who were working for higher standards and services to the public.

A 1962 California State Assembly investigation regarding the fraudulent practice of marriage counseling contributed to the 1963 creation of the Marriage, Family, and Child Counselor Act. Under this Act, the Board of Social Work Examiners received the responsibility of licensing and regulating Marriage, Family, and Child Counselors. Soon after the addition of Marriage, Family, and Child Counselors, the Board of Social Work Examiners was renamed the Social Worker and Marriage Counselor Qualifications Board.

After 1969, anyone who wanted to practice clinical social work was required to hold a license. The addition of Licensed Educational Psychologists in 1970 to the Board's regulatory responsibilities inspired a new name, the Board of Behavioral Sciences Examiners. In 1997, the Board of Behavioral Sciences Examiners was officially changed to its present name, the Board of Behavioral Sciences.

In 2010, a fourth mental health profession, Licensed Professional Clinical Counselor, was added to the Board's jurisdiction. Today, the Board is responsible for the regulatory oversight for over 102,000 licensees. Current law provides for thirteen board members comprised of six licensees and seven public members. Eleven members are appointed by the Governor and are subject to Senate Confirmation. One public member is appointed by the Speaker of the Assembly, and one public member is appointed by the Senate Rules Committee.

Board Committees

The Board has one standing committee, the Policy and Advocacy Committee. The Policy and Advocacy Committee is comprised of four board members. The work of the committee is focused on proposed legislation, proposed regulations, and legislative and regulatory changes that respond to emerging trends or concerns in the mental health profession that may affect the Board's licensees and registrants.

A previous standing committee was the Board's former Continuing Education Appeal Committee. The committee was comprised of three board members and hearings occurred during regularly scheduled board meetings. During these hearings applicants, whose application to become a Continuing Education Provider was denied, provided additional information in support of their application. The Committee then determined whether or not to approve the application. This committee no longer exists as a result of the changes to the Board's Continuing Education Program.

The Board also uses Ad-Hoc committees to address specific topic areas. Examples include the Continuing Education Review Committee, the Out of State Education

Committee, the Examination Program Review Committee, and the Supervision Committee. Ad-Hoc committees are usually comprised of two to three members and each meeting is publicly noticed and may be webcasted.

Ad-Hoc committees hold a series of meetings with stakeholders and interested parties to discuss a single topic and develop recommendations to present to the Board. Currently, the Board has one active Ad-Hoc Committee, the Supervision Committee. The Supervision Committee is reviewing current supervision requirements and discussing possible solutions to improve and streamline the licensure requirements without compromising consumer protection.

Frequently, committee meetings are held in Sacramento, California. However, some committee meeting locations are rotated between Northern California and Southern California to increase stakeholder participation in the discussion. For example, the current Supervision Committee holds meetings in both Northern and Southern California.

Board Member Meeting and Committee Attendance

Samara Ashley, Public Member			
Date Appointed:	January 21, 2010		
Date Reappointed:	July 12, 2013		
Term Expires:	June 1, 2017		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	N
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	N
	May 20	Santa Ana	N
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	N
	August 28	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	N
	August 6	Sacramento	N
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	Y
	November 20	Riverside	Y
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	N
	May 22	Garden Grove	N
	May 23	Garden Grove	N
	August 21	Sacramento	N
	August 22	Sacramento	N
Board Meetings 2012	August 23	Sacramento	N
	September 27	Sacramento	Y
	October 21	Teleconference	N
	November 20	Riverside	N
	November 21	Riverside	N
	July 19	Sacramento	N

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Dr. Scott Bowling, Public Member			
Date Appointed:	September 11, 2014		
Term Expires:	June 1, 2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	N
	February 25	Sacramento	N
	February 26	Sacramento	N
	April 8	Teleconference	N
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	N
	August 28	Sacramento	Y
Board Meetings 2014	October 7	Teleconference	N

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Dr. Leah Brew, LPCC Member			
Date Appointed:	August 18, 2012		
Term Expires:	June 1, 2016		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	N
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Supervision Committee 2015	January 30	Sacramento	Y
	April 10	Costa Mesa	Y
	June 26	Costa Mesa	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	N
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	N
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	N
	November 19	Riverside	Y
	November 20	Riverside	Y
Supervision Committee 2014	April 4	Sacramento	Y
	June 27	Chatsworth	Y
	August 29	Sacramento	Y
	October 24	Chatsworth	Y
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	Y
October 21	Teleconference	Y	

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Dr. Leah Brew, LPCC Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	November 20	Riverside	Y
	November 21	Riverside	Y
Policy & Advocacy Committee 2013	January 31	Sacramento	Y
Board Meetings 2012	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y

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Deborah Brown, Public Member			
Date Appointed:	August 23, 2012		
Date Reappointed:	July 2, 2013		
Term Expires:	June 1, 2017		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	N
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	N
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Policy & Advocacy Committee 2015	April 23	Sacramento	Y
	August 7	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	N
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	N
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	N
	November 19	Riverside	Y
November 20	Riverside	Y	
Policy & Advocacy Committee 2014	September 18	Sacramento	Y
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	N
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	Y

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Deborah Brown, Public Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	February 27	Sacramento	Y
	October 21	Teleconference	N
	November 20	Riverside	Y
	November 21	Riverside	Y
Out-of-State Education Review Committee 2013	April 26	Sacramento	Y
Board Meetings 2012	June 28	Sacramento	Y
	September 27	Sacramento	Y
	November 21	Riverside	Y
	November 8	San Diego	N
	November 28	Claremont	Y
	November 29	Claremont	Y

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Dr. Peter Chiu, Public Member			
Date Appointed:	October 30, 2013		
Date Reappointed:	June 3, 2015		
Term Expires:	June 1, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	Y
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	N
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	N
	July 11	Teleconference	N
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	N
November 20	Riverside	Y	
Board Meetings 2013	November 20	Riverside	Y
	November 21	Riverside	Y

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Eileen Colapinto, Public Member			
Date Appointed: Term Expired:	August 22, 2012 June 1, 2014		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2014	January 23	Teleconference	N
	March 5	Sacramento	N
	March 6	Sacramento	N
	May 21	Orange	Y
	May 22	Orange	N
	June 26	Teleconference	N
Board Meetings 2013	February 27	Sacramento	N
	February 28	Sacramento	N
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	N
	August 22	Sacramento	N
	August 23	Sacramento	N
	September 27	Sacramento	N
	October 21	Teleconference	N
	November 20	Riverside	Y
	November 21	Riverside	Y
Board Meetings 2012	August 23	Sacramento	N
	November 8	San Diego	N
	November 28	Claremont	Y
	November 29	Claremont	Y

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Elizabeth (Betty) Connolly, LEP Member			
Date Appointed:	August 22, 2012		
Term Expires:	June 1, 2016		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	Y
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Supervision Committee 2015	January 30	Sacramento	Y
	April 10	Costa Mesa	Y
	June 26	Costa Mesa	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	N
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	Y
November 20	Riverside	Y	
Supervision Committee 2014	April 4	Sacramento	Y
	June 27	Chatsworth	Y
	August 29	Sacramento	Y
	October 24	Chatsworth	Y
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	Y

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Elizabeth (Betty) Connolly, LEP Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	October 21	Teleconference	Y
	November 20	Riverside	Y
	November 21	Riverside	Y
Board Meetings 2012	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y

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Dr. Harry Douglas, Public Member			
Date Appointed:	May 14, 2009		
Date Reappointed:	July 11, 2011		
Date Resigned:	July 18, 2014		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2014	January 23	Teleconference	N
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	N
	July 11	Teleconference	N
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	N
	October 21	Teleconference	Y
	November 20	Riverside	N
	November 21	Riverside	N
Board Meetings 2012	July 19	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y
CE Provider Review Committee 2012	October 4	Sacramento	Y
	December 6	Sacramento	Y

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Linda Forster, Public Member			
Date Appointed:	August 22, 2012		
Date Resigned:	January 23, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	February 27	Sacramento	N
	February 28	Sacramento	N
Board Meetings 2012	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y

Dr. Julia Johnson, LEP Member			
Date Appointed:	August 24, 2005		
Date Reappointed:	July 15, 2008		
Term Expired:	June 1, 2012		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	July 19	Sacramento	N
Policy & Advocacy Committee	July 19	Sacramento	N

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Sarita Kohli, LMFT Member			
Date Appointed:	June 7, 2011		
Date Reappointed:	June 13, 2014		
Term Expires:	June 1, 2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	N
	February 26	Sacramento	N
	April 8	Teleconference	Y
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	N
	August 27	Sacramento	N
	August 28	Sacramento	N
Supervision Committee 2015	January 30	Sacramento	N
	April 10	Costa Mesa	Y
	June 26	Costa Mesa	N
CE Appeal Committee 2015	February 26	Sacramento	N
Board Meetings 2014	January 23	Teleconference	N
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	N
	November 19	Riverside	N
November 20	Riverside	N	
Supervision Committee 2014	April 4	Sacramento	Y
	June 27	Chatsworth	Y
	August 29	Sacramento	Y
	October 24	Chatsworth	Y

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Sarita Kohli, LMFT Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	N
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	N
	October 21	Teleconference	Y
	November 20	Riverside	Y
	November 21	Riverside	N
CE Appeal Committee 2013	August 21	Sacramento	Y
	November 20	Riverside	Y
Board Meetings 2012	July 19	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	N
	November 28	Claremont	Y
	November 29	Claremont	Y
CE Appeal Committee 2012	November 28	Claremont	Y

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Patricia Lock-Dawson, Public Member			
Date Appointed:	January 13, 2010		
Date Reappointed:	July 12, 2013		
Term Expires:	June 1, 2017		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	N
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	Y
	May 20	Santa Ana	N
	May 21	Santa Ana	Y
	June 12	Sacramento	N
	August 27	Sacramento	N
	August 28	Sacramento	Y
Supervision Committee 2015	January 30	Sacramento	N
	April 10	Costa Mesa	Y
	June 26	Costa Mesa	N
CE Appeal Committee 2015	February 26	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	N
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	N
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	Y
November 20	Riverside	Y	
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	N
	May 23	Garden Grove	N
	August 21	Sacramento	Y
	August 22	Sacramento	Y

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Patricia Lock-Dawson, Public Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	August 23	Sacramento	Y
	September 27	Sacramento	Y
	October 21	Teleconference	N
	November 20	Riverside	Y
	November 21	Riverside	Y
CE Appeal Committee 2013	August 21	Sacramento	Y
	November 20	Riverside	Y
Out-of-State Education Review Committee 2013	April 26	Sacramento	Y
	June 28	Sacramento	Y
	September 27	Sacramento	Y
	November 21	Riverside	Y
Board Meetings 2012	July 19	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	N
	November 28	Claremont	Y
	November 29	Claremont	Y
CE Appeal Committee 2012	November 28	Claremont	Y

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Renee Lonner, LCSW Member			
Date Appointed:	January 17, 2007		
Date Reappointed:	July 6, 2010		
Date Reappointed:	July 25, 2014		
Term Expires:	June 1, 2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	Y
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	N
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Policy & Advocacy Committee 2015	January 30	Sacramento	Y
	April 23	Sacramento	Y
	August 7	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	N
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	Y
November 20	Riverside	Y	
Policy & Advocacy Committee 2014	February 6	Sacramento	Y
	April 3	Sacramento	N
	August 6	Sacramento	Y
	September 18	Sacramento	Y

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Renee Lonner, LCSW Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	N
	October 21	Teleconference	Y
	November 20	Riverside	Y
	November 21	Riverside	Y
	November 20	Riverside	Y
Policy & Advocacy Committee 2013	January 31	Sacramento	Y
	April 18	Sacramento	Y
	October 30	Sacramento	Y
Board Meetings 2012	July 19	Sacramento	Y
	August 22	Sacramento	N
	August 23	Sacramento	N
	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y
Policy & Advocacy Committee 2012	July 19	Sacramento	Y
	November 1	Sacramento	N

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Karen Pines, LMFT Member			
Date Appointed:	April 5, 2011		
Date Reappointed:	July 2, 2013		
Term Expires:	June 1, 2017		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	Y
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	N
	November 19	Riverside	Y
	November 20	Riverside	Y
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	N
	May 23	Garden Grove	N
	August 21	Sacramento	N
	August 22	Sacramento	N
	August 23	Sacramento	N
	September 27	Sacramento	Y
	October 21	Teleconference	N
	November 20	Riverside	Y
November 21	Riverside	Y	

Board of Behavioral Sciences 2015 Sunset Review Report

Karen Pines, LMFT Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2012	July 19	Sacramento	N
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	N
	November 28	Claremont	N
	November 29	Claremont	N
CE Provider Review Committee 2012	July 19	Sacramento	N
	October 4	Sacramento	Y
	December 6	Sacramento	Y

Board of Behavioral Sciences 2015 Sunset Review Report

Dr. Christine Wietlisbach, Public Member			
Date Appointed:	February 4, 2010		
Date Reappointed:	May 2011		
Date Reappointed:	July 16, 2015		
Term Expires:	June 1, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	N
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Policy & Advocacy Committee 2015	January 30	Sacramento	Y
	April 23	Sacramento	Y
	August 7	Sacramento	N
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	Y
	August 6	Sacramento	N
	August 13	Teleconference	N
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	Y
	November 20	Riverside	Y
Policy & Advocacy Committee 2014	February 6	Sacramento	Y
	April 3	Sacramento	Y
	August 6	Sacramento	N
	September 18	Sacramento	Y

Board of Behavioral Sciences 2015 Sunset Review Report

Dr. Christine Wietlisbach, Public Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	Y
	May 23	Garden Grove	Y
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	Y
	October 21	Teleconference	Y
	November 20	Riverside	Y
	November 21	Riverside	Y
	November 20	Riverside	Y
	Policy & Advocacy Committee 2013	January 31	Sacramento
April 18		Sacramento	Y
October 30		Sacramento	Y
Board Meetings 2012	July 19	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y
Policy & Advocacy Committee 2012	July 19	Sacramento	Y
	November 1	Sacramento	Y

Board of Behavioral Sciences 2015 Sunset Review Report

Christina Wong, LCSW Member			
Date Appointed:	May 18, 2011		
Date Reappointed:	July 2, 2013		
Term Expires:	June 1, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2015	January 9	Sacramento	Y
	February 25	Sacramento	Y
	February 26	Sacramento	Y
	April 8	Teleconference	Y
	May 20	Santa Ana	Y
	May 21	Santa Ana	Y
	June 12	Sacramento	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
Policy & Advocacy Committee 2015	January 30	Sacramento	Y
	April 23	Sacramento	Y
	August 7	Sacramento	Y
Board Meetings 2014	January 23	Teleconference	Y
	March 5	Sacramento	Y
	March 6	Sacramento	Y
	May 21	Orange	Y
	May 22	Orange	Y
	June 26	Teleconference	Y
	July 11	Teleconference	Y
	August 6	Sacramento	Y
	August 13	Teleconference	Y
	August 27	Sacramento	Y
	August 28	Sacramento	Y
	October 7	Teleconference	Y
	November 19	Riverside	Y
November 20	Riverside	Y	
Policy & Advocacy Committee 2014	February 6	Sacramento	Y
	April 3	Sacramento	Y
	August 6	Sacramento	Y
	September 18	Sacramento	Y

Board of Behavioral Sciences 2015 Sunset Review Report

Christina Wong, LCSW Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meetings 2013	February 27	Sacramento	Y
	February 28	Sacramento	Y
	May 22	Garden Grove	N
	May 23	Garden Grove	Y
	August 21	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	September 27	Sacramento	Y
	October 21	Teleconference	Y
	November 20	Riverside	Y
	November 21	Riverside	Y
	November 20	Riverside	Y
Policy & Advocacy Committee 2013	January 31	Sacramento	Y
	April 18	Sacramento	Y
	October 30	Sacramento	Y
Out-of-State Education Review Committee 2013	April 26	Sacramento	Y
	June 28	Sacramento	Y
	September 27	Sacramento	Y
	November 21	Riverside	Y
CE Appeal Committee 2013	August 21	Sacramento	Y
	November 20	Riverside	Y
Board Meetings 2012	July 19	Sacramento	Y
	August 22	Sacramento	Y
	August 23	Sacramento	Y
	November 8	San Diego	Y
	November 28	Claremont	Y
	November 29	Claremont	Y
Policy & Advocacy Committee 2012	July 19	Sacramento	Y
	November 1	Sacramento	Y
CE Appeal Committee	November 28	Claremont	Y

Board Member and Committee Roster

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointin g Authority	Type (public or professional)
Julia (Judy) Johnson	8/24/05	7/15/08	6/1/12	Governor	Professional
Renee Lonner	1/17/2007	7/6/10 and 7/25/14	6/1/18	Governor	Professional
Dr. Harry Douglas	5/14/09	7/11/11	6/1/15	Assembly	Public
Patricia Lock-Dawson	1/13/10	7/12/13	6/1/17	Governor	Public
Dr. Christine Wietlisbach	2/4/10	5/2011 and 7/16/15	6/1/19	Senate	Public
Samara Ashley	1/21/10	7/12/13	6/1/17	Governor	Public
Karen Pines	4/5/11	7/2/13	6/1/17	Governor	Professional
Christina Wong	5/18/11	7/2/13	6/1/17	Governor	Professional
Sarita Kohli	6/7/11	6/13/14	6/1/18	Governor	Professional
Eileen Colapinto	8/22/12		6/1/14	Governor	Public
Vacant (<i>Johnson 8/1/12</i>)			6/1/12	Governor	Public
Elizabeth (Betty) Connolly (<i>Johnson</i>)	8/22/12		6/1/16	Governor	Professional
Linda Forster	8/22/12		6/1/15	Governor	Public
Deborah Brown	8/23/12	7/2/13	6/1/17	Governor	Public
Dr. Leah Brew	8/28/12		6/1/16	Governor	Professional
Vacant (<i>Forster 1/23/13</i>)			6/1/15	Governor	Public
Dr. Peter Chiu (<i>Forster</i>)	10/30/13	6/3/15	6/1/19	Governor	Professional
Vacant (<i>Colapinto 7/8/14</i>)			6/1/18	Governor	Public
Vacant (<i>Douglas 7/18/14</i>)			6/1/15	Assembly	Public
Dr. Scott Bowling (<i>Colapinto</i>)	9/11/14		6/1/18	Governor	Public

The Board has not canceled any meetings since the last Sunset Review due to lack of quorum.

Major Changes since the Last Sunset Review

Reorganization

Since the 2012 Sunset Review, the Board has experienced significant growth in its licensing population. The Board's licensing population increased 32%; rising from 77,000 to over 102,000 licensees and registrants. The Board added a fourth mental health profession in 2010; however, this new mental health profession is not solely responsible for the increase. The Board believes that many individuals who lost their jobs during California's recession returned to school to increase their employment opportunities. Consequently, this increase in school enrollment resulted in increased application volumes for licensure as a mental health professional in California.

To address the increasing workload, the Board was successful in obtaining additional staff in Fiscal Year 2014/2015. Board staff increased 14%; rising from 44 positions to 50 positions. The new positions were specifically for the Board's Enforcement, Licensing, and Examination Units. Within the additional staff positions, the Board received an additional manager, which allowed the Board to reorganize the Enforcement Program. The Board was able to create a Criminal Conviction and Probation Unit and a Consumer Complaint and Investigations Unit with sufficient supervisory oversight.

The Board was able to accommodate the increase in staff by remodeling its current office space and relocating the Board's file room to another space within the same building.

Relocation

The Board has been in its present location, 1625 North Market Boulevard, Sacramento, California since 2005.

Change in Leadership

The leadership of the Board has changed slightly since the 2012 Sunset Review. Two Staff Services Managers were added to the Board staff; one in Fiscal Year 2012/2013 and the other in Fiscal Year 2014/2015. Additionally, the current Assistant Executive Officer was hired in Fiscal Year 2012/2013. The Board's current Executive Officer was appointed in 2010.

Effective January 1, 2012 the Board Member composition increased from twelve positions to thirteen positions to add a LPCC member. Many of the current Board Members have been reappointed to a subsequent term. This continuity affords the

Board the opportunity to have meaningful policy discussions without losing institutional knowledge relevant to the topic.

Strategic Plan

In August 2013, the Board revised its Strategic Plan. Collaborating with the Board's stakeholders, the Board developed the 2014-2017 Strategic Plan. This plan reflects the Board's mission *to protect and serve Californians by setting, communicating, and enforcing standards for competent mental health practice*. The plan was adopted at the November 2013 board meeting.

Legislation Sponsored by the Board

A number of legislative changes relevant to the Board's duties have been enacted since the last Sunset Review in 2012. These changes are listed below in chronological order.

AB 367 - Board of Behavioral Sciences: Reporting (Smyth, Chapter 154, Statutes of 2012)

This bill added the Board of Behavioral Sciences to the list of boards required to report the name and license number of a person whose license has been revoked, suspended, surrendered, or made inactive, to the State Department of Health Care Services within ten working days. This bill had a delayed implementation date of January 1, 2015, to accommodate the Board's transition to the new Breeze Database System.

AB 1588 - Reservist Licensees: Fees and Continuing Education (Atkins, Chapter 742, Statutes of 2012)

This bill requires the Board to waive continuing education requirements and renewal fees for a licensee or registrant while he or she is called to active duty as a member of the United States Armed Forces or the California National Guard if he or she meets certain requirements.

AB 1904 - Military Spouses: Expedited Licenses (Block, Butler & Cook, Chapter 399, Statutes of 2012)

This bill requires the Board to expedite the licensing process of an applicant who is a spouse of a military member assigned to active duty in California, if they hold a current license for the same profession in another state.

AB 2570 - Licensees: Settlement Agreements (Hill, Chapter 561, Statutes of 2012)

This bill closed a loophole in the law that allows a Board licensee or registrant to prohibit a consumer who settles a civil suit with that licensee or registrant from filing a complaint with or cooperating in an investigation of the Board. The intent of the bill was to protect

consumers by disallowing “gag clauses” that hamper the ability of a regulatory board to take disciplinary action against a negligent practitioner.

SB 632 - Marriage and Family Therapist Trainee Practicum (Emmerson, Chapter 50, Statutes of 2012)

Board-sponsored SB 363 (Chapter 384, Statutes of 2011) became law on January 1, 2012. It allowed a trainee to counsel clients while not enrolled in practicum only if the lapse in enrollment was less than 90 days and was immediately preceded, and immediately followed, by enrollment in practicum.

Because the requirement to be enrolled in practicum to counsel clients only applied to specified MFT trainees, (individuals that began graduate study after August 1, 2012; individuals that began graduate study before August 1, 2012 but do not complete that study before December 31, 2018; and, individuals that attend a graduate program that meets the enhanced requirements required by Business and Professions Code Section 4980.36) an exception from the requirement should have only applied to those specific MFT trainees. However, the effect of the language signed into law with SB 363 instead required all trainees to be enrolled in practicum to counsel clients regardless of when the trainee began graduate study.

This bill was an urgency measure to amend this section of licensing law and restore the original intent of requiring only specified MFT trainees to enroll in practicum to counsel clients. The Board sponsored this legislation.

SB 1134 - Persons of Unsound Mind: Psychotherapist Duty to Protect (Yee, Chapter 149, Statutes of 2012)

Previous law allowed no monetary liability or cause of action to arise against a psychotherapist who fails to warn of and protect from a patient’s threatened violent behavior, or who fails to predict and warn of and protect from a patient’s violent behavior, except where the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.

This bill renamed the duty of a psychotherapist, defined in Section 43.92 of the Civil Code, from “duty to warn and protect” to “duty to protect.”

SB 1172 - Sexual Orientation Change Efforts (Lieu, Chapter 835, Statutes of 2012)

This bill prohibits a mental health provider from engaging in sexual orientation change efforts with a patient under 18. The bill specifically defined the term “sexual orientation change efforts,” and made any such efforts on a patient under 18 unprofessional conduct, for which the mental health provider would be subject to disciplinary action by his or her licensing entity.

SB 1236 - Professions: Board of Psychology: Board of Behavioral Sciences (Price, Chapter 332, Statutes of 2012)

This bill extended the Board's sunset date until January 1, 2017.

SB 1527 - Social Workers: Licensing (Negrete McLeod, Chapter 800, Statutes of 2012) The Board sponsored this legislation.

As part of the Board's examination restructure, each associate social worker (ASW) is required to take and pass a California law and ethics examination. This bill added a requirement, similar to the ones in the LMFT and LPCC licensing laws, that an individual seeking ASW registration or LCSW licensure complete coursework in California law and ethics.

This bill also clarified the acceptability of older licensing exam scores. Under the examination restructure, the Board may use national examinations as the clinical examinations, if the Board determines that they meet California standards. However, SB 704 did not place a limit on when a passing score on the clinical exam must have been obtained. In order to address the question about the acceptability of older exam scores, this bill did the following:

- For applicants who do not hold an out of state license, it allows a passing score on the clinical exam to be accepted by the Board for seven years.
- For applicants who already hold a valid license in good standing in another state, who had passed the exam this Board is requiring as part of their requirements for licensure in that other state, this Board may accept that exam score regardless of age.

The Board sponsored this legislation.

SB 1575 - Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 799, Statutes of 2012)

The Board sponsored the following provisions of SB 1575:

- Provisions providing technical clean-up amendments to the Board's marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute;
- Provisions providing amendments which either included the Board's newest licensees, LPCCs, in statute where the Board's other licensees are already included, or made LPCC law consistent with the law for the Board's other license types; and

- Extended the Board's examination restructure effective date from January 1, 2013 to January 1, 2014.

AB 404 - Retired Licenses (Eggman, Chapter 339, Statutes of 2013)

This bill clarified the law regarding eligibility for a retired license, stating that a licensee is eligible for a retired license if he or she holds a current, active license, or an inactive license, if the license is in good standing. It also reduced the timeline allowed to restore a retired license to active status from five years to three years. The Board sponsored this legislation.

AB 428 - LMFT and LCSW Applicant Remediation of Coursework (Eggman, Chapter 376, Statutes of 2013)

This bill amended LMFT licensing law to allow an LMFT applicant whose degree is deficient in the alcoholism and other chemical substance dependency requirement, or the spousal or partner abuse assessment requirement, to remediate those deficiencies. Before this bill, the law did not allow remediation. It also amended LCSW licensing law to clarify that LCSW applicants may also remediate a deficiency in the spousal or partner abuse assessment coursework. The Board sponsored this legislation.

AB 451 - LMFT and LPCC Out-of-State Applicant Requirements (Eggman, Chapter 551, Statutes of 2013)

Licensing requirements for out-of-state LMFT and LPCC applicants were set to change on January 1, 2014. However, the Board had concerns that the new out-of state requirements may be too stringent, restricting portability of these license types to California.

This bill extended the effective date of the new education requirements for out-of-state licensees from January 1, 2014 to January 1, 2016. This allowed the Board additional time to carefully consider solutions which would increase portability of licenses while maintaining public protection. The Board formed a special committee, which met to discuss the issue further. It then sponsored follow-up legislation (AB 2213 (Eggman, Chapter 387, Statutes of 2014) which addressed the concerns. This bill was sponsored by the Board.

AB 512 - (Rendon): Healing Arts: Licensure Exemption (Rendon, Chapter 111, Statutes of 2013)

This bill extended provisions allowing a health care practitioner who is licensed out-of-state to participate in a free, sponsored health care event in California. The provisions were set to expire on January 1, 2014, and are now extended to January 1, 2018.

At its May 23, 2013 meeting, the Board took a “support if amended” position on this bill. The Board noted that the intent of this bill is to provide basic medical, dental, and vision services to the uninsured and underinsured. However, licensees of the Board of Behavioral Sciences do not provide these basic services. Therefore, the Board asked the author to narrow the scope of this bill to exclude the Board of Behavioral Sciences.

Staff learned in subsequent conversations with the author’s office that they did not plan to amend this bill, as they did not believe the Board is required to adopt regulations to implement the bill since it does not apply to its licensees’ services.

AB 1057 - Professions and Vocations: Licenses: Military Service (Medina, Chapter 693, Statutes of 2013):

This bill requires all boards under DCA to ask on licensing applications if the individual applying for licensure is serving in or has served in the military.

SB 243 - Professional Clinical Counselors (Wyland, Chapter 465, Statutes of 2013)

This bill amended the requirements for an LPCC who opts to treat couples and families so that the required training and education in order to do this does not need to be in addition to the minimum training and education required for licensure.

SB 282 - Confidential Medical Information: Required Authorization to Disclose (Yee, Chapter 58, Statutes of 2013)

This bill extended a provision in law, which was already in place for physicians and surgeons, to marriage and family therapists. The provision requires that a patient’s demand for settlement or offer to compromise, be accompanied by authorization to disclose medical information to the insuring or defending organization.

SB 821 – Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 473, Statutes of 2013)

The Board sponsored the following provisions of SB 821:

- Provisions providing technical clean-up amendments to the Board’s marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute;
- Extension of the Board’s examination restructure effective date from January 1, 2014 to January 1, 2016.

AB 809 - Healing Arts: Telehealth (Logue, Chapter 404, Statutes of 2014)

This bill corrected some deficiencies and made clarifying amendments to the telehealth law for healing arts practitioners, including Board licensees.

AB 1629 - Reimbursement of Violence Peer Counseling (Bonta, Chapter 535, Statutes of 2014)

This bill made costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board.

This bill was amended late in the legislative session, to require a violence peer counselor eligible for reimbursable services to be supervised by a Board licensee. The Board had concerns that this language does not make it clear that a violence peer counselor may not practice psychotherapy in a private practice unless licensed. At its August 28, 2014 meeting, the Board took an “oppose unless amended” position on this bill.

The author’s office committed to making clarifying amendments in the following legislative session. The Board’s requested amendments were run in 2015 in AB 1140 (Bonta, Chapter 569, Statutes of 2015).

AB 1702 - Professions and Vocations: Incarceration (Maienschein, Chapter 410, Statutes of 2014)

This bill prohibits a board under DCA from denying or delaying an application solely on the grounds that some or all of the licensure requirements were completed while the individual was incarcerated.

AB 1775 - Child Abuse and Neglect Reporting Act: Sexual Abuse (Melendez, Chapter 264, Statutes of 2014)

This bill made downloading, streaming, or accessing through electronic or digital media, material in which a child is engaged in an obscene sexual act a mandated report under the Child Abuse and Neglect Reporting Act (CANRA).

AB 1843 - Child Custody Evaluations: Confidentiality (Jones and Gordon, Chapter 283, Statutes of 2014):

This bill gave the Board the statutory authority to access a child custody evaluation report for the purpose of investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report. Previously, the law did not give the Board direct access to the child custody evaluation report. This left the Board unable to investigate allegations of unprofessional

conduct of its licensees while serving as a custody evaluator, even though the Board was mandated to do so by law. This Board sponsored this legislation.

AB 2213 (Eggman) - LMFT and LPCC Out-of-State Applicant Requirements (Eggman, Chapter 387, Statutes of 2014)

Licensing requirements for out-of-state LMFT and LPCC applicants were set to change on January 1, 2014. However, the Board had concerns that the new out-of state requirements may be too stringent, restricting portability of these license types to California.

During the previous year, the Board sponsored AB 451 (Chapter 551, Statutes of 2013), which extended the change to the out-of-state licensing requirements from January 1, 2014 to January 1, 2016. This allowed the Board time to form the Out-of-State Education Committee, which worked to formulate new out-of-state requirements that better accommodated license portability, while still maintaining consumer protection.

This bill made changes to the practicum requirements for out-of-state applicants, as well as allowed them to remediate certain coursework through continuing education, instead of requiring all coursework to be from a graduate program. It also allowed certain coursework to be remediated while registered as an intern. The Board sponsored this legislation.

AB 2396 - Expungement: Licenses (Bonta, Chapter 737, Statutes of 2014)

This bill prohibits boards under DCA from denying a license solely based on the applicant having certain types of convictions that have been expunged.

SB 578 - Behavioral Sciences: Records Retention (Wyland, Chapter 312, Statutes of 2014)

This bill requires a licensee of the Board of Behavioral Sciences to retain patient records for a minimum of seven years from the date therapy is terminated. If the patient is a minor, records must be retained for a minimum of seven years from when the patient turned 18. This bill only applies to records of a patient whose therapy is terminated on or after January 1, 2015.

SB 1012 - Marriage and Family Therapists: Trainees (Wyland, Chapter 435, Statutes of 2014)

This bill increased the hours of direct supervision that a marriage and family therapist intern, marriage and family therapist trainee, and professional clinical counselor intern may count toward licensure, from five hours per week to six hours per week.

SB 1466 - Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 316, Statutes of 2014)

The Board sponsored provisions of this bill providing technical clean-up amendments to the Board's marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute.

AB 250 - Telehealth: Marriage and Family Therapist Interns and Trainees (Olbernalte, Chapter 50, Statutes of 2015)

This bill clarified that MFT interns and trainees may practice via telehealth.

AB 1140 - California Victim Compensation and Government Claims Board (Bonta, Chapter 569, Statutes of 2015)

This bill is a follow-up to AB 1629 (Reimbursement of Violence Peer Counseling, Chapter 535, Statutes of 2014).

This bill contains amendments that the Board had requested to clarify certain provisions of AB 1629 related to the Board's licensees' respective scopes of practice.

The amendments clarify 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.

SB 531 - Board of Behavioral Sciences Enforcement Process (Bates, Chapter 261, Statutes of 2015)

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

- a) It modified the Board's requirements for an individual to petition for a termination of probation or modification of penalty. The Board may now deny a petition without hearing if the petitioner is not in compliance with the terms of his or her probation.

- b) It clarified 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 was to increase the efficiency of the enforcement process. The Board sponsored this legislation.

SB 620 - Board of Behavioral Sciences: Licensure Requirements (Block, Chapter 262, Statutes of 2015)

This bill streamlined the experience requirements for LMFT and LPCC applicants. It eliminated 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 made 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. The Board sponsored this legislation.

SB 800 – Omnibus Legislation (Senate Business, Professions, and Economic Development Committee, Chapter 426, Statutes of 2015)

The Board sponsored provisions of this bill providing technical clean-up amendments to the Board’s marriage and family therapy, licensed educational psychologist, licensed clinical social worker, and licensed professional clinical counselor statute.

Regulation Changes Approved by the Board since the Last Sunset Review

The following changes to Title 16 of Division 18 of the California Code of Regulations (CCR) have been enacted since the Board’s last Sunset Review in 2012, and are listed in chronological order.

Advertising, Supervision, and Continuing Education

Effective April 1, 2013, sections 1811, 1870, and 1887.3 were amended to clarify the law related to advertising by Board licensees and registrants, require supervisors of associate clinical social workers to be licensed for two years prior to commencing any supervision, and require licensed professional clinical counselors to take a one-time, seven hour continuing education course covering the assessment and treatment of people living with HIV and AIDS.

Disciplinary Guidelines

Effective July 1, 2013, section 1888 and the *Disciplinary Guidelines*, incorporated by reference, were amended for consistency with statute, and made procedural changes to both the standard and optional terms and conditions of probation.

Enforcement Regulations

Effective July 1, 2013, sections 1803, 1845, 1858, and 1881 were amended and sections 1823 and 1888.1 were added in order to streamline the enforcement process, delegate certain authorities to the board's Executive Officer, add unprofessional conduct provisions, and require certain board actions against an applicant or licensee who is required to register as a sex offender.

Marriage and Family Therapist Intern Experience

Effective October 1, 2013, section 1833 was amended for consistency with statutory amendments regarding supervised experience requirements.

Continuing Education

Effective January 1, 2015, sections 1887, 1887.1, 1887.2, 1887.3, 1887.4, 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.11, 1887.12, 1887.13, and 1887.14 were amended, and sections 1887, 1887.2, 1887.3, 1887.4, 1887.41, 1887.42, 1887.43, 1887.11, and 1887.15 were added. This regulatory package made a number of changes that strengthened and restructured the board's continuing education program in response to concerns raised about the quality of continuing education courses and providers.

Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

Effective October 1, 2015, section 1888 and the Board's Disciplinary Guidelines, incorporated by reference, were amended. The DCA and the state Legislature asked all healing arts licensing boards to create uniform standards for discipline that the boards must follow in cases of a substance abusing licensee or registrant.

Pending Regulations

The following changes to Title 16 of Division 18 of the California Code of Regulations (CCR) have been proposed, and are in various stages of the regulatory process as follows:

Examination Restructure

Amend Title 16, CCR sections 1806, 1816, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1829, 1877, Add section 1825

This proposal would align LCSW, LMFT and LPCC application and examination-related regulations with statutory provisions that implement a restructure of the Board's examinations effective January 1, 2016.

Status: This proposal was noticed on November 14, 2014 and is currently under review by the State Business, Consumer Services, and Housing Agency.

Licensed Professional Clinical Counselors – Treatment of Couples and Families

Amend Title 16, sections 1820, 1820.5 and 1822, and add section 1820.7

This proposal establishes a process for the Board to review an LPCC's qualifications to treat couples and families, and to issue proof of the licensee having met the requirements. The proposal also clarifies requirements regarding supervised experience with couples and families, required coursework, and exemptions.

Status: This proposal was noticed on March 6, 2015 and is currently under review by DCA.

Telehealth

Add Title 16, section 1815.5

California statute defines telehealth for all healing arts practitioners. However, the law does not address specific issues regarding the use of telehealth in providing psychotherapy. This proposal provides clarification of when a California license is required, and actions a licensee must take in order to protect the client in a telehealth setting.

Status: This proposal was noticed on July 10, 2015. The Board proposed modifications to the text based on public comment. The 15-day public comment period for the modified text ends on September 24, 2015.

Exemptions for Sponsored Free Health Care Events

Add sections 1820, 1820.1, 1820.2, and 1820.3

California law permits health care practitioners licensed or certified in good standing in another state to be temporarily exempted from California licensing requirements in order to participate in a free, sponsored health care event in California (*AB 2699, Chapter 270, Statutes of 2011*).

The purpose of the regulatory proposal was to implement, interpret, and make specific the statutory provisions by specifying procedures and forms to be used by sponsoring entities and out-of-state practitioners who desire to participate in sponsored events.

Status: This proposal was approved by Board at its November 2011 meeting. However, staff was implementing the new LPCC licensing program at that time and was unable to pursue this regulatory package immediately. During 2012, AB 512 (*Chapter 111*,

Statutes of 2013) extended the provisions of the original legislation to January 1, 2018. At that time, staff asked the author's office whether the scope of AB 512 applied to Board of Behavioral Sciences licensees, because it appeared that the intent of the legislation was to provide free, basic medical, dental, and vision services, which are services that Board licensees do not provide. The author's office agreed that the Board was not required to implement the bill since it does not apply to mental health services.

Major Studies Conducted by the Board

Occupational Analysis

An occupational analysis (practice survey) is a required component in the examination development process. Professional guidelines and testing standards recommend conducting an occupational analysis every five to seven years. This survey of licensees is conducted to determine the current practice of the profession. The survey results become the foundation for the examination plan which is utilized to develop the licensure examination for the professions. The Board conducted two occupational analyses since the last Sunset Review.

- 2012: Licensed Marriage and Family Therapists
- 2015: Licensed Educational Psychologists

2015 Supervision Survey

The Board conducted two surveys related to its comprehensive review of registrant supervision. The Supervisee Survey was designed to collect demographic information and to determine the types and quality of supervision that registrants are receiving. The Supervisor Survey was designed to collect demographic information, gather opinions regarding current supervisory requirements and possible additional requirements.

2011-2012 Continuing Education Program Review

The Board conducted a comprehensive review of its Continuing Education Program and various continuing education and accreditation models throughout the state and country. Collaborating with its stakeholders, the Board proposed significant changes to its Continuing Education Program. These regulatory changes sought to end the Board's role in approving Continuing Education Providers and directed licensees to obtain continuing education from Board recognized approval agencies. The changes became effective January 1, 2015.

National Association Activity

The Board is a current member of the Association of Marriage and Family Therapy Regulatory Board (AMFTRB), the American Association of State Counseling Boards (AASCB), and the Association of Social Work Boards (ASWB). The Board's membership in each of these associations includes voting privileges.

The Board is also a member of the Council on Licensure, Enforcement, and Regulation (CLEAR). This membership does not include any voting privileges. Rather, it provides resources and information relating to regulatory agencies and licensure examinations.

The Board was unable to attend any national association meetings due to Executive Orders restricting In-State and Out-of-State travel.

National Examination Activity

The Board is currently using the National Board of Certified Counselor's (NBCC) National Counselor Mental Health Clinical Examination (NCMHCE) for licensure as a LPCC in California. Effective January 1, 2016, the Board will begin using the Association of Social Work Boards (ASWB) national examination for licensure as a LCSW in California.

Prior to the decision to use both of these national examinations for licensure, the Board engaged the services of Applied Measurement Services, LLC (AMS) to assess the development and administration of each national examination. AMS was tasked with determining if each examination would meet professional guidelines and technical standards for licensure examinations; as well as California requirements specified in Business and Professions Code section 139.

AMS concluded that both examinations met the prevailing standards for licensure examinations. Further, both examinations will provide special testing accommodations, approved by the Board, in compliance with the American Disabilities Act.

The Board continues to evaluate all applications for the licensure examination to confirm that the candidate has satisfied all of the statutory requirements for licensure. Once a candidate is deemed eligible for the licensure examination, the candidate's eligibility is transmitted to the testing vendor.

Examination development, scoring, and analysis involve the participation of Subject Matter Experts (licensees). Each national examination adheres to the same five to seven year standard for conducting an occupational analysis (practice analysis). Similar to the Board's examination development process, the national examinations use the occupational analysis to develop the national examination.

Since the Board recently began using national examinations for licensure, the opportunities to participate in the development of the national examination have been few. However, as the Board becomes aware of these opportunities, the Board utilizes its website, professional associations, and its existing Subject Matter Expert list to recruit and promote participation in the development of the national examination.

The most recent opportunity was with the Association of Social Work Board examination and the request for licensed social workers to participate in “item writing” (developing the examination questions). Additionally, in 2012 the Board recruited two Licensed Marriage and Family Therapist Subject Matter Experts to participate in the development of the Association of Marriage and Family Therapy Regulatory Board’s national examination.

Recruiting California SMEs to participate in the development of the national examination is one component to ensure the national examination remains relevant to the practice in California. However, all decisions regarding the national examination are made during annual meetings.

The Board strongly desires to attend these meetings to actively participate in the decisions related to the national examination. The Board’s absence at annual meetings in which it has voting privileges will prevent the representation of California’s interests. This absence will ultimately result in candidates taking an examination that does not assess minimal competence for entry into the profession in California. Therefore, it would be difficult for the Board to continue to use a national examination for licensure in California.

Performance Measures and Customer Satisfaction Surveys

Quarterly and Annual Performance Measures

Please refer to section 12 for this information.

Customer Satisfaction Survey

The table below reflects the results of the Board’s customer satisfaction survey. Respondents were asked to rate their experience in the categories below using a 1-5 rating scale. From July 1, 2011 through September 30, 2013, survey responses decreased by 87%. Courtesy and Overall Satisfaction results remained relatively stable, while Accessibility remained low. This rating is likely the result of the staffing constraints the Board experienced during California’s budget crisis.

As the number of respondents decreased, the Board became concerned with this trend and questioned the value of the information provided by such few respondents. Further, the Board was using a survey that was more than 5 years old. Therefore, in 2013, the Board implemented the BreZE data system and at the same time the decision was made to discontinue the current survey and develop a new survey.

Due to insufficient staff resources and higher priority tasks, the Board has not been able to develop a new customer satisfaction survey. However, the Board will discuss the new customer survey at its March 2016 board meeting. Once the survey is approved, implementation will be immediate. The Board anticipates that the new survey will be available in second quarter of 2016.

CUSTOMER SATISFACTION SURVEY										
Category	FY 11/12				FY 12/13				FY 13/14	Avg rating Response +/-
	1st qtr	2nd qtr	3rd qtr	4th qtr	1st qtr	2nd qtr	3rd qtr	4th qtr	1st qtr*	
Overall Satisfaction	2.5	2.6	3	2.8	3	2.8	3.5	3	3.7	2.99
Courtesy	3.5	3.5	3.8	3.7	3.9	3.5	4.1	3	4	3.67
Accessibility	2.1	2.3	2.8	2.6	2.7	2.6	3.4	2	3.5	2.67
Total Respondents	134	115	91	72	57	62	75	53	18	-87%

**Data as of September 30, 2013.*

Fiscal and Staff

Fiscal Issues

The Board ended FY 2014-15 with a reserve balance of \$395,800, which equates to 4.7 months in reserve. The Board estimates FY 2015-16 reserve balance to be approximately \$520,400 equaling 6.1 months in reserve. The Board’s statutory reserve fund limit is 24 months¹.

Current Board projections do not indicate any future deficit. Accordingly, the Board does not have plans to increase or reduce fees. The following table reflects the Board’s fund condition by fiscal year.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance	\$4,528	\$1,798	\$1,468	\$3,309	\$3,958	\$5,204
Revenues and Transfers	\$4,491	\$7,088	\$9,394	\$9,201	\$11,386	\$15,237
Total Revenue	\$7,791	\$7,088	\$7,994	\$8,201	\$8,986	\$8,937
Budget Authority*	\$7,290	\$7,394	\$7,731	\$8,864	\$10,123	\$10,242
Expenditures	\$7,320	\$7,438	\$7,768	\$8,671	\$10,140	\$10,242
Loans to General Fund	\$3.3	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$415	\$321	NA	NA
Loans Repaid From General Fund	\$0	\$0	\$1,400	\$1,000	\$2,400	\$6,300
Fund Balance	\$1,798	\$1,468	\$3,309	\$3,958	\$5,204	\$10,199
Months in Reserve	2.7	2.1	4.3	4.7	6.1	11.7

*Budget Authority based on bottom line in Governor’s Budget for respective year.

**Estimated budget pending approval

Since FY 2002/2003 the Board has made a total of three loans to the General Fund; \$6 million in FY 2002/2003, \$3 million in FY 2008/2009, and \$3.3 million in FY 2011/2012, for a total of \$12.3 million dollars. The Board has received one repayment in the amount of \$1.4 million in FY 2013-14, and scheduled to receive the following: \$1.0 million in FY

¹ Business & Professions Code Section 128.5

2014-15, \$2.4 million in FY 2015-16, and \$6.3 million in FY 2016-17, for a total repayment of \$11.1 million. The remaining \$1.2 million dollars will be paid in FY 2017-18 or later depending on the Board's fund balance.

Program Expenditures

The following table reflects the Board's expenditures by program component. During the last four fiscal years, on average, the Board's enforcement program accounts for 43% of the Board's expenditures, the examination program accounts for 28%, and the licensing program accounts for 29%. The administration program includes costs for executive staff, board, administrative support, and fiscal services. The Board does not have a Diversion Program.

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Table 3. Expenditures by Program Component (list dollars in thousands)								
	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$854,470	\$1,292,107	\$973,314	\$1,059,872	\$1,172,987	\$966,962	\$1,403,275	\$1,274,861
Examination	\$336,220	\$728,329	\$289,481	\$827,748	\$321,222	\$742,803	\$380,520	\$811,425
Licensing	\$540,295	\$728,329	\$715,005	\$827,748	\$842,425	\$742,803	\$1,006,353	\$811,425
Administration*	\$772,542	\$728,329	\$877,560	\$827,748	\$747,692	\$742,803	\$891,510	\$811,425
DCA Pro Rata	\$0	\$946,900	\$0	\$1,138,609	\$0	\$1,329,497	\$0	\$1,414,920
Diversion	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	\$2,503,527	\$4,423,994	\$2,855,360	\$4,681,725	\$3,084,326	\$4,524,868	\$3,681,658	\$5,124,056
*Administration includes costs for executive staff, board, administrative support and fiscal services.								

License and Renewal Fees

Renewal fees, inactive license fees, and continuing education provider fees are all paid on a biennial basis. The due date for the renewal fees is biennial and is based on the licensees' birth month. Registrations for interns and associates are renewed annually. All other fees for exams and initial license are received and processed on an on-going basis. The chart below provides a history of Board fee changes over the last ten years.

Fee	Date Repealed	Date Added
Examination and re-examination fee for oral exam (LMFT & LCSW)	3/3/2004	
LMFT & LCSW oral examination appeal fee	3/3/2004	
LMFT & LCSW Clinical Vignette		3/3/2004
Delinquency of CE Provider		1/26/2008
LPCC (all)		5/24/2011

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Table 4. Fee Schedule and Revenue								
Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
Re-Scoring Written	BPC 4984.7(a)(5) 4989.68(a)(6) 4996.3(a)(5) 4999.120(l) CCR 1816.3	\$20.00	\$20.00	\$820	\$940	\$1,280	\$1,735	0.02%
Duplicate Document	BPC 4984.7(a)(10) 4989.68(a)(7) 4996.3(a)(10) 4999.120(k) CCR 1816.5(a)	\$20.00	\$20.00	\$28,580	\$28,700	\$28,980	\$29,575	0.37%
Certification	BPC 4984.7(a)(11) 4989.68(a)(8) 4996.3(a)(11) 4999.120(m) CCR 1816.5(b)	\$25.00	\$25.00	\$16,125	\$17,175	\$17,325	\$25,595	0.32%
Cite & Fine Recovery	BPC 125.9 BPC 148 BPC 149 CCR 1886.40 CCR 1886.60	VARIOUS	VARIOUS	\$38,000	\$28,475	\$33,350	\$17,150	0.22%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
Misc to the Public		\$10.00	\$10.00	\$1,513	\$869	\$704	\$900	0.01%
LMFT Application	BPC 4984.7(a)(3) CCR 1816.4(a)	\$100.00	\$100.00	\$217,300	\$236,600	\$228,700	\$270,805	3.42%
LMFT Written Exam Re-Exam	BPC 4984.7(a)(4) CCR 1816.2(c)	\$100.00	\$100.00	\$311,200	\$343,200	\$335,300	\$396,200	5.00%
MFT Intern Registration	BPC 4984.7(a)(1)	\$75.00	\$75.00	\$310,125	\$326,400	\$320,550	\$310,350	3.92%
LMFT Initial License	BPC 4984.7(a)(6) CCR 1816.1(a)	\$130.00	\$180.00	\$152,360	\$181,610	\$147,680	\$243,294	3.07%
LMFT Written Clinical	BPC 4984.7(a)(4) CCR 1816.2 (d)	\$100.00	\$100.00	\$194,300	\$221,500	\$196,600	\$326,300	4.12%
LCSW Written Clinical	BPC 4996.3(a)(4) CCR 1816.2(a)	\$100.00	\$100.00	\$134,700	\$149,200	\$157,000	\$166,000	2.10%
LCSW Application	BPC 4996.3(a)(3) CCR 1816.4(b)	\$100.00	\$150.00	\$142,200	\$155,900	\$150,700	\$165,849	2.09%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LCSW Written Exam Re-Exam	BPC 4984.72 CCR 1816.2(a)(B)	\$100.00	\$100.00	\$229,000	\$235,600	\$226,000	\$258,700	3.27%
Associate LCSW Registration	BPC 4996.3(a)(1)	\$75.00	\$75.00	\$214,050	\$214,275	\$255,000	\$266,475	3.36%
LCSW Initial License	BPC 4996.3(a)(6) CCR 1816.1(c)	\$100.00	\$155.00	\$85,400	\$77,300	\$64,600	\$110,716	1.40%
LPCC Intern Application	BPC 4999.120(b)	\$100.00	\$150.00	\$19,000	\$39,800	\$58,700	\$65,500	0.83%
LPCC Initial License	BPC 4999.120(g) CCR 1816.1(d)	\$200.00	\$250.00	\$9,600	\$56,800	\$79,800	\$49,574	0.63%
LPCC Exam Application	BPC 4999.120(a) CCR 1816.4(d)	\$180.00	\$250.00	\$10,440	\$10,440	\$13,320	\$24,780	0.31%
LPCC Application Eligibility (GPT-LMFT/LCSW)	BPC 4999.120(a) CCR 1816.4(d)	\$180.00	\$180.00	\$429,660	\$0	\$0	\$0	0.00%
LPCC Application Eligibility GPT	BPC 4999.120(a) CCR 1816.4(d)	\$180.00	\$180.00	\$232,200	\$720	\$0	\$0	0.00%
LPCC Law & Ethics Exam	BPC 4999.120(e) CCR 1816.2(f)	\$100.00	\$150.00	\$5,500	\$7,000	\$8,700	\$13,900	0.18%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LPCC Law & Ethics Exam (GPT)	BPC 4999.120(e) CCR 1816.2(f)	\$100.00	\$150.00	\$129,600	\$5,600	\$6,000	\$700	0.01%
LPCC Gap Exam (GPT LMFT)	BPC 4999.120(f) CCR 1816.2(g)	\$100.00	\$100.00	\$219,800	\$700	\$5,300	\$500	0.01%
LPCC Inactive License (GPT)	BPC 4999.112(a)(1) CCR 1816.6 (e)	\$75.00	§4999.112 (see footnote)	\$0	\$0	\$0	\$0	0.00%
LPCC Gap Exam (GPT LCSW)	BPC 4999.120(f) CCR 1816.2(g)	\$100.00	\$100.00	\$16,000	\$0	\$0	\$0	0.00%
LPCC Inactive License	BPC 4999.112(a)(1) CCR 1816.6 (d)	\$87.50	§4999.112 (see footnote)	\$0	\$0	\$0	\$0	0.00%
LPCC Exam Rescore	BPC 4999.120(k)	\$20.00	\$20.00	\$0	\$0	\$20	\$0	0.00%
LEP Application	BPC 4989.68(a)(1) CCR 1818.4(c)	\$100.00	\$100.00	\$10,500	\$10,300	\$9,500	\$10,100	0.13%
LEP Written Exam Re-Exam	BPC 4989.68(a)5 CCR 1816.2(e)	\$100.00	\$100.00	\$15,200	\$15,100	\$14,100	\$13,300	0.17%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LEP Initial License	BPC 4989.68(2) CCR 1816.1(b)	\$80.00	\$150.00	\$5,840	\$4,320	\$4,000	\$6,523	0.08%
CE Provider Application	BPC 4980.54(j) CCR 1819.1	\$200.00	\$4980.54 (see footnote)	\$51,200	\$51,000	\$51,000	\$32,800	0.41%
Suspended Revenue		VARIOUS	VARIOUS	\$0	\$125	\$35,182	\$2,090	0.03%
MFT Intern Annual Renewal	BPC 4984.7(a)(1) CCR 1816(a)	\$75.00	\$75.00	\$843,825	\$906,075	\$982,275	\$1,008,755	12.74%
LMFT Inactive Renewal	BPC 4984.7(a)(8) CCR 1816.6(a)	\$65.00	\$90.00	\$140,855	\$153,660	\$156,130	\$157,750	1.99%
LMFT Retired License	BPC 4984.7(a)(12)	\$40.00	\$40.00	\$7,440	\$5,840	\$5,840	\$6,950	0.09%
LMFT Inactive to Active	BPC 4984.8(d)(1)	\$65	\$65	\$0	\$0	\$0	\$910	0.01%
LCSW Inactive to Active	BPC 4997(d)(1)	\$50	\$50	\$0	\$0	\$0	\$650	0.01%
LEP Inactive to Active	BPC 4989.44(d)	\$40	\$40	\$0	\$0	\$0	\$80	0.00%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LPCC Inactive to Active	BPC 4999.112(b)(3)	\$87.50	\$87.50	\$0	\$0	\$0	\$88	0.00%
LMFT Retired Restore to Active	BPC 4984.41(d) 4984.41(g)	\$130.00	\$130.00	\$0	\$0	\$650	\$1,040	0.01%
LMFT Inactive License	BPC 4984.7(a)(8) CCR 1816.6(a)	\$65.00	\$90.00	\$0	\$0	\$65.00	\$0	0.00%
LCSW Biennial Renewal	BPC 4996.3(a)(7) CCR 1816(g)	\$100.00	\$155.00	\$798,400	\$833,100	\$885,900	\$868,240	10.96%
LCSW Inactive Renewal	BPC 4996.3(a)(8) CCR 1816.6(b)	\$50.00	\$77.50	\$60,900	\$64,500	\$65,650	\$69,220	0.87%
LCSW Retired Restore to Active	BPC 4997.1(d)(2) 4997.1(g)(2)	\$100.00	\$100.00	\$100	\$100	\$200	\$0	0.00%
Associate LCSW Annual Renewal	BPC 4996.3(a)(2) CCR 1816(b)	\$75.00	\$75.00	\$569,475	\$598,275	\$664,200	\$694,525	8.77%
LCSW Retired License	BPC 4996.3(a)(12)	\$40.00	\$40.00	\$4,600	\$3,640	\$3,640	\$3,440	0.04%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LCSW Inactive License	BPC 4996.3(a)(8) CCR 1816.6(b)	\$50.00	\$77.50	\$0	\$0	\$50	\$0	0.00%
LEP Biennial Renewal	BPC 4989.68(a)(3) CCR 1816(f)	\$80.00	\$150.00	\$58,400	\$50,880	\$52,720	\$48,475	0.61%
LEP Inactive Renewal	BPC 4989.44(c) CCR 1816 (c)	\$40.00	\$4989.44 (see footnote)	\$7,200	\$9,240	\$10,000	\$10,360	0.13%
LEP Retired Restore to Active	BPC 4989.45(d)(2) 4989.45(g)(2)	\$80.00	\$80.00	\$0	\$0	\$0	\$0	0.00%
LEP Retired License	BPC 4989.68(g)	\$40.00	\$40.00	\$920	\$720	\$400	\$520	0.01%
LPCC Intern Annual Renewal	BPC 4999.120(h) CCR 1816(d)	\$100.00	\$150.00	\$0	\$10,000	\$23,800	\$51,675	0.65%
LPCC Biennial Renewal	BPC 4999.120(i) CCR 1816(h)	\$175.00	\$250.00	\$0	\$0	\$42,350	\$59,145	0.75%
LPCC Inactive Renewal	BPC 4999.112(a)(1) CCR 1816.6(s)	\$87.50	\$4999.112 (see footnote)	\$0	\$0	\$788	\$1,400	0.02%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LPCC Retired License	BPC 4999.120(j)	\$40.00	\$40.00	\$0	\$0	\$40	\$0	0.00%
CE Provider Biennial Renewal	BPC 4908.54 4989.34, 4996.22, 4999.76 CCR 1816 (j)	\$200.00	\$4989.34 (see footnote)	\$241,400	\$192,600	\$251,400	\$167,896	2.12%
Over/Short Fees		VARIOUS	VARIOUS	\$48	\$68	\$87	\$30	0.00%
LMFT Inactive Renewal Delinquent Fee	BPC 4984.7(a)(9) CCR 1816.7(a)	\$65.00	\$90.00	\$9,295	\$11,635	\$12,545	\$16,550	0.21%
LMFT Delinquent Fee	BPC 4984.7(a)(9) CCR 1816.7(a)	\$65.00	\$90.00	\$29,770	\$29,575	\$32,630	\$37,970	0.48%
LCSW Inactive Renewal Delinquent Fee	BPC 4996.3(a)(9) CCR 1816.7(b)	\$50.00	\$75.00	\$5,150	\$12,300	\$5,000	\$6,950	0.09%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
LCSW Renewal Delinquent Fee	BPC 4996.3(a)(9) CCR 1816.7(b)	\$50.00	\$75.00	\$10,900	\$11,100	\$10,850	\$13,050	0.16%
LEP Inactive Renewal Delinquent Fee	BPC 4989.68(a)(4) CCR 1816.7(c)	\$40.00	\$75.00	\$360	\$560	\$520	\$1,480	0.02%
LEP Renewal Delinquent Fee	BPC 4989.68(a)(4) CCR 1816.7(c)	\$40.00	\$75.00	\$3,000	\$2,600	\$2,480	\$2,200	0.03%
LPCC Renewal Delinquent Fee	BPC 4999.104(c) CCR 1816.7(d)	\$87.50	\$87.50	\$0	\$88	\$438	\$438	0.01%

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Fee	Authority	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
CE Provider Renewal Delinquent Fee	BPC 4908.54 4989.34, 4996.22, 4999.76 CCR 1816.7(f)	\$100.00	§4980.54 (see footnote)	\$9,500	\$8,400	\$10,100	\$11,200	0.14%
Total Revenue				\$7,783,547	\$7,102,861	\$7,595,788	\$7,919,347	

Footnote/Authority Cited: BPC §4999.112(a)(1) - Pay a biennial fee of one-half of the active renewal fee. BPC §4980.54/4989.34 - The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. BPC §4989.44(c) - A license who holds an inactive license shall pay a biennial fee for one-half of the amount of the standard renewal fee.

Budget Change Proposals

Annually, the Board reviews all relevant data such as workload statistics to determine if the Board has sufficient staff resources to address the Board's workload. When the Board determines there is a critical need for additional staff, a Budget Change Proposal (BCP) is submitted.

In the past four fiscal years, the Board has submitted BCPs for additional staff resources. The Board was not successful in its request in FY 2012/2013 and FY 2013/2014.

The BCP submitted for FY 2014/2015 was approved and provided the Board with 7.5 staff positions; one of which was a 2 year limited-term position. These positions were requested due to an increased in existing workload in the licensing and enforcement programs and insufficient staff resources to keep up with the volumes.

The Board's BCP for FY 2015/2016 was also approved. This BCP increased the time base for two (2) existing half-time positions and added two (2) new positions for the Examination Restructure. One of the new positions received is a 2 year limited-term position.

The chart below reflects the outcome of the Board's proposed BCPs since the last Sunset Review.

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Table 5. Budget Change Proposals (BCPs)								
BCP ID #	FY	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
#1110-03	FY 15/16	Special fund budget augmentation in the Board's Licensing and Examination Units	3 Total 2-MST .5 SSA .5 OT	3 Total 2-MST (2 yr LT) .5 SSA .5 OT	\$148,000	\$148,000	\$0	\$0
#1110-09	FY 14/15	Special fund budget augmentation in the Board's Enforcement Units	4.5 Total 1-SSM 1.5-AGPA 1-SSA 1-OT	4.5 Total 1-SSM 1.5-AGPA 1-SSA 1-OT	\$364,000	\$364,563	\$66,000	\$65,437
#1110-10	FY 14/15	Special fund budget augmentation in the Board's Licensing Unit	3-MST	2-MST 1-MST (2 yr LT)	\$176,000	\$176,542	\$42,000	\$41,458
	FY 13/14	Special fund budget augmentation in the Board's Licensing Unit	1-MST	0	\$51,967	\$0	\$11,033	\$0
	FY 13/14	Special fund budget augmentation in the Board's Administration Unit	1-OA	0	\$44,967	\$0	\$9,033	\$0
#1110-02	FY 13/14	Position authorization in the Board's Licensing and Enforcement Units	1 Total .5-SSA .5-OT	0	\$0	\$0	\$0	\$0
#1110-01	FY 12/13	Position authorization in the Board's Licensing and Enforcement Units	1.2 Total .2-AGPA 1-OT	0	\$0	\$0	\$0	\$0

Staffing Issues

Currently, the Board has authorization for 51.2 staff positions and 1.6 blanket positions (BL12-03). The Board received approval for additional staff in fiscal year 2014/2015 which allowed the Board to make critical and positive changes to the organizational structure to ensure that the Board's mission and business operational needs are met.

Vacancies

The Board currently has three vacancies and has initiated recruitment efforts to fill the following positions; 1 Management Services Technician (Examination Unit), 1 Office Technician (Licensing Unit), 2 Office Technicians (Cashiering Unit). The Board is also recruiting for a seasonal clerk to assist with front office clerical duties.

The Board has reclassified several positions over the years to align the tasks with appropriate civil service classifications. Each vacancy is evaluated in conjunction with the Board's operational needs. If appropriate, the vacancy is reclassified or reassigned to another unit. The Board makes every effort to fill the vacancies to provide the highest level of customer service possible with its existing resources.

Use of Temporary Staff to Meet Operational Needs

The Board has entered into a Memorandum of Understanding with the Department of Consumer Affairs (DCA) to utilize staff from another unit within the DCA. This redirection of staff from DCA to the Board has allowed the Board to reduce its application backlog and process increasing workload. The Board assumes all costs associated with these positions.

The Board has also engaged the services of American Association of Retired Persons (AARP) Program candidates. These individuals work a limited number of hours and are paid through AARP. The goal of the AARP Program is to increase the individual's skill set and knowledge to increase their permanent employment opportunities.

Reclassification of Positions and Organizational Realignment

Managing a complex, dynamic organization requires the flexibility to adjust the workforce to respond with maximum efficiency to the emerging and changing needs of the organization. Thus, the Board has requested redirection of two additional staff members to the Examination Unit to assist with the Examination Restructure implementation effective January 1, 2016.

The Board has realigned the Examination Unit which is currently under the Licensing Manager, to the oversight of the Administration Unit Manager. This organizational change was made to improve operational efficiencies and to assist the Board in

achieving increased organizational effectiveness per the Board's Strategic Plan Goals 5.1 and 5.2. This change has also increased the Board's effectiveness as a consumer protection agency by allowing the Board to dedicate resources in achieving this goal with sufficient oversight.

Additional efforts to improve the effectiveness of the Board include reclassifying two existing Management Services Technician positions to Staff Services Analyst (SSA) positions within the Licensing Unit. Both of these positions act as Lead Evaluators and provide guidance to first level evaluators and clerical staff within the Licensing Unit. Further, the SSAs serve as Outreach Analysts to coordinate outreach activities for prospective applicants for licensure.

For many years the Board was unable to consistently conduct or participate in outreach events due to travel and staffing constraints. This reclassification has allowed the Board to resume and implement a cost-effective way to educate applicants and licensees. Specifically, each Outreach Analyst is responsible for developing informational video tutorials regarding the licensure process, informational brochures and attending professional association events.

On January 1, 2015 the Board's changes to its Continuing Education Program became effective. As a result, the Board no longer approves Continuing Education Provider applications. The absence of this workload allows the Board to resume conducting continuing education audits on a more regular basis. In addition, the SSA for the continuing education program serves as the Licensing Unit Statistical Analyst and is responsible for the completion of licensing statistical reports, licensing performance measures, and the Department's Annual Report. Also, the SSA represents the Board and work closely with the BreEZe team on the implementation of the new Licensing Performance Measures mandated by Executive Order B-13-11 reporting requirements.

An Office Technician in the Cashiering Unit was reclassified to a Staff Services Analyst position. Since the implementation of BreEZe in October 2013, the Board has required an analyst to serve as a Lead Cashiering Analyst and a Business Processes & Data Information Compliance Analyst. The complexity of the cashiering functions now requires a high level of analysis, evaluation, and interpretation to resolve functionality issues and to recommend solutions for efficiency. The incumbent also serves as the Board's BreEZe Subject Matter Expert regarding all cashiering functions.

Previously, the Board's Enforcement Program employed one Staff Services Manager I (SSMI) to provide program oversight and manage the day to day operations for 18 employees. The workload in an enforcement program is complex and requires a significant amount of time, attention to detail, and critical analysis. The time commitment needed to perform a comprehensive review of all investigation reports, citations and fines, and disciplinary documents left the SSM1 barely enough opportunity to focus on

other tasks such as program oversight, personnel management, and Subject Matter Expert recruitment.

In fiscal year 2014/2015 the Board received approval to hire an additional SSMI. This additional manager position has allowed the Board to reorganize the Enforcement Program; splitting the program into two units - the Criminal Conviction and Probation and the Consumer Compliant and Investigations Units. This change affords the Board the opportunity to improve its program's efficiency by providing consistent oversight through sufficient managerial resources. It also ensures all statutory timelines are met and enforcement procedures are followed.

Staff Turnover and Retention

The Board has experienced minimal staff turnover and has a high level of staff retention. The Board provides a safe and productive work environment that is flexible, positive, and supportive of staff development. The longevity of employment with the Board by many of the current staff speaks well of the Board's retention efforts. In February 2015, eight staff members were recognized for over 20 years of service with the Board. Further, 15 staff members were acknowledged in August 2015 for their years of service with Board which ranged from 5 years to 15 years. The chart below reflects the number of vacancies at the end of each fiscal year since the 2012 Sunset Review.

Vacancy Rate*					
Fiscal Year	2011-12	2012-13	2013-14	2014-15	Average
Vacancies	0	1.5	2	2	
Authorized Positions	42.3	40.7	40.7	48.2	
Vacancy Rate	0%	4%	5%	4%	3%

**The vacancy rate reflected is the number of vacant positions at the end of the fiscal year*

Succession Planning

The Board recognizes the importance of institutional knowledge and succession planning. Procedure manuals for each position incorporate this knowledge and provide the staff member with not only the necessary tasks, but also an understanding of the Board's objectives and goals. The Board maintains procedure manuals to ensure consistency of operations and to transfer knowledge when vacancies occur.

Staff development and mentoring is vital to succession planning. In addition to the training available, as special projects arise, staff is afforded the opportunity to participate. These opportunities provide staff the experience necessary to qualify for promotional opportunities within the Board. The Board also cross-trains staff and uses department training courses to improve the skills of its employees to prepare them for additional duties and career development. In 2015, in an effort to improve the Board's service to stakeholders, all Board staff attended customer service training.

Licensing Program

Licensing Performance Targets and Activity

The performance targets for the licensing program are from the California Code of Regulations, Title 16, Division 18, Article 1, Section 1805.1, Permit Processing Times. The following table reflects the Board’s performance target and current processing times as of November 1, 2015.

Licensing Performance Targets			
	Maximum Time for Notifying Applicant of Deficient or Complete Application	Maximum Time to Issue or Deny License or Registration after application complete	Current Processing Times (as of 11/1/2015)
LMFT Intern Registration (“IMF”)	60 days	30 days	7 days
LCSW Associate Registration (“ASW”)	60 days	30 days	10 days
LPCC Intern Registration (“PCI”)	60 days	30 days	35 days
LMFT License*	90 days	120 days	50 days
LCSW License*	90 days	120 days	16 days
LEP License*	90 days	120 days	8 days
LPCC License*	90 days	120 days	29 days
All Renewals	30 days	60 days	8 days

**Approval is the eligibility for the licensing examination.*

The Board recently eliminated the severe application backlog that was a result of a series of simultaneous events. Stagnant staffing levels, increasing application volumes, furloughs, hiring freezes, and implementation of a new licensing program and a database system, created an unprecedented backlog of applications for the licensure examination. As a result, many applicants experienced an eight to nine month delay in processing their application to take the licensure examination.

In Fiscal Year 2014/2015 the Board received additional staffing resources for its Licensing Unit. Additionally, the Board hired seasonal clerks and entered into a Memorandum of Understanding with the Department of Consumer Affairs (DCA) to

temporarily utilize staff from another DCA department to assist the Board in reducing the application backlogs.

The efforts of the additional permanent and temporary licensing staff, as well as the effort of the licensing manager in redesigning the business process, have made significant progress in reducing processing times to reasonable levels. Currently, the Board is meeting and/or exceeding the performance targets set forth in regulations. Applications for registration as a Professional Clinical Counselor Intern and initial licensure examinations are taking less than sixty days to process. All other applications are processed within thirty days.

Licensing Activity

How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

The following tables provide the licensing, registration, and renewal activity by fiscal year.

Table 6. Licensee Population					
		FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Marriage and Family Interns	Active	15358	16358	15908	16262
	Delinquent	n/a	n/a	6365	3010
Associate Clinical Social Workers	Active	10139	10714	10687	12215
	Delinquent	n/a	n/a	4062	2284
Professional Clinical Counselor Interns	Active	41	273	611	1098
	Delinquent	n/a	n/a	46	116
Licensed Marriage and Family Therapist	Active	32546	33713	29908	31638
	Current Inactive	n/a	n/a	4342	4302
	Delinquent	n/a	n/a	2349	2403
Licensed Clinical Social Worker	Active	13470	20076	18033	19027
	Current Inactive	n/a	n/a	2396	2427
	Delinquent	n/a	n/a	1336	1388
Licensed Educational Psychologist	Active	1821	1813	1299	1323
	Current Inactive	n/a	n/a	442	442
	Delinquent	n/a	n/a	347	376
Licensed Professional Clinical Counselor	Active	61	427	905	1245
	Current Inactive	n/a	n/a	13	24
	Delinquent	n/a	n/a	12	13
Continuing Education Provider	Active	2587	2646	2583	2414
	Delinquent	n/a	n/a	415	436
Totals		76023	86020	102059	102443

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Table 7a. Licensing Data by Type						
Licensed Marriage and Family Therapist		Received	Approved	Cycle Times*		
				Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	4205	4096	48	52	50
	Exam	2230	2217	152	164	158
	License	N/A	1540	N/A	N/A	N/A
FY 2012/13	Registration	4382	3900	26	31	29
	Exam	2378	1683	144	165	154
	License	N/A	1837	N/A	N/A	N/A
FY 2013/14	Registration	4473	3873	N/A	N/A	16
	Exam	2422	1780	N/A	N/A	107
	License	1478	1291	N/A	N/A	18
FY 2014/15	Registration	4139	4192	N/A	N/A	13
	Exam	2637	3559	N/A	N/A	93
	License	2416	2285	N/A	N/A	13

Licensing Data by Type						
Licensed Clinical Social Worker		Received	Approved	Cycle Times*		
				Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	2916	2681	51	56	54
	Exam	1454	1220	60	90	75
	License	N/A	1117	N/A	N/A	N/A
FY 2012/13	Registration	2886	2799	44	49	47
	Exam	1587	962	121	154	138
	License	N/A	995	N/A	N/A	N/A
FY 2013/14	Registration	3400	2648	N/A	N/A	22
	Exam	1588	1181	N/A	N/A	152
	License	885	738	N/A	N/A	17
FY 2014/15	Registration	3551	3347	N/A	N/A	13
	Exam	1618	1335	N/A	N/A	108
	License	1442	790	N/A	N/A	14

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Licensed Educational Psychologist		Received	Approved	Cycle Times*		
				Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	N/A	N/A	N/A	N/A	N/A
	Exam	106	88	35	78	57
	License	N/A	90	N/A	N/A	N/A
FY 2012/13	Registration	N/A	N/A	N/A	N/A	N/A
	Exam	104	96	31	60	46
	License	N/A	70	N/A	N/A	N/A
FY 2013/14	Registration	N/A	N/A	N/A	N/A	N/A
	Exam	91	83	N/A	N/A	46
	License	83	57	N/A	N/A	15
FY 2014/15	Registration	N/A	N/A	N/A	N/A	N/A
	Exam	102	104	N/A	N/A	11
	License	107	109	N/A	N/A	13

Professional Clinical Counselor		Received	Approved	Cycle Times*		
				Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	Registration	187	41	119	139	126
	Exam GP	3733	1841	N/A	N/A	N/A
	Exam Trad	55	5	N/A	N/A	N/A
	License	N/A	61	N/A	N/A	N/A
FY 2012/13	Registration	398	220	47	106	77
	Exam GP	0	1509	N/A	N/A	N/A
	Exam Trad	57	46	N/A	N/A	N/A
	License	N/A	373	N/A	N/A	N/A
FY 2013/14	Registration	572	480	N/A	N/A	45
	Exam GP	0	0	N/A	N/A	N/A
	Exam Trad	63	36	N/A	N/A	21
	License	603	484	N/A	N/A	19
FY 2014/15	Registration	657	561	N/A	N/A	34
	Exam GP	0	0	N/A	N/A	N/A
	Exam Trad	141	89	N/A	N/A	6
	License	329	334	N/A	N/A	13

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Continuing Education Provider		Received	Approved	Cycle Times*		
				Complete Apps	Incomplete Apps	Average Days To Approve
FY 2011/12	License	265	249	57	79	68
FY 2012/13	License	262	234	58	69	64
FY 2013/14	License	249	232	N/A	N/A	22
FY 2014/15	License	165	163	N/A	N/A	29

*Cycle Times: Complete Apps and Incomplete Apps data was collected for Registrations and Exam applications prior to the implementation of Breeze. New reports and data points have been implemented in Breeze to allow the Board to collect this data in the future.

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Table 7b. Total Licensing Data				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Initial Licensing Data:				
Initial License/Initial Exam Applications Received	15,191	12,054	15,907	17,304
Initial License/Initial Exam Applications Approved	15,246	14,724	12,883	16,868
Initial License/Initial Exam Applications Closed	NA	NA	NA	NA
License Issued	3,057	3,509	2,802	3,681
Initial License/Initial Exam Pending Application Data:				
Pending Applications (total at close of FY)	0^	0^	3,024	436
Pending Applications (outside of board control)*	NA	NA	NA	NA
Pending Applications (within the board control)*	NA	NA	NA	NA
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):				
Average Days to Application Approval (All - Complete/Incomplete)	84	79	42	30
Average Days to Application Approval (incomplete applications)**	NA	NA	NA	NA
Average Days to Application Approval (complete applications)**	NA	NA	NA	NA
License Renewal Data:				
License Renewed	45,930	47,214	47,427	51,648
<p>** Optional. List if tracked by the board.</p> <p>^ The previous database did not track initial license applications received. These are applications from individuals who were successful in the licensure examinations. Therefore, the value is reported as "0" as the actual number is negative and not reflective of the actual work of the Board.</p>				

Verification of Applicant Information

The Board considers background checks of applicants vital to its consumer protection mandate. Applications are reviewed for previous criminal convictions and disciplinary actions against a professional license.

Applicants are required to declare, under penalty of perjury, whether they have ever been convicted of, pled guilty to or pled nolo contendere to, any misdemeanor or felony. Applicants must also declare, under penalty of perjury, whether they have been denied a professional license or had license privileges suspended, revoked or disciplined, or if they have ever voluntarily surrendered a professional license in California or other state.

If an applicant reports such an act, the Board requires the applicant to provide a written explanation, documentation relating to the conviction or disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences.

The Board uses a variety of methods to determine the accuracy of an applicant's declarations. For criminal conviction history, California law authorizes the Board to conduct criminal record background checks to help determine the eligibility of a person applying for a license or registration. The Board requires all applicants to submit fingerprints through the Department of Justice (DOJ) which then provides the Board's authorized personnel with access to information contained in the DOJ's Criminal Offender Record Information Database (CORI). The Board requires both a DOJ and Federal Bureau of Investigation (FBI) criminal history background check on all applicants for licensure or registration. If an applicant has a criminal history the DOJ will notify the Board of the results in approximately fourteen to thirty days.

Does the board fingerprint all applicants?

Yes. All applicants are required submit fingerprints prior to the issuance of a license or registration. The application is held until both the DOJ and the FBI have issued fingerprint clearances.

Have all current licensees been fingerprinted? If not, explain.

Yes. In 2009, the Board promulgated California Code of Regulations, Title 16, Section 1815 requiring all licensees and registrants who have not previously submitted fingerprints as a condition of licensure or registration to successfully complete a state and federal level criminal offender record information search. This project has been completed and all licensees and registrants have either complied with this requirement, or the Board has pursued enforcement action for non-compliance.

Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

Yes. The Healthcare Integrity and Protection Databank is the national databank relating to disciplinary boards. Information contained in the databank is provided by state regulatory agencies and other entities that are required to report disciplinary information. However, not all entities consistently comply with the reporting requirement. Therefore, the information may be either non-existent or out of date. The Board or the applicant is required to pay a fee for each query prior to receiving a response.

In 2012 the Board discussed using the national databank as an additional tool to verify an applicant's background. The Board examined the limitations and the fees associated with the databank. After considering these factors, the Board was unclear if using this tool would provide any additional benefit.

Currently, the Board verifies an out-of-state applicant's licensure status through other state regulatory boards. This verification process also provides any disciplinary history, if it exists. For verification of in-state licensure status the Board can check for prior disciplinary actions through the Commission on Teacher Credentialing, the Consumer Affairs System (CAS), and the DCA Breeze System.

At each renewal, all licensees and registrants are required to report to the Board any conviction or disciplinary action taken against their license or registration during the last renewal cycle. Once notified of the conviction or disciplinary action, the Board requests all relevant documentation to determine if any action by the Board is necessary.

Does the board require primary source documentation?

Yes, the Board requires a sealed transcript from the applicant's educational institution in order to verify and document that educational requirements have been met. Additionally, the Board requires licensure certifications from the other state licensing board when an applicant has held an out-of-state license.

Licensure Requirements

Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board does not have reciprocity with any other state licensing board. Any person from another state seeking licensure as an LMFT, LCSW, LEP or LPCC in California must satisfy all California licensing requirements, pass the required licensing

examinations and apply for licensure. The statutory requirements for out-of-state or out-of-country applicants are as follows:

Licensed Marriage and Family Therapists

The Board may issue a license to a person who, at the time of submitting an application for licensure holds a valid registration or license issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or county, if all of the following requirements are satisfied:

- The applicant's education is substantially equivalent;
- An applicant for licensure or registration with a degree obtained from an education institution outside the United States shall provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation services (NACES) and shall provide other documentation the Board deems necessary;
- The applicant's supervised experience is substantially equivalent to that required for a license under the Board.
- Completion of specific additional coursework;
- Attainment of 18 years of age; and
- The applicant passes the examinations required to obtain a license.

Licensed Clinical Social Workers:

The Board may issue a license to any person who, at the time of application, holds a valid active clinical social work registration or license issued by a board of clinical social work examiners of corresponding authority of any state; if the person passes the licensing examinations required by licensing statutes and pays the required fees, and if all of the following requirements are satisfied:

- The applicant's master's degree is from an accredited school of social work;
- Attainment of 21 years of age;
- The applicant's experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent;
- Completion of specific additional coursework
- An applicant for licensure or registration trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a master's of social work degree that is equivalent to a master's degree issued from school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work

Education; and the applicant passes the examinations required to obtain a license.

License Educational Psychologists

The Board may issue a license as an educational psychologist if the applicant satisfies the following requirements:

- Possession of, at minimum, a master's degree in psychology, educational psychology, school psychology, counseling and guidance, or a degree deemed equivalent. This degree shall be obtained from an educational institution accredited by Western Association of Schools and College; Northwest Association of Secondary and Higher Schools; Middle States Association of Colleges and Secondary Schools; New England Association of Colleges and Secondary Schools; North Central Association of Colleges and Secondary Schools; and Southern Association of Colleges and Schools.
- An applicant for licensure trained in an educational institution outside the United States shall possess a degree that has been evaluated by the Credentials Evaluation Service of the International Education Research Foundation, Inc. for equivalency to the required degrees.
 - Attainment of 18 years of age.
 - Successful completion of 60 semester hours of postgraduate work in pupil personnel services.
 - Two years of full-time, or the equivalent to full-time, experience as a credentialed school psychologist in the public school.
 - One year of supervised professional experience in an accredited school psychology program; or one year of full-time, or the equivalent to full-time, experience as a credentialed school psychologist in the public schools obtained under the direction of a licensed educational psychologist or a licensed psychologist.
 - The applicant passes the examination required to obtain a license.

Licensed Professional Clinical Counselors

The Board may issue a license to a person who, at the time of submitting an application for licensure holds a valid registration or license as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction, if all of the following requirements are satisfied:

- The applicant's master's degree in counseling or psychotherapy in content and is substantially equivalent;

- The applicant's experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent;
- Completion of specific additional coursework
- An applicant for licensure or registration trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is equivalent to a degree earned from an institution of higher education that is accredited or approved. These applicants shall provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services and shall provide any other documentation the Board deems necessary; and
- The applicant passes the examinations required to obtain a license.

Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

In May 2015, the Board changed all registration and examination eligibility applications to inquire whether or not the applicant is serving or had ever served in the United States Armed Forces or the California National Guard. The Department of Consumer Affairs is revising the Breeze Database in order for boards to begin collecting and maintaining statistics on these changes. The Board will begin tracking and collecting statistics on these individuals as soon as we are able to collect this information on our database.

How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board? What regulatory changes has the board made to bring it into conformance with BPC § 35?

To date, the Board has not received an application in which military education, training or experience was submitted towards the licensing requirements. Therefore, there does not appear to be a need for the Board to propose any regulatory changes at this time.

The Board has very specific requirements for education and experience in its licensing laws. Currently, if an applicant for registration of licensure had military education and experience, the Board would conduct a review to determine whether or not it was

substantially equivalent to current licensing requirements. This would be done on a case by case basis, depending on the specific characteristics of the individual's education and experience.

The Board is not aware of any instance in which an individual had military education and/or experience. This is not tracked by the Board and there is not a common provider of military education or experience that the Board sees cited on incoming applications. The Board may occasionally see supervised experience obtained at an out of state military base. This experience may be accepted by the Board if it can determine that the supervision was substantially equivalent, and upon verification that the supervisor is an equivalently licensed acceptable professional who has been licensed at least two years in his or her current jurisdiction and is in good standing.

The U.S. Army Medical Service Corps lists two types of behavioral health job descriptions on its website. These two are:

- Social Workers - Army Social Workers practice within a broad spectrum of practice areas and settings. Appointment as a social worker requires a master's degree in social work with emphasis in clinical practice from a program accredited by the Council on Social Work Education. The social worker must also have a state license in social work that allows clinical independent practice; and
- Clinical Psychologists – Army clinical psychology officers provide a full range of psychological services to soldiers, family member and military retirees. Assignment options include major medical centers, community hospitals and clinics. Appointment as a clinical psychologist requires a doctorate in clinical or counseling psychology, a clinical psychology internship at an APA accredited program, and an unrestricted license to practice clinical or counseling psychology in the U.S.

Aside from utilizing social workers or clinical psychologists who are already state-licensed, the Board has not been made aware of any military programs that offer training to those seeking licensure as a psychotherapist. If such a program were presented to the Board, it would need to be evaluated to see if the education and experience gained met current licensing requirements.

How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

Pursuant to BPC § 114.3, the Board has waived the renewal requirements and fees for two registrants and two licensees; with a minimal impact of \$370 for Fiscal Year 2014/2015.

How many applications has the board expedited pursuant to BPC § 115.5?

Pursuant to BPC § 115.5, the Board was not required to begin expediting applications until July, 2016; however, it was determined that this process would not be difficult to implement. Therefore the Board began expediting applications for military veterans and their spouses in January 2015. The Board has expedited over 200 the applications for registrants and examination eligibility applicants who met the requirements since January 2015.

Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Board sends No Longer Interested (NLI) notifications to Department of Justice (DOJ) on an ongoing basis. The board is sending NLI notifications manually as there is no mechanism in place at this time to send NLI notifications to DOJ electronically. The Board sends notification to DOJ regarding all abandoned applications and all deceased, retired, canceled, revoked, and surrendered licenses or registrations.

Additionally, when the Board receives Criminal Offender Record Information (CORI) regarding a registrant or a licensee for whom the Board no longer wishes to receive information on, the Board immediately sends a NLI notification to DOJ.

Examinations

The following tables reflect the Board's examination data. All Board developed examinations are administered through the Board's testing vendor. The examination is not offered in multiple languages.

Table 8. Examination Data							
California Examination							
	License Type	LMFT		LCSW		LEP	LPCC
FY	Exam Title	Std.*	CV*	Std.*	CV*	Std.*	CA Law Ethics *
FY 11/12	# of 1 st Time Candidates	1189	1027	683	695	64	N/A
	Pass %	78%	77%	65%	75%	75%	N/A
FY 12/13	# of 1 st Time Candidates	1376	1455	817	822	63	10
	Pass %	72%	90%	73%	77%	79%	59%
FY 13/14	# of 1 st Time Candidates	1378	1434	762	720	49	24
	Pass %	76%	82%	74%	69%	50%	63%
FY 14/15	# of 1 st time Candidates	1819	1665	983	875	79	98
	Pass %	74%	82%	76%	77%	86%	85%
Date of Last OA		2012		2010		2009	2010
Name of OA Developer		OPES		OPES		OPES	OPES
Target OA Date		2017		2016		2016	2017

*Board developed examinations. Std=Standard Written. CV=Clinical Vignette

National Examination offered by NBCC		
	License Type	LPCC
FY	Exam Title	NCMHCE*
FY 11/12	# of 1 st Time Candidates	107
	Pass %	54%
FY 12/13	# of 1 st Time Candidates	117
	Pass %	63%
FY 13/14	# of 1 st Time Candidates	335
	Pass %	67%
FY 14/15	# of 1 st time Candidates	204
	Pass %	62%
Date of Last OA		2010
Name of OA Developer		NBCC
Target OA Date		2017

*National Clinical Mental Health Counseling Examination

LPCC Examinations During the Grandparent (GP) Application Period				
	License Type	LPCC	LPCC	LPCC
FY	Exam Title	GP Law & Ethics *	Gap MFT*	Gap LCSW*
FY 11/12	# of 1 st Time Candidates	147	225	8
	Pass %	81%	99%	100%
FY 12/13	# of 1 st Time Candidates	277	183	6
	Pass %	80%	84%	100%
FY 13/14	# of 1 st Time Candidates	55	298	6
	Pass %	62%	80%	100%
FY 14/15	# of 1 st time Candidates	N/A	2	N/A
	Pass %	N/A	100%	N/A
Date of Last OA		2010	2010	2010
Name of OA Developer		OPES	OPES	OPES
Target OA Date		N/A	N/A	N/A

*Board developed examinations. Gap=examination assessing differences between LMFT or LCSW practice and LPCC practice.

Describe the examinations required for licensure.

LMFT, LCSW, and LPCC candidates are required to take and pass two examinations for licensure. LMFT & LCSW candidates are required to take and pass both the California Standard Written examination and the Written Clinical Vignette Examination. The Standard Written Examination consists of 175 questions and the Clinical Vignette Examination consists of 30 items. Both the LMFT and LCSW examinations are developed by the Board.

LPCC candidates must take and pass a California Law and Ethics examination and the National Clinical Mental Health Counseling Examination (NCMHCE). The NCMHCE is administered and developed by the National Board of Certified Counselors (NBCC). The California Law and Ethics examination is developed by the Board.

LEP candidates are only required to take and pass the LEP Written examination, which consists of 100 questions. This written examination is developed by the Board.

The Board works year round with the Office of Professional Examination Services and Board Subject Matter Experts to develop its examinations. The examinations are multiple-choice and are administered electronically at sites throughout the state.

Is a national exam used? Is there a California specific exam required?

The Board currently develops all of its own exams except for the clinical exam required for LPCC licensure. LPCCs must take and pass the National Clinical Mental Health Counseling Examination.

LPCCs must also take and pass a California-specific law and ethics examination in addition to the national examination. Effective January 1, 2016, LCSW candidates will be required to take and pass the ASWB national clinical examination.

What are pass rates for first time vs. retakes in the past 4 fiscal years?

Please refer to the previous table.

Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

Yes. All of the Board's examinations are administered using computer-based testing. Once the Board approves a candidate's application, the Board sends the candidate's information to the contracted testing vendor. The candidates are sent information that instructs them to contact the testing vendor to schedule the examination. Currently the Board's testing vendors' offer multiple testing sites throughout California and many out-of-state sites at which candidates can schedule to take these examinations. The Board's current testing vendor for Board developed examinations offers testing six days a week (Monday-Saturday) year round except major holidays.

NBCC offers the NCMHCE examination Monday through Friday on authorized dates. Specifically, the NCMHCE examination is offered the first two weeks of every month.

Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

No.

School Approvals

Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The Board does not approve schools. The Board will confirm a school's degree program has coursework that satisfies the educational requirements for licensure.

Applicants for licensure as a Licensed Marriage and Family Therapist (LMFT) must obtain a doctor's or master's degree from a school, college, or university approved by or accredited by one of the following entities.

- Bureau for Private Postsecondary and Vocational Education (BPPE);
- Commission on the Accreditation of Marriage and Family Therapy Education; or,
- A regional accrediting agency recognized by the United States Department of Education.

Applicants for licensure as a Licensed Clinical Social Worker (LCSW) must obtain a master's degree from a school of social work, accredited by the Commission on Accreditation of the Council on Social Work Education.

LEP licensure candidates must obtain a master's degree from a regionally accredited university. Regionally accredited schools include:

- Western Association of Schools and Colleges
- Northwest Association of Secondary and Higher Schools
- Middle States Association of Colleges and Secondary Schools
- New England Association of Colleges and Secondary Schools
- North Central Association of Colleges and Secondary Schools
- Southern Association of Colleges and Schools

Applicants for licensure as a Licensed Professional Clinical Counselor (LPCC) must obtain a doctor's or master's degree from a school, college, or university approved by or accredited by one of the following entities:

- Bureau for Private Postsecondary and Education (BPPE);
- Western Association of Schools and Colleges, or,
- A regional accrediting agency recognized by the United States Department of Education.

How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

As previously stated the Board does not approve schools. Rather, the Board confirms the educational institution has coursework within the degree program that satisfies California licensure requirements.

What are the board's legal requirements regarding approval of international schools?

As previously stated the Board does not approve schools. Rather, the Board confirms the educational institution has coursework within the degree program that satisfies California licensure requirements.

Continuing Education and Competency Requirements

Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Current law requires all licensees of the Board, as a condition of biennial licensure renewal, to complete 36 hours of continuing education ("CE") in, or relevant to, the licensee's respective field of practice (BPC Section 4980.395, 4989.34, 4996.26 and 4999.76). An individual must only complete 18 hours of CE in his/her initial license renewal period (Title 16, CCR Section 1887.2).

An exemption from the CE requirement exists if the licensee meets one of the following criteria.

- His/her license is inactive (BPC Section 4984.8, 4989.44, 4997 or 4999.12)
- For at least one year during the licensees' previous license renewal period the licensee was absent from California due to his or her military service;
- For at least one year during the licensees' previous license renewal period the licensee resided in another country;
- For at least one year during the licensees' previous license renewal period the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist.

Since the last Sunset Review, the Board has made significant changes to its continuing education program. The Board established the Continuing Education Program Review Committee in 2012 to work with stakeholders to improve the quality and content of continuing education. As a result of the Committee's work, the Board proposed regulations that ceased the Board's Continuing Education Provider program.

Effective January 1, 2015, the Board no longer approves CE providers. Additionally, the Board ceased renewing existing Board CE Providers on June 30, 2015. Instead, licensees are now required to obtain CE from a Board recognized approval agency, a

recognized continuing education provider, an educational institution, or a Board CE provider possessing a valid provider number.

The Board's analysis of the approval agencies revealed a stringent application process with an initial and ongoing review of the coursework offered by the CE provider. All coursework is required to be relevant to the practice of the licensed mental health professional. Specifically, the coursework shall be based upon the methodological, theoretical, research, or practice knowledge base. The coursework must also be related to the ethical, legal, statutory or regulatory policies, guidelines, and standards of the licensed mental health professional. CE providers are also subject to periodic audits by the approval agency. The Board utilized much of this existing framework within the existing approval agencies when it established a process to consider new applicants seeking to become a Board recognized approval agency.

Effective July 1, 2015, licensees may only obtain continuing education from one of the following:

- A Board-approved continuing education provider with a current PCE provider number. (Note: as previously stated, these Board-issued PCE provider numbers will no longer be renewable after July 1, 2015, existing provider numbers that have not expired by July 1, 2015 are valid until expiration)
- An accredited or approved postsecondary institution that meets the requirements set forth in Sections 4980.54(f)(1), 4989.34, 4996.22(d)(1), or 4999.76(d) or the Business & Professions Code.
- A Board-recognized approval agency or a continuing education provider that has been approved or registered by a Board-recognized approval agency. Listed below are the Board recognized approval agencies:
 - National Association of Social Workers (NASW)
 - Association of Social Work Boards (ASWB)
 - National Board for Certified Counselors (NBCC)
 - National Association of School Psychologists (NASP)
 - American Psychological Association (APA)
 - California Association of Marriage and Family Therapists (CAMFT)
 - California Psychological Association (CPA)
- An organization, institution, association or other entity that is recognized by the Board as a continuing education provider. Listed below are the Board-recognized continuing education providers:

- American Association for Marriage and Family Therapy (AAMFT)
- American Association for Marriage and Family Therapy-California Division (AAMFT-CA)
- California Association for Licensed Professional Clinical Counselors (CALPCC)
- California Association for Marriage and Family Therapists (CAMFT)
- National Association of Social Workers-California Chapter (NASW-CA)
- California Society for Clinical Social Work (CSCSW)
- California Association of School Psychologists (CASP)
- California Psychological Association (CPA)
- California Counseling Association (CCA)
- American Counseling Association (ACA)

How does the board verify CE or other competency requirements?

The Board may conduct an audit of a licensee's continuing education hours to confirm compliance with the continuing education requirement.

Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

The Board has the authority to conduct CE audits. However, the number of audits performed in the last four years has been significantly impacted by staffing resources and other high priority tasks. The analyst performing the audits was also tasked with conducting the fingerprint reconciliation on licensees who had not previously fingerprinted. This project was deemed a high priority and was given to this analyst when the limited term positions hired to do the fingerprint project were cut. Consequently, the Board has conducted very few CE audits since 2012. The Board anticipates resuming CE audits in late 2015.

To conduct a CE audit, licensees are randomly selected and required to submit copies of their CE certificates to demonstrate compliance with the CE renewal requirements. Board staff will review the certificates to confirm the CE was taken during the renewal period and from a valid CE provider.

What are consequences for failing a CE audit?

Licensees who fail the CE audit are subjected to a citation and fine (pursuant to Title 16, CCR Sections 1887.3 and 1887.1(b)). Depending on the severity of the violation, fines for failure to comply with the CE requirements may be levied in an amount up to \$1,200. If a licensee fails to comply with the Order of Abatement or pay the determined fine, an

enforcement hold is placed on the license, making the license ineligible for renewal until all conditions are met.

How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The following table reflects the number of audits conducted, audit failures, and percentages in the past four fiscal years. As previously discussed, the lack of sufficient staff resources has contributed to the Board's ability to routinely perform continuing education audits.

CE Audit Table				
	2011/12	2012/13	2013/14	2014/15
Audits Performed	131	50	31	0
Fails	23	8	7	N/A
% of Audits Resulting in Fail	18%	16%	23%	N/A

What is the board's course approval policy?

Prior to the changes to the Board's CE Program, an applicant to become a CE Provider was required to demonstrate that the CE course was directly or indirectly related to the practice of the Board licensees. CE coursework was only reviewed during the application process. The Board lacked the authority to review any CE coursework added after the CE Provider number was issued.

Effective January 1, 2015, the Board no longer approves continuing education providers or coursework. Instead, the Board provides a list of recognized approval agencies or continuing education providers from which Board licensees may obtain their CE hours. These entities have a stringent application process as well as an initial and ongoing review of coursework offered by the approved CE provider.

The approval agencies coursework requirements served as the foundation for the Board's regulations that specify the content for continuing education coursework (Title 16, California Code of Regulations section 1887.4.0).

Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

Effective January 1, 2015, the Board’s recognized approval agencies approve CE providers. Prior to this date, Board staff reviewed all Board CE provider applications and the proposed coursework submitted with the application. Board staff would determine if the proposed coursework satisfied the requirements specified in law. Specifically, staff considered whether or not the proposed coursework was directly or indirectly related to the practice of the mental health professional. The revisions to the Board’s Continuing Education Program now specify the requirements for continuing education coursework content (Title 16, California Code of Regulations section 1887.4.0), which mirrors the Board recognized approval agencies’ coursework content.

How many applications for CE providers and CE courses were received? How many were approved?

The table below reflects the number Continuing Education Provider applications received and approved.

Number of Continuing Education Provider Applications Received and Approved in the Past Four Fiscal Years				
CE Provider	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Applications Received	256	262	253	165
Applications Approved	253	234	227	163

Does the board audit CE providers? If so, describe the board’s policy and process.

The Board’s statutes and regulations never provided the authority for the Board to audit CE providers. With the change in the Board’s Continuing Education Program, periodic audits of CE providers will be conducted by the Board recognized approval agencies.

Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

In 2012, the Board established the Continuing Education Program Review Committee to conduct a comprehensive review of the Board's Continuing Education Program. The Committee held a series of meetings with stakeholders to discuss improving the quality of continuing education, ensuring the coursework was relevant to the practice of Board licensees, and ensuring compliance with the legislative intent of continuing education.

The Committee and stakeholders evaluated existing CE programs available through entities such as the National Association of Social Workers, Association of Social Work Boards, the National Board of Certified Counselors, the National Association of School Psychologists, and the American Psychological Association. The rigor and ongoing evaluation of CE providers and coursework exceeded the Board's current program. Further, the resources necessary to establish a similar program within the Board was not viable.

The Committee and stakeholders agreed that ceasing the Board's current CE provider program would provide higher quality continuing education to Board licensees. As a result, the Board proposed significant changes to its continuing education program. These changes became effective January 1, 2015.

The Committee did discuss continuing competence in 2012. Considering the complexity of continuing competence for a mental health provider, the Committee decided to reconsider this topic at a future date.

Enforcement Program

Enforcement Performance Targets

What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

In 2010, DCA developed standard performance measures for each board and bureau to assess the effectiveness of its enforcement program. DCA established an overall goal to complete consumer complaints within 12 to 18 months (Performance Measure 4). Each board and bureau is responsible for determining its performance target for the remaining performance measures to achieve the 12 to 18 month goal. The Board's performance targets are reflected in the following table.

Currently, the Board is meeting all performance targets with the exception of PM 3 (Cycle Time for cases not resulting in formal discipline) and PM 4 (Cycle Time for cases resulting in formal discipline).

The Board has implemented changes to its internal procedures that will assist the Board in meeting this performance measure. Specifically, the Board revised procedures related to non-jurisdictional cases. Further, the Enforcement Managers conduct regular meetings with staff to discuss case loads and case aging to identify any barrier to complete the case in a timely manner.

DCA set the performance target for PM 4 at 540 days (18 months). Achieving PM 4 is dependent upon the staffing and workload of outside agencies, such as the Attorney General's Office (AG) and the Office of Administrative Hearings (OAH). Any workload and/or staffing issues at the Attorney General's Office and the Office of Administrative Hearings are not within the Board's control. Despite this constraint, the Board continues to evaluate its internal process in an effort to meet Performance Measure 4.

Through the recent reorganization of the Board's enforcement unit, two staff positions are now dedicated to actively monitor all cases referred to the AG office. Additionally, the Board revised its procedure for referring cases to the AG office. Now when a case is referred to the AG office, those cases that the Board would consider settling, the Board provides proposed settlement terms with the referral.

The intent of this new procedure is to engage in settlement discussions with the respondent after the respondent receives notice of the proposed disciplinary action. This change is designed to accomplish two purposes: quicker resolution of cases where

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settlement terms are appropriate and utilizing OAH resources for those cases in which a settlement is not appropriate. The Board continues to review its enforcement data to determine if this change in procedure provides the benefit it is intended to do.

Performance Measure (PM)	Definition	Performance Target	Actual FY 2014/2015
PM 1 Volume	Number of complaints received.	*	*
PM 2 Cycle Time	Average number of days to complete complaint intake.	7 days	5 days
PM 3 Cycle Time	Average number of days to complete closed cases not resulting in formal discipline.	80 days	100 days
PM 4 Cycle Time	Average number of days to complete cases resulting in formal discipline.	540 days	571 days
PM 5 Efficiency (cost)	Average cost of intake and investigation for complaints not resulting in formal discipline.	**	**
PM 6 Customer Satisfaction	Consumer satisfaction with the service received during the enforcement process.	75% Satisfaction	***
PM 7 Cycle Time (probation monitoring)	Average number of days from the date a probation monitor is assigned to a probationer to the date the probation monitor makes first contact.	10 days	1 day
PM 8 Initial Contact Cycle Time (probation monitoring)	Average number of days from the time a violation is reported to the program to the time the assigned probation monitor responds.	1 day	

* Complaint volume is counted and is not considered a performance measure.

** The BreEZe system does not capture this data at this time.

*** Due to lack of consumer response, data is not available for this measure.

Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

On average the Board receives over 2000 consumer complaints and criminal conviction notifications each year. The increased enforcement workload coincides with the Board's increasing licensee population. This is evidenced by the increased number of applications denied, number of AG cases initiated, the number of Accusations and Statement of Issues filed, and the number of new probationers each year. The additional enforcement staff received in Fiscal Year 2014/2015 and the reorganization of the Enforcement Program has allowed the Board to address the increasing enforcement workload. Moreover, the additional staff and manager provide the Board the ability to consistently evaluate internal procedures and analyze enforcement data to identify areas for improvement or legislative change. Examples include dedicated staff to monitor all cases at the AG office, providing settlement terms at the time a case is referred to the AG office, and proposing legislation to establish criteria for a probationer to petition for a modification or early termination of probation.

The Board continues to evaluate workload data and procedures to identify the resources necessary to improve the enforcement program. The additional resources will be requested through the appropriate process. The following tables reflect the Board's enforcement statistics.

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Table 9a. Enforcement Statistics				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
COMPLAINT				
Intake				
Received	986	991	1243	1018
Closed	0	1	65	346
Referred to INV	949	992	1206	642
Average Time to Close (days)	5	7	14	6
Pending (close of FY)	37	35	19	9
Source of Complaint				
Public	773	813	672	751
Licensee Professional Groups	4	8	18	8
Governmental Agencies	7	3	7	12
Other	1168	1241	1260	1338
Conviction / Arrest				
CONV Received	966	1074	714	1091
CONV Closed	967	1074	706	1
Average Time to Close (days)	3	1	8	4
CONV Pending (close of FY)	0	0	5	0
LICENSE DENIAL				
License Applications Denied	42	47	57	53
SOIs Filed	25	28	21	36
SOIs Withdrawn	2	0	0	4
SOIs Dismissed	0	0	0	0
SOIs Declined	0	0	0	0
Average Days SOI	0	0	0	519
ACCUSATION				
Accusations Filed	90	86	64	98
Accusations Withdrawn	10	2	4	4
Accusations Dismissed	5	0	1	0
Accusations Declined	5	9	1	1
Average Days Accusations	713	522	704	885
Pending (close of FY)	186	130	113	136

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Table 9a. Enforcement Statistics				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
DISCIPLINE				
Disciplinary Actions				
Proposed/Default Decisions	16	40	20	31
Stipulations	62	62	49	50
Average Days to Complete	804	857	780	666
AG Cases Initiated	90	86	115	158
AG Cases Pending (close of FY)	157	130	137	136
Disciplinary Outcomes				
Revocation	20	41	24	16
Voluntary Surrender	25	34	25	17
Suspension	0	0	0	0
Probation with Suspension	0	4	2	0
Probation	44	47	45	42
Probationary License Issued	N/A	N/A	N/A	N/A
Other	3	7	8	6
PROBATION				
New Probationers	44	51	47	43
Probations Successfully Completed	4	11	9	20
Probationers (close of FY)	120	126	140	149
Petitions to Revoke Probation	7	15	4	3
Probations Revoked	4	7	7	3
Probations Surrendered	8	6	8	3
Probations Modified	0	1	6	10
Probations Extended	0	0	1	1
Probationers Subject to Drug Testing	N/A	40	50	58
Drug Tests Ordered	N/A	976	1506	1532
Positive Drug Tests	N/A	37	132	133
Petition for Reinstatement Granted	0	0	0	1
DIVERSION				
New Participants	N/A	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A	N/A
Terminations	N/A	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A	N/A

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Table 9c. Enforcement Statistics				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
INVESTIGATION				
All Investigations				
First Assigned	1980	2066	1929	1876
Closed	1972	1999	1255	1822
Average days to close	142	120	138	126
Pending (close of FY)	675	707	611	543
Desk Investigations				
Closed	1980	1969	1232	1854
Average days to close	134	116	130	130
Pending (close of FY)	634	687	566	510
Non-Sworn Investigation				
Closed	61	12	8	75
Average days to close	430	292	108	116
Pending (close of FY)	17	6	22	28
Sworn Investigation				
Closed	20	18	15	31
Average days to close	428	433	222	229
Pending (close of FY)	24	14	23	40
COMPLIANCE ACTION				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Requested	2	2	1	4
Other Suspension Orders	0	0	0	0
Public Letter of Reprimand	0	2	0	1
Cease & Desist/Warning	0	26	0	0
Referred for Diversion	N/A	N/A	N/A	N/A
Compel Examination	1	1	0	0
CITATION AND FINE				
Citations Issued	92	105	39	24
Average Days to Complete	177	147	279	375
Amount of Fines Assessed	\$111,850	\$209,450	\$46,100	\$41,500
Reduced, Withdrawn, Dismissed	\$15,000	\$41,025	\$16,500	\$37,800
Amount Collected	\$71,244	\$28,650	\$20,850	\$17,150
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	0	0	0

Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Avg %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	3	2	12	25	42	11%
2 Years	31	35	44	33	143	38%
3 Years	37	43	35	23	138	37%
4 Years	13	22	13	0	48	13%
Over 4 Years	0	0	0	0	0	0%
Total Cases Closed	84	102	104	81	372	
Investigations (Average %)						
Closed Within:						
90 Days	1025	1137	681	1064	3908	55%
180 Days	410	456	240	351	1457	20%
1 Year	344	274	196	254	1068	15%
2 Years	175	124	106	126	531	7%
3 Years	9	6	14	27	56	1%
Over 3 Years	3	2	3	138	146	2%
Total Cases Closed	1967	1999	1240	1960	7166	

What do overall statistics show as to increases or decreases in disciplinary action since last review?

Overall the Board’s enforcement workload continues to increase. Since the 2012 Sunset Review, the receipt of consumer complaints and criminal conviction notifications increased 5% and 8%. The number of Statement of Issues and Accusations filed increased 112% and 31% respectively. The number of average days to complete all investigations decreased from 675 days reported in Fiscal Year 2010/2011 to 126 days in Fiscal Year 2014/2015.

As noted previously, the average number of days to complete an accusation is higher than the Performance Measure established by DCA. The number of disciplinary outcomes fluctuates year to year and is entirely dependent upon the completion of the disciplinary case. In Fiscal Year 2010/2011 the Board reported receiving 40 proposed decisions. This Sunset Report reflects 31 proposed decisions in Fiscal Year 2014/2015. However, the number of pending cases at the AG office has decreased from 157 in Fiscal Year 2010/2011 to 136 cases in Fiscal Year 2014/2015. During 2011/2012 the number of pending cases at the AG office rose to 186 cases.

The Board’s existing number of probationers has increased 33%; rising from 112 in Fiscal Year 2010/2011 to 149 in Fiscal Year 2014/2015.

The reorganization of the Enforcement Program and additional staff has allowed the Board to keep pace with the increases.

How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)? If so, explain why.

The Board developed its Complaint Prioritization Guidelines in 2009 using the DCA model guidelines for health care agencies. Although similar to the DCA model, the Board modified the complaint categories in the DCA guidelines to reflect the subject areas unique to the Board.

Using these guidelines, complaints are reviewed by Board staff and categorized. Complaints categorized as "urgent" demonstrate conduct or actions by the licensee or registrant that pose a serious risk to the public's health, safety, or welfare. These complaints receive the immediate attention of the Enforcement Manager to initiate the appropriate action.

Complaints categorized as "high" involve allegations of serious misconduct but the licensee's or registrant's actions do not necessarily pose an immediate risk to the public's health, safety, or welfare. "Routine" complaints involve possible violations of the Board's statutes and regulations, but the licensee's or registrant's actions do not pose a risk to the public's health, safety, or welfare.

Are there mandatory reporting requirements?

Listed below are the mandatory reporting requirements.

- BPC section 801(b) requires every insurer providing professional liability insurance to a Board licensee to report any settlement or arbitration award over \$10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services. This report must be sent to the Board within 30 days of the disposition of the civil case.
- BPC section 802(b) requires Board licensees and claimants (or, if represented by counsel) to report any settlement, judgment, or arbitration award over \$10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services. This report must be submitted to the Board within 30 days after the written settlement agreement.

- BPC section 803(c) requires the clerk of the court to report, within 10 days after judgment made by the court in California, any person who holds a license or certificate from the Board who has committed a crime or is liable for any death or personal injury resulting from a judgment for an amount in excess of \$30,000 caused by his or negligence, error or omission in practice or by rendering of unauthorized professional services.
- BPC section 803.5 requires a district attorney, city attorney or other prosecuting agency to report any filing against a licensee of felony charges and the clerk of the court must report a conviction within 48 hours.
- BPC section 805(b) requires the chief of staff, chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic to file an 805 report within 15 days after the effective date which any of the following occurs as a result of an action taken by the peer review body of a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, or Licensed Professional Clinical Counselor: 1) The licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason; 2) the licentiate's membership, staff privileges, or employment is terminated or revoked for medical disciplinary cause or reason.; or, 3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.
- Penal Code section 11105.2 establishes a protocol whereby the DOJ reports to the Board whenever Board applicants, registrants or licensees are arrested or convicted of crimes. In such instances, the DOJ notifies the Board of the identity of the arrested or convicted applicant, registrant or licensee in addition to specific information concerning the arrest or conviction.

Additionally, registrants and licensees are required to disclose at the time of renewal all convictions since their last renewal.

Although the number of reports the Board received from the required entities is low, the Board is not currently experiencing any problems regarding the receipt of reports from entities required to report identified incidents to the Board.

Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Board is subject to a statute of limitations period as set forth in Business and Professions Code section 4990.32 and 4982.05. An accusation must be filed within three years from the date the Board discovers the alleged act or violation or within seven years from the incident date, whichever occurs first. Cases regarding procurement of a license by fraud or misrepresentation are not subject to the limitations.

An Accusation alleging sexual misconduct must be filed within three years after the Board discovers the act or omission alleged as the ground for disciplinary action, or within ten years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. In cases involving a minor patient, the seven and ten year limitation is tolled until the child reaches 18 years of age.

In the last three years the Board has lost jurisdiction in only one case due to the limitation period. As a result, the Board implemented monitoring procedures to ensure that limitation deadlines are identified and that cases are monitored closely through the review and investigation process. If a case is forwarded for formal investigation, the investigator is informed of the limitation deadline and staff frequently follows up with the assigned investigator to track the progress. If violations are confirmed and the case is transmitted to the office of the Attorney General, the Deputy Attorney General assigned to the case is informed of the limitations deadline to ensure prompt filing of charges.

Describe the board's efforts to address unlicensed activity and the underground economy.

The Board provides several publications and information to consumers on its Website relating to the selection of a mental health practitioner and verification of an individual's license status. Any complaint received by the Board related to unlicensed activity is investigated. Investigations confirming unlicensed activity result in the Board issuing a citation and fine up to \$5,000 to the unlicensed individual or referring the case to the Attorney General's Office or the local district attorney's office for appropriate action.

Citation and Fine

Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

A citation and fine order is an alternative means by which the Board can take an enforcement action against a licensed or unlicensed individual who is found to be in violation of the Board's statutes and regulations. The citation and fine program increases the effectiveness of the Board's disciplinary process by providing a more effective method to address relatively minor violations that normally would not warrant more serious license discipline in order to protect the public.

Citations and fine orders are not considered formal disciplinary actions, but they are matters of public record. Business and Professions Code section 125.9 authorizes the Board to issue citations and fines for certain types of violations. A licensee or registrant who fails to pay the fine cannot renew his/her license until the fine is paid in full. The Board has not increased its maximum fine (\$5000) since the last Sunset review.

How is cite and fine used? What types of violations are the basis for citation and fine?

A citation and fine is appropriate if an investigation substantiates a violation of the Board's statutes and regulations, but the violation does not warrant formal disciplinary action. A citation and fine order contains a description of the violation, an Order of Abatement which directs the subject to discontinue the illegal activity, a fine (based on gravity of the violation, intent of the subject and the history of previous violations), and procedures for appeal. Payment of a fine does not constitute an admission of the violation charged, but only as satisfactory resolution of the citation and fine order.

Frequently, citations are issued for violations related to unlicensed practice, practicing with an expired license, record keeping, advertising violations or failure to provide treatment records in accordance with the law.

In assessing a fine, the Board, considers the appropriateness of the amount of the fine with respect to factors such as the gravity of the violation, the good faith of the licensee, and the history of previous violations.

How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

An individual to whom a citation is issued may choose to appeal their case at an informal office conference. The informal office conference is a forum for the individual to provide information or mitigation not previously considered by the Board. Documentary evidence such as sworn witness statements and other records will be accepted. The individual can be present at the informal office conference with or without counsel or he or she may choose to be represented by counsel alone. All information submitted will be considered. The Board may affirm, modify or withdraw the citation. Most citations are uncontested and result in full payment. Since the last review the Board has averaged six informal office conferences each year. During this same time period the Board received six requests for an administrative hearing to appeal the citation and fine.

What are the 5 most common violations for which citations are issued?

The five most common violations for which citations are issued are as follows:

- Misrepresentation as to the type or status of a license or registration held.
- Misrepresentation as to the completion of continuing education requirements.
- Failure to complete specific continuing education coursework requirements.
- Failure to maintain patient confidentiality.
- Providing services for which licensure is required.

What is average fine pre- and post- appeal?

The average fine pre-appeal is \$1730. The average fine post-appeal is \$1042.

Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

The Board utilizes the Franchise Tax Board Intercept Program which allows tax refunds to be intercepted as payment for any outstanding fines. Typically, uncollected fines are related to unlicensed individuals that the Board has limited information on to pursue collection.

Cost Recovery and Restitution

Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

Pursuant to Business and Professions Code Section 125.3, the Board is authorized to request that its licensees who are disciplined through the administrative process reimburse the Board for its costs of investigating and prosecuting the cases. The Board seeks cost recovery regardless of whether the case is settled by stipulation or proceeds to an administrative hearing.

Probationers are afforded a payment schedule to satisfy the cost recovery. However, compliance with cost recovery is also a condition of probation. Non-compliance with this condition may result in the case returning to the AG's Office to seek revocation or to extend the probation term until the cost recovery is made in full.

How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

During the settlement process, the Board will frequently offer to reduce costs as an incentive to settle a case prior to a hearing. This strategy is beneficial to all parties in that hearing costs and time to resolve the matter are reduced, the individual may continue to practice while on probation, and the individual's violations and probation terms are publicly disclosed sooner.

Probationers are required to pay the cost recovery ordered as a condition of probation and must be paid in full prior to the end of probation. The Board establishes a payment schedule for probationers to pay their cost recovery, spreading the payments throughout the probation term.

Cost recovery is not always collected in disciplinary cases that resulted in the surrender of a license. Often, one of the terms in the final order accepting the license surrender requires that the cost recovery must be paid in full, if the individual were to reapply to the Board. In these situations, the individual may never reapply and the Board will not collect the cost recovery.

Table 11. Cost Recovery (list dollars in thousands)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total Enforcement Expenditures*	1,697,178	1,049,902	963,187	1,362,313
Potential Cases for Recovery **	61	63	55	49
Cases Recovery Ordered	60	60	53	48
Amount of Cost Recovery Ordered	117,457	128,590	191,835	207,943
Amount Collected	75,746	58,225	72,457	82,302
* Figure represents Board's Enforcement budget and does not include staff expenditures.				
** "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Are there cases for which the board does not seek cost recovery? Why?

The Board seeks cost recovery in every formal disciplinary case although Administrative Law Judges often reduce the amount of cost recovery payable to the Board. The Board's request is made to the Administrative Law Judge (ALJ) who presides over the hearing. The ALJ may award full or partial cost recovery to the Board or may reject the Board's request for cost recovery.

Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board does use the Franchise Tax Board to collect cost recovery. As noted previously, most of the cost recovery ordered is directly related probationers. All probationers must pay cost recovery in full prior to the completion of their probation term.

Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

Pursuant to Government Code section 11519, the Board may impose a probation term requiring restitution. In cases regarding violations involving economic exploitation or fraud, restitution is a necessary term of probation. The Board may require that restitution be ordered in cases regarding Medi-Cal or other insurance fraud. In addition, restitution would be ordered in cases where a patient paid for services that were never rendered or the treatment or service was determined to be negligent.

Table 12. Restitution (list dollars in thousands)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

Public Information Policies

How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board actively updates its website to provide information regarding board activities as well as legislative and regulatory changes. Additionally, all webcasts of prior board meetings remain on the Board's website.

The Board is currently developing a social media presence (Facebook and Twitter) to increase awareness of the Board and its activities. All Board Meeting and Committee Meeting notices are posted to its website no later than 10 days prior to the meeting. Draft minutes are included in the subsequent meeting's materials packets. Following approval, all Board and Committee Meeting minutes are posted to the Board's website.

Currently, the Board has information regarding its board and committee meetings dating back to 2000.

Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

Since 2012, the Board webcasts all board and some committee meetings. Prior meeting webcasts are available on the Board's website. The Board will continue its practice to webcast all board meetings and, as appropriate, some committee meetings. The length of time to retain webcast of prior meetings has not been established.

Does the board establish an annual meeting calendar, and post it on the board's web site?

Yes. The Board publishes its annual meeting calendar prior to its August Board meeting.

Is the board's complaint disclosure policy consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure? Does the board post accusations and disciplinary actions consistent with DCA's Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010)?

The Board's complaint disclosure policy is consistent with the Public Records Act and the guidelines in DCA's Recommended Minimum Standards for Consumer Complaint Disclosure. The Board posts all disciplinary actions (accusations, statement of issues, and final orders) on its website. Disciplinary information is linked to the individual's record and consumers may view all documents by selecting the link provided.

What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The scope and practice of each Board licensee may be found on the Board's website under the consumer information link and viewing the *What is a LMFT, LCSW, LPCC, and LEP* link. The Board's home page provides a link to licensure verification through BreEZe. Using the BreEZe system a consumer may verify the licensee's issue and expiration date, license type, and view all prior disciplinary action, if any.

License requirements for all licensure types are available on the Board's website. These requirements include completion of a master level degree program, completion of supervised work experience hours, and passing the required licensure examinations. As discussed previously, all disciplinary action is posted on the Board's website.

The Board does not provide information regarding awards, certificates, certifications, or specialty areas of practice.

What methods are used by the board to provide consumer outreach and education?

The Board's website has a designated "Consumer" tab that when selected, provides links to information such as the complaint process, online license verification, Board statistics, public disclosure, and the difference between mental health professionals.

The Board also develops publications such as *Professional Therapy Never Includes Sex and Self-Empowerment – Choosing a Mental Health Professional in California* to provide consumers information to consider when seeking mental health treatment.

The Board also offers a subscriber list that allows anyone to enter their email address to receive email alerts about updates to the Board's website. The subscriber may select the type of information they wish to receive. Examples include general information and enforcement actions.

Online Practice Issues

Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The Board's Strategic Plan Licensing Goal 1.5 is to investigate the use of technology for record keeping and therapeutic services and its effects on patient safety and confidentiality. The Board plans to establish best practices for licensees.

The Board is aware that the delivery of mental health services via electronic means is increasing. Concerns associated with mental health services delivered electronically include patient confidentiality, suitability of the patient to receive services electronically, knowledge of local emergency services to refer the patient to during an emergency, and ensuring the individual providing the service is appropriately licensed.

To address these concerns, the Board is running a rulemaking package to provide criteria for mental health professionals engaging in Telehealth in California. The Board believes this proposal will provide consumer protection and establishes clear expectations for licensees engaged in Telehealth services.

The Board anticipates that additional regulatory and/or legislative proposals will be necessary in the future as the use of Telehealth to treat consumers seeking mental health services increases.

Workforce Development and Job Creation

What actions has the board taken in terms of workforce development?

The Board remains committed to ensuring that mental health professionals are qualified to provide services to California's diverse population. To this end, the Board established the Out-of-State Education Review Committee to identify any barriers to the licensure process in California. As a result of the Committee's work, the Board sponsored legislation that provides greater flexibility to remediate application deficiencies without compromising licensing requirements.

Further, the Board was an active participant in the Office of Statewide Health Planning and Development's Mental Health Services Act Workforce Education and Training Advisory Committee. The Committee and stakeholders collaborated to develop a five year plan to continue its work to develop a diverse workforce and expand the roles of families, individuals, and the community in mental health services.

Describe any assessment the board has conducted on the impact of licensing delays.

The Board's previous application backlog and implementation of BreEZe compelled the Board to review its existing processes and procedures. The lack of sufficient resources did contribute to the Board's processing delays. However, Board management and staff also identified processes that could be eliminated or revised to improve application processing times.

One barrier was the calculation of supervised work experience hours for two of the Board's licensing professions. Both the LMFT and LPCC statutes required supervised work experience hours in various categories with minimum and maximum limits. Throughout the years, the various categories expanded and became a source of confusion for both the registrant gaining the hours and the supervisor approving the hours. Further, the evaluation of these applications was time consuming for Board staff to ensure the correct ratio of supervision and number of supervised work experience hours was gained.

In contrast, the LCSWs do not have the variety of categories in which they must obtain supervised work experience. The LCSW experience hours require supervised work experience in a clinical and non-clinical category with the same ratio of supervision as the LMFTs and LPCCs. Accordingly, these license applications are less time consuming to evaluate.

Through the work of the Supervision Committee, the Committee and stakeholders discussed options and ideas that would be more efficient without compromising public safety or licensure requirements. The Board subsequently sponsored legislation to reduce the categories to two – clinical experience and non-clinical experience for LMFTs and LPCCs. The Board believes this revision will remove a number of barriers that exist in obtaining supervised work experience hours. Additionally, the applications will take less time to evaluate.

The implementation of the BreEZe database system created another opportunity for the Board to evaluate its current processes and procedures. Procedures specifically related to the previous legacy system that were no longer necessary were eliminated. Further, the Board initiated the use of online renewal of licenses and registrations in November 2014. As of October 1, 2015, licensees and registrants are now able to update their address and request a duplicate or replacement certificate online. The Board anticipates releasing additional online features after the implementation of the examination restructure.

Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

In June 2015, due to several revisions to the educational requirements to become a Licensed Marriage and Family Therapist and a Licensed Professional Clinical Counselor, the Board contacted all graduate programs to confirm that their degree programs comply with current educational requirements. The graduate program certification provided by the school identifies specific coursework that satisfies the licensure requirements in California. The schools participating in this project that are confirmed to comply with the law are listed on the Board's website.

Recently, the Board resumed attendance at the Marriage and Family Therapy Consortium Group meetings. This group is comprised of educators who meet on a quarterly basis discussing the education and training of students for licensure as a Licensed Marriage and Family Therapist (LMFT). Board staff provides a quarterly update regarding matters that may affect LMFT students, registrants, and licensees. The update is frequently provided through a conference call or on occasion, in person. Participating in these quarterly meetings provides an opportunity to engage in ongoing dialogue between the educators and the Board regarding current and emerging topics that may affect students and ultimately, LMFTs.

Since 2012, the Board has participated in a webinar with the University of Southern California's School of Social Work to discuss the licensure process with the social work students. Students are able to interact directly with Board staff to ask questions regarding

the licensure process. These webinars are recorded and are subsequently available on YouTube.

The popularity of these webinars inspired the Board to collaborate with the Department of Consumer Affairs Public Affairs unit to develop a video tutorial regarding the licensure process for social workers. This video tutorial is now available on the Board's website. The Board plans to develop video tutorials for the other licensing professions. Video tutorials regarding the changes to the Board's examination process will be available in October 2015.

Provide any workforce development data collected by the board, such as:

a. Workforce shortages

b. Successful training programs.

The Board does not collect data regarding workforce shortages or training programs.

Current Issues

What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The rulemaking package to implement Senate Bill 1441 (Chapter 548, Statutes of 2008) was approved by the Secretary of State on June 23, 2015 and took effect on October 1, 2015.

What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The Enforcement Regulation package to implement the Department of Consumer Affairs Consumer Protection Enforcement Initiative provisions that do not require statutory authority became effective July 1, 2013.

Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The Board was part of Release 1 for the new BreEZe data system. Release 1 was implemented on October 8, 2013. Several members of Board staff worked nearly full time during the design and testing phases in the months leading up to the release.

The transition to BreEZe was challenging, but not impossible. Prior to the implementation of the BreEZe system, Board staff attended training through DCA

SOLID and Board “in-house” training to become familiar with the new data system. The “in-house” training was provided to assist Board staff with their specific job duties.

To manage the transition to BreEZe, Board management established a process during those early days that allowed staff to identify possible issues to existing business procedures due to the data system’s design and functionality. This process allowed Board staff and management to evaluate the issue, determine a possible solution to the issue, and to consider any impact the solution may have to procedures or the data system; and if appropriate, submit a request for change to DCA’s BreEZe team.

The Board opted to phase in some of the online features of BreEZe. The Board determined this strategy was the best method to manage the scope of change for Board staff and stakeholders. In November 2014, the Board released the BreEZe online renewal feature. This release was relatively uneventful. Daily, the use of online renewal is growing.

Since the initial launch of BreEZe, Board staff continues to work with the DCA BreEZe team and the vendor to develop and enhance reports for licensing and enforcement purposes. Additionally, the Board continues its work to identify issues in the data system and to submit a request for change, if appropriate.

Currently Board staff is working with the DCA BreEZe team to implement the requirements for its examination restructure. This collaboration differs slightly from the work completed to initially implement the BreEZe database system. Specifically, the design plan is being developed by Board staff and the DCA BreEZe team and not the vendor.

The completed design plan has been submitted to the vendor to confirm the viability of the plan, obtain estimates for costs and time required to build the design, and support after the design is implemented. The Board’s examination restructure design is a pilot project for the Board and DCA. However, this collaboration appears to be efficient and does provide some cost savings to the Board.

Board Action and Response to Prior Sunset Issues

Include the following:

- 1. Background information concerning the issue as it pertains to the board.***
- 2. Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.***
- 3. What action the board took in response to the recommendation or findings made under prior sunset review.***
- 4. Any recommendations the board has for dealing with the issue, if appropriate.***

ISSUE #1 What is the status of the strategic plan?

2012 Committee Recommendation:

The BBS should advise the Committee of the current status of their Strategic Plan and whether there should be an update of the Strategic Plan.

2012 Committee Comments:

...Considering the Strategic Plan has not been updated since 2010, a review of the Strategic Plan and an update may be warranted. The BBS should review if there have been any impediments to pursuing the goals set forth in the Strategic Plan, ascertain if the goals are currently relevant and make adjustments to the plan in order to guarantee that the goals are achievable.

Board Response:

In August 2013, the Board initiated the process to update its Strategic Plan. The current Strategic Plan in effect through 2017 was adopted on November 21, 2013.

ISSUE #2 What is the status of pending regulations?

2012 Committee Recommendation:

The BBS should inform the Committee of the current status of their implementation of the law. Specifically, what actions has the BBS taken to implement the 5 “pending” regulations including the regulations which would implement SB 1441 and AB 2699?

2012 Committee Comments

..Five regulatory packages were “pending” at the time the Sunset Report was submitted with the notation that one regulation was submitted to OAL for initial notice by the end of 2011, three would be reviewed at the November 2011 Board meeting, and another would be reviewed at the February 2012 meeting. Among these proposals, the regulatory changes to implement SB 1441 (scheduled for review by BBS in November 2011) and AB 2699 (scheduled for review by BBS in February 2012) have been identified as critical items for the BBS to update the Committee about.

Board Response

The Board has completed the rulemaking process for the four of the five regulatory packages referenced in the 2012 Sunset Review. These packages are as follows:

- Enforcement Regulations to implement the Department of Consumer Affairs Consumer Protection Enforcement Initiative provisions that do not require statutory authority. These regulations became effective July 1, 2013.
- Regulations to Implement Senate Bill 363 (Chapter 384, Statutes of 2011) became effective on October 1, 2013.
- Enforcement Regulations to revise the Board’s Disciplinary Guidelines became effective July 1, 2013.
- The rulemaking package to implement Senate Bill 1441 (Chapter 548, Statutes of 2008) was approved by the Secretary of State on June 23, 2015 and took effect on October 1, 2015.

The fifth package, the Examination Restructure Regulations, was withdrawn in May 2013, as staff learned that the implementation date conflicted with the implementation of the BreEZe database system. Therefore, implementation of the Board’s examination restructure was delayed until January 1, 2016.

On November 14, 2014, the Examination Restructure rulemaking package was published in its California Regulatory Notice Register. The public hearing was held on December 29, 2014, and the 45-day public comment period has ended. This proposal is currently under review by the Office of Administrative Law.

The Board has not proposed a rulemaking package to implement the provisions of Assembly Bill 2699 (Chapter 270, Statutes of 2010). This bill proposes exemptions for licensees participating in Sponsored Free Health Care Events. These events often provide free medical, dental, or eye care services and utilize the services of state licensees or perhaps, licensees from other states.

Mental health services are not offered at these events. Attendees at these events may seek information regarding available resources for their current situation. Although a licensee may have this information, providing the information does not require licensure. Therefore, the Board did not propose regulations to implement AB 2699. Furthermore, the Board has not received a request for a licensure exemption for attendance at one of these events.

ISSUE #3 LICENSING- NEW LICENSE CATEGORY

2012 Committee Recommendation:

The BBS should provide an update to the Committee on the current status of the LPCC category including information about training programs, licensed LPCCs and any challenges to implementing this new license category. The BBS should also indicate if any legislation needs to be proposed in order to help the BBS more effectively oversee this facet of the profession and serve the professional interests of licensees.

2012 Committee Comments:

Effective January 1, 2010, a fourth mental health profession, Licensed Professional Clinical Counselor, was added to the Board's jurisdiction....Considering that the LPCC is the newest license category; the Committee desires to know if the Board has fully implemented this new licensing category. What is the current status of training programs for LPCC candidates? What is the current status of newly licensed Professional Clinical Counselors? Have there been any challenges in this process? Is any legislation needed to assist the Board in overseeing the training and/or licensing process for LPCCs?

Board Response:

The Board faced multiple challenges to implement this new licensure program: limited resources, hiring constraints; and fifteen months to develop the infrastructure necessary for a new program. Despite these challenges and through the extraordinary efforts of existing Board staff, the Licensed Professional Clinical Counselor licensure program was established.

Since the last review, the LPCC Grandparent application deadline ended on

December 31, 2011. Qualified applicants who applied using this pathway and completed the licensure process are now licensed. With the end of the LPCC Grandparent pathway, all applicants must apply using the traditional pathway to licensure. As of June 30, 2015, there are 1,260 LPCCs and 1,102 LPCC Interns.

The Board continues its work to refine the LPCC program through regulation and legislative proposals. These proposals either clearly define a statutory requirement or revise existing statutes to remove unnecessary barriers to licensure.

ISSUE #4 WHAT IS THE CURRENT STATUS OF THE NBCC PROCESS

2012 Committee Recommendation:

The BBS should provide an update to the Committee on the current status of the use of the NBCC licensing examination for LPCCs.

2012 Committee Comments:

In 2011, the Board voted to use the National Clinical Mental Health Counseling Examination (NCMHCE) in order to license LPCCs in California. The examination is developed and administered by the National Board for Certified Counselors (NBCC) which is located in North Carolina... Considering that the adoption of the NBCC for licensing LPCCs is a new procedure, the Committee desires to know how this change has or will affect prospective licensees. Has the BBS fully adopted use of the NBCC with its prospective licensees? What is the current status of this process? Have there been any challenges in switching to the NBCC Examination?

Board Response:

The Board continues to use the National Clinical Mental Health Counseling Examination (NCMHCE) to license LPCCs in California. This national examination is offered by the National Board of Certified Counselors (NBCC). The use of this national examination for licensure in California provides the opportunity for licensure portability for not only California licensees; but also for LPCC licensees from other states who wish to practice in California.

The Board has not experienced any significant challenges to use this examination. Exam candidates schedule their examinations directly with NBCC after the Board has approved their application for the examination. Score reports and statistics from NBCC are provided in a timely manner. Additionally, NBCC resolves testing concerns quickly and ensures all candidates requesting testing accommodations pursuant to the ADA are provided with the appropriate accommodation.

ISSUE #5 SHOULD THE BBS USE A NATIONAL DATA BANK TO CHECK THE BACKGROUND OF APPLICANTS FOR LICENSURE?

2012 Committee Recommendation:

The BBS should provide rationale to explain why they do not utilize a national data bank to check the background of applicants for licensure.

2012 Committee Comments:

... To determine if an applicant has had prior disciplinary history, the BBS can verify out-of-state licensure status through other state regulatory boards and by conducting a query through the Healthcare Integrity and Protection Data Bank. For verification of in-state licensure status, the BBS can check for prior disciplinary actions through the Commission on Teacher Credentialing and the Consumer Affairs System (CAS).

Though the process for checking the background of an applicant who has been trained or practiced within the state of California seems to be thorough, the Committee is concerned about the steps taken to fully check the background of an applicant who has previously practiced outside of the state. For example, in the most recent Sunset Report, BBS indicated that they do not currently utilize a national data bank to retrieve information about prospective licensees.

The Committee is concerned with the protection of the public and the effective operation of the profession. As such, it is imperative that steps be taken to thoroughly examine a potential licensee's professional background and criminal history.

Board Response:

The Healthcare Integrity and Protection Databank is the national databank relating to disciplinary boards. The accuracy, completeness, and timeliness of the information are dependent upon states and other required reporters fulfilling their statutory duty to report. A recent review of the national databank website revealed that not all 50 states are reporting. A fee per query is required to access this information. The fee is processed whether or not the query is accurately submitted or not.

In lieu of using the national databank, the Board verifies out-of-state applicant's licensure status through the state regulatory boards in which the applicant is licensed. This verification process also provides any disciplinary history, if any exists. Additionally, the Board requires all applicants to submit fingerprints and receive a criminal background clearance prior to issuing a license or registration. Both California records (Department of Justice) and the Federal Bureau of Investigation databases are checked.

Combined, these two requirements for out-of-state applicants provide the Board with reliable information to make decisions about an individual's application.

The Board may consider using the national databank as an adjunct to its existing process in the future. However, the limitations of the databank and the associated fees should be evaluated to determine what additional benefit the Board gains by using this service.

ISSUE #6 WHY IS BBS NOT MEETING ITS PERFORMANCE TARGETS?

2012 Committee Recommendation:

The BBS should provide updated data reflecting the current timeframe for issuing licenses and outline a plan to meet the performance targets outlined by the BBS.

2012 Committee Comments:

While in FY 2008/2009 the licensing and cashiering staff was able to meet the performance standards, the combination of the existing vacancies and increase in workload have significantly increased the BBS's processing times. At the present time, the BBS is not meeting these performance targets due to vacancies over the last year in both the licensing and the cashiering units. Many of the duties within the licensing and cashiering units are assigned to one or two staff members to process the workload. Any vacancies in these areas have an immediate and adverse effect on processing times.

Moreover, the overall application volumes have increased 13% in the last three years. In order to maintain a continual workload in both the licensing and cashiering units, the BBS staff in other units have been cross-trained to assist in the preparation of all applications received by the Board. This allows the remaining staff in the licensing and cashiering units to process applications more expediently.

The Committee understands that vacancies in the licensing and cashier unit have impacted the processing time for licenses. However, it would be helpful to provide data reflecting what the current licensing timeframes are. What is the plan to rectify this issue?

Board Response:

As previously discussed, due to the efforts of the additional staff received in FY 2014/2015 and temporary staff, the Board has eliminated its application backlog. Processing times are now reasonable. Examination eligibility and Professional Clinical Counselor Intern applications are processed with 60 days. All other applications are processed in less than 30 days.

ISSUE #7 DOES THE BBS HAVE ADEQUATE AUTHORITY TO OVERSEE THE COURSE CONTENT OF CONTINUING EDUCATION PROVIDERS?

2012 Committee Recommendation:

Even though the BBS has assured that NARTH has been removed from the list of approved CE Providers, and would have to apply for a new initial approval in order to become a CE Provider, the BBS should assure that it has sufficient authority to review the course content of both initial and renewal provider applications, and to deny the approval or renewal of those applicants who offer courses which teach inappropriate methods or practices. The BBS should report to the Committee its current assessment of changes that may need to be made to the requirements for CE Providers, and advise the Committee on any legislative changes that should be made. The BBS should further work with the stakeholders in the profession and in the Legislature to make the appropriate procedural, regulatory or legislative changes to its CE program.

2012 Committee Comments:

... A recent case illustrates need for the BBS to review its process for approving CE Providers, and make appropriate changes to its procedures, or recommend legislative changes to its CE requirements. In July of 2011, the BBS began receiving complaints from the public regarding the BBS approved CE Provider, the National Association of Research and Therapy of Homosexuality (NARTH). The BBS received hundreds of emails from individuals protesting the approval of an organization that offers “reparative” or “conversion” therapy for individuals that have unwanted homosexual tendencies. NARTH was approved by the Board as a CE Provider in 1998. As of November 1, 2010 NARTH had not renewed its Provider Approval and is currently unable to provide CE courses to the BBS licensees for credit. Since that time NARTH’s approval remained expired for more than one year and can no longer be renewed, and has been cancelled by the BBS. In order to become a CE Provider, NARTH would have to apply for a new Provider authorization from the BBS.

One of the primary factors in this issue is that NARTH has advocated the use of “reparative” or “conversion” therapy. Conversion therapy (also called reparative therapy or reorientation therapy) is a type of sexual orientation change effort that attempts to change the sexual orientation of a person from homosexual or bisexual to heterosexual. The American Psychological Association defines conversion therapy as “therapy aimed at changing sexual orientation.” The American Psychiatric Association states that conversion therapy is a type of psychiatric treatment "based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation." Both the American

Psychiatric Association and the American Psychological Association have rejected the concept of conversion therapy for therapists.

However, the approval of an organization advocating conversion therapy, such as NARTH, by the BBS drew the attention of the public and a number of legislators. Since that time, BBS staff has met with legislative staff to discuss the provider approval process and deficiencies in the process. Concern has been expressed over the approval of NARTH and the provider approval process.

Board Response:

In response to the concerns regarding the Board's limitations under its current continuing education program, the Board established the Continuing Education Program Review Committee (CE Committee) in November 2011. During 2012, the CE Committee conducted a series of meetings with stakeholders and interested parties to assess the Board's current continuing education program and to develop recommendations to improve the Board's continuing education program.

The review encompassed researching various continuing education and accreditation models throughout the state and country. CE Committee members, stakeholders, and interested parties were afforded the opportunity to provide comment about the current continuing education program and the proposed changes. The work of the CE Committee was completed in late 2012 and the recommendations to revise the Board's continuing education program were presented to Board for approval in 2013.

The CE Committee recommended significant changes to the Board's continuing education program. Specifically, the CE Committee recommended ceasing the Board's continuing education provider approval program. The CE Committee further recommended that licensees would be required to obtain continuing education from Board recognized approval agencies (national entities with established continuing education programs) or Board recognized continuing education providers (professional associations).

On February 28, 2013, the Board approved the proposed revisions to its continuing education program and directed staff to initiate the rulemaking process. On September 16, 2014, the Office of Administrative Law approved the changes to the Board's continuing education program. These changes were effective January 1, 2015.

ISSUE #8 WHY IS STAFF TURNOVER RATE SO HIGH?

2012 Committee Recommendation:

The BBS should report the current status of vacancies and newly hired staff to the Committee. The BBS should review the nature of the remaining vacancies and report to the Committee its plan to fill the vacancies.

2012 Committee Comments:

Historically, the BBS has had very little staff turnover. Currently, the BBS has authorization for 43.3 staff positions and 3.3 blanket positions. The Governor's Hiring Freeze (Executive Order B-3-11) and the past Executive Orders for the Furlough Programs were adversely impacted the Board's recruitment efforts and operations. The BBS currently has eight vacancies and has initiated recruitment efforts to fill the following positions: 1 Staff Services Manager I, 1 Special Investigator, 1 Associate Governmental Program Analyst, and 5 Office Technicians. Recruitment efforts were not successful under the recent hiring freeze constraints. The majority of the vacancies are in the BBS's licensing and cashiering unit. The time of the year when the BBS sees an increase in the application volume has recently passed. Consequently, as a result of the ongoing vacancies, the BBS's processing times increased.

The Committee understands the impact that the recent hiring freeze has had on the BBS. However, it would be helpful to explain to the Committee why so many vacancies exist. Has a survey of departing staff been conducted to ascertain why they left? What are the efforts to fix the problems that led to the vacancies? What are the plans to hire new staff and what are the impediments to accomplishing this task?

Board Response:

The vacancies identified in the 2012 Sunset Review Report were a result of the Board receiving new staff positions at the same time a hiring freeze was in effect. The lifting of the hiring freeze allowed the Board to fill vacancies in a timely manner. Since the 2012 Sunset Review, the Board has experienced relatively little turnover.

ISSUE #9 WHAT ACCOUNTS FOR THE DECLINE IN CONSUMER SATISFACTION?

2012 Committee Recommendation:

The BBS should review the nature of the vacancies in the licensing and cashiering unit and report to the Committee its efforts to hire staff. The BBS should outline the plan to improve customer satisfaction with staff and with the Website in the interim. The BBS

should also provide suggestions about how the Committee might assist the BBS in operating at its full capacity thereby providing good customer service.

2012 Committee Comments:

The BBS began using a customer satisfaction survey in April 2008. However, the overall satisfaction rating with the services provided by Board staff has declined over the last three fiscal years. The BBS attributes this to existing vacancies in the licensing and cashiering unit. The BBS also states that it is continuing its efforts to improve communication to ensure important and relevant information is provided timely and efficiently.

It would be helpful to explain why there are vacancies in the licensing and cashiering unit. What are the efforts to hire new staff and what are the impediments to accomplishing this task? What changes does the BBS plan to implement in order to improve customer satisfaction- particularly as it relates to the customer's interactions with staff members and their interface with the Website?

Board Response:

In 2012, the Board began to see an improvement in its overall customer satisfaction rating. This trend continued in 2013. The improvement was attributed to the Board's ability to fill its vacancies and improved processing times. The Board discontinued the use of its survey in 2013 due to declining response rates. The Board is developing a new customer survey which will be implemented in the second quarter of 2016.

ISSUE # 10 HOW HAS THE BBS ADDRESSED THE INCREASE IN ENFORCEMENT WORKLOAD SINCE ITS LAST REVIEW?

2012 Committee Recommendation:

The BBS should detail the steps involved in reviewing the enforcement program and advise the Committee of the "duplicative and obsolete" processes that were eliminated. Have the changes made as a result of the enforcement program review resulted in any positive outcomes e.g. decreased work load and/or decreased consumer complaints? Also, what is the BBS's plan for continuing to handle the increased workload?

2012 Committee Comments:

Per the Sunset Review report, the BBS's enforcement workload has increased 210% since the 2004 Sunset Review. The enforcement data for FY 2010/2011 reflects the highest number of consumer complaints and conviction/arrest reports ever received by the Board, with a total of 1,981 cases. By comparison, in its 2004 Sunset Review, the

BBS reported receiving 943 total cases. The increasing enforcement workload requires the BBS to assess its resources and review its processes.

The BBS completed a comprehensive review of its enforcement program in 2010. The review included all procedural steps from receipt of the complaint to closure. Many duplicative and obsolete processes were identified and eliminated. Considering the very high increases in consumer complaints and the increased workload, it is important to advise the Committee about the results of the 2010 review of the enforcement program and plans for improved enforcement of the profession.

Board Response:

Following the 2010 review of its Enforcement Program, the Board implemented several procedural changes to improve and increase efficiency. Some of these procedural changes included elimination of duplicate data entry and eliminating multiple reviews of non-jurisdictional cases prior to closing.

Additionally, the Board received one manager position and four (4) staff positions in FY 2014/2015 for its Enforcement Program. The new positions allowed the Board to reorganize the Enforcement Unit to provide consistent and ongoing oversight to the Enforcement Staff. These additional resources have allowed the Board to keep pace with the increasing workload.

ISSUE #11 WHY IS THE BBS UNDERSPENDING?

2012 Committee Recommendation:

The BBS should provide the Committee with an explanation of why the Board is not spending all funds under its authority.

2012 Committee Comments:

The BBS ended FY 2010/2011 with a reserve balance of \$448,700, which equates to 6.9 months in reserve. The Board estimates FY 2011/2012 reserve balance to be approximately \$120,900, equaling 1.7 months in reserve. The drastic decrease is a direct result of the \$3.3 million loan to the General Fund in FY 2011/2012, revenue lost as a result of implementing a retired license status (Assembly Bill 2191, Chapter 548, Statutes of 2010), and the Departmental BreEZe Budget Change Proposal. In FY 2010/2011, the BBS reverted \$1,063,586, due to spending \$6,927,523 of its \$7,991,109 budget.

Considering the staffing vacancies, and the impact on existing staff and on customer satisfaction, it is important that the BBS inform the Committee about the reasons that the BBS is not spending all funds it is authorized to spend.

Board Response:

The under-spending of Board funds was a result of numerous factors; specifically, the Executive Orders to reduce spending, furloughs, staff vacancies, hiring freezes, and the delayed implementation of BreEZe. These unique events in combination led to the large reversions in the past four fiscal years.

ISSUE #12 LOANS TO THE GENERAL FUND

2012 Committee Recommendation:

The Committee requests that the BBS provide an update about the status of the loans and when the funds are projected to be returned. Has the BBS received any report from the Department of Finance regarding the repayment of the loans?

2012 Committee Comments:

Since FY2002/2003 the BBS has made a total of three loans to the General Fund; \$6 million in FY2002/2003, \$3 million in FY2008/2009, and \$3.3 million in FY2011/2012. To date, the BBS has not received any repayment. The total loan balance remains at \$12.3 million.

Board Response:

The Board received a \$1.4 million loan repayment in fiscal years 2012/2013 and 2013/2014. The Board is scheduled to receive the following loan repayments; \$1 million (FY 2014/2015), \$1.2 million (FY 2015/2016), and \$2.4 million (FY 2016/2017) for a total repayment of \$6 million. Should the Board receive all of the scheduled loan repayments the Board will have an outstanding balance of \$6.3 million to the General Fund.

ISSUE #13 WEBCASTING MEETINGS

2012 Committee Recommendation:

The BBS should utilize webcasting at future Board meetings in order to allow the public the best access to meeting content and to stay apprised of the activities of the BBS and trends in the professions.

2012 Committee Comments:

In 2010 two BBS committee meetings were available via webcast. The Committee is concerned about the BBS's lack of use of technology in order to make the content of the BBS meetings more available to the public. Webcasting is an important tool that can

allow for remote members of the public and/or those who are disabled to stay apprised of the activities of the Board as well as well as trends in the professions.

Board Response:

The Board concurs with the Committee's 2012 recommendation. Since February 2012, the Board has webcasted all quarterly board meetings with the exception of the May 16-17, 2012 meeting. Additionally, the Board decided to webcast all Supervision Committee meetings. Committee meetings are not typically webcasted. However, due to the nature of the Supervision Committee's work, the Board wanted to ensure all stakeholders and interested parties throughout California were aware of the discussions and had the opportunity to comment.

ISSUE #14 WHAT IS THE STATUS OF BREEZE IMPLEMENTATION?

2012 Committee Recommendation:

The BBS should update the Committee about the current status of their implementation of BreEZe. What have the challenges of implementing the system been? What are the costs of implementing this system? Is the cost of BreEZe consistent with what the BBS was told the project would cost?

2012 Committee Comments:

BreEZe is an important opportunity to improve BBS operations to include electronic payments and expedite processing. The Board staff has actively participated with the BreEZe project. The Board's Staff Information Systems Analyst is designated as a Subject Matter Expert for the project.

Other Board staff members with extensive knowledge regarding the licensing, examination, cashiering and enforcement processes participated in workgroups providing their expertise regarding the BBS's business processes. Additionally, several Board staff members were assigned to participate in the workgroups to standardize forms, reports, and correspondences.

The BBS is scheduled to begin using BreEZe in the summer of 2012. It would be helpful to update the Committee about the Board's current work to implement the BreEZe project.

Board Response:

BreEZe was released in October 2013. The initial days of BreEZe were relatively uneventful for the Board and Board staff. Since the release, Board staff has identified "fixes" in the BreEZe system that would benefit Board processes and reporting capabilities. Yet, none of the requested "fixes" adversely affect Board operations.

In November 2014, the Board implemented the online renewal feature. At the August 2015 Board Meeting, staff reported that from April 1, 2015 through June 30, 2015, 27% of the renewal applications were completed using the online renewal feature. As of October 1, 2015, licensees and registrants are now able to update their address and request duplicate or replacement certificates online. The Board plans to add additional online features in future.

ISSUE # 15 SHOULD THE CURRENT BBS CONTINUE TO LICENSE AND REGULATE LICENSED CLINICAL SOCIAL WORKERS (LCSW), LICENSED MARRIAGE AND FAMILY THERAPISTS (LMFT), LICENSED PROFESSIONAL CLINICAL COUNSELORS (LPCC), AND LICENSED EDUCATIONAL PSYCHOLOGISTS? SHOULD THE REGISTRATION OF ASSOCIATE SOCIAL WORKERS (ASW), MARRIAGE AND FAMILY THERAPIST INTERNS (IMF), PROFESSIONAL CLINICAL COUNSELOR INTERNS (PCI), AND CONTINUING EDUCATION PROVIDERS CONTINUE TO BE REGULATED BY THE CURRENT BOARD?

2012 Committee Recommendation:

Recommend that the LCSW, LMFT, LEP and LPCC professions and registration of ASW, MFT Interns, PCC Interns and Continuing Education Providers continue to be regulated by the current the BBS in order to protect the interests of consumers and be reviewed once again in four years.

2012 Committee Comments:

The health and safety of consumers is protected by well-regulated professions. The BBS is charged with protecting the consumer from unprofessional and unsafe licensees. It appears as if the BBS has been an effective and for the most part an efficient regulatory body for the professions that fall under its purview. Therefore, the BBS should be granted a four-year extension of its sunset date.

Board Response:

The Board concurs with the Committee's recommendation and comments.

New Issues

Issues that were raised under prior Sunset Review that have not been addressed.

The Board has addressed all issues identified in the prior Sunset Review.

New issues that are identified by the board in this report.

Board Resources

Both the Board and its stakeholders remain concerned that the Board continues to have sufficient resources to address existing and increasing as well as new workload. The Board has only recently recovered from severe application backlogs in its Licensing Unit. The possibility that new and increasing workload could adversely compromise this progress is alarming.

The Board has been fortunate to receive additional staffing resources for both its licensing and enforcement programs in the past two fiscal years. The Board's staffing resources remained stagnant for a number of years and it was challenging to keep pace with the increasing workload. These additional positions were requested as a result of the Board's increasing workload which could not be absorbed by existing staff.

The additional staff provided the Board with resources to address the existing workload that had developed into a severe backlog. Through the efforts of the additional staff and the temporary staff, the Board was able to reduce its application backlogs to more reasonable processing times. While the Board greatly appreciates the additional staff positions, these positions do create a perception that the Board is now sufficiently staffed. This perception is not accurate in that significant increase in the licensee and registrant population or any many major changes to existing Board programs were not considered at the time the request was submitted.

The Board will continue to see its licensee and registrant population increase. Some of the increase will occur as a result of natural growth and increased job opportunities in the mental health profession. The Board also anticipates that there will be significant growth in the LPCC profession in the coming years.

Applications from the first LPCC graduates from California LPCC degree programs were received in 2015. Although the initial number of applications was smaller in comparison to our other professions, the application volume will increase each year due to ease of license portability for this profession.

Ultimately, the Board will experience increased application volumes and enforcement cases. Moreover, the Board will implement the examination restructure affecting over 34,000 registrants in January 2016. The application volume, an estimated 61,000 during the first year, for this new examination process will be at levels the Board has never experienced before. Therefore, the Board's staffing levels cannot remain static and requests for additional staffing must be carefully considered to avoid catastrophic application backlogs.

New issues not previously discussed in this report.

Implementation of the Examination Restructure

Effective January 1, 2016, the Board will implement a new examination process. Under the new examination process, all Board registrants are required to take and pass a Law and Ethics examination. All registrants must take the Law and Ethics examination at least once a year to renew their registration. Currently, the Board has over 34,000 registrants who will be required to submit an application to take the Law and Ethics examination.

Registrants who are not successful in the Law and Ethics examination will have the opportunity to retake the Law and Ethics examination every 90 days. The Board estimates that it will receive over 61,000 applications (initial examination application and retake applications) within first year of the new examination restructure and over 31,000 ongoing.

In addition to the application volume the examination restructure will generate, requests for testing accommodations, mail, emails, and telephone calls will also increase. If the Board does not have sufficient resources to address all of the increased workload associated with the examination restructure, applicant files will be closed due to the Board's inability to process all applications timely or applicants will be unable to renew their registration. Applicants will be required to reapply for examination which will create an unnecessary and overwhelming workload from which the Board would be unable to recover from. Registrants will be unable to renew their registration which may cause them to lose their job. Moreover, failure to process requests for testing accommodations timely may be viewed as discriminatory.

Therefore, it is essential the Board have sufficient resources that are necessary to avoid all adverse consequences associated with failing to process the workload timely.

Participation in National Association Meetings Related to National Examinations

Effective January 1, 2016, the Board will begin using a second national examination for licensure in California. Together, the use of the Association of Social Worker Board's

national examination and the National Board of Certified Counselor national examination improves license portability for social workers and professional clinical counselors.

Prior to using both of these examinations, the Board conducted an extensive review of both examinations. The purpose of the review was to determine if both of the examinations satisfied the criteria for examinations specified in Business and Professions Code (BPC) section 139.

As expected, the content of each national examination was not solely specific to the diverse practice of mental health in California. However, both examinations are constructed in a manner that will assess a candidate's competency and requisite knowledge of mental health practice. Therefore, the Board determined that both national examinations would be suitable for licensure in California.

The continued use of national examinations for licensure requires active participation in decisions regarding the national examination. These decisions are discussed at annual meetings or conferences. Often these meetings are held outside of California. The restrictions on out of state travel are such that the Board is unable to attend these meetings, despite the entity sponsoring the event's willingness to pay all costs. Therefore, the Board is excluded from participating in these decisions that will impact California's licensure process.

The Board is confident that each examination will continue satisfy the requirements specified in BPC 139. However, the Board remains concerned that the content and delivery of the examination continue to be relevant to California mental health practice. Attendance at these national meetings will ensure that continued use of a national examination for licensure in California is appropriate.

Testing Accommodations for English as a Second Language Candidates

At the August 2013 Board meeting, Board Members listened to requests from examination candidates to consider reinstating a testing accommodation for candidates for which English is their second language (ESL). The Board previously offered extended time to ESL candidates from 2000 to 2011 but this was discontinued because ESL was not a disability pursuant to the Federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act.

The examination candidates explained that ESL candidates find it difficult in a timed environment to translate the questions during the examination. The ESL candidates wondered if the cancellation of the ESL accommodation is in the best interest of the culturally diverse population in California.

Since August 2013, the Board has explored and considered a variety of options that would satisfy the request from the ESL candidates without affording one population of examination candidates an advantage over other examination candidates. Since ESL is not a disability pursuant to the ADA, achieving the balance between the Board's examination responsibilities and recognizing California's diverse population was challenging for the Board.

At the August 2015 Board meeting, the Board members considered proposed regulatory language to provide ESL candidates extra time for the examination. To qualify for the extra time, the ESL candidate must provide one of three specified documents and submit a request for the extra time to the Board. If approved, the ESL candidate will be allowed time and a half to complete the examination. The Board Members approved the proposed language and directed staff to initiate the rulemaking process.

New issues raised by the Committee.

As discussed previously, the Board implemented the Uniform Standards for Substance Abusing Licensees and the Consumer Protection Enforcement Initiative (CPEI) regulations. Additionally, the Board continues to participate in the development of the BreEZe data system. The Board's participation is modifying and testing changes specific to the Board or changes affecting all DCA licensing, cashiering, and enforcement processes.

At this time, the Board is unaware of any additional Committee issues or concerns.

Attachments

- A. Board Administrative Manual
- B. Organizational Charts
 - a. FY 2011/2012
 - b. FY 2012/2013
 - c. FY 2013/2014
 - d. FY 2014/2015
- C. Supervision Survey
- D. CPEI Performance Measures
 - a. FY 2011/2012
 - b. FY 2012/2013
 - c. FY 2013/2014
 - d. FY 2014/2015
- E. Licensed Marriage and Family Therapist Validation Report (Occupational Analysis)
- F. Licensed Educational Psychologist Validation Report (Occupational Analysis) *
Report available after December 1, 2015.

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Board of Behavioral Sciences



Board Member Procedure Manual

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INTRODUCTION

This procedure manual is provided to Board Members as a ready reference of important laws, regulations, DCA policies, and Board policies in order to guide the actions of the Board Members and ensure Board effectiveness and efficiency. The Executive Officer will coordinate an orientation session with each new Board Member upon his or her appointment, to assist the new member in learning processes and procedures.

The Board's mission is to *protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practice.*

The vision of the Board is that *all Californians are able to access the highest-quality mental health services.*

In order to accomplish its mission, the Board develops and administers licensure examinations; investigates consumer complaints and criminal convictions; responds to emerging changes and trends in the mental health profession legislatively or through regulations; and creates publications for consumers, applicants, registrants, and licensees.

The Board's statutes and regulations require an individual to be licensed before they may engage in the practice of Licensed Clinical Social Work, Licensed Marriage and Family Therapy, Licensed Educational Psychology, and Licensed Professional Clinical Counseling. These statutes and regulations set forth the requirements for registration and licensure and provide the Board the authority to discipline licensees.

Board members serve a vital consumer protection role by making important policy decisions and voting on proposed disciplinary actions against Board licensees who violate Board laws and regulations. Further, Board members help guide licensing, enforcement, education, and consumer protection activities.

Protection of the public is the highest priority for the Board in exercising its licensing, regulatory, and disciplinary functions.

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HISTORY OF THE BOARD OF BEHAVIORAL SCIENCES

The Board of Behavioral Sciences (Board) is one of the forty regulatory entities within the Department of Consumers Affairs (DCA). DCA is one of eight entities under the Business Consumer Services and Housing Agency (BCSHA), an agency within the California State Government Executive Branch.

DCA educates consumers by giving them the information they need to avoid unscrupulous or unqualified people who promote deceptive or unsafe practices. Although DCA provides administrative oversight and support services to the Board, the Board has policy autonomy and sets its own policies, procedures, and regulations.

Legislation signed on July 18, 1945, by Governor Earl Warren created the Board of Social Work Examiners under the Department of Professional and Vocational Standards (renamed the Department of Consumer Affairs in 1970). California became the first state to register social workers. During the first 16 months of existence, the Board registered 4,098 social workers.

In the late sixties, the Marriage, Family, and Child Counselor Licensing Law and the Board of Social Work Examiners were combined and renamed the Social Worker and Marriage Counselor Qualifications Board. In 1970, regulatory oversight of Licensed Educational Psychologists was added and the Board was renamed the Board of Behavioral Sciences Examiners.

In 1997 the name of the Board was changed to its present name, the Board of Behavioral Sciences. In 2010, a fourth mental health profession, Licensed Professional Clinical Counselors, was added to the Board's regulatory responsibilities.

Today, the Board licenses and regulates Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Educational Psychologists (LEP), and Licensed Professional Clinical

Counselors (LPCC). Additionally, the Board registers Associate Clinical Social Workers (ASW), Marriage and Family Therapist Interns (MFT Interns), and Professional Clinical Counselor Interns (PCC Interns).

The first board members were comprised of seven members, two of which were required to represent the public. The remaining members were required to be licensees of the Board. All the members were appointed by the Governor and served a four year term.

Today, the Board is comprised of thirteen (13) members; two (2) Licensed Clinical Social Workers, one (1) Licensed Educational Psychologist, two (2) Licensed Marriage and Family Therapists, one (1) Licensed Professional Clinical Counselor, and seven (7) members of the public. Each licensed member shall possess a Master's Degree from an accredited college or university and shall have at least two years of experience in his or her profession.

Eleven (11) Board Members are appointed by the Governor and are subject to Senate confirmation. One (1) member is appointed by the Senate Committee on Rules and one (1) member is appointed by the Speaker of the Assembly. Each Board Member may serve up to two four-year terms.

CHAPTER 1

BOARD MEETING PROCEDURES

FREQUENCY OF MEETINGS

BOARD MEETINGS

Business and Professions Code section 101.7 requires the Board to meet at least three times per calendar year; holding at least one meeting in Northern California and one meeting in Southern California. The Board schedules four meetings usually in February, May, August, and November. Meetings are normally scheduled on Thursdays and Fridays.

At times circumstances require an additional board meeting that was not previously scheduled. The Board's Executive Officer will contact the Board Members with suggested dates and times for the additional meeting. The date and time of the additional meeting will be determined by the majority of the members.

COMMITTEE MEETINGS

The Board has one standing committee: The Policy and Advocacy Committee. The Policy and Advocacy Committee is comprised of four board members. This committee meets at least three times a year to discuss all legislative and rulemaking proposals.

As needed, ad hoc committees are established to address specific topic areas. The number of members on an ad hoc committees ranges from two to four board members.

All committee members are appointed by the Board Chairperson.

BOARD MEMBER ATTENDANCE (BOARD POLICY #B-15-1)

Board Members shall attend each meeting of the Board and his or her assigned committee. If a member is unable to attend, he or she must contact the Board Chairperson or the Executive Officer and ask to be excused from the meeting for a specific reason.

A quorum of the Board or Committee must be present to constitute an act and/or decision on behalf to the Board. If a quorum of the Board is not present, members in attendance may discuss a topic and suggest an action. This action will be considered at the next board or committee meeting in which a quorum is present.

Quorum for a Board meeting is seven (7) members. Committee meetings require the majority of the committee membership. For example, in committees comprised of three members, two members must be present.

All meeting minutes will reflect Board Member attendance and when a member has been excused or is absent.

Refer to Attachment A

BOARD OF BEHAVIORAL SCIENCES MEETING PROCEDURES

All board and committee meetings are subject to the provisions of the Bagley-Keene Open Meeting Act. The Board has three duties under the Open Meeting Act. First, give adequate notice of meetings to be held. Second, provide an opportunity for public comment. Third, conduct the meetings in an open session except where a closed session is specifically authorized.

All Board and Committee Meetings, with the exception of closed sessions, are open to the public. Closed session meetings must follow the same meeting notice requirements and are specifically for matters designated under law such as discussion of disciplinary cases, pending litigation, and personnel matters.

BAGLEY-KEENE OPEN MEETING ACT

The Bagley-Keene Open Meeting Act (*Government Code Section 11120 et seq.*) directs that the people's business must be conducted openly. Therefore, decisions and actions by a public agency must be conducted openly so that the public may be informed. The Board achieves this legislative mandate by complying with all the requirements specified in the Bagley-Keene Open Meeting Act.

Refer to Attachment B

DEFINITION OF A MEETING (GOVERNMENT CODE SECTION 11122.5)

A meeting is defined in the Bagley-Keene Open Meeting Act (Open Meeting Act) as including "any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains." In this definition, the term state body refers to the Board.

The meeting definition also applies to emails between board members, telephone conversations between board members, and dining conversations if the total number of Board Members involved in the communication is a majority of the Board or a committee.

If Board Members engage in any communication regarding Board business with more than one member, this communication would be a violation of the Open Meeting Act. The violating members may be guilty of a misdemeanor (*Government Code Section 11130.7*).

There are some exemptions to the meeting definition. Please refer to the Bagley-Keene Open Meeting Act attachment for clarification. When in doubt, contact the Executive Officer or the Board's legal counsel.

MEETING NOTICE REQUIREMENTS (GOVERNMENT CODE SECTION 11125)

The Board must give at least ten (10) calendar day's written notice of each Board and Committee meeting. This notice is mailed out to interested parties and posted on the Board's website. The meeting notice includes the location(s) where the meeting will be held and the meeting agenda.

The agenda must include all items of business to be transacted or discussed at the meeting. A brief description of the item to be discussed at the meeting is required. The description may not be generalized (e.g. miscellaneous topics or old business) and must provide sufficient information so that the public is aware of the item to be discussed.

The notice must include the name, address, and telephone number of any person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. Additionally, the notice must contain information that would enable a person with a disability to know how, to whom, and by when a request may be made for any disability-related medication or accommodation, including auxiliary aids or services.

A meeting notice, once posted, may not be revised after the tenth (10th) day prior to the meeting date.

Refer to Attachment C

OPPORTUNITY FOR PUBLIC COMMENT (GOVERNMENT CODE SECTION 11125.7)

Every Board and Committee meeting agenda contains an agenda item that allows for public comment and matters not on the agenda. Board members may not act or discuss matters presented by the public under these agenda items. The matter may be suggested for a future agenda item or for follow up by Board staff.

TELECONFERENCE MEETINGS (GOVERNMENT CODE SECTION 11123)

Meetings held via teleconference are also subject to the same notice requirements under the Open Meeting Act. The meeting notice must be published at least ten (10) days in advance and must include the physical location of each Board Member attending the meeting remotely. The Board Member must be present at the physical location he or she provided for the meeting notice. The public is permitted to attend the meeting at any of the locations listed on the meeting notice during an open session of the meeting. The public is not permitted to attend any part of the meeting that is designated as “closed session.”

AGENDA TOPICS (BOARD PROCEDURE)

Any Board Member may suggest items for a board meeting agenda to the Executive Officer or during the “Executive Officer’s Report” at every board meeting. The Executive Officer sets the agenda at the direction and approval of the Board Chairperson.

MEETING MATERIALS (BOARD PROCEDURE)

The Board staff prepares all materials for board and committee meetings. Board members may opt to receive meeting materials via electronically; otherwise a hard copy will be mailed.

Board and committee members will receive all related material in advance of each meeting. In order to engage in meaningful discussion to determine a recommendation or position, Board and committee members should thoroughly review all of the meeting material prior to each meeting.

RECORD OF MEETING (*BOARD PROCEDURE*)

Board minutes are a summary, not a transcript, of each board meeting. They are prepared by Board staff and submitted for review by Board Members before the next board meeting. Board minutes are approved at the next scheduled meeting of the Board. The purpose of reviewing and approving the minutes at a board meeting is not to approve of actions taken by the Board at the previous meeting, but rather to determine whether the minutes as drafted accurately reflect the Board's discussion at the previous meeting. When approved, the minutes shall serve as the official record of the meeting.

DIGITAL RECORDING (*BOARD PROCEDURE*)

The public-session portions of a meeting may be digitally recorded if determined necessary for staff purposes. Digital recordings shall be deleted following board approval of the minutes.

MEETING RULES

The Board generally uses Robert's Rules of Order as a guide for conducting its meetings, to the extent that this does not conflict with state law.

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CHAPTER 2

TRAVEL AND SALARY POLICIES AND PROCEDURES

TRAVEL

Board members will be reimbursed for their travel related to all board and committee meetings. Reimbursement will be in accordance with current travel reimbursement policies. Please refer to the Department of Consumer Affairs Travel Guide for specific travel guidelines and reimbursement policies.

TRAVEL APPROVAL (*STATE ADMINISTRATIVE MANUAL SECTION 700 ET SEQ*)

Travel related to board and committee meetings do not need approval. All other travel related to Board business must be approved by DCA prior to the event. This includes any out of state travel. Under specific circumstances, a board member may travel to attend a national association meeting. Please contact the Executive Officer for further information.

TRAVEL ARRANGEMENTS (*DEPARTMENT PROCEDURE / BOARD PROCEDURE*)

Board Members should always contact Christina Kitamura to make travel arrangements for board and committee meetings. Ms. Kitamura will make flights, hotel and rental car arrangements. A hotel that honors the State government employee rate will be chosen for all Board Members needing a room. Rental cars will be reserved for Board Members when a car is needed. To encourage ride sharing, vans or large sedans are reserved. Board Members may also use taxi or shuttle service and a personal vehicle for transportation.

All Board Members should provide Ms. Kitamura with their credit card information. This information will be kept in a secure location and will be kept on file for future travel arrangements.

Exceptions to Travel Reimbursement Policies

LODGING

State guidelines generally prohibit reimbursement for hotel expenses within 50 miles of an individual's home address or an extra night stay following the conclusion of the board activity. However, an exception to this guideline may be obtained if the circumstances necessitate an overnight stay. Please contact Ms. Kitamura for further information.

AIRPORT PARKING REIMBURSEMENT

State guidelines strongly encourage the use of the least expensive parking available. However, if the Board determines that additional parking costs above the lowest-cost option are in the best interest of the State, a justification explaining the necessity for the additional cost must be submitted with the travel claim. Please contact Ms. Kitamura for further information.

Travel Claims (*Department Policy*)

Rules governing reimbursement of travel and meeting expenses for Board Members are the same as for State management-level staff. All expenses must be claimed on the appropriate travel expense claim forms. All travel claim forms must be submitted to Ms. Kitamura for processing.

It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than the 15th of the month following the trip. It is also necessary to submit original receipts for expenses claimed such as parking, transportation service, bridge tolls, and flight itineraries. Receipts for meals are not required for reimbursement.

Refer to Attachment D, and E

Salary per Diem

SALARY PER DIEM (BPC 103) BOARD POLICY (B-15-2)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by Business and Professions Code Section 103.

In relevant part, this section provides for payment of salary per diem for Board Members "for each day actually spent in the discharge of official duties," and

provides that the Board Member “shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.”

Board Members fill non-salaried positions but are paid \$100 per day for each meeting day or 8-hour day spent performing Board business. Board Members are advised to submit the Per Diem Worksheet not later than the 5th day of the following month. This allows board staff to promptly process all Per Diem claims. Timely submission of all claims ensures prompt processing for reimbursements and avoids extra work for Board staff.

Refer to Attachment F

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CHAPTER 3

SELECTION OF OFFICERS AND COMMITTEES

Board Officers (B&P Code Section 4990(g))

The Board shall have a Chairperson and a Vice Chairperson from its membership. Not later than the first of June of each calendar year, the Board shall elect the officers. Officers shall serve terms of one year, and may be re-elected to consecutive terms. The election of officers occurs at the May meeting.

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. (Board Policy #B-15-3, Attachment G)

COMMITTEE APPOINTMENTS (*BOARD PROCEDURE*)

Committees are created by and appointed at the discretion of the Board Chair. The committee chair is appointed by the Board Chair. Board Members who desire to serve on an existing committee or a future committee are encouraged to speak to the Board Chair.

EXECUTIVE OFFICER (*BPC 4990.04*)

The Executive Officer is appointed by and serves at the pleasure of the Board, and is exempt from civil service. The Executive Officer shall exercise the powers and perform the duties delegated by the Board. The Executive Officer is responsible for the financial operations and integrity of the Board, and is the official custodian of records. Annually, the Board Members will conduct a review of the Executive Officer's performance. The Board Chair will meet with the Executive Officer to discuss the performance appraisal.

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CHAPTER 4

OTHER POLICIES AND PROCEDURES

IMMUNITY FROM LIABILITY

There are a number of provisions in state law relating to the liability of public agencies and employees. Government Code Section 818.4 states, "A public entity is not liable for an injury caused by the issuance, denial, suspension or revocation of, or by the failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where the public entity or an employee of the public entity is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Government Code Section 821.2 states, "A public employee is not liable for an injury caused by his issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where he is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

A number of other complex provisions relate to defense, payment of a judgment or settlement, and indemnification. Specific questions should be discussed with the Board's legal counsel.

RESIGNATION OF BOARD MEMBERS (*GOVERNMENT CODE SECTION 1750*)

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the director of DCA, the Board Chair, and the Executive Officer.

BOARD MEMBER ADDRESSES (*DCA POLICY*)

Board Member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority by the individual Board Member.

A roster of Board Members is maintained for public distribution and is placed on the Board's Web site, using the Board of Behavioral Sciences office address and telephone number.

RULES FOR CONTACTING STAFF (*BOARD PROCEDURE*)

In order to maintain a clear line of communication Board Members should only be in contact the following designated staff:

- Executive Officer, Kim Madsen at (916) 574-7841 regarding all board business except travel and disciplinary votes.
- Assistant Executive Officer, Steve Sodergren (916) 574-7847 regarding all board business except travel and disciplinary votes.
- Administrative Analyst, Christina Kitamura at (916) 574-7835 regarding travel and per diem.
- Enforcement Technician Craig Zimmerman (916) 574-7761 regarding disciplinary mail votes.
- Legal Counsel Dianne Dobbs (916) 574-8220 regarding disciplinary procedural questions or ethical questions.

Board members are encouraged to discuss any deviation from this policy with the Executive Officer or Assistant Executive Officer in order to maintain the integrity of this policy.

RULES FOR CONTACT WITH THE PUBLIC, A LICENSEE, AN APPLICANT, OR THE MEDIA

Occasionally, in your role as a Board Member you may be contacted by a licensee, colleague, applicant, member of the public, or the media regarding an issue or concern that pertains to board business or proceedings. Any one of these contacts may compromise your position relating to future decisions about policy, disciplinary actions, or other board business.

In order to avoid compromising your role as a Board Member, please refrain from assisting the individual with his/her issue. Instead, offer to refer the matter to the Executive Officer or give the individual the contact information for the Executive Officer. Refrain from engaging in discussion with the individual and make every effort to end the conversation quickly and politely. Report all such contacts to the Executive Officer as soon as possible.

CONFLICT OF INTEREST (GOVERNMENT CODE SECTION 87100)

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has financial interest. Any Board Member, who has a financial interest that may be affected by a governmental decision, shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board Member who feels he or she is entering into a situation where there is potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Refer to Attachment H

COMPLETION OF REQUIRED FORMS AND TRAINING

Board Members are required to complete specific forms and training at various intervals during their appointment period. To ensure compliance and notification to the requisite agencies, all training certificates and required forms must be sent to Christina Kitamura at the Board. Ms. Kitamura will forward the required documentation to the appropriate agency and maintain a copy in the Board Member's personnel file. It is important that the Board have a copy of all required training and documents. This ensures that the Board has an accurate record that you have satisfied all requirements and are able to provide copies upon request. The following is the list of required training.

- **Statement of Economic Interest** (<http://.fppc.ca.gov/index.php?id=500>)
This form is commonly referred to as Form 700 and is to be completed upon assuming the position, annually, and upon leaving.

Under DCAs' Conflict of Interest Code, designated officials are required to complete a Statement of Economic Interests Form 700. A copy of the form shall be sent to Christina Kitamura to be maintained in the personnel file. Failure to complete this form in a timely manner may result in a fine from the Fair Political Practice Commission.

- **Ethics Orientation for State Officials** (*Government Code Sections 11146-11146.4 Attachment I*)

California law requires all appointees to take an ethics orientation within the first six (6) months of their appointment and to repeat this ethics orientation every two (2) years throughout their term.

The training includes important information on activities or actions that are inappropriate or illegal. For example, generally public officials cannot take part in decisions that directly affect their own economic interests. They are prohibited from misusing public funds, accepting free travel and accepting honoraria. There are limits on gifts.

An online, interactive version of the training is available on the Attorney General's Web site at <http://oag.ca.gov/ethics/interactive-course>. An accessible, text-only version of the materials is also available at the Attorney General's Web site.

Copies of completion certificates must be sent to Christina Kitamura to be maintained in the personnel file. Records concerning the attendance of this course must be kept on file for five years.

- **DCA Board Member Orientation Training** (*California Business and Professions Code Section 453*)

California Business and Professions Code Section 453 require every newly appointed member to complete a training and orientation program offered by DCA within one (1) year of assuming office.

DCA has been advised that this statute also applies to all reappointed Board Members. Therefore, if you attended the training during your first term and are reappointed, you must attend the training following your reappointment.

The training covers the functions, responsibilities and obligations that come with being a member of a DCA board. To receive credit for the training, Board Members must attend the entire day.

DCA schedules the Board Member Orientation Training (BMOT) sessions throughout the year. Specific locations are announced 1-2 months prior to

the orientation. Board Members must register for the training through Christina Kitamura.

- **Sexual Harassment Prevention Training** (*Government Code Section 12950.1*)

Section 12950.1 of the Government Code requires all new Board Members to attend at least two (2) hours of classroom or other interactive training and education regarding sexual harassment prevention within six months of their appointment. The course must be repeated every two (2) years throughout their term.

The DCA Equal Employment Opportunity Office is responsible for ensuring that all Board Members complete their required training. DCA Solid training office offers this course. Below is a link to SOLID's training schedule.

http://inside.dca.ca.gov/solid/class_calendar.html

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CHAPTER 5

OVERVIEW OF BOARD OPERATIONS

Licensing and Examination

The Board registers, examines, and licenses four mental health professions; Licensed Clinical Social Workers, Licensed Educations Psychologists, Licensed Marriage and Family Therapists, and Licensed Professional Clinical Counselors.

Annually, the Board receives over 20,000 applications for registration, examination, and licensure. The licensing unit reviews each application to ensure the applicant satisfies all statutory requirements for licensure. If an application is deficient, the applicant is notified and is provided one year to remedy the deficiency.

The Board develops and administers its own examinations for licensure in addition to using two national examinations. The examination unit works with the Office of Professional Examination Services (OPES) to develop twelve examinations each year. The process to develop these examinations is ongoing throughout the year and requires the expertise of over 300 subject matter experts. Additionally, the examination unit assists examination candidates with special needs to obtain the necessary accommodations to sit for the examination. Annually, nearly 9000 candidates take the Board examinations.

Administration

The Board's administration unit is responsible for monitoring the Board's budget, personnel compliance, legislation and rulemaking activities, front office operations (cashiering and receptionist), information systems, and purchasing. This unit ensures that the core activities of the Board function efficiently and comply with state government procedures.

Enforcement

Each year the Board receives over 1,000 consumer complaints and nearly 1,000 criminal arrest notifications. Through the enforcement process each consumer complaint and criminal arrest notification is reviewed to determine if the matter is

within the Board's jurisdiction. If the complaint or conviction is determined to be within the Board's jurisdiction, the allegations are investigated to determine if evidence exists to substantiate a violation of the Board's laws and regulations.

A case in which the evidence substantiates a violation has occurred is referred to Subject Matter Experts (SMEs). The SME is a licensee of the Board and will review the investigation and evidence to determine if the violation constitutes gross negligence, incompetence, and/or patient harm. Cases in which clear and convincing evidence substantiates a violation of the Board's laws and regulations, appropriate disciplinary action is initiated.

CHAPTER 6

DISCIPLINARY PROCESS

Disciplinary Options

The Board has two options available to impose discipline against a licensee. In cases in which the violations do not warrant the revocation of a license, a citation and fine is issued. In cases in which the violations are egregious and warrant revocation of the license, the Board forwards the matter to the Attorney General's (AG's) office to pursue formal disciplinary action. Each decision is made in consultation with the Executive Officer.

CITATION AND FINE

A citation and fine issued to the licensee is considered a disciplinary action and is subject to public disclosure. The fines are set forth in law and range from \$100 to a maximum of \$2,500 for each investigation. In specific circumstances (e.g. fraudulent billing to an insurance company), a fine up to a maximum of \$5,000 may be issued.

All citation and fines issued include an order of abatement in which the cited person must provide information or documentation that the violation has been corrected. The cited person is afforded the opportunity to appeal the issuance of the citation and fine.

The cited person may submit a written request for an administrative hearing or an informal citation conference. An informal citation conference is conducted by the Assistant Executive Officer and Executive Officer. The citation may be modified, affirmed, or dismissed. If the cited person wished to contest the affirmed or modified citation, the matter will be referred to an administrative hearing before an Administrative Law Judge.

FORMAL DISCIPLINARY ACTION

If an investigation and evidence substantiates gross negligence, incompetence, or patient harm, the enforcement analyst, in consultation with the Enforcement Manager and Executive Officer, determines whether the case should be forwarded to the AG's Office for disciplinary action.

Formal Disciplinary Process

ATTORNEY GENERAL ROLE

The Attorney General's (AG) Office is responsible for prosecuting the administrative case against licensees and registrants (respondents). A respondent might be suspended from practice, placed on probation or have her or his license revoked. An applicant may be denied licensure or issued a license and placed on probation. A Deputy Attorney General (DAG) in the AG's Licensing Unit is assigned to represent the Board in these cases.

The DAGs work with the Board's enforcement staff and consult with the Executive Officer to determine whether the necessary evidence exists for a successful prosecution. The burden of proof in these matters is clear and convincing evidence. If an individual holds a license or registration with the Board, the burden of proof is the responsibility of the Board. If an individual is an applicant with the Board, the applicant has the burden of proof.

FILING FORMAL CHARGES

Formal charges are almost always filed in cases in which the health and safety of the consumer has been compromised, and in which clear and convincing evidence can be established. The Board's Executive Officer determines whether to file formal charges for any violation of the Board's licensing laws. These formal charges are referred to as pleadings. In each pleading, the Executive Officer is the complainant.

PLEADINGS

There are three types of pleadings. The type of pleading is dependent upon whether the respondent (subject of the case) is licensed or registered with the board, an applicant for licensure, or is already on probation.

- **Accusation:** A written statement of charges against the holder of a license or privilege, to revoke, suspend or limit the license, specifying the statutes and rules allegedly violated and the acts or omissions comprising the alleged violations.
- **Statement of Issues:** A written statement of the reasons for denial of an application for a license or privilege, specifying the statutes and rules

allegedly violated and the acts or omissions comprising the alleged violations.

- **Petition to Revoke Probation:** A written statement to revoke a probationer's license or registration alleging the probationer has violated the terms and conditions of his or her probation. Settlement terms are never offered in this circumstance.

Actions Preceding an Administrative Hearing

Once an Accusation or Statement of Issues has been filed and the respondent has been served, the respondent may file a notice of defense and request an administrative hearing. All hearings are held before an Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH).

During this process, several outcomes may occur. The respondent may fail to respond to notice of proposed action (default decision). The respondent may wish to settle the matter prior to a formal hearing. The case may proceed to a formal hearing.

STIPULATIONS (SETTLEMENTS)

The licensee/applicant and Board may decide to settle the case at any time during the administrative process. Settlements are entered into prior to the date of an administrative hearing. Although settlements prior to the scheduled hearing avoid the expense of a hearing; this is not a reason to settle a case. Settlements are considered in cases where the respondent has presented mitigating information/evidence to demonstrate that he/she may be a good candidate for probation.

The settlement is reduced to a written stipulation and order which sets forth the settlement terms and proposed disciplinary order. The DAG prepares a memo describing the rationale for the proposed settlement. The memo and the written stipulation and order are forwarded to the Board Members for its consideration and decision.

If the Board Members reject the proposed settlement, the case will return to disciplinary process. A new settlement may be submitted to the Board Members at a later time or the case may proceed to an administrative hearing before an ALJ.

Stipulations prior to an administrative hearing also eliminate the six months to one-year delay that may result from attempting to schedule a mutually agreeable

hearing date. The public is often better served because the resolution time is reduced and lengthy appeals are avoided, and the Board and respondent save time and money. Further, a licensee on probation is monitored closely by the Board.

DETERMINING SETTLEMENT TERMS

Stipulations (settlements) are negotiated DAG (in consultation with the Executive Officer), the respondent, and the respondent's legal counsel. Stipulation terms are provided to the DAG utilizing the Board's Disciplinary Guidelines (*refer to Attachment J*). These guidelines provide the parameters for settlement terms for specific violations of law.

In negotiating a stipulation, the DAG works closely with the Board's Executive Officer to arrive at a stipulation that will be acceptable to the Board. The Executive Officer considers the evidence, the law, witness and subject matter expert testimony, and protection of the public in the decision process.

The following factors are considered when settlement terms are proposed:

- Nature and severity of the act(s), offense(s), or crime(s)
- Actual or potential harm to any consumer or client
- Prior disciplinary record
- Number and/or variety of current violations
- Mitigation evidence
- Rehabilitation evidence
- In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation
- Overall criminal record
- Time elapsed since the act(s) or offense(s) occurred
- Whether the respondent cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties
- Recognition by respondent of her or his wrongdoing and demonstration of corrective action to prevent recurrence

The Board's disciplinary guidelines were established to provide consistency in determining settlement terms. Variation from the guidelines may occur when sufficient mitigating information or evidence warrants a reduction in the term and does not compromise consumer protection.

Enforcement staff considers the disciplinary guidelines when determining whether to seek revocation, suspension, and/or probation of a license. Board Members use the Disciplinary Guidelines when considering cases during closed sessions. The Disciplinary guidelines are updated when necessary and are distributed to DAGs and ALJs who work on Board cases.

A pre-hearing conference may be scheduled to settle the case prior to the administrative hearing. Pre-hearing conferences are a more formal method for developing a stipulated agreement. These hearings involve the Executive Officer, the respondent, respondent's attorney, and an ALJ.

OFFICE OF ADMINISTRATIVE HEARINGS

The Office of Administrative Hearings (OAH) consists of two divisions located in six regional offices at major population centers throughout the State. The General Jurisdiction Division conducts hearings, mediations, and settlement conferences for more than 1,000 state, local, and county agencies. This is the division that conducts the formal hearings for the Board. The Special Education Division conducts special education due process hearings and mediations for school districts and parents of children with special education needs throughout the State. Each year between 10,000 and 14,000 cases are filed with the OAH.

The OAH is a central panel of experienced, highly qualified ALJs who preside as neutral judicial officers at hearings and settlement conferences. They also serve as impartial mediators at mediations held to resolve disputes between parties. The ALJs are fully independent of the agencies whose attorneys appear before them. ALL OAH ALJs are required to have practiced law for at least five years before being appointed, and typically have over ten years of experience.

The administrative hearing process is similar to any other court proceeding. The ALJ presides over the hearing; a (DAG) represents the Board and presents the case; and the respondent or the respondent's representative/attorney presents its case. Testimony and evidence is presented and there is a transcript of the proceedings.

Upon the conclusion of the administrative hearing, the ALJ will consider all of the testimony and evidence and will prepare a Proposed Decision. Once the hearing

is finished, the ALJ has 30 days to prepare the Proposed Decision and send it to the Board. The Proposed Decision is submitted to the Board for consideration.

FORMAL DISCIPLINARY CASE OUTCOMES

The Board refers over 100 cases a year for formal discipline. The possible outcomes for these cases are denial of the application, revocation, surrender of the license/registration, or probation. If an individual is placed on probation, the individual must comply with the specific terms of the probation during the probation period. Once the individual has successfully completed probation, the license or registration is restored without restrictions. However, the discipline will remain part of the individual's record for a specific period of time.

DEFAULT DECISIONS

If an accusation is returned by the post office as unclaimed, the service is not possible because the Board does not know the whereabouts of a respondent, or if a respondent fails to file a Notice of Defense upon receipt of the Accusation or Statement of Issues, or fails to appear personally or through counsel at the hearing, the respondent is considered in default.

Default cases result in revocation of the license or denial of the application. The Board Members have delegated the authority to adopt a Default Decision to the Executive Officer. In the event, the respondent (subject of the action) becomes aware of the decision prior to the effective date, he/she may submit a written request to reconsider the decision. This request is presented to the Board Members to determine whether or not they wish to grant the request.

PROBATION MONITORING

Licensees who are placed on probation are monitored by the Board. The average length of probation is five years and the license is restored upon successful completion of probation.

A probationary file is established to monitor an individual's compliance with the probation requirements (i.e., cost recovery payments, remedial education course completion, and quarterly reports). When a probationer violates a term of probation, the Board has the option to revoke probation and impose previously stayed discipline. Within some stipulated agreements, language is included that provides for automatic revocation of a license if certain conditions of probation are not met.

CRIMINAL PROSECUTION

Depending on the nature of a complaint, cases may be referred to local law enforcement entities. All cases in which there is sufficient evidence to file charges against a licensee, registrant, or person performing unlicensed activity are referred to the appropriate city or district attorney's office. Criminal actions include, but are not limited to, violations of the licensing laws of the Board.

PUBLIC AND COMPLAINT DISCLOSURE

The California Public Records Act (PRA), Government Code section 6250 *et seq.*, requires public records to 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. 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). Providing this information allows consumers to verify their mental health professional's licensure or registration status as well as determine if there is any disciplinary action. The Board's licensing records are updated daily.

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CHAPTER 7

BOARD MEMBER ROLE IN THE DISCIPLINARY PROCESS

BOARD REVIEW OF STIPULATIONS AND PROPOSED DECISIONS

The Board Members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a Proposed Decision. In all cases, the Board Member has the option to adopt, non-adopt, or hold for discussion. The decision on each case is based on a majority vote of the Board.

MAIL VOTE PROCESS

Proposed Decisions (decision from the ALJ) and Proposed Stipulations (negotiated settlements) are sent to the Board via mail for their consideration and vote. Mail ballot packet materials are confidential and include the following:

- Memo from enforcement staff listing the cases for review and decision
- Ballot or instructions to submit the vote electronically (*refer to Attachment K*)
- Legal documents (Proposed Decision or Proposed Stipulation, and Accusation or Statement of Issues)
- Memo from the assigned DAG (Proposed Stipulated Settlement cases only)
- Self-addressed, stamped envelopes

Deliberation and decision-making should be done independently and confidentially by each Board Member. The Board Member shall only use the information provided to make their determination. Where the vote is done by mail, voting members may not communicate with each other and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the complainant, the ALJ, or anyone else associated with the case.

Additionally, Board Members should not discuss pending cases with Board staff, except as to questions of procedure or to ask whether additional information is available, and whether the agency may properly consider such information. It is strongly encouraged that these types of questions be directed to the Executive Officer or the Board's legal counsel.

If a Board Member has any procedural questions not specific to evidence, or any question specifically related to the cases, the questions should be directed to the Board's Legal Counsel.

Completed mail ballots are due at the Board office no later than the due date indicated in the mail ballot package. The due dates are established in accordance with the timelines indicated in Administrative Procedure Act (APA). It may be that your vote that is the deciding vote in the outcome of a case. Therefore, it is critical that Board Members return their votes timely.

Mail ballot materials should be retained until notification by enforcement staff that the cases have been adopted. Once a decision is final, the mail ballot packet materials must be confidentially destroyed.

MAIL BALLOT DEFINITIONS

Each mail ballot will have the following options for each case. Below are the definitions for each option.

- **Adopt/Grant:** A vote to adopt the proposed action means that you agree with the action as written.
- **Reject:** A vote to not adopt the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the Board's decision. However, a majority vote to adopt will prevail over a minority vote to not adopt.
- **Hold for Discussion:** A vote to hold for discussion may be made if you wish to have some part of the action changed in some way (increase penalty, reduce penalty, etc.) For example, you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer. At least TWO votes in this category must be received to stop the process until the Board can consider the case in closed session at the board meeting.
- **Topic Discussion for Open Session:** By marking this category, you may have a matter that is not specifically related to the case, but a topic in general discussed at the Board's next meeting. The discussion will be in open session.

Case Decisions

Each decision has a different outcome. Below are the outcomes for each voting option for either a stipulation (proposed settlement) or proposed decision.

STIPULATIONS – PROPOSED SETTLEMENT

- **Adopt** – If the decision of the Board is to adopt the terms proposed in the stipulation the decision becomes effective within 30 days and the respondent is notified.
- **Reject** – If the Board decides to not adopt the stipulation, the respondent is notified and the matter resumes the process for a formal administrative hearing before an ALJ. A new settlement may be submitted to the Board at a later date.
- **Hold for Discussion** – A Board Member may be unable to decide due to concerns or the desire further clarification. (*Note: A Board Member may seek procedural clarification from the Board's legal counsel.*) In this situation, the Board Member may choose to hold the case for discussion citing the reasons for this vote. If two or more Board Members vote to hold the case for discussion, the case is discussed in the next available meeting during a closed session. If only one Board Member votes to hold the case for discussion, the case is not held for discussion and the majority decision of the remaining Board Members prevails.

PROPOSED DECISIONS – DECISION FROM THE ALJ FOLLOWING A FORMAL HEARING

Proposed Decisions are subject to a specified timeline pursuant to the Administrative Procedure Act. The Board has 100 days after receiving the Proposed Decision to either adopt or non-adopt the Proposed Decision.

- **Adopt** – If the Board Members decide to adopt the proposed decision, the proposed decision becomes effective within 30 days and the respondent is notified by Board staff.
- **Reject** – If the Board Members do not agree with any aspect of the ALJ's proposed decision, they may non-adopt the Proposed Decision. In this situation, the respondent is notified. Board staff will order the administrative hearing transcripts and request written arguments from the

respondent. Board Members review the transcripts, evidence, and written arguments and meet in a closed session Board meeting with legal counsel to write their decision. The Board uses disciplinary guidelines and applicable law when making such decisions. The Board's decision is then adopted and issued to the respondent.

Disqualification from Deciding a Case

With some limited exception, a Board Member cannot decide a case if that Board Member investigated, prosecuted or advocated in the case or is subject to the authority of someone who investigated, prosecuted or advocated in the case. A Board Member may be disqualified for bias, prejudice or interest in the case. When in doubt Board Members should contact DCA legal counsel for guidance.

Ex Parte Communications Definition and Limitations

"Ex Parte" technically means "by or for one party only." In practice, it is a limitation on the types of information and contacts that Board Members may receive or make when considering a case. While a case is pending, there are only limited types of communications with Board Members that are allowed if all parties are not aware of the communication and do not have a chance to reply.

For example, a Board Member can accept advice from a staff member who has not been an investigator, prosecutor, or advocate in the case; but that person/staff cannot add to, subtract from, alter or modify the evidence in the record. Or, a Board Member can accept information on a settlement proposal or on a procedural matter.

Most other communications may need to be disclosed to all parties, and an opportunity will be provided to the parties to make a record concerning the communication. Disclosure may also apply to communications about a case received by a person who later becomes a Board Member deciding the case. Receipt of some ex parte communications may be grounds to disqualify a Board Member from that case.

CHAPTER 8

BOARD PUBLICATIONS

The Board endeavors to educate consumers, licensees, and applicants. To this end the Board has developed several publications and newsletters available on our website. Consumers will find information regarding how to select a mental health professional as well as how to file a complaint against a mental health professional.

Licensees and applicants are provided information regarding changes to existing law as well as suggestions for compliance with current law. Additionally, the Board includes current Board publications such as reports to the legislature and research activities.

These publications may be found at <http://www.bbs.ca.gov/forms.shtml>.

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CHAPTER 9

BOARD MEMBER RESOURCES

Department of Consumer Affairs Board Member Resource Center

This site provides Board Members information regarding the Department of Consumer of Affairs, the Board Member role, required training, and publications.

<http://www.dcaboardmembers.ca.gov>

California Administrative Procedure Act

The link below provides access to the California Administrative Procedure Act. This act governs all of our disciplinary procedures.

<http://www.documents.dgs.ca.gov/oah/forms/2008/2008%20Administrative%20Procedure%20Act.pdf>

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CHAPTER 10

ARTICLES AND PUBLICATIONS

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ATTACHMENTS

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ATTACHMENT A

BOARD MEMBER ATTENDANCE

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1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
(916) 574-7830, (800) 326-2297 TTY, (916) 574-8625 Fax
www.bbs.ca.gov

Governor Edmund G. Brown Jr.
State of California
Business, Consumer Services and Housing Agency
Department of Consumer Affairs

SUBJECT: Board Member Attendance	POLICY # B-15-1	DATE ADOPTED: August 28, 2015
	SUPERSEDES: B-98-1	PAGE: 1
DISTRIBUTE TO: All Board Members	APPROVED BY:	BOARD OF BEHAVIORAL SCIENCES

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.

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.
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.

Implementation: Immediate

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ATTACHMENT B

BAGLEY KEENE OPEN MEETING ACT

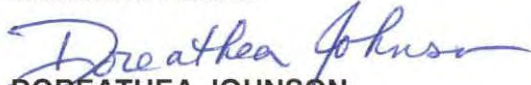
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MEMORANDUM

DATE: January 5, 2015

TO: Executive Officers
Executive Directors
Registrars
Bureau Chiefs
Interested Parties

FROM: 
DOREATHEA JOHNSON
Deputy Director
Legal Affairs

Subject: Public Meetings (Bagley-Keene Open Meeting Act)

The attached guide includes all statutory amendments through January 1, 2015. Please disregard all of our previous memoranda on the subject, and our Guide to the Bagley-Keene Open Meeting Act, issued January 15, 2014.

There are three changes for 2015:

1. For all action items at board meetings and meetings of committees of three or more, the law now requires boards to record the vote or abstention of each member present for that action item. This means the board's minutes must include each board member's name under the appropriate vote category (i.e., yes, no, abstention).
2. An agency is authorized to provide notice of board/committee meetings by regular mail, email or both. However, a person requesting notice has the option of choosing by which of the three methods above the person wishes to receive notice and the agency must comply with the option selected by the requester.
3. If an agency plans to web cast a meeting, then the notice of meeting must include a statement of the intent to web cast the meeting.

The last two items are required by Business and Professions Code section 101.7, which we have included behind the Open Meeting Act law attached to this memo.

We hope you find this document helpful in answering questions you may have about the requirements of the Open Meeting Act. If you have any suggestions for ways to improve the guide in the future, please let us know.

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GUIDE TO THE
BAGLEY-KEENE OPEN MEETING ACT
(Includes Amendments through January 1, 2015)

Prepared by:

DIVISION OF LEGAL AFFAIRS
Department of Consumer Affairs
1625 N. Market Blvd., Suite S 309
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BAGLEY-KEENE OPEN MEETING ACT

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GUIDE TO THE BAGLEY-KEENE OPEN MEETING ACT (Includes Amendments through January 1, 2015)

This guide is an update on the provisions of the public meetings law governing state agencies, officially called the Bagley-Keene Open Meeting Act. (Article 9 (commencing with Section 11120), Chapter 1, Part 1, Division 3, Title 2 of the Government Code). The Open Meeting Act closely parallels the Ralph M. Brown Act, which governs meetings of local government agencies. This guide includes all statutory changes through January 1, 2015. Please disregard all earlier memoranda and the previous Guide to the Bagley-Keene Open Meeting Act (distributed January 15, 2014) on this subject.

All statutory references are to the Government Code.

I. PUBLIC POLICY TO CONDUCT PEOPLE'S BUSINESS OPENLY

Section 11120 sets forth the purpose of the law:

"It is the public policy of this state that public agencies exist to aid in the conduct of the people's business and the proceedings of public agencies be conducted openly so that the public may remain informed.

In enacting this article the Legislature finds and declares that it is the intent of the law that actions of state agencies be taken openly and that their deliberation be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

This article shall be known and may be cited as the Bagley-Keene Open Meeting Act."

Each board has essentially three duties under the Open Meeting Act. First, to give adequate notice of meetings to be held. Second, to provide an opportunity for public comment. Third, to conduct such meetings in open session, except where a closed session is specifically authorized. We use the terms "agency" and "board" to mean not only boards, but also commissions and any examining committees or boards within the jurisdiction of the Medical Board of California.

II. BOARD, COMMITTEE, SUBCOMMITTEE, TASK FORCE MEETINGS

A. Definition of a "Meeting"

"Meeting" is defined in the Act as including "any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains." (§11122.5(a)) The law now prohibits use by a majority of the members of a state body of direct communications or a series of communications of any kind, directly or through personal intermediaries, or technological devices (such as e-mails) to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body. (§11122.5(b))

B. Exemptions from Definition of Meeting

The law recognizes that not all gatherings of a majority of members of a state body at a single location constitute a meeting. Current law provides that the provisions of the Act do not apply to the following situations, **provided that** "a majority of the members do not discuss among themselves, other than as part of a scheduled program, business of a specified nature that is within the subject matter jurisdiction of the state body." (§11122.5(c))

- Individual contacts or conversations between a member of a state body and any other person. (§11122.5(c)(1))
- Attendance by a majority of members at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the state body. (§11122.5(c)(2))
- Attendance by a majority of members at an open and publicized meeting organized to address a topic of state concern by a person or organization other than the state body. (§11122.5(c)(3))
- Attendance by a majority of members at an open and noticed meeting of another state body or of a legislative body of a local agency. (§11122.5(c)(4))
- Attendance by a majority of members at a purely social or ceremonial occasion. (§11122.5(c)(5))
- Attendance by a majority of members at an open and noticed meeting of a standing committee of that body, provided the members of the body who are not members of the committee attend only as observers. (§11122.5(c)(6))

The law does not, however, prevent an employee or official from engaging in separate communications outside of a noticed meeting with members of the legislature to answer questions or provide information about a matter within the agency's subject

matter jurisdiction – with the limitation that the person cannot communicate the comments or position of any other member.

C. Board and Committee Meetings

There are two basic types of meetings held by agencies in the Department of Consumer Affairs. The first type is a board meeting, where a quorum of the members of the board is present. The second type is a committee meeting consisting of less than a quorum of the members of the full board. Subcommittee and task force meetings are variations of committee meetings.

Board meetings have historically been required to be noticed and open to the public, except where a closed session is authorized. Committee and subcommittee meetings, where less than a quorum of the board is present, are also required to be noticed and open to the public. The only exception is for a committee that consists of fewer than three persons and does not exercise any authority of a state body delegated to it by that state body. (NOTE – it is the number of persons on the committee [not the number of board members] that is determinative.)

Where a committee of fewer than three persons is to meet, and the meeting is not noticed, other members of the board should not attend the meeting, as such attendance would clearly be perceived as an Open Meeting Act violation. Board staff is not precluded from attending such a meeting.

[Restriction on Attendance at Committee Meetings] The law allows attendance by a majority of members at an open and noticed meeting of a standing committee of the board, provided the members of the board who are not members of the committee attend only as observers. (§11122.5(c)(6)) The Office of the Attorney General has addressed in a formal opinion a provision in the Brown Act relating to the attendance of "observers" at a committee meeting. The Attorney General concluded that "[m]embers of the legislative body of a local public agency may not ask questions or make statements while attending a meeting of a standing committee of the legislative body 'as observers.'" The opinion further concluded that such members of the legislative body may not sit in special chairs on the dais with the committee. (81 Ops.Cal.Atty.Gen. 156)

Thus, under the provisions of section 11122.5(c)(6), and the opinion of the California Attorney General, if a majority of members of the full board are present at a committee meeting, members who are not members of the committee that is meeting may attend that meeting only as observers. The board members who are not committee members may not sit on the dais with the committee, and may not participate in the meeting by making statements or asking questions.

If a board schedules its committee meetings seriatim, and other board members are typically present to ultimately be available for their own committee meeting, your notice of the committee meeting should contain a statement to the effect that "Members

of the board who are not members of this committee may be attending the meeting only as observers.”

Subcommittees may be appointed to study and report back to a committee or the board on a particular issue or issues. If the subcommittee consists of three or more persons, the same provisions apply to its meetings as apply to meetings of committees.

Board chairpersons may occasionally appoint a task force to study and report on a particular issue. One or two board members typically serve as task force members, along with a number of other non-board members. When this is the case, the same Open Meeting Act rules that apply to committee meetings apply to task force meetings. Such a formally appointed task force falls under the definition of “state body in Section 11121(c).”

III. TYPES OF MEETINGS; PURPOSE; NOTICE; OTHER REQUIREMENTS

Boards and committees may hold several types of meetings, including a regularly scheduled meeting, a “special” meeting, or an “emergency” meeting under the provisions of section 11125.5. This section of the memorandum addresses who can hold certain types of meetings, the purposes for which the meetings can be held, notice requirements, and any other special requirements or prohibitions.

A. Regularly Scheduled Meetings

1. Who May Hold a Regularly Scheduled Meeting

A board, committee, subcommittee, or task force may hold a regularly scheduled meeting. These are the business meetings that are scheduled throughout the year to conduct the usual and customary business of the board. Such meetings may generally be called by the chairperson, or by a majority of the body. However, you must refer to your particular licensing act, which may contain different provisions as to who may call a meeting.

2. Purposes for Which the Meeting May be Held

These meetings are to conduct the usual and customary business of the board, or the business of a committee, subcommittee or task force as directed by the board. The subject matter of the meetings is essentially dictated by the jurisdiction of the board as found in the board’s licensing act. There are no statutory restrictions in the Open Meeting Act on the purposes for which a regularly scheduled meeting may be held.

3. Notice Requirements for a Regularly Scheduled Meeting

a. Board Meetings

An agency is required to give at least 10 calendar days written notice of each board meeting to be held. (§11125(a).) Effective January 1, 2015, an agency is authorized to provide that notice by regular mail, email or both. However, that same section requires an agency to give a person requesting notice the option of receiving the notice by regular mail, email or both and the agency must comply with that requester's choice for receiving notice of meetings. (Business and Professions Code section 101.7.) The notice must include the name, address, and telephone number of a person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. The notice must also be posted on the Internet at least 10 calendar days before the meeting. In addition, if a meeting is to web cast, the meeting notice shall include a statement of the board's intent to web cast the meeting.

In addition to the website posting, effective January 1, 2003, the notice is required to be made available in appropriate alternate formats upon request by any person with a disability.

The notice of each board meeting must include an agenda that is prepared for the meeting. The agenda must include all items of business to be transacted or discussed at the meeting. " ... A brief general description of an item generally need not exceed 20 words. ... No item shall be added to the agenda subsequent to the provision of this notice." (§11125(b)) This provision does not, however, preclude amending an agenda provided the amended notice is distributed and posted on the Internet at least 10 calendar days prior to the meeting. Effective January 1, 2003, the notice must include information that would enable a person with a disability to know how, to whom, and by when a request may be made for any disability-related modification or accommodation, including auxiliary aids or services. (§11125(f)) We suggest the following as standard language:

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting _____ at (916) _____ or sending a written request to that person at the Board [Address], Sacramento, California, [zip code]. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

The definition of "action taken" in Section 11122 is of some aid in determining what the Legislature intended by use of the words "items of business to be transacted."

"11122. As used in this article 'action taken' means a collective decision made by the members of a state body, a collective commitment or

promise by the members of the state body to make a positive or negative decision or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order or similar action."

General agenda items such as "New Business," "Old Business," "Executive Officer's Report," "Committee Reports," "President's Report," "Miscellaneous," etc., without specifying the particular matters thereunder, cannot be used to circumvent this requirement. The Office of the Attorney General has opined that:

"... the purpose of subdivision (b) [of Government Code Section 11125] is to provide advance information to interested members of the public concerning the state body's anticipated business in order that they may attend the meeting or take whatever other action they deem appropriate under the circumstances.

* * *

"We believe that Section 11125 was and is intended to nullify the need for . . . guesswork or further inquiry on the part of the interested public." (67 Ops.Cal.Atty.Gen. 85, 87)

Items not included on the agenda may not be discussed, even if no action is to be taken by the agency. However, we offer two suggestions so members of the public and board members may raise issues that are not on the agenda.

We strongly encourage boards to include an item on their agendas for "Public Comment on Matters Not on the Agenda." This gives persons who are attending a meeting an opportunity to raise any issues they may have, which may not be on the agenda, but which may be appropriate for future board discussion. Matters raised under this agenda item should be discussed only to the extent necessary to determine whether they should be made an agenda item at a future meeting. (§11125.7(a))

We also strongly encourage boards to include an item on their agenda for "Agenda Items for Future Meetings." This allows all board members an opportunity to request specific agenda items for a meeting. Again, these items should be discussed only to the extent necessary to determine whether they should be included as agenda items for a future meeting.

[CAVEAT: If the regularly scheduled meeting will have a closed session agenda item or items, or be held by teleconference, please refer to the discussion of additional requirements under those headings, below.]

The notice and the agenda must be provided to any person who requests it. A member of the public may request notice for a specific meeting, for all meetings at which a particular subject will be discussed or action taken thereon, or for all meetings

of the agency. Mailing lists of persons who desire to be notified of more than one meeting must be maintained pursuant to Section 14911, which provides:

"14911. Whenever any state agency maintains a mailing list of public officials or other persons to whom publications or other printed matter is sent without charge, the state agency shall correct its mailing list and verify its accuracy at least once each year. This shall be done by addressing an appropriate postcard or letter to each person on the mailing list. The name of any person who does not respond to such letter or postcard, or who indicates that he does not desire to receive such publications or printed matter, shall be removed from the mailing lists. The response of those desiring to be on the mailing list shall be retained by these agencies for one year."

Effective 1/1/98, a sentence was added to subdivision (c) of Section 11125.1 to state that "Nothing in this article shall be construed to require a state body to place any paid advertisement or any other paid notice in any publication." (Stats. 1997, Chapt. 949; SB 95) The Legal Office interprets this provision to supersede any provisions in particular practice acts which require newspaper publication of board or committee meetings. Boards and committees, of course, retain the discretion to publish notices in newspapers if they so chose.

b. Committee, Subcommittee or Task Force Meetings

Each agency is required to give notice of committee, subcommittee or task force ("committee") meetings to be held. However, this requirement does not apply if the committee consists of less than three persons. It is the number of persons on the committee that is determinative, not how many of the persons are board members. Thus, if a committee consisted of two board members and two other interested persons, its meetings would have to meet all the requirements of the Open Meeting Act.

Notice of committee meetings must be provided and posted on the Internet at least 10 calendar days in advance of the meeting. (§11125(a)) The notice "shall include a brief, general description of the business to be transacted or discussed, and no item shall be added subsequent to the provision of the notice." (§11125(c)) The notice must also include the Website address where the notice can be accessed on the Internet. In addition, if a meeting is to web cast, the meeting notice shall include a statement of the board's intent to web cast the meeting.

Although the law does not so specify, we would suggest also including in the notice the name, address, and telephone number of a contact person who can provide further information prior to the meeting. As with board meetings, there is no requirement that the notice be published in any newspaper or other periodical. However, the notice must be provided to any person or persons who have requested to be notified of the particular committee's meetings. Effective January 1, 2015, an agency is authorized to provide that notice by regular mail, email or both. However, that same section requires an agency to give a person requesting notice the option of

receiving the notice by regular mail, email or both and the agency must comply with that requester's choice for receiving notice of meetings. (Business and Professions Code section 101.7.) You may elect to send such notice to those persons on your regular mailing list.

Remember you must post your notice on the Internet at least 10 calendar days in advance of the meeting and must make the notice available in appropriate alternate formats upon request by any person with a disability.

Provision is made for certain non-emergency, but sometimes necessary, committee meetings. Where, during the course of a regularly scheduled and properly noticed board meeting, the board desires that a committee presently discuss an item of business on the agenda, the committee may do so provided (a) the specific time and place of the committee meeting is announced during the public meeting of the board, and (b) the committee meeting is conducted within a reasonable time of, and nearby, the meeting of the board. (§11125(c))

4. Specific Requirements for Regularly-Scheduled Meetings

There are no specific requirements, other than those set forth above, for regularly scheduled board, committee, subcommittee or task force meetings.

5. Specific Prohibitions on Holding a Regularly-Scheduled Meeting

There are no statutory prohibitions in the Open Meeting Act on a board, committee, subcommittee or task force conducting a regularly scheduled meeting.

We again remind you that, with respect to committee meetings, members of the board who are not members of the committee that is meeting may only attend the committee meeting as observers. This means these members may not sit on the dais with the committee, make any statements, or ask any questions during the committee meeting. (81 Ops.Cal.Atty.Gen. 156)

B. "Special" Meetings

SB 95 of 1997 created a new category of meeting, that being a "special" meeting.

1. Who May Hold a Special Meeting

A board, committee, subcommittee or task force may hold a special meeting.

2. Purposes for Which a Special Meeting May be Held

The only purposes for which a special meeting may be held are set forth in section 11125.4, and are drawn from the purposes for which an emergency meeting

could be held under the prior law. In essence, the Legislature recharacterized those purposes as constituting “special” circumstances rather than “emergency” circumstances. Section 11125.4 provides in part that:

“(a) A special meeting may be called at any time by the presiding officer of the state body or by a majority of the members of the state body. A special meeting may only be called for one of the following purposes where compliance with the 10-day notice provisions of Section 11125 would impose a substantial hardship on the state body or where immediate action is required to protect the public interest:

- (1) To consider ‘pending litigation’ as that term is defined in subdivision (e) of Section 11126.
- (2) To consider proposed legislation.
- (3) To consider issuance of a legal opinion.
- (4) To consider disciplinary action involving a state officer or employee.
- (5) To consider the purchase, sale, exchange, or lease of real property.
- (6) To consider license examinations and applications.
- (7) To consider an action on a loan or grant provided pursuant to Division 31 (commencing with Section 50000) of the Health and Safety Code.
- (8) To consider its response to a confidential final draft audit report as permitted by Section 11126.2.
- (9) To provide for an interim executive officer of a state body upon the death, incapacity, or vacancy in the office of the executive officer.

* * *

Department of Consumer Affairs licensing boards would most likely hold a special meeting for the purposes set forth in subdivisions (1), (2), (3), (4), and (6).

3. Notice Requirements for a Special Meeting

A special meeting can be called at any time by the presiding officer or a majority of the members of the state body, provided the 10-day notice requirements of section 11125 “would impose a substantial hardship on the state body or where immediate action is required to protect the public interest.” (§11125.4(a)) The only purposes for which the meeting can be held are those set forth above.

The normal 10-day advance notice is not required for special meetings. However, notice of the special meeting is required to be provided to each member of the state agency and to persons who have requested notice of the agency's meetings as soon as practicable after the decision to hold the meeting is made. Notice to members, newspapers of general circulation, and radio or television stations must be received at least 48 hours in advance of the meeting. Notice to newspapers, radio and television stations is satisfied by providing notice to all national press wire services. Notices to the general public may be given via appropriate electronic bulletin boards or other appropriate mechanisms. (§11125.4(b)) The notice must also be posted on the Internet at least 48 hours in advance of the meeting.

The notice must specify the time and place of the special meeting and the business to be transacted. In essence, an agenda would be prepared. No business other than that noticed may be transacted. Notice is required even if no action is subsequently taken at the meeting. (§11125.4(b)) The notice must contain the Website address where the notice may be accessed on the Internet.

[CAVEAT: If the special meeting will have a closed session agenda item or items, or be held by teleconference, please refer to the discussion of additional requirements under those headings, below.]

4. Specific Requirements During Special Meetings

At the commencement of a special meeting, the agency must make a finding in open session that providing a 10-day notice of the meeting would pose a substantial hardship on the agency, or that immediate action is required to protect the public interest. The specific facts constituting the hardship or need for immediate action must be articulated. This finding must be adopted by a two-thirds (2/3) vote of the agency members present, or if less than two thirds of the members are present, by a unanimous vote of the members present. Failure to adopt the finding terminates the meeting. The agency's finding must be made available on the Internet. (§11125.4(c))

5. Specific Prohibitions on Holding a Special Meeting

As discussed above, a special meeting may only be held for the purposes set forth in section 11125.4(b). Other than the limitation on the purposes of the meeting, there are no statutory prohibitions in the Open Meeting Act on a board, committee, subcommittee or task force conducting a special meeting.

C. "Emergency" Meetings

1. Who May Hold an Emergency Meeting

A board, committee, subcommittee or task force may hold an emergency meeting.

2. Purposes for Which an Emergency Meeting May be Held

As noted above, S.B. 95 of 1997 recharacterized a number of “emergency” situations as “special” situations. This resulted in the narrowing of situations for which an emergency meeting may be held. Section 11125.5 provides an emergency meeting may be held only in the case of an “emergency situation,” defined as:

“(1) Work stoppage or other activity that severely impairs public health or safety, or both.

“(2) Crippling disaster that severely impairs public health or safety, or both.” (§11125.5(b))

3. Notice Requirements for an Emergency Meeting

An emergency meeting may be held without complying with the 10-day notice requirement in Section 11125 or the 48-hour notice requirement in Section 11125.4. However, newspapers of general circulation, television and radio stations that have requested notice of meetings shall be notified of the emergency by telephone at least one hour before the meeting. If telephone services are not functioning, notice is deemed waived. The notice must be posted on the Internet as soon as practicable after the decision to call an emergency meeting has been made. However, newspapers, television and radio must be notified as soon as possible after the meeting of the fact of the meeting, its purpose, and any action taken. (§11125.5(c))

4. Specific Requirements for an Emergency Meeting

The following are required to be posted in a public place and on the Internet for a minimum of 10 days, as soon as possible after the emergency meeting:

- * Minutes of the meeting
- * A list of persons notified, or attempted to be notified, of the meeting
- * Any action taken at the meeting
- * The rollcall vote on action taken (§11125.5(d))

5. Specific Prohibitions on Holding an Emergency Meeting

As discussed above, an emergency meeting may only be held for the purposes set forth in section 11125.5(b).

IV. CLOSED SESSIONS

A. Purposes for Which Closed Session Can be Held

"Closed" sessions were formerly called "executive" sessions. Since all references in the Open Meeting Act have been changed from "executive" session to "closed" session, throughout this memorandum we will refer to such sessions as "closed" sessions.

Section 11123 states that "All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article."

Section 11126 sets forth those specific items of business which may be transacted in closed session. Only those enumerated items of business may be conducted in closed session. An agency in the Department may convene a closed session pursuant to Section 11126 for the following purposes.

1. Personnel Matters

A board may meet in closed session to ". . . consider the appointment, employment, evaluation of performance, or dismissal of a public employee or to hear complaints or charges brought against such employee by another person unless the employee requests a public hearing." In order to consider such disciplinary action or dismissal the "employee shall be given written notice of his or her right to have a public hearing . . . which notice shall be delivered to the employee personally or by mail at least 24 hours before the meeting." (§11126(a)) If such a notice is not given any action taken during a closed session for the above reason is null and void. Once the public hearing has been held, the agency may convene into closed session to deliberate on the decision to be reached. (§11126(a)(4))

Prior to January 1, 1995, section 11126(a) did not apply to employees who were appointed to their positions, such as executive officers, executive directors, and registrars (referred to as "executive officer" for convenience). For example, any decision or deliberations made in the selection or dismissal of an executive officer previously had to be conducted in open session. (68 Ops.Cal.Atty.Gen. 34.) However, with the enactment of SB 1316 (Stats. 1994, Chapt. 845) and SB 95 (Stats. 1997, Chapt. 949), a board can now meet in closed session to consider the appointment, employment, evaluation of, or dismissal of its executive officer, unless the executive officer requests a public hearing. (§11126(a)(1), (2)) SB 1316 supersedes the conclusion reached in 68 Ops.Cal.Atty.Gen. 34. As noted above, once the public hearing has been held, the state body may convene in closed session to deliberate on the decision to be reached. (§11126(a)(4))

If the executive officer does not request a public hearing, he or she must be given the opportunity for a hearing in closed session. After the hearing, the executive

officer should be excused from the closed session, and the board may then continue in closed session to deliberate on the decision to be reached. (§11126(a)(4))

Section 11126(a) is not to be interpreted to mean that a board is required to handle civil service personnel matters itself. Normally, this function of an agency is administered by its executive officer in conjunction with the Director of Consumer Affairs, who shares authority with respect to civil service personnel.

2. Examination Matters

A board may meet in closed session to "prepare, approve, grade or administer examinations." (§11126(c)(1)) Essentially, this includes any discussion regarding the actual content of examinations, and their reliability and validity. If an agency is perusing examination samples in order to choose one over the others, this may be done in closed session. On the other hand, if an agency is discussing, for example, the general logistics of administering an examination, then this would not be proper subject matter for a closed session. A basic rule is that if a meeting concerns the grading, specific content, validity of an examination, or examination security, then it can and should be conducted in closed session.

Also, an agency may hear appeals from examinees or re-review examinations in closed session as this would be included in the "grading" of the examination.

3. Matters Affecting Individual Privacy

A committee, consisting of less than a quorum of the full board, may meet in closed session to:

" . . . discuss matters which the [committee] has found would constitute an unwarranted invasion of the privacy of an individual licensee or applicant if discussed in an open meeting, . . . Those matters may include review of an applicant's qualifications for licensure and an inquiry specifically related to the state body's enforcement program concerning an individual licensee or applicant where the inquiry occurs prior to the filing of a civil, criminal, or administrative disciplinary action against the licensee or applicant by the state body." (§11126(c)(2))

Thus, review by a committee (or subcommittee of an examining committee) of an applicant's qualifications for licensure could properly be done in a closed session. Also, for example, an enforcement committee could convene in closed session to discuss an inquiry related to a particular licensee or licensees prior to any action being filed.

CAVEAT: This closed session provision does not authorize such a review by the full board. Nor does it generally authorize a committee of a board to review complaints, investigation reports, or other information to determine whether disciplinary or other action should be filed against a licensee.

To ensure that board members render an impartial and fair decision in considering an Administrative Law Judge's proposed decision, board members are precluded from involving themselves in the investigation or prosecution phase of an action. (§11430.10 *et seq.*) The board's role is that of judge in the case. If a particular board member has any significant involvement in the investigative or prosecution phases, he or she must disqualify himself/herself from participation in the board's action relative to the proposed decision, and not attempt to influence any other board member regarding the decision. Legal counsel should be consulted before any enforcement actions are discussed with individual licensees, as such discussions may impact participation by the member in a final decision on a case (§11430.60), and may require disclosures under the provisions of the state's Administrative Procedure Act. (§11430.50)

Even though these committee meetings may consist entirely of subject matter proper for closed session they are required to be noticed as discussed above.

4. Administrative Disciplinary Matters

A board may meet in closed session to deliberate on a decision in an administrative disciplinary proceeding under the Administrative Procedure Act. (§11400, *et seq.*; §11126(c)(3)) In the closed session, the board may decide whether to adopt a Proposed Decision, review a transcript of a hearing and render a decision of its own, deliberate upon evidence heard by the agency itself, or consider a stipulation.

This section does not authorize an agency to convene into closed session for the purpose of assigning cases, *i.e.* deciding whether a case should be heard by a hearing officer alone or by the agency itself with a hearing officer. This section does not authorize an agency to convene into closed session to review investigation files or complaints. Members of boards that have the discretion to hear cases should not review pending complaints or investigation files for the reasons given above.

5. Board of Accountancy Matters

The enforcement advisory committee established by the State Board of Accountancy pursuant to Business and Professions Code Section 5020 may convene in a closed session to "consider disciplinary action against an individual accountant prior to the filing of an accusation." (§11126(f)(3)) And the qualifications examining committee established by that board pursuant to Business and Professions Code Section 5023 may convene in closed session to "interview an individual applicant or accountant regarding the applicant's qualifications."

As noted above, such administrative and examining committee meetings are required to be noticed as previously discussed in this memorandum.

6. Pending Litigation

A board may meet in closed session to confer with or receive advice from its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the state body in the litigation. (§11126(e)(1)) Again, please note the very specific notice requirements discussed below when a closed session is to be held to discuss "pending litigation". Litigation means an adjudicatory proceeding before a court, administrative body, hearing officer or arbitrator. Litigation is considered to be pending if, (1) it has been initiated formally (e.g. a complaint, claim or petition has been filed) or (2) based on existing facts and circumstances and on the advice of its legal counsel, the state body believes there is significant exposure to litigation against it, or it is meeting to decide whether a closed session is authorized because of significant exposure to litigation or (3) based on existing facts and circumstances, the state body has decided or is deciding whether to initiate litigation. (§11126(e)(2))

The agency's legal counsel must submit a memorandum which complies with the requirements of Section 11126(e)(2)(C)(ii) prior to the closed session if possible, but no later than one week after the closed session. This document is confidential until the pending litigation has been finally adjudicated or otherwise settled. (§6254.25)

7. Response to Confidential Final Draft Audit Report

Section 11126.2 (added effective January 1, 2005) permits an agency to meet in closed session to discuss its response to a confidential final draft audit report from the Bureau of State Audits. However, once that audit report becomes final and is released to the public, the agency may only discuss it in open session.

8. Threat of Criminal or Terrorist Activity

Effective January 1, 2006, AB 277 (Chap. 288, Stats. 2005) authorizes an agency at a regular or special meeting to meet in closed session to consider "matters posing a threat or potential threat of criminal or terrorist activity against the personnel, property, buildings, facilities, or equipment, including electronic data, owned, leased, or controlled by the state body," where disclosure of those considerations could compromise or impede the safety or security of the described subjects. The law (Section 11126(c)(18)) requires the agency to authorize the closed session by a two-thirds vote of the members present at the meeting.

9. Advisory Bodies/Committees May Meet in Closed Session

To the extent a licensing board, which is defined as a "state body" in the Open Meeting Act, is authorized to meet in closed session, then committees, subcommittees, or other bodies advisory to the licensing board, which are also defined as "state bodies," may meet in closed session for the same purposes as the licensing board. (§11126(f), (4)-(6))

10. Open Session Otherwise Required

Any other business transacted by an agency must be in open session. Only for the above-mentioned reasons may a board within the Department of Consumer Affairs meet in closed session. (§11132) A board may not meet in closed session for the purpose of electing officers or to discuss the proposal or adoption of rules and regulations. Further, a board may not convene in closed session to discuss testimony received during a hearing on proposed rules and regulations. Finally, an agency may not meet in closed session because it wants to have a frank and open discussion among only members on a matter of controversy. In order for an agency to meet in closed session, the closed session must be specifically authorized by statute.

B. Notice and Reporting Requirements for Closed Sessions

1. Notice of Closed Session

When a closed session will constitute part or all of a meeting, it is important to note Government Code Section 11126.3, which requires that:

"(a) Prior to holding any closed session, the state body shall disclose, in an open meeting, the general nature of the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. [A provision applicable to the Public Utilities Commission is not included herein.] If the session is closed pursuant to subparagraph (A) of paragraph (2) of subdivision (e) of Section 11126 [litigation has already commenced], the state body shall state the title of, or otherwise specifically identify, the litigation to be discussed unless the body states that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage."

Thus, if the meeting will consist in part or in its entirety of a closed session, you must include on the notice of the meeting the above-described information. Pay particular attention to these very specific requirements if the closed session is to discuss pending litigation. Please note that to obtain legal advice in closed session concerning pending litigation, the notice must cite subdivision (e) of Section 11126 and your attorney must prepare a memorandum stating the specific reasons and legal authority for the closed session. Subdivisions of Government Code Section 11126, discussed under "Closed Sessions" above, will generally be the statutory authority cited.

If a closed session agenda to discuss pending litigation has been properly published, and an additional pending litigation issue subsequently arises, the state agency may discuss the new matter in closed session provided that postponement of the discussion would prevent the state agency from complying with any statutory, court-

ordered, or other legally-imposed deadline. The state agency must publicly announce the title of, or otherwise identify, the litigation unless to do so would jeopardize the ability to effectuate service of process, or to do so would jeopardize the agency's ability to conclude existing settlement negotiations to its advantage. (§11126.3(d))

If you intend to have a closed session during your meeting, you should first contact your Legal Division attorney to ensure that a closed session is authorized and properly noticed.

2. Reporting After a Closed Session

Section 11126.3(f), requires a state body to convene in open session after a closed session and to report as required in Section 11125.2, which states that:

“Any state body shall report publicly at a subsequent public meeting any action taken, and any rollcall vote thereon, to appoint, employ, or dismiss a public employee arising out of any closed session of the state body.”

C. Other Procedural Requirements for Closed Sessions

There are certain additional requirements that must be met when closed sessions are to be held.

1. All closed sessions must be held during a regular or special meeting (§11128); they may not be scheduled independently of a noticed meeting of the board or committee. Where, for example, a board or committee meeting is scheduled to discuss only matters appropriate for a closed session, the meeting should be opened as a public meeting with an announcement immediately following that the agency will convene into closed session.

2. As discussed under "Notice Required," above, prior to holding the closed session the agency must announce the general reason(s) for the closed session and the specific statutory or other legal authority under which the session is held. (§11126.3 (a)) With respect to litigation that has already been initiated, it must announce the title of or otherwise identify the litigation. (§11126.3(a)) Other specific notice requirements, discussed above, also apply to notices regarding pending litigation. In the closed session, only matters covered in the statement may be discussed. (§11126.3(b))

3. The agency is required to designate a staff person to attend the closed session and to record in a minute book a record of topics discussed and decisions made. (§11126.1)

4. The minute book referenced in (3) is available only to members of the agency, or if a violation of the Open Meeting Act is alleged, to a court of general jurisdiction. (§11126.1)

5. Information received and discussions held in closed session are **confidential** and must not be disclosed to outside parties by members or staff who attended the closed session. A recent opinion of the Office of the California Attorney General concluded that:

“A local school board member may not publicly disclose information that has been received and discussed in closed session concerning pending litigation unless the information is authorized by law to be disclosed.” (80 Ops.Cal.Atty.Gen. 231)

That opinion also cited a previous opinion, in which the Attorney General stated that “We have ... routinely observed that it would be *improper* for information received during a closed session to be publicly disclosed.” (76 Ops.Cal.Atty.Gen. 289, 290-291; Emphasis in the original.)

V. MEETING BY TELECONFERENCING

Prior to January 1, 1995, the Bagley-Keene Open Meeting Act contained no provision for conducting meetings where the participating members were not physically present in one location.

Effective 1/1/95, subdivision (b) was added to Government Code section 11123 to authorize meetings by teleconference. (Stats. 1994, Chapt. 1153; AB 3467) That subdivision has been amended several times, most recently by AB 192 of 2001, and it currently provides:

"(a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

"(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects

the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, 'teleconference' means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video."

A method is thus available whereby meetings may be conducted by audio or video teleconferencing provided the criteria set forth in the statute have been met. Note the restriction in subdivision (b)(1)(E) that prohibits a closed session emergency meeting. Emergency meetings in open session may be conducted by teleconference.

We emphasize that the law now requires every teleconference meeting location to be identified in the notice and agenda and to be open to the public. Most importantly, the members of the agency must attend the meeting at a public location. Members are no longer able to attend the meeting via teleconference from their offices, homes, or other convenient location unless those locations are identified in the notice and agenda, and the public is permitted to attend at those locations. Nothing prohibits additional locations, where only the public is connected to the teleconference meeting. (§11123(b)(2))

VI. DELIBERATIONS AND VOTING

Keep in mind the Open Meeting Act declaration of legislative intent that actions of state agencies be taken openly and that their deliberation be conducted openly. (§11120) In this regard, there are a number of provisions in the Open Meeting Act which address deliberations and voting.

A. Seriatim Calls to Individual Agency Members Prohibited

Except as authorized by the above-discussed teleconferencing statutes, telephone conference calls may not be used to avoid the requirements of the Open Meeting Act. A conference call including members of a board, committee, subcommittee or task force sufficient to constitute a majority of that state body is prohibited, except pursuant to an authorized teleconference meeting.

In a case involving the Ralph M. Brown Act, the court concluded that a series of one-to-one telephone calls between members of a local body, where the purpose of the calls was to obtain a collective commitment on an issue, constituted a violation of the Act. (*Stockton Newspapers, Inc. v. Members of the Redevelopment Agency of the City of Stockton* (1985) 171 Cal.App.3d 95) The Brown Act is the local agency counterpart to the Bagley-Keene Open Meeting Act, and decisions rendered on its provisions are frequently followed in Open Meeting Act cases.

Citing the *Stockton Newspapers, Inc.* case, the court in *Sutter Bay Associates v. County of Sutter* held that to prevent evasion of the Brown Act, a series of private meetings (known as serial meetings) by which a majority of the members of the legislative body commit themselves to a decision concerning public business or engage in collective deliberation on public business would violate the open meeting requirement. ((1997) 58 Cal.App.4th 860, 877, 68 Cal.Rptr.2d 492, 502)

Effective January 1, 2010, the Act now specifically prohibits serial communications between a majority of members "to discuss, deliberate, or take action on any item of business that is within the subject matter of the state agency." (Emphasis added.)

B. E-Mail Prohibition

AB 192 of 2001 added subdivision (b) to section 11122.5 to provide:

"Except as authorized pursuant to Section 11123, any use of direct communication, personal intermediaries, or technological devices that is employed by a majority of the members of the state body to develop a collective concurrence as to action to be taken on an item by the members of the state body is prohibited."

The enactment of subdivision (b) of section 11122.5, expands upon and confirms a recent opinion of the Attorney General prohibiting the use of e-mail to reach a collective decision outside a regularly scheduled meeting. In 84 Ops.Cal.Atty.Gen. 30, the Attorney General concluded that:

"A majority of the board members of a local public agency may not e-mail each other to develop a collective concurrence as to action to be taken by the board without violating the Ralph M. Brown Act even if the e-mails are also sent to the secretary and chairperson of the agency,

the e-mails are posted on the agency's Internet website, and a printed version of each e-mail is reported at the next public meeting of the board."

As noted above, interpretations of the Brown Act, which governs local public agencies, are often cited as authority in interpreting similar provisions of the Bagley-Keene Open Meeting Act.

Members of a board must refrain from calling or otherwise contacting other members on a one-to-one basis, or conducting serial meetings, in order to discuss, deliberate, or take action outside the meeting on a matter within the subject matter of the board.

C. Secret Ballot Prohibited

An agency may not vote by secret ballot in a public meeting nor vote in closed session on any matter where discussion, deliberations, or action taken is required to be in an open meeting. (68 Ops.Cal.Atty.Gen. 65, 69)

For example, the election of board officers may not be conducted by secret ballot or in closed session.

D. Voting by Proxy Prohibited

Voting by proxy is not authorized. (68 Ops.Cal.Atty.Gen. 65, 70)

E. Use of Electronic Devices During Meeting

Board members should not text or email each other during an open meeting on any matter within the board's jurisdiction. Using electronic devices to communicate secretly on such a matter would violate the law. Where laptops are used by board members at the meeting because the board provides board materials electronically, the board president should make an announcement at the beginning of the meeting as to the reason for the laptops. We suggest the following (or something similar):

"You may notice board members accessing their laptops during the meeting. They are using the laptops solely to access the board meeting materials which are in electronic format."

F. Voting by Mail on Administrative Disciplinary Matters

As a general rule, all voting on items of business to be transacted must be done at a public meeting. However, the Administrative Procedure Act authorizes mail voting on all questions arising under that act. (Govt. Code §11526.) Thus, board members may vote by mail on proposed decisions, stipulated decisions, and other matters in connection with a formal disciplinary case. No other votes may be cast by mail. (68 Ops.Cal.Atty.Gen. 65, 69)

G. Recording and Reporting Votes

Beginning January 1, 2015, for each item on which a vote is taken, the minutes must contain a record of how each member present voted on that action item. (For example, Yes – Members A, B, & C; No – Members D & E; Abstain – Member F.)

VII. MISCELLANEOUS PROVISIONS

There are several provisions governing public meetings which do not fit under any of the above headings, but of which you should be aware.

A. Conforming Board Member's Conduct

Any person who has been appointed as a member of a state body, who has not yet assumed the duties of the office, must conform his or her conduct to the provisions of the Open Meeting Act. (§11125.95)

B. Providing Open Meeting Act to New Board Members

A copy of the Bagley-Keene Open Meeting Act must be provided to each agency member upon his or her appointment to office. Each agency should insure that a copy is given to each new member. (§11121.9.)

C. Prohibition on Placing Conditions on Public's Attendance

1. Sign-in

No person can be required to register or sign-in or fulfill any other condition in order to attend a public meeting of an agency. While a person who wishes to make public comment may be asked to identify himself or herself for the board's record or minutes, a commenter cannot be compelled to do so or prevented from speaking because the commenter refuses to identify himself or herself.

If an attendance list, register, questionnaire, or other similar document is posted at or near the entrance to the room where the meeting is to be held, or is circulated to persons present during the meeting, "it shall state clearly that the signing, registering, or completion of the document is voluntary, and that all persons may attend the meeting regardless of whether a person signs, registers, or completes the document." (§11124)

2. Discrimination in Admittance to Meeting Facility

A meeting may not be held in any facility that prohibits the admittance of any persons on the basis of race, religious creed, color, national origin, ancestry, or sex. (§11131)

3. Access for the Disabled

All meetings must be accessible to the disabled. (§11131)

4. Charging a Fee or Requiring a Purchase for Access

The Open Meeting Act prohibits holding a meeting in any location where the public is required to pay a fee or make a purchase to attend. (§11131)

D. Agency Recording of the Proceedings

A tape or film record of an open and public meeting made by the agency must be made available for public inspection under the California Public Records Act, but may be erased or destroyed 30 days after the taping or recording. An inspection must be provided without charge on an audio or video tape player made available by the state agency. (§11124.1(b))

E. Public's Right to Record the Proceedings

Persons attending a public meeting have a right to record the proceedings with an audio or video tape recorder or still or motion picture camera, in the absence of a reasonable finding by the agency that the recording could not continue without noise, illumination, or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings. (§11124.1(a))

F. Media Broadcast of the Proceedings

A state body may not prohibit or otherwise restrict the broadcast of a public meeting in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings. (§11124.1(c))

G. Webcasting

While webcasting is not required, if you plan to webcast your meeting, we encourage you to place the following statement on your agenda:

“While the board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.”

H. Taking Agenda Items Out of Order

Items listed on the agenda may be taken up out of order, provided the purpose of moving the agenda items is not to frustrate public or other input on the item. It is a good practice to note on either the top or the bottom of your agenda that “All times indicated and the order of business are approximate and subject to change,” to alert members of the public this is a possibility.

If your agency schedules a multiple day meeting and may move items scheduled for a subsequent day to an earlier day, you should provide notice of this possibility on your agenda. Suggested language is that “Items scheduled for a particular day may be moved to an earlier day to facilitate the board’s business.” Again, the purpose may not be to frustrate public or other input.

I. Opportunity for Public Comment at Meetings

Section 11125.7 addresses the subject of public comment at board meetings. With specified exceptions, that section requires state agencies to provide an opportunity for members of the public to directly address the state agency on each agenda item before or during the agency's discussion or consideration of the item. This opportunity for comment need not be made available if:

1. The agenda item has previously been considered at a public meeting by a committee comprised exclusively of board members, where members of the public were provided an opportunity to address the item. However, if the item has been substantially changed since the committee meeting, a new opportunity to address the agency would be required at the full board meeting.
2. The agenda item is one that may properly be considered in closed session, which would include deliberation and action on disciplinary proceedings under the Administrative Procedure Act. (§11125.7)

If a board wishes to establish a standing rule that discussion of agenda items will be given a specified amount of time, or that public comment will be limited to a certain amount of time, the board may do that by adopting an administrative regulation. (§11125.7(b))

The law specifically provides that a state agency may not prohibit public criticism of its policies, programs, or services, or of the acts or omissions of the agency. (§11125.7(c))

VIII. DISCLOSURE OF DOCUMENTS

A. Documents Distributed Prior to the Meeting

When writings which are public records are distributed to all, or a majority of all, of the members of a board or committee for discussion or consideration at a public meeting, the writings must be made available for public inspection. Generally, the records must be made available for inspection at the time of distribution to agency members. (§11125.1(a)) Records exempt from disclosure under Sections 6253.5, 6254 or 6254.7 of the Public Records Act need not be disclosed even though the subject matter of the records may be considered or discussed at the meeting. This includes records which are drafts, notes or memoranda which will not be retained by the

agency, attorney-client privileged communications, records of pending litigation and claims against the state, personnel, medical or similar files, complaint and investigation files, except for Accusations and Proposed Decisions, and any records or data relating to examinations.

B. Documents Distributed During the Meeting

When public records pertaining to an agenda item are prepared by the state body or a member of the state body, and distributed to state body members during a meeting, the documents must be made available for public inspection at the meeting. If records are prepared by some other person, and distributed to members of the state body during a meeting, the documents must be made available for public inspection after the meeting. (§11125.1(b)) Records exempt from public disclosure under specified statutes are not required to be publicly disclosed. (§11125.1(a), (b))

C. Charging a Fee for Public Documents

Under section 11126.7, an agency may not charge a fee for a notice, including the agenda, of a meeting, and may only charge those fees specifically authorized for public documents that are considered at the meeting

At its discretion, an agency may charge a fee to cover reproduction costs for providing the documents required to be made available, as discussed in paragraph (B), immediately above. If an agency charges a fee, it is limited to the direct costs of duplication authorized in Section 6257 for the reproduction of public records. (§11125.1(c))

Effective January 1, 2003, documents distributed prior to or during a meeting that are public records must be made available, upon request by a person with a disability, in appropriate alternative formats. No extra charge can be imposed for putting those documents into an alternative format.

IX. PENALTIES

Under previous law, any interested person could commence court action (mandamus, injunction, declaratory relief) to stop or prevent violations or threatened violations of the Open Meeting Act. SB 95, effective 1/1/98, added the Attorney General and the district attorney to the list of those who may commence such action. Court costs and reasonable attorney's fees may be awarded to a successful plaintiff to be paid from the funds of the agency. (§11130.5)

SB 95 also expanded the law to authorize the Attorney General, a district attorney, or any interested person to seek court action "to determine whether any rule or action by the state body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United

States, ..." (§11130(a)) This appears to be a rather unique provision, and its implications are unknown at this time.

SB 95 further expanded the law to authorize the Attorney General, a district attorney, or any interested person to seek a court action to compel a state agency to tape record its closed sessions. Upon a judgment of a violation of Section 11126, a court could so compel an agency. Discovery procedures for the tape recordings are also set forth. (§11130(b), and (c))

Section 11130.3 authorizes a person to institute a court action to obtain a judicial determination that an action taken in violation of the notice provisions or the provisions governing closed sessions of the Act is null and void. Court costs and reasonable attorney's fees may also be awarded to a successful plaintiff under this section. This section reinforces the need for a specific, informative agenda as required by Section 11125.

These remedies extend to past actions of an agency. The statute of limitations for bringing an action is 90 days. (§§11130(c) and 11130.3(a)).

Section 11130.7 of the Act provides:

"Each member of a state body who attends a meeting of such body in violation of any provision of this article, and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled, is guilty of a misdemeanor."
(Emphasis added.)

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**11120. Public policy;
legislative finding and declaration;
citation of article**

It is the public policy of this state that public agencies exist to aid in the conduct of the people's business and the proceedings of public agencies be conducted openly so that the public may remain informed.

In enacting this article the Legislature finds and declares that it is the intent of the law that actions of state agencies be taken openly and that their deliberation be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

This article shall be known and may be cited as the Bagley-Keene Open Meeting Act.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1980, c. 1284, p. 4333, § 4; Stats. 1981, c. 968, p. 3683, § 4.)

11121. State body defined

As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory body so created consists of three or more persons.

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1980, c. 515, § 1; Stats.1981, c. 968, p. 3683, § 5; Stats.1984, c. 193, § 38. Amended by Stats.1996, c. 1023 (S.B.1497), § 88, eff. Sept. 29, 1996; Stats.1996, c. 1064 (A.B.3351), § 783.1, operative July 1, 1997; Stats.2001, c. 243 (A.B.192), § 1; Amended

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Stats. 2003 ch 62 § 117 (SB 600)).

**11121.1. State body;
exclusions**

As used in this article, "state body" does not include any of the following:

(a) State agencies provided for in Article VI of the California Constitution.

(b) Districts or other local agencies whose meetings are required to be open to the public pursuant to the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5).

(c) State agencies provided for in Article IV of the California Constitution whose meetings are required to be open to the public pursuant to the Grunsky-Burton Open Meeting Act (Article 2.2 (commencing with Section 9027) of Chapter 1.5 of Part 1 of Division 2 of Title 2).

(d) State agencies when they are conducting proceedings pursuant to Section 3596.

(e) State agencies provided for in Section 109260 of the Health and Safety Code, except as provided in Section 109390 of the Health and Safety Code.

(f) The Credit Union Advisory Committee established pursuant to

Section 14380 of the Financial Code.

(Added by Stats.2001, c. 243 (A.B.192), § 2. Amended by Stats. 2008, c. 344 (S.B. 1145), § 2, eff. Sept. 26, 2008.)

**11121.2. Repealed by Stats.
2001, c. 243 (A.B.192), § 3**

The repealed section, added by Stats.1981, c. 968, p. 3684, § 5.2, related to multimember body with authority from state body.

**§ 11121.5. Repealed by
Stats.1984, c. 1158, § 3**

The repealed section, added by Stats.1994, c. 1179, § 1, amended by Stats.1981, c. 968, § 5.3; Stats.1983, c. 143, § 186, Stats.1983, c. 101, § 60, related to the treatment of state college and university student body organizations as state agencies.

**11121.7. Repealed by Stats.
2001, c. 243 (A.B.192), § 4**

The repealed section, added by Stats.1980, c. 1284, p. 4333, § 5, amended by Stats.1981, c. 968, p. 3685, § 6, related to representatives of the state body.

**11121.8. Repealed by Stats.
2001, c. 243 (A.B.192), § 5**

The repealed section, added by

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Stats.1981, c. 968, p. 3684, § 7, related to advisory bodies.

11121.9. Provision of copy of article to members of state body

Each state body shall provide a copy of this article to each member of the state body upon his or her appointment to membership or assumption of office.

(Added by Stats.1980, c. 1284, p. 4334, § 6. Amended by Stats.1981, c. 714, p. 2659, § 175; Stats.1981, c. 968, p. 3685, § 7.1.)

11121.95. Appointees or elected officials not yet in office; conformity of conduct to article requirements

Any person appointed or elected to serve as a member of a state body who has not yet assumed the duties of office shall conform his or her conduct to the requirements of this article and shall be treated for purposes of this article as if he or she has already assumed office.

(Added by Stats.1997, c. 949 (S.B.95), § 1.)

11122. Action taken

As used in this article "action taken" means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a

positive or negative decision or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order or similar action.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1981, c. 968, p. 3685, § 7.3.)

11122.5. Meeting defined; series of communications to discuss, deliberate, or take action prohibited; exceptions

(a) As used in this article, "meeting" includes any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains.

(b)(1) A majority of the members of a state body shall not, outside of a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body.

(2) Paragraph (1) shall not be construed to prevent an employee or official of a state agency from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the

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subject matter jurisdiction of the state agency, if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body.

(c) The prohibitions of this article do not apply to any of the following:

(1) Individual contacts or conversations between a member of a state body and any other person that do not violate subdivision (b).

(2)(A) The attendance of a majority of the members of a state body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the state body, if a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the state body.

(B) Subparagraph (A) does not allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a state body at an open and publicized meeting organized to address a topic of state concern by a

person or organization other than the state body, if a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the state body.

(4) The attendance of a majority of the members of a state body at an open and noticed meeting of another state body or of a legislative body of a local agency as defined by Section 54951, if a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the other state body.

(5) The attendance of a majority of the members of a state body at a purely social or ceremonial occasion, if a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the state body.

(6) The attendance of a majority of the members of a state body at an open and noticed meeting of a standing committee of that body, if the members of the state body who are not members of the standing committee attend only as observers.

(Added by Stats.2001, c. 243 (A.B.192), § 6.
Amended by Stats.2009, c. 150 (A.B.1494), § 1.)

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11123. Meetings; attendance; teleconference option

(a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b)(1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference

location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, "teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video.

(c) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3685, § 7.5;

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Stats.1994, c. 1153 (A.B.3467), § 1; Stats.1997, c. 52 (A.B.1097), § 1; Stats.2001, c. 243 (A.B.192), § 7; Stats.2014, c. 510 (A.B.2720), § 1, eff. Jan. 1, 2015.)

11123.1. State body meetings to meet protections and prohibitions of the Americans with Disabilities Act

All meetings of a state body that are open and public shall meet the protections and prohibitions contained in Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(Added by Stats. 2002, c. 300 (A.B. 3035), § 1.)

11124. Conditions to attendance

No person shall be required, as a condition to attendance at a meeting of a state body, to register his or her name, to provide other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.

If an attendance list, register, questionnaire, or other similar document is posted at or near the entrance to the room where the meeting is to be held, or is circulated to persons present during the meeting, it shall state clearly that the signing, registering, or completion of the document is voluntary, and that all persons may attend the meeting

regardless of whether a person signs, registers, or completes the document.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1981, c. 968, p. 3685, § 8.)

11124.1. Audio or video recording of proceedings; inspection of state's recording; broadcast restrictions

(a) Any person attending an open and public meeting of the state body shall have the right to record the proceedings with an audio or video recorder or a still or motion picture camera in the absence of a reasonable finding by the state body that the recording cannot continue without noise, illumination, or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings.

(b) Any audio or video recording of an open and public meeting made for whatever purpose by or at the direction of the state body shall be subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), but may be erased or destroyed 30 days after the recording. Any inspection of an audio or video recording shall be provided without charge on equipment made available by the state body.

(c) No state body shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the

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broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings.

(Added by Stats.1980, c. 1284, p. 4334, § 7. Amended by Stats.1981, c. 968, p. 3685, § 9; Stats.1997, c. 949 (S.B.95), § 2; Stats.2009, c. 88 (A.B.176), § 42.)

11125. Notice of meeting

(a) The state body shall provide notice of its meeting to any person who requests that notice in writing. Notice shall be given and also made available on the Internet at least 10 days in advance of the meeting, and shall include the name, address, and telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting. The written notice shall additionally include the address of the Internet site where notices required by this article are made available.

(b) The notice of a meeting of a body that is a state body shall include a specific agenda for the meeting, containing a brief description of the items of business to be transacted or discussed in either open or closed session. A brief general description of an item generally need not exceed 20 words. A description of an item to be transacted or discussed in closed session shall include a citation of the specific statutory authority under which

a closed session is being held. No item shall be added to the agenda subsequent to the provision of this notice, unless otherwise permitted by this article.

(c) Notice of a meeting of a state body that complies with this section shall also constitute notice of a meeting of an advisory body of that state body, provided that the business to be discussed by the advisory body is covered by the notice of the meeting of the state body, provided that the specific time and place of the advisory body's meeting is announced during the open and public state body's meeting, and provided that the advisory body's meeting is conducted within a reasonable time of, and nearby, the meeting of the state body.

(d) A person may request, and shall be provided, notice pursuant to subdivision (a) for all meetings of a state body or for a specific meeting or meetings. In addition, at the state body's discretion, a person may request, and may be provided, notice of only those meetings of a state body at which a particular subject or subjects specified in the request will be discussed.

(e) A request for notice of more than one meeting of a state body shall be subject to the provisions of Section 14911.

(f) The notice shall be made available in appropriate alternative formats, as required by Section 202 of the Americans with Disabilities Act of

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1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request, by any person with a disability. The notice shall include information regarding how, to whom, and by when a request for any disability-related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires these aids or services in order to participate in the public meeting.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1973, c. 1126, p. 2291, § 1; Stats.1975, c. 708, p. 1695, § 1; Stats.1979, c. 284, § 1, eff. July 24, 1979; Stats.1981, c. 968, p. 3685, § 10. Amended by Stats.1997, c. 949 (S.B.95), § 3; Stats.1999, c. 393 (A.B.1234), § 1; Stats.2001, c. 243 (A.B.192), § 8; Stats. 2002, c. 300 (A.B. 3035), § 2.)

11125.1. Agendas and other writings distributed for discussion or consideration at public meetings; public records; Franchise Tax Board; inspection; availability on the Internet; closed sessions

(a) Notwithstanding Section 6255 or any other provisions of law, agendas of public meetings and other writings, when distributed to all, or a majority of all, of the members of a state body by any person in connection with a matter subject to discussion or consideration at a public meeting of the body, are disclosable public records under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of

Division 7 of Title 1), and shall be made available upon request without delay. However, this section shall not include any writing exempt from public disclosure under Section 6253.5, 6254, or 6254.7 of this code, or Section 489.1 or 583 of the Public Utilities Code.

(b) Writings that are public records under subdivision (a) and that are distributed to members of the state body prior to or during a meeting, pertaining to any item to be considered during the meeting, shall be made available for public inspection at the meeting if prepared by the state body or a member of the state body, or after the meeting if prepared by some other person. These writings shall be made available in appropriate alternative formats, as required by Section 202 of the American with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request by a person with a disability.

(c) In the case of the Franchise Tax Board, prior to that state body taking final action on any item, writings pertaining to that item that are public records under subdivision (a) that are prepared and distributed to members of the state body by the Franchise Tax Board staff or individual members prior to or during a meeting shall be:

(1) Made available for public inspection at that meeting.

(2) Distributed to all persons who

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request notice in writing pursuant to subdivision (a) of Section 11125.

(3) Made available on the Internet.

(d) Prior to the State Board of Equalization taking final action on any item that does not involve a named tax or fee payer, writings pertaining to that item that are public records under subdivision (a) that are prepared and distributed by board staff or individual members to members of the state body prior to or during a meeting shall be:

(1) Made available for public inspection at that meeting.

(2) Distributed to all persons who request or have requested copies of these writings.

(3) Made available on the Internet.

(e) Nothing in this section shall be construed to prevent a state body from charging a fee or deposit for a copy of a public record pursuant to Section 6253, except that no surcharge shall be imposed on persons with disabilities in violation of Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. The writings described in subdivision (b) are subject to the requirements of the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of

Division 7 of Title 1), and shall not be construed to limit or delay the public's right to inspect any record required to be disclosed by that act, or to limit the public's right to inspect any record covered by that act. This section shall not be construed to be applicable to any writings solely because they are properly discussed in a closed session of a state body. Nothing in this article shall be construed to require a state body to place any paid advertisement or any other paid notice in any publication.

(f) "Writing" for purposes of this section means "writing" as defined under Section 6252.

(Added by Stats.1975, c. 959, p. 2238, § 4. Amended by Stats.1980, c. 1284, p. 4334, § 8; Stats.1981, c. 968, p. 3686, § 10.1. Amended by Stats.1997, c. 949 (S.B.95), § 4; Stats.2001, c. 670 (S.B.445), § 1; Stats. 2002, c. 300 (A.B. 3035), § 3.5.); Stats. 2005, c. 188 (A.B. 780), § 1.)

**11125.2. Appointment,
employment or dismissal of public
employees; closed sessions; public
report**

Any state body shall report publicly at a subsequent public meeting any action taken, and any rollcall vote thereon, to appoint, employ, or dismiss a public employee arising out of any closed session of the state body.

(Added by Stats.1980, c. 1284, p. 4335, § 9. Amended by Stats.1981, c. 968, p. 3687, § 10.3.)

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11125.3. Action on items of business not appearing on agenda; notice

(a) Notwithstanding Section 11125, a state body may take action on items of business not appearing on the posted agenda under any of the conditions stated below:

(1) Upon a determination by a majority vote of the state body that an emergency situation exists, as defined in Section 11125.5.

(2) Upon a determination by a two-thirds vote of the state body, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there exists a need to take immediate action and that the need for action came to the attention of the state body subsequent to the agenda being posted as specified in Section 11125.

(b) Notice of the additional item to be considered shall be provided to each member of the state body and to all parties that have requested notice of its meetings as soon as is practicable after a determination of the need to consider the item is made, but shall be delivered in a manner that allows it to be received by the members and by newspapers of general circulation and radio or television stations at least 48 hours before the time of the meeting specified in the notice. Notice shall be made available to newspapers of general circulation and radio or

television stations by providing that notice to all national press wire services. Notice shall also be made available on the Internet as soon as is practicable after the decision to consider additional items at a meeting has been made.

(Added by Stats.1994, c. 1153 (A.B.3467), § 2.
Amended by Stats.2001, c. 243 (A.B.192), § 9.)

11125.4. Special meetings; authorized purposes; notice; required finding of hardship or need to protect public interest

(a) A special meeting may be called at any time by the presiding officer of the state body or by a majority of the members of the state body. A special meeting may only be called for one of the following purposes where compliance with the 10-day notice provisions of Section 11125 would impose a substantial hardship on the state body or where immediate action is required to protect the public interest:

(1) To consider "pending litigation" as that term is defined in subdivision (e) of Section 11126.

(2) To consider proposed legislation.

(3) To consider issuance of a legal opinion.

(4) To consider disciplinary action involving a state officer or employee.

(5) To consider the purchase, sale, exchange, or lease of real

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property.

(6) To consider license examinations and applications.

(7) To consider an action on a loan or grant provided pursuant to Division 31 (commencing with Section 50000) of the Health and Safety Code.

(8) To consider its response to a confidential final draft audit report as permitted by Section 11126.2.

(9) To provide for an interim executive officer of a state body upon the death, incapacity, or vacancy in the office of the executive officer.

(b) When a special meeting is called pursuant to one of the purposes specified in subdivision (a), the state body shall provide notice of the special meeting to each member of the state body and to all parties that have requested notice of its meetings as soon as is practicable after the decision to call a special meeting has been made, but shall deliver the notice in a manner that allows it to be received by the members and by newspapers of general circulation and radio or television stations at least 48 hours before the time of the special meeting specified in the notice. Notice shall be made available to newspapers of general circulation and radio or television stations by providing that notice to all national press wire services. Notice shall also be made available on the Internet within the time periods required

by this section. The notice shall specify the time and place of the special meeting and the business to be transacted. The written notice shall additionally specify the address of the Internet Web site where notices required by this article are made available. No other business shall be considered at a special meeting by the state body. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the state body a written waiver of notice. The waiver may be given by telegram, facsimile transmission, or similar means. The written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes. Notice shall be required pursuant to this section regardless of whether any action is taken at the special meeting.

(c) At the commencement of any special meeting, the state body must make a finding in open session that the delay necessitated by providing notice 10 days prior to a meeting as required by Section 11125 would cause a substantial hardship on the body or that immediate action is required to protect the public interest. The finding shall set forth the specific facts that constitute the hardship to the body or the impending harm to the public interest. The finding shall be adopted by a two-thirds vote of the body, or, if less than two-thirds of the members are present, a unanimous vote of those members present. The

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finding shall be made available on the Internet. Failure to adopt the finding terminates the meeting.

(Added by Stats.1997, c. 949 (S.B.95), § 5.
Amended by Stats.1999, c. 393 (A.B.1234), § 2;
Stats.2004, c. 576 (A.B.1827), § 1.); Stats. 2007,
c. 92 (S.B. 519), § 1.)

11125.5. Emergency meetings

(a) In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, a state body may hold an emergency meeting without complying with the 10-day notice requirement of Section 11125 or the 48-hour notice requirement of Section 11125.4.

(b) For purposes of this section, "emergency situation" means any of the following, as determined by a majority of the members of the state body during a meeting prior to the emergency meeting, or at the beginning of the emergency meeting:

(1) Work stoppage or other activity that severely impairs public health or safety, or both.

(2) Crippling disaster that severely impairs public health or safety, or both.

(c) However, newspapers of general circulation and radio or television stations that have requested

notice of meetings pursuant to Section 11125 shall be notified by the presiding officer of the state body, or a designee thereof, one hour prior to the emergency meeting by telephone. Notice shall also be made available on the Internet as soon as is practicable after the decision to call the emergency meeting has been made. If telephone services are not functioning, the notice requirements of this section shall be deemed waived, and the presiding officer of the state body, or a designee thereof, shall notify those newspapers, radio stations, or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting, and any action taken at the meeting as soon after the meeting as possible.

(d) The minutes of a meeting called pursuant to this section, a list of persons who the presiding officer of the state body, or a designee thereof, notified or attempted to notify, a copy of the rollcall vote, and any action taken at the meeting shall be posted for a minimum of 10 days in a public place, and also made available on the Internet for a minimum of 10 days, as soon after the meeting as possible.

(Amended by Stats.1992, c. 1312 (A.B.2912), § 11, eff. Sept. 30, 1992; Stats.1997, c. 949 (S.B.95), § 6; Stats.1999, c. 393 (A.B.1234), § 3.)

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11125.6. Fish and Game Commission; emergency meetings; appeals of fishery closures or restrictions

(a) An emergency meeting may be called at any time by the president of the Fish and Game Commission or by a majority of the members of the commission to consider an appeal of a closure of or restriction in a fishery adopted pursuant to Section 7710 of the Fish and Game Code. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of an established fishery, the commission may hold an emergency meeting without complying with the 10-day notice requirement of Section 11125 or the 48-hour notice requirement of Section 11125.4 if the delay necessitated by providing the 10-day notice of a public meeting required by Section 11125 or the 48-hour notice required by Section 11125.4 would significantly adversely impact the economic benefits of a fishery to the participants in the fishery and to the people of the state or significantly adversely impact the sustainability of a fishery managed by the state.

(b) At the commencement of an emergency meeting called pursuant to this section, the commission shall make a finding in open session that the delay necessitated by providing notice 10 days prior to a meeting as required by Section 11125 or 48 hours prior to a meeting as required by Section 11125.4

would significantly adversely impact the economic benefits of a fishery to the participants in the fishery and to the people of the state or significantly adversely impact the sustainability of a fishery managed by the state. The finding shall set forth the specific facts that constitute the impact to the economic benefits of the fishery or the sustainability of the fishery. The finding shall be adopted by a vote of at least four members of the commission, or, if less than four of the members are present, a unanimous vote of those members present. Failure to adopt the finding shall terminate the meeting.

(c) Newspapers of general circulation and radio or television stations that have requested notice of meetings pursuant to Section 11125 shall be notified by the presiding officer of the commission, or a designee thereof, one hour prior to the emergency meeting by telephone.

(d) The minutes of an emergency meeting called pursuant to this section, a list of persons who the president of the commission, or a designee thereof, notified or attempted to notify, a copy of the rollcall vote, and any action taken at the meeting shall be posted for a minimum of 10 days in a public place as soon after the meeting as possible.

(Added by Stats.1998, c. 1052 (A.B.1241), S 21.)

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11125.7. Agenda item discussion before state body; opportunity for public address; regulation by state body; freedom of expression; application of provisions

(a) Except as otherwise provided in this section, the state body shall provide an opportunity for members of the public to directly address the state body on each agenda item before or during the state body's discussion or consideration of the item. This section is not applicable if the agenda item has already been considered by a committee composed exclusively of members of the state body at a public meeting where interested members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item, unless the item has been substantially changed since the committee heard the item, as determined by the state body. Every notice for a special meeting at which action is proposed to be taken on an item shall provide an opportunity for members of the public to directly address the state body concerning that item prior to action on the item. In addition, the notice requirement of Section 11125 shall not preclude the acceptance of testimony at meetings, other than emergency meetings, from members of the public if no action is taken by the state body at the same meeting on matters brought before the body by members of the public.

(b) The state body may adopt reasonable regulations to ensure that the intent of subdivision (a) is carried out, including, but not limited to, regulations limiting the total amount of time allocated for public comment on particular issues and for each individual speaker.

(c)(1) Notwithstanding subdivision (b), when a state body limits time for public comment the state body shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the state body.

(2) Paragraph (1) shall not apply if the state body utilizes simultaneous translation equipment in a manner that allows the state body to hear the translated public testimony simultaneously.

(d) The state body shall not prohibit public criticism of the policies, programs, or services of the state body, or of the acts or omissions of the state body. Nothing in this subdivision shall confer any privilege or protection for expression beyond that otherwise provided by law.

(e) This section is not applicable to closed sessions held pursuant to Section 11126.

(f) This section is not applicable to decisions regarding proceedings held

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pursuant to Chapter 5 (commencing with Section 11500), relating to administrative adjudication, or to the conduct of those proceedings.

(g) This section is not applicable to hearings conducted by the California Victim Compensation and Government Claims Board pursuant to Sections 13963 and 13963.1.

(h) This section is not applicable to agenda items that involve decisions of the Public Utilities Commission regarding adjudicatory hearings held pursuant to Chapter 9 (commencing with Section 1701) of Part 1 of Division 1 of the Public Utilities Code. For all other agenda items, the commission shall provide members of the public, other than those who have already participated in the proceedings underlying the agenda item, an opportunity to directly address the commission before or during the commission's consideration of the item.

(Added by Stats.1993, c. 1289 (S.B.367), § 2. Amended by Stats.1995, c. 938 (S.B.523), § 13, operative July 1, 1997; Stats.1997, c. 949 (S.B.95), § 7; Stats.2006, c. 538 (S.B.1852), § 248; Stats.2012, c. 551 (S.B.965), § 1.)

11125.8. Hearings to consider crimes against minors or crimes of sexual assault or domestic violence; identification of applicant; disclosure of nature of hearing

(a) Notwithstanding Section 11131.5, in any hearing that the State

California Victim Compensation and Government Claims Board conducts pursuant to Section 13963.1 and that the applicant or applicant's representative does not request be open to the public, no notice, agenda, announcement, or report required under this article need identify the applicant.

(b) In any hearing that the board conducts pursuant to Section 13963.1 and that the applicant or applicant's representative does not request be open to the public, the board shall disclose that the hearing is being held pursuant to Section 13963.1. That disclosure shall be deemed to satisfy the requirements of subdivision (a) of Section 11126.3.

(Added by Stats.1997, c. 949 (S.B.95), § 9.; Stats. 2006, c. 538 (S.B. 1852, § 249.)

11125.9. Regional water quality control boards; compliance with notification guidelines

Regional water quality control boards shall comply with the notification guidelines in Section 11125 and, in addition, shall do both of the following:

(a) Notify, in writing, all clerks of the city councils and county boards of supervisors within the regional board's jurisdiction of any and all board hearings at least 10 days prior to the hearing. Notification shall include an agenda for the meeting with contents as described in subdivision (b) of Section 11125 as well as the name, address, and

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telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting. Each clerk, upon receipt of the notification of a board hearing, shall distribute the notice to all members of the respective city council or board of supervisors within the regional board's jurisdiction.

(b) Notify, in writing, all newspapers with a circulation rate of at least 10,000 within the regional board's jurisdiction of any and all board hearings, at least 10 days prior to the hearing. Notification shall include an agenda for the meeting with contents as described in subdivision (b) of Section 11125 as well as the name, address, and telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting.

(Added by Stats.1997, c. 301 (A.B.116), § 1.)

§ 11126. Closed sessions.

(a)(1) Nothing in this article shall be construed to prevent a state body from holding closed sessions during a regular or special meeting to consider the appointment, employment, evaluation of performance, or dismissal of a public employee or to hear complaints or charges brought against that employee by another person or employee unless the employee requests a public hearing.

(2) As a condition to holding a closed session on the complaints or charges to consider disciplinary action or to consider dismissal, the employee shall be given written notice of his or her right to have a public hearing, rather than a closed session, and that notice shall be delivered to the employee personally or by mail at least 24 hours before the time for holding a regular or special meeting. If notice is not given, any disciplinary or other action taken against any employee at the closed session shall be null and void.

(3) The state body also may exclude from any public or closed session, during the examination of a witness, any or all other witnesses in the matter being investigated by the state body.

(4) Following the public hearing or closed session, the body may deliberate on the decision to be reached in a closed session.

(b) For the purposes of this section, "employee" does not include any person who is elected to, or appointed to a public office by, any state body. However, officers of the California State University who receive compensation for their services, other than per diem and ordinary and necessary expenses, shall, when engaged in that capacity, be considered employees. Furthermore, for purposes of this section, the term employee includes a person exempt from civil service pursuant to

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Section 4 of Article VII of the California Constitution.

(c) Nothing in this article shall be construed to do any of the following:

(1) Prevent state bodies that administer the licensing of persons engaging in businesses or professions from holding closed sessions to prepare, approve, grade, or administer examinations.

(2) Prevent an advisory body of a state body that administers the licensing of persons engaged in businesses or professions from conducting a closed session to discuss matters that the advisory body has found would constitute an unwarranted invasion of the privacy of an individual licensee or applicant if discussed in an open meeting, provided the advisory body does not include a quorum of the members of the state body it advises. Those matters may include review of an applicant's qualifications for licensure and an inquiry specifically related to the state body's enforcement program concerning an individual licensee or applicant where the inquiry occurs prior to the filing of a civil, criminal, or administrative disciplinary action against the licensee or applicant by the state body.

(3) Prohibit a state body from holding a closed session to deliberate on a decision to be reached in a proceeding required to be conducted pursuant to Chapter 5 (commencing

with Section 11500) or similar provisions of law.

(4) Grant a right to enter any correctional institution or the grounds of a correctional institution where that right is not otherwise granted by law, nor shall anything in this article be construed to prevent a state body from holding a closed session when considering and acting upon the determination of a term, parole, or release of any individual or other disposition of an individual case, or if public disclosure of the subjects under discussion or consideration is expressly prohibited by statute.

(5) Prevent any closed session to consider the conferring of honorary degrees, or gifts, donations, and bequests that the donor or proposed donor has requested in writing to be kept confidential.

(6) Prevent the Alcoholic Beverage Control Appeals Board from holding a closed session for the purpose of holding a deliberative conference as provided in Section 11125.

(7)(A) Prevent a state body from holding closed sessions with its negotiator prior to the purchase, sale, exchange, or lease of real property by or for the state body to give instructions to its negotiator regarding the price and terms of payment for the purchase, sale, exchange, or lease.

(B) However, prior to the closed

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session, the state body shall hold an open and public session in which it identifies the real property or real properties that the negotiations may concern and the person or persons with whom its negotiator may negotiate.

(C) For purposes of this paragraph, the negotiator may be a member of the state body.

(D) For purposes of this paragraph, “lease” includes renewal or renegotiation of a lease.

(E) Nothing in this paragraph shall preclude a state body from holding a closed session for discussions regarding eminent domain proceedings pursuant to subdivision (e).

(8) Prevent the California Postsecondary Education Commission from holding closed sessions to consider matters pertaining to the appointment or termination of the Director of the California Postsecondary Education Commission.

(9) Prevent the Council for Private Postsecondary and Vocational Education from holding closed sessions to consider matters pertaining to the appointment or termination of the Executive Director of the Council for Private Postsecondary and Vocational Education.

(10) Prevent the Franchise Tax Board from holding closed sessions for the purpose of discussion of confidential

tax returns or information the public disclosure of which is prohibited by law, or from considering matters pertaining to the appointment or removal of the Executive Officer of the Franchise Tax Board.

(11) Require the Franchise Tax Board to notice or disclose any confidential tax information considered in closed sessions, or documents executed in connection therewith, the public disclosure of which is prohibited pursuant to Article 2 (commencing with Section 19542) of Chapter 7 of Part 10.2 of Division 2 of the Revenue and Taxation Code.

(12) Prevent the Corrections Standards Authority from holding closed sessions when considering reports of crime conditions under Section 6027 of the Penal Code.

(13) Prevent the State Air Resources Board from holding closed sessions when considering the proprietary specifications and performance data of manufacturers.

(14) Prevent the State Board of Education or the Superintendent of Public Instruction, or any committee advising the board or the Superintendent, from holding closed sessions on those portions of its review of assessment instruments pursuant to Chapter 5 (commencing with Section 60600) of, or pursuant to Chapter 9 (commencing with Section 60850) of, Part 33 of Division 4 of Title 2 of the

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Education Code during which actual test content is reviewed and discussed. The purpose of this provision is to maintain the confidentiality of the assessments under review.

(15) Prevent the Department of Resources Recycling and Recovery or its auxiliary committees from holding closed sessions for the purpose of discussing confidential tax returns, discussing trade secrets or confidential or proprietary information in its possession, or discussing other data, the public disclosure of which is prohibited by law.

(16) Prevent a state body that invests retirement, pension, or endowment funds from holding closed sessions when considering investment decisions. For purposes of consideration of shareholder voting on corporate stocks held by the state body, closed sessions for the purposes of voting may be held only with respect to election of corporate directors, election of independent auditors, and other financial issues that could have a material effect on the net income of the corporation. For the purpose of real property investment decisions that may be considered in a closed session pursuant to this paragraph, a state body shall also be exempt from the provisions of paragraph (7) relating to the identification of real properties prior to the closed session.

(17) Prevent a state body, or boards, commissions, administrative

officers, or other representatives that may properly be designated by law or by a state body, from holding closed sessions with its representatives in discharging its responsibilities under Chapter 10 (commencing with Section 3500), Chapter 10.3 (commencing with Section 3512), Chapter 10.5 (commencing with Section 3525), or Chapter 10.7 (commencing with Section 3540) of Division 4 of Title 1 as the sessions relate to salaries, salary schedules, or compensation paid in the form of fringe benefits. For the purposes enumerated in the preceding sentence, a state body may also meet with a state conciliator who has intervened in the proceedings.

(18)(A) Prevent a state body from holding closed sessions to consider matters posing a threat or potential threat of criminal or terrorist activity against the personnel, property, buildings, facilities, or equipment, including electronic data, owned, leased, or controlled by the state body, where disclosure of these considerations could compromise or impede the safety or security of the personnel, property, buildings, facilities, or equipment, including electronic data, owned, leased, or controlled by the state body.

(B) Notwithstanding any other provision of law, a state body, at any regular or special meeting, may meet in a closed session pursuant to subparagraph (A) upon a two-thirds vote of the members present at the meeting.

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(C) After meeting in closed session pursuant to subparagraph (A), the state body shall reconvene in open session prior to adjournment and report that a closed session was held pursuant to subparagraph (A), the general nature of the matters considered, and whether any action was taken in closed session.

(D) After meeting in closed session pursuant to subparagraph (A), the state body shall submit to the Legislative Analyst written notification stating that it held this closed session, the general reason or reasons for the closed session, the general nature of the matters considered, and whether any action was taken in closed session. The Legislative Analyst shall retain for no less than four years any written notification received from a state body pursuant to this subparagraph.

(19) Prevent the California Sex Offender Management Board from holding a closed session for the purpose of discussing matters pertaining to the application of a sex offender treatment provider for certification pursuant to Sections 290.09 and 9003 of the Penal Code. Those matters may include review of an applicant's qualifications for certification.

(d)(1) Notwithstanding any other provision of law, any meeting of the Public Utilities Commission at which the rates of entities under the commission's jurisdiction are changed shall be open and public.

(2) Nothing in this article shall be construed to prevent the Public Utilities Commission from holding closed sessions to deliberate on the institution of proceedings, or disciplinary actions against any person or entity under the jurisdiction of the commission.

(e)(1) Nothing in this article shall be construed to prevent a state body, based on the advice of its legal counsel, from holding a closed session to confer with, or receive advice from, its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the state body in the litigation.

(2) For purposes of this article, all expressions of the lawyer-client privilege other than those provided in this subdivision are hereby abrogated. This subdivision is the exclusive expression of the lawyer-client privilege for purposes of conducting closed session meetings pursuant to this article. For purposes of this subdivision, litigation shall be considered pending when any of the following circumstances exist:

(A) An adjudicatory proceeding before a court, an administrative body exercising its adjudicatory authority, a hearing officer, or an arbitrator, to which the state body is a party, has been initiated formally.

(B)(i) A point has been reached where, in the opinion of the state body

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on the advice of its legal counsel, based on existing facts and circumstances, there is a significant exposure to litigation against the state body.

(ii) Based on existing facts and circumstances, the state body is meeting only to decide whether a closed session is authorized pursuant to clause (i).

(C)(i) Based on existing facts and circumstances, the state body has decided to initiate or is deciding whether to initiate litigation.

(ii) The legal counsel of the state body shall prepare and submit to it a memorandum stating the specific reasons and legal authority for the closed session. If the closed session is pursuant to paragraph (1), the memorandum shall include the title of the litigation. If the closed session is pursuant to subparagraph (A) or (B), the memorandum shall include the existing facts and circumstances on which it is based. The legal counsel shall submit the memorandum to the state body prior to the closed session, if feasible, and in any case no later than one week after the closed session. The memorandum shall be exempt from disclosure pursuant to Section 6254.25.

(iii) For purposes of this subdivision, "litigation" includes any adjudicatory proceeding, including eminent domain, before a court, administrative body exercising its adjudicatory authority, hearing officer, or

arbitrator.

(iv) Disclosure of a memorandum required under this subdivision shall not be deemed as a waiver of the lawyer-client privilege, as provided for under Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(f) In addition to subdivisions (a), (b), and (c), nothing in this article shall be construed to do any of the following:

(1) Prevent a state body operating under a joint powers agreement for insurance pooling from holding a closed session to discuss a claim for the payment of tort liability or public liability losses incurred by the state body or any member agency under the joint powers agreement.

(2) Prevent the examining committee established by the State Board of Forestry and Fire Protection, pursuant to Section 763 of the Public Resources Code, from conducting a closed session to consider disciplinary action against an individual professional forester prior to the filing of an accusation against the forester pursuant to Section 11503.

(3) Prevent the enforcement advisory committee established by the California Board of Accountancy pursuant to Section 5020 of the Business and Professions Code from conducting a closed session to consider disciplinary action against an individual

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accountant prior to the filing of an accusation against the accountant pursuant to Section 11503. Nothing in this article shall be construed to prevent the qualifications examining committee established by the California Board of Accountancy pursuant to Section 5023 of the Business and Professions Code from conducting a closed hearing to interview an individual applicant or accountant regarding the applicant's qualifications.

(4) Prevent a state body, as defined in subdivision (b) of Section 11121, from conducting a closed session to consider any matter that properly could be considered in closed session by the state body whose authority it exercises.

(5) Prevent a state body, as defined in subdivision (d) of Section 11121, from conducting a closed session to consider any matter that properly could be considered in a closed session by the body defined as a state body pursuant to subdivision (a) or (b) of Section 11121.

(6) Prevent a state body, as defined in subdivision (c) of Section 11121, from conducting a closed session to consider any matter that properly could be considered in a closed session by the state body it advises.

(7) Prevent the State Board of Equalization from holding closed sessions for either of the following:

(A) When considering matters pertaining to the appointment or removal of the Executive Secretary of the State Board of Equalization.

(B) For the purpose of hearing confidential taxpayer appeals or data, the public disclosure of which is prohibited by law.

(8) Require the State Board of Equalization to disclose any action taken in closed session or documents executed in connection with that action, the public disclosure of which is prohibited by law pursuant to Sections 15619 and 15641 of this code and Sections 833, 7056, 8255, 9255, 11655, 30455, 32455, 38705, 38706, 43651, 45982, 46751, 50159, 55381, and 60609 of the Revenue and Taxation Code.

(9) Prevent the California Earthquake Prediction Evaluation Council, or other body appointed to advise the Director of Emergency Services or the Governor concerning matters relating to volcanic or earthquake predictions, from holding closed sessions when considering the evaluation of possible predictions.

(g) This article does not prevent either of the following:

(1) The Teachers' Retirement Board or the Board of Administration of the Public Employees' Retirement System from holding closed sessions when considering matters pertaining to

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the recruitment, appointment, employment, or removal of the chief executive officer or when considering matters pertaining to the recruitment or removal of the Chief Investment Officer of the State Teachers' Retirement System or the Public Employees' Retirement System.

(2) The Commission on Teacher Credentialing from holding closed sessions when considering matters relating to the recruitment, appointment, or removal of its executive director.

(h) This article does not prevent the Board of Administration of the Public Employees' Retirement System from holding closed sessions when considering matters relating to the development of rates and competitive strategy for plans offered pursuant to Chapter 15 (commencing with Section 21660) of Part 3 of Division 5 of Title 2.

(i) This article does not prevent the Managed Risk Medical Insurance Board from holding closed sessions when considering matters related to the development of rates and contracting strategy for entities contracting or seeking to contract with the board, entities with which the board is considering a contract, or entities with which the board is considering or enters into any other arrangement under which the board provides, receives, or arranges services or reimbursement, pursuant to Part 6.2 (commencing with Section 12693), Part 6.3 (commencing with Section 12695), Part 6.4

(commencing with Section 12699.50), Part 6.5 (commencing with Section 12700), Part 6.6 (commencing with Section 12739.5), or Part 6.7 (commencing with Section 12739.70) of Division 2 of the Insurance Code.

(j) Nothing in this article shall be construed to prevent the board of the State Compensation Insurance Fund from holding closed sessions in the following:

(1) When considering matters related to claims pursuant to Chapter 1 (commencing with Section 3200) of Division 4 of the Labor Code, to the extent that confidential medical information or other individually identifiable information would be disclosed.

(2) To the extent that matters related to audits and investigations that have not been completed would be disclosed.

(3) To the extent that an internal audit containing proprietary information would be disclosed.

(4) To the extent that the session would address the development of rates, contracting strategy, underwriting, or competitive strategy, pursuant to the powers granted to the board in Chapter 4 (commencing with Section 11770) of Part 3 of Division 2 of the Insurance Code, when discussion in open session concerning those matters would prejudice the position of the State

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Compensation Insurance Fund.

(k) The State Compensation Insurance Fund shall comply with the procedures specified in Section 11125.4 of the Government Code with respect to any closed session or meeting authorized by subdivision (j), and in addition shall provide an opportunity for a member of the public to be heard on the issue of the appropriateness of closing the meeting or session.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1968, c. 1272, p. 2396, § 1; Stats.1970, c. 346, p. 741, § 5; Stats.1972, c. 431, p. 791, § 43; Stats.1972, c. 1010, p. 1872, § 63, eff. Aug. 17, 1972, operative July 1, 1972; Stats.1974, c. 1254, p. 2713, § 1; Stats.1974, c. 1539, p. 3525, § 1; Stats.1975, c. 197, p. 570, § 1; Stats.1975, c. 959, p. 2238, § 5; Stats.1977, c. 730, p. 2318, § 5, eff. Sept. 12, 1977; Stats.1980, c. 1197, p. 4043, § 1; Stats.1980, c. 1284, p. 4338, § 11; Stats.1981, c. 180, p. 1096, § 1; Stats.1981, c. 968, p. 3688, § 12; Stats.1982, c. 454, p. 1842, § 40; Stats.1983, c. 143, § 187; Stats.1984, c. 678, § 1; Stats.1984, c. 1284, § 4; Stats.1985, c. 186, § 1; Stats.1985, c. 1091, § 1; Stats.1986, c. 575, § 1; Stats.1987, c. 1320, § 2; Stats.1988, c. 1448, § 29; Stats.1989, c. 177, § 2; Stats.1989, c. 882, § 2; Stats.1989, c. 1360, § 52; Stats.1989, c. 1427, § 1, eff. Oct. 2, 1989, operative Jan. 1, 1990; Stats.1991, c. 788 (A.B.1440), § 4; Stats.1992, c. 1050 (A.B.2987), § 17; Stats.1994, c. 26 (A.B.1807), § 230, eff. March 30, 1994; Stats.1994, c. 422 (A.B.2589), § 15.5, eff. Sept. 7, 1994; Stats.1994, c. 845 (S.B.1316), § 1; Stats.1995, c. 975 (A.B.265), § 3; Stats.1996, c. 1041 (A.B.3358), § 2; Stats.1997, c. 949 (S.B.95), § 8; Stats.1998, c. 210 (S.B.2008), § 1; Stats.1998, c. 972 (S.B.989), § 1; Stats.1999, c. 735 (S.B.366), § 9, eff. Oct. 10, 1999; Stats.2000, c. 1002 (S.B.1998), § 1; Stats.2000, c. 1055 (A.B.2889), § 30, eff. Sept. 30, 2000; Stats.2001, c. 21 (S.B.54), § 1, eff. June 25,

2001; Stats.2001, c. 243 (A.B.192), § 10; Stats.2002, c. 664 (A.B.3034), § 93.7; Stats.2002, c. 1113 (A.B.2072), § 1; Stats.2005, c. 288 (A.B.277), § 1; Stats.2007, c. 577 (A.B.1750), § 4, eff. Oct. 13, 2007; Stats.2008, c. 179 (S.B.1498), § 91; Stats.2008, c. 344 (S.B.1145), § 3, eff. Sept. 26, 2008; Stats.2010, c. 328 (S.B.1330), § 81; Stats.2010, c. 32 (A.B.1887), § 2, eff. June 29, 2010; Stats.2010, c. 618 (A.B.2791), § 124; Stats.2011, c. 357 (A.B.813), § 1; Stats.2013, c. 352 (A.B.1317), § 234, eff. Sept. 26, 2013, operative July 1, 2013.)

11126.1. Record of topics discussed and decisions made at closed sessions; availability

The state body shall designate a clerk or other officer or employee of the state body, who shall then attend each closed session of the state body and keep and enter in a minute book a record of topics discussed and decisions made at the meeting. The minute book made pursuant to this section is not a public record subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), and shall be kept confidential. The minute book shall be available to members of the state body or, if a violation of this chapter is alleged to have occurred at a closed session, to a court of general jurisdiction. Such minute book may, but need not, consist of a recording of the closed session.

(Added by Stats.1980, c. 1284, p. 4340, § 12. Amended by Stats.1981, c. 968, p. 3691, § 13.)

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**11126.2. Closed session;
response to confidential final draft
audit report; public release of report**

(a) Nothing in this article shall be construed to prohibit a state body that has received a confidential final draft audit report from the Bureau of State Audits from holding closed sessions to discuss its response to that report.

(b) After the public release of an audit report by the Bureau of State Audits, if a state body meets to discuss the audit report, it shall do so in an open session unless exempted from that requirement by some other provision of law.

(Added by Stats.2004, c. 576 (A.B.1827), § 2.)

**11126.3. Disclosure of nature
of items to be discussed in closed
session; scope of session; notice of
meeting; announcement of pending
litigation; unnecessary disclosures;
disclosures at open session
following closed session**

(a) Prior to holding any closed session, the state body shall disclose, in an open meeting, the general nature of the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. If the session is closed pursuant to paragraph (2) of subdivision (d) of Section 11126, the state body shall state the title of, or otherwise specifically identify, the

proceeding or disciplinary action contemplated. However, should the body determine that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties if the proceeding or disciplinary action is commenced or that to do so would fail to protect the private economic and business reputation of the person or entity if the proceeding or disciplinary action is not commenced, then the state body shall notice that there will be a closed session and describe in general terms the purpose of that session. If the session is closed pursuant to subparagraph (A) of paragraph (2) of subdivision (e) of Section 11126, the state body shall state the title of, or otherwise specifically identify, the litigation to be discussed unless the body states that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(b) In the closed session, the state body may consider only those matters covered in its disclosure.

(c) The disclosure shall be made as part of the notice provided for the meeting pursuant to Section 11125 or pursuant to subdivision (a) of Section 92032 of the Education Code and of any order or notice required by Section 11129.

**BAGLEY-KEENE OPEN MEETING ACT – 2015
(CALIFORNIA GOVERNMENT CODE)**

(d) If, after the agenda has been published in compliance with this article, any pending litigation (under subdivision (e) of Section 11126) matters arise, the postponement of which will prevent the state body from complying with any statutory, court-ordered, or other legally imposed deadline, the state body may proceed to discuss those matters in closed session and shall publicly announce in the meeting the title of, or otherwise specifically identify, the litigation to be discussed, unless the body states that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage. Such an announcement shall be deemed to comply fully with the requirements of this section.

(e) Nothing in this section shall require or authorize a disclosure of names or other information that would constitute an invasion of privacy or otherwise unnecessarily divulge the particular facts concerning the closed session or the disclosure of which is prohibited by state or federal law.

(f) After any closed session, the state body shall reconvene into open session prior to adjournment and shall make any reports, provide any documentation, and make any other disclosures required by Section 11125.2 of action taken in the closed session.

(g) The announcements required

to be made in open session pursuant to this section may be made at the location announced in the agenda for the closed session, as long as the public is allowed to be present at that location for the purpose of hearing the announcement.

(Added by Stats.1980, c. 1284, p. 4341, § 13. Amended by Stats.1981, c. 968, p. 3692, § 14; Stats.1987, c. 1320, § 3. Amended by Stats.1997, c. 949 (S.B.95), § 10; Stats.1998, c. 210 (S.B.2008), § 2; Stats.2001, c. 243 (A.B.192), § 11.)

**11126.4. Closed sessions of
Gambling Control Commission;
information prohibited from being
disclosed by law or tribal-state
gaming compact; limitations; public
notice**

(a) Nothing in this article shall be construed to prevent the California Gambling Control Commission from holding a closed session when discussing matters involving trade secrets, nonpublic financial data, confidential or proprietary information, and other data and information, the public disclosure of which is prohibited by law or a tribal-state gaming compact.

(b) Discussion in closed session authorized by this section shall be limited to the confidential data and information related to the agendized item and shall not include discussion of any other information or matter.

**BAGLEY-KEENE OPEN MEETING ACT – 2015
(CALIFORNIA GOVERNMENT CODE)**

(c) Before going into closed session the commission shall publicly announce the type of data or information to be discussed in closed session, which shall be recorded upon the commission minutes.

(Added by Stats.1970, c. 1610, p. 3385, § 1.
Amended by Stats.1981, c. 968, p. 3692, § 15.)

(d) Action taken on agenda items discussed pursuant to this section shall be taken in open session.

(Added by Stats. 2005, c. 274 (S.B. 919), § 1.)

11126.5. Disorderly conduct of general public during meeting; clearing of room

In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting the state body conducting the meeting may order the meeting room cleared and continue in session. Nothing in this section shall prohibit the state body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting. Notwithstanding any other provision of law, only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section.

11126.7. Fees

No fees may be charged by a state body for providing a notice required by Section 11125 or for carrying out any provision of this article, except as specifically authorized pursuant to this article.

(Added by Stats.1980, c. 1284, p. 4341, § 14.
Amended by Stats.1981, c. 968, p. 3692, § 16.)

11127. Application of article

Each provision of this article shall apply to every state body unless the body is specifically excepted from that provision by law or is covered by any other conflicting provision of law.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3692, § 17.)

11128. Time of closed session

Each closed session of a state body shall be held only during a regular or special meeting of the body.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1980, c. 1284, p. 4341, § 15;
Stats.1981, c. 968, p. 3692, § 18.)

**BAGLEY-KEENE OPEN MEETING ACT – 2015
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**11128.5. Adjournment;
declaration; notice; hour for
reconvened meeting**

The state body may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the clerk or secretary of the state body may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in Section 11125.4 for special meetings, unless that notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special, or adjourned special meeting was held within 24 hours after the time of the adjournment. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by law or regulation.

(Added by Stats.1997, c. 949 (S.B.95), § 11.)

**11129. Continuance; posting
notice**

Any hearing being held, or noticed or ordered to be held by a state body at any meeting may by order or notice of continuance be continued or recontinued to any subsequent meeting of the state body in the same manner and to the same extent set forth in Section 11128.5 for the adjournment of meetings. A copy of the order or notice of continuance shall be conspicuously posted on or near the door of the place where the hearing was held within 24 hours after the time of the continuance; provided, that if the hearing is continued to a time less than 24 hours after the time specified in the order or notice of hearing, a copy of the order or notice of continuance of hearing shall be posted immediately following the meeting at which the order or declaration of continuance was adopted or made.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3692, § 19.
Amended by Stats.1997, c. 949 (S.B.95), § 12.)

**11130. Actions to prevent
violations or determine applicability
of article; validity of rules
discouraging expression; audio
recording of closed sessions;
discovery procedures for recordings**

(a) The Attorney General, the district attorney, or any interested person may commence an action by mandamus, injunction, or declaratory

BAGLEY-KEENE OPEN MEETING ACT – 2015
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relief for the purpose of stopping or preventing violations or threatened violations of this article or to determine the applicability of this article to past actions or threatened future action by members of the state body or to determine whether any rule or action by the state body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United States, or to compel the state body to audio record its closed sessions as hereinafter provided.

(b) The court in its discretion may, upon a judgment of a violation of Section 11126, order the state body to audio record its closed sessions and preserve the audio recordings for the period and under the terms of security and confidentiality the court deems appropriate.

(c)(1) Each recording so kept shall be immediately labeled with the date of the closed session recorded and the title of the clerk or other officer who shall be custodian of the recording.

(2) The audio recordings shall be subject to the following discovery procedures:

(A) In any case in which discovery or disclosure of the audio recording is sought by the Attorney General, the district attorney, or the plaintiff in a civil action pursuant to this section or Section 11130.3 alleging that a violation of this article has occurred in

a closed session that has been recorded pursuant to this section, the party seeking discovery or disclosure shall file a written notice of motion with the appropriate court with notice to the governmental agency that has custody and control of the audio recording. The notice shall be given pursuant to subdivision (b) of Section 1005 of the Code of Civil Procedure.

(B) The notice shall include, in addition to the items required by Section 1010 of the Code of Civil Procedure, all of the following:

(i) Identification of the proceeding in which discovery or disclosure is sought, the party seeking discovery or disclosure, the date and time of the meeting recorded, and the governmental agency that has custody and control of the recording.

(ii) An affidavit that contains specific facts indicating that a violation of the act occurred in the closed session.

(3) If the court, following a review of the motion, finds that there is good cause to believe that a violation has occurred, the court may review, in camera, the recording of that portion of the closed session alleged to have violated the act.

(4) If, following the in camera review, the court concludes that disclosure of a portion of the recording would be likely to materially assist in the

**BAGLEY-KEENE OPEN MEETING ACT – 2015
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resolution of the litigation alleging violation of this article, the court shall, in its discretion, make a certified transcript of the portion of the recording a public exhibit in the proceeding.

(5) Nothing in this section shall permit discovery of communications that are protected by the attorney-client privilege.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1969, c. 494, p. 1106, § 1; Stats.1981, c. 968, p. 3693, § 20; Stats.1997, c. 949 (S.B.95), § 13; Stats.1999, c. 393 (A.B.1234), § 4; Stats.2009, c. 88 (A.B.176), § 43.)

11130.3. Judicial determination action by state body in violation of §§ 11123 or 11125 null and void; action by interested person; grounds

(a) Any interested person may commence an action by mandamus, injunction, or declaratory relief for the purpose of obtaining a judicial determination that an action taken by a state body in violation of Section 11123 or 11125 is null and void under this section. Any action seeking such a judicial determination shall be commenced within 90 days from the date the action was taken. Nothing in this section shall be construed to prevent a state body from curing or correcting an action challenged pursuant to this section.

(b) An action shall not be determined to be null and void if any of the following conditions exist:

(1) The action taken was in connection with the sale or issuance of notes, bonds, or other evidences of indebtedness or any contract, instrument, or agreement related thereto.

(2) The action taken gave rise to a contractual obligation upon which a party has, in good faith, detrimentally relied.

(3) The action taken was in substantial compliance with Sections 11123 and 11125.

(4) The action taken was in connection with the collection of any tax.

(Amended by Stats.1999, c. 393 (A.B.1234), § 5.)

11130.5. Court costs and attorney fees

A court may award court costs and reasonable attorney's fees to the plaintiff in an action brought pursuant to Section 11130 or 11130.3 where it is found that a state body has violated the provisions of this article. The costs and fees shall be paid by the state body and shall not become a personal liability of any public officer or employee thereof.

A court may award court costs and reasonable attorney's fees to a defendant in any action brought pursuant to Section 11130 or 11130.3 where the defendant has prevailed in a final determination of the action and the

**BAGLEY-KEENE OPEN MEETING ACT – 2015
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court finds that the action was clearly frivolous and totally lacking in merit.

(Added by Stats.1975, c. 959, p. 2240, § 6.
Amended by Stats.1981, c. 968, p. 3693, § 21;
Stats.1985, c. 936, § 2.)

**11130.7. Violations;
misdemeanor**

Each member of a state body who attends a meeting of that body in violation of any provision of this article, and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled under this article, is guilty of a misdemeanor.

(Added by Stats.1980, c. 1284, p. 4341, § 16.
Amended by Stats.1981, c. 968, p. 3693, § 22.
Amended by Stats.1997, c. 949 (S.B. 95), § 14.)

**11131. Use of facility allowing
discrimination; state agency**

No state agency shall conduct any meeting, conference, or other function in any facility that prohibits the admittance of any person, or persons, on the basis of ancestry, or any characteristic listed or defined in Section 11135 or that is inaccessible to disabled persons, or where members of the public may not be present without making a payment or purchase. As used in this section, "state agency" means and includes every state body, office, officer, department, division,

bureau, board, council, commission, or other state agency.

(Added by Stats.1970, c. 383, p. 798, § 1.
Amended by Stats.1981, c. 968, p. 3693, § 23.
Amended by Stats.1997, c. 949 (S.B.95), § 15.;
Stats. 2007, c. 568 (A.B. 14), § 32.)

**11131.5. Identity of victims or
alleged victims of crimes, tortious
sexual conduct, or child abuse;
public disclosure**

No notice, agenda, announcement, or report required under this article need identify any victim or alleged victim of crime, tortious sexual conduct, or child abuse unless the identity of the person has been publicly disclosed.

(Added by Stats.1997, c. 949 (S.B.95), § 16.)

**11132. Closed session by state
body prohibited**

Except as expressly authorized by this article, no closed session may be held by any state body.

(Added by Stats.1987, c. 1320, § 4.)

CALIFORNIA BUSINESS AND PROFESSIONS CODE

§ 101.7. Number of board meetings each year; location; exemption; special meeting; notice

(a) Notwithstanding any other provision of law, boards shall meet at least three times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees.

(b) The director at his or her discretion may exempt any board from the requirement in subdivision (a) upon a showing of good cause that the board is not able to meet at least three times in a calendar year.

(c) The director may call for a special meeting of the board when a board is not fulfilling its duties.

(d) An agency within the department that is required to provide a written notice pursuant to subdivision (a) of Section 11125 of the Government Code, may provide that notice by regular mail, email, or by both regular mail and email. An agency shall give a person who requests a notice the option of receiving the notice by regular mail, email, or by both regular mail and email. The agency shall comply with the requester's chosen form or forms of notice.

(e) An agency that plans to Web cast a meeting shall include in the meeting notice required pursuant to subdivision (a) of Section 11125 of the Government Code a statement of the board's intent to Web cast the meeting. An agency may Web cast a meeting even if the agency fails to include that statement of intent in the notice.

(Added by Stats.2007, c. 354 (S.B.1047), § 1. Amended by Stats.2014, c. 395 (S.B.1243), § 1, eff. Jan. 1, 2015.)

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ATTACHMENT C

Board Meeting Notice

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Board of Behavioral Sciences

1625 North Market Blvd. Suite S-200 Sacramento, CA 95834 (916) 574-7830 TDD (800) 326-2297 Fax (916) 574-8625 www.bbs.ca.gov

BOARD MEETING NOTICE May 20-21, 2015

Embassy Suites Santa Ana – Orange County Airport North 1325 E. Dyer Road Santa Ana, CA 92705 (714) 241-3800

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

Wednesday, May 20th 8:30 a.m.

FULL BOARD OPEN SESSION - Call to Order and Establishment of Quorum

- I. Petition for Early Termination of Probation for Kwamina Amonoo-Neizer, LCSW 26843
II. Petition for Early Termination of Probation for Daniel Carr, LMFT 31037
III. Petition for Early Termination of Probation for Jennifer Harris, IMF 68489
IV. Petition for Early Termination of Probation for Kimberly Kupfer, LMFT 27299
V. Petition for Early Termination of Probation for Cindy Plascencia, IMF 73371
VI. Public Comment for Items not on the Agenda
VII. Suggestions for Future Agenda Items



Governor Edmund G. Brown Jr.

State of California Business, Consumer Services and Housing Agency

Department of Consumer Affairs

FULL BOARD CLOSED SESSION

- VIII. Pursuant to Section 11126(c)(3) of the Government Code, the Board Will Meet in Closed Session for Discussion and to Take Action on Disciplinary Matters

- IX. Pursuant to Section 11126(a) of the Government Code, the Board Will Meet in Closed Session to Discuss the Performance of the Board's Executive Officer

FULL BOARD OPEN SESSION

- X. Adjournment

***Thursday, May 21st
8:30 a.m.***

FULL BOARD OPEN SESSION - Call to Order and Establishment of Quorum

- XI. Introductions*
- XII. Approval of the February 25-26, 2015 Board Meeting Minutes
- XIII. Chair Report
- XIV. Executive Officer's Report
- a. Budget Report
 - b. Operations Report
 - c. Personnel Report
- XV. Strategic Plan Update
- XVI. Supervision Committee Update
- XVII. Examination Restructure Update
- XVIII. Policy and Advocacy Committee Report
- a. Recommendation #1- Oppose, Assembly Bill 85 (Wilk)
 - b. Recommendation #2 – Support, Assembly Bill 250 (Olberholte)
 - c. Recommendation #3 – Oppose Unless Amended, Assembly Bill 333 (Melendez)
 - d. Recommendation #4 – Support, Assembly Bill 690 (Wood)
 - e. Recommendation #5 – Neutral, Assembly Bill 796 (Nazarian)
 - f. Recommendation #6 – Support, Assembly Bill 832 (Garcia)
 - g. Recommendation #7 – Support, Assembly Bill 1001 (Maienschein)
 - h. Recommendation #8 – Neutral, Assembly Bill 1279 (Holden)
 - i. Recommendation #9 – Neutral, Assembly Bill 479 (Bates)
 - j. Recommendation #10 – Oppose Unless Amended, Senate Bill 614 (Leno)
 - k. Recommendation #11 – Oppose, Senate Bill 594 (Wieckowski)
- XIX. Update and Possible Action on Text of Proposed Legislation for 2015: Crime Victims: Compensation for Reimbursement of Violence Peer Counseling

- XX. Discussion and Possible Action Regarding Proposed Regulations for Telehealth
- XXI. Board Sponsored Legislation Update
- XXII. Regulation Update
- XXIII. Update on Suicide Prevention Training for Mental Health Professionals
- XXIV. Discussion and Possible Action Regarding English as a Second Language Accommodation for Examination Candidates
- XXV. Discussion and Possible Action Regarding Signatures on the Board's Licensed Wall Certificates
- XXVI. Election of Board Chair and Vice Chair
- XXVII. Discussion Regarding the Preparation of Sunset Review Report
- XXVIII. Public Comment for Items not on the Agenda
- XXIX. Suggestions for Future Agenda Items
- XXX. 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.

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ATTACHMENT D

DCA TRAVEL GUIDELINES

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DEPARTMENT OF CONSUMER AFFAIRS TRAVEL GUIDE



**Office of Administrative Services
Accounts Payable Travel Unit**

January 2015

Disclaimer

Bargaining Contracts, California Department of Human Resource (CalHR), Departmental Policy, and the *State Administrative Manual (SAM)* sets forth the information contained in this *Travel Guide*. If any of the information within is in conflict with the most recent provisions set forth by the said mentioned above, then those provisions will supersede this guide. Information provided in this guide is routinely updated by various control agencies. The traveler or user of this guide must always make sure they have the most current information. Click on the Web links to view the most current information.

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CHAPTER 1 INTRODUCTION AND DEFINITIONS

Introduction

The purpose of this guide is to provide and define the basic travel reimbursement rules for employees who are required to travel on official State business, methods of travel that are available, and how to use them, in accordance with the State Bargaining Contracts, California Department of Human Resources (CalHR) Travel Rules for Represented Employees sections 599.615–599.638.1 of title 2 of the California Code of Regulations, and the *State Administrative Manual (SAM)* section 700. If any of the information herein is in conflict with the most recent provisions set forth by the bargaining contract or government code sections cited above, then those provisions will supersede this guide. In addition, information provided in this guide is routinely updated by various control agencies. The traveler or user of this guide must always make sure they have the most current information.

Note: The travel reimbursement program is subject to Internal Revenue Service (IRS) requirements. There are no flat reimbursement rates. All items claimed are to be for the actual amount of the expense, up to the maximum rates allowed for all State officers, employees, and agents of the State traveling on official State business.

Who can file a claim?

All Department of Consumer Affairs (DCA/Department) employees and any agent of the State (listed below) may request a travel advance and/or travel reimbursement using the appropriate Department forms and the CalATERS Global System. Certain restrictions may apply (see reference-related section for specific requirements).

Statutory Board Members are individuals appointed to serve on boards or commissions established by law. Members are appointed by the Governor, Legislature, or Department Head. Reimbursement for necessary travel expenses is based on the rates for nonrepresented employees.

Nonstatutory Board Members are individuals appointed to serve on boards, commissions, committees, or task forces that are created by agency secretaries, department directors, executive officers, or board members on an as-needed basis to fulfill the Department's mission. Reimbursement for necessary travel expenses is based on the rates for nonrepresented employees.

Proctors are intermittent hires through the State Personnel Board. Proctors administer written or physical agility exams for civil service classification. Reimbursement for necessary travel expenses is based on the rates for nonrepresented employees.

Volunteers are individuals who voluntarily perform services for the State without pay. The volunteer must sign an Oath of Allegiance, which is kept on file at the Department with the Volunteer Service Agreement. Volunteers will be reimbursed for necessary travel expenses at the rate negotiated for State employees performing comparable duties.

Terms

Short-Term Travel: Expenses incurred at least 50 miles (one-way) from headquarters and/or residence when applicable, and is less than 31 consecutive days.

Long-Term Travel: Travel that is in excess of 30 consecutive days becomes long-term travel. Specific reimbursement rates and reporting requirements apply; contact your Travel Liaison.

Per Diem Expenses: Meals, lodging, and all appropriate incidental expenses incurred may be claimed when conducting State business while on travel status.

Transportation Expenses: Various modes of transportation used while on official State business; for example, airfare, vehicle, taxi, and shuttle expenses.

Business Expenses: Charges necessary to the completion of official State business, such as business phone calls, emergency clothing, and emergency supplies. All purchases shall be justified, and if the total business expense is more than \$25, the claim must be approved by the DCA Accounting Administrator II.

Conference or Convention: A meeting with a formal agenda of persons to discuss or consult on specific work-related subjects with the purpose of exchanging views, providing lectures or dialogue, or providing or gaining skills and/or information for the good of the State. Requires an approved conference attendance request prior to attending and must be attached to the [Travel Expense Claim \(TEC\)](#).

Non-State Sponsored Conference: Planned, arranged, and funded by an outside entity.

State-Sponsored Conference: Planned, arranged, and funded by State agencies for the benefit of the State and/or outside parties for the purpose of conducting State business.

Policies

Official Established Headquarters: Shall be designated for each State officer and employee and defined as the place where the officer or employee spends the largest portion of their regular workdays or working time, or the place to which they return upon completion of special assignments. In some instances, however, it may be in the best interest of the Department to designate either an employee's residence address or an assigned geographic area as his/her headquarters. Home-as-headquarters and geographic area designations will be based upon a determination of "economic merit" for geographic and logistical circumstances where the State benefits from such a determination, either in increased efficiencies or reduced costs.

Signature Authority: The signature of the approving officer certifies that the traveler is authorized to travel, the expenses incurred were to conduct official State business, and that the items claimed are appropriate and keeping within the rules that govern State business travel. Typically, the approving officer would be the traveling employee's immediate supervisor.

The Deputy Director of Board Relations approves Board Presidents' [TECs](#). Once they have been reviewed and initialed by the Executive Officer, the Board President shall approve the Executive Officers' and the Board Members' travel claims. In the absence of the Board President, the Board Vice President shall approve the Executive Officers' and the Board Members' travel claims.

The Deputy Director of the Office of Administrative Services approves Bureau and Board Presidents', Bureau Chiefs', Division Chiefs', and Deputy Directors' travel advances, expense claims, conference requests, and authorized signature forms. Also approves for all exception-to-travel status for board and bureau and Travel Advance Requests for nonsalaried employees. In the absence of the Board President, the Board Vice President shall approve the Executive Officers' and the Board Members' travel claims.

In the extended absence of either the Deputy Director of Board Relations or the Deputy Director of the Office of Administrative Services, either can approve the above for boards and bureaus.

All approving officers must have a signature card on file with the Accounting Office before approving a claim.

Note: See DCA policy, form, and procedures posted on the [DCA Intranet](#) regarding authorized signatures.

CHAPTER 2 PER DIEM ALLOWANCES

Introduction

The State provides for reimbursement of actual and necessary out-of-pocket expenses while traveling on State business. When determining the appropriate amount of reimbursement allowed for meals, lodging, and incidentals, two criteria need to be considered: distance and time. Employees on travel status must be at least 50 miles from home/headquarters. The most direct route determines this distance.

For short-term travel status per diem (meals, lodging, and incidentals), several factors need to be considered, such as:

- The bargaining unit of the employee (represented or excluded).
- Geographical location of travel must be at least 50 miles (one-way) from where the trip begins at headquarters and/or home. Factors include: Which is the closest distance? Is travel during normal working hours or not? Is it a second worksite?
- The timeframe in which the trip started and stopped.
- The type and location of facilities used for lodging.

Lodging Rates

Short-term reimbursement rates for lodging expenses are as follows. Please review your Bargaining Unit Contract on [California Department of Human Resources \(CalHR\)](#) website for current rates.

Excluded/exempt employees and represented employees in Bargaining Units (BU) 1–21: Please review your existing Memorandum of Understanding (MOU) for current rates.

Lodging Reimbursement	Up to the Maximum Rate
Statewide (except for those listed below)	\$90 room rate plus taxes
Napa, Riverside, Sacramento Counties	\$95 room rate plus taxes
Los Angeles, Orange, Ventura Counties and Edwards Air Force Base	\$120 room rate plus taxes
Alameda, Monterey, San Diego, San Mateo, and Santa Clara Counties	\$125 room rate plus taxes
San Francisco County and City of Santa Monica	\$150 room rate plus tax

Hotel Tax Waiver

The [Hotel/Motel Transient Occupancy Tax Waiver, Form 236 \(New 9-91\)](#), is available on the [DCA Intranet](#) Travel Home Page and should be used whenever possible. This form must be completed in advance and given to the hotel for its records. In most cases, employees must ask for the exemption at time of reservation. Some hotels will not honor the tax waiver.

Acceptable Receipts

Lodging receipt must indicate the establishment's name, address, and check-in/check-out dates and times, number of occupancy, room rate, taxes, and method of payment.

In the rare event where an employee chooses to use a third-party vendor (such as Priceline.com, Expedia.com, Travelocity.com, Hotels.com, etc.) to make travel arrangements, the following instructions must be strictly adhered to:

- Employees who request reimbursement for receipts from third-party vendors for lodging expenses related to a State-approved relocation or for lodging expenses incurred while traveling on State business, must provide a valid receipt from the third-party vendor and the commercial lodging establishment where the employee stayed.

Both receipts are required in order to properly substantiate a valid business expense.

Sharing a Room

When sharing a room with another State employee, each person can claim half the room rate or one employee can claim the entire amount and reference the other person in the comment section. Both employees should file their travel expense claims ([TECs](#)) at the same time and a copy of the other's claim should be attached to their own.

Meal Rates

There are no flat reimbursement rates. All items claimed are to be for the ACTUAL AMOUNT OF EXPENSE, up to the following maximum reimbursement amounts listed below. The employee (or agent of the State) shall not claim reimbursement for any meals provided by or included in the cost of the hotel stay, airfare, and conference or convention registration fee and/or provided by the terms stated in a State contract. Please review your Bargaining Unit Contract on [California Department of Human Resources \(CalHR\)](#) website for current rates.

Excluded/exempt employees and represented employees in Bargaining Units (BU) 1–21, please review your existing MOU for current rates (see following table).

Breakfast	\$7	Dinner	\$23
Lunch	\$11	Incidental	\$5

Less Than 24 Hours

The following table shows conditions under which a represented or nonrepresented employee may be reimbursed for meals while on travel status, if the trip is less than 24 hours:

on OR Before	on OR After	Entitled To
6 a.m.	9 a.m.	Breakfast
4 p.m.	7 p.m.	Dinner

NOTE: Board and committee members are entitled to meals, including lunch, on a one-day trip only when attending official scheduled board or committee meetings. These meal expenses are excused from the travel status mileage requirement, but all time requirements are applicable; for example, start trip at or before 11 a.m. and end at or after 2 p.m. to claim lunch. In addition, meals on trips of less than 24 hours will be reported as a taxable fringe benefit as required by the Internal Revenue Service (IRS).

More Than 24 Hours

If a trip is more than 24 hours but less than 31 consecutive days, a represented or nonrepresented employee is entitled to breakfast, lunch, and dinner for every full 24-hour period of time while on travel status. The following table shows the meal entitlements for the last fractional period of time:

Starts Trip on OR Before	Returns from Trip on OR After	Entitled To
6 a.m.	8 a.m.	Breakfast
11 a.m.	2 p.m.	Lunch
5 p.m.	7 p.m.	Dinner

Incidentals

Incidental reimbursement is allowed for every full 24 hours of travel up to the maximum amount allowed per Bargaining Unit Contract for actual necessary expenses. Incidentals include expenses for fees and tips for services such as porters, baggage carriers, and hotel staff. No other items may be claimed as an incidental. Department of Human Resources CalHR PML 2015-003 and Internal Revenue Service (IRS) in IRS Publication 463.

Business-Related Meals

In rare instances, the cost of business-related meal expenses may be allowed. It must be clearly shown that it was impractical to conduct the State's business during working hours and that the meal took place in conditions beyond the employee's control. Justification should be provided on the [TEC](#). The statement must include the purpose or goal of each business-related meal and the unusual conditions that justify payment. The employee may claim expenses not to exceed the breakfast, lunch, or dinner allowance, whichever meal was consumed. The amount must be supported by a voucher or receipt for represented employees. Claims must include the establishment, the persons in attendance, and the business conducted during the meal period. No reimbursement is allowed for the meal if the employee claims per diem for that day.

Allowable meals may include: Participants from different cities hold a luncheon to allow one or more of them to make connections on a scheduled flight; an employee is required to go to lunch as a member of a group, such as a board or commission where official business is conducted; the meeting does not adjourn during the lunch and the employee has no choice of place to eat.

Non-allowable meals include: Two or more employees go to lunch together and continue their business as an incidental to the meal; the meal is strictly for public relations purposes; departments call meetings with their own and/or other department employees to conduct State business; the meeting could have taken place during regular working hours.

Receipts

Although the Department of Consumer Affairs (DCA) does not require receipts for most meals or incidentals (except as noted above), the traveler must retain all their meal and incidental receipts for IRS purposes.

Overtime Meals and Rates

Overtime meal reimbursement is allowed when the employee works two excess hours either consecutive or contiguous to regular scheduled work hours. Rates and terms are defined by each bargaining unit contract as stated below. In determining the overtime hours worked for meal compensation, do not include any breaks for meals. Only one meal allowance may be claimed each day unless the employee has worked a minimum of 16 hours. For every six additional hours worked in excess of ten hours, another meal allowance may be claimed, not to exceed three overtime meals within 24 hours.

Bargaining Unit	Rate	Consecutive*	Contiguous*
7 & 10	\$7.50	X	
1, 4, 11 & 14	\$8.00		X
2, 9, 12, 16 & 19	\$8.00	X	
Excluded & 21 (exempt FLSA)	\$8.00	X	

Definitions

Consecutive: Works either two hours before or two hours after normal work hours on a regular scheduled workday; works two hours in excess of normal work hours on weekends, holidays, or regular scheduled day off (RDO).

Contiguous: Works two or more hours in excess of the number of hours worked on regular scheduled workday.

Excluded: Work Week Group Exempt (WWGE) and Represented Employees Exempt from Fair Labor Standards Act (FLSA) are only entitled to overtime meals for extended arduous work.

Arduous Work OT Meal*

Meals for Extended Arduous Work: On those rare occasions when an employee who is in a Work Week Group other than Work Week Group 2 would be required to physically or mentally work ten hours or more (not including any breaks for meals) for an extended period of time. The employee, with approval of the appointing authority, may claim the actual cost of an arduous work meal up to \$8. Such meals should only be approved when it is clear that the work schedule is consistently in excess of a normal full-time schedule. Occasional extra hours worked, consistent with the nature of other than a Work Week Group 2 schedule, do not meet the criteria for Extended Arduous Work Meals.

Excess Lodging Policy and Procedure

Request for reimbursement of lodging expenses in excess of the State-specified rates, excluding taxes, must be received ten days prior to the trip. Approval is required from the DCA Accounting Administrator II if less than \$150 and the CalHR if more than \$150. The [Excess Lodging Rate Request \(STD 255C\)](#) form located on [DCA Intranet](#) should be completed and contain the following:

- A list of at least three hotels contacted using the [Concur CalTravel Store](#) website to obtain State rate lodging. Contact additional hotels if no State rate hotels are found within the work area.
- Supporting documentation that a reasonable effort was made to locate lodging at State-specified rates. Using only higher-rate hotels in the documentation cannot be considered reasonable efforts.
- Explain any applicable reasons for the State business need for an exception to the State's standard lodging rate.
- Obtain all required signatures and submit the request to the DCA Travel Unit at least ten working days prior to the trip, when possible.
- Employees who incur expenses in excess of standard reimbursement will be responsible for the difference if the excess lodging request is denied.
- Attach agendas for any approved conference or convention that would assist in the travel justification.

Reasonable Accommodation

Reasonable Accommodation can be obtained with supporting documentation through DCA Human Resources Health & Safety Unit when travel requirements are a hardship to the employee for medical reasons. Please obtain the Reasonable Accommodation approval prior to the trip.

Exception to Travel Status Policy

It is the policy of the DCA to adhere to the rules and regulations as defined by the CalHR regarding the approval of requests for reimbursement within 50 miles of the employee's home or headquarters when conducting official State business. Extreme acts of God and nature that place the employee in harm's way are automatic and will be approved after the fact, when fully documented ([SAM section 0715 CALHR PML 93-28](#)).

Note: All exceptions to travel status reimbursements will be reported as a taxable fringe benefit as required by the IRS.

Exception Authority, Limits and Criteria

The CalHR delegated the exception to travel status authority to the Director of DCA, who delegated the authority to the Deputy Director. There is no other allowable signature authority for this delegation. This delegation is extended with the provision that it will be administered according to the criteria, considerations, and record-keeping requirements as stated below. All exceptions are subject to audit by CalHR. Exceptions are to be granted in advance of the occurrence by the appointing power.

This delegation does not extend to the approval of meals or lodging at either the home or headquarters location. There is no allowance for any increase in the standard short-term travel reimbursement rates for meals and lodging or partial exceptions, such as lodging allowance without meals. When exceptions meet all the requirements and are granted by the Deputy Director, the employee is entitled to full short-term travel reimbursement rates. This exception is not to be used in lieu of overtime for one-day travel.

Exception requests will be considered under a limited number of circumstances when the employee is required to be away from his/her home and headquarters locations for more than a single day, but less than 50 miles. These include the nature of the work performed, the hours of work, or the apparent road/weather conditions make it impractical for the employee to return home or to the headquarters location at night.

The CalHR has guidelines for an exception approval criterion that includes reasonable commute mileage. State departments are expected to demonstrate that every consideration has been given to minimize the cost to the State through responsible planning and scheduling.

Exception Process

A written request must be submitted in advance of the occurrence to the Accounting Office for review and submission to the Deputy Director. The Executive Officer or the Division/Bureau/Program Chief must approve all exception requests.

Requests must contain the following information for each attendee:

- Name and classification of employee(s) requesting exception. If the time period and reason for expense are the same, submit a group request listing each employee's name, classification, the time period, and reason.

- Name and address of the location where expenses will be incurred.
- Name of the sponsor of the event.
- Reason(s) for the exception request; attempts made to reduce the costs.
- Amount of the anticipated expenses, including tax.
- For a conference or convention, with more than one attendee, explain why one employee could not achieve the goal and attach a training and development request with approval.

Provide copies of the agenda, conference/convention announcements, and map/mileage printouts. Once the exception request has been processed, a copy will be forwarded to the requesting office by the DCA Accounting Office. The requesting office must maintain a record of each request for the standard five-year record retention schedule.

CHAPTER 3 TRANSPORTATION

Introduction

The cost of transportation while on official State business should be accomplished by using the most economical means for the State, according to the [State Administrative Manual general travel policies](#). All transportation costs related to State business travel should be entered on all [travel expense claims \(TECs\)](#).

Transportation expenses consist of:

- Commercial airfares
- Private vehicle use
- Commercial rental car use
- Gasoline for State or rental cars
- Taxis, shuttles, or streetcar fares
- Parking of State, rental, or privately owned vehicles
- Bridge and road tolls
- Emergency repairs (State cars only)
- Commuting transit/vanpool (employee benefit) use

Supervisor's Responsibility

It is the supervisor's responsibility to ensure the method chosen for travel on State business is in the best interest of the State and not for the employee's convenience.

Determining the Most Economical Mode of Travel

When determining the most economical mode of transportation, the following costs should be considered:

- Employee's time
 - Expenses for transportation (airline, bus, train, parking, shuttle, tolls, etc.)
 - Expenses for meals, incidentals, lodging, and any other State business expense
 - Urgency of the situation
 - If the employee must carry specialized equipment
 - Number of stops and amount of equipment
 - Number of people to be transported (is it more economical?)
 - Driving time one-way (is it more than two hours?)
 - Availability of transportation to and from the destination
 - Overtime wages
-

Cost Comparison

Reimbursement will be made for the mode of transportation which is in the best interest of the State, considering direct expenses as well as the employee's time. If the employee chooses a more expensive mode of transportation, reimbursement will be for the least expensive mode of travel. Expenses incurred at the travel destination will be reimbursed based on the actual business expenses incurred while at that location. A [cost comparison](#) must:

- Be completed and attached to the [TEC](#), showing both methods of travel.
 - Include the least costly methods of travel for those expenses actually being substituted.
 - Include only the expenses of traveling from one location to another. Do not include any worksite expenses. Expenses incurred onsite are to be claimed separately.
 - An employee choosing to use a more expensive mode of transportation will only be reimbursed for the amount it would have cost for the most economical mode of travel.
 - A [cost comparison](#) showing actual cost incurred vs. the most economical mode and cost must be submitted with an employee's [TEC](#). The [cost comparison form](#) is provided in Appendix A for your convenience.
-

Example of Cost Comparison

The most common cost comparison is when the employee chooses to drive their personal vehicle vs. using normal air transportation. For example, when an employee drives (having obtained supervisor's prior approval) to Los Angeles from Sacramento, the comparison is computed from the point the employee would normally have left on travel status in Sacramento to the point of landing in Los Angeles. Please note all cost comparisons should be calculated using the current mileage rate and State rates for airfare if applicable.

Air Costs		Vehicle Costs	
Ticket roundtrip	\$216.00	Mileage: City-to-city round-trip:	
Mileage to/from airport		720 miles x 57.5 cents per mile = \$414	
30 miles x 57.5 cents per mile	= \$ 17.25		
Parking	<u>\$ 10.00</u>		
Total	\$243.25		

Reimbursement

The least expensive method of transportation will be reimbursed on the [TEC](#).

The time requirement for meals and lodging would be allowed for the time the employee would have left and returned had they flown. Additional meal and lodging expenses incurred as a result of using an alternative method of transportation is at the employee's own expense.

Exception

An exception to the least-expensive requirement would be if an employee has a reasonable accommodation approval through the Department of Consumer Affairs (DCA/Department) Health and Safety Office, which prevents the employee from specific modes of travel, such as air travel.

Request guidance from the Accounting Office Travel Unit (calaters@dca.ca.gov) when special circumstances arise prior to commencing the trip.

Direct and Indirect Travel Arrangements

All travel arrangements for air, auto rental, and lodging for official State business must be made through the Department's approved travel agency, Concur CalTravelStore. See the [Management Memorandum](#) regarding the travel policy for all State agencies.

Air Travel

Before making airline reservations, be aware of the contract rates and where to book your flights. The State contracted rate includes airfare for origination and destination points known as city pairs for within California, out of State, and international destinations. The contract rates are unrestricted one-way fares and are not subject to limited seating.

When booking on Southwest Airlines, you should only select "Want to Get Away" and "Anytime" flights. You should never select Business Class-type flights; if selected, you will be responsible for the difference in cost.

The 2013–14 contract fares are with Alaska Airlines, Delta Air Lines, JetBlue, United Airlines, and Virgin America, and 2014–15 for Southwest Airlines. You must purchase your airline tickets through the CalTravelStore, the certified State travel agency, using your Department’s centralized American Express Business Travel Account (BTA). The CalTravelStore website contains the online booking tool Concur Travel (formerly Cliqbook), the online booking tool for all airline travel.

All travel arrangements for official State business must be made through the Department’s approved travel agency, CalTravelStore (www.caltravelstore.com).

Current Airfare Contract: www.travel.dgs.ca.gov

DGS Air Travel Services: **Air Travel Information**
www.dgs.ca.gov/travel/Programs/Airfare.aspx

State Administrative Manual (SAM) section 741: **Air Travel**
www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/741.pdf

SAM section 8422.115: **Airline Itinerary Requirements**
www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/741.pdf

California Department of Human Resources (CalHR) Policy: **Method of Travel**
www.calhr.ca.gov/employees/Pages/travel-method.aspx

Airport Parking

Employees parking at the airport must use the most economical parking available. However, if the board, bureau, or division determines that additional parking costs above the lowest-cost option are in the best interest of the State, a justification explaining the necessity for the additional cost shall be submitted with the employee’s [TEC](#). Without a receipt, reimbursement is limited to \$10. Please note: [TECs](#) submitted without the required justification may be cut by the State Controller’s Office (CalHR PML 2007-024).

Agencies/departments may consider the following items when determining if additional parking costs are in the best interest of the State:

- The direct expense; and
- The officer’s or employee’s time.

Please contact your Department’s Travel Liaison to initiate the start of your CalTravelStore profile. You must complete your registration before booking your travel.

Please use the links below for training and more information:

For security reasons, every traveler will need to contact their board or bureau Travel Liaison to initiate their CalTravelStore profile. Your user ID is your Department e-mail address. You must use your Department e-mail address as your user ID to have access to our Department’s company ID. This e-mail address will be your user ID for future access to the reservation system. After you receive your temporary password, you can complete your profile and book your trips. In addition, you’ll need to change the temporary password to ensure your account is secure. Once you’ve established a user ID

and password, the system will request that you complete the profile. After you've completed the profile, you must save the information before you attempt to book a trip. The CalTravelStore has a travel reservation guide and video to help; they are provided on the website and link below.

After the initial profile setup, you'll access the reservation system at www.caltravelstore.com. Click on "Concur Login" to complete your profile.

[Concur Travel demonstration](#) (video) and [Concur Interactive Training](#).

Concur Travel FAQs:

www.caltravelstore.com/pages/concur-travel-faqs

Non-Employee Reservations

You can make reservations for non-State employees conducting State business for your program, such as subject matter experts, volunteers, witnesses, or contractors, and receive State rates when using the DCA State-contracted travel service agency. One-time travelers should be booked as a guest traveler; no profile should or needs to be established.

Frequent Flyer Programs

Employees who earn travel premiums (frequent flier miles/points) while on official State business may now use these travel premiums for their personal use. The value of these premiums will not be reimbursed to the employee if used for State business.

See Personnel Management Liaisons (PML) Memorandum 2005-051

www.calhr.ca.gov/PML%20Library/PML2005051.pdf

Receipts

Airline itinerary or passenger receipts should include the traveler's name, dates and times of travel, destination, and amount of airfare. This document must be submitted with the employee's [TEC](#). The cost should always be entered on the claim as "Commercial Airfare," and "Department Paid" should be selected for payment type.

Privately Owned Aircraft Usage

SAM 0743 and 0746

www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/743.pdf

www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/746.pdf

Travel on official State business may be by privately owned/rented/leased aircraft whenever this is the least costly means or is in the best interest of the State.

Employees must first obtain supervisor and agency approval. Employee pilots shall certify at least yearly to their employing agency that they have the required liability insurance during the period of official travel. These required limits are shown on [STD 265](#). Use [STD 265](#) for certification and insurance:

http://www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/746.pdf.

In all cases, the aircraft must be certified in accordance with Federal Aviation Administration regulations and properly equipped for the type of flying to be performed.

State employees who pilot aircraft on official State business must meet the requirements of [CalHR Rule 599.628](#) and [SAM 0747](#).

Reimbursement: **SAM 0744**

www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/744.pdf

The reimbursement rate for employee privately owned aircraft is 50 cents per statute mile. Mileage is computed on the shortest air route from origin to destination, using airways whenever possible. Enter "Air Miles" and mileage on the [TEC](#). For expenses other than mileage, substantiate the expense with a voucher. Landing and parking fees are paid except at the site where the aircraft is normally stored.

State-Owned, Privately Owned, and Commercially Owned Rental Vehicle Use

Agencies determine who will drive on official State business and the vehicle type to be used: State-owned, privately owned, or commercially owned vehicles. The definition of "use of a State vehicle in the conduct of State business" includes the use of State vehicles "when driven in the performance of, or necessary to, or in the course of, the duties of State employment and shall include the operation of State-owned or leased vehicles as commute vehicles in a carpool or vanpool program authorized by a State agency." ([SAM 0750 Vehicle Use](#))

State vehicles may be authorized when two or more employees are traveling together; the trip includes intermediate stops not feasible for public transportation; the schedule of public carriers does not fit the itinerary; transportation is not available at the destination; or an employee must carry specialized tools, books, etc.

Privately owned vehicles may be used by employees on official State business if this is approved by the DCA. If the use is not less costly, the supervisor may authorize the use, but the payment will be for the less-costly alternative. No agency will require an employee to use their privately owned vehicle unless this is a formal condition for employment.

The following circumstances are prohibited uses of State vehicles:

- Using the State vehicle for anything other than conducting State business.
- Carrying in the vehicle non-Departmental employees, friends, or family members.
- Using the vehicle for private or recreational use.

Commercially owned rental vehicles may be rented when a State vehicle is not available and automobile travel is essential. The employee must return the rental car at the end of each work week State business is concluded. Refer to the [Department of General Services \(DGS\) website](#) to view the rental car contract and ensure adherence to State policy. (See Appendix.)

Commercial Rental Cars

Transportation Services: SAM Section 4100

<http://sam.dgs.ca.gov/TOC/4100.aspx>

CalHR Policies for Method of Travel

www.calhr.ca.gov/employees/Pages/travel-method.aspx

DGS Fleet Handbook (Page 5)

www.documents.dgs.ca.gov/ofa/handbook.pdf

DGS Rental Car Policies and Procedures

www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx

The State contract vendor for rental vehicles is Enterprise Rent a Car. The current contract is effective January 2015, per DGS Travel Bulletin 15-01. Click on www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx for more information.

Commercial Car Rental Car Rates as of January 2015: www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx for more information.

The rental of alternative fuel vehicles is encouraged and their rental rate should be the same.

For the complete rental car contract, click on www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx.

Car Rental Reservation Information

Rental Car reservation must be made on [Concur CalTravelStore \(www.caltravelstore.com\)](http://www.caltravelstore.com).

In order to receive the contract rate, employees are required to provide a current driver license and a second form of ID to ensure a smooth delivery of service when renting a vehicle. Acceptable second forms of ID can be an employee issued identification badge, a business card, a copy of a travel itinerary booked through CALtravelstore or Concur (the online reservation tool), or an authorization letter on Department letterhead. Reservations are required to be made in advance on Concur.

Employees must NOT:

- Extend rental agreements for personal business and pay the difference. When extending business trips for personal reasons, the employee must stop the State rental agreement and initiate a new personal rental agreement. See more information regarding personal use on page XX.
- Agree to purchase insurance. Insurance is included in the State contracted rates.
- Agree to purchase the fuel service option or prepaid fuel (i.e., a flat refueling rate).
- Agree to purchase higher rate, non-economy cars.
- Carry unauthorized, non-State employees in a rental or State vehicle. If travel plans change, please cancel the reservation.

Insurance

The State contract includes insurance and employees should not accept additional insurance. Employees using a noncontracted vendor may not have insurance included in their rental rate. The employee will be personally responsible for the insurance costs when choosing to use a noncontracted vendor.

In the event an at-fault accident occurs when renting a noncontract vehicle, the employee and the Department may be legally responsible for all damages sustained by others as well as property damage to the rental vehicle. More information on SAM Insurance and Surety Bonds is available at <http://sam.dgs.ca.gov/TOC/2400.aspx>.

Receipts

DCA policy requires the final rental car receipt be attached to the expense reimbursement claim (STD 262 or CalATERS), whether charged to the Department or paid by the employee. The receipt must indicate the amount charged and payment method. Precalculations or reservation agreements are not acceptable. ([SAM section 8422.115](#), <http://sam.dgs.ca.gov/TOC.aspx>)

Forms of Payment

The contract requires use of either the Corporate Rental Business Traveler Account (CRBTA) or the travelers Corporate American Express card. Use of cash or the traveler's personal credit card will not guarantee the State contract rate or the State's insurance coverage.

The following "exceptions" will required State departments to submit to the State Controller's Office (SCO) a [Short-Term Vehicle Justification Form](#) , signed by the employee's supervisor:

- Renting a vehicle larger than the intermediate size
- Renting a vehicle from a noncontracted vendor
- Needing physical or medical accommodations
- Refueling charges incurred at rental branches

All employees are required to refuel the rental car vehicle. When refueling the rental car, the employee must submit a detailed gasoline receipt for reimbursement. Gasoline receipts must show the date of purchase, method of payment, and an expense breakdown: number of gallons, price per gallon, and extended total purchased amount. Prepaid fuel receipts are not acceptable for reimbursement.

The SCO approval form should be attached to the invoice and travel expense claim associated with the justification. State departments are no longer required to receive approval from the DGS Statewide Travel Program. The Short-Term Vehicle Justification Form is available at www.dgs.ca.gov.

Rates include unlimited mileage and are not subject to blackout dates. Contracted vehicle rates information is available at www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx. The Maximum Cap Rate (MCR) includes the base rate, all fees, all charges, in addition to airport fees, vehicle license fees and, State, city and county, or local surcharges that apply to the commercial car rental industry as a whole and identified by airport. Sales tax and refueling charges are not included in the contract rate.

Short-Term Commercial Car Rental Cost Table
Base Rate with \$250,000 Insurance for Short-Term Rentals
(Effective January 1, 2015)

Vehicle Class Type	Daily	Weekly	Max Cap Daily
Compact Nissan Versa, Toyota Yaris	\$31.93	\$127.72	\$48.95
Mid-Size/Intermediate Toyota Corolla, Nissan Sentra	\$31.93	\$127.72	\$48.95
Full-Size Chevy Impala, Nissan Altima	\$35.12	\$140.49	\$52.15
Alternative Fuel Vehicle Chevy HHR, Chevy Impala	\$35.12	\$140.49	\$52.15
FWD/Sport Utility Vehicle Ford Escape, Jeep Liberty	\$53.22	\$239.47	\$79.82
Minivan Chrysler Town and Country, Dodge Grand Caravan	\$53.22	\$239.47	\$79.82
Pick-Up Trucks Chevy Silverado, Ford F150	\$69.18	\$319.29	\$95.79
Zero Emission Vehicle Nissan Leaf, Chevy Volt	\$41.49	\$248.96	\$62.67

Private Vehicle Authorization and Use

The SAM requires that before any employee (including a board member) uses a privately owned vehicle to conduct State business, that employee must obtain authorization in writing from his or her supervisor and certify that the vehicle will be operated in compliance with [SAM section 0753](#).

An Authorization to Use Privately Owned Vehicle form ([STD 261](#)) should be completed and on file with the immediate supervisor. The [STD 261](#) form must be updated and re-signed annually.

Employees should be aware that the insurance maintained by the State is for the liability above the amount of the employees' policies. All employees driving on State business must carry evidence of liability insurance coverage. Mileage rates paid to employees include an amount that reimburses employees for maintaining minimum insurance coverage.

Mileage Rate Reimbursement

The following table shows the mileage reimbursement rates for privately owned vehicles:

7/1/2011–12/31/2012	55.5 cents per mile
1/1/2013–12/31/2013	56.5 cents per mile
1/1/2014–12/31/2014	56 cents per mile
1/1/2015–Current	57.5 cents per mile

Alternate Worksite Mileage

When an employee's regular work assignment requires reporting to a second location other than headquarters (e.g., a training site), mileage reimbursement is limited to the actual mileage incurred less their normal commute distance.

Airport Dropoff

When an employee is driven to a common carrier and no parking expenses are incurred during the employee's absence, they may claim mileage reimbursement at double the number of miles from headquarters or residence, whichever is less, while the employee actually rides in the vehicle.

If travel commences or terminates one hour before or after normal work hours, or on a regularly scheduled day off, mileage may be computed from the residence.

Minimal parking expenses for pickup will be allowed, with justification and/or notation on the [TEC](#).

Motor Vehicle Accident Reporting

All accidents involving a State-owned vehicle, or any vehicle being used on State business ([SAM section 0757](#)), must be reported. Report all accidents immediately to your manager and to the DCA Business Services Office. Accidents must be reported within 48 hours to the Office of Risk and Insurance Management on a [STD 270](#) form: <http://www.documents.dgs.ca.gov/ofa/CallCenter/DGSFleetFactsPamphlet.pdf>. State reporting requirements are in addition to a regular police report as required by law.

Accident reimbursement claims require special approval and processing. Therefore, contact the DCA Travel Unit for guidance.

Overtime and Callback Mileage

Callback or scheduled overtime mileage incurred on a normal day off, from your home to established headquarters, is reimbursable and the reimbursement is a reportable fringe benefit.

State Vehicle Emergency Repairs

Emergency State vehicle repairs can be reimbursed on a [TEC](#) with the appropriate receipt and written justification or explanation of the event. Repairs require Fleet Administration approval. For non-emergency car repairs, the employee should have the vendor bill the program directly.

Taxis and Shuttles

Taxis and shuttles should be used for trips within a reasonable distance (ten to 15 miles). Reimbursement can be made on a [TEC](#) for the actual cost of the expense with a receipt, or for no more than \$10 without a receipt. General Service charge cards are accepted for taxis and shuttle services within the Sacramento and Fresno areas. Tips or gratuities to drivers are not reimbursable since they are included in the incidental allowance. However, tips or gratuities for exceptional services, such as loading/unloading substantial luggage or multiple exam material, is allowable with written justification and receipt.

Parking and Tolls ([SAM section 0755](#))

Parking and tolls in excess of \$10 require a receipt and may be paid for:

- Day parking when the trip is away from the headquarters office and residence.
- Overnight public parking when the traveler is on travel status.
- Callback or scheduled overtime on a normal day off.

Commuting Transit and Vanpool

Employees who commute to and from work via public transportation or qualifying vanpools may be eligible for up to a 75-percent discount on public transit passes up to a maximum reimbursement of \$65 per month. Reimbursement is based on actual cost supported by a receipt or proof of purchase. Visit www.calhr.ca.gov/employees/Pages/miscellaneous-programs.aspx for more information.

Part-time employees' reimbursement may be prorated to correspond to their appropriate work schedule. Daily passes may be utilized for part-time employee reimbursement.

The State will pay \$100 per month to the primary driver of a qualifying vanpool consisting of seven to 15 people in lieu of the vanpool/transit rider incentive. A qualifying vanpool must meet both Internal Revenue Service (IRS) section 132 and CalHR 599.936 criteria: www.calhr.ca.gov/employees/Pages/miscellaneous-programs.aspx.

CHAPTER 4 BUSINESS EXPENSES AND RECEIPTS

Business Expenses

Business expenses are costs that are necessary for the completion of State business. Examples:

- Phone calls more than \$1 or calls totaling more than \$5. The Department of Consumer Affairs (DCA/Department) phone log can be used for logging calls when there is no official receipt provided (see "Justification for Reimbursement for Telephone Charges" in the Appendix).
- Approved training request for all out-service courses and in-State conferences and conventions. Reimbursement for training classes will be processed after completion of the training class.
- When physical examinations are required for pre-employment or as a condition of employment, the State will provide or pay for them. The applicant must pay for any services beyond the approved level for such services. For information on the current rate, see [SAM section 0191](#): www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap100/191.pdf.
- Excessive porter or baggage handling, such as for several boxes of exam materials, will be reimbursed with a receipt and justification.

- Professional licenses in occupational fields that may be required by the functions of a specific position, or is beneficial to the performance of an employee’s duties, for actual cost of the application or renewal fee.
- Each department, commission, board, or agency may reimburse an employee for up to the maximum allowed per BU Contract for membership dues in job-related professional societies or associations of the employee’s choice or for a job-related professional license fee, in recognition of the professional nature of employees. Both parties agree and understand that a different amount of reimbursement, if any, may be provided to employees in the same or similar situation.
- State Bar Dues – [CalHR Rule 599.921](#)
 - Employee designation: Manager, supervisor, confidential, and excluded.
 - References: [CalHR Rule 599.921](#)

Upon certification by the appointing power that the actual practice of law is required for the performance of duties of a specific position, employees shall be reimbursed for up to \$390 of the State Bar membership fee of \$410 for the cost of annual membership fees and specialty fees of the State Bar Association.
 - The State does not pay:
 - The \$10 portion that funds the State Bar’s lobbying efforts or communications with voluntary bar associations.
 - Optional donations to the Conference of Delegates of California Bar Associations, Foundation of the State Bar, or the California Supreme Court Historical Society.
 - Penalties resulting from late payment of dues, unless the State is responsible for the late payment.

Valid Receipts

A valid receipt consists of the establishment’s name, address, itemized expenses, including the total amount due and method of payment. When submitting a travel expense claim ([TEC](#)), the claimant is required to include original, itemized receipts for all State business expenses, unless specifically noted and accepted in another section of this *Travel Guide*.

Reimbursement requires proof of payment by the employee. If the receipt does not show the employee paid for the expense, attach other viable information such as the canceled check, bank, or credit card statement. For security purposes, blacken out all nonrelated charges and only retain the employee’s name, bank name, and the specific charge you are claiming.

Required Receipts

Receipts shall be submitted for every item of expense of \$1 or more, except as noted in this chapter.

DCA policy is for all receipts to be attached to the [TEC](#), whether paid directly (to the vendor or establishment) by the State or paid by the employee. Examples are airline itineraries, final rental car expense receipts, etc.

Not Required

The employee must retain copies of all receipts, including those original receipts not required for reimbursement by the Department, for Internal Revenue Service (IRS) purposes.

Receipts are NOT required for reimbursement of actual expenses as a result of conducting State business for the following expenses:

- Per diem meals and incidentals
- Overtime meals
- Up to the published railroad and bus fares of less than \$10 when travel is within the State
- Street car, ferry fares, bridge and road tolls, local rapid transit system, taxi shuttle or hotel bus fares, and parking fees of \$10 or less for each continuous period of parking or each separate transportation expense

Lost Receipts

In the absence of a receipt, reimbursement will be limited to the nonreceipted amount or the published expense, when lower than the nonreceipted amount.

Odd-Size Receipts

If receipts are small, tape them to an 8 ½-inch x 11-inch sheet of paper so they will be the same size as the travel claim. More than one receipt can be on a sheet of paper as long as they do not overlap. Do not tape the receipts to both sides of the paper.

CHAPTER 5 REPORTABLE TAX ITEMS

Introduction

Various reimbursements of State business expenses and fringe benefits are subject to Federal and State income taxes and applicable Social Security and Medicare taxes. The Department of Consumer Affairs (DCA/Department) is required to report qualifying business expense reimbursements as income to the State Controller's Office each month.

Note: It is the State and Department's policy to adhere to all Internal Revenue Service (IRS) reporting requirements.

Reportable Items

The following items are the most common reportable employer-provided benefits:

- Overtime meals
- Callback mileage, including overtime mileage
- Meals on a one-day trip where there is no sleep period
- Department-approved exceptions to the 50 miles travel status radius rule
- Long-term assignments that exceed 30 consecutive days at one location for a period of more than one year. Contact the DCA Travel Unit for details when appropriate
- The personal use of State vehicles for commute miles
- Personal use of a State-provided electronic device
- Travel advances that are not cleared within 30 days of the travel date
- Relocation: Contact the DCA Travel Unit (calaters@dca.ca.gov) for details when appropriate

Note: Any nonreceipted expense, such as meals and incidentals, becomes reportable *if* the IRS conducts an audit and finds no receipts in the employee's file.

Reportable Withholdings

Below is a grid showing the percentages of taxes withheld from each agency, along with an example of the withholdings based on a \$66 reporting item. The actual total amount withheld from the \$66 item is \$26.58 for a represented employee. This amount would be deducted from the employee's next available pay warrant.

W-2s

Type of Tax	Withholding Rate	Monthly Value	Actual Withholding
Federal	25.0%	\$66	\$16.50
State	6.6%	\$66	\$4.36
*SSI	6.2%	\$66	\$4.10
Medicare	1.45%	\$66	.96
**SDI	1.0%	\$66	.66

*Supplemental Security Income: Not applicable to Safety or Peace Officer Retirement.

**State Disability Insurance: Applicable to Service Employees International Union (SEIU)-represented employees only. Click on http://SCO.ca.gov/ppsd_ppm.html for the Payroll Procedure Manual (PPM) Long Term Travel Section N141 to see most recent rates.

The reportable reimbursements will be listed under "Other Income," or will be noted as "Included in Box 1" on the employee's W-2 form.

It is the employee's responsibility to maintain all reportable receipts with their records for IRS audit purposes.

Capturing Reportable Items

There are many ways of capturing and reporting reportable items each month. Examples:

- Overtime meals, callback mileage, and meals on a one-day trip are captured at the time of the Travel Expense Claim ([TEC](#)) audit, and reimbursement is made.
- Department-approved exemptions to the “50 miles travel status radius” rule and long-term assignments that exceed 30 consecutive days are captured at the time that paperwork is submitted for approval to the Executive Office and the reimbursement of the [TEC](#) is made.
- Reporting personal mileage and/or use of a State vehicle is the responsibility of the employee. The IRS has determined that normal commute miles to and from work in a State vehicle are to be considered personal use. Only employees whose primary responsibilities are investigative law enforcement activities while they are performing law enforcement duties fit the IRS guidelines for exemption from reporting personal use of State vehicles. However, when these employees commute to and from the office for their office days or do not perform qualifying law enforcement activities on the way to or from work, the commute is reportable. All other employees who are permanently or temporarily assigned State vehicles must report personal use and/or their normal commute use. Each employee who drives a State vehicle is required to submit a monthly Employee Certification, Personal Use of State Provided Vehicles Form, to the DCA Accounting Office by the fifth day of the following month in which the personal use was incurred. Note: This requirement applies to all employees who drive a State vehicle; it is not limited to those employees whose assigned cars are stored at home or in off-site parking.
- Reporting personal use of a State-provided electronic device is the responsibility of the employee. Each employee who uses State-provided equipment for any personal use should prepare a memo stating the type of usage and the actual or estimated cost of the usage to be reported. To avoid the reporting of this type of fringe benefit, the employee can submit a personal check with the memo to reimburse the Department for their personal use.
- All travel advances are to be temporary. Any outstanding travel advances over 90 days are considered long term and should be treated as wages or compensation; therefore, reported as taxable income.
- Reporting “relocation” taxable items varies depending on the type of expenses that occur; i.e., moving of household goods, sale of residence, etc. For actual reporting requirements, contact the DCA Accounting Office’s Travel Unit (calaters@dca.ca.gov) for details.
- Continuing Medical Education (CME) expense reimbursement is a taxable fringe benefit for part time, full time, and intermittent Bargaining Unit (BU) 16 represented employees. CME expense reimbursement has been considered a taxable fringe benefit by the IRS since the program was established by the California Department of Human Resource and BU 16 representatives. This program does not meet the criteria to be non-taxable business expenses under Internal Revenue Code (IRC) 127. All reimbursements made under this program will be issued in advance as payroll checks near the beginning of each fiscal year.”

CHAPTER 6
OUT-OF-STATE, OUT-OF-COUNTRY, AND AMENDED CLAIMS

Introduction

There are additional requirements and/or approvals when filing out-of-State, out-of-country, or amended Travel Expense Claims ([TECs](#)).

Out-of-State Travel (OST)

Before any State employee may travel out of State on official State business, specific written approval must be given by the Director, the Agency Secretary, the Department of Finance, and the Governor's Office. Click on the link below for more information about *State Administrative Manual (SAM)* section 0710: www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/710.pdf. Approval must be obtained if either one of the following conditions exist:

1. The employee is on State time.
2. The employee is representing the State in an official capacity or is acting in such a capacity that it will be perceived that he or she is representing the State.

If either of these two criteria exist, approval is necessary regardless of whether the State is paying for the employee's travel expenses. The trips are limited to the approved number of persons, days, and funds as specified for each blanket request. Expenses exceeding the blanket limits will require an approved blanket substitution request to cover the overages prior to travel. Any cost incurred prior to the blanket approval will be at the employee's own expense.

OST expenses must be submitted separately from in-State travel and note the approved blanket number on the claim. Actual lodging expense, supported by a receipt and the standard meal and incidental reimbursement, may be claimed for travel outside of California. Contact the DCA Budget (go to [DCA Intranet](#), under Office of Administrative Services) or Accounting Office (calaters@dca.ca.gov) if you do not know the blanket number or require additional information. Refer to SAM 0760–0765 at <http://sam.dgs.ca.gov/TOC/700.aspx>.

Out-of-Country Travel

Employees will be reimbursed for actual lodging expenses, supported by a receipt, and will be reimbursed for actual meal and incidental expenses subject to maximum rates in accordance with the published government rates for foreign travel for the dates of travel. Failure to furnish lodging receipts will limit reimbursement to meals only. The government rates change monthly. Click on aoprals.state.gov for current reimbursement rates.

There is no allowance for blanket substitution of funds or authority for out-of-country trips. Any expenses that exceed the individual trip authority or funds will be at the traveler's expense. Claims must be submitted separately with the (approved) individual out-of-country trip request number written on the claim. Contact the [DCA Budget Office](#) if you do not know the trip number or require additional information.

Amended Claims

When filing an amended claim, the following steps should be taken:

1. Submit a new claim.
2. Write "AMENDED CLAIM" in uppercase letters at the top of the claim.
3. Claim only the amount not submitted on the original claim.
4. Attach a copy of the original claim to the new claim.
5. Attach any required information, receipts, or justification not submitted with the original claim.
6. Obtain all required approval signatures and submit the claim to Accounting Office Travel Unit for payment.

CHAPTER 7 TRAVEL AND EVIDENCE ADVANCES

Travel Advances

Short-term advances may be issued prior to the time travel is actually performed, to employees who must travel on State business. Refer to SAM [8116](#) and 8117.

- Submit the travel advance request on CalATERS Global. In the event of non-access to CalATERS Global, please complete the [Request for Travel Advance \(AISD-008\)](#) form and send it to the DCA Accounting Office within 10 to 15 working days prior to the date of travel. Original signatures are required.
- Per the Governor's order, all departments are to keep outstanding travel advance balances (accounts receivables) to a minimum (<http://gov.ca.gov/news.php?id=16991>). Because of this order, DCA has limited travel advance amounts to lodging, meals, and airport parking that are fixed expenses in an effort to keep the outstanding receivables amount at a minimum. The employee will receive reimbursement for other expenses after the processing of their [Travel Expense Claim \(TEC\)](#).
- If the trip is canceled, the advance must be returned immediately to the Accounting Office. If the travel advance check is cashed, a personal check or cashiers must be submitted as payment.
- For employees who are not required to travel on more than one trip per month, additional advances will not be issued for future travel unless the outstanding advances have been cleared. Departments may issue additional travel advances for employees who are required to travel on multiple trips within a month. Additional advances will not be allowed if the employee does not submit a [TEC](#) or return the excess advance amount within ten days of each trip.
- All advances must be cleared by submitting a [TEC](#) within ten days after the date of travel. If the advance exceeds the expense claim, to clear the advance, the employee must submit a check with the claim, money order (payable to DCA), or cash for the difference. If the claim exceeds the advance, the employee will receive the balance due them by check within ten to 15 working days.

- Add a notation regarding the advance information in section 11 or in the Note Section on CalATERS Global of the [TEC](#). (Example: March travel advance \$200.) Do not deduct the advance amount from your claim total; the auditor will make the adjustment when the claim is processed for payment.
- Any outstanding advances of more than 15 days may be deducted from your next month's salary warrant per [SAM 8116.1](#). The DCA Accounting Office will notify the employee before this process occurs. The notification letter will allow the employee time to clear the advance balance. Failure to clear advances may preclude future advances being issued until the outstanding advances are cleared. Direct deposit will be canceled for those employees with uncleared balances to collect any advance balances not cleared within a reasonable time.
- Travel advances that are not cleared within 15 days must be reported as taxable income ([SAM 8116.3](#)) Taxes due will be withheld from the next available payroll warrant and reported as taxable income on the employee's W-2. When the advance is cleared, there is no method to refund the withheld taxes to the employee.
- Some restrictions apply to seasonal or part-time employees (including board and committee members) who may not be issued travel advances. Exception requests are granted, by approval of the Deputy Director, on a limited basis.

CHAPTER 8 FILING REQUIREMENTS

Claim Form and Correction Instructions

All Travel Expense Claims must be submitted on the [CalATERS Global](#) System. A [CalATERS Global Training Request](#) form should be completed and sent as an attachment to CalATERS@dca.ca.gov to establish a [CalATERS Global](#) User ID and temporary password. There are two types of claims that can be submitted on the [CalATERS Global](#) System.

1. **Regular Travel Expense Claim**—Only one trip per claim should be entered on a Regular Travel Expense Claim (TEC). These claims consist of per diem, lodging, and mode of transportation cost to and from destinations. Expense reimbursements are determined by the date and time the trip started/ended, therefore this information must be entered for each trip. If a traveler traveled on more than one trip, each trip must be entered on a separate claim. The claim will be returned to the traveler or travel liaison for correction if more than one trip is entered on this type of claim.
2. **Non-Travel Expense Claim**—Consists of multiple days and months, up to a full fiscal year (July 1, 2014–June 30, 2015). These claims consist of only parking, mileage, airfare, rental car/gas for rental car, business expenses, training, etc. This claim **would not include** meals, incidentals, or lodging. Please make sure when submitting this type of claim the amount is \$10 or more for budget and department cost efficiency.

The [CalATERS Global](#) TEC Transmittal should have the proper report name, index number, month and year of travel, original signature of the approver, dates, times, amounts, mode of transportation, purpose, normal work hours, etc. Original detailed receipts showing proof of payment and justifications, when necessary, are required documentation for the claim. The original [CalATERS Global](#) Travel Expense Claim and required receipts should be sent to the Accounts Payable/Travel Unit for processing.

In the event the employee is new to the Department of Consumer Affairs and does not have a [CalATERS Global](#) User ID established, a [Travel Expense Claim \(TEC\) \(std262\) Form](#) (Rev. 09/2007) can be completed to submit their first request for reimbursement of State-related travel expenses. The original and one legible copy should be submitted to the Accounts Payable/Travel Unit for processing. Keep a third copy for your records with any non-required original receipts. All [TEC \(std262\) Forms](#) should be completed in ink or typewritten. The original signature of the claimant and the approving officer are required to be completed in ink in the appropriate area of the form. For minor corrections, line-out the incorrect information and write in the corrected information. The claimant must initial all corrections. Travel claims with correction fluid or correction tape in critical areas of the form (affecting the reimbursement amount) will not be accepted. Travel claims may be returned as auditable if submitted with numerous changes or if it is difficult to read.

When to Submit Travel Expense Claims—TECs should be filed at least once a month, but not more than twice in one month. If the amount claimed for any one month does not exceed \$10, filing can be deferred until the next month's travel or until June 30, whichever comes first. Several trips may be entered on one [TEC STD 262 Form](#). Only one Regular Trip at a time can be submitted on [CalATERS Global](#). When more than one trip is being listed on the [TEC STD 262 Form](#), a blank line should be left between each trip. Trips that start at the end of one month and extend into the next month should be submitted after the trip has concluded. Although it is acceptable to put several trips on one claim, the following expenses must be submitted on a separate [TEC](#): Out of State, out of country, long-term assignment, evidence and relocation expenses. Please label the [TEC](#) header when filing reimbursement claims for other than short-term travel.

All claims for the current fiscal year must be submitted by the published year-end deadline. Do not combine fiscal years. If a trip overlaps June and July, two separate [TEC STD 262](#) or [CalATERS Global](#) claims must be completed and submitted, one for each month. However, they should be submitted together for audit purposes.

Required Information

The [TEC STD 262](#) must be completed in its entirety, including heading, dates, time, amounts, mode of transportation, purpose, normal work hours, etc., and have the claimant's and the authorized approving officer's original signatures. Itemized expenses and original receipts showing proof of payment and justifications, when necessary, are required documentation for the claim. The original [TEC STD 262](#) and required receipts should be sent to the Accounts Payable/Travel Unit for processing.

CHAPTER 9 COMPLETING A TRAVEL EXPENSE CLAIM

Introduction

The [Travel Expense Claim \(TEC\) Form, STD 262](#), requires various information, including employee information, trip information, reimbursement amounts, authorizations, and justifications be provided. This chapter provides a step-by-step description of what is required to complete a [TEC](#).

Employee Information

This information describes to whom, classification, bargaining unit, and where expenses should be charged.

Field	Enter Into Field
Claimant's Name	First name, middle initial, last name
Social Security Number or Employee Number*	13-digit position number or write "on file"
Department	Department of Consumer Affairs
Position	Civil service classification (title)
CB/ID Number	Bargaining unit number for represented employees OR Confidential, exempt, board/committee member, volunteer, or other specific title
Division or Bureau	Board, committee, program, division, or unit name
Index Number	Index/PCA number (contact the Department of Consumer Affairs [DCA] Accounting Office for assistance if you do not know your Index/PCA number)
Residence Address* (including city, state, and ZIP code)	Home address (do not use P.O. Box) <i>If confidential, contact the DCA Accounting Office for guidance.</i>
Headquarters Address (city, state, and ZIP code)	Complete headquarters (work) address
Phone Number	Office phone number (include area code)

* Refers to the Privacy Statement provided on the reverse side of the form.

Trip Information, Miscellaneous Information and Justifications, and Authorized Signatures

This section requests information regarding the when, where, and why the expenses occurred.

Field	Enter into Field
1	Normal Work Hours: Use the 24-hour clock
2	Private Vehicle License Number: Enter the license number of the private vehicle used on State business
3	Mileage Rate Claimed: Enter the rate claimed for private vehicle use
4	Month/Year: Month number (January = 1, December = 12) and four-digit year
5	Date: Day of the month (one day per line) Time: Departure and return (using the 24-hour clock)
6	Location Where Expenses Were Incurred: (A brief statement describing the purpose may be entered immediately below the last entry for each trip.)
7	Lodging: Enter actual cost of lodging, plus tax (up to the maximum reimbursement)
8	Meals: Enter actual cost of meals (up to the maximum reimbursement)

9	Incidentals: Enter actual cost of incidentals (up to the maximum reimbursement)																		
10 (A)	Transportation: Enter the cost of transportation, if paid by employee																		
10 (B)	Transportation: Enter the method of transportation, using the following codes:																		
	<table border="1"> <thead> <tr> <th>Type</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Railway</td> <td>R</td> </tr> <tr> <td>Bus, air porter, light rail, Bay Area Rapid Transit (BART)</td> <td>B</td> </tr> <tr> <td>Commercial airline</td> <td>A</td> </tr> <tr> <td>Privately owned vehicle (motorcycles not allowed)</td> <td>PC</td> </tr> <tr> <td>Private air</td> <td>PA</td> </tr> <tr> <td>State car</td> <td>SC</td> </tr> <tr> <td>Rental car</td> <td>RC</td> </tr> <tr> <td>Taxi</td> <td>T</td> </tr> </tbody> </table>	Type	Code	Railway	R	Bus, air porter, light rail, Bay Area Rapid Transit (BART)	B	Commercial airline	A	Privately owned vehicle (motorcycles not allowed)	PC	Private air	PA	State car	SC	Rental car	RC	Taxi	T
Type	Code																		
Railway	R																		
Bus, air porter, light rail, Bay Area Rapid Transit (BART)	B																		
Commercial airline	A																		
Privately owned vehicle (motorcycles not allowed)	PC																		
Private air	PA																		
State car	SC																		
Rental car	RC																		
Taxi	T																		
10 (C)	Transportation: Enter carfare, bridge road tolls, or parking expenses																		
10 (D)	Transportation: Enter the number of miles driven with private and State vehicles, and then enter the amount due for private vehicles only																		
11	Business Expense: Enter any other expenses necessary for completion of State business, with justification as required. <u>Note:</u> Expenses more than \$25 require Office of Administrative Services authorization. The DCA Accounting Office will obtain signatures.																		
12	Total Expenses for Day: Enter the total expenses for that day																		
13	Subtotals: Enter the total expenses for each column																		
14	Purpose of Trip, Remarks, and Details: Enter the justification and miscellaneous information, such as: <input type="checkbox"/> Explanation of business expenses <input type="checkbox"/> Phone expenses, including place, party, and number called <input type="checkbox"/> Receipt justification, if needed <input type="checkbox"/> Justification for obtaining rental cars, other than a compact, or use of a noncontract vendor <input type="checkbox"/> Travel advances received																		
15	Claimant's original signature and date signed																		
16	Approving Officer's original signature and date signed																		
17	Special expense signatures are obtained by the DCA Accounting Office																		

**APPENDIX
RESOURCE MATERIALS AND FORMS**

Resource Materials

Subject	Issue Date	Expires	Number
Approval of Excess Lodging Rates	12/19/2013		California Department of Human Resources (CalHR) (Personnel Management Liaisons [PML] 2013-044) www.calhr.ca.gov/PML%20Library/2013044.pdf
FLSA Guidelines	04/16/2004		DCA DPM-PERS 02-06 http://inside.dca.ca.gov/offices/oas/hr/labor_rel.html

Travel and Relocation–Lodging Receipts	07/01/2014		www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx CalHR PML 2013-022 www.calhr.ca.gov/PML%20Library/2013026.pdf
Vanpool Incentives	10/22/2002		DPA PML 2002-069 www.dpa.ca.gov/textdocs/freepmls/PML2002069.txt
	09/27/2002		CalHR PML 2002-064 (www.dpa.ca.gov/textdocs/freepmls/PML2002064.txt)
	04/02/2002		CalHR PML 2002-021 (www.dpa.ca.gov/textdocs/freepmls/PML2002021.txt)

The list below includes memos, policies, procedures, and websites with information regarding travel reimbursement rules and regulations.

Useful Websites and Addresses

Useful Websites	Internet Addresses
<u>Department of General Services</u> ? <i>State Administrative Manual</i> ? Forms	www.dgs.ca.gov ? http://sam.dgs.ca.gov/TOC/700.aspx ? www.dgs.ca.gov/osp/Forms.aspx
<u>California Department of Human Resources</u> ? Bargaining Unit Contracts ? Personnel Management Letters (PMLs)	www.calhr.ca.gov/Pages/home.aspx www.calhr.ca.gov/Pages/home.aspx
Travel Agency	www.caltravelstore.com

List of Related Forms

The travel forms mentioned in this Travel Guide are available on the [Department of Consumer Affairs \(DCA\) Intranet](#) at <http://inside.dca.ca.gov/forms/subject.html#travel> and in this Appendix.

Form	Number	DCA Intranet and/or Internet Links
Authorization to Use Privately Owned Vehicles on State Business	STD 261	www.documents.dgs.ca.gov/dgs/fmc/pdf/std261.pdf
Cost Comparison Page	N/A	http://inside.dca.ca.gov/forms/oas/cost_comparison.pdf
Excess Lodging Rate Request/Approval	STD 255C	www.documents.dgs.ca.gov/dgs/fmc/pdf/std255C.pdf
Conference Attendance Request	N/A	http://inside.dca.ca.gov/forms/oas/conf_attend.pdf
Hotel/Motel Transient Occupancy Tax Waiver	STD 236	www.documents.dgs.ca.gov/dgs/fmc/pdf/std236.pdf
Justification for Reimbursement for Postage Charges	AISD 12	http://inside.dca.ca.gov/forms/oas/postal_charges.pdf
Justification for Reimbursement for Telephone Charges	AISD 11	http://inside.dca.ca.gov/forms/oas/phone_charges.pdf
Request for Travel Advance	AISD 008	http://inside.dca.ca.gov/forms/oas/travel_advance.pdf
Travel Advances and Travel Expenses Policy	SAM Chapter 8100	www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap8100/8116.pdf www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap8100/8116.1.pdf
Travel Expense Claim	STD 262	www.documents.dgs.ca.gov/dgs/fmc/pdf/std262.pdf

ATTACHMENT E

TRAVEL EXPENSE CLAIM WORKSHEET AND MILEAGE REIMBURSEMENT RATE

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TRAVEL EXPENSE CLAIM

Please use a separate form for each trip.

Name: _____

Date Submitted: _____

Purpose of Travel: _____

Location (City): _____

Departed From: _____

Date: _____

Time travel began: _____ am/pm (circle one)

Return To: _____

Date: _____

Time travel ended: _____ am/pm (circle one)

EXPENSES

Check all that apply

MEALS:

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Breakfast (\$7.00 as of 9/1/13)

Lunch (\$11.00 as of 9/1/13)*

**For Travel less than 24 hours in duration, Board members are eligible for lunch at Board and Committee meeting only.*

Dinner (\$23.00 as of 9/1/13)

INCIDENTALS (\$5.00):

Reimbursement of incidentals is allowed only for full 24-hours of travel.

LODGING:

As of 7/1/13, in-state actual lodging cost up to a maximum of \$90 + tax. Exceptions: Napa, Riverside, Sacramento counties \$95 + tax; Los Angeles, Orange, Ventura counties and Edwards AFB, excluding the city of Santa Monica \$120 + tax; Monterey, San Diego, Alameda, San Mateo, Santa Clara counties \$125 + tax; San Francisco county and the city of Santa Monica \$150 + tax. Attach original itemized receipt showing zero balance.

TRANSPORTATION:

AMOUNT

Personal Auto (\$0.575 per mile, effective 1/1/15)

License Plate #: _____ Mileage Round Trip: _____

\$ _____

Airline

(Attach itinerary and/or receipt or ticket stub)

\$ _____

Car Rental and Fuel

(Attach receipts/invoice for car rental and fuel.)

\$ _____

Railroad & Bus

(Attach original receipts - up to \$25.00 reimbursement without receipt)

\$ _____

Tolls, Taxis, Shuttles, Parking, Ferries, Street Cars, etc.

(Attach original receipts - up to \$10.00 reimbursement without receipt)

\$ _____

OTHER:

State-Related Business Expenses:

\$ _____

(All business expenses require a written detailed explanation. The expenses must be itemized, show proof of payment, and be supported with a valid receipt to be reimbursed.)

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**Department of Human Resources
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: Travel/Relocation Programs – 2015 Mileage Reimbursement Rate for Use of Personal Vehicle	REFERENCE NUMBER: 2014-049
DATE ISSUED: 12/22/2014	SUPERSEDES:

This memorandum should be forwarded to:

**Accounting Officers
Budget Officers
Claims Coordinators
Employee Benefit Officers
Labor Relations Officers
Personnel Officers
Personnel Transactions Staff
Personnel Transactions Supervisors
Travel and Relocation Liaisons**

FROM: Department of Human Resources
Benefits Division

CONTACT: Ray Asbell, Statewide Travel/Relocation Program Manager
Phone: (916) 324-0526
Fax: (916) 324-3213
Email: ray.asbell@calhr.ca.gov

Effective January 1, 2015, the personal vehicle mileage reimbursement rate for all state employees will be 57.5 cents per mile (CPM). The relocation/moving mileage reimbursement rate for all current state employees and new-hires to state service will now be 23 CPM.

The state mileage rates mirror those of the Internal Revenue Service's (IRS) published mileage reimbursement rates. CalHR will notify departments via PML should there be any subsequent changes to the IRS rates.

If you have questions or need assistance with the information provided above, please contact Ray Asbell.

/s/Darlene Schell

Darlene Schell, Chief
Benefits Division

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ATTACHMENT F

PER DIEM POLICY AND CLAIM FORM

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1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
 (916) 574-7830, (800) 326-2297 TTY, (916) 574-8625 Fax
 www.bbs.ca.gov

Governor Edmund G. Brown Jr.
 State of California
 Business, Consumer Services and Housing Agency
 Department of Consumer Affairs

SUBJECT: Per Diem Policy	POLICY #B-15-2	DATE ADOPTED: August 28, 2015
	SUPERSEDES: N/A	PAGE: 1
DISTRIBUTE TO: All Board Members/Executive Officer	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, hearings).
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.

Implementation: Immediate

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Board of Behavioral Sciences



1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
 (916) 574-7830, (800) 326-2297 TTY, (916) 574-8625 Fax
 www.bbs.ca.gov

Governor Edmund G. Brown Jr.
 State of California
 State and Consumer Services Agency
 Department of Consumer Affairs

PER DIEM CLAIM FORM FOR _____
 (month / year)

Name:
Address:
City, State, Zip:

No Board activity claimed for month.

Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hours																
Code																
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours																
Code																

Board Activity Codes

- B - Board Meeting – includes teleconference meetings
- C - Committee Meeting
- P - Preparing for Meetings (Reading Packets, etc.)
- R - Reading Disciplinary Cases/ Hearing Transcripts
- T - Travel Day

I certify that on the above dates I was engaged in performing the above duties and that no part of the above claim has been paid, and that all services herein rendered were in accordance with the laws and regulations of the agency of the State for which compensation is claimed.

Signature: _____ **Date:** _____

Executive Officer Signature: _____ **Date:** _____

RETURN TO: Kim Madsen
 Board of Behavioral Sciences
 1625 North Market Blvd. Suite S200
 Sacramento, CA 95834

ATTACHMENT G

BOARD POLICY SUCCESSION OF OFFICERS

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1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
(916) 574-7830, (800) 326-2297 TTY, (916) 574-8625 Fax
www.bbs.ca.gov

Governor Edmund G. Brown Jr.
State of California
Business, Consumer Services and Housing Agency
Department of Consumer Affairs

SUBJECT: Succession of Officers	POLICY # B-15-3	DATE ADOPTED: <i>August 28, 2015</i>
	SUPERSEDES: B-05-1	PAGE: 1 OF 1
DISTRIBUTE TO: All Board Members/Executive Officer	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 (g) states "Not later than the first of June 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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ATTACHMENT H

GOVERNMENT CODE SECTION
87100 - 87105

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California

LEGISLATIVE INFORMATION

Code: Section:

[Up^](#) [Add To My Favorites](#)

GOVERNMENT CODE - GOV

TITLE 9. POLITICAL REFORM [81000 - 91014] (Title 9 added June 4, 1974, by initiative Proposition 9.)

CHAPTER 7. Conflicts of Interest [87100 - 87505] (Chapter 7 added June 4, 1974, by initiative Proposition 9.)

ARTICLE 1. General Prohibition [87100 - 87105] (Article 1 added June 4, 1974, by initiative Proposition 9.)

87100. No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest.

(Added June 4, 1974, by initiative Proposition 9.)

87100.1. (a) A registered professional engineer or licensed land surveyor who renders professional services as a consultant to a state or local government, either directly or through a firm in which he or she is employed or is a principal, does not have a financial interest in a governmental decision pursuant to Section 87100 where the consultant renders professional engineering or land surveying services independently of the control and direction of the public agency and does not exercise public agency decisionmaking authority as a contract city or county engineer or surveyor.

(b) For purposes of this section, the consultant renders professional engineering or land surveying services independently of the control and direction of the public agency when the consultant is in responsible charge of the work pursuant to Section 6703 or 8703 of the Business and Professions Code.

(c) Subdivision (a) does not apply to that portion of the work that constitutes the recommendation of the actual formula to spread the costs of an assessment district's improvements if both of the following apply:

(1) The engineer has received income of two hundred fifty dollars (\$250) or more for professional services in connection with any parcel included in the benefit assessment district within 12 months prior to the creation of the district.

(2) The district includes other parcels in addition to those parcels for which the engineer received the income.

The recommendation of the actual formula does not include preliminary site studies, preliminary engineering, plans, specifications, estimates, compliance with environmental laws and regulations, or the collection of data and information, utilized in applying the formula.

(Added by Stats. 1991, Ch. 887, Sec. 1. Effective October 14, 1991.)

87101. Section 87100 does not prevent any public official from making or participating in the making of a governmental decision to the extent his participation is legally required for the action or decision to be made. The fact that an official's vote is needed to break a tie does not make his participation legally required for purposes of this section.

(Added June 4, 1974, by initiative Proposition 9.)

87102. The requirements of Section 87100 are in addition to the requirements of Articles 2 (commencing with Section 87200) and 3 (commencing with Section 87300) and any Conflict of Interest Code adopted thereunder. Except as provided in Section 87102.5, the remedies provided in Chapters 3 (commencing with Section 83100) and 11 (commencing with Section 91000) shall not be applicable to elected state officers for violations or threatened violations of this article.

(Amended by Stats. 1990, Ch. 84, Sec. 6. Note: This section was added on June 4, 1974, by initiative Prop. 9.)

87102.5. (a) The remedies provided in Chapter 3 (commencing with Section 83100) shall apply to any Member of the Legislature who makes, participates in making, or in any way attempts to use his or her official position to

influence any of the following governmental decisions in which he or she knows or has reason to know that he or she has a financial interest:

(1) Any state governmental decision, other than any action or decision before the Legislature, made in the course of his or her duties as a member.

(2) Approval, modification, or cancellation of any contract to which either house or a committee of the Legislature is a party.

(3) Introduction as a lead author of any legislation that the member knows or has reason to know is nongeneral legislation.

(4) Any vote in a legislative committee or subcommittee on what the member knows or has reason to know is nongeneral legislation.

(5) Any rollcall vote on the Senate or Assembly floor on an item which the member knows is nongeneral legislation.

(6) Any action or decision before the Legislature in which all of the following occur:

(A) The member has received any salary, wages, commissions, or similar earned income within the preceding 12 months from a lobbyist employer.

(B) The member knows or has reason to know the action or decision will have a direct and significant financial impact on the lobbyist employer.

(C) The action or decision will not have an impact on the public generally or a significant segment of the public in a similar manner.

(7) Any action or decision before the Legislature on legislation that the member knows or has reason to know will have a direct and significant financial impact on any person, distinguishable from its impact on the public generally or a significant segment of the public, from whom the member has received any compensation within the preceding 12 months for the purpose of appearing, agreeing to appear, or taking any other action on behalf of that person, before any local board or agency.

(b) For purposes of this section, all of the following apply:

(1) "Any action or decision before the Legislature" means any vote in a committee or subcommittee, or any rollcall vote on the floor of the Senate or Assembly.

(2) "Financial interest" means an interest as defined in Section 87103.

(3) "Legislation" means a bill, resolution, or constitutional amendment.

(4) "Nongeneral legislation" means legislation that is described in Section 87102.6 and is not of a general nature pursuant to Section 16 of Article IV of the Constitution.

(5) A Member of the Legislature has reason to know that an action or decision will have a direct and significant financial impact on a person with respect to which disqualification may be required pursuant to subdivision (a) if either of the following apply:

(A) With the knowledge of the member, the person has attempted to influence the vote of the member with respect to the action or decision.

(B) Facts have been brought to the member's personal attention indicating that the action or decision will have a direct and significant impact on the person.

(6) The prohibitions specified in subdivision (a) do not apply to a vote on the Budget Bill as a whole, or to a vote on a consent calendar, a motion for reconsideration, a waiver of any legislative rule, or any purely procedural matter.

(7) A Member of the Legislature has reason to know that legislation is nongeneral legislation if facts have been brought to his or her personal attention indicating that it is nongeneral legislation.

(8) Written advice given to a Member of the Legislature regarding his or her duties under this section by the Legislative Counsel shall have the same effect as advice given by the commission pursuant to subdivision (b) of Section 83114 if both of the following apply:

(A) The member has made the same written request based on the same material facts to the commission for advice pursuant to Section 83114 as to his or her duties under this section, as the written request and facts presented to the Legislative Counsel.

(B) The commission has not provided written advice pursuant to the member's request prior to the time the member acts in good faith reliance on the advice of the Legislative Counsel.

(Amended (as added by Stats. 1990, Ch. 84) by Stats. 1990, Ch. 1075, Sec. 2.)

87102.6. (a) "Nongeneral legislation" means legislation as to which both of the following apply:

(1) It is reasonably foreseeable that the legislation will have direct and significant financial impact on one or more identifiable persons, or one or more identifiable pieces of real property.

(2) It is not reasonably foreseeable that the legislation will have a similar impact on the public generally or on a significant segment of the public.

(b) For purposes of this section and Section 87102.5, all of the following apply:

(1) "Legislation" means a bill, resolution, or constitutional amendment.

(2) "Public generally" includes an industry, trade, or profession.

(3) Any recognized subgroup or specialty of the industry, trade, or profession constitutes a significant segment of the public.

(4) A legislative district, county, city, or special district constitutes a significant segment of the public.

(5) More than a small number of persons or pieces of real property is a significant segment of the public.

(6) Legislation, administrative action, or other governmental action impacts in a similar manner all members of the public, or all members of a significant segment of the public, on which it has a direct financial effect, whether or not the financial effect on individual members of the public or the significant segment of the public is the same as the impact on the other members of the public or the significant segment of the public.

(7) The Budget Bill as a whole is not nongeneral legislation.

(8) Legislation that contains at least one provision that constitutes nongeneral legislation is nongeneral legislation, even if the legislation also contains other provisions that are general and do not constitute nongeneral legislation.

(Amended by Stats. 2006, Ch. 538, Sec. 334. Effective January 1, 2007.)

87102.8. (a) No elected state officer, as defined in subdivision (f) of Section 14 of Article V of the California Constitution, shall make or participate in the making of, or use his or her official position to influence, any governmental decision before the agency in which the elected state officer serves, where he or she knows or has reason to know that he or she has a financial interest.

(b) An elected state officer knows or has reason to know that he or she has a financial interest in any action by, or a decision before the agency in which he or she serves where either of the following occur:

(1) The action or decision will have a direct and significant financial impact on a lobbyist employer from which the officer has received any salary, wages, commissions, or similar earned income within the preceding 12 months and the action or decision will not have an impact on the public generally or a significant segment of the public in a similar manner.

(2) The action or decision will have a direct and significant financial impact on any person, distinguishable from its impact on the public generally or a significant segment of the public, from whom the officer has received any compensation within the preceding 12 months for the purpose of appearing, agreeing to appear, or taking any other action on behalf of that person, before any local board or agency.

(c) The definitions of "public generally" and "significant segment of the public" contained in Section 87102.6 shall apply to this section.

(d) Notwithstanding Section 87102, the remedies provided in Chapter 3 (commencing with Section 83100) shall apply to violations of this section.

(Amended by Stats. 1991, Ch. 674, Sec. 5.)

87103. A public official has a financial interest in a decision within the meaning of Section 87100 if it is reasonably foreseeable that the decision will have a material financial effect, distinguishable from its effect on the public generally, on the official, a member of his or her immediate family, or on any of the following:

(a) Any business entity in which the public official has a direct or indirect investment worth two thousand dollars (\$2,000) or more.

(b) Any real property in which the public official has a direct or indirect interest worth two thousand dollars (\$2,000) or more.

(c) Any source of income, except gifts or loans by a commercial lending institution made in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided or promised to, received by, the public official within 12 months prior to the time when the decision is made.

(d) Any business entity in which the public official is a director, officer, partner, trustee, employee, or holds any position of management.

(e) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating two hundred fifty dollars (\$250) or more in value provided to, received by, or promised to the public official within 12 months prior to the time when the decision is made. The amount of the value of gifts specified by this subdivision shall be adjusted biennially by the commission to equal the same amount determined by the commission pursuant to subdivision (f) of Section 89503.

For purposes of this section, indirect investment or interest means any investment or interest owned by the spouse or dependent child of a public official, by an agent on behalf of a public official, or by a business entity or trust in which the official, the official's agents, spouse, and dependent children own directly, indirectly, or beneficially a 10-percent interest or greater.

(Amended by Stats. 2000, Ch. 130, Sec. 7. Effective January 1, 2001. Note: This section was added on June 4, 1974, by initiative Prop. 9.)

87103.5. (a) Notwithstanding subdivision (c) of Section 87103, a retail customer of a business entity engaged in retail sales of goods or services to the public generally is not a source of income to an official who owns a 10-percent or greater interest in the entity if the retail customers of the business entity constitute a significant segment of the public generally, and the amount of income received by the business entity from the customer is not distinguishable from the amount of income received from its other retail customers.

(b) Notwithstanding subdivision (c) of Section 87103, in a jurisdiction with a population of 10,000 or less which is located in a county with 350 or fewer retail businesses, a retail customer of a business entity engaged in retail sales of goods or services to the public generally is not a source of income to an official of that jurisdiction who owns a 10-percent or greater interest in the entity, if the retail customers of the business entity constitute a significant segment of the public generally, and the amount of income received by the business entity from the customer does not exceed one percent of the gross sales revenues that the business entity earned during the 12 months prior to the time the decision is made.

(c) For the purposes of subdivision (b):

(1) Population in a jurisdiction shall be established by the United States Census.

(2) The number of retail businesses in a county shall be established by the previous quarter's Covered Employment and Wages Report (ES-202) of the Labor Market Information Division of the California Employment Development Department.

(Amended by Stats. 2002, Ch. 654, Sec. 1. Effective January 1, 2003.)

87103.6. Notwithstanding subdivision (c) of Section 87103, any person who makes a payment to a state agency or local government agency to defray the estimated reasonable costs to process any application, approval, or any other action, including but not limited to, holding public hearings and evaluating or preparing any report or document, shall not by reason of the payments be a source of income to a person who is retained or employed by the agency.

(Added by Stats. 1991, Ch. 887, Sec. 2. Effective October 14, 1991.)

87104. (a) No public official of a state agency shall, for compensation, act as an agent or attorney for, or otherwise represent, any other person by making any formal or informal appearance before, or any oral or written communication to, his or her state agency or any officer or employee thereof, if the appearance or communication is for the purpose of influencing a decision on a contract, grant, loan, license, permit, or other entitlement for use.

(b) For purposes of this section, "public official" includes a member, officer, employee, or consultant of an advisory body to a state agency, whether the advisory body is created by statute or otherwise, except when the public official is representing his or her employing state, local, or federal agency in an appearance before, or communication to, the advisory body.

(Amended (as added by Stats. 1994, Ch. 414) by Stats. 1997, Ch. 145, Sec. 1. Effective January 1, 1998.)

87105. (a) A public official who holds an office specified in Section 87200 who has a financial interest in a decision within the meaning of Section 87100 shall, upon identifying a conflict of interest or a potential conflict of interest and immediately prior to the consideration of the matter, do all of the following:

(1) Publicly identify the financial interest that gives rise to the conflict of interest or potential conflict of interest in detail sufficient to be understood by the public, except that disclosure of the exact street address of a residence is not required.

(2) Recuse himself or herself from discussing and voting on the matter, or otherwise acting in violation of Section 87100.

(3) Leave the room until after the discussion, vote, and any other disposition of the matter is concluded, unless the matter has been placed on the portion of the agenda reserved for uncontested matters.

(4) Notwithstanding paragraph (3), a public official described in subdivision (a) may speak on the issue during the time that the general public speaks on the issue.

(b) This section does not apply to Members of the Legislature.

(Added by Stats. 2002, Ch. 233, Sec. 1. Effective January 1, 2003.)

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ATTACHMENT I

GOVERNMENT CODE
SECTION 11146-11146.4

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Code: Section: [Up^](#) [Add To My Favorites](#)**GOVERNMENT CODE - GOV****TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980]** (Title 2 enacted by Stats. 1943, Ch. 134.)**DIVISION 3. EXECUTIVE DEPARTMENT [11000 - 15986]** (Division 3 added by Stats. 1945, Ch. 111.)**PART 1. STATE DEPARTMENTS AND AGENCIES [11000 - 11894]** (Part 1 added by Stats. 1945, Ch. 111.)**CHAPTER 1. State Agencies [11000 - 11148.5]** (Chapter 1 added by Stats. 1945, Ch. 111.)**ARTICLE 12. State Agency Ethics Training [11146 - 11146.4]** (Article 12 added by Stats. 1998, Ch. 364, Sec. 1.)

11146. For purposes of this article, the following terms have the following meanings:

(a) "State agency" has the same meaning as set forth in Section 82049, but does not include the Legislature.

(b) "Filer" means each member, officer, or designated employee of a state agency who is required to file a statement of economic interests under either Article 2 (commencing with Section 87200) or Article 3 (commencing with Section 87300) of Chapter 7 of Title 9 because of the position he or she holds with the agency.

(Amended by Stats. 2002, Ch. 663, Sec. 1. Effective January 1, 2003.)

11146.1. Each state agency shall offer at least semiannually to each of its filers an orientation course on the relevant ethics statutes and regulations that govern the official conduct of state officials.

(Added by Stats. 1998, Ch. 364, Sec. 1. Effective January 1, 1999.)

11146.2. Each state agency shall maintain records indicating the specific attendees, each attendee's job title, and dates of their attendance for each orientation course offered pursuant to Section 11146.1 for a period of not less than five years after each course is given. These records shall be public records subject to inspection and copying consistent with subdivision (a) of Section 81008 and otherwise subject to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1).

(Added by Stats. 1998, Ch. 364, Sec. 1. Effective January 1, 1999.)

11146.3. Except as set forth in Section 11146.4, each filer shall attend the orientation course required in Section 11146.1, as follows:

(a) For a filer who holds a position with the agency on January 1, 2003, not later than December 31, 2003 and, thereafter, at least once during each consecutive period of two calendar years commencing on January 1, 2005.

(b) For a person who becomes a filer with the agency after January 1, 2003, within six months after he or she becomes a filer and at least once during each consecutive period of two calendar years commencing on the first odd-numbered year thereafter.

(Amended by Stats. 2002, Ch. 663, Sec. 2. Effective January 1, 2003.)

11146.4. (a) The requirements of Section 11146.3 shall not apply to filers with a state agency who have taken an equivalent ethics orientation course through another state agency or the Legislature within the time periods set forth in subdivision (a) or (b) of Section 11146.3, as applicable.

(b) State agencies may jointly conduct and filers from more than one state agency may jointly attend an orientation course required by Section 11146.1, as long as the course content is relevant to the official duties of the attending filers.

(c) Before conducting each orientation course required by Section 11146.1, state agencies shall consult with the Fair Political Practices Commission and the Attorney General regarding appropriate course content.

(Added by Stats. 1998, Ch. 364, Sec. 1. Effective January 1, 1999.)

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ATTACHMENT J

BBS DISCIPLINARY GUIDELINES

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§1888. UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSE AND DISCIPLINARY GUIDELINES

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Behavioral Sciences shall consider the "Uniform Standards Related to Substance Abuse and Disciplinary Guidelines" [Rev. October 2015] which are hereby incorporated by reference. The Disciplinary Guidelines apply to all disciplinary matters; the Uniform Standards Related to Substance Abuse apply to cases of substance abuse. Deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines that the facts of the particular case warrant such a deviation – for example: the presence of mitigating or aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), if the conduct found to be a violation involves drugs and/or alcohol, the violation is a substance abuse violation for purposes of Section 315 of the Code. If the licensee or registrant does not rebut that the violation is a substance abuse violation, then the Uniform Standards Related to Substance Abuse shall apply without deviation.

(c) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, 4980.60 and 4990.20, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2, 315.4, 480, 4982, 4989.54, 4992.3, and 4999.90, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

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State of California

Department of Consumer Affairs

Board of Behavioral Sciences

The seal of the California Board of Behavioral Sciences is a circular emblem. It features a central figure, likely a personification of justice or a scholar, holding a scale and a book. The figure is surrounded by a wreath. The outer ring of the seal contains the text "CALIFORNIA BOARD OF BEHAVIORAL SCIENCES" at the top and "EUREKA" at the bottom. The seal is rendered in a light, faded gray color.

**UNIFORM STANDARDS RELATED
TO SUBSTANCE ABUSE AND
DISCIPLINARY
GUIDELINES**

Revised: October 2015

Additional copies of this document may be obtained by contacting the Board at its office in Sacramento, California, or from its web site at www.bbs.ca.gov.

INTRODUCTION

The Board of Behavioral Sciences (hereinafter “the Board”) is a consumer protection agency with the primary mission of protecting consumers by establishing and maintaining standards for competent and ethical behavior by the professionals under its jurisdiction. In keeping with its mandate, the Board has adopted the following uniform standards related to substance abuse and recommended guidelines for the intended use of those involved in the disciplinary process: Administrative Law Judges, respondents and attorneys involved in the discipline process, as well as Board members who review proposed decisions and stipulations and make final decisions.

These guidelines consist of four parts:

I. Uniform Standards Related to Substance Abuse – for those licensees and registrants with a violation related to alcohol and/or a controlled substance, or whose license or registration is on probation due to a substance abuse violation;

II. Penalty Guidelines - an identification of the types of violations and range of penalties for which discipline may be imposed;

III. Model Disciplinary Orders - language for proposed terms and conditions of probation; and

IV. Board Policies and Guidelines – for various enforcement actions.

The Board expects the penalty imposed to be commensurate with the nature and seriousness of the violation.

These penalty guidelines apply only to the formal disciplinary process and do not apply to other alternatives available to the Board, such as citations and fines. See Business and Professions Code Section 125.9 and Title 16 California Code of Regulations Section 1886.

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I. Uniform Standards Related to Substance Abuse

Uniform Standards For Licensees Or Registrants Whose License Or Registration Is On Probation Due To A Substance Abuse Violation

The following standards shall apply in all cases in which a license or registration is placed on probation due, in part, to a substance abuse violation, unless the licensee or registrant rebuts that the violation is a substance abuse violation.

Clinical Diagnostic Evaluations

Whenever a licensee or registrant is ordered to undergo a clinical diagnostic evaluation, the evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, has three (3) years experience in providing evaluations of health care professionals with substance abuse disorders, and is approved by the Board. The evaluations shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

The following practice restrictions apply to each licensee or registrant who undergoes a clinical diagnostic evaluation:

1. The Board shall suspend the license or registration during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the Board.
2. While awaiting the results of a clinical diagnostic evaluation, the licensee or registrant shall be randomly drug tested at least two (2) times per week.

Clinical Diagnostic Evaluation Report

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee or registrant has a substance abuse problem, whether the licensee or registrant is a threat to himself or herself or others, and recommendations for substance abuse treatment, practice, restrictions, or other recommendations related to the licensee or registrant's rehabilitation and safe practice.

The evaluator shall not have a financial, personal, business or professional relationship with the licensee or registrant. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee or registrant is a threat to himself or herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 calendar days.

The Board shall review the clinical diagnostic evaluation to determine whether or not the licensee or registrant is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed on the licensee or registrant based on the application of the following criteria:

1. License or registration type;
2. Licensee or registrant's history;
3. Documented length of sobriety;
4. Scope and pattern of substance abuse;
5. Treatment history;
6. Medical history;
7. Current medical condition;
8. Nature, duration and severity of substance abuse problem; and
9. Whether the licensee or registrant is a threat to himself or herself or others.

No licensee or registrant shall be returned to practice until he or she has at least 30 calendar days of negative drug tests.

When determining if the licensee or registrant should be required to participate in inpatient, outpatient, or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license or registration type, licensee or registrant's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee or registrant is a threat to himself or herself or others.

Supervisor Requirements

If the Board determines that a supervisor is necessary for a particular licensee or registrant, the supervisor must meet the following requirements to be considered for approval by the Board:

1. The supervisor shall not have a current or former financial, personal, business or professional relationship with the licensee or registrant, or other relationship that could reasonably be expected to compromise the ability of the supervisor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee or registrant's employer to serve as the supervisor, this requirement may be waived by the Board; however, under no circumstances shall a licensee or registrant's supervisor be an employee or supervisee of the licensee or registrant.

2. The supervisor's license scope of practice shall include the scope of practice of the licensee or registrant who is being monitored or be another health care professional if no supervisor with like scope of practice is available.
3. The supervisor shall be a current California licensed practitioner and have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The supervisor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee or registrant's disciplinary order and agrees to monitor the licensee or registrant as set forth by the Board.

The supervisor must adhere to the following required methods of monitoring the licensee or registrant:

1. Have a face-to-face contact with the licensee or registrant in the work environment on as frequent a basis as determined by the Board, but at least once per week.
2. Interview other staff in the office regarding the licensee or registrant's behavior, if applicable.
3. Review the licensee or registrant's work attendance.

Reporting by the supervisor to the Board shall be as follows:

1. Any suspected substance abuse must be orally reported to the Board and the licensee or registrant's employer within one (1) business day of occurrence. If the occurrence is not during the Board's normal business hours, the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence.
2. The supervisor shall complete and submit a written report directly to the Board monthly or as directed by the Board. The report shall include:
 - a. the licensee or registrant's name;
 - b. license or registration number;
 - c. supervisor's name and signature;
 - d. supervisor's license number;
 - e. worksite location(s);
 - f. dates licensee or registrant had face-to-face contact with supervisor;
 - g. worksite staff interviewed, if applicable;
 - h. attendance report;
 - i. any change in behavior and/or personal habits; and

- j. any indicators that can lead to suspected substance abuse.

The licensee or registrant shall complete the required consent forms and sign an agreement with the supervisor and the Board to allow the Board to communicate with the supervisor.

Chemical Dependency Support or Recovery Group Meetings

If the Board requires a licensee or registrant to participate in chemical dependency support or recovery group meetings, the Board shall take the following into consideration when determining the frequency of required group meeting attendance:

1. the licensee or registrant's history;
2. the documented length of sobriety;
3. the recommendation of the clinical diagnostic evaluator;
4. the scope and pattern of substance abuse;
5. the licensee or registrant's treatment history; and
6. the nature, duration, and severity of substance abuse.

The group meeting facilitator of a chemical dependency support or recovery group that a Board licensee or registrant is required to participate in must meet the following requirements:

1. Have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;
2. Be licensed or certified by the state or other nationally certified organizations to provide substance abuse recovery services;
3. Does not have a financial, personal, business or professional relationship with the licensee or registrant within the last year;
4. Must provide the Board a signed document showing the licensee or registrant's name, the group name, the date and location of the meeting, the licensee or registrant's attendance, and the licensee or registrant's level of participation and progress.
5. Must report to the Board any unexcused absence of a Board licensee or registrant being required to participate within 24 hours.

Major and Minor Violations

Major violations include, but are not limited to, the following:

1. Failure to complete any Board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Committing more than one minor violations of probation conditions and terms;
4. Treating a patient while under the influence of drugs or alcohol;

5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code, or other state or federal law;
6. Failure to report for drug and alcohol testing when ordered;
7. Testing positive for alcohol and/or a controlled substance;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

If a licensee or registrant commits a major violation, the Board shall automatically suspend the license or registration and refer the matter for disciplinary action or other action as determined by the Board.

The consequences for a major violation include, but are not limited to, the following:

1. License or registration shall be suspended;
2. Licensee or registrant must undergo a new clinical diagnostic evaluation;
3. Licensee or registrant must test negative for at least one month of continuous drug testing before being allowed to resume practice;
4. Contract or agreement previously made with the Board shall be terminated; and
5. Licensee or registrant shall be referred for disciplinary action, such as suspension, revocation, or other action determined appropriate by the Board.

Minor violations include, but are not limited to, the following:

1. Failure to submit required documentation in a timely manner;
2. Unexcused attendance at required meetings;
3. Failure to contact a supervisor and/or monitor as required;
4. Any other violations that do not present an immediate threat to the licensee or registrant or to the public.

If a licensee or registrant commits a minor violation, the Board shall determine what action is appropriate. The consequences for a minor violation include, but are not limited to, the following:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation and/or testing.

Positive Test for Alcohol and/or a Controlled Substance

If a licensee or registrant tests positive for alcohol and/or a controlled substance, the Board shall do the following:

- Automatically suspend the license or registration;

- Immediately contact the licensee or registrant and inform him or her that his or her license or registration has been suspended and he or she may not practice until the suspension is lifted; and
- Immediately notify the licensee or registrant's employer that the license or registration has been automatically suspended, and that he or she may not practice until the suspension is lifted.

The Board should do the following, as applicable, to determine whether a positive test for alcohol and/or a controlled substance is evidence of prohibited use:

- Consult the specimen collector and the laboratory;
- Communicate with the licensee or registrant and/or treating physician; and
- Communicate with any treatment provider, including a group facilitator.

The Board shall immediately lift the suspension if the positive drug test is not found to be evidence of prohibited use.

Drug Testing Standards

The drug testing standards below shall apply to each licensee or registrant subject to drug testing. At its discretion, the Board may use other testing methods in place of, or to supplement, drug and alcohol testing, if appropriate.

1. Drug testing may be required on any day, including weekends and holidays.
2. Except as directed, the scheduling of drug tests shall be done on a random basis, preferably by a computer program.
3. Licensees or registrants shall be required to make daily contact as directed to determine if drug testing is required.
4. Licensees or registrants shall be drug tested on the date of notification as directed by the Board.
5. Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.
6. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.
7. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.
8. Collection of specimens shall be observed.
9. Prior to vacation or absence, alternative drug testing location(s) must be approved by the Board.

10. Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The Board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

Nothing herein shall limit the Board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code Section 11522 or statutes applicable to the Board that contain different provisions for reinstatement or reduction of penalty.

Drug Testing Frequency Schedule

The Board may order a licensee or registrant to drug test at any time. In addition, each licensee or registrant shall be tested randomly according to the following drug testing frequency schedule:

Level	Year of Probation	Minimum Range Number of Random Tests
I	Year 1	52-104 per year
II	Years 2 through 5	36-104 per year
III	After Year 5	Once per month*

*If no positive drug tests in the previous 5 consecutive years.

The Board may increase the number of random tests required at its discretion. If the Board suspects or finds that a licensee or registrant has violated the prescribed testing program, or finds that a licensee or registrant has committed a major violation, it may re-establish the testing cycle by placing that licensee or registrant at the beginning of Level I. This is in addition to any other disciplinary action.

Drug Testing Frequency Schedule Exceptions

The Board may make exceptions to the prescribed drug testing frequency schedule for the following reasons:

1. Licensee or Registrant Demonstrates Previous Testing and Sobriety

The licensee or registrant can demonstrate participation in a treatment or monitoring program which requires random testing, prior to being subject to testing by the Board. In such a case, the Board may give consideration to the previous testing by altering the testing frequency schedule so that it is equivalent to the standard.

2. Violations Outside of Employment

A licensee or registrant whose license or registration is placed on probation for a single conviction or incident, or two convictions or incidents, spanning greater than seven years from each other, where alcohol or drugs were a contributing factor, may bypass Level I and participate in Level II of the testing frequency schedule if the violations did not occur at work or on the way to or from work.

3. Not Employed in Health Care Field

The Board may reduce testing frequency to a minimum of twelve (12) times per year if the licensee or registrant is not practicing or working in any health care field. If reduced testing frequency is established for this reason, and the licensee or registrant returns to practice, the licensee or registrant shall notify and obtain approval from the Board. The licensee or registrant shall then be subject to Level I testing frequency for at least 60 days. If the licensee or registrant had not previously met the Level I frequency standard, the licensee or registrant shall be subject to completing a full year at Level I of the testing frequency schedule. If the licensee or registrant had previously met the Level I frequency standard, the licensee or registrant shall be subject to Level II testing after completing Level I testing for at least 60 days.

4. Tolling

The Board may postpone all testing for any person whose probation is placed in a tolling status if the overall length of the probationary period is also tolled. The licensee or registrant shall notify the Board upon his or her return to California and shall be subject to testing as provided in the testing frequency standard. If the licensee or registrant returns to practice and has not previously met the Level I testing frequency standard, the licensee or registrant shall be subject to completing a full year at Level I of the testing frequency schedule. If the licensee or registrant has previously met the Level I testing frequency standard, then Level II shall be in effect.

5. Substance Use Disorder Not Diagnosed

If a licensee or registrant is not diagnosed with a current substance use disorder, a lesser period of monitoring and toxicology screening may be adopted by the Board. This period may not be less than 24 times per year.

Criteria to Petition to Return to Practice

In order to petition to return to full time practice, a licensee or registrant shall have demonstrated all of the following:

1. Sustained compliance with his or her current recovery program;
2. The ability to practice safely as evidenced by current work site reports, evaluations, and any other information related to his or her substance abuse;
3. Must have at least six (6) months of negative drug screening reports and two (2) positive supervisor reports; and
4. Complete compliance with the other terms and conditions of his or her program.

Criteria to Petition for Reinstatement to Unrestricted License or Registration

In order to petition for reinstatement to a full and unrestricted license or registration, a licensee or registrant shall meet all of the following criteria:

1. Demonstrated sustained compliance with the terms of the disciplinary order (if applicable);
2. Demonstrated successful completion of a rehabilitation program (if required);
3. Demonstration of a consistent and sustained participation in activities that promote and support his or her recovery, including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities;
4. Demonstrated ability to practice safely; and
5. Continuous sobriety for at least three (3) to five (5) years.

II. Penalty Guidelines

The following is an attempt to provide information regarding violations of statutes and regulations under the jurisdiction of the Board of Behavioral Sciences and the appropriate range of penalties for each violation. Each penalty listed is followed in parenthesis by a number, which corresponds with a number under the chapter "Model Disciplinary Orders." Examples are given for illustrative purposes, but no attempt is made to catalog all possible violations. Optional conditions listed are those the Board deems most appropriate for the particular violation; optional conditions not listed as potential minimum terms, should nonetheless be imposed where appropriate. Except as provided in the Uniform Standards Related to Substance abuse, the Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations which take into account unique circumstances.

If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that the Administrative Law Judge hearing the case include an explanation of the deviations or omissions, including all mitigating factors considered by the Administrative Law Judge in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision.

Statutes and Regulations	Violation Category	Minimum Penalty	Maximum Penalty
<p>Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)</p> <p>MFT: B&P § 4982.26(k) LCSW: B&P § 4992.33 LEP: B&P § 4989.58 LPCC: B&P § 4999.90(k) GP: B&P § 729</p>	<p>Engaging in Sexual Contact with Client / Former Client</p>	<ul style="list-style-type: none"> Revocation / Denial of license or registration Cost recovery. <p>The law requires revocation/denial of license or registration.</p>	<ul style="list-style-type: none"> Revocation / Denial of license or registration Cost recovery. <p>The law requires revocation/denial of license or registration.</p>
<p>MFT: B&P § 4982(aa)(1) LCSW: B&P § 4992.3(y)(1) LEP: B&P § 4989.54(y)(1) LPCC: B&P § 4999.90(z)(1)</p>	<p>Engaging In Act with a Minor Punishable as a Sexually Related Crime Regardless of Whether the Act occurred prior to or after registration or licensure. or Engaging in act described in Section 261, 286, 288a, or 289 of the Penal code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the Board.</p>	<ul style="list-style-type: none"> Revocation / Denial of license or registration Cost recovery. <p>The Board considers this reprehensible offense to warrant revocation/denial.</p>	<ul style="list-style-type: none"> Revocation / Denial of license or registration Cost recovery. <p>The Board considers this reprehensible offense to warrant revocation/denial.</p>
<p>MFT: B&P § 4982(k), 4982.26 LCSW: B&P § 4992.3(f), 4992.33 CCR § 1881(f) LEP: B&P § 4989.58 B&P § 4989.54(n) LPCC: B&P § 4999.90(k) GP: B&P § 480, 726</p>	<p>Sexual Misconduct (Anything other than as defined in B&P Section 729)</p>	<ul style="list-style-type: none"> Revocation stayed 120-180 days minimum actual suspension and such additional time as may be necessary to obtain and review psychological/psychiatric evaluation and to implement any recommendations from that evaluation Take and pass licensure examinations as a condition precedent to resumption of practice 7 years probation Standard terms and conditions Psychological/psychiatric evaluation as a condition precedent to resumption of practice Supervised practice 	<ul style="list-style-type: none"> Revocation / Denial of license or registration Cost recovery. <p>(See B&P 4982.26, 4989.58, 4992.33) The Board considers this reprehensible offense to warrant revocation/denial.</p>

	<ul style="list-style-type: none"> ● Psychotherapy ● Education ● Take and pass licensure examination ● Reimbursement of probation program <p>And if warranted, enter and complete a rehabilitation program approved by the Board; abstain from controlled substances/use of alcohol, submit to drug and alcohol testing; restricted practice, reimbursement of probation program costs.</p>		<ul style="list-style-type: none"> ● Revocation stayed ● 120-180 days minimum actual suspension and such additional time as may be necessary to obtain and review psychological/psychiatric evaluation and to implement any recommendations from that evaluation ● Psychotherapy ● 5 years probation; standard terms and conditions ● Psychological/psychiatric evaluation as a condition precedent to the resumption of practice ● Supervised practice ● Education ● Cost recovery ● Reimbursement of probation program costs <p>And if warranted, restricted practice.</p>	<ul style="list-style-type: none"> ● Revocation / Denial of license or registration ● Cost recovery.
<p>MFT: B&P § 4982(k) LCSW: B&P § 4992.3(l) CCR § 1881(f) LEP: B&P § 4989.54(n) LPCC: B&P § 4999.90(k) GP: B&P § 480</p>	<p>Commission of an Act Punishable as a Sexually Related Crime</p>	<p>Impaired Ability to Function Safely Due to Mental Illness or Physical Illness Affecting Competency or Chemical Dependency</p>	<ul style="list-style-type: none"> ● Revocation stayed ● 60-90 days actual suspension and such additional time as may be necessary to obtain and review psychological or psychiatric evaluation and to implement any recommendations from that evaluation ● 5 years probation; standard terms and conditions ● Supervised practice ● Cost recovery ● Reimbursement of probation program costs. <p><u>In addition:</u></p> <ul style="list-style-type: none"> ● MENTAL ILLNESS: Psychological/psychiatric evaluation; psychotherapy. 	<ul style="list-style-type: none"> ● Revocation / Denial of license or registration ● Cost recovery.
<p>MFT: B&P § 4982(c), 4982.1 LCSW: B&P § 4992.3(c), 4992.35 LEP: , 4989.54(c) LPCC: B&P § 4999.90(c) GP: B&P § 480, 820</p>				

	<ul style="list-style-type: none"> • PHYSICAL ILLNESS: Physical evaluation; and if warranted: restricted practice • CHEMICAL DEPENDENCY Random drug and alcohol testing, psychological/psychiatric /clinical diagnostic evaluation; supervised practice; therapy; rehabilitation program; abstain from controlled substances/use of alcohol; and if warranted: restricted practice. 		
<p>MFT: B&P \$ 4982(c), 4982.1 LCSW: B&P \$ 4992.3(c), 4992.35 LEP: B&P \$ 4989.54(c), 4989.56 LPCC: B&P \$ 4999.90(c) GP: B&P \$ 480</p>	<p>Chemical Dependency / Use of Drugs With Client While Performing Services</p> <ul style="list-style-type: none"> • Revocation stayed • 120-180 days minimum actual suspension and such additional time as may be necessary to obtain and review psychological/psychiatric clinical diagnostic evaluation and to implement any recommendations from that evaluation • Random drug and alcohol testing • 5 years probation • Standard terms and conditions • Psychological/psychiatric/clinical diagnostic evaluation • Supervised practice • Education • Supervised practice • Education • Rehabilitation program • Abstain from controlled substances/use of alcohol • Cost recovery • Reimbursement of probation program costs <p>And if warranted, psychotherapy; restricted practice</p>		<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.
<p>MFT: B&P \$ 4982(i) LCSW: B&P \$ 4992.3(j), CCR \$ 1881(d) LEP: B&P \$ 4989.54(m) LPCC: B&P \$ 4999.90(l) GP: B&P \$ 480</p>	<p>Intentionally / Recklessly Causing Physical or Emotional Harm to Client</p> <ul style="list-style-type: none"> • Revocation stayed • 90-120 days actual suspension • 5 years probation • Standard terms and conditions • Supervised practice • Education • Take and pass licensure examinations • Cost recovery • Reimbursement of probation program costs <p>And if warranted, psychological/psychiatric evaluation; psychotherapy, restricted practice.</p>		<ul style="list-style-type: none"> • Revocation / Denial of license or registration application • Cost recovery

Statutes and Regulations Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)	Violation Category	Minimum Penalty	Maximum Penalty
MFT: B&P § 4982(d) LCSW: B&P § 4992.3(d) CCR § 1881(m) LEP: B&P § 4989.54(k) LPCC: B&P § 4999.90(d) GP: B&P § 480	Gross Negligence / Incompetence	<ul style="list-style-type: none"> • Revocation stayed • 60-90 days actual suspension; 5 years probation • Standard terms and conditions; supervised practice • Education • Take and pass licensure examinations • Cost recovery • Reimbursement of probation program costs; And if warranted: psychological/psychiatric evaluation; psychotherapy; rehabilitation program; abstain from controlled substances/use of alcohol, submit to drug and alcohol testing; restricted practice.	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.
MFT: B&P § 4982 CCR § 1845 LCSW: B&P § 4992.3 CCR § 1881 LEP: B&P § 4989.54 CCR § 1858 LPCC: B&P § 4999.90 GP: B&P § 125.6 480, 821	General Unprofessional Conduct	<ul style="list-style-type: none"> • Revocation stayed • 60-90 days actual suspension • 3-5 years probation • Standard terms and conditions • Supervised practice • Education • Cost recovery; reimbursement of probation program And if warranted: psychological/psychiatric evaluation; psychotherapy; rehabilitation program; abstain from controlled substances/use of alcohol, submit to drug and alcohol testing; restricted practice, law and ethics course.	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.

Statutes and Regulations	Violation Category	Minimum Penalty	Maximum Penalty
<p>Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)</p> <p>MFT: B&P § 4980.40(e), 4982(a) LCSW: B&P § 4992.3(a), 4996.2(d), 4996.18(b) LEP: B&P § 4989.20(a)(3), 4989.54(a) LPCC: B&P § 4999.90(a) GP: B&P § 480, 490, 493</p>	<p>Conviction of a Crime Substantially Related to Duties, Qualifications, and Functions of a Licensee / Registrant</p>	<ul style="list-style-type: none"> • Revocation stayed • 60 days actual suspension • 5 years probation • Standard terms and conditions • Supervised practice • Education • Cost recovery • Reimbursement of probation program costs (Costs and conditions of probation depend on the nature of the criminal offense). <p>CRIMES AGAINST PEOPLE: Add: Psychological/psychiatric evaluation; psychotherapy; restitution; and if warranted: rehabilitation program; restricted practice.</p> <p>DRUGS AND ALCOHOL: Add: Random drug and alcohol testing, psychological/psychiatric/clinical diagnostic evaluation; psychotherapy; supervised practice, rehabilitation program; abstain from controlled substances/use of alcohol, and if warranted: restricted practice.</p> <p>FISCAL AND PROPERTY CRIMES: Add: Restitution, and if warranted: psychotherapy; take and pass licensure exams; rehabilitation program; restricted practice.</p>	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.

Statutes and Regulations Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)	Violation Category	Minimum Penalty	Maximum Penalty
MFT: B&P § 4982(j) LCSW: B&P § 4992.3(k) CCR § 1881(e) LEP: B&P § 4989.54(g) LPCC: B&P § 4999.90(j) GP: B&P § 480, 650, 810	Commission of Dishonest, Corrupt, or Fraudulent Act Substantially Related to Qualifications, Duties and Functions of License	<ul style="list-style-type: none"> • Revocation stayed • 30-60 days actual suspension • 3-5 years probation • Standard terms and conditions • Education • Cost recovery • Law and ethics course • Reimbursement of probation program costs And if warranted, psychological/psychiatric evaluation; supervised practice; psychotherapy; take and pass licensure exams; restricted practice.	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.
MFT: B&P § 4980.02, 4982(l), 4982(s), 4982(f) LCSW: B&P § 1845(a), 1845(b) 4996.9 CCR § 1881(g), 1881(h) LEP: B&P § 4989.14 4989.54(r) CCR § 1858(b) LPCC: B&P § 4999.90(l), 4999.90(s) 4999.90(t) GP: B&P § 480 MFT: B&P § 4982.25 LCSW: B&P § 4992.36 LEP: B&P § 4989.54(h), 4989.54(i) LPCC: B&P § 4990.38 GP: B&P § 141, 480	Performing, Representing Able to Perform, Offering to Perform, Permitting Trainee or Intern to Perform Beyond Scope of License / Competence Discipline by Another State or Governmental Agency	<ul style="list-style-type: none"> • Revocation stayed • 30-60 days actual suspension • 3-5 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs And if warranted, psychological/psychiatric evaluation; supervised practice; psychotherapy; take and pass licensure exams; restricted practice.	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.
		<ul style="list-style-type: none"> • Determine the appropriate penalty by comparing the violation under the other state with California law. And if warranted: take and pass licensure examinations as a condition precedent to practice; reimbursement of probation program costs.	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.

Statutes and Regulations	Violation Category	Minimum Penalty	Maximum Penalty
<p>Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)</p> <p>MFT: B&P § 4982(b) LCSW: B&P § 4992.3(b), B&P § 4992.7 LEP: B&P § 4989.54(b) LPCC: B&P § 4999.90 (b) GP: B&P § 480, 498, 499</p>	<p>Securing or Attempting to Secure a License by Fraud</p>	<ul style="list-style-type: none"> • Revocation / Denial of license or registration application; • Cost recovery. 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.
<p>MFT: B&P § 4980, 4982(f) CCR § 1845(a), 1845(b) LCSW: B&P § 4992.3(f), 4996 CCR § 1881(a) LEP: B&P § 4989.54(l) LPCC: B&P § 4999.90(f) GP: B&P § 480</p>	<p>Misrepresentation of License / Qualifications</p>	<ul style="list-style-type: none"> • Revocation stayed • 60 days actual suspension • 3-5 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs <p>And if warranted: take and pass licensure examinations.</p>	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery.
<p>MFT: B&P § 4982(q) LCSW: B&P § 4992.3(r) CCR § 1881(l) LEP: B&P § 4989.54(s) LPCC: B&P § 4999.90(q) GP: B&P § 123, 480, 496</p>	<p>Violates Exam Security / Subversion of Licensing Exam</p>	<ul style="list-style-type: none"> • Revocation stayed • 5 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery
<p>MFT: B&P § 4982(g) LCSW: B&P § 4992.3(h), 4992.7 CCR § 1881(b) LEP: CCR § 1858(a) LPCC: B&P § 4999.90(g) GP: B&P § 119, 480</p>	<p>Impersonating Licensee / Allowing Impersonation</p>	<ul style="list-style-type: none"> • Revocation stayed • 60-90 days actual suspension • 5 years probation • Supervised practice • Standard terms and conditions • Psychological/psychiatric evaluation • Psychotherapy • Cost recovery • Reimbursement of probation costs 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery

Statutes and Regulations Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (W/I)	Violation Category	Minimum Penalty	Maximum Penalty
MFT: B&P § 4982(h) LCSW: B&P § 4992.3(i) CCR § 1881(c) LEP: B&P § 4989.54 (f) LPCC: B&P § 4999.90(h) GP: B&P § 125, 480	Aiding and Abetting Unlicensed / Unregistered Activity	<ul style="list-style-type: none"> • Revocation stayed • 30-90 days actual suspension • 3-5 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs And if warranted: supervised practice. 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery
MFT: B&P § 4982(m) LCSW: B&P § 4992.3(n) CCR § 1881(f) LEP: B&P § 4989.54 (q) LPCC: B&P § 4999.90(m) GP: B&P § 480	Failure to Maintain Confidentiality	<ul style="list-style-type: none"> • Revocation stayed • 60-90 days actual suspension • 3-5 years probation • Standard terms and conditions • Education • Take and pass licensure exams • Cost recovery • Reimbursement of probation program costs 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery
MFT: B&P § 728 LCSW: B&P § 728 LPCC: B&P § 728 GP: B&P § 480	Failure to Provide Sexual Misconduct Brochure	<ul style="list-style-type: none"> • Revocation stayed • 1-3 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs. 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery
MFT: B&P § 4982(r), 4982(t), 4982(u) CCR § 1833.1, 1845(b) LCSW: B&P § 4992.3(s) LEP: B&P § 4989.54(ab), CCR § 1858(b) LPCC: B&P § 4999.90(r) 4999.90(t), 4999.90(u)	Improper Supervision of Trainee / Intern / Associate / Supervisee	<ul style="list-style-type: none"> • Revocation stayed • 30-90 days actual suspension • 2 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs And if warranted: supervised practice. 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery

Statutes and Regulations Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)	Violation Category	Minimum Penalty	Maximum Penalty
MFT: B&P § 4982(e), 4982(u) LCSW: B&P § 4992.3(f), 4992.3(s) LEP: B&P § 4989.54(f) LPCC: B&P § 4999.90(e), 4999.90(u) GP: B&P § 480	Violations of the Chapter or Regulations by licensees or Registrants / Violations Involving Acquisition and Supervision of Required Hours of Experience	<ul style="list-style-type: none"> • Revocation stayed • Registration on probation until exams are passed and license issued • License issued on probation for one year • Rejection of all illegally acquired hours • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs. 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery
MFT: B&P § 4982(o) LCSW: B&P § 4992.3(p), CCR § 1881(n) LEP: B&P § 4989.54(p) LPCC: B&P § 4999.90 (o) GP: B&P § 650	Pay, Accept, Solicit Fee for Referrals	<ul style="list-style-type: none"> • Revocation stayed • 3-5 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs • Law and Ethics course 	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery
MFT: B&P § 4982(n) LCSW: B&P § 4992.3(o), CCR § 1881(j) LEP: B&P § 4989.54(o) LPCC: B&P § 4999.90 (n)	Failure to Disclose Fees in Advance	<ul style="list-style-type: none"> • Revocation stayed • 1 year probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program 	<ul style="list-style-type: none"> • Revocation stayed • 30 days actual suspension • 2 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program
MFT: B&P § 4980.46, 4982(p) LCSW: B&P § 4992.3(q), CCR § 1881(k) LEP: B&P § 4989.54(e) LPCC: B&P § 4999.90(p) GP: B&P § 480, 651, 17500	False / Misleading / Deceptive / Improper Advertising	<ul style="list-style-type: none"> • Revocation stayed • 1 year probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs 	<ul style="list-style-type: none"> • Revocation stayed • 30-60 days actual suspension • 5 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs

Statutes and Regulations Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)	Violation Category	Minimum Penalty	Maximum Penalty
MFT: B&P § 4982(v) LCSW: B&P § 4992.3(t) LEP: B&P § 4989.54(j) LPCC: B&P § 4999.90(v)	Failure to Keep Records Consistent with Sound Clinical Judgment	<ul style="list-style-type: none"> • Revocation stayed • 1 year probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs 	<ul style="list-style-type: none"> • Revocation stayed • 30 days actual suspension • 1-3 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs
MFT: B&P § 4982(v) LCSW: B&P § 4992.3(w) LEP: B&P § 4989.54(x)	Willful Violation Of Chapter 1 (Commencing With Section 123100) Of Part 1 Of Division 106 Of The Health And Safety Code	<ul style="list-style-type: none"> • Revocation stayed • 1 year probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs 	<ul style="list-style-type: none"> • Revocation stayed • 30 days actual suspension • 1-3 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs
MFT: B&P § 4982(z) LCSW: B&P § 4992.3(x) LEP: B&P § 4989.54(d) LPCC: B&P § 4999.90(ac)	Failure To Comply With Section 2290.5 (Telehealth)	<ul style="list-style-type: none"> • Revocation stayed • 1 year probation • Standard terms and conditions • Education • Cost recovery; • Reimbursement of probation program costs. 	<ul style="list-style-type: none"> • Revocation stayed • 30 days actual suspension • 1-3 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs

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III. Model Disciplinary Orders

Model Disciplinary Orders are divided into two categories. The first category consists of **Optional Terms and Conditions of Probation** that may be appropriate as demonstrated in the Penalty Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **Standard Terms and Conditions of Probation** which must appear in all Proposed Decisions and proposed stipulated agreements.

To enhance the clarity of a Proposed Decision or Stipulation, the Board requests that all optional conditions (1-16) that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions, which include cost recovery (17- 32).

Optional Terms and Conditions of Probation

Depending on the nature and circumstances of the case, the optional terms and conditions of probation that may appear are as follows:

1. Actual suspension
2. Psychological / Psychiatric evaluation
3. Psychotherapy
4. Clinical Diagnostic Evaluation
5. Supervised Practice
6. Education
7. Take and Pass licensure examinations
8. Rehabilitation Program
9. Abstain from Controlled Substances/Submit to Random Drug and Alcohol Testing
10. Abstain from Use of Alcohol /Submit to Random Drug and Alcohol Testing
11. Restricted Practice
12. Restitution
13. Physical Evaluation
14. Monitor Billing System
15. Monitor Billing System Audit
16. Law and Ethics Course

1. Actual Suspension

A. Commencing from the effective date of this decision, respondent shall be suspended from the practice of _____ for a period of ____ days.

OR

B. Commencing from the effective date of this decision, respondent shall be suspended from the practice of _____ for a period of ____ days, and such additional time as may be necessary to obtain and review the clinical diagnostic, psychological or psychiatric evaluation, to implement any recommendations from that evaluation, and to successfully complete the required licensure examinations as a condition precedent to resumption of practice as outlined in condition # ____ (Take

and pass licensure examinations).

Respondent shall be responsible for informing his or her employer of the Board's decision, and the reasons for the length of suspension. Respondent shall submit documentation and/or evidence demonstrating satisfactory compliance with this condition. Prior to the lifting of the actual suspension of the license, the Board shall receive pertinent documentation confirming that respondent is safe to return to practice under specific terms and conditions as determined by the Board.

2. Psychological / Psychiatric Evaluation

Within 90 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall complete a psychological or psychiatric evaluation by such licensed psychologists or psychiatrists as are appointed by the Board. The cost of such evaluation shall be borne by respondent. Failure to pay for the report in a timely fashion constitutes a violation of probation.

Such evaluator shall furnish a written report to the Board or its designee regarding respondent's judgment and ability to function independently and safely as a counselor and such other information as the Board may require. Respondent shall execute a Release of Information authorizing the evaluator to release all information to the Board. Respondent shall comply with the recommendations of the evaluator.

Note: If supervised practice is not part of the order, and the evaluator finds the need for supervised practice, then the following term shall be added to the disciplinary order. If a psychological or psychiatric evaluation indicates a need for supervised practice, (within 30 days of notification by the Board), respondent shall submit to the Board or its designee, for its prior approval, the name and qualification of one or more proposed supervisors and a plan by each supervisor by which the respondent's practice will be supervised.

If respondent is determined to be unable to practice independently and safely, upon notification, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee. Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board or its designee has notified the respondent of its determination that respondent may resume practice.

(FYI: The Board requires the appointment of evaluators who have appropriate knowledge, training, and experience in the area involved in the violation).

3. Psychotherapy

Respondent shall participate in ongoing psychotherapy with a California licensed mental health professional who has been approved by the Board. Within 15 days of the effective date of this decision, respondent shall submit to the Board or its designee for its prior approval the name and qualifications of one or more therapists of respondent's choice. Such therapist shall possess a valid California license to practice and shall have had no prior business, professional, or personal relationship with respondent, and shall not be the respondent's supervisor. Counseling shall be at least once a week unless otherwise determined by the Board. Respondent shall continue in such therapy at the Board's discretion. Cost of such therapy is to be borne by respondent.

Respondent may, after receiving the Board's written permission, receive therapy via videoconferencing if respondent's good faith attempts to secure face-to-face counseling are

unsuccessful due to the unavailability of qualified mental health care professionals in the area. The Board may require that respondent provide written documentation of his or her good faith attempts to secure counseling via videoconferencing.

Respondent shall provide the therapist with a copy of the Board's decision no later than the first counseling session. Upon approval by the Board, respondent shall undergo and continue treatment until the Board or its designee determines that no further psychotherapy is necessary.

Respondent shall take all necessary steps to ensure that the treating psychotherapist submits quarterly written reports to the Board concerning respondent's fitness to practice, progress in treatment, and to provide such other information as may be required by the Board. Respondent shall execute a Release of Information authorizing the therapist to divulge information to the Board.

If the treating psychotherapist finds that respondent cannot practice safely or independently, the psychotherapist shall notify the Board within three (3) working days. Upon notification by the Board, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee that respondent may do so. Respondent shall not thereafter engage in any practice for which a license issued by the Board is required until the Board or its designee has notified respondent that he/she may resume practice. Respondent shall document compliance with this condition in the manner required by the Board.

(FYI: The Board requires that therapists have appropriate knowledge, training and experience in the area involved in the violation).

4. Clinical Diagnostic Evaluation

Within twenty (20) days of the effective date of the Decision and at any time upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. Respondent shall provide the evaluator with a copy of the Board's Decision prior to the clinical diagnostic evaluation being performed.

Any time the Respondent is ordered to undergo a clinical diagnostic evaluation, his or her license or registration shall be automatically suspended for a minimum of one month pending the results of a clinical diagnostic evaluation. During such time, the Respondent shall submit to random drug testing at least two (2) times per week.

Respondent shall cause the evaluator to submit to the Board a written clinical diagnostic evaluation report within ten (10) days from the date the evaluation was completed, unless an extension, not to exceed thirty (30) days, is granted to the evaluator by the Board. Cost of such evaluation shall be paid by the Respondent.

Respondent's license or registration shall remain suspended until the Board determines that he or she is able to safely practice either full-time or part-time and has had at least one month of negative drug test results. Respondent shall comply with any restrictions or recommendations made by the Board as a result of the clinical diagnostic evaluation.

5. Supervised Practice

Within 30 days of the effective date of this decision, respondent shall submit to the Board or its designee, for its prior approval, the name and qualification of one or more proposed supervisors and a plan by each supervisor. The supervisor shall be a current California licensed practitioner in

respondent's field of practice, who shall submit written reports to the Board or its designee on a quarterly basis verifying that supervision has taken place as required and including an evaluation of respondent's performance. The supervisor shall be independent, with no prior business, professional or personal relationship with respondent.

If respondent is unable to secure a supervisor in his or her field of practice due to the unavailability of mental health care professionals in the area, then the Board may consider the following options for satisfying this probationary term:

- (1) Permitting the respondent to receive supervision via videoconferencing; or,
- (2) Permitting respondent to secure a supervisor not in the respondent's field of practice.

The forgoing options shall be considered and exhausted by the Board in the order listed above. The Board may require that respondent provide written documentation of his or her good faith attempts to secure face-to-face supervision, supervision via videoconferencing or to locate a mental health professional that is licensed in the respondent's field of practice.

Respondent shall complete any required consent forms and sign an agreement with the supervisor and the Board regarding the Respondent and the supervisor's requirements and reporting responsibilities. Failure to file the required reports in a timely fashion shall be a violation of probation. Respondent shall give the supervisor access to respondent's fiscal and client records. Supervision obtained from a probation supervisor shall not be used as experience gained toward licensure.

If the supervisor is no longer available, respondent shall notify the Board within 15 days and shall not practice until a new supervisor has been approved by the Board. All costs of the supervision shall be borne by respondent. Supervision shall consist of at least one (1) hour per week in individual face to face meetings. The supervisor shall not be the respondent's therapist.

[Optional - Respondent shall not practice until he/she has received notification that the Board has approved respondent's supervisor.]

6. Education

Respondent shall take and successfully complete the equivalency of ____ semester units in each of the following areas _____. All course work shall be taken at the graduate level at an accredited or approved educational institution that offers a qualifying degree for licensure as a marriage and family therapist, clinical social worker, educational psychologist, or professional clinical counselor or through a course approved by the Board. Classroom attendance must be specifically required. Course content shall be pertinent to the violation and all course work must be completed within one year from the effective date of this Decision.

Within 90 days of the effective date of the decision respondent shall submit a plan for prior Board approval for meeting these educational requirements. All costs of the course work shall be paid by the respondent. Units obtained for an approved course shall not be used for continuing education units required for renewal of licensure.

(FYI: This term is appropriate when the violation is related to record keeping, which includes but is not limited to: recordkeeping, documentation, treatment planning, progress notes, security of records, billing and reporting requirements.)

7. Take and Pass Licensure Examinations

Respondent shall take and pass the licensure exam(s) currently required of new applicants for the license possessed by respondent. Respondent shall not practice until such time as respondent has taken and passed these examinations. Respondent shall pay the established examination fees. If respondent has not taken and passed the examination within twelve months from the effective date of this decision, respondent shall be considered to be in violation of probation.

8. Rehabilitation Program

Within fifteen (15) days from the effective date of the decision, respondent shall submit to the Board or its designee for prior approval the name of one or more rehabilitation program(s). Respondent shall enter a rehabilitation and monitoring program within fifteen (15) days after notification of the board's approval of such program. Respondent shall successfully complete such treatment contract as may be recommended by the program and approved by the Board or its designee. Respondent shall submit proof satisfactory to the Board or its designee of compliance with this term of probation. Respondent shall sign a release allowing the program to release to the Board all information the Board deems relevant. The respondent shall take all necessary steps to ensure that the rehabilitation program submits quarterly written reports to the Board addressing the respondent's treatment and progress in the program.

Components of the treatment contract shall be relevant to the violation and to the respondent's current status in recovery or rehabilitation. The components may include, but are not limited to: restrictions on practice and work setting, random drug and alcohol testing, abstention from drugs and alcohol, use of worksite monitors, participation in chemical dependency rehabilitation programs or groups, psychotherapy, counseling, psychiatric evaluations, and other appropriate rehabilitation or monitoring programs. All costs of participating in the program(s) shall be borne by the respondent.

9. Abstain from Controlled Substances / Submit to Drug and Alcohol Testing

Respondent shall completely abstain from the use or possession of controlled or illegal substances unless lawfully prescribed by a medical practitioner for a bona fide illness.

Respondent shall immediately submit to random and directed drug and alcohol testing, at respondent's cost, upon request by the Board or its designee. The Respondent shall be subject to a minimum number of random tests per year for the duration of the probationary term, as prescribed in the Uniform Standards Related to Substance Abuse listed herein. There will be no confidentiality in test results. Any confirmed positive finding will be immediately reported to the Respondent, the Respondent's current employer, and the supervisor, if any, and shall be a violation of probation.

If the Respondent tests positive for a controlled substance, Respondent's license or registration shall be automatically suspended. Respondent shall make daily contact as directed by the Board to determine if he or she must submit to drug testing. Respondent shall submit his or her drug test on the same day that he or she is notified that a test is required. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

10. Abstain from Use of Alcohol / Submit to Drug and Alcohol Testing

Respondent shall completely abstain from the intake of alcohol during the period of probation.

Respondent shall immediately submit to random and directed drug and alcohol testing, at respondent's cost, upon request by the Board or its designee. The Respondent shall be subject to a minimum number of random tests per year for the duration of the probationary term, as prescribed in the Uniform Standards Related to Substance Abuse listed herein. There will be no confidentiality in test results. Any confirmed positive finding will be immediately reported to the Respondent, the Respondent's current employer, and to the supervisor, if any, and shall be a violation of probation.

If the Respondent tests positive for alcohol and/or a controlled substance, Respondent's license or registration shall be automatically suspended. Respondent shall make daily contact as directed by the Board to determine if he or she must submit to drug testing. Respondent shall submit his or her drug test on the same day that he or she is notified that a test is required. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

11. Restricted Practice

Respondent's practice shall be limited to _____. Within 30 days from the effective date of the decision, respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction. Respondent shall submit proof satisfactory to the Board or its designee of compliance with this term of probation. Respondent shall notify their supervisor of the restrictions imposed on their practice.

12. Restitution

Within 90 days of the effective date of this decision, respondent shall provide proof to the Board or its designee of restitution in the amount of \$_____ paid to _____.

13. Physical Evaluation

Within 90 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall complete a physical evaluation by such licensed physicians as are appointed by the Board. The cost of such evaluation shall be borne by respondent. Failure to pay for the report in a timely fashion constitutes a violation of probation.

Such physician shall furnish a written report to the Board or its designee regarding respondent's judgment and ability to function independently and safely as a therapist and such other information

as the Board may require. Respondent shall execute a Release of Information authorizing the physician to release all information to the Board. Respondent shall comply with the recommendations of the physician.

If a physical evaluation indicates a need for medical treatment, within 30 days of notification by the Board, respondent shall submit to the Board or its designee the name and qualifications of the medical provider, and a treatment plan by the medical provider by which the respondent's physical treatment will be provided.

If respondent is determined to be unable to practice independently and safely, upon notification, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee. Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board or its designee has notified the respondent of its determination that respondent may resume practice.

14. Monitor Billing System

Within fifteen (15) days from the effective date of the decision, respondent shall submit to the Board or its designee for prior approval the name of one or more independent billing systems which monitor and document the dates and times of client visits. Respondent shall obtain the services of the independent billing system monitoring program within fifteen (15) days after notification of the board's approval of such program. Clients are to sign documentation stating the dates and time of services rendered by respondent and no bills are to be issued unless there is a corresponding document signed by the client in support thereof. The billing system service shall submit quarterly written reports concerning respondent's cooperation with this system. The cost of the service shall be borne by respondent.

15. Monitor Billing System Audit

Within 60 days of the effective date of this decision, respondent shall provide to the Board or its designee the names and qualifications of three auditors. The Board or its designee shall select one of the three auditors to annually audit respondent's billings for compliance with the Billing System condition of probation. During said audit, randomly selected client billing records shall be reviewed in accordance with accepted auditing/accounting standards and practices. The cost of the audits shall be borne by respondent. Failure to pay for the audits in a timely fashion shall constitute a violation of probation.

16. Law and Ethics Course

Respondent shall take and successfully complete the equivalency of two semester units in law and ethics. Course work shall be taken at the graduate level at an accredited or approved educational institution that offers a qualifying degree for licensure as a marriage and family therapist, clinical social worker, educational psychologist, professional clinical counselor as defined in Sections 4980.40, 4996.18, 4999.32 or 4999.33 of the Business and Professions Codes and Section 1854 of Title 16 of the California Code of Regulations or through a course approved by the Board. Classroom attendance must be specifically required. Within 90 days of the effective date of this Decision, respondent shall submit a plan for prior Board approval for meeting this educational requirement. Said course must be taken and completed within one year from the effective date of this Decision. The costs associated with the law and ethics course shall be paid by the respondent. Units obtained for an approved course in law and ethics shall not be used for continuing education

units required for renewal of licensure.

(FYI: This term is appropriate when the licensee fails to keep informed about or comprehend the legal obligations and/or ethical responsibilities applicable to their actions. Examples include violations involving boundary issues, transference/countertransference, breach of confidentiality and reporting requirements.)

Standard Terms and Conditions of Probation

The sixteen standard terms and conditions generally appearing in every probation case are as follows:

17. Obey All Laws
18. File Quarterly Reports
19. Comply with Probation Program
20. Interviews with the Board
21. Failure to Practice
22. Change of Place of Employment or Place of Residence
23. Supervision of Unlicensed Persons
24. Notification to Clients
25. Notification to Employer
26. Violation of Probation
27. Maintain Valid License
28. License Surrender
29. Instruction of Coursework Qualifying for Continuing Education
30. Notification to Referral Services
31. Reimbursement of Probation Program
32. Cost Recovery

Specific Language for Standard Terms and Conditions of Probation

(To be included in all Decisions)

17. Obey All Laws

Respondent shall obey all federal, state and local laws, all statutes and regulations governing the licensee, and remain in full compliance with any court ordered criminal probation, payments and other orders. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term, respondent shall submit fingerprints through the Department of Justice and Federal Bureau of Investigation within 30 days of the effective date of the decision, unless previously submitted as part of the licensure application process. Respondent shall pay the cost associated with the fingerprint process.

18. File Quarterly Reports

Respondent shall submit quarterly reports, to the Board or its designee, as scheduled on the "Quarterly Report Form" (rev. 01/12/01). Respondent shall state under penalty of perjury whether

he/she has been in compliance with all the conditions of probation. Notwithstanding any provision for tolling of requirements of probation, during the cessation of practice respondent shall continue to submit quarterly reports under penalty of perjury.

19. Comply with Probation Program

Respondent shall comply with the probation program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the program.

20. Interviews with the Board

Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

21. Failure to Practice

In the event respondent stops practicing in California, respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in Sections 4980.02, 4989.14, 4996.9, or 4999.20 of the Business and Professions Code. Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term and will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; File Quarterly Reports; Comply With Probation Program; Maintain Valid License/Registration; and Cost Recovery. Respondent's license/registration shall be automatically cancelled if respondent's period of non-practice total two years.

22. Change of Place of Employment or Place of Residence

Respondent shall notify the Board or its designee in writing within 30 days of any change of place of employment or place of residence. The written notice shall include the address, the telephone number and the date of the change.

23. Supervision of Unlicensed Persons

While on probation, respondent shall not act as a supervisor for any hours of supervised practice required for any license issued by the Board. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision.

24. Notification to Clients

Respondent shall notify all clients when any term or condition of probation will affect their therapy or the confidentiality of their records, including but not limited to supervised practice, suspension, or client population restriction. Such notification shall be signed by each client prior to continuing or commencing treatment. Respondent shall submit, upon request by the Board or its designee,

satisfactory evidence of compliance with this term of probation.

(FYI: Respondents should seek guidance from Board staff regarding appropriate application of this condition).

25. Notification to Employer

Respondent shall provide each of his or her current or future employers, when performing services that fall within the scope of practice of his or her license, a copy of this Decision and the Statement of Issues or Accusation before commencing employment. Notification to the respondent's current employer shall occur no later than the effective date of the Decision or immediately upon commencing employment. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

The Respondent shall provide to the Board the names, physical addresses, and telephone numbers of all employers, supervisors, and contractors.

Respondent shall complete the required consent forms and sign an agreement with the employer and supervisor, or contractor, and the Board to allow the Board to communicate with the employer and supervisor or contractor regarding the licensee or registrant's work status, performance, and monitoring.

26. Violation of Probation

If respondent violates the conditions of his/her probation, the Board, after giving respondent notice and the opportunity to be heard, may set aside the stay order and impose the discipline (revocation/suspension) of respondent's license [or registration] provided in the decision.

If during the period of probation, an accusation, petition to revoke probation, or statement of issues has been filed against respondent's license [or registration] or application for licensure, or the Attorney General's office has been requested to prepare such an accusation, petition to revoke probation, or statement of issues, the probation period set forth in this decision shall be automatically extended and shall not expire until the accusation, petition to revoke probation, or statement of issues has been acted upon by the board. Upon successful completion of probation, respondent's license [or registration] shall be fully restored.

27. Maintain Valid License

Respondent shall, at all times while on probation, maintain a current and active license with the Board, including any period during which suspension or probation is tolled. Should respondent's license, by operation of law or otherwise, expire, upon renewal respondent's license shall be subject to any and all terms of this probation not previously satisfied.

28. 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.

29. Instruction of Coursework Qualifying for Continuing Education

Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

30. Notification to Referral Services

Respondent shall immediately send a copy of this decision to all referral services registered with the Board in which respondent is a participant. While on probation, respondent shall send a copy of this decision to all referral services registered with the Board that respondent seeks to join.

31. Reimbursement of Probation Program

Respondent shall reimburse the Board for the costs it incurs in monitoring the probation to ensure compliance for the duration of the probation period. Reimbursement costs shall be \$_____ per year.

32. Cost Recovery

Respondent shall pay the Board \$_____ as and for the reasonable costs of the investigation and prosecution of Case No. _____. Respondent shall make such payments as follows: [Outline payment schedule.] Respondent shall make the check or money order payable to the Board of Behavioral Sciences and shall indicate on the check or money order that it is the cost recovery payment for Case No. _____. Any order for payment of cost recovery shall remain in effect whether or not probation is tolled. Probation shall not terminate until full payment has been made. Should any part of cost recovery not be paid in accordance with the outlined payment schedule, respondent shall be considered to be in violation of probation. A period of non-practice by respondent shall not relieve respondent of his or her obligation to reimburse the board for its costs.

Cost recovery must be completed six months prior to the termination of probation. A payment plan authorized by the Board may be extended at the discretion of the Enforcement Manager based on good cause shown by the probationer.

IV. BOARD POLICIES AND GUIDELINES

Accusations

The Board of Behavioral Sciences (Board) has the authority pursuant to Section 125.3 of the Business and Professions Code to recover costs of investigation and prosecution of its cases. The Board requests that this fact be included in the pleading and made part of the accusation.

Statement of Issues

The Board will file a Statement of Issues to deny an application of a candidate for the commission of an act, which if committed by a licensee would be cause for license discipline.

Stipulated Settlements

The Board will consider entering into stipulated settlements to promote cost effective consumer protection and to expedite disciplinary decisions. The respondent should be informed that in order to stipulate to settlement with the Board, he or she may be required to admit to the violations set forth in the Accusation. The Deputy Attorney General must accompany all proposed stipulations submitted with a memo addressed to Board members explaining the background of the case, defining the allegations, mitigating circumstances, admissions, and proposed penalty along with a recommendation.

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."

Recommended Language for Registration Applicants

IT IS HEREBY ORDERED THAT Respondent _____ be issued a Registration as a _____. Said Registration shall be revoked. The revocation will be stayed and Respondent placed on _____ years probation with the following terms and conditions. Probation shall continue on the same terms and conditions if Respondent is granted a subsequent registration, becomes licensed, or is granted another registration or license regulated by the Board during the probationary period.

Recommended Language for Registrants

IT IS HEREBY ORDERED THAT _____ Registration Number _____ issued to Respondent _____ is revoked. The revocation will be stayed and respondent placed on _____ years probation with the following terms and conditions. Probation shall continue on the same terms and conditions if Respondent is granted a subsequent registration, becomes licensed, or is granted another registration or license regulated by the Board during the probationary period.

Recommended Language for Licensees

IT IS HEREBY ORDERED THAT _____ License Number _____ issued to Respondent _____ is revoked. The revocation will be stayed and respondent placed on _____ years probation with the following terms and conditions. Probation shall continue on the same terms and conditions if respondent is granted another registration or license regulated by the Board.

Proposed Decisions

The Board requests that proposed decisions include the following if applicable:

- A. Names and addresses of all parties to the action.
- B. Specific Code section violated with the definition of the code in the Determination of Issues.
- C. Clear description of the acts or omissions that constitute a violation.
- D. Respondent's explanation of the violation in the Findings of fact if he or she is present at the hearing.
- E. Explanation for deviation from the Board's Disciplinary Guidelines.

When a probation order is imposed, the Board requests that the Order first list the Optional Terms and Conditions (1-16) followed by the Standard Terms and Conditions (17-32) as they may pertain to the

particular case. If the respondent fails to appear for his or her scheduled hearing or does not submit a notice of defense, such inaction shall result in a default decision to revoke licensure or deny application.

Reinstatement / Reduction of Penalty Hearings

The primary concerns of the Board at reinstatement or penalty relief hearings are (1) the Rehabilitation Criteria for Suspensions or Revocations identified in Title 16, California Code of Regulations Section 1814, and (2) the evidence presented by the petitioner of his or her rehabilitation. The Board is not interested in retrying the original revocation or probation case. The Board shall consider, pursuant to Section 1814, the following criteria of rehabilitation:

- (1) Nature and severity of the act(s) or crime(s) under consideration as grounds for suspension or revocation.
- (2) Evidence of any acts committed subsequent to the acts or crimes under consideration as grounds for suspension or revocation under Section 490 of the Code.
- (3) The time that has elapsed since commission of the acts or crimes giving rise to the suspension or revocation.
- (4) Whether the licensee has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against such person.
- (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
- (6) Evidence, if any, concerning the degree to which a false statement relative to application for licensure may have been unintentional, inadvertent, or immaterial.
- (7) Efforts made by the applicant either to correct a false statement once made on an application

or to conceal the truth concerning facts required to be disclosed.

- (8) Evidence, if any, of rehabilitation submitted by the licensee.

In the Petition Decision the Board requires a summary of the offense and the specific codes violated which resulted in the revocation, surrender, or probation of the license.

In petitioning for Reinstatement or Reduction of Penalty under Business and Professions Code Section 4982.2, the petitioner has the burden of demonstrating that he or she has the necessary and current qualifications and skills to safely engage in the practice of marriage and family therapy, clinical social work, educational psychology, or professional clinical counselor within the scope of current law, and accepted standards of practice. In reaching its determination, the Board considers various factors including the following:

- A. The original violations for which action was taken against the petitioner's license;
- B. Prior disciplinary and criminal actions taken against the petitioner by the Board, any State, local, or Federal agency or court;
- C. The petitioner's attitude toward his or her commission of the original violations and his or her attitude in regard to compliance with legal sanctions and rehabilitative efforts;
- D. The petitioner's documented rehabilitative efforts;
- E. Assessment of the petitioner's rehabilitative and corrective efforts;

F. In addition, the Board may consider other appropriate and relevant matters not reflected above.

If the Board should deny a request for reinstatement of a revoked license or reduction of penalty (modification or termination of probation), the Board requests the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial.

If a petitioner fails to appear for his or her scheduled reinstatement or penalty relief hearing, such proceeding shall go forth without the petitioner's presence and the Board will issue a decision based on the written evidence and oral presentations submitted.

ATTACHMENT K

BBS MAIL BALLOT FORM

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Board of
Behavioral
Sciences

Memo

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: All Board Members

Date: October 8, 2013

From: Jane Doe
Board of Behavioral Sciences

Telephone: (916) 574-7890

Subject: Mail Ballot Re: John Doe, MFC 12345, Case No. 200201500127

PLEASE RETURN YOUR VOTE BY: October 18, 2013

Please review the attached documents and enter your vote on this matter below. Upon completion of your mail vote sheet, return to me in the enclosed envelope. Action is:

Proposed Decision

Default Decision

Stipulation

If the action is a Proposed Decision: In accordance with Government Code Section 11517(d), unless the Board moves to non-adopt the proposed decision, the decision is deemed adopted by The Board 100 days from the date of receipt. The 100 days for this expires on _____

VOTE IS TO:

- ADOPT/GRANT (Majority)
- REJECT (Majority)
- HOLD FOR DISCUSSION at the next Board meeting. (2 votes required)

Comments/Reason for Hold:

Signature of Board Member

Date

Please *print* name

- I would like to discuss at open session at the next board meeting the following related topic that is not specific to this case. Note: One of the 3 choices above **has been** marked:

- I would like to request staff review for a **precedential decision**.

Attachments: Default Decision and Order, Accusation and Default Decision Investigatory Evidence Packet

BOARD OF BEHAVIORAL SCIENCES
MAIL BALLOT FORMS - DEFINITIONS AND VOTES

DEFINITIONS

PROPOSED DECISION: Following a hearing, the administrative law judge drafts a proposed decision which recommends a penalty or penalties. The Board of prepares its own decision. At its discretion, the Board may impose a lesser penalty than that in the proposed decision. However, if the Board believes it should increase a proposed penalty, it must read the entire transcript of the hearing and review all exhibits prior to acting on the case.

DEFAULT DECISION: If an accusation is returned by the post office as unclaimed, if service is not possible because the Board does not know the whereabouts of a respondent, or if a respondent fails to file a Notice of Defense, or fails to appear personally or through counsel at the hearing, the respondent is considered in default. Usually, defaulted cases conclude in revocation of the license. If the Board adopts a default decision, the decision can be set aside and the case set for hearing if the respondent petitions for reconsideration by the effective date of the decision and if the Board grants the petition.

PROPOSED STIPULATION: At any time during the disciplinary process, the parties to the matter (the Board and the respondent) can agree to a disposition of the case. Generally, the Deputy Attorney general negotiates stipulated agreements that represent the Board in the case, and the respondent and his/her attorney. The Board may adopt the stipulated agreement as proposed, may recommend other provisions, or may reject the agreement. If either party declines to accept the proposed agreement, the case continues in the standard disciplinary process.

VOTES

ADOPT: A vote to adopt the proposed action means that you agree with the action as written.

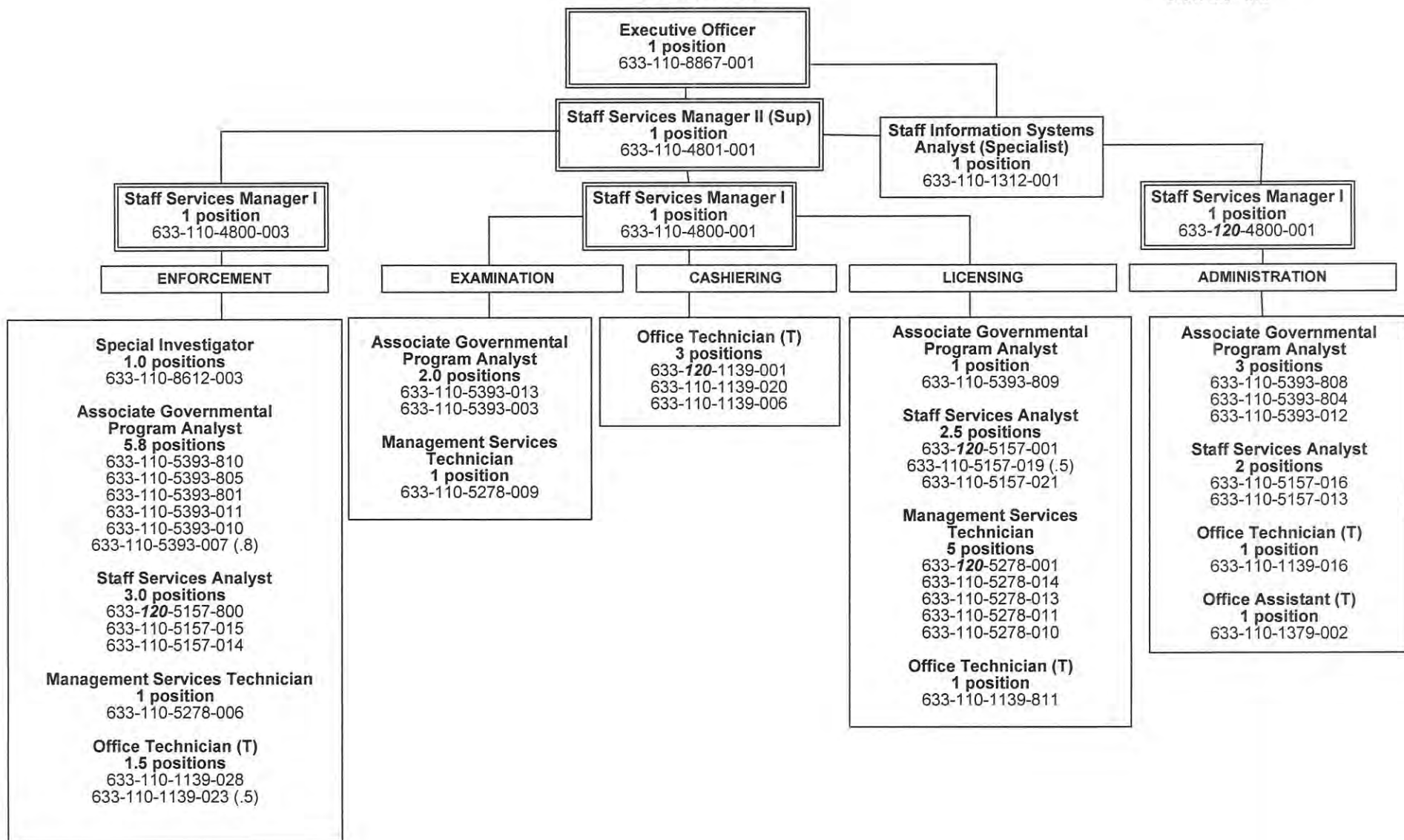
NON-ADOPT/ REJECT: A vote to not adopt the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the Board's decision. However, a majority vote to adopt will prevail over a minority vote to not adopt.

HOLD FOR DISCUSSION: A vote to hold for discussion may be made if you wish to have some part of the action changed in some way (increase penalty, reduce penalty, etc.) For example, you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer. At least TWO votes in this category must be received to stop the process until the Board can consider the case in closed session at the board meeting.

TOPIC DISCUSSION FOR OPEN SESSION: By marking this category, you may have a matter that is not specifically related to the case, but a topic in general discussed at the Board's next meeting. The discussion will be in open session.

Department of Consumer Affairs
BOARD OF BEHAVIORAL SCIENCES
 FY 2011-12

FY 2011-12
 Authorized Position: 42.3
 Blanket: 3.3



Executive Officer

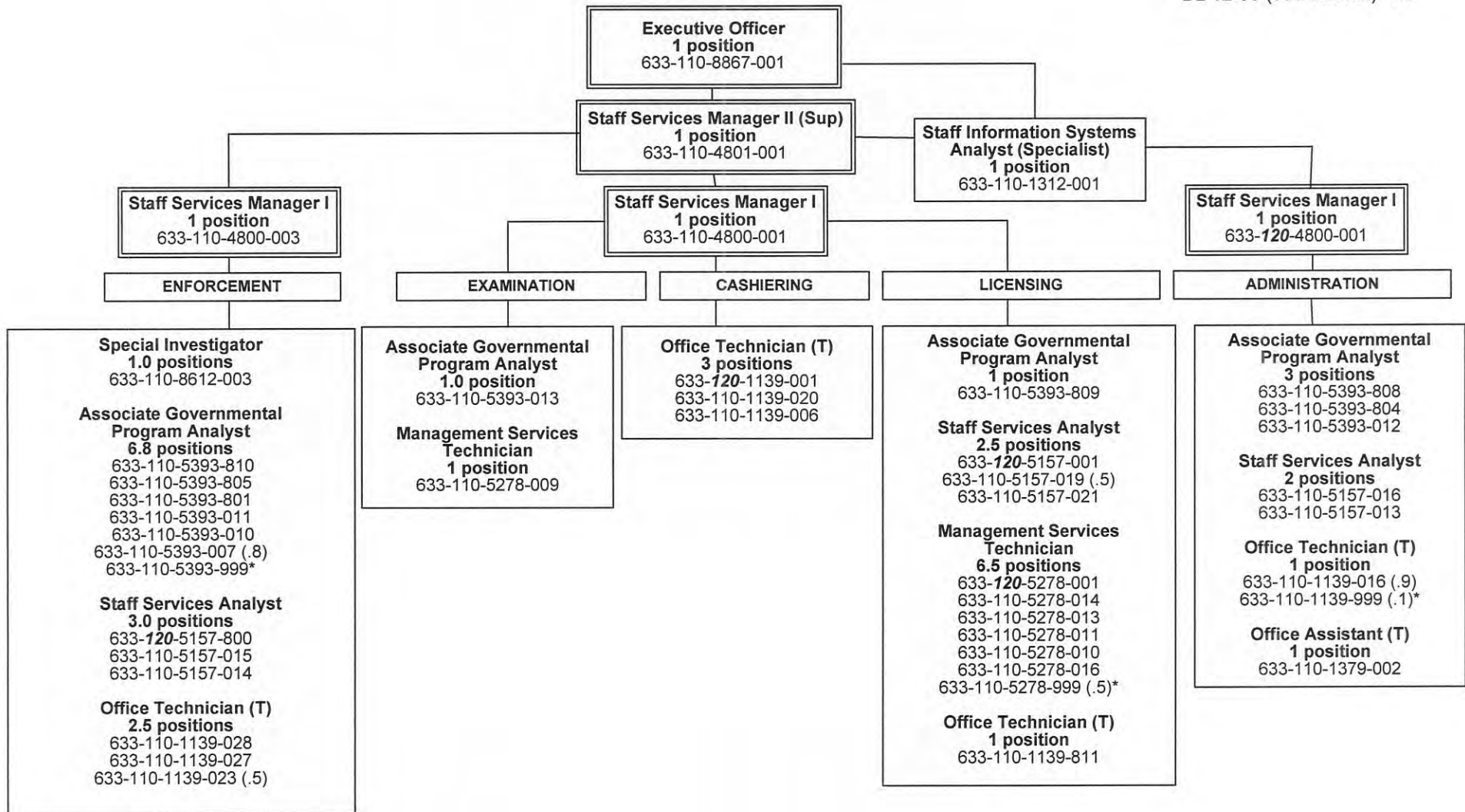
Date

Personnel Analyst

Date

Department of Consumer Affairs
BOARD OF BEHAVIORAL SCIENCES
 FY 2012-13

FY 2012-13
 Authorized Position: 40.7
 *BL 12-03 (999 blanket): 1.6

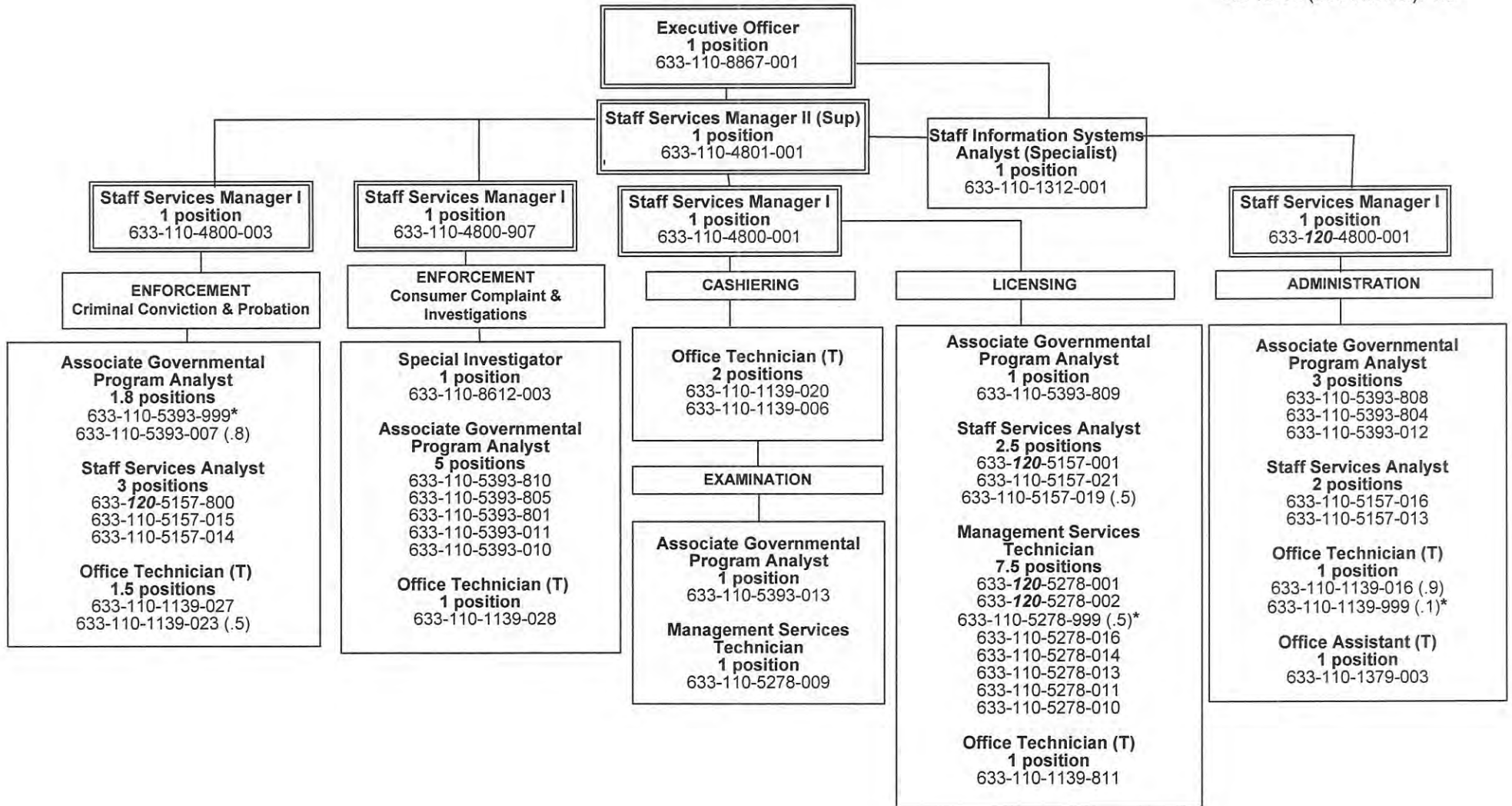


Executive Officer _____ Date _____

Personnel Analyst _____ Date _____

Department of Consumer Affairs
BOARD OF BEHAVIORAL SCIENCES
FY 2013-14

FY 2013-14
 Authorized Positions: 40.7
 *BL 12-03 (999 blanket): 1.6

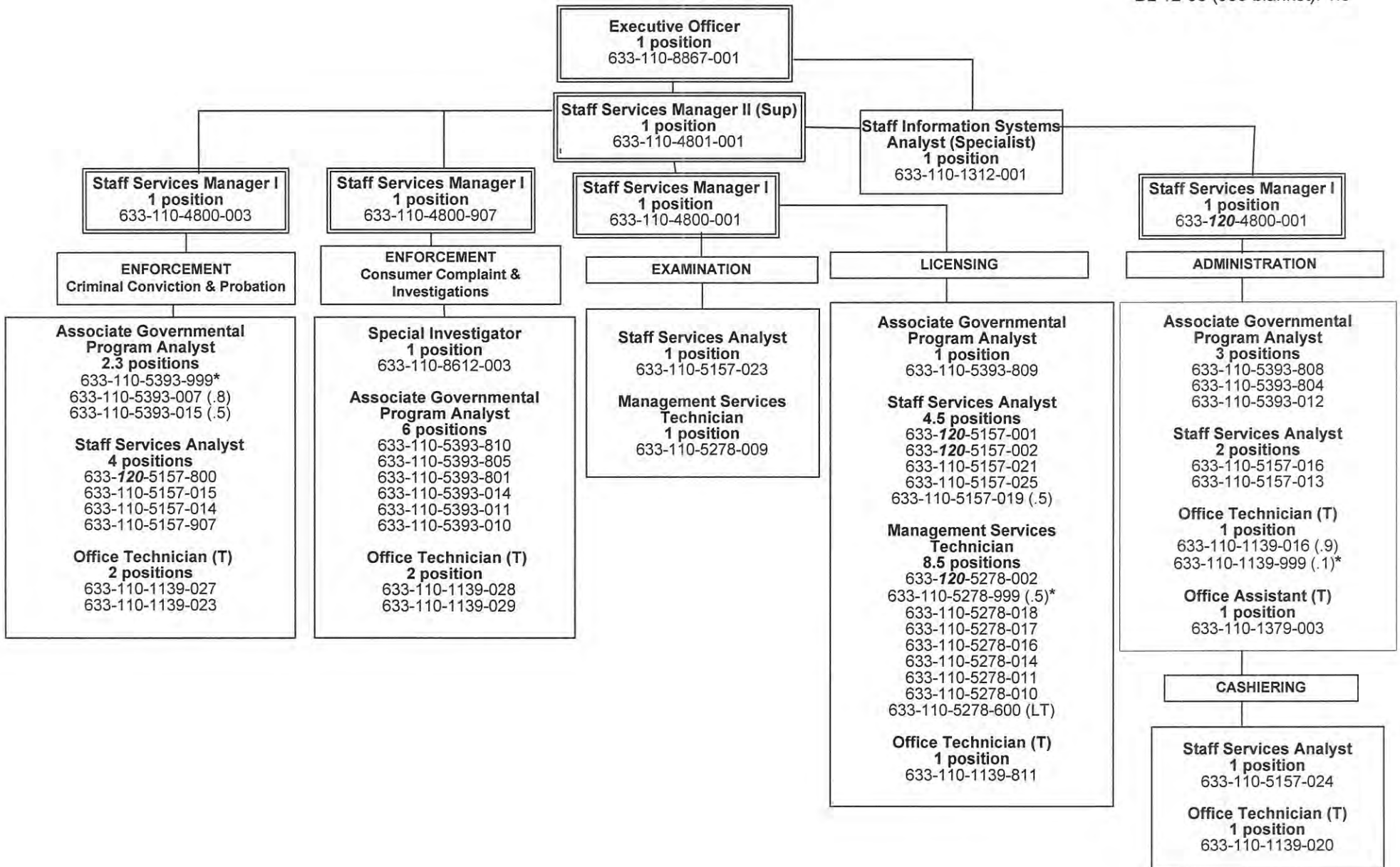


Executive Officer _____ Date _____

Personnel Analyst _____ Date _____

Department of Consumer Affairs
BOARD OF BEHAVIORAL SCIENCES
 FY 2014-15

FY 2014-15
 Authorized Positions: 48.2
 *BL 12-03 (999 blanket): 1.6



Executive Officer _____ Date _____

Personnel Analyst _____ Date _____

SUPERVISEE SURVEY RESPONSES

June 22, 2015
527 Responses

What type of registration do you have? Select all that apply.		
	Response Percent	Response Count
Marriage and Family Therapist Intern	62%	328
Associate Clinical Social Worker	30%	159
Professional Counselor Intern	8%	47
Response Count		527
There were seven respondents that had a dual registration. Six had a MFTI and a PCI registration. One had a ASW and PCI registration.		

Is this your first registration?				
	IMF	ASW	PCI	TOTAL
Yes	276 (85%)	127 (81%)	46 (100%)	444 (85%)
No, This is my 2nd	38 (12%)	19 (12%)	N/A	57 (11%)
No, This is my 3rd	11 (3%)	11 (7%)	N/A	22 (4%)
Response Count				523

What were your reasons for needing a 2nd or 3rd registration?				
	IMF	ASW	PCI	TOTAL
For employment purposes.	13 (28%)	11 (41%)	N/A	24 (32%)
I was unable to gain all of my hours in 6 years.	22 (47%)	7 (26%)	N/A	29 (39%)
Other	17 (36%)	12 (44%)	N/A	29 (39%)
Response Count				74

Sampling of comments to question. (8 comments total)	
1	To maintain my intern status while preparing for or taking exam and maintaining employment.
2	Difficult to find a supervisor or working part time to obtain hours.
3	I was unable to attain a supervisor with the necessary requirements to sign off on hours I had accrued over the past 10 years.

Approximately how many supervised hours have you gained?				
	IMF	ASW	PCI	TOTAL
Clinical (Average)	1576	2098	812	1656
Non-Clinical (Average)	814	938	887	854
Response Count				397

What has been the approximate client mix of your supervised experience?						
TOTAL	N/A	1-25%	25 - 50%	50 - 75%	75 - 100%	Response Count
Adult Individual	18	81	88	101	57	339
Groups	46	174	52	26	7	304
Couples	83	143	38	5	0	266
Children/Adolescents	30	105	78	72	43	326
Families	33	181	45	30	14	301
Other	85	22	3	3	2	115
Please Specify Other						23
Other responses included telemedicine, advocacy, elder adults and administrative.						

What has been the approximate client mix of your supervised experience?						
IMF	N/A	1-25%	25 - 50%	50 - 75%	75 - 100%	Response Count
Adult Individual	5	59	55	70	20	206
Groups	23	114	31	14	4	186
Couples	37	107	29	3	0	175
Children/Adolescents	6	75	54	50	24	208
Families	15	126	33	13	8	193
Other	55	15	0	1	0	71
Please Specify Other						14

What has been the approximate client mix of your supervised experience?						
ASW	N/A	1-25%	25 - 50%	50 - 75%	75 - 100%	Response Count
Adult Individual	11	19	26	24	26	104
Groups	16	45	17	11	2	91
Couples	39	26	5	2	0	71
Children/Adolescents	19	20	21	18	11	88
Families	10	45	11	17	5	88
Other	19	6	3	2	2	32
Please Specify Other						8

What has been the approximate client mix of your supervised experience?						
PCI	N/A	1-25%	25 - 50%	50 - 75%	75 - 100%	Response Count
Adult Individual	2	3	8	8	11	31
Groups	7	16	4	1	1	28
Couples	7	11	4	0	0	21
Children/Adolescents	5	11	4	4	8	32
Families	8	10	1	0	1	20
Other	11	1	0	0	0	12
Please Specify Other						1

What has been your weekly average caseload?				
	IMF	ASW	PCI	TOTAL
Cases Per Week	15	20	13	16.5
Response Count				369
Responses ranged from 2 to 67 cases per week.				

How many supervisors do/did you have?				
	IMF	ASW	PCI	TOTAL
1	172 (100%)	98 (100%)	31 (100%)	301 (100%)
2	112 (65%)	56 (57%)	10 (32%)	178 (59%)
3	66 (38%)	21 (21%)	4 (13%)	91 (30%)
4	34 (20%)	9 (9%)	1 (3%)	44 (15%)
5	19 (11%)	3 (3%)	0	22 (7%)
6	11 (6%)	0	0	11 (4%)
7	5 (3%)	0	0	5 (2%)

What type of license does your supervisor hold?				
	IMF	ASW	PCI	Response Count
Marriage and Family Therapist	299 (69%)	46 (25%)	26 (57%)	355 (54%)
Licensed Clinical Social Worker	76 (18%)	127 (68%)	14 (10%)	215 (33%)
Licensed Professional Clinical Counselor	7 (2%)	4 (2%)	1 (2%)	12 (2%)
Psychologist	52 (12%)	8 (4%)	5 (4%)	65 (10%)
Board Certified Psychiatrist	2 (1%)	2 (1%)	0	5 (1%)
Responses Count				652

What type of Supervision did you receive from this supervisor?				
	IMF	ASW	PCI	TOTAL
Individual	127 (31%)	89 (48%)	17 (37%)	233 (36%)
Group	94 (23%)	27 (14%)	3 (7%)	124 (19%)
Both	195 (47%)	71 (38%)	26 (57%)	292 (45%)
Response Count				649

How many hours have you gained under this supervisor in the following settings?				
	IMF	ASW	PCI	TOTAL
Private Practice	382	298	44	337
Governmental Entity	370	901	82	558
Public Non-Profit Agency	687	1165	726	808
Other Community Agency	541	917	510	658
Medical Facility	236	851	250	476
School, College or University	410	418	250	399
Other	157	385	25	223
Response Count				621

Where did the supervision take place? Select all that apply.				
	IMF	ASW	PCI	TOTAL
Onsite	375 (90%)	158 (85%)	37 (80%)	570 (88%)
Offsite	69 (17%)	36 (19%)	13 (28%)	118 (18%)
Videoconferencing	7 (2%)	10 (5%)	2 (4%)	19 (3%)
Response Count				647

Did you pay this supervisor?				
	IMF	ASW	PCI	TOTAL
Yes	41 (10%)	24 (13%)	7 (15%)	72 (11%)
No	376 (90%)	160 (87%)	39 (85%)	575 (89%)
Response Count				647

Did the Supervisor provide regular weekly feedback?				
	IMF	ASW	PCI	TOTAL
Yes	357 (86%)	166 (89%)	38 (84%)	561 (87%)
No	58 (14%)	20 (11%)	7 (16%)	85 (13%)
Response Count				646

Did your supervisor ask you for feedback on their supervision?				
	IMF	ASW	PCI	TOTAL
Yes	215 (51%)	91 (49%)	25 (54%)	331 (51%)
No	202 (48%)	94 (51%)	21 (46%)	317 (49%)
Response Count				648

What methods of supervision did this supervisor use? Select all that apply.

	IMF	ASW	PCI	TOTAL
Report by Supervisee	383 (42%)	172 (48%)	40 (44%)	595 (43%)
Direct Observation	94 (10%)	55 (15%)	8 (9%)	157 (11%)
Review of Case Notes	278 (30%)	107 (30%)	29 (32%)	414 (30%)
Audio or Video Tape	95 (10%)	10 (3%)	3 (3%)	108 (8%)
Co-Therapy	50 (5%)	11 (3%)	6 (7%)	67 (5%)
Other (please specify)	18 (2%)	6 (2%)	5 (5%)	29 (2%)
Response Count				649
Other responses included case presentation, case consultation, role play, and report from other employees.				

Did your supervisor regularly discuss the following? Select all that apply.

	IMF	ASW	PCI	TOTAL
Your Strengths	296 (19%)	140 (20%)	30 (19%)	466 (19%)
Areas of Growth	299 (20%)	139 (20%)	31 (19%)	469 (20%)
Setting Supervision Goals	184 (12%)	108 (15%)	23 (14%)	315 (13%)
Achievement of Supervision Goals	146 (10%)	85 (12%)	16 (10%)	247 (10%)
Legal and Ethical Issues	342 (22%)	133 (19%)	37 (23%)	512 (21%)
Cultural Diversity	256 (17%)	104 (15%)	24 (15%)	384 (16%)
Response Count				604

How satisfied were you with the quality of this supervision?				
	IMF	ASW	PCI	TOTAL
Dissatisfied	50 (12%)	10 (5%)	5 (11%)	65 (10%)
Somewhat Dissatisfied	58 (14%)	23 (13%)	7 (15%)	88 (14%)
Satisfied	162 (39%)	70 (38%)	10 (22%)	248 (38%)
Completely Satisfied	145 (35%)	81 (44%)	24 (52%)	244 (38%)
Response Count				645

Sampling of comments to question	
Dissatisfied	
1	Didn't get to talk much about the cases since we often got interrupted.
2	Didn't learn any clinical skills. I felt it was a waste of time.
3	I felt I needed more guidance in some areas
4	Gave more time to some than others. Difficult to arrange consistent time.
5	It was a group but supervisor was not very engaging.
6	The supervisor charged me for the assessments of clients, although she did not show me results or explain the process. The supervisor asked me to contact insurance company's and ask for case by case agreements. The supervisor asked that I only take cash, after the clients were told their insurance companies were approved by billing.
7	Supervisor was overloaded with responsibilities and work, making supervision with me individually a low priority. We still met regularly but our meetings did not meet my expectations and I did not feel as though I was learning or benefitting in my early career development from our time together in any way.
8	Supervision sessions did not help me develop the goals I have set. At times, supervision was used to discuss work related issues such as performance evaluations, work load, staff changes etc. At times, supervisor talked about herself & her personal problems. I did not have a lot of respect for my supervisor as she was more focused on achieving organizational goals vs advocating for clients or respecting their self-determination. Supervisor also did not back me up when issues arise with other interdisciplinary team members, instead just told me to let it go. Thus, I did not value her supervision advice.
9	I felt my supervisor was so much into the therapy; he neglected to pay attention to details such as the law and ethics. They are touched upon, yes, but I feel as though I'm asking more questions, therefore, he does answer them. Not enough initiative on his part.
10	Supervisor was non-empathetic toward clients, indirectly (no client contact). Supervisor used axis 2 diagnoses as labels in seemingly spiteful or at least minimizing manner. Supervisor was quick to answer questions which could have

	been left for supervisees to give a go first. Supervisor used hostile augmentation fallacies when faced with differing opinions (red herring, straw man, false duality, etc). Supervisees turned to each other for advice as to how to contain supervisor or at least navigate the less than ideal situation until hours have been met. In short some training is needed on how to use clinical skills (such as motivational interviewing and humanistic rapport building) to lead instead of traditional "my way or the highway", confrontational/authoritarian style. Supervisors should know that they too are being graded for accountability.
11	I didn't feel like I got feedback and instead just had my cases listened to. There was very little on how I could grow professionally or do things differently.
12	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee.
13	She lacked clinical expertise. Additionally, she was not updated on current laws within the state of California.
14	None of my supervisors have worked from evidence-based practices, based interventions in consistent theoretical basis, nor used Socratic questioning.
15	Supervisor was too busy to be concerned about my needs. Felt like she relied on me for financial support. I decided to change supervisors to find someone who was truly invested in my growth as a therapist and not her individual and financial needs.
16	Supervisor was not experienced with the population that I worked with, unable to provide teaching/feedback with the types of cases I was dealing with. Supervisor was unable to teach me or help me develop my clinical skills, she was not a very effective teacher
17	This supervisor tells us what we should have done or said rather than using questioning to both help us arrive at it ourselves, and model what we should be doing in therapy. I have exactly 8 minutes most weeks to talk about all my cases, my business and any issues I need help with.
Satisfied	
1	Clinically satisfied, but dissatisfied about how this supervisor ran business and how little she provided specific feedback for areas for improvement.
2	I felt I really had to dig to get the support and guidance I needed
3	She pathologized clients really quickly. She focused on reports we had to write for the agency way too much. She offered little help that was valuable.
4	I've only had one direct supervisor. I am satisfied with my supervision, but I also have some aspects I find to be missing.
5	The supervision experience has been satisfying. I do wish we did more work with treatment planning.
6	My supervisor is very well spoken and gives good advice. However, I believe it would be helpful if he discussed interventions to use while in therapy as opposed to discussing the end goal we want to reach with the client. Knowing the end goal is a must, however there is a lot of work that goes into getting to that goal and having approved interventions that are discussed individually and as a group would be beneficial to the therapist and the client.
7	The supervision was what i needed for where I was at at the time. Learning to be a therapist can be overwhelming with all of the demands on our time. While focusing on strengths, areas of growth goals etc. would have been helpful, I would not want

	an over-focus here as it would feel like one more thing to have to do while trying to hold it all together and meet the other demands on my time.
8	Feedback was mostly limited to correction of errors.
9	This supervisor was a kind and well intentioned individual but did not possess the very much experience as a therapist to be as helpful as I would have liked in terms of improving my own skills as a therapist.
10	My individual supervisor for my practicum experience was somewhat helpful/qualified to provide supervision but I would have preferred a supervisor with more experience, especially as a practicum student seeing clients for the first time while still in school. I was glad that I was also provided with weekly feedback from professors in my graduate program to supplement the supervision I got at my site. Additionally, this supervisor was only at my site 1-2/week so she was not as readily available or responsive to my needs.
Completely Satisfied	
1	Excellent teacher - very supportive and knowledgeable - really built up confidence of new therapists
2	My first supervisor was wonderful. She had the perfect mixture of listening and instructing. I left her supervision feeling empowered.
3	I felt supported and also challenged to be a better therapist.
4	She is a calm and understanding person- very positive, and has a sense of humor.
5	My supervisor offers a Jungian perspective to the work we do with clients. This has been a great experience.
6	My supervisor was supportive and encouraging. She often provided feedback about my strengths. I sometimes felt uncertain about how to improve.
7	Pertinent subject matter was well covered, supervision meetings were consistent, it was a good learning environment.
8	The supervisor was supportive and made constructive suggestions.
9	This supervisor was also a professor and cared deeply about each one of his supervisees. He trained us in a fantastic model and coached us through he whole process. We worked with a co-therapist.
10	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee.
11	My supervisor has been my "rock" in hard times and my "champion" during good times. I am very satisfied with the support and encouragement I get from her.
12	He was wise and knowledgeable and challenged my personal beliefs in an effort to broaden my understanding of the clients of different cultures or experiences.
13	Supervisor was open to discussion, able to discuss cases in-depth, provide feedback/suggestions to improve my clinical work
14	This was one of my onsite supervisors who ran the counseling agency. He was very attuned and conscientious of this site being a good fit for trainees.
15	I appreciated the quality of this supervision because it exceeded beyond my needs. I appreciated the individual attention in a group setting, along with helpful information to apply to general and specific situations. The overall quality of this supervision was completely satisfying, especially because I was not satisfied with my other supervisor.
16	Supervisor was open to discussion, able to discuss cases in-depth, provide

feedback/suggestions to improve my clinical work
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How satisfied were you with the responsiveness of your supervisor to your needs?				
	IMF	ASW	PCI	TOTAL
Dissatisfied	50 (12%)	11 (6%)	5 (11%)	66 (10%)
Somewhat Dissatisfied	42 (10%)	22 (12%)	7 (15%)	71 (11%)
Satisfied	177 (43%)	79 (43%)	10 (22%)	266 (41%)
Completely Satisfied	145 (35%)	73 (39%)	24 (52%)	242 (38%)
Response Count				645

Sampling of comments to question	
Dissatisfied	
1	She did not respond to my needs, at all, ever. She was unreachable and always so late to supervision we never really had supervision.
2	This supervisor did not really supervise.
3	I would bring up what I needed and she would discuss what she thought I needed.
4	She was not available after the two hours of group supervision. She wasn't open to individual supervision nor phone calls. She made me feel like I was bugging her.
5	Not engaging. could not relate what he knows to my job
6	My supervisor often uses "lack of available time" in her schedule as a reason for not being able to meet my needs (e.g. more supervision or joint supervision on special cases).
7	often times, my supervisor just told me to let it go & to work within the system. She also did not support me when I had conflicts with other professionals.
8	she was way too busy ad spread thin supervising too many (over 30) trainees/interns.
9	I felt I couldn't be completely honest with my supervisor. I felt that if my views or thoughts conflicted with hers, she was not willing to listen. This created conflict with certain clients/cases.
Satisfied	
1	My supervisor is mostly available, but sometimes I find that she is not approachable due to her mood.
2	My supervisor has given me invaluable suggestions and feedback in our discussions and review of audio tapes of my sessions. My supervisor is very busy, so occasionally I don't feel like I have quite as much attention as I'd like to answer my questions regarding NON-CLINICAL issues like administrative tasks, forms, etc
3	Sometimes hard to contact for phone consultation due to her busy schedule.
4	Supervisor was overloaded with responsibilities and work, making supervision with

	me individually a low priority. We still met regularly but our meetings did not meet my expectations and I did not feel as though I was learning or benefitting in my early career development from our time together in any way.
5	My supervisor is not entirely unresponsive to my needs, and perhaps this is unrealistic, but I wish she were more invested in my development into a more skilled clinician.
6	Supervision focused on administrative aspects and not necessarily challenges faced by supervisee
Completely Satisfied	
1	I was grateful that my supervisor was flexible regarding personal needs
2	All I had to do was ask and she would respond to whatever need I expressed.
3	They were quick to get back to me and support me through struggles.
4	My supervisor was available to answer questions, was supportive, and encouraging.
5	I felt highly supported by this supervisor. I felt like he would be there whenever I called and had a question and he was very present during our supervision sessions.
6	If there was an answer she didn't have she would find it
7	Very involved and responsive. Passionate about marriage and family therapy.
8	When I have explained what I need in terms of skills developments she helps me examine my assessment, and than to develop a plan to develop the skills we identify together as needing improvement.
9	If I had an issue, I knew it would always be "okay" or "safe" to bring it up.
10	My supervisor is available to me at a moment's notice in person, phone, or via email

How satisfied were you with your supervisor's responsiveness when you were faced with a crisis?				
	IMF	ASW	PCI	TOTAL
Dissatisfied	24 (6%)	3 (2%)	2 (5%)	49 (8%)
Somewhat Dissatisfied	29 (7%)	13 (7%)	2 (5%)	53 (8%)
Satisfied	91 (23%)	39 (22%)	6 (15%)	204 (32%)
Completely Satisfied	159 (40%)	73 (41%)	11 (27%)	266 (41%)
N/A	94 (24%)	50 (28%)	20 (49%)	74 (11%)
Response Count				646

SUPERVISOR SURVEY RESPONSES
June 22, 2015
427 Responses

What type of license do you hold? Select all that apply.		
	Response Percent	Response Count
Licensed Marriage and Family Therapist	60%	256
Licensed Clinical Social Worker	39%	167
Licensed Professional Clinical Counselor	11%	45
Psychologist	3%	11
Board Certified Psychiatrist	>1%	2
Response Count		427
There were approximately 42 respondents that were dual licensees.		

How long have you been licensed?	
Average Number of Years	14.5
Responses Count	427
Skipped Question	1
Responses ranged from 2 to 46 years.	

How long have you been supervising?	
Average Number of Years	9.8
Responses Count	424
Skipped Question	4
Responses ranged from 1month to 43 years.	

What type of registration do your supervisees hold? Select all that apply.		
	Response Percent	Response Count
IMF	79%	329
ASW	63%	262
PCI	12%	48
Response Count		414
Skipped Question		14

Do you believe you were adequately prepared for being a supervisor?		
	Response Percent	Response Count
Yes	78%	329
No	22%	94
Please explain:		263
Response Count		423
Skipped Question		5

Sampling of comments to question. (317 total comments)	
Yes, I was prepared	
1	Lots of CEUs, reading and experience with my own supervisors.
2	I took a 3-unit, 45-hour (semester-long) doctoral-level class in supervision as part of my MFT doctorate. I was required to do 100 hours of supervision under the mentorship of an AAMFT Approved Supervisor and receive 36 hours of supe-of-supe. I had to then write a paper on my theory of supervision. This allowed me to become an AAMFT Approved Supervisor. I have had to renew my designation twice now, every 5 years, with 5 hours of training. I believe that the current system in California, of saying only "hold a license for 2 years and take 6 hours of training" is woefully inadequate in comparison. Yet California doesn't acknowledge or require the AAMFT Approved Supe status.
3	I learned from both excellent supervisor and those who did not have great skills. As a supervise I understood there are more than one method to teach. And there are many types of learners.
4	I took the NASW supervisor training course for 2 days which was very helpful. Have taken several courses and had group supervision for supervisors.
5	using the role models of my own supervisors, plus CE courses, plus additional reading, plus peer support, yes
6	I worked in an agency setting, so I was provided with time to learn how to supervise while supervising bachelors level mental health providers. I moved to masters level clinicians when I was 2 years post licensure. I was provided support and repeated trainings to maintain my skills.
7	In addition to the 2 years licensing requirement I also earned designation as a AAMFT Approved Supervisor. That designation requires re-certification every 5 years through a course approved by AAMFT.
8	I have a lot of management and supervision experience in another field before getting my license which helped. The additional training requirements helped.
9	Yes, within my role as a clinician and a hospital employee, I read many journal articles, keep up with up to date info on evidenced based treatment, and periodically attend supervision training. In the MSW program I attended, I learned a lot about supervision, case consultation, process recordings, and other tools that I use with interns.

10	I had great supervisors who were amazing role models for how to do supervision. The CE classes are also very helpful.
11	In addition to the required continuing education courses, I met with the agencies director and another supervisor to received consultation about how to be a supervisor, read a number of articles and attended monthly supervisor meetings to share thoughts, concerns and receive feedback and advice.
12	The best preparation for being a supervisor has been 1. Having done the job with patients similar to those my supervisees see; 2. Having done my own clinical therapy for years; 3. Being open minded to evidence based practices yet understanding those modalities aren't best for everyone.
13	My organization provided supervisor training that included BBS standards, as well as agency supervisor information. I've also gone on the BBS website, read CAMFT articles, and utilized consultation with peers as support.
No, I was not Prepared	
1	Even though I took the course on supervision it wasn't geared for the population nor the type of cases my agency saw. The title of the course was general but the material was not general. I wished it would of given me more tools and samples of things/items/contracts/etc. I should implement in my supervision style.
2	The classroom or workshop provides great fundamentals, theory and opportunity to network. However, it does not adequately prepare for real life experience.
3	Other than taking the required CEUs, there was nothing in place to teach me hands on skills on providing direct supervision. The CEU courses that I have taken are very general in dynamic. Although they were helpful, I think it would be more beneficial for the 2 years post licensure to be spent observing (or being observed) supervision.
4	When I started supervising I mostly relied on my own experience of clinical supervision. Over the years I have gained skills through reading and asking for feedback from my supervisees. I'm not sure what, other than this experience, may have made me a better supervisor, just like being a social worker, experience improves our skills.
5	Although I had taken relevant coursework and training to be qualified, I had no formal mentorship to help me adequately prepare. However, I did begin to include clinical supervision into my own supervision with my administrator to ensure that there was some oversight of my work.
6	The level of awareness of detail in the clinical supervisory relationship, I did not feel I had adequate training on. Such as the parallel process, understanding how clinicians hold back info for various reasons, and how to give them the responsibility as they became more experienced. In addition, it is difficult to manage interns at different learning levels and clinical abilities. I found it a challenge early on shifting to meet each person's needs based on where they were at clinically. I felt prepared for providing feedback on clinical cases and assisting clinicians do Tx plans and diagnosing.
7	I had to seek out good trainings and it took a few years to realize what good training was.
8	I basically just jumped in because that's what happens where I worked at the time. I had only my own supervisors as samples. Later I got a certification and it

	was better. I also had support to get help.
9	I did not feel I had had the best supervision during my years of ASW supervision, so I did not have a great role model to base my supervision on. I went to several trainings, but most were theoretical, rather than practical, "how to" trainings. It would be nice to have an outline for basic topics to cover and some practical "how to" trainings.
10	Little to no training on the supervision process. I attended the field supervisor training for social workers which was somewhat helpful.
11	CEU trainings were to generic, covered law and ethics well but not the practical issues.
12	When I first became a supervisor, the literature on supervision was minimal. The emphasis was on training professionals to become counselors and PSYs, not training the trainers.
13	I had to take numerous on-line classes to supplement the mandatory 6-hour MFT and 1- hour LCSW.

Beyond the BBS required hours of supervisor training or coursework, how else have you prepared for being a supervisor?	
	Response Count
Open ended question	389
Response Count	389
Skipped Question	39

Sampling of comments to question. (389 comments total)	
1	Drawing on my own experience as a supervisee; coursework is key also as well as being a job supervisor
2	Discussed issues with peers, paid for consultation as needed, taken other courses.
3	Observing others supervisor styles
4	Independent classes regarding clinical supervision, reading articles related to supervision and social work practice, and my own supervision experience.
5	Keep current on BBS news and read CAMFT The Therapist magazine and talk regularly with other supervisors.
6	I have been a manager, administrator and college professor all of which I believe has prepared me.
7	Continuing to take it upon myself to get quality supervision - not all supervisors are equipped to be *good* supervisors.
8	I have attended many many supervision courses, completed my Approved AAMFT supervisor training, researched supervisor practice, organized some supervision conferences and co-authored (with 3 others) "The Transformed Supervisor" training with our AAMFT director Olivia Lowey.
9	Worked in consultation with numerous other supervisors to develop process, and interviewed many of their supervisees for their input.

10	During my own internship I paid close attention to what my supervisors taught me and apply some of their expertise to my own supervisory role. As well I engaged in numerous consultations with other Therapists and my Therapist.
11	I worked with several strong supervisors prior to being licensed, and had access to licensed peers for consultation when I began to supervise myself. I also took 2 supervision courses right away, and read what I could on the topic.
12	I shadowed other supervisors in their groups. i have had them watch me and provide me with feedback as well. I also have it as a standing agenda item on my bi-monthly supervision with my manager who is a clinician as well.
13	prior management training; observing myself and others in the role of supervisor; easily admitting when I've made a mistake
14	Continuing to learn and by continuing to treat clients.
15	I am currently reading a book on supervision but not much.
16	Being supervised while learning to supervise

Do you believe that six hours of supervision training or coursework is sufficient for a new supervisor?		
	Response Percent	Response Count
Yes	30%	121
No	70%	289
Please explain:		257
	Responses Count	410
	Skipped Question	18

Sampling of comments to question. (309 comments total)	
Yes, Six hours is sufficient	
1	Yes, I think it's enough for a seasoned, responsible, well-trained clinician who takes her profession seriously. On the other hand, if those things are not true, all the training in the world will not make that person a good supervisor.
2	Minimal but adequate. To require more would put a serious damper on the number of supervisors available. Maybe a separate designation for a "Supervisor's Supervisor" with more advanced training?
3	It is a reasonable "start." I am hesitant to advocate for creating barriers to supervision. It can be hard for non-profits that train interns to get and retain good supervisors. I do think weekly consultation for new supervisors, with experienced supervisors for maybe the first two years, at least, is a good idea.
4	I know in agencies that are strapped for money it is economical to ask anyone who has been licensed for more than 2 years to begin offering supervision. Often the supervision offered focuses on using the treatment philosophy of the agency and asking the supervisor to pass that information on. But I have talked with people in that situation and they often feel over their heads. A six hour

	training every two years is not sufficient to cover all that needs to be covered in order for a new supervisor to feel adequate.
5	Given that one cannot supervise until one has been licensed for at least 2 years (I believe) a 6 or 7 hr supervision for a new supervisor should be enough. After all, the person has had 3500 hours of their own supervision to "learn" and evaluate from. In addition, good supervision skills, like good clinical skills, are developed over time. Especially as one has more supervision experiences.
6	I believe that the educational requirements involved in becoming a therapist in addition to the 6 hours are enough.
7	I believe it's the experience of actually doing supervision that raises one's awareness about what is needed to do it well
8	It depends on the individual's other training and experience.
9	We all have to start somewhere and every supervisor was supervised for many hours
10	The six hours should be very precise with sample forms to assist the Supervisor. The person teaching the course should address all aspects of supervision, including the more problematic supervisee.
No, Six hours is not sufficient	
1	12 hours of training or coursework would be better for becoming a new supervisor. There is so much to becoming a Supervisor that a 6 hour Course isn't able to cover. The initial 12 hours could focus on the most critical areas of Supervision.
2	6 hours could be enough, but only in a live setting, but for the vast majority of issues that come up in supervision it likely will not prepare a supervisor. By the time that the legal aspects are covered of paperwork required, how ASWs differ from other supervisees, and the differences between trainees and IMFs, it leaves little time to cover how to conduct supervision and how to be as a supervisor.
3	I have seen people begin supervising after reading a short online course and completing a written exam. Like the work we do with our own clients, supervision is a relational process. Academic training, familiarity with the supervision literature, and a mentorship process are all important elements of forming a supervision skillset for mentoring junior clinicians.
4	I think there needs to be some specialized supervision courses, including mock supervision exercises, perhaps a panel of experienced supervisors who can field questions from newer supervisors presenting actual didactic experiences.
5	I think there should also be a requirement for first time supervisors to choose a modality to train others in. Not that each supervisee will have to use that same modality, but it guarantees at least a touch of expertise in something.
6	It depends on where your supervisees are working and the agency requirements. I worked for a large state-run agency that regularly hired large numbers of new social workers, so the demands of supervision were quite challenging at times. Currently I work for a small college counseling center where I supervise only one supervisee, so the work is less challenging.
7	It is in no way adequate. It does not cover theories of supervision, contracting for supervision, application of theories of therapy, broadening your

	understanding of theories to supervise interns from different perspectives, cultural issues, isomorphic issues up and down the system, self-of-the-supervisor issues, etc.
8	Most supervision courses cover basic supervision issues, but not helping the supervisor conceptualize clearly what they are wanting to accomplish with their supervisee. One online training on supervision had major impact on my supervisory approach - main pt was how does the supervisor help the supervisee to "get it", meaning the skills, the way to get in a therapeutic thinking mode, the way to attune, the way to hear things, the way to know where to go with a client, the way to craft fitting interventions.
9	New supervisors should have live training and good role models to learn from in their own internships. If they have had that & in their practicums, then they will be better prepared. Supervisors should be monitored by the BBS to be sure they are providing a high level of clinical, legal and ethical training and understand how to work most effectively to help clients/patients reduce their symptoms and provide them with skills to do so.
10	There are numerous consideration when supervising that cannot be covered in a 6 hour training; I would like to see trainings that specifically target working with trainees/unlicensed therapists and another that was specific to licensed or very experienced interns. Hopefully this would include concrete tasks to work on and how to move through the stages of a supervisee's growth.

Do you believe that licensees should be required to complete more training and coursework before supervising? If yes, what do you believe to be a sufficient amount of training or coursework?		
	Response Percent	Response Count
No	28%	113
Yes, 15 Hours of training or coursework	46%	188
Yes, 30 Hours of training or coursework	20%	80
Yes, 3 Unit course	7%	27
Please explain:		186
Responses Count		408
Skipped Question		20

Sampling of comments to question. (222 comments total)	
No	
1	I think the six hours of supervision training is enough to begin, however, I think licensees should be licensed longer than two years to be eligible to supervise.
2	It is hard enough for interns to find supervisors willing to take them on, given the current structure. More training would make it even harder. I would only support a higher bar if a large number of interns are experiencing negative consequences due to unskilled supervision.
3	I think that work experience as a supervisor should reduce the required hours of

	supervision training. I have not found the supervision courses to be useful at all.
4	Take the courses and get to work; it is in the work that you learn.
5	If the training could be designed as ethical and practical then more time wouldn't be necessary. The follow up hours needed could be carefully designed to meet any gaps in the original training.
6	Coursework on supervision only gets you so far. I believe that consultation, where you present supervisory dilemmas to colleagues might be more helpful. Certainly, at least 6 units when you start supervising is important. Some non-profits that hire supervisors will pay for necessary courses and some won't. This can be an issue at non-profits with lower wages and lower budgets.
Yes, 15 Hours of training or coursework	
1	I am caught between what I feel is sufficient (3 unit course) and what is required. I do not want what is required to stop people from becoming supervisors.
2	Supervisors learn on the job and no amount of training or coursework can prepare you for that. Also more training is expensive and would burden supervisors unnecessarily and prevent some licensees from supervising.
3	15 hours would be an improvement, but still not enough if the instruction is low-quality or lacking in basic necessary information.
4	I'd support 15 hours only if the content is relevant and concrete. and not just more time.
5	The training needs to be different than the training received by ongoing supervisors.
Yes, 30 hours of training or coursework	
1	At least for a primary supervisor, that is, the one who is doing the majority of an intern's supervision, it is important that the supervisor is motivated and prepared adequately in order to mentor and guide the intern throughout the process. In order to do this, a supervisor needs solid training.
2	I believe that there needs to be more application, theory, instructions on how to handle disciplinary actions, how to "weed" out the individuals who don't need to be in the field.
3	Without the oral exams, supervisors are the gatekeepers and need to know more than in the past.
4	There are too many issues involved in supervision to be covered in anything less than a 30 hour course.
5	Graduate schools are not preparing graduates for BBS licensure clinical practice. And they are not providing the necessary clinical training in graduate internships. It will be upon the shoulders of post graduate Licensed supervisors to provide what is missing.
6	But spread out; and covering everything from reporting issues to discipline, and support for their questions.
Yes, 3 unit course	
1	Due to the complexity of supervision a course that prepares a supervisor is necessary.
2	Supervision should be at least as important as the core content areas we studied to receive a degree.

Do you believe that requiring a supervisor to complete six hours of supervision training or coursework for each renewal period is of value to a supervisor?		
	Response Percent	Response Count
Yes	72%	298
No	28%	114
Please explain:		231
Responses Count		412
Skipped Question		16

Sampling of comments to question. (276 comments total)	
Yes, Six hours per renewal period is of value	
1	It encourages supervisors to remain current on changes in the law and network with other supervisors
2	It is important that supervisors be held accountable to staying up with relevant information in order to continue providing well informed supervision. These courses would need to be well designed and have direct relevance to the work of supervision, including information about treatment to convey to interns.
3	I wish there were "advanced topics" available for the renewals, as retaking the same 6 hour training over and over is not that helpful.
4	Supervision is a specific skill that needs refreshing from time to time. It is also important for supervisors to be reminded of best practices
5	Those who supervise have an additional responsibility to the profession and to the consumer and they need to be reminded of that, as well as have an opportunity to reflect on their work with supervisees and to review their skills and what they need to improve.
6	I would not mind that and think it would be a good refresher if there are different aspects of supervision that are targeted. meaning, not just the same training reworked every 2 years
7	Absolutely It is an opportunity to acquire current knowledge and advancements in the field as well as an opportunity to network with other supervisors and create a consultation support system
8	This is most helpful in that it is an important way for me to keep up to date on new requirements, regulations and legal and ethical responsibilities.
No, Six hours per renewal period is not of value	
1	Not much changes in two years. Supervision is a skill. Although it is easy to get complacent, I typically don't get anything out of the repeat trainings.
2	In what way could the coursework be of value? Supervision is more of an art than a science, and the courses are extremely idiosyncratic, reflecting the styles and personalities of the presenter, which is of limited value. I trust my own extensive experience in developing rapport, teaching, encouraging, questioning, and validating the work of the people I supervise.
3	Over the past decade, things have changed so much that this is not enough. This leaves the supervisor to find what course they are interested. Yet those courses generally may not address up and coming issues, such as telehealth,

	social media issues, etc.
4	It's just one more thing on their to do list. Good supervisors make themselves good through curiosity, compassion, social consciousness, and desire and integrity.
5	Many of the trainings remain the same, so it is just retaking the same content over and over and is often more theoretically based, than practical information.
6	Maybe it's just because I've had additional training, or maybe it's just the luck of the draw of the courses I've taken, but by and large, I have not found the 6-hour trainings every other year to be that valuable.
7	Once the supervisor is experienced, I think having the legal/ethical class each renewal period would be sufficient.
8	It seems like it may be challenging to find new courses per renewal period focused on supervision and it would not be a good use of time to take the same course over and over again per renewal period.

How often do your supervisees review your performance? Select all that apply.		
	Response Percent	Response Count
Weekly	13%	55
Monthly	9%	38
Quarterly	27%	112
Yearly	27%	112
Never	18%	74
Other	15%	61
Responses Count		415
Skipped Question		13

Have you ever charged for supervision?		
	Response Percent	Response Count
Yes	32%	132
No	68%	282
Responses Count		414
Skipped Question		14

How many supervisees have you supervised in the following settings? Please enter approximate number of supervisees for each setting.

	Response Average	Response Total	Response Count
Private Practice	3	721	239
Governmental Entity	10	2,078	202
Public Non-Profit Agency	26	7,207	281
Other Community Agency	9	1,570	167
Medical Facility	5	703	153
School, Colleges and Universities	23	4,439	190
Other	1	116	104
Responses Count			403
Skipped Question			25

What type of supervision have you provided in the following settings? Select all that apply.

	Individual	Group	Both	Response Count
Private Practice	106	7	26	131
Governmental Entity	57	22	64	115
Public Non-Profit Agency	99	66	180	250
Other Community Agency	33	16	46	76
Medical Facility	36	8	30	63
School, Colleges and Universities	49	26	51	103
Other	12	0	7	19
Responses Count				405
Skipped Question				23

Where do you conduct your supervision for the following settings? Please use the dropdown menus to select the approximate percentage.

Onsite						
	N/A	0-25 %	25-50 %	50-75 %	75-100 %	Response Count
Private Practice	22	7	6	6	81	122
Governmental Entity	9	2	2	6	91	110
Public Non-Profit Agency	6	7	6	22	188	229
Other Community Agency	12	4	1	6	48	71
Medical Facility	13	4	0	5	45	67
School, Colleges and Universities	12	6	5	9	61	93
Other	14	2	2	0	10	28
Offsite						
	N/A	0-25 %	25-50 %	50-75 %	75-100 %	Response Count
Private Practice	16	11	4	2	14	47
Governmental Entity	14	16	0	3	6	36
Public Non-Profit Agency	22	30	3	6	20	81
Other Community Agency	13	9	0	4	12	38
Medical Facility	13	4	2	1	4	24
School, Colleges and Universities	10	11	2	2	13	38
Other	10	1	1	0	2	14
Videoconferencing						
	N/A	0-25 %	25-50 %	50-75 %	75-100 %	Response Count
Private Practice	18	4	1	2	1	26
Governmental Entity	14	14	0	0	0	28
Public Non-Profit Agency	28	17	3	2	0	50
Other Community Agency	13	5	0	0	1	19
Medical Facility	12	2	0	1	0	15
School, Colleges and Universities	15	4	0	1	2	22
Other	10	1	0	0	1	12
						Question Totals
Responses Count						391
Skipped Question						37

Do you use a certain theory of supervision?		
	Response Percent	Response Count
Yes	55%	208
No	45%	171
Responses Count		379
Skipped Question		49

What theory of supervision do you use? Select all that apply.		
	Response Percent	Response Count
Integrated Development Model	26%	98
Lifespan Model	12%	46
Psychodynamic Model	35%	130
Person-Centered Model	40%	148
Cognitive Behavior Model	46%	170
Reality Therapy/Choice Theory Model	11%	41
Family Therapy Model	37%	137
Feminist Model	7%	27
Discrimination Model	1%	5
Systems Approach Model	50%	186
Reflective Learning Model	23%	86
Solution-Oriented Model	39%	144
Schema-Focused Model	5%	16
Littrell, Lee-Borden & Lorenz Model	1%	5
Hawkins & Shoset Model	1%	4
Eclectic	44%	162
Other	16%	56
Other (please specify)		82
Responses Count		370
Skipped Question		58
Other responses included Mindfulness, Hypnosis, Attachment, Humanistic-Existential, Gestalt, Dialectical Behavior Therapy, Mindfulness, Kudushins, Jungian, Narrative Therapy, Meta Frameworks, Harm Reduction Supervision Model, Interpersonal Process Recall, Recovery Oriented, Transitive Planning, Core Trauma, Somatic Approach, Reflective Supervision, Internal Family System Model, Bowenian Model, Collaborative, Body-Oriented Psychology		

What type of evaluation do you prefer to use when evaluating supervisees?

	Response Percent	Response Count
Informal (Periodic discussions that are not documented)	47%	186
Formal (Scheduled discussions that are not documented)	17%	67
Formal/Documented (Scheduled discussions that are documented)	58%	229
Response Count		398
Skipped Question		30

How frequently do you provide an informal evaluation to your supervisees? Mark all that apply.

	Response Percent	Response Count
Weekly	45%	177
Monthly	22%	88
Quarterly	25%	100
Yearly	8%	32
Never	4%	14
Other (please specify)	14%	55
Response Count		396
Skipped Question		32
Common Other responses included; varies, when needed, depends on the setting, when requested, depends on the supervisee		

How frequently do you provide a formal written evaluation to your supervisees?

	Response Percent	Response Count
Weekly	1%	4
Monthly	3%	9
Quarterly	31%	108
Yearly	41%	136
Never	18%	55
Other (please specify)	15%	53
Response Count		339
Skipped Question		32
Common Other responses included; twice a year, at the end of supervision, when requested, as needed.		

Are you recognized as a supervisor by the following entities? Select all that apply.		
	Response Percent	Response Count
CAMFT	39%	78
AAMFT	18%	36
ACS	4%	7
NASW	29%	58
Other (please specify)	30%	59
Response Count		171
Skipped Question		230

Would you be in favor of requiring Supervisors to register with the Board?		
	Response Percent	Response Count
Yes	57%	212
No	44%	163
Please explain:		155
Response Count		198
Skipped Question		58

Sampling of comments to question. (174 total comments)	
Yes, I am in favor of requiring supervisors to register	
1	I think there are a lot of therapists who are not well trained because the supervisors are not well trained. If there was some accountability the supervisors would be better equipped.
2	The Board needs to exercise more oversight to prevent fraudulent signing off of supervised hours.
3	It provides another level of authenticity; perhaps setting the standards higher.
4	I have seen and/or heard about supervisors that are not following the ethical or legal guidelines and/or regulations. I think it's important for the supervisee to have a portal for complaints
No, I am not in favor of requiring supervisors to register	
1	No, because there would inevitably be a supervisor "qualification" examination.
2	This is unnecessary. The 6 hour CE requirement is enough and the board has shown no ability to evaluate counselors much less supervisors.
3	This feels like an additional bureaucratic layer that is unnecessary.
4	I think the profession should handle this issue. The board is a "blunt instrument" better purposed to monitor illegal conduct than improve the quality of supervision.
5	Providing supervision takes additional time and effort, in addition to my regular job duties. Providing supervision is not something I am required to provide as part of

my job. I do it in order to support those in my agency who desire to advance to the LCSW level. There licensed individuals in my agency and elsewhere, who are not willing to provide supervision due to the additional time it takes to complete trainings and provide the ongoing supervision. I believe that the more requirements and constraints that are placed on it, the fewer people who will be willing to provide it, leading to limited supervisory resources for those seeking supervision. This may lead to them leaving an agency to seek supervision somewhere else, or having to pay for it as people will begin to market themselves as a Registered Supervisor. I am in favor of a little structure to encourage consistency, but do not believe that requiring registration is necessary.

Why did you become a supervisor?		
	Response Percent	Response Count
It was required of my job	32%	128
I found the process interesting/rewarding	79%	312
I wanted to give back to the profession	74%	291
I wanted the additional income	16%	62
Please explain other	14%	56
Response Count		395
Skipped Question		33

Sampling of comments to question. (395 comments total)	
1	I am committed to the field and wanted to do what I could to train competent professionals. I enjoy being on the journey for another's growth and development.
2	An opportunity to supervise an intern interested in somatic psychotherapy arose and I found the idea intriguing. I took the opportunity to become a CAMFT Certified Supervisor as I always enjoy learning more and expanding myself.
3	Personal request from Interns
4	It was requested that I do supervision.
5	By putting a lot of time and effort into providing excellent supervision, I am assisting others to grow personally and professionally and to effect change in future generations of Clients.
6	I was promoted several times at the same organization. At two years post-license I was offered the opportunity to add supervision hours as a backup supervisor. Currently, my income consists entirely of supervising at several agencies as an independent contractor.
7	Our agency needed to make cut backs which involved laying off the previous part time supervisor. I am a full staff Therapist at the agency and was asked if I would like to accept the position yet they wouldn't be able to offer additional income at this time (due to agency's funding decline). I accepted the position because I thought I would enjoy the role and wanted to empower other interns. I also get to keep seeing clients.

8	It was part of my doctoral program - semester-long class, 50 of my 100 required hours of mentored supervision, and 18 of my 36 hours of supervision-of-supervision. This got me halfway to the Approved Supervisor status. I completed the Approved Supe process in order to have the designation in case it was needed for my job. It has since been needed in teaching positions everywhere but California - in CA I have needed to supervise but did not need the AAMFT Approved Supe designation. Now I also supervise in my private practice. Part of my motivation is to help mentor new clinicians, particularly from under-represented groups, and help them develop their own businesses as well as achieve licensure and grow as clinicians.
9	Request from employer at first, and felt my experience would enable me to "pay it forward." It also enriched my own therapeutic experience.
10	It is the best way to enhance self-awareness as a practitioner and to recognize what you know bs what you don't know. And to stay fresh with trends from younger practitioners
11	I was able to obtain my licensing supervision hours at my current employer, prior to becoming licensed. While it wasn't the greatest and didn't provide the best role model, my agency did support me being able to obtain my hours. Many people come to my agency for employment and are seeking supervision, but we have very few licensed staff who are willing to put in the extra time for training and providing supervision. I am doing it, so that we can retain those people and so they stay with our agency and are not forced to leave in order to obtain supervision. So, it is my "give back" not just to the profession, but also to the agency which supported me.
12	I enjoy teaching and learning from others

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Performance Measures

Annual Report (2011 – 2012 Fiscal Year)

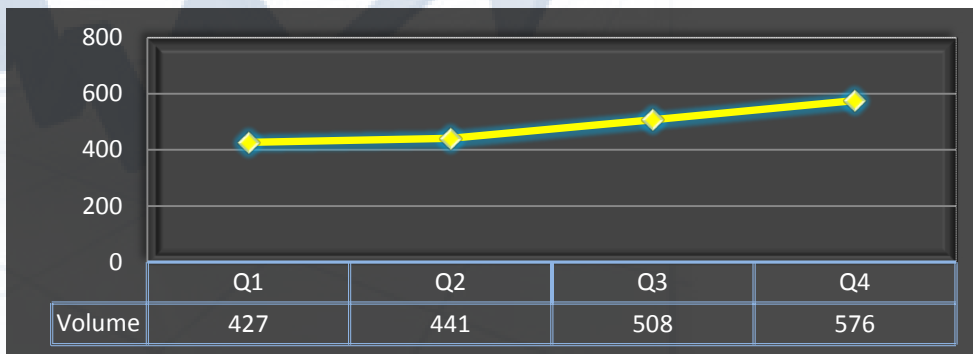
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the four quarters worth of data.

Volume

Number of complaints and convictions received.

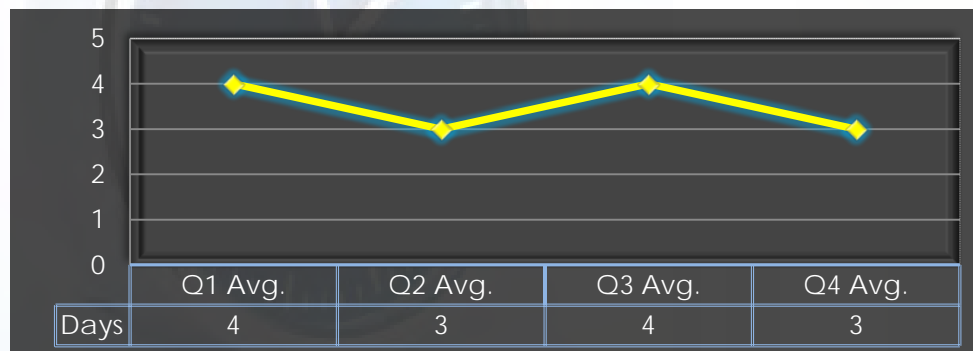
The Board had an annual total of 1,952 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

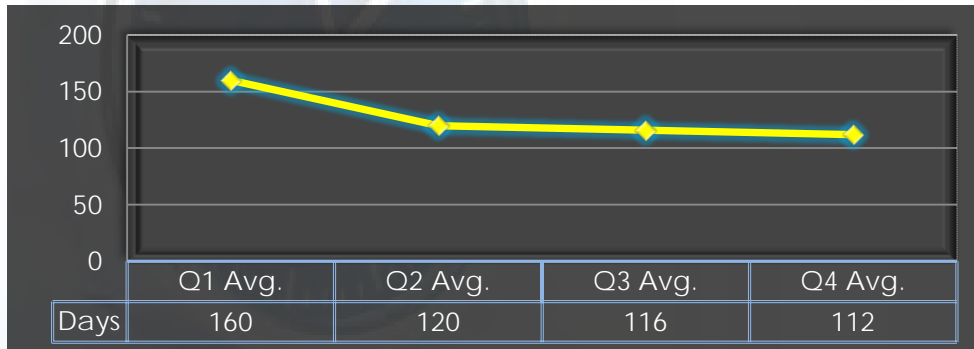
The Board has set a target of 5 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

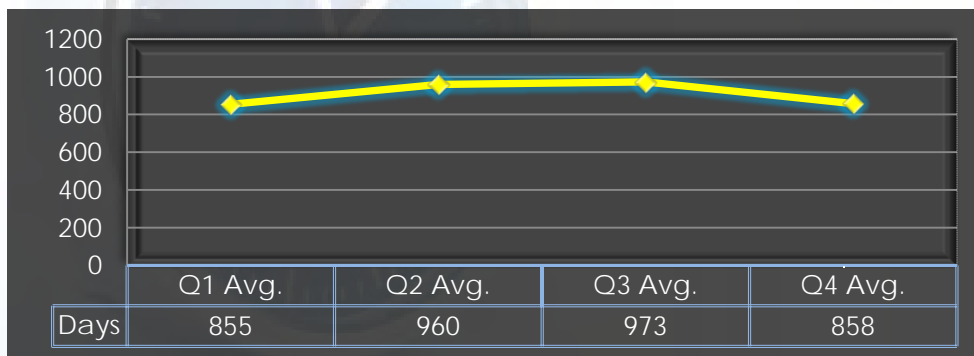
The Board has set a target of 180 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

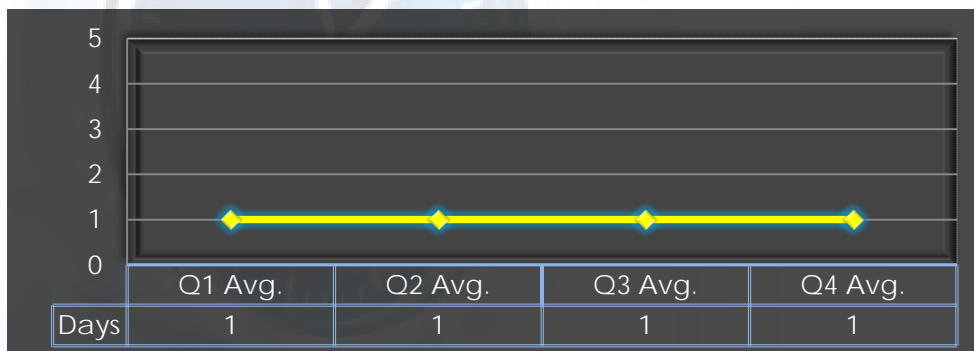
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 10 days for this measure.



Performance Measures

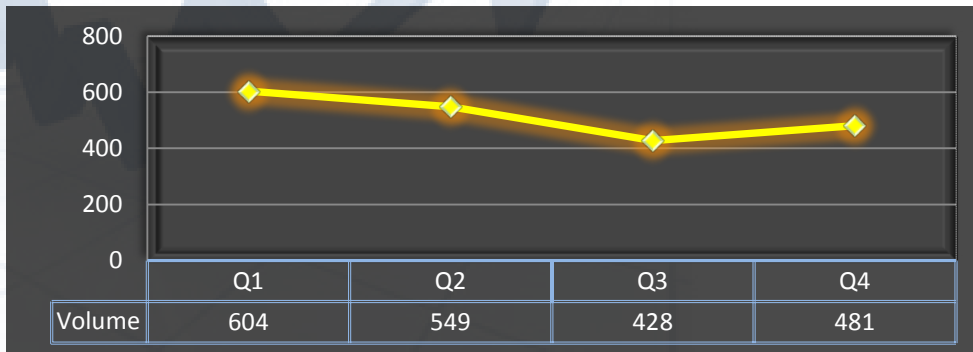
Annual Report (2012 – 2013 Fiscal Year)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

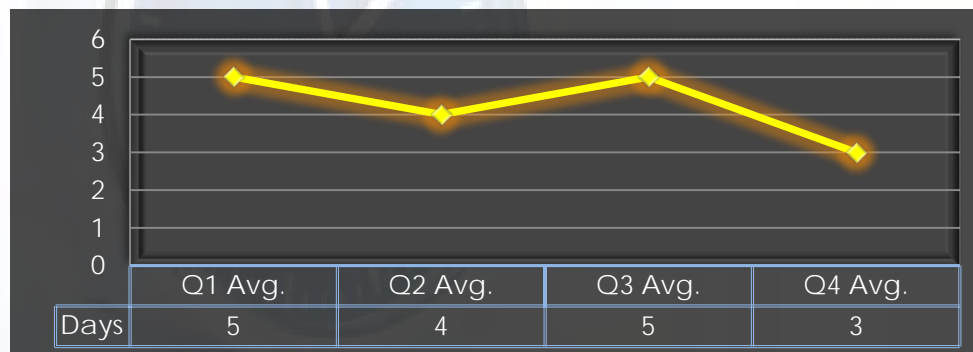
The Board had an annual total of 2,062 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

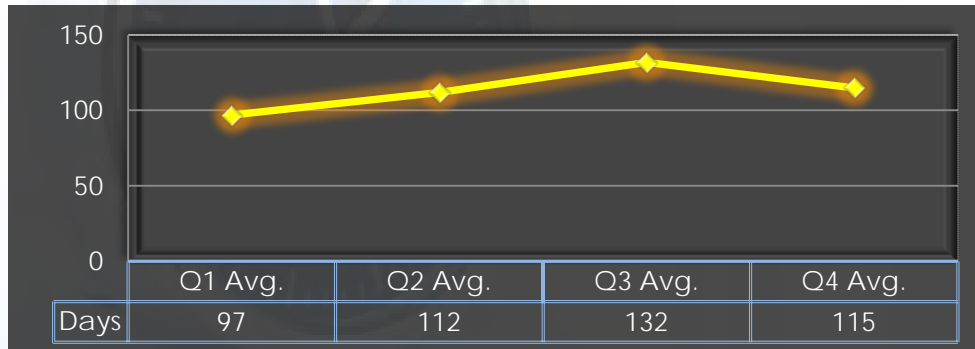
The Board has set a target of 5 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

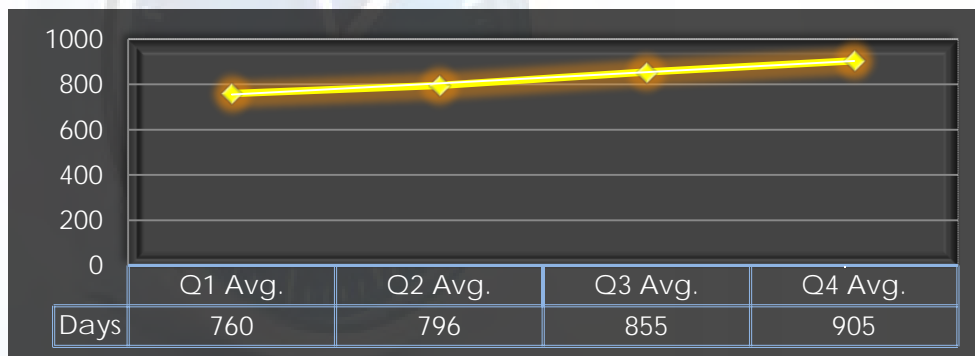
The Board has set a target of 180 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

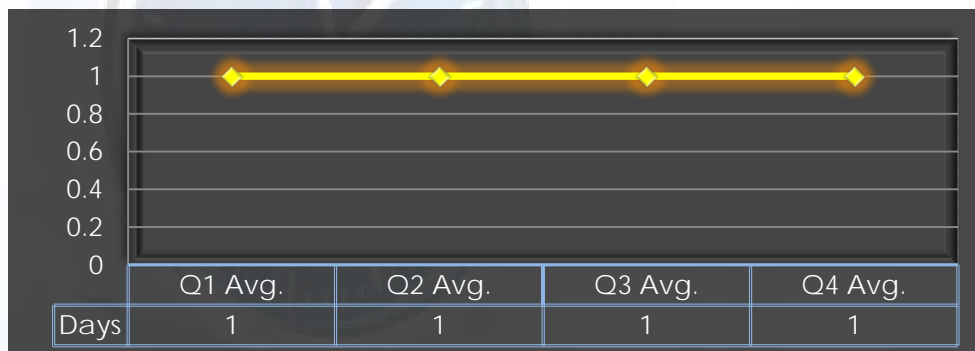
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 10 days for this measure.



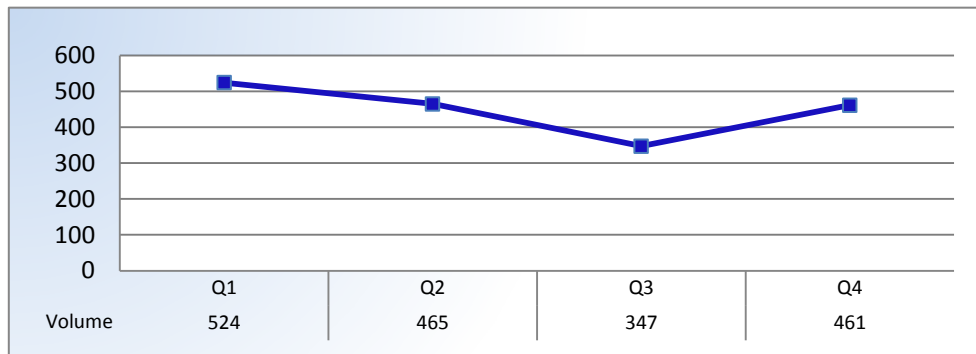
Performance Measures

Annual Report (2013 – 2014 Fiscal Year)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

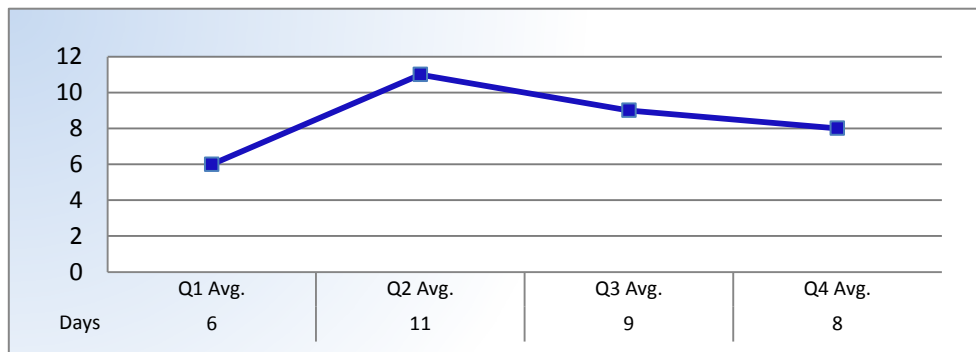
Number of complaints and convictions received.



Fiscal Year Total: 1,797

PM2 | Intake

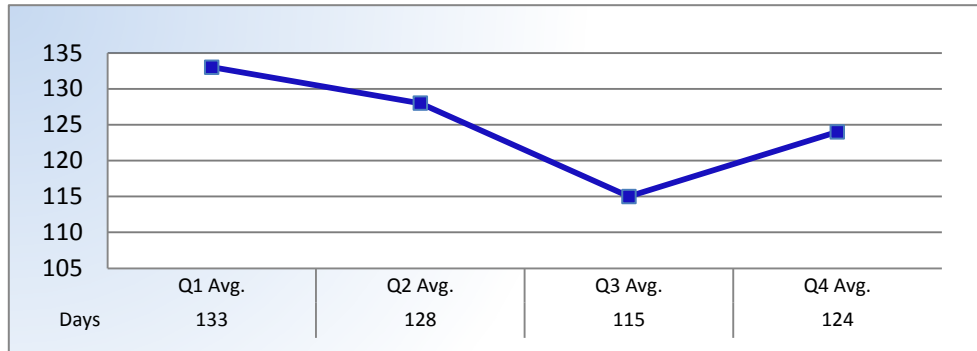
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days

PM3 | Intake & Investigation

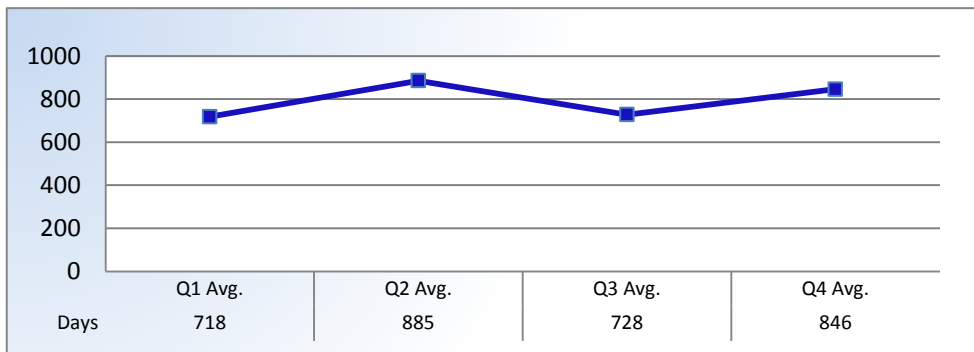
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 180 Days

PM4 | Formal Discipline

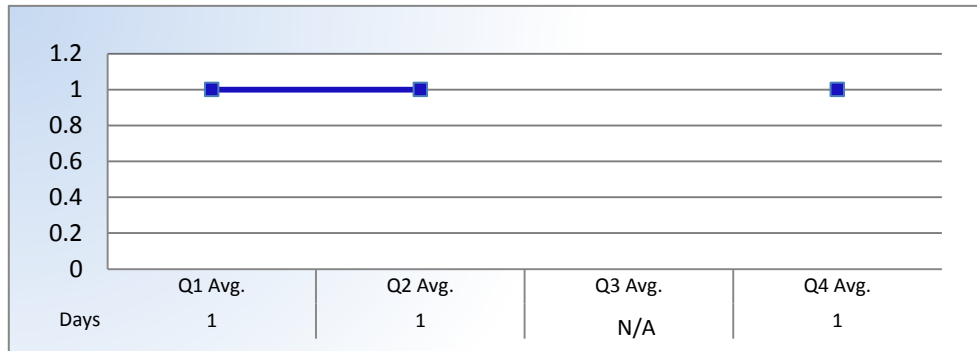
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any probation violations reported this year.

Target Average: 7 Days

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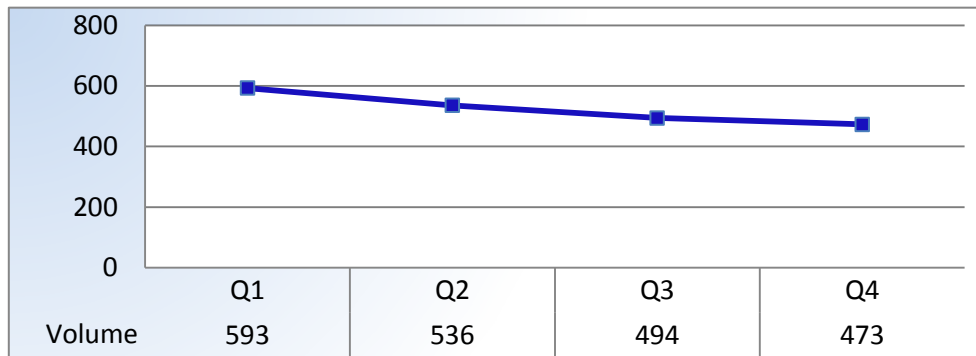
Performance Measures

Annual Report (2014 – 2015 Fiscal Year)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

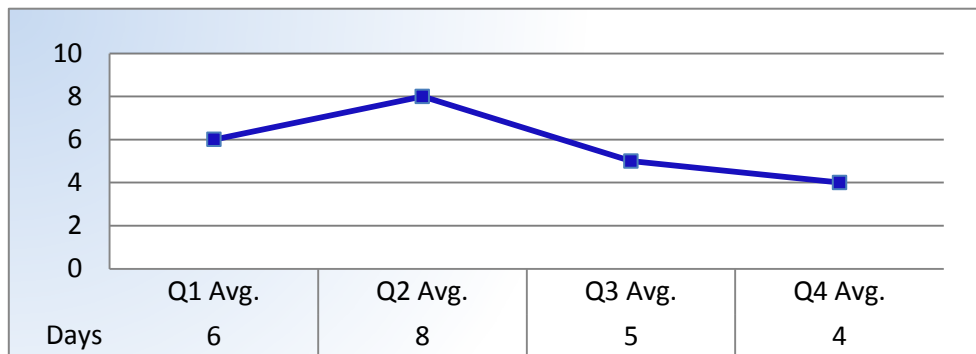
Number of complaints and convictions received.



Fiscal Year Total: 2,096

PM2 | Intake

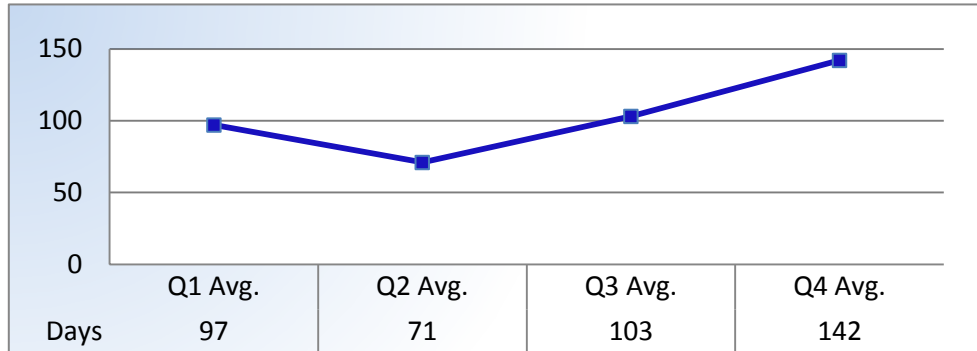
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days

PM3 | Intake & Investigation

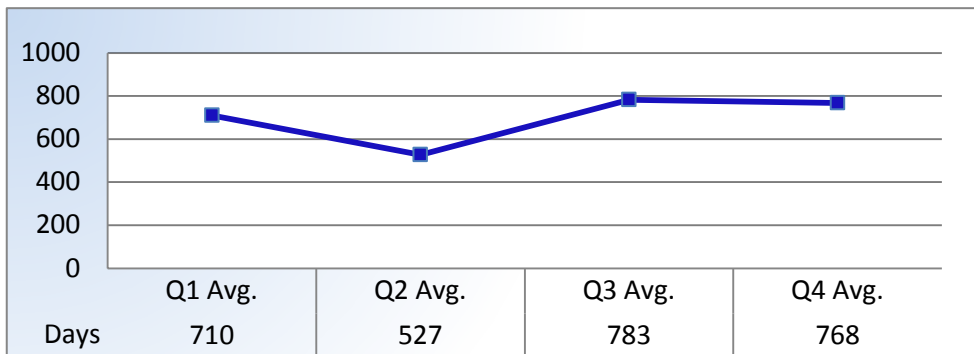
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 180 Days

PM4 | Formal Discipline

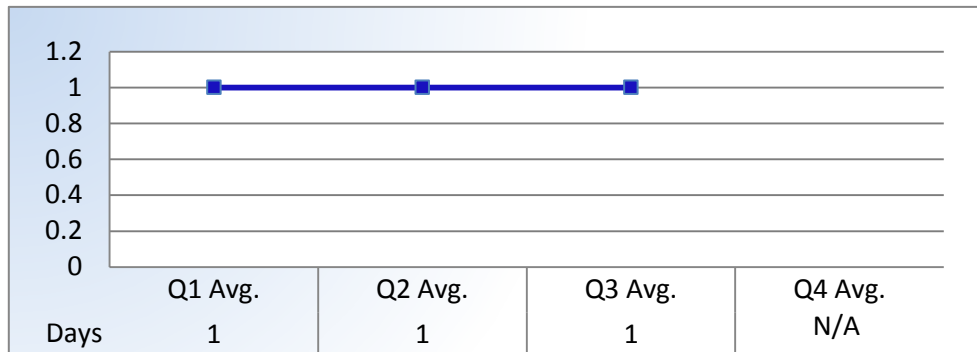
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any probation violations reported this year.

Target Average: 7 Days

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EXECUTIVE SUMMARY

The Board of Behavioral Sciences (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct a validation study to identify critical job activities performed by licensed marriage and family therapists (LMFTs) in California. This occupational analysis is part of the Board's comprehensive review of the practice of marriage and family therapy. The purpose of the occupational analysis is to define practice for LMFTs in terms of actual job tasks that licensees must be able to perform safely and competently. The results of this occupational analysis serve as the basis for the standard written examination program for LMFTs in California.

OPES test specialists began by researching the profession and conducting a series of twenty interviews with LMFT practitioners throughout California. The purpose of these interviews was to identify the tasks performed in LMFT practice, and the knowledge required to perform those tasks in a safe and competent manner. Two focus groups were then held with additional LMFT practitioners to review and refine the task and knowledge statements derived from those interviews. Practitioners in these focus groups also developed additional task and knowledge statements to provide an accurate definition of LMFT practice in California.

Following these focus groups, OPES developed an online questionnaire to be completed by LMFTs throughout the State. This questionnaire was composed of three parts. Part one consisted of demographic questions to gather information about the LMFT respondents, their work setting, and their practice. Part two asked respondents to rate specific job tasks in terms of how often they performed each task and how important the task was to performance in their current practice. In part three, LMFT respondents were asked to rate specific knowledge statements in terms of how important that knowledge was to performance of the tasks associated with their practice.

The Board initially distributed a letter to 5,000 active California LMFTs, inviting them to participate in completing the online occupational analysis questionnaire. Practitioners who received this letter were selected using a stratified sampling plan that balanced for geographical location (Northern/Southern California). In addition, this original sample also included the 94 practitioners who served as subject matter experts during the interview and initial focus groups. The total number of practitioners included in the first sample was 5,094.

The first sampling resulted in a low response rate, and the decision was made to issue a second letter to a larger pool of practitioners. The second letter was mailed to all practitioners (excluding those from the first sample) who had been licensed 0-26 years, held a current license in good standing, and who maintained a valid address with the Board. Letters were mailed to 17,266 practitioners.

As a result of both mailings, a total of 1,769 responses were received. However, 639 of these respondents either registered and subsequently provided no information, or completed only the demographic portion of the questionnaire. These respondents were omitted from further analyses. A total of 1,130 respondents completed all or most of the task ratings, with approximately 761 respondents also completing all or most of the knowledge rating section.

OPES then performed data analyses on the task and knowledge rating responses. OPES used a multiplicative model to combine task ratings and derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once data were analyzed, two additional focus groups were conducted with LMFT practitioners. The purpose of these focus groups was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. Practitioners in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content sub-areas, and determined content area weights.

The results of these focus groups formed the basis of the examination outline for the Licensed Marriage and Family Therapist Standard Written Examination.

OVERVIEW OF THE STANDARD WRITTEN EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
Clinical Evaluation	This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.	20
Crisis Management	This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.	12
Treatment Planning	This area assesses the candidate's ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical model.	20
Treatment	This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation, including treatment outcomes and diversity factors.	20
Ethics	This area assesses the candidate's ability to identify, apply, and manage ethical standards and principles in clinical practice.	16
Law	This area assesses the candidate's ability to identify, apply, and manage legal standards and mandates in clinical practice.	12
Total		100

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Behavioral Sciences (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct a validation study to identify critical job activities performed by licensed marriage and family therapists (LMFTs). This occupational analysis was part of the Board's comprehensive review of the practice of marriage and family therapy in California. The purpose of the occupational analysis was to define practice in terms of the actual tasks that LMFTs must be able to perform at the time of licensure. The results of the occupational analysis provide a description of current LMFT practice and serve as the basis of the examination program for LMFT licensure.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by LMFTs in independent practice. The technical expertise of LMFTs was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflected those required for performance in current practice.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected LMFTs to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These LMFTs were selected from a broad range of practice settings, geographical locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current LMFT practice during the development phase of the occupational analysis and participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

A number of Federal and State statutes and guidelines, as well as case law, set the standards for the licensure, certification, and registration programs in California. These include the Section 139 of the Business and Professions Code, Section 12944 of the California Fair Employment and Housing Act, the Federal Uniform Guidelines for Employee Selection Procedures, and the Civil Rights Act of 1991. For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

This report provides the documentation necessary to verify that these analyses have been implemented in accordance with legal, professional, and technical standards.

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CHAPTER 2. QUESTIONNAIRE

INTERVIEWS

Twenty semi-structured interviews were conducted with LMFT practitioners throughout California. These practitioners were asked to identify the primary content, or duty, areas that constitute their practice. They were also asked to identify the specific tasks that are involved in the performance of their practice, and the knowledge required to perform those tasks in a safe and competent manner.

TASK AND KNOWLEDGE STATEMENTS

OPES staff integrated the information gathered during the interviews and from prior studies of the profession and developed task and knowledge statements. The statements were then organized into the main content areas of practice.

The lists of task and knowledge statements were reviewed by two separate focus groups of LMFTs who evaluated the statements for technical and conceptual accuracy and for comprehensiveness. Several new task and knowledge statements were developed during these focus groups to more completely reflect the responsibilities of each content area of practice.

The resulting lists of task and knowledge statements were developed into an online questionnaire that was completed by LMFTs throughout California. The questionnaire used relative rating scales to gather information regarding the tasks performed, and knowledge used, in actual practice. LMFTs were asked to rate each task statement in terms of how often the task was performed in their current practice (FREQUENCY) and how important it was to performance in their practice (IMPORTANCE). They were also asked to rate each knowledge statement in terms of how important specific knowledge (IMPORTANCE) was to performance in their current practice. The original questionnaire also contained an additional task rating scale designed to measure point of mastery and an additional knowledge rating scale to measure extent of possession at entry into the profession. However, these rating scales were excluded from the final questionnaire (see Pilot Study).

The questionnaire also asked LMFTs to provide general background information about their practice and experience.

PILOT STUDY

An online pilot study was conducted in which a draft of the questionnaire was evaluated by twenty LMFTs who had participated in earlier focus groups. The LMFTs were asked to review the information contained in the questionnaire for accuracy and comprehensiveness in describing current practice. Comments provided by the LMFTs were incorporated into the final questionnaire. Participants in the pilot study were also asked to complete the questionnaire so OPES staff could evaluate the measurement properties of the questionnaire prior to final administration.

Respondents in the pilot study indicated the questionnaire was too long, and differentiating between rating scales was difficult. As a result, the decision was made to eliminate the task rating scale that measured when the ability to perform a task was acquired (before or after licensure) and the rating scale that measured the extent of the knowledge possessed at entry into the profession. OPES and the Board then finalized the questionnaire and prepared it for online administration.

The request letters and questionnaire are presented in Appendices D and E, respectively.

SAMPLING STRATEGY

The Board originally sampled 5,000 practitioners to complete the occupational analysis questionnaire. These practitioners received a letter inviting them to register and complete the online questionnaire. This original sample consisted of LMFT practitioners who maintained a currently licensed and were in good standing. Half of these practitioners were located in Northern California and half were located in Southern California. Additionally, the 94 LMFT practitioners who had served as SMEs during the interviews and focus groups were included in this original sample, for a total of 5,094 practitioners.

Initial response rate was low compared with prior occupational analysis studies. Therefore, the decision was made to invite all LMFT practitioners who maintained a current license in good standing and who had been licensed 0-26 years to complete the questionnaire (excluding the 5,094 practitioners who had received letters in the first sampling). A total of 17,266 second letters were sent.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

RESPONSE RATE

A total of 1,769 practitioners registered for the online questionnaire, for a response rate of 8%. Of the original 1,769 respondents, approximately 639 did not provide any task or knowledge ratings, or indicated they were not currently practicing as an LMFT. These respondents were eliminated from further analyses. Analyses of task ratings were based on the responses of 1,130 respondents who completed all or most of part two of the questionnaire, and analyses of knowledge ratings were based on the responses of 761 respondents who completed all or most of part three of the questionnaire.

Respondents represented 48 of the 58 counties in California. Appendix A presents the respondents by region.

RESPONDENT DEMOGRAPHICS

Of the responding LMFTs, 23.5% had been practicing five years or less. The majority of respondents (63.3%) reported a license to practice marriage and family therapy as their only license. Most LMFTs (52.1%) cite private practice as their primary practice setting; 28.5% cited a county agency or not-for-profit organization as their primary practice setting. The majority of respondents (59.5%) reported also working in a secondary practice setting. Demographic information from the respondents can be found in Tables 1 through 10.

TABLE 1 – NUMBER OF YEARS AS A LICENSED MFT

YEARS	N	PERCENT
0 to 5 years	265	23.5
6 to 10 years	226	20.0
11 to 20 years	404	35.7
More than 20 years	232	20.5
Missing	3	0.3
Total	1130	100.0

TABLE 2 – HIGHEST RELATED DEGREE

HIGHEST DEGREE	N	PERCENT
M.A.	700	61.9
M.C.	8	0.7
M.S.	260	23.0
M.Ed.	9	0.8
Ed.D.	8	0.7
Ph.D.	71	6.3
Psy.D.	47	4.2
D.Min.	2	0.2
Other	22	1.9
Missing	3	0.3
Total	1130	100.0

TABLE 3 – CONCENTRATION OF DEGREE

CONCENTRATION	N	PERCENT
Marriage and Family Therapy	451	39.9
Clinical Psychology	227	20.1
Counseling Psychology	243	21.5
Counseling/ MFT	140	12.4
Educational Psychology	5	0.4
School Psychology	2	0.2
Social Work/Clinical Social Work	1	0.1
Other	59	5.2
Missing	2	0.2
Total	1130	100.0

TABLE 4 – PRIMARY PRACTICE SETTING

SETTING	N	PERCENT
College or University	24	2.1
County Agency	129	11.4
Elementary, Junior High, or High School	33	2.9
Federal/State Agency	13	1.2
Hospital	46	4.1
Licensed Health Care Facility	31	2.7
Not for Profit Organization	193	17.1
Private Practice	589	52.1
Residential Treatment Facility	14	1.2
Tribal Reservation	1	0.1
Other	55	4.9
Missing	2	0.2
Total	1130	100.0

TABLE 5 – SECONDARY PRACTICE SETTING

SETTING	N	PERCENT
College or University	56	5.0
County Agency	25	2.2
Elementary, Junior High, or High School	29	2.6
Federal/State Agency	9	0.8
Hospital	18	1.6
Licensed Health Care Facility	15	1.3
Not for Profit Organization	104	9.2
Private Practice	259	22.9
Residential Treatment Facility	13	1.2
Tribal reservation	1	0.1
Other	143	12.7
Missing	458	40.5
Total	1130	100.1

Note: Totals may not equal 100% due to rounding.

TABLE 6 – THERAPY HOURS CONDUCTED PER WEEK

HOURS	N	PERCENT
1 to 10 hours	354	31.3
11 to 20 hours	389	34.4
21 to 30 hours	247	21.9
31 to 40 hours	103	9.1
More than 40 hours	17	1.5
Missing	20	1.8
Total	1130	100.0

TABLE 7 – ADMINISTRATIVE HOURS PERFORMED PER WEEK

HOURS	N	PERCENT
1 to 10 hours	625	55.3
11 to 20 hours	305	27.0
21 to 30 hours	95	8.4
31 to 40 hours	76	6.7
More than 40 hours	25	2.2
Missing	4	0.4
Total	1130	100.0

TABLE 8 – LOCATION OF PRIMARY WORK

LOCATION	N	PERCENT
Urban	998	88.3
Rural	120	10.6
Missing	12	1.1
Total	1130	100.0

TABLE 9 – ACTIVITIES PERFORMED IN PRACTICE (ALL THAT APPLY)

ACTIVITY	N	PERCENT
Group therapy	377	33.4
Therapy with families	708	62.7
Therapy with couples	777	68.8
Individual therapy with adults	957	84.7
Individual therapy with children or adolescents	692	61.2
Education/training as a teacher, professor, or facilitator	328	29.0
Supervision of MFT interns and trainees	376	33.3
Supervision of non-MFT interns and trainees	178	15.8
Other	130	11.5

Note: Totals do not equal 100% as respondents selected all that apply.

TABLE 10 – OTHER CALIFORNIA LICENSES HELD (ALL THAT APPLY)

ACTIVITY	N	PERCENT
None	715	63.3
Board Certified Behavior Analyst	2	0.2
Licensed Clinical Social Worker	0	0.0
Licensed Educational Psychologist	2	0.2
Licensed Professional Clinical Counselor	21	1.9
Psychologist	16	1.4
Teaching	72	6.4
Other	177	15.7

Note: Totals do not equal 100% as respondents selected all that apply.

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CHAPTER 4. DATA ANALYSIS AND RESULTS

CRITICAL TASK INDICES

To identify the tasks critical to practice, frequency and importance ratings were combined into a composite criticality index for each task statement. To obtain the criticality index for each task statement, frequency (F_i) and importance (I_i) ratings were multiplied for each task and the mean of the combined values was calculated.

$$\text{Task Criticality Index}_i = \text{mean} (F_i * I_i)$$

Criticality indices for all task statements can be found in Appendix B.

CRITICAL KNOWLEDGE INDICES

To identify the knowledge base crucial to practice, a criticality index was also calculated for each knowledge statement. Only one scale was used to rate knowledge statements; therefore, the knowledge criticality index was determined by calculating the mean of knowledge importance ratings.

$$\text{Knowledge Criticality Index}_i = \text{mean} (I_i)$$

Criticality indices for all knowledge statements can be found in Appendix C.

RELIABILITY OF RATINGS

Ratings from the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α). Coefficient alpha reflects the consistency of respondents' judgments as applied to the task and knowledge statements in the questionnaire.

Tables 11 and 12 list the reliability coefficients for each content area as well as the overall reliability coefficients for each rating scale. These results indicated that respondents rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	N_{tasks}	<i>α</i>_{frequency}	<i>α</i>_{importance}
Clinical Evaluation	23	.92	.92
Crisis Management	16	.96	.92
Treatment Planning	18	.87	.88
Treatment	23	.90	.90
Ethics	20	.90	.90
Law	17	.81	.82
TOTAL	117	.97	.97

TABLE 12 – KNOWLEDGE SCALE RELIABILITIES

CONTENT AREA	N_{knowledge}	<i>α</i>_{importance}
Clinical Evaluation	62	.98
Crisis Management	38	.98
Treatment Planning	27	.95
Treatment	46	.96
Ethics	37	.97
Law	29	.95
TOTAL	239	.99

CHAPTER 5. EXAMINATION OUTLINE

IDENTIFYING CRITICAL TASKS AND KNOWLEDGE

Two additional focus groups of LMFT practitioners were convened to review the criticality indices of all task and knowledge statements. The purpose of these workshops was to identify the essential tasks and knowledge required for safe and effective LMFT practice at the time of licensure. Practitioners reviewed the task frequency, importance, and criticality indices for all task statements. After reviewing the ratings, it was determined that all task statements were important to the description of practice, and all of the statements were retained. It was noted, however, that Task 14 (“Explore impact of acculturation factors on client’s presenting problems and treatment”) was more accurately a subset of Task 13 (“Explore impact of human diversity factors on client’s presenting problems and treatment”), T34 (“Explore the impact of acculturation factors on client’s current crisis”) was a subset of T33 (“Explore the impact of human diversity factors on client’s current crisis”), and that T69 (“Implement interventions consistent with client’s level of acculturation to enhance treatment outcomes”) was a subset of T68 (“Implement interventions sensitive to client’s diversity to enhance treatment outcomes”). It was recommended that each set of statements be collapsed on the examination outline. It was further determined that Task Statement 60 belonged in Crisis Management as written, and also in Treatment with slight modification (see Table 14 – Examination Outline). Task statements and their associated criticality indices are presented in Appendix B.

Practitioners in these focus groups also evaluated the criticality indices for all knowledge statements. After reviewing the ratings, it was determined that all knowledge statements were important to safe and effective practice, and all of the knowledge statements were retained. Knowledge statements and their criticality indices are presented in Appendix C.

Practitioners in these focus groups identified that the Diagnostic and Statistical Manual of Mental Disorders (DSM) will be republished in the spring of 2013 and will include changes from the current edition. Several task and knowledge statements relating to substance use included wording consistent with the current edition of the DSM, and subject matter experts recommended that the wording of these statements be modified for congruence with the new edition. Consequently, the wording in T8, T22, T25, T70, K13, K14, K15, K62, K100, and K148 was modified from “substance use, abuse, and dependency” to “addiction.”

Practitioners then created a linkage between task and knowledge statements and organized them into formal content areas and sub-areas for the examination outline. The task and knowledge statements fell within the six original content areas included on the questionnaire:

- Clinical Evaluation
- Crisis Management
- Treatment Planning
- Treatment
- Ethics
- Law

CONTENT AREA WEIGHTS

Practitioners in the focus groups then determined the weighting of each of the content areas. Practitioners were first presented with a weighting scheme based on task criticality values from the occupational analysis results. However, the practitioners concluded that these weights were disproportionate to actual practice. The SMEs in the focus groups determined that many statements in the Crisis Management, Ethics, and Law sections overlapped and were therefore over-represented in the content area weight(s). It was further concluded by these SMEs that the content areas of Treatment Planning and Treatment were artificially low due to the fact that task statements dealing with theoretical orientation were collapsed. After thorough discussion, it was unanimously determined that Clinical Evaluation, Treatment Planning, and Treatment were continuous and ongoing aspects of practice that are equally important and should be represented accordingly on the examination outline.

Based on these evaluations, it was determined that content area weighting for the examination outline should be derived from occupational analysis data in conjunction with subject matter expert judgment. To accomplish this goal, subject matter experts evaluated the task importance, frequency, and overall criticality indices for each of the content areas. They then engaged in weighting rubric exercises and evaluated the consequences of multiple weighting scenarios. Following these exercises, it was unanimously determined that the content areas for the LMFT written examination outline should be weighted as shown in Table 13.

TABLE 13 – SUMMARY OF CONTENT AREA WEIGHTS

CONTENT AREA	AREA WEIGHT (%)	SUBAREA WEIGHT (%)
I. Clinical Evaluation	20%	
A. Clinical Assessment		11%
B. Referral Services		2%
C. Diagnosis		7%
II. Crisis Management	12%	
A. Assessment		6%
B. Management		6%
III. Treatment Planning	20%	
A. Therapeutic Goals		2%
B. Treatment Plan Development		8%
C. Theoretical Orientation		10%
IV. Treatment	20%	
A. Therapeutic Intervention		8%
B. Theoretical Orientation		7%
C. Adjunctive Services		2%
D. Termination		3%
V. Ethics	16%	
A. Informed Consent/Confidentiality		4%
B. Therapeutic Boundaries		4%
C. Competency		3%
D. Therapeutic Relationship		5%
VI. Law	12%	
A. Confidentiality, Privilege, and Exceptions		7%
B. Professional Conduct		5%
TOTAL	100%	100%

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Table 14 – LMFT STANDARD WRITTEN EXAMINATION OUTLINE

II. Clinical Assessment (20%) – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Clinical Assessment (11%)	T1. Identify presenting problems by exploring client’s initial concerns to determine purpose for seeking therapy.	K1. Knowledge of clinical interviewing techniques. K2. Knowledge of active listening techniques. K3. Knowledge of procedures used to gather intake information. K4. Knowledge of methods used to evaluate verbal and nonverbal cues.
	T2. Identify precipitating events related to client’s presenting problems to determine impact on current level of functioning.	K3. Knowledge of procedures used to gather intake information. K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.
	T3. Identify unit of treatment (e.g., individual, couple, family) to determine the plan for therapy.	K5. Knowledge of factors influencing the choice of unit of treatment (e.g., individual couple, family).
	T4. Identify the family/couple’s pattern(s) of interaction.	K18. Knowledge of the stages of the family life cycle. K19. Knowledge of the impact of disruption (e.g., divorce, loss) in the family life cycle. K20. Knowledge of patterns of interactions within couples K21. Knowledge of patterns of interactions within families. K36. Knowledge of methods of collecting family history. K37. Knowledge of methods used to assess the impact of family history on family relationships.
	T5. Assess client’s motivation for therapy by discussing client’s expectations of therapeutic outcome.	K6. Knowledge of the role of client motivation in therapeutic outcome. K7. Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process. K33. Knowledge of methods used to gather information about client’s values and beliefs.
	T6. Identify client’s strengths to incorporate into the treatment plan.	K30. Knowledge of methods used to identify client’s strengths. K31. Knowledge of link between client’s strengths and coping skills.
	T7. Explore client’s previous therapy experience(s) to determine impact on current therapeutic process.	K8. Knowledge of the effects of previous therapy on current therapeutic process. K12. Knowledge of cultural beliefs about therapy and mental health.

II. Clinical Assessment (20%) – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Clinical Assessment, Cont. (11%)	T8. Assess for past/present addiction to determine how to proceed with treatment.	<p>K13. Knowledge of the impact of addiction on physical, behavioral, affective, and cognitive functioning.</p> <p>K15. Knowledge of the effects of addiction on psychosocial functioning and family relationships.</p> <p>K62. Knowledge of assessment methods used to diagnose addiction.</p>
	T13. Explore impact of human diversity factors on client’s presenting problems and treatment.	<p>K10. Knowledge of the effects of human diversity factors on client’s functioning.</p> <p>K11. Knowledge of the effects of level of acculturation on client’s functioning.</p> <p>K12. Knowledge of cultural beliefs about therapy and mental health.</p> <p>K33. Knowledge of methods used to gather information about client’s values and beliefs.</p> <p>K35. Knowledge of the implications of human diversity factors on client relationships.</p> <p>K39. Knowledge of the impact of diversity on family structure and values.</p> <p>K52. Knowledge of the impact of spirituality on the presenting problems and treatment.</p>
	T15. Assess primary caregiver’s willingness and ability to support dependent adult/minor client’s treatment.	<p>K43. Knowledge of methods used to identify the primary caregiver’s level of involvement in therapy.</p> <p>K44. Knowledge of methods used to identify levels of influence of significant others on client’s treatment.</p> <p>K45. Knowledge of methods used to identify support systems within social networks.</p>

II. Clinical Assessment (20%) – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Clinical Assessment, Cont. (11%)	T16. Assess influence of client’s significant others to determine impact on treatment.	K36. Knowledge of methods of collecting family history. K37. Knowledge of methods used to assess the impact of family history on family relationships. K38. Knowledge of the effects of family structure and dynamics on the development of identity. K39. Knowledge of the impact of the cultural context on family structure and values. K44. Knowledge of methods used to identify levels of influence of significant others on client’s treatment. K45. Knowledge of methods used to identify support systems within social networks.
	T17. Explore impact of the economic, educational, political, social, and work environment on client’s presenting problems and treatment.	K45. Knowledge of methods used to identify support systems within social networks. K50. Knowledge of the impact of economic stressors on presenting problems and treatment. K51. Knowledge of the impact of sociopolitical climate on the therapeutic process. K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.
B. Referral Services (2%)	T9. Evaluate client’s medical history and current complaints to determine need for medical referral.	K24. Knowledge of the effects of physical condition on psychosocial functioning. K60. Knowledge of the impact of medication on physical and psychological functioning. K25. Knowledge of the relationship between medical conditions and psychosocial functioning. K26. Knowledge of factors or symptoms that indicate need for a medical evaluation.
	T10. Evaluate client’s thought processes and behaviors that indicate a need for psychiatric referral.	K27. Knowledge of elements of a mental status examination. K29. Knowledge of application of mental status examinations. K32. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation. K34. Knowledge of affective, behavioral, and cognitive factors that indicate the need for supplemental testing.

II. Clinical Assessment (20%) – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Referral Services, Cont. (2%)	T11. Evaluate client’s affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	K17. Knowledge of behavioral and psychological indicators of developmental disorders. K29. Knowledge of application of mental status examinations. K34. Knowledge of affective, behavioral, and cognitive factors that indicate need for supplemental testing.
	T12. Explore client’s need for community resource referrals based on presenting problems and treatment.	K9. Knowledge of the effects of socioeconomic status on client’s functioning. K46. Knowledge of community resources available to clients. K47. Knowledge of assessment methods used to identify client’s need for community resources.
C. Diagnosis (7%)	T18. Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	K22. Knowledge of the stages of child/adolescent development. K23. Knowledge of the stages of adult development. K24. Knowledge of the effects of physical condition on psychosocial functioning. K25. Knowledge of the relationship between medical conditions and psychosocial functioning. K40. Knowledge of the impact of dynamics between the client and the work environment on presenting problem. K41. Knowledge of the impact of dynamics between the client and educational settings on presenting problem. K53. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses. K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K61. Knowledge of criteria used to identify differential diagnoses.
	T19. Gather information from collateral sources about client to formulate a diagnostic impression.	K42. Knowledge of procedures used to gather information from professionals and other involved parties. K53. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses.
	T20. Administer standardized assessment instruments (e.g., depression/anxiety inventories, Mental Status Exam) to obtain diagnostic information.	K27. Knowledge of elements of a mental status examination. K28. Knowledge of methods used to administer a mental status examination. K29. Knowledge of the application of mental status examinations. K57. Knowledge of purposes of standardized assessment instruments. K58. Knowledge of methods of administration of standardized assessment instruments.

II. Clinical Assessment (20%) – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
C. Diagnosis, Cont. (7%)	T21. Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	K53. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses. K54. Knowledge of procedures used to integrate assessment information with diagnostic categories. K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K56. Knowledge of the influence of onset, frequency, intensity, and duration of symptoms to formulate a diagnosis. K61. Knowledge of criteria used to identify differential diagnoses.
	T22. Assess impact of addiction on client to develop a diagnostic impression.	K14. Knowledge of criteria used for differentiating addiction. K62. Knowledge of assessment methods used to diagnose addiction. K61. Knowledge of criteria used to identify differential diagnoses.
	T23. Assess impact of medication or physical condition to develop a diagnostic impression.	K25. Knowledge of the relationship between medical conditions and psychosocial functioning. K60. Knowledge of the impact of medication on physical and psychological functioning.

II. Crisis Management (12%) – This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Crisis Assessment (6%)	T24. Assess severity of client’s crisis to determine what immediate interventions are needed.	K63. Knowledge of methods used to identify crisis situations. K71. Knowledge of methods used to evaluate severity of client’s symptoms. K83. Knowledge of the impact of previous trauma on current functioning. K85. Knowledge of the effects of current trauma on client’s functioning.
	T25. Assess severity of client’s addiction on the crisis to determine level of impairment.	K99. Knowledge of the indicators of being under the influence. K100. Knowledge of methods used to evaluate severity of client’s addiction.
	T26. Evaluate client’s potential for self-destructive and self-injurious behavior to determine level of intervention.	K63. Knowledge of methods used to identify crisis situations. K70. Knowledge of methods used to assess client’s strengths and coping skills. K81. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior. K82. Knowledge of risk factors that indicate potential for self-destructive behavior.
	T27. Assess for suicide potential by evaluating client’s lethality to determine level of intervention.	K65. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups. K66. Knowledge of physical and psychological indicators of suicidality. K67. Knowledge of the effects of precipitating events on suicide potential. K81. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior. K82. Knowledge of risk factors that indicate potential for self-destructive behavior.
	T28. Evaluate severity of crisis situation by assessing the level of impairment to client’s life.	K63. Knowledge of methods used to identify crisis situations. K64. Knowledge of crisis management protocols. K84. Knowledge of the impact of psychosocial stressors on client’s functioning. K87. Knowledge of methods used to determine whether a client is gravely disabled.
	T29. Identify indicators of abuse/neglect by exploring client’s situation to determine level of intervention.	K72. Knowledge of criteria used to determine situations that constitute high risk for abuse. K73. Knowledge of indicators of abuse. K77. Knowledge of indicators of neglect. K78. Knowledge of indicators of endangerment. K92. Knowledge of strategies used to address safety in situations of abuse.

II. Crisis Management (12%) – This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Crisis Assessment, Cont. (6%)	T30. Assess for domestic violence to determine level of intervention.	K63. Knowledge of methods used to identify crisis situations. K72. Knowledge of criteria used to determine situations that constitute high risk for abuse. K78. Knowledge of indicators of endangerment. K79. Knowledge of indicators of domestic violence. K92. Knowledge of strategies used to address safety in situations of abuse.
	T31. Evaluate level of danger client presents to others to determine need for immediate intervention.	K64. Knowledge of crisis management protocols. K80. Knowledge of risk factors that indicate client’s potential for causing harm to others. K90. Knowledge of strategies used to deal with dangerous clients.
	T32. Explore client’s trauma history to determine impact on current crisis.	K83. Knowledge of the impact of previous trauma on current functioning. K84. Knowledge of the impact of psychosocial stressors on client’s functioning. K85. Knowledge of the effects of current trauma on client’s functioning.
	T33. Explore the impact of human diversity factors on client’s current crisis.	K97. Knowledge of the effects of human diversity factors on crises. K98. Knowledge of the effects of acculturation factors on crises.
B. Crisis Management (6%)	T35. Develop an intervention strategy to reduce potential for harm with/for client who has indicated thoughts of causing danger to self.	K86. Knowledge of strategies used to manage psychosocial stressors. K88. Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior. K89. Knowledge of methods used to manage suicidality.
	T36. Develop an intervention strategy to reduce potential for harm with/for client who has indicated thoughts of causing danger to others.	K90. Knowledge of strategies used to deal with dangerous clients. K91. Knowledge of strategies used for anger management. K93. Knowledge of strategies used to manage situations dangerous to therapist. K95. Knowledge of referral sources used to manage crises.
	T37. Develop an intervention strategy with/for a client in a potentially abusive situation to provide for safety of client and family members.	K92. Knowledge of strategies used to address safety in situations of abuse. K96. Knowledge of methods used to coordinate collateral services to manage crisis. K149. Knowledge of intervention methods used for treating abuse within families. K150. Knowledge of intervention methods used for treating the impact of violence.

II. Crisis Management (12%) – This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Crisis Management, Cont. (6%)	T60. Develop strategies to address the impact of crisis issues/psychosocial stressors on client’s treatment.	K149. Knowledge of intervention methods used for treating abuse within families. K150. Knowledge of intervention methods used for treating the impact of violence. K151. Knowledge of interventions used for treating the impact of psychosocial stressors. K152. Knowledge of interventions used for treating the impact of trauma.
	T38. Provide referrals of viable resources to augment management of client’s crisis.	K94. Knowledge of support systems used to manage crises. K95. Knowledge of referral sources used to manage crises. K96. Knowledge of methods used to coordinate collateral services to manage crisis.
	T39. Collaborate with involved parties to augment management of client’s crisis.	K89. Knowledge of methods used to manage suicidality. K94. Knowledge of support systems used to manage crises. K95. Knowledge of referral sources used to manage crises. K96. Knowledge of methods used to coordinate collateral services to manage crisis.

III. Treatment Planning (20%) – This area assesses the candidate’s ability to develop a comprehensive treatment plan and prioritize treatment goals based on assessment information, diagnoses, and theoretical model.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Therapeutic Goals (2%)	T40. Establish collaborative treatment goals by integrating therapist and client perspectives about the presenting problems.	K101. Knowledge of strategies used to integrate client’s and therapist’s understanding of the goals into treatment planning. K109. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) that impact treatment planning.
	T41. Prioritize treatment goals to develop course of treatment.	K102. Knowledge of factors that influence the frequency of therapy sessions. K103. Knowledge of strategies used to prioritize treatment goals. K104. Knowledge of methods used to formulate short-and long-term treatment goals.
	T57. Identify methods to monitor client’s progress toward treatment goals and outcomes.	K105. Knowledge of criteria used to monitor therapeutic effectiveness. K106. Knowledge of procedures to measure therapeutic outcomes.
B. Treatment Plan Development (8%)	T42. Formulate a treatment plan incorporating client’s diversity to provide therapy sensitive to client’s values, beliefs, and social environment.	K107. Knowledge of methods used to formulate a treatment plan within diverse populations. K108. Knowledge of theoretical modalities used to formulate a treatment plan. K111. Knowledge of adjunctive services within community/culture used to augment therapy.
	T52. Determine need for referral for adjunctive services to augment client’s treatment.	K110. Knowledge of methods used to identify need for adjunctive services. K111. Knowledge of adjunctive services within community/culture used to augment therapy.
	T53. Integrate community resources into treatment plan to support client’s therapeutic goals.	K111. Knowledge of adjunctive services within community used to augment therapy. K112. Knowledge of methods used to integrate available community resources into treatment planning. K127. Knowledge of strategies to develop professional and community contacts to facilitate treatment.
	T54. Integrate information obtained from medical/mental health providers to formulate treatment plan.	K113. Knowledge of methods used to integrate information obtained from medical/mental health providers into treatment planning.

III. Treatment Planning (20%) – This area assesses the candidate’s ability to develop a comprehensive treatment plan and prioritize treatment goals based on assessment information, diagnoses, and theoretical model.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Treatment Plan Development, Cont. (8%)	T55. Integrate information obtained from involved parties to formulate a treatment plan.	K112. Knowledge of methods used to integrate available community resources into treatment planning. K114. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning.
	T48. Formulate a treatment plan within a group therapy setting to provide a framework for client’s therapy.	K122. Knowledge of the assumptions, concepts, and methodology associated with group therapy.
	T49. Formulate a treatment plan within a child/adolescent therapy context to provide a framework for client’s therapy.	K123. Knowledge of the assumptions, concepts, and methodology associated with child/adolescent therapy.
	T50. Formulate a treatment plan with an evidence-based context to provide a framework for client’s therapy.	K125. Knowledge of the assumptions, concepts, and methodology associated with evidence-based approaches.
	T51. Formulate a treatment plan with consideration of third party provisions (e.g., managed care, court mandated, EAP) to meet client’s needs.	K109. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) that impact treatment planning.
	T56. Coordinate a treatment plan by collaborating with a multidisciplinary team.	K113. Knowledge of methods used to integrate information obtained from medical/mental health providers into treatment planning. K114. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning. K115. Knowledge of factors associated with the use of a multidisciplinary team approach to treatment. K116. Knowledge of the impact of combining treatment modalities in treating problems or disorders.

III. Treatment Planning (20%) – This area assesses the candidate’s ability to develop a comprehensive treatment plan and prioritize treatment goals based on assessment information, diagnoses, and theoretical model.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
C. Theoretical Orientation (10%)	T43. Formulate a treatment plan within a cognitive-behavioral (e.g., REBT, CT) orientation to provide a framework for client’s therapy.	K117. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.
	T44. Formulate a treatment plan within a humanistic/existential (e.g., gestalt, client-centered, experiential) orientation to provide a framework for client’s therapy.	K118. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.
	T45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client’s therapy.	K119. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach.
	T46. Formulate a treatment plan within a psychodynamic (e.g., attachment, depth psychology, object relations, self-psychology) orientation to provide a framework for client’s therapy.	K120. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.
	T47. Formulate a treatment plan within a systems (e.g., structural, strategic, multigenerational, communications) orientation to provide a framework for client’s therapy.	K121. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.

IV. Treatment (20%) – This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation, including treatment outcomes and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Therapeutic Intervention (8%)	T58. Maintain a therapeutic relationship with client to facilitate treatment.	K128. Knowledge of the components needed to maintain the therapeutic relationship. K129. Knowledge of strategies used to maintain a therapeutic relationship. K130. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K201. Knowledge of strategies to promote client’s autonomy within the therapeutic relationship.
	T59. Provide psychoeducation as it relates to client’s treatment needs.	K167. Knowledge of use of psychoeducation as it relates to client’s treatment needs.
	T64. Implement interventions consistent with child/adolescent therapy theories to facilitate client’s treatment.	K144. Knowledge of the use of interventions associated with child/adolescent therapy. K145. Knowledge of the role of therapist in child/adolescent therapy approach.
	T67. Implement interventions consistent with developmental stages to facilitate client’s treatment.	K153. Knowledge of the use of interventions associated with developmental stages. K154. Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle. K155. Knowledge of methods used to address variations in the family life cycle process. K159. Knowledge of methods to address end of life issues. K160. Knowledge of methods used to address elder issues.
	T68. Implement interventions sensitive to client’s diversity to enhance treatment outcomes.	K130. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K156. Knowledge of approaches used to address diversity issues. K157. Knowledge of approaches used to address acculturation issues.
	T70. Implement interventions consistent with addiction models to facilitate client’s treatment.	K148. Knowledge of intervention methods used for treating addiction.
	T71. Implement interventions consistent with group therapy theories to facilitate client’s treatment.	K142. Knowledge of the use of interventions associated with group therapy. K143. Knowledge of the role of therapist from a group therapy approach.

IV. Treatment (20%) – This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation, including treatment outcomes and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Therapeutic Intervention, Cont. (8%)	T72. Implement interventions consistent with evidence-based outcomes to measure therapeutic effectiveness.	K168. Knowledge of methods used to measure therapeutic outcomes.
	T73. Evaluate therapeutic effectiveness by monitoring client’s progress to determine need for treatment plan revision.	K131. Knowledge of strategies used to monitor treatment progress. K168. Knowledge of methods used to measure therapeutic outcomes.
	T118. Develop strategies to address the impact of issues/psychosocial stressors in treatment. (New Task – Modification of T60)	K151. Knowledge of interventions used for treating the impact of psychosocial stressors. K152. Knowledge of interventions used for treating psychosocial stressors.
B. Theoretical Orientation Interventions (7%)	T61. Implement interventions consistent with cognitive-behavioral theories (e.g., REBT, CT) to facilitate client’s treatment.	K132. Knowledge of the role of therapist from a cognitive-behavioral approach. K133. Knowledge of the use of interventions associated with cognitive-behavioral theories.
	T62. Implement interventions consistent with humanistic-existential theories (e.g., gestalt, client- centered, experiential) to facilitate client’s treatment.	K134. Knowledge of the role of therapist from a humanistic-existential approach. K135. Knowledge of the use of interventions associated with humanistic-existential theories.
	T63. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client’s treatment.	K136. Knowledge of the role of therapist from a postmodern approach. K137. Knowledge of the use of interventions associated with postmodern theories.
	T65. Implement interventions consistent with psychodynamic theories (e.g., attachment, depth, object relations, self-psychology) to facilitate client’s treatment.	K138. Knowledge of the role of therapist from a psychodynamic approach. K139. Knowledge of the use of interventions associated with psychodynamic theories.
	T66. Implement interventions consistent with systems theories (e.g., structural, strategic, multigenerational, communications) to facilitate client’s treatment.	K140. Knowledge of the role of therapist from a systems approach. K141. Knowledge of the use of interventions associated with systems theories.

IV. Treatment (20%) – This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation, including treatment outcomes and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
C. Adjunctive Services (2%)	T74. Implement referral for adjunctive services to augment client’s treatment.	K169. Knowledge of referrals for adjunctive services.
	T75. Provide client with case management services (e.g., linkage to resources, monitor progress, advocate to reduce barriers to treatment) to enhance treatment results.	K170. Knowledge of the components of case management.
	T76. Advocate on behalf of the client for community resources to improve client’s level of functioning.	K169. Knowledge of referrals for adjunctive services. K171. Knowledge of the principles of the Mental Health Services Act as related to the practice of therapy. K172. Knowledge of the application of the Mental Health Services Act principles as related to client treatment. K173. Knowledge of when consultation with other professionals is necessary to manage client’s treatment.
D. Termination (3%)	T77. Determine client’s readiness for termination by evaluating whether treatment goals have been met.	K161. Knowledge of changes in functioning that indicate readiness to terminate therapy. K162. Knowledge of issues related to the process of termination. K164. Knowledge of interventions used to initiate termination.
	T78. Develop a termination plan by assessing client’s needs within framework of third-party specifications (e.g., managed care, court-mandated, EAP).	K165. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.
	T79. Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	K164. Knowledge of interventions used to initiate termination. K166. Knowledge of methods used to maintain therapeutic gains. K169. Knowledge of referrals for adjunctive services.
	T80. Integrate community resources to provide ongoing support to client following termination of treatment.	K162. Knowledge of issues related to the process of termination. K166. Knowledge of methods used to maintain therapeutic gains.

V. Ethics (16%) – This area assesses the candidate’s ability to identify, apply, and manage ethical standards and principles in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Informed Consent / Confidentiality (4%)	T81. Address client’s expectations about therapy to promote understanding of the therapeutic process.	K174. Knowledge of ethical standards used to address expectations of the therapeutic process.
	T82. Evaluate client’s ability to benefit from therapy to determine appropriateness of treatment.	K175. Knowledge of methods and ethical standards used to evaluate the client’s ability to benefit from therapy.
	T83. Discuss management of fees and office policies to promote client’s understanding of the treatment process.	K176. Knowledge of methods used to explain management of fees and office policies.
	T84. Inform client of parameters of confidentiality to facilitate client’s understanding of therapist’s responsibility.	K177. Knowledge of methods used to explain parameters of confidentiality. K178. Knowledge of methods used to explain mandated reporting. K180. Knowledge of confidentiality issues in therapy. K195. Knowledge of confidentiality issues related to couple/family therapy. K196. Knowledge of confidentiality issues related to group therapy. K202. Knowledge of the potential impact of the dissemination of client information through electronic media.
	T85. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	K179. Knowledge of minor client’s right to confidentiality. K180. Knowledge of confidentiality issues in therapy.
	T88. Manage the impact of legal mandates (e.g., mandated reporting) on the therapeutic process.	K210. Knowledge of processes used to manage impact of mandated reporting.
	T94. Manage confidentiality issues to maintain integrity of the therapeutic relationship.	K179. Knowledge of minor client’s right to confidentiality. K180. Knowledge of confidentiality issues in therapy. K181. Knowledge of strategies used to manage therapeutic relationship.

V. Ethics (16%) – This area assesses the candidate’s ability to identify, apply, and manage ethical standards and principles in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Therapeutic Boundaries (4%)	T89. Assess for client’s concurrent therapeutic relationships with other providers (e.g., counselors, therapists, psychologists, physicians) to evaluate impact on treatment.	K182. Knowledge of effects of concurrent therapeutic relationships on treatment.
	T95. Manage countertransference reaction to maintain integrity of the therapeutic relationship.	K181. Knowledge of strategies used to manage therapeutic relationship. K186. Knowledge of the impact of transference on countertransference dynamics. K192. Knowledge of strategies necessary to maintain therapeutic boundaries.
	T96. Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.	K189. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship. K192. Knowledge of strategies necessary to maintain therapeutic boundaries.
	T97. Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	K181. Knowledge of strategies used to manage therapeutic relationship. K190. Knowledge of the implications of sexual feelings/contact within the context of therapy. K191. Knowledge of the impact of physical contact on the therapeutic process.
C. Competency (3%)	T90. Manage clinical issues outside the therapist’s scope of competence to meet client needs.	K184. Knowledge of criteria used to identify limits of therapist’s scope of competence. K199. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship. K200. Knowledge of methods used to facilitate transfer of client for continuity of treatment.
	T91. Determine therapist’s scope of competence regarding treatment factors in client diversity.	K184. Knowledge of criteria used to identify limits of therapist’s scope of competence. K185. Knowledge of areas of practice requiring specialized training.
	T92. Determine competency to provide professional services to client by assessing therapist’s own cognitive, emotional, or physical impairment.	K187. Knowledge of effects of therapist’s own cognitive, emotional, or physical impairments on the therapeutic process. K188. Knowledge of strategies used to manage therapist’s own cognitive, emotional, or physical impairments on the therapeutic process.

V. Ethics (16%) – This area assesses the candidate’s ability to identify, apply, and manage ethical standards and principles in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
D. Therapeutic Relationship (5%)	T87. Manage therapist’s own potential biases regarding human diversity factors.	K183. Knowledge of diversity factors that may affect the therapeutic relationship. K206. Knowledge of implications of the therapist’s potential biases toward clients based on diversity. K207. Knowledge of the impact of diversity on client’s functioning. K208. Knowledge of methods to manage therapist’s feelings about client’s treatment objectives that are outside the therapist’s value system, beliefs, and attitudes.
	T86. Manage client’s safety by evaluating risk factors.	K204. Knowledge of risk factors that indicate potential harm to self or others. K205. Knowledge of methods used to assess the severity of client’s risk factors.
	T93. Manage the impact of ethical responsibilities on the therapeutic relationship.	K181. Knowledge of strategies used to manage therapeutic relationship(s). K193. Knowledge of the impact of ethical responsibilities on the therapeutic relationship.
	T98. Document treatment in client records according to standard of practice to facilitate continuity of care.	K194. Knowledge of standards of practice regarding content of client records.
	T99. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	K198. Knowledge of ethical considerations for interrupting or terminating therapy. K199. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship. K200. Knowledge of methods used to facilitate transfer of client for continuity of treatment.
	T100. Manage the termination process to maintain client’s safety.	K203. Knowledge of ethical issues related to client abandonment.

VI. Law (12%) – This area assesses the candidate’s ability to identify, apply, and manage legal standards and mandates in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Confidentiality, Privilege, and Exceptions (7%)	T102. Obtain client’s written authorization to exchange confidential information.	K211. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T104. Maintain limits of client confidentiality as required by law.	K211. Knowledge of conditions and requirements for disclosing or obtaining confidential information. K212. Knowledge of laws pertaining to mandated reporting of suspected or known abuse. K214. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements. K218. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others.
	T105. Initiate evaluation (e.g., involuntary hospitalization) after determining that the client is gravely disabled or a danger to self or others.	K226. Knowledge of legal criteria for initiating involuntary hospitalization.
	T106. Report client’s intent to harm others as defined by mandated reporting requirements.	K218. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others.
	T107. Report cases of abuse as defined by mandated reporting requirements.	K212. Knowledge of laws pertaining to mandated reporting of suspected or known abuse. K197. Knowledge of the impact of exploitation of the client.
	T108. Comply with legal standards pertaining to treatment of minors.	K222. Knowledge of laws regarding consent to treat a minor. K223. Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question. K224. Knowledge of laws pertaining to minor’s rights to confidentiality.
	T109. Respond to client’s requests for records as mandated by law.	K227. Knowledge of laws regarding client’s requests for records.
	T110. Maintain security of client records as mandated by law.	K215. Knowledge of laws regarding security of client records.

VI. Law (12%) – This area assesses the candidate’s ability to identify, apply, and manage legal standards and mandates in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Confidentiality, Privilege, and Exceptions, Cont. (7%)	T111. Maintain treatment records as required by law.	K211. Knowledge of conditions and requirements for disclosing or obtaining confidential information. K213. Knowledge of laws regarding documentation of clinical services. K.215. Knowledge of laws regarding to security of client records.
	T112. Assert client privilege about requests for confidential information as mandated by law.	K219. Knowledge of laws regarding holder of privilege. K220. Knowledge of laws regarding exceptions to privilege. K221. Knowledge of laws regarding privileged communication. K228. Knowledge of laws regarding therapist’s response to subpoenas. K229. Knowledge of laws regarding therapist’s response to court orders for confidential information.
B. Professional Conduct (5%)	T101. Disclose fee structure for professional services to client as mandated by law.	K225. Knowledge of laws pertaining to disclosing fees for professional services.
	T103. Comply with legal standards pertaining to scope of practice to promote client’s safety and welfare.	K217. Knowledge of laws that define scope of practice. K239. Knowledge of methods to maintain scope of practice when participating on a multidisciplinary team.
	T113. Comply with legal standards about sexual contact, conduct, and relations with client.	K216. Knowledge of laws regarding sexual conduct between therapist and client. K231. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs’ pamphlet entitled, <i>Professional Therapy Never Includes Sex</i> .
	T114. Comply with legal standards regarding advertising when informing the public of therapist’s qualifications and services.	K230. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.
	T115. Comply with legal standards related to the Health Information Portability and Accountability Act (HIPAA).	K232. Knowledge of the application of HIPAA requirements. K202. Knowledge of the potential impact of the dissemination of client information through electronic media.

VI. Law (12%) – This area assesses the candidate’s ability to identify, apply, and manage legal standards and mandates in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Professional Conduct, Cont. (5%)	T116. Comply with legal standards related to the practice of telemedicine.	K233. Knowledge of laws related to confidentiality of telemedicine. K234. Knowledge of methods to obtain informed consent prior to engaging in telemedicine. K235. Knowledge of laws related to the practice of telemedicine.
	T117. Comply with legal standards related to intern practice.	K236. Knowledge of disclosure requirements for interns. K237. Knowledge of legal requirements for supervisors of interns. K238. Knowledge of laws regarding payment for services related to interns.

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CHAPTER 6. CONCLUSION

The occupational analysis of the LMFT profession described in this report provides a comprehensive description of current practice in California. The procedures of the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of LMFTs. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions related to professional licensure.

By adopting the LMFT examination outline contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

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APPENDIX A – RESPONDENTS BY REGION

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1) Los Angeles Vicinity

County of Practice	Frequency
Los Angeles	289
Orange	66
TOTAL LOS ANGELES	355

2) San Francisco/Bay Area

County of Practice	Frequency
Alameda	66
Contra Costa	52
Marin	24
Napa	6
San Francisco	48
San Mateo	31
Santa Clara	57
Santa Cruz	16
Solano	9
TOTAL SAN FRANCISCO/BAY AREA	309

3) San Joaquin Valley

County of Practice	Frequency
Fresno	20
Kern	16
Madera	1
Merced	2
San Joaquin	13
Stanislaus	9
Tulare	10
TOTAL SAN JOAQUIN VALLEY	71

4) Sacramento Valley

County of Practice	Frequency
Butte	10
Colusa	1
Glenn	1
Lake	2
Sacramento	48
Sutter	4
Yolo	6
TOTAL SACRAMENTO VALLEY	72

5) San Diego and Vicinity

County of Practice	Frequency
San Diego	92
TOTAL SAN DIEGO AND VICINITY	92

6) Shasta/Cascade

County of Practice	Frequency
Lassen	1
Plumas	1
Shasta	6
Siskiyou	2
Tehama	1
TOTAL SHASTA/CASCADE	11

7) Riverside and Vicinity

County of Practice	Frequency
Riverside	35
San Bernardino	29
TOTAL RIVERSIDE AND VICINITY	64

8) Sierra Mountain Valley

County of Practice	Frequency
Amador	1
El Dorado	5
Mono	1
Nevada	4
Placer	11
Tuolumne	2
TOTAL SIERRA MOUNTAIN VALLEY	24

9) North Coast

County of Practice	Frequency
De Norte	1
Humboldt	15
Mendocino	2
Sonoma	35
TOTAL NORTH COAST	53

10) South/Central Coast

County of Practice	Frequency
Monterey	14
San Benito	2
San Luis Obispo	17
Santa Barbara	21
Ventura	25
TOTAL SOUTH/CENTRAL COAST	79

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APPENDIX B – CRITICALITY INDICES FOR ALL TASK STATEMENTS

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CRITICALITY INDICES FOR ALL TASK STATEMENTS

I. CLINICAL EVALUATION			
TASK STATEMENT	FREQ	IMP	CI
T1. Identify presenting problems by exploring client's initial concerns to determine purpose for seeking therapy.	4.60	4.52	21.40
T2. Identify precipitating events related to client's presenting problems to determine impact on current level of functioning.	4.58	4.40	20.68
T3. Identify unit of treatment (e.g., individual, couple, family) to determine the plan for therapy.	4.15	3.99	17.93
T4. Identify the family's/couple's patterns of interaction.	4.07	3.99	17.66
T5. Assess client's motivation for therapy by discussing client's expectations of therapeutic outcome.	4.13	3.97	17.41
T6. Identify client's strengths to incorporate into the treatment plan.	4.37	4.17	18.96
T7. Explore client's previous therapy experience(s) to determine impact on current therapeutic process.	3.82	3.37	13.89
T8. Assess for past/present substance use, abuse, and dependency to determine how to proceed with treatment. (wording change to "addiction")	4.39	4.29	19.70
T9. Evaluate client's medical history and current complaints to determine need for medical referral.	4.17	4.08	17.95
T10. Evaluate client's thought processes and behaviors that indicate a need for psychiatric referral.	4.25	4.26	18.87
T11. Evaluate client's affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	3.36	3.31	12.64
T12. Explore client's need for community resource referrals based on presenting problems and treatment.	3.93	3.68	15.37
T13. Explore impact of human diversity factors on client's presenting problems and treatment.	3.88	3.71	15.38
T14. Explore impact of acculturation factors on client's presenting problems and treatment. (subsumed in T13)	3.65	3.64	14.38
T15. Assess primary caregiver's willingness and ability to support dependent adult/minor client's treatment.	3.34	3.50	14.42
T16. Assess influence of client's significant others to determine impact on treatment.	3.85	3.69	15.31

CRITICALITY INDICES FOR ALL TASK STATEMENTS

I. CLINICAL EVALUATION (CONT.)			
TASK STATEMENT	FREQ	IMP	CI
T17. Explore impact of the economic, educational, political, social, and work environment on client's presenting problems and treatment.	4.13	3.85	16.80
T18. Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	4.37	4.14	18.90
T19. Gather information from collateral sources about client to formulate a diagnostic impression.	2.98	2.97	10.25
T20. Administer standardized assessment instruments (e.g., depression/anxiety inventories, Mental Status Exam) to obtain diagnostic information.	2.56	2.55	8.83
T21. Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	3.98	3.74	16.47
T22. Assess impact of substance use, abuse, and dependency on client to develop a diagnostic impression. (wording change to "addiction")	4.18	4.18	18.60
T23. Assess impact of medication or physical condition to develop a diagnostic impression.	3.96	3.91	16.64
II. CRISIS MANAGEMENT			
TASK STATEMENT	FREQ	IMP	CI
T24. Assess severity of client's crisis to determine what immediate interventions are needed.	4.15	4.64	19.83
T25. Assess severity of client's substance use, abuse, and dependency on the crisis to determine level of impairment. (wording change to "addiction")	3.90	4.29	17.77
T26. Evaluate client's potential for self-destructive and self-injurious behavior to determine level of intervention.	4.13	4.70	19.80
T27. Assess for suicide potential by evaluating client's lethality to determine level of intervention.	3.95	4.74	19.14
T28. Evaluate severity of crisis situation by assessing the level of impairment to client's life.	3.56	4.26	16.35

CRITICALITY INDICES FOR ALL TASK STATEMENTS

II. CRISIS MANAGEMENT (CONT.)			
TASK STATEMENT	FREQ	IMP	CI
T29. Identify indicators of abuse/neglect by exploring client's situation to determine level of intervention.	3.74	4.31	17.01
T30. Assess for domestic violence to determine level of intervention.	3.56	4.20	15.91
T31. Evaluate level of danger client presents to others to determine need for immediate intervention.	3.33	4.39	15.65
T32. Explore client's trauma history to determine impact on current crisis.	4.09	4.19	17.82
T33. Explore the impact of human diversity factors on client's current crisis.	3.33	3.39	12.53
T34. Explore the impact of acculturation factors on client's current crisis. (subsumed in T33)	3.16	3.34	11.91
T35. Develop an intervention strategy to reduce potential for harm with/for a client who has indicated thoughts of causing danger to self.	3.54	4.59	16.92
T36. Develop an intervention strategy to reduce potential for harm with/for a client who has indicated thoughts of causing danger to others.	2.86	4.38	13.65
T37. Develop an intervention strategy with/for a client in a potentially abusive situation to provide for safety of client and family members.	3.11	4.38	14.52
T38. Provide referrals of viable resources to augment management of client's crisis.	3.60	4.05	15.34
T39. Collaborate with involved parties to augment management of client's crisis.	3.27	3.93	13.89
III. TREATMENT PLANNING			
TASK STATEMENT	FREQ	IMP	CI
T40. Establish collaborative treatment goals by integrating therapist and client perspectives about the presenting problems.	4.20	4.04	17.92
T41. Prioritize treatment goals to develop course of treatment.	4.04	3.82	16.36
T42. Formulate a treatment plan incorporating client's diversity to provide therapy sensitive to client's values, beliefs, and social environment.	3.79	3.77	15.47

CRITICALITY INDICES FOR ALL TASK STATEMENTS

III. TREATMENT PLANNING (CONT.)			
TASK STATEMENT	FREQ	IMP	CI
T43. Formulate a treatment plan within a cognitive-behavioral (e.g., REBT, CT) orientation to provide a framework for client's therapy.	3.52	3.24	13.09
T44. Formulate a treatment plan within a humanistic-existential (e.g., gestalt, client centered, experiential) orientation to provide a framework for client's therapy.	2.87	2.75	9.83
T45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client's therapy.	2.51	2.47	8.39
T46. Formulate a treatment plan within a psychodynamic (e.g., attachment, depth psychology, object relations, self-psychology) orientation to provide a framework for client's therapy.	2.80	2.71	9.99
T47. Formulate a treatment plan within a systems (e.g., structural, strategic, multigenerational, communications) orientation to provide a framework for client's therapy.	3.07	3.01	11.14
T48. Formulate a treatment plan within a group therapy setting to provide a framework for client's therapy.	1.55	1.68	5.38
T49. Formulate a treatment plan within a child/adolescent therapy context to provide a framework for client's therapy.	1.97	2.13	7.49
T50. Formulate a treatment plan within an evidence-based context to provide a framework for client's therapy.	2.73	2.62	9.72
T51. Formulate a treatment plan with consideration of third party provisions (e.g., managed care, court-mandated, EAP) to meet client needs.	2.46	2.46	8.68
T52. Determine need for referral for adjunctive services to augment client's treatment.	3.53	3.53	13.57
T53. Integrate community resources into treatment plan to support client's therapeutic goals.	3.34	3.33	12.38
T54. Integrate information obtained from medical/mental health providers to formulate treatment plan.	3.20	3.41	12.19
T55. Integrate information obtained from involved parties to formulate a treatment plan.	3.00	3.07	10.85
T56. Coordinate a treatment plan by collaborating with the multidisciplinary team.	2.37	2.68	9.14
T57. Identify methods to monitor client's progress toward treatment goals and outcomes.	3.70	3.60	14.87

CRITICALITY INDICES FOR ALL TASK STATEMENTS

IV. TREATMENT			
TASK STATEMENT	FREQ	IMP	CI
T58. Maintain a therapeutic relationship with client to facilitate treatment.	4.73	4.67	22.80
T59. Provide psychoeducation as it relates to client's treatment needs.	4.31	4.05	18.17
T60. Develop strategies to address the impact of crisis issues/psychosocial stressors on client's treatment.	4.14	4.08	17.74
T61. Implement interventions consistent with cognitive-behavioral theories (e.g., REBT, CT) to facilitate client's treatment.	3.61	3.43	14.05
T62. Implement interventions consistent with humanistic-existential theories (e.g., gestalt, client centered, experiential) to facilitate client's treatment.	2.92	2.82	10.27
T63. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	2.49	2.43	8.27
T64. Implement interventions consistent with child/adolescent therapy theories to facilitate client's treatment.	2.03	2.13	7.66
T65. Implement interventions consistent with psychodynamic theories (e.g., attachment, depth psychology, object relations, self-psychology) to facilitate client's treatment.	2.83	2.80	10.50
T66. Implement interventions consistent with systems theories (e.g., structural, strategic, multigenerational, communications) to facilitate client's treatment.	3.13	3.08	11.62
T67. Implement interventions consistent with developmental stages to facilitate client's treatment.	3.49	3.43	13.74
T68. Implement interventions sensitive to client's diversity to enhance treatment outcome.	3.53	3.58	13.95
T69. Implement interventions consistent with client's level of acculturation to enhance treatment outcome. (subsumed in T68)	3.15	3.35	12.07
T70. Implement interventions consistent with substance use, abuse, or dependency treatment models to facilitate client's treatment. (wording change to "addiction")	3.45	3.80	14.76
T71. Implement interventions consistent with group therapy theories to facilitate client's treatment.	1.64	1.78	6.00

CRITICALITY INDICES FOR ALL TASK STATEMENTS

IV. TREATMENT (CONT.)			
TASK STATEMENT	FREQ	IMP	CI
T72. Implement interventions consistent with evidence-based outcomes to measure therapeutic effectiveness.	2.81	2.71	10.11
T73. Evaluate therapeutic effectiveness by monitoring client's progress to determine need for treatment plan revision.	4.03	3.91	16.78
T74. Implement referral for adjunctive services to augment client's treatment.	3.39	3.47	12.83
T75. Provide client with case management services (e.g., linkages to resources, monitor client's progress, advocate, to reduce barriers to treatment, safety) to enhance treatment results.	2.92	3.04	11.25
T76. Advocate on behalf of client for community resources to improve client's level of functioning.	2.45	2.75	9.03
T77. Determine client's readiness for termination by evaluating whether treatment goals have been met.	3.92	3.87	16.23
T78. Develop a termination plan by assessing client's needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).	2.43	2.50	8.91
T79. Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	3.73	3.79	15.43
T80. Integrate community resources to provide ongoing support to client following termination of treatment.	3.18	3.35	12.49
V. ETHICS			
TASK STATEMENT	FREQ	IMP	CI
T81. Address client's expectations about therapy to promote understanding of the therapeutic process.	4.22	4.14	18.28
T82. Evaluate client's ability to benefit from therapy to determine appropriateness of treatment.	4.12	4.05	17.78
T83. Discuss management of fees and office policies to promote client's understanding of treatment process.	3.85	3.76	17.22
T84. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	4.66	4.59	21.93
T85. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	3.37	3.60	15.68
T86. Manage client's safety by evaluating risk factors.	4.25	4.55	19.96

CRITICALITY INDICES FOR ALL TASK STATEMENTS

V. ETHICS (CONT.)			
TASK STATEMENT	FREQ	IMP	CI
T87. Manage therapist's own potential biases regarding human diversity factors.	4.09	4.32	18.37
T88. Manage the impact of legal mandates (e.g., mandated reporting) on the therapeutic process.	3.66	4.31	16.74
T89. Assess for client's concurrent therapeutic relationships with other providers (e.g., counselors, therapists, psychologists, physicians) to evaluate impact on treatment.	3.55	3.72	14.37
T90. Manage clinical issues outside the therapist's scope of competence to meet client needs.	2.17	2.67	8.77
T91. Determine therapist's scope of competence regarding treatment factors in client diversity.	3.38	3.75	14.15
T92. Determine competency to provide professional services to client by assessing therapist's own cognitive, emotional, or physical impairments.	3.46	3.95	15.16
T93. Manage the impact of ethical responsibilities on the therapeutic relationship.	4.05	4.31	18.28
T94. Manage confidentiality issues to maintain integrity of the therapeutic contract.	4.48	4.62	21.16
T95. Manage countertransference reaction to maintain integrity of the therapeutic relationship.	3.88	4.35	17.59
T96. Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.	3.31	4.21	15.16
T97. Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	2.34	4.02	10.82
T98. Document treatment in client records according to standard of practice to facilitate continuity of care.	4.61	4.29	20.43
T99. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	2.85	3.95	12.50
T100. Manage the termination process to maintain client's safety and therapeutic gains.	3.95	4.18	17.48

CRITICALITY INDICES FOR ALL TASK STATEMENTS

VI. LAW			
TASK STATEMENT	FREQ	IMP	CI
T101. Disclose fee structure for professional services to client as mandated by law.	3.83	3.86	17.85
T102. Obtain client's written authorization to exchange confidential information.	4.31	4.63	20.59
T103. Comply with legal standards about scope of practice to promote client's safety and welfare.	4.54	4.61	21.54
T104. Maintain limits of client confidentiality as required by law.	4.81	4.80	23.29
T105. Initiate evaluation for (e.g., involuntary hospitalization) after determining that the client is gravely disabled or a danger to self or others.	2.43	4.35	11.60
T106. Report client's intent to harm others as defined by mandated reporting requirements.	2.00	4.35	9.64
T107. Report cases of abuse as defined by mandated reporting requirements.	2.78	4.63	13.37
T108. Comply with legal standards about treatment of minors.	3.11	3.77	14.73
T109. Respond to client's requests for records as mandated by law.	2.22	3.75	9.75
T110. Maintain security of client records as mandated by law.	4.75	4.65	22.45
T111. Maintain treatment records as mandated by law.	4.70	4.48	21.69
T112. Assert client privilege about requests for confidential information as mandated by law.	2.37	4.17	11.04
T113. Comply with legal standards about sexual contact, conduct, and relations with client.	4.08	4.67	19.86
T114. Comply with legal standards about advertising when informing the public of therapist's qualifications and services.	3.31	3.65	14.79

CRITICALITY INDICES FOR ALL TASK STATEMENTS

VI. LAW (CONT.)			
TASK STATEMENT	FREQ	IMP	CI
T115. Comply with legal standards related to the Health Information Portability and Accountability Act (HIPAA).	4.19	4.16	19.07
T116. Comply with legal standards related to the practice of telemedicine.	1.17	1.83	5.14
T117. Comply with legal standards related to intern practice.	1.58	2.07	7.31

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APPENDIX C – CRITICALITY INDICES FOR ALL
KNOWLEDGE STATEMENTS

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CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

I. CLINICAL EVALUATION	
KNOWLEDGE STATEMENT	CI
K1. Knowledge of clinical interviewing techniques.	3.29
K2. Knowledge of active listening techniques.	3.59
K3. Knowledge of procedures used to gather intake information.	3.07
K4. Knowledge of methods used to evaluate verbal and nonverbal cues.	3.24
K5. Knowledge of factors influencing the choice of unit of treatment (e.g., individual, couple, family).	2.68
K6. Knowledge of the role of client motivation in therapeutic outcome.	3.03
K7. Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process.	2.22
K8. Knowledge of the effects of previous therapy on current therapeutic process.	2.22
K9. Knowledge of the effects of socioeconomic status on client's functioning.	2.53
K10. Knowledge of the effects of human diversity factors on client's functioning.	2.61
K11. Knowledge of the effects of level of acculturation on client's functioning.	2.49
K12. Knowledge of cultural beliefs about therapy and mental health.	2.77
K13. Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning. (wording change to "addiction")	3.27
K14. Knowledge of criteria used for differentiating substance use, abuse, and dependency. (wording change to "addiction")	2.82
K15. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships. (wording change to "addiction")	3.12
K16. Knowledge of the developmental processes of individual growth and change.	2.90
K17. Knowledge of behavioral and psychological indicators of developmental disorders.	2.47
K18. Knowledge of the stages of family life-cycle development.	2.50
K19. Knowledge of the impact of disruption (e.g., divorce, loss) in the family life cycle.	3.01
K20. Knowledge of patterns of interactions within couples.	2.78
K21. Knowledge of patterns of interactions within families.	2.99

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

I. CLINICAL EVALUATION (CONT.)	
KNOWLEDGE STATEMENT	CI
K22. Knowledge of the stages of child/adolescent development.	2.71
K23. Knowledge of the stages of adult development.	2.70
K24. Knowledge of the effects of physical condition on psychosocial functioning.	2.61
K25. Knowledge of the relationship between medical conditions and psychosocial functioning.	2.77
K26. Knowledge of factors or symptoms that indicate need for a medical evaluation.	3.01
K27. Knowledge of elements of a mental status examination.	2.78
K28. Knowledge of methods used to administer a mental status examination.	2.45
K29. Knowledge of the application of mental status examinations.	2.40
K30. Knowledge of methods used to identify client's strengths.	2.93
K31. Knowledge of link between client's strengths and coping skills.	3.08
K32. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.	3.17
K33. Knowledge of methods used to gather information about client's values and beliefs.	2.71
K34. Knowledge of affective, behavioral, and cognitive factors that indicate need for supplemental testing.	2.18
K35. Knowledge of the implications of human diversity factors on client relationships.	2.51
K36. Knowledge of methods of collecting family history.	2.70
K37. Knowledge of methods used to assess the impact of family history on family relationships.	2.79
K38. Knowledge of the effects of family structure and dynamics on the development of identity.	2.80
K39. Knowledge of the impact of cultural context on family structure and values.	2.70
K40. Knowledge of the impact of dynamics between the client and the work environment on presenting problem.	2.35

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

I. CLINICAL EVALUATION (CONT.)	
KNOWLEDGE STATEMENT	CI
K41. Knowledge of the impact of dynamics between client and educational settings on presenting problem.	2.25
K42. Knowledge of procedures used to gather information from professionals and other involved parties.	2.36
K43. Knowledge of methods used to identify the primary caregiver's level of involvement in therapy.	2.22
K44. Knowledge of methods used to identify levels of influence of significant others on client's treatment.	2.48
K45. Knowledge of methods used to identify support systems within social network.	2.68
K46. Knowledge of community resources available to clients.	2.66
K47. Knowledge of assessment methods used to identify client's need for community resources.	2.37
K48. Knowledge of the effects of acculturation on family structure and values.	2.34
K49. Knowledge of the transitional stages of acculturation.	2.05
K50. Knowledge of the impact of economic stressors on presenting problems and treatment.	2.75
K51. Knowledge of the impact of sociopolitical climate on the therapeutic process.	1.83
K52. Knowledge of the impact of spirituality on the presenting problems and treatment.	2.49
K53. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses.	2.99
K54. Knowledge of procedures used to integrate assessment information with diagnostic categories.	2.76
K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	3.16
K56. Knowledge of the influence of onset, frequency, intensity, and duration of symptoms to formulate a diagnosis.	3.12
K57. Knowledge of purposes of standardized assessment instruments.	1.75

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

I. CLINICAL EVALUATION (CONT.)	
KNOWLEDGE STATEMENT	CI
K58. Knowledge of methods of administration of standardized assessment instruments.	1.55
K59. Knowledge of viable resources when indicated for testing outside therapist's scope of competence.	2.20
K60. Knowledge of the impact of medication on physical and psychological functioning.	2.95
K61. Knowledge of criteria used to identify differential diagnoses.	2.92
K62. Knowledge of assessment methods used to diagnose substance use, abuse, and dependence. (wording change to "addiction")	2.86
II. CRISIS MANAGEMENT	
KNOWLEDGE STATEMENT	CI
K63. Knowledge of methods used to identify crisis situations.	3.42
K64. Knowledge of crisis management protocols.	3.36
K65. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups.	3.34
K66. Knowledge of physical and psychological indicators of suicidality.	3.50
K67. Knowledge of the effects of precipitating events on suicide potential.	3.39
K68. Knowledge of procedures used to manage client's suicidal ideation that do not require hospitalization.	3.44
K69. Knowledge of strategies used to provide suicide intervention in emergency situations.	3.46
K70. Knowledge of methods used to assess client's strengths and coping skills.	3.22
K71. Knowledge of methods used to evaluate severity of client's symptoms.	3.32
K72. Knowledge of criteria used to determine situations that constitute high risk for abuse.	3.23
K73. Knowledge of indicators of abuse.	3.38
K74. Knowledge of indicators of child abuse.	3.39
K75. Knowledge of indicators of elder/dependent adult abuse.	3.00
K76. Knowledge of indicators of elder/dependent adult fiduciary abuse.	2.78
K77. Knowledge of indicators of neglect.	3.20
K78. Knowledge of indicators of endangerment.	3.22

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

II. CRISIS MANAGEMENT (CONT.)	
KNOWLEDGE STATEMENT	CI
K79. Knowledge of indicators of domestic violence.	3.25
K80. Knowledge of risk factors that indicate client's potential for causing harm to others.	3.34
K81. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.	3.42
K82. Knowledge of risk factors that indicate potential for self-destructive behavior.	3.34
K83. Knowledge of the impact of previous trauma on current functioning.	3.25
K84. Knowledge of the impact of psychosocial stressors on client's functioning.	3.16
K85. Knowledge of the effects of current trauma on client's functioning.	3.27
K86. Knowledge of strategies used to manage psychosocial stressors.	3.14
K87. Knowledge of methods used to determine whether a client is gravely disabled.	2.69
K88. Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior.	3.17
K89. Knowledge of methods used to manage suicidality.	3.40
K90. Knowledge of strategies used to deal with dangerous clients.	3.16
K91. Knowledge of strategies used for anger management.	3.05
K92. Knowledge of strategies used to address safety in situations of abuse.	3.23
K93. Knowledge of strategies used to manage situations dangerous to therapist.	3.07
K94. Knowledge of support systems used to manage crises.	3.16
K95. Knowledge of referral sources used to manage crises.	3.06
K96. Knowledge of methods used to coordinate collateral services to manage crisis.	2.86
K97. Knowledge of the effects of human diversity factors on crises.	2.46
K98. Knowledge of the effects of acculturation factors on crises.	2.39
K99. Knowledge of indicators of being under the influence.	3.10
K100. Knowledge of methods used to evaluate severity of client's substance use, abuse, and dependence. (wording change to "addiction")	3.08

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

III. TREATMENT PLANNING	
KNOWLEDGE STATEMENT	CI
K101. Knowledge of strategies used to integrate client's and therapist's understanding of the goals into treatment planning.	2.89
K102. Knowledge of factors that influence the frequency of therapy sessions.	2.59
K103. Knowledge of strategies used to prioritize treatment goals.	2.71
K104. Knowledge of methods used to formulate short- and long-term treatment goals.	2.71
K105. Knowledge of criteria used to monitor therapeutic effectiveness.	2.74
K106. Knowledge of procedures used to measure qualitative and quantitative therapeutic outcomes.	2.24
K107. Knowledge of methods used to formulate a treatment plan within diverse populations.	2.41
K108. Knowledge of theoretical modalities used to formulate a treatment plan.	2.42
K109. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) that impact treatment planning.	2.04
K110. Knowledge of methods used to identify need for adjunctive services.	2.29
K111. Knowledge of adjunctive services within community/culture used to augment therapy.	2.32
K112. Knowledge of methods used to integrate available community/cultural resources into treatment planning.	2.23
K113. Knowledge of methods used to integrate information obtained from medical/mental health providers into treatment planning.	2.51
K114. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning.	2.33
K115. Knowledge of factors associated with use of a multidisciplinary team approach to treatment.	2.07
K116. Knowledge of the impact of combining treatment modalities in treating problems or disorders.	2.43
K117. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.	2.62
K118. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.	2.13

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

III. TREATMENT PLANNING (CONT.)	
KNOWLEDGE STATEMENT	CI
K119. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach.	1.64
K120. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.	2.05
K121. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.	2.48
K122. Knowledge of the assumptions, concepts, and methodology associated with group therapy.	1.53
K123. Knowledge of the assumptions, concepts, and methodology associated with directive child/adolescent therapy.	1.49
K124. Knowledge of the assumptions, concepts, and methodology associated with nondirective child/adolescent therapy.	1.49
K125. Knowledge of the assumptions, concepts, and methodology associated with evidence-based approaches.	1.99
K126. Knowledge of the assumptions, concepts, and methodology associated with treatment of substance use, abuse, and dependence.	2.70
K127. Knowledge of strategies to develop professional and community contacts to facilitate treatment.	2.44
IV. TREATMENT	
KNOWLEDGE STATEMENT	CI
K128. Knowledge of the components needed to maintain the therapeutic relationship.	3.37
K129. Knowledge of strategies used to maintain a therapeutic relationship.	3.35
K130. Knowledge of the impact of value differences between therapist and client on the therapeutic process.	3.00
K131. Knowledge of strategies used to monitor treatment progress.	2.79
K132. Knowledge of the role of therapist from a cognitive-behavioral approach.	2.49
K133. Knowledge of the use of interventions associated with cognitive-behavioral theories.	2.57
K134. Knowledge of the role of therapist from a humanistic-existential approach.	2.04
K135. Knowledge of the use of interventions associated with humanistic-existential theories.	2.00
K136. Knowledge of the role of therapist from a postmodern approach.	1.48

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

IV. TREATMENT (CONT.)	
KNOWLEDGE STATEMENT	CI
K137. Knowledge of the use of interventions associated with postmodern theories.	1.54
K138. Knowledge of the role of therapist from a psychodynamic approach.	2.00
K139. Knowledge of the use of interventions associated with psychodynamic theories.	2.04
K140. Knowledge of the role of therapist from a systems approach.	2.40
K141. Knowledge of the use of interventions associated with systems theories.	2.44
K142. Knowledge of the use of interventions associated with group therapy.	1.49
K143. Knowledge of the role of therapist from a group therapy approach.	1.52
K144. Knowledge of the use of interventions associated with child/adolescent therapy.	1.39
K145. Knowledge of the role of therapist from a directive child/adolescent therapy.	1.40
K146. Knowledge of the use of interventions associated with nondirective child/adolescent therapy.	1.42
K147. Knowledge of the role of therapist from a nondirective child/adolescent therapy approach.	1.44
K148. Knowledge of intervention methods used for treating substance use, abuse, and dependence. (wording change to “addiction”)	2.65
K149. Knowledge of intervention methods used for treating abuse within families.	2.73
K150. Knowledge of intervention methods used for treating the impact of violence.	2.86
K151. Knowledge of interventions used for treating psychosocial stressors.	2.95
K152. Knowledge of interventions used for treating the impact of trauma.	3.16
K153. Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, spiritual, psychosocial, educational).	2.83
K154. Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle.	2.77
K155. Knowledge of methods used to address variations in the family life cycle process.	2.46
K156. Knowledge of approaches used to address diversity issues.	2.42

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

IV. TREATMENT (CONT.)	
KNOWLEDGE STATEMENT	CI
K157. Knowledge of approaches used to address acculturation issues.	2.23
K158. Knowledge of methods used to address blended family issues.	2.56
K159. Knowledge of methods used to address end of life issues.	2.15
K160. Knowledge of methods used to address elder issues.	2.10
K161. Knowledge of changes in functioning that indicate readiness to terminate therapy.	2.74
K162. Knowledge of issues related to the process of termination.	2.82
K163. Knowledge of methods used to assess when to initiate termination.	2.70
K164. Knowledge of interventions used to initiate termination.	2.65
K165. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.	2.04
K166. Knowledge of methods used to maintain therapeutic gains.	2.78
K167. Knowledge of use of psychoeducation as it relates to client's treatment needs.	2.84
K168. Knowledge of methods used to measure therapeutic outcomes.	2.34
K169. Knowledge of referrals for adjunctive services.	2.46
K170. Knowledge of the components of case management.	2.12
K171. Knowledge of the principles of the Mental Health Services Act as related to the practice of therapy.	1.92
K172. Knowledge of the application of the Mental Health Services Act principles as related to client treatment.	1.92
K173. Knowledge of when consultation with other professionals is necessary to manage client's treatment.	3.01
V. ETHICS	
KNOWLEDGE STATEMENT	CI
K174. Knowledge of ethical standards used to address expectations of the therapeutic process.	2.81
K175. Knowledge of methods used to evaluate the client's ability to benefit from therapy.	2.81
K176. Knowledge of methods used to explain management of fees and office policies.	2.68

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

V. ETHICS (CONT.)	
KNOWLEDGE STATEMENT	CI
K177. Knowledge of methods used to explain parameters of confidentiality.	3.45
K178. Knowledge of methods used to explain mandated reporting.	3.43
K179. Knowledge of minor client's right to confidentiality.	3.11
K180. Knowledge of confidentiality issues in therapy.	3.58
K181. Knowledge of strategies used to manage therapeutic relationship.	3.21
K182. Knowledge of effects of concurrent therapeutic relationships on treatment process.	2.72
K183. Knowledge of diversity factors that may affect the therapeutic relationship.	2.74
K184. Knowledge of criteria used to identify limits of therapist's scope of competence.	3.16
K185. Knowledge of areas of practice requiring specialized training.	2.93
K186. Knowledge of the impact of transference on countertransference dynamics.	3.17
K187. Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process.	3.13
K188. Knowledge of strategies used to manage therapist's own cognitive, emotional, or physical impairments on the therapeutic process.	3.14
K189. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	3.05
K190. Knowledge of the implications of sexual feelings/contact within the context of therapy.	3.00
K191. Knowledge of the impact of physical contact on the therapeutic process.	3.02
K192. Knowledge of strategies necessary to maintain therapeutic boundaries.	3.39
K193. Knowledge of the impact of ethical responsibilities on the therapeutic relationship.	3.41
K194. Knowledge of standards of practice about content of client records.	3.24
K195. Knowledge of confidentiality issues related to couple/family therapy.	3.17
K196. Knowledge of confidentiality issues related to group therapy.	2.07
K197. Knowledge of the impact of exploitation of the client.	2.69

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

V. ETHICS (CONT.)	
KNOWLEDGE STATEMENT	CI
K198. Knowledge of ethical considerations for interrupting or terminating therapy.	2.91
K199. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship.	2.85
K200. Knowledge of methods used to facilitate transfer of client for continuity of treatment.	2.73
K201. Knowledge of strategies to promote client's autonomy within the therapeutic relationship.	2.98
K202. Knowledge of the potential impact of the dissemination of client information through electronic media.	2.77
K203. Knowledge of ethical issues related to client abandonment.	2.90
K204. Knowledge of risk factors that indicate potential harm to self or others.	3.47
K205. Knowledge of methods used to assess the severity of client's risk factors.	3.40
K206. Knowledge of implications of the therapist's potential biases toward clients based on diversity.	2.93
K207. Knowledge of the impact of diversity on client's functioning.	2.67
K208. Knowledge of methods to manage therapist's feelings about client's treatment objectives that are outside the therapist's value system, beliefs, and attitudes.	2.93
K209. Knowledge of ethical responsibility to evaluate other professional's diagnoses of client.	2.63
K210. Knowledge of process used to manage impact of mandated reporting.	3.25
VI. LAW	
KNOWLEDGE STATEMENT	CI
K211. Knowledge of conditions and requirements for disclosing or obtaining confidential information.	3.49
K212. Knowledge of laws pertaining to mandated reporting of suspected or known abuse.	3.54
K213. Knowledge of laws regarding documentation of clinical services.	3.29
K214. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.	3.30
K215. Knowledge of laws regarding security of client records.	3.29

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

VI. LAW (CONT.)	
KNOWLEDGE STATEMENT	CI
K216. Knowledge of laws regarding sexual conduct between therapist and client.	3.30
K217. Knowledge of laws that define scope of practice.	3.29
K218. Knowledge of laws pertaining to mandated reporting of client's intent to harm others.	3.38
K219. Knowledge of laws regarding holder of privilege.	3.01
K220. Knowledge of laws regarding exceptions to privilege.	2.99
K221. Knowledge of laws regarding privileged communication.	3.05
K222. Knowledge of laws regarding consent to treat a minor.	2.86
K223. Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question.	2.78
K224. Knowledge of laws pertaining to minor's rights to confidentiality.	2.85
K225. Knowledge of laws pertaining to disclosing fees for professional services.	2.84
K226. Knowledge of legal criteria for determining involuntary hospitalization.	2.96
K227. Knowledge of laws regarding client's requests for records.	2.80
K228. Knowledge of laws regarding therapist's response to subpoenas.	2.84
K229. Knowledge of laws regarding therapist's response to court orders for confidential information.	2.88
K230. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	2.60
K231. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled "Professional Therapy Never Includes Sex."	1.81
K232. Knowledge of the application of HIPAA requirements.	3.05
K233. Knowledge of laws related to confidentiality of telemedicine.	1.63
K234. Knowledge of methods to obtain informed consent prior to engaging to telemedicine.	1.55
K235. Knowledge of laws related to the practice of telemedicine.	1.50
K236. Knowledge of disclosure requirements for interns.	1.82
K237. Knowledge of legal requirements for supervisors of interns.	1.90

CRITICALITY INDICES FOR ALL KNOWLEDGE STATEMENTS

VI. LAW (CONT.)	
KNOWLEDGE STATEMENT	CI
K238. Knowledge of laws regarding payment for services related to interns.	1.50
K239. Knowledge of methods to maintain scope of practice when participating on a multidisciplinary team.	2.26

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APPENDIX D – LETTERS TO PRACTITIONERS

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Board of Behavioral Sciences

1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TTY (800) 326-2297
Fax (916) 574-8625
www.bbs.ca.gov

August 6, 2012

Dear Licensee:

The Board of Behavioral Sciences (Board) is currently conducting an occupational analysis of the Marriage and Family Therapist (MFT) profession. The purpose of the occupational analysis is to identify the important tasks that are currently performed by practicing MFTs and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of MFT practice and to ensure that licensing examinations reflect important aspects of current practice.

The Board is mandated to protect the public by developing examinations that determine competency for licensure. The examinations require candidates to demonstrate that they possess the knowledge, skills, and abilities the profession defines as necessary to perform safely and effectively in independent practice.

The Board is requesting your assistance in this process. Please take the time, approximately two (2) hours to complete the online survey questionnaire as it relates to your current practice. Your responses on this questionnaire will be combined with the responses of other MFT practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

In order to participate in this survey, please follow these instructions:

1. At the Board's website www.bbs.ca.gov, on the home page click on the link at the bottom of the page under "Highlights".
2. Enter the password: **MFTOA2012**. You are now ready to complete the survey.



Governor
Edmund G. Brown Jr.
State of California
State and Consumer
Services Agency
Department of
Consumer Affairs

Please complete the survey according to the instructions provided. It is critical to this project that you complete the questionnaire based on your MFT practice. Do not respond based on what you believe all MFTs should be expected to know or be able to do. Additionally, it is important to complete the survey based on MFT practice as opposed to practice in other professions. Data inconsistent with these instructions will be omitted from analysis.

If you wish to participate, the questionnaire must be completed by **August 31, 2012**. Please contact Sandra Wright at (916) 574-7860, if you have questions about this process.



1625 North Market Blvd.
 Suite S-200
 Sacramento, CA 95834
 (916) 574-7830
 TTY (800) 326-2297
 Fax (916) 574-8625
 www.bbs.ca.gov

Board of Behavioral Sciences

August 31, 2012

Dear Licensee:

The Board of Behavioral Sciences (Board) is currently conducting an occupational analysis of the Marriage and Family Therapist (MFT) profession. An occupational analysis is a comprehensive study of the profession and uses a survey questionnaire to determine the important tasks that are currently performed by practicing MFTs and the knowledge required to perform those tasks.

Results of the occupational analysis will provide the Board with essential information regarding MFT practice. Results will be used to identify changes in the profession and update the definition of current MFT practice. Results will also be used to form the basis for the MFT licensing examinations by identifying the competencies required to practice safely in independent practice.

The Board understands that your time is valuable and the questionnaire is long and time consuming. However, your input is greatly appreciated in this vital process. The occupational analysis survey is available online and can be filled out at your convenience any time prior to the deadline indicated below. The survey does not have to be completed at once; however, it does need to be completed from the same computer each time you log in. Please note: each time you log off, the computer saves the last COMPLETED page. Partially completed pages will be blank when logging back in.

In order to participate in this survey, please follow these instructions:

3. At the Board's website www.bbs.ca.gov, on the home page click on the link at the bottom of the page under "Highlights".
4. Enter the password: **MFTOA2012**. You are now ready to complete the survey.

Please complete the survey according to the instructions provided. It is critical to this project that you complete the questionnaire based on **YOUR** MFT practice. Do not respond based on what you believe all MFTs should be expected to know or be able to do. Additionally, it is important to complete the survey based on MFT practice as opposed to practice in other professions. Data inconsistent with these instructions will be omitted from analysis.

Your responses on this questionnaire will be combined with the responses of other MFT practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

If you wish to participate, the questionnaire must be completed by **September 30, 2012**.

Please contact Sandra Wright at (916) 574-7860, if you have questions about this process.

Thank you for your participation.



Governor
 Edmund G. Brown Jr.
 State of California
 State and Consumer
 Services Agency
 Department of
 Consumer Affairs

APPENDIX E – QUESTIONNAIRE

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1. COVER LETTER

Dear Licensee:

The Board of Behavioral Sciences (Board) is currently conducting an occupational analysis of the Marriage and Family Therapist (MFT) profession. The purpose of the occupational analysis is to identify the important tasks that are currently performed by practicing MFTs and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of MFT practice and to ensure that licensing examinations reflect important aspects of current practice.

The Board is mandated to protect the public by developing examinations that determine competency for licensure. The examinations require candidates to demonstrate that they possess the knowledge the profession defines as necessary to perform safely and effectively in independent practice.

The Board is requesting your assistance in this process. Please take the time, approximately one (1) hour, to complete the online survey questionnaire as it relates to your current practice. By completing this questionnaire as it relates to your current practice, you will contribute valuable information regarding the MFT profession. Your responses on this questionnaire will be combined with the responses of other MFT practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

Please complete the survey according to the instructions provided below. It is critical that you complete the questionnaire based on your MFT practice. Do not respond based on what you believe all MFTs should be expected to know or be able to do.

In order to progress through this survey, please use the following navigation buttons:

- Click the **Next** button to continue to the next page.
- Click the **Prev** button to return to the previous page.
- Click the **Exit this Survey** button if you need to exit the survey and return to it at a later time.
- Click the **Done/Submit** button to submit your survey as completed.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

This survey questionnaire has three parts:

PART I asks you for background information about yourself and your current job.

PART II asks you to rate tasks in terms of:

- HOW OFTEN you perform each task in your current job;
- HOW IMPORTANT the performance of each task is to your current job.

PART III asks you to rate knowledges in terms of:

- HOW IMPORTANT each knowledge is to the performance of tasks in your current job.

Please Note: Once you have started the survey, you can exit at any time and return to it later as long as you are using the same computer. The survey automatically saves fully-completed pages, but it will not save partially-completed pages. Therefore, if you exit the survey on a page with only a few questions completed, you will return to that same page but will need to answer those few questions again. The Web link is available 24 hours a day 7 days a week for your convenience.

Please submit the completed survey questionnaire by August 31, 2012.

If you have any questions about completing this survey, please contact the Board of Behavioral Sciences at (916) 574-7860 or www.bbs.ca.gov. The Board welcomes your participation in this project and thanks you for your time.

2. OCCUPATIONAL ANALYSIS OF LICENSED MARRIAGE AND FAMILY THERAPIST

The Board recognizes that every MFT practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective MFT practice in the state of California.

Complete this questionnaire only if you are currently licensed and working as a licensed MFT in California.

3. PART I PERSONAL DATA

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.) and it will be used only for the purpose of analyzing the ratings from this questionnaire.

***1. Are you currently practicing as a Licensed Marriage and Family Therapist?**

Please note: This survey should only be completed if you hold an MFT license in California.

Yes

No

4.

1. How many years have you been licensed as an MFT?

- 0-5 years
- 6-10 years
- 11-20 years
- More than 20 years

2. What is the highest related degree you hold?

- M.A.
- M.C.
- M.S.
- M.Ed.
- Ed.D.
- Ph.D.
- Psy.D.
- D. Min.
- Other (please specify)

3. In which of the following concentrations did you obtain your degree?

- Marriage and family therapy
- Clinical psychology
- Counseling psychology
- Counseling with an emphasis in marriage and family therapy
- Educational psychology
- School psychology
- Social work with an emphasis in clinical social work
- Other (please specify)

4. What is your primary practice setting?

- College or university
- County agency
- Elementary, junior, or high school
- Federal/State agency
- Hospital
- Licensed health care facility
- Not-for-profit organization
- Private practice
- Residential treatment facility
- Tribal Reservation
- Other (please specify)

5. What is your secondary practice setting?

- College or university
- County agency
- Elementary, junior, or high school
- Federal/State agency
- Hospital
- Licensed health care facility
- Not-for-profit organization
- Private practice
- Residential treatment facility
- Tribal Reservation
- Other (please specify)

6. How many hours of therapy do you conduct per week?

- 1 to 10 hours
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- More than 40 hours

7. How many hours of administrative work (e.g., consultation, supervision, documentation) do you perform per week?

- 1 to 10 hours
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- More than 40 hours

8. What describes the location of your primary work setting?

- Urban (greater than 50,000 people)
- Rural (less than 50,000 people)

9. Which of the following activities do you perform in your practice?

- Group therapy
- Therapy with families
- Therapy with couples
- Individual therapy with adults
- Individual therapy with children or adolescents
- Education/training as a teacher, professor, or facilitator
- Supervision of marriage and family therapist interns and trainees
- Supervision of nonmarriage and family therapist interns or trainees
- Other (please specify)

10. What other state-issued licenses, certifications, or credentials do you hold?

- None
- Board Certified Behavior Analyst
- Licensed Clinical Social Worker
- Licensed Educational Psychologist
- Licensed Professional Clinical Counselor
- Psychologist
- Teaching
- Other (please specify)

***11. In what California county is your primary practice located?**

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |

5. PART II RATING JOB TASKS

In this part of the questionnaire, please rate each task as it relates to your current practice as a Licensed Marriage and Family Therapist. Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign from one rating scale should not influence the ratings that you assign from another rating scale.

If the task is NOT part of your current practice, rate the task "0" (zero) Frequency and "0" (zero) Importance.

The boxes for rating the frequency and importance of each task have "drop-down" lists. Click on the "down" arrow for each list to see the ratings and then pick which of them applies to the task.

RATING SCALES FOR TASKS

FREQUENCY

How often are these tasks performed in your current practice?
Use the following scale to make your rating.

- 0 - DOES NOT APPLY TO MY JOB. I do not perform this task in my practice.
- 1 - RARELY. This task is one of the tasks I perform least often in my practice relative to other tasks I perform.
- 2 - SELDOM. This task is performed less often relative to other tasks I perform in my practice.
- 3 - OCCASIONALLY. This task is performed somewhat often relative to other tasks I perform in my practice.
- 4 - OFTEN. This task is performed more often than most other tasks I perform in my practice.
- 5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice relative to other tasks I perform.

IMPORTANCE

HOW IMPORTANT are these tasks in the performance of your current practice?
Use the following scale to make your ratings.

- 0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important to my current practice; I do not perform this task in my practice.
- 1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.
- 2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; however, it does not have the priority of most other tasks I perform in my current practice.
- 3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current practice.
- 4 - VERY IMPORTANT. This task is very important for performance in my practice; it has a higher degree of priority than most other tasks I perform in my current practice.
- 5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform in practice; it has the highest degree of priority of all the tasks I perform in my current practice.

1. Part I. Clinical Evaluation

	Frequency	Importance
1. Identify presenting problems by exploring client's initial concerns to determine purpose for seeking therapy.	<input type="text"/>	<input type="text"/>
2. Identify precipitating events related to client's presenting problems to determine impact on current level of functioning.	<input type="text"/>	<input type="text"/>
3. Identify unit of treatment (e.g., individual, couple, family) to determine the plan for therapy.	<input type="text"/>	<input type="text"/>
4. Identify the family's/couple's patterns of interaction.	<input type="text"/>	<input type="text"/>
5. Assess client's motivation for therapy by discussing client's expectations of therapeutic outcome.	<input type="text"/>	<input type="text"/>
6. Identify client's strengths to incorporate into the treatment plan.	<input type="text"/>	<input type="text"/>
7. Explore client's previous therapy experience(s) to determine impact on current therapeutic process.	<input type="text"/>	<input type="text"/>
8. Assess for past/present substance use, abuse, and dependency to determine how to proceed with treatment.	<input type="text"/>	<input type="text"/>
9. Evaluate client's medical history and current complaints to determine need for medical referral.	<input type="text"/>	<input type="text"/>
10. Evaluate client's thought processes and behaviors that indicate a need for psychiatric referral.	<input type="text"/>	<input type="text"/>
11. Evaluate client's affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	<input type="text"/>	<input type="text"/>
12. Explore client's need for community resource referrals based on presenting problems and treatment.	<input type="text"/>	<input type="text"/>
13. Explore impact of human diversity factors on client's presenting problems and treatment.	<input type="text"/>	<input type="text"/>
14. Explore impact of acculturation factors on client's presenting problems and treatment.	<input type="text"/>	<input type="text"/>
15. Assess primary caregiver's willingness and ability to support dependent adult/minor client's treatment.	<input type="text"/>	<input type="text"/>
16. Assess influence of client's significant others to determine impact on treatment.	<input type="text"/>	<input type="text"/>
17. Explore impact of the economic, educational, political, social, spiritual, and work environment on client's presenting problems and treatment.	<input type="text"/>	<input type="text"/>
18. Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	<input type="text"/>	<input type="text"/>
19. Gather information from collateral sources about client to formulate a diagnostic impression.	<input type="text"/>	<input type="text"/>
20. Administer standardized assessment instruments (e.g., depression/anxiety inventories, Mental Status Exam) to obtain diagnostic information.	<input type="text"/>	<input type="text"/>
21. Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	<input type="text"/>	<input type="text"/>
22. Assess impact of substance use, abuse, and dependency on client to develop a diagnostic impression.	<input type="text"/>	<input type="text"/>
23. Assess impact of medication or physical condition to develop a diagnostic impression.	<input type="text"/>	<input type="text"/>

2. Part II. Crisis Management

	Frequency	Importance
24. Assess severity of client's crisis to determine what immediate interventions are needed.	<input type="text"/>	<input type="text"/>
25. Assess severity of client's substance use, abuse, and dependency on the crisis to determine level of impairment.	<input type="text"/>	<input type="text"/>
26. Evaluate client's potential for self-destructive and self-injurious behavior to determine level of intervention.	<input type="text"/>	<input type="text"/>
27. Assess for suicide potential by evaluating client's lethality to determine level of intervention.	<input type="text"/>	<input type="text"/>
28. Evaluate severity of crisis situation (i.e., gravely disabled) by assessing the level of impairment to client's life.	<input type="text"/>	<input type="text"/>
29. Identify indicators of abuse/neglect by exploring client's situation to determine level of intervention.	<input type="text"/>	<input type="text"/>
30. Assess for domestic violence to determine level of intervention.	<input type="text"/>	<input type="text"/>
31. Evaluate level of danger client presents to others to determine need for immediate intervention.	<input type="text"/>	<input type="text"/>
32. Explore client's trauma history to determine impact on current crisis.	<input type="text"/>	<input type="text"/>
33. Explore the impact of human diversity factors on client's current crisis.	<input type="text"/>	<input type="text"/>
34. Explore the impact of acculturation factors on client's current crisis.	<input type="text"/>	<input type="text"/>
35. Develop an intervention strategy to reduce potential for harm with/for a client who has indicated thoughts of causing danger to self.	<input type="text"/>	<input type="text"/>
36. Develop an intervention strategy to reduce potential for harm with/for a client who has indicated thoughts of causing danger to others.	<input type="text"/>	<input type="text"/>
37. Develop an intervention strategy with/for a client in a potentially abusive situation to provide for safety of client and family members.	<input type="text"/>	<input type="text"/>
38. Provide referrals of viable resources to augment management of client's crisis.	<input type="text"/>	<input type="text"/>
39. Collaborate with involved parties to augment management of client's crisis.	<input type="text"/>	<input type="text"/>

3. Part III. Treatment Planning

	Frequency	Importance
40. Establish collaborative treatment goals by integrating therapist and client perspectives about the presenting problems.	<input type="text"/>	<input type="text"/>
41. Prioritize treatment goals to develop course of treatment.	<input type="text"/>	<input type="text"/>
42. Formulate a treatment plan incorporating client's diversity to provide therapy sensitive to client's values, beliefs, and social environment.	<input type="text"/>	<input type="text"/>
43. Formulate a treatment plan within a cognitive-behavioral orientation to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
44. Formulate a treatment plan within a humanistic-existential (e.g., gestalt, client centered) orientation to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
46. Formulate a treatment plan within a psychodynamic (e.g., attachment, depth psychology, object relations, self-psychology) orientation to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
47. Formulate a treatment plan within a systems (e.g., structural, strategic, multigenerational, communications) orientation to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
48. Formulate a treatment plan within a group therapy setting to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
49. Formulate a treatment plan within a child therapy context (e.g., directive, non-directive) to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
50. Formulate a treatment plan within an evidence-based context to provide a framework for client's therapy.	<input type="text"/>	<input type="text"/>
51. Formulate a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP) to meet client needs.	<input type="text"/>	<input type="text"/>
52. Determine need for referral for adjunctive services to augment client's treatment.	<input type="text"/>	<input type="text"/>
53. Integrate community resources into treatment plan to support client's therapeutic goals.	<input type="text"/>	<input type="text"/>
54. Integrate information obtained from medical/mental health providers to formulate treatment plan.	<input type="text"/>	<input type="text"/>
55. Integrate information obtained from involved parties to formulate a treatment plan.	<input type="text"/>	<input type="text"/>
56. Coordinate a treatment plan by collaborating with the multidisciplinary team.	<input type="text"/>	<input type="text"/>
57. Identify methods to monitor client's progress toward treatment goals and outcomes.	<input type="text"/>	<input type="text"/>

4. PART IV. Treatment

	Frequency	Importance
58. Maintain a therapeutic relationship with client to facilitate treatment.	<input type="text"/>	<input type="text"/>
59. Provide psychoeducation as it relates to client's treatment needs.	<input type="text"/>	<input type="text"/>
60. Develop strategies to address the impact of crisis issues/psychosocial stressors on client's treatment.	<input type="text"/>	<input type="text"/>
61. Implement interventions consistent with cognitive-behavioral theories to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
62. Implement interventions consistent with humanistic-existential theories (e.g., gestalt, client centered) to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
63. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
64. Implement interventions consistent with child therapy theories (e.g., directive, non-directive) to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
65. Implement interventions consistent with psychodynamic theories (e.g., attachment, depth psychology, object relations, self-psychology) to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
66. Implement interventions consistent with systems theories (e.g., structural, strategic, multigenerational, communications) to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
67. Implement interventions consistent with developmental stages to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
68. Implement interventions sensitive to client's diversity to enhance treatment outcome.	<input type="text"/>	<input type="text"/>
69. Implement interventions consistent with client's level of acculturation to enhance treatment outcome.	<input type="text"/>	<input type="text"/>
70. Implement interventions consistent with substance use, abuse, or dependency treatment models to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
71. Implement interventions consistent with group therapy theories to facilitate client's treatment.	<input type="text"/>	<input type="text"/>
72. Implement interventions consistent with evidence-based outcomes to measure therapeutic effectiveness.	<input type="text"/>	<input type="text"/>
73. Evaluate therapeutic effectiveness by monitoring client's progress to determine need for treatment plan revision.	<input type="text"/>	<input type="text"/>
74. Implement referral for adjunctive services to augment client's treatment.	<input type="text"/>	<input type="text"/>
75. Provide client with case management services (e.g., linkages to resources, monitor client's progress, advocate, to reduce barriers to treatment, safety) to enhance treatment results.	<input type="text"/>	<input type="text"/>
76. Advocate on behalf of client for community resources to improve client's level of functioning.	<input type="text"/>	<input type="text"/>
77. Determine client's readiness for termination by evaluating whether treatment goals have been met.	<input type="text"/>	<input type="text"/>
78. Develop a termination plan by assessing client's needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).	<input type="text"/>	<input type="text"/>
79. Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	<input type="text"/>	<input type="text"/>
80. Integrate community resources to provide ongoing support to client.	<input type="text"/>	<input type="text"/>

following termination of treatment.

5. PART V. Ethics

	Frequency	Importance
81. Address client's expectations about therapy to promote understanding of the therapeutic process.	<input type="text"/>	<input type="text"/>
82. Evaluate client's ability to benefit from therapy to determine appropriateness of treatment.	<input type="text"/>	<input type="text"/>
83. Discuss management of fees and office policies to promote client's understanding of treatment process.	<input type="text"/>	<input type="text"/>
84. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	<input type="text"/>	<input type="text"/>
85. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	<input type="text"/>	<input type="text"/>
86. Manage client's safety by evaluating risk factors.	<input type="text"/>	<input type="text"/>
87. Manage therapist's own potential biases regarding human diversity factors (e.g. age, ethnicity, gender, religion, culture, sexual orientation, socioeconomic status, persons with disabilities).	<input type="text"/>	<input type="text"/>
88. Manage the impact of legal mandates (e.g., mandated reporting) on the therapeutic process.	<input type="text"/>	<input type="text"/>
89. Assess for client's concurrent therapeutic relationships with other providers (e.g., counselors, therapists, psychologists, physicians) to evaluate impact on treatment.	<input type="text"/>	<input type="text"/>
90. Manage clinical issues outside the therapist's scope of competence to meet client needs.	<input type="text"/>	<input type="text"/>
91. Determine therapist's scope of competence regarding treatment factors in client diversity.	<input type="text"/>	<input type="text"/>
92. Determine competency to provide professional services to client by assessing therapist's own cognitive, emotional, or physical impairments.	<input type="text"/>	<input type="text"/>
93. Manage the impact of ethical responsibilities on the therapeutic relationship.	<input type="text"/>	<input type="text"/>
94. Manage confidentiality issues to maintain integrity of the therapeutic contract.	<input type="text"/>	<input type="text"/>
95. Manage countertransference reaction to maintain integrity of the therapeutic relationship.	<input type="text"/>	<input type="text"/>
96. Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.	<input type="text"/>	<input type="text"/>
97. Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	<input type="text"/>	<input type="text"/>
98. Document treatment in client records according to standard of practice to facilitate continuity of care.	<input type="text"/>	<input type="text"/>
99. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	<input type="text"/>	<input type="text"/>
100. Manage the termination process to maintain client's safety and therapeutic gains.	<input type="text"/>	<input type="text"/>

6. Part VI. Law

	Frequency	Importance
101. Disclose fee structure for professional services to client as mandated by law.	<input type="text"/>	<input type="text"/>
102. Obtain client's written authorization to exchange confidential information.	<input type="text"/>	<input type="text"/>
103. Comply with legal standards about scope of practice to promote client's safety.	<input type="text"/>	<input type="text"/>
104. Maintain limits of client confidentiality as required by law.	<input type="text"/>	<input type="text"/>
105. Initiate protocols (e.g., involuntary hospitalization) after determining that the client is a danger to self or others.	<input type="text"/>	<input type="text"/>
106. Report client's intent to harm others as defined by mandated reporting requirements.	<input type="text"/>	<input type="text"/>
107. Report cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).	<input type="text"/>	<input type="text"/>
108. Comply with legal standards about treatment of minors.	<input type="text"/>	<input type="text"/>
109. Respond to client's requests for records as mandated by law.	<input type="text"/>	<input type="text"/>
110. Maintain security of client records as mandated by law.	<input type="text"/>	<input type="text"/>
111. Maintain treatment records as mandated by law.	<input type="text"/>	<input type="text"/>
112. Assert client privilege about requests for confidential information as mandated by law.	<input type="text"/>	<input type="text"/>
113. Comply with legal standards about sexual contact, conduct, and relations with client.	<input type="text"/>	<input type="text"/>
114. Comply with legal standards about advertising when informing the public of therapist's qualifications and services.	<input type="text"/>	<input type="text"/>
115. Comply with legal standards related to the Health Information Portability and Accountability Act (HIPAA).	<input type="text"/>	<input type="text"/>
116. Comply with legal standards related to the practice of telemedicine.	<input type="text"/>	<input type="text"/>
117. Comply with legal standards related to intern practice.	<input type="text"/>	<input type="text"/>

6. PART III. KNOWLEDGE RATINGS

In this part of the questionnaire, rate each of the knowledge statements based on how important you believe a knowledge statement is to the performance of your tasks. If a knowledge statement is NOT part of your practice, then rate the statement "0" (zero) for importance and go on to the next item.

The box for rating the importance of each knowledge statement has a "drop-down" list. Click on the "down" arrow for each list to see the ratings and then pick which of them applies to the knowledge statement.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance.
- 1 - OF MINOR IMPORTANCE. This knowledge is of minor or incidental importance for performance; it is useful for some minor part of my practice.
- 2 - FAIRLY IMPORTANT. This knowledge is fairly important relative to other tasks, however, it does not have the priority of most other knowledges of my practice.
- 3 - MODERATELY IMPORTANT. This knowledge is moderately important for performance in some relatively major part of my practice.
- 4 - VERY IMPORTANT. This rating indicates that this knowledge is very important for performance in a significant part of my practice.
- 5 - CRITICALLY IMPORTANT. This rating indicates that this knowledge is critically important for performance.

1. Part I: Clinical Evaluation

	Importance
1. Knowledge of clinical interviewing techniques.	<input type="text"/>
2. Knowledge of active listening techniques.	<input type="text"/>
3. Knowledge of procedures used to gather intake information.	<input type="text"/>
4. Knowledge of methods used to evaluate verbal and nonverbal cues.	<input type="text"/>
5. Knowledge of factors influencing the choice of unit of treatment (e.g., individual, couple, family).	<input type="text"/>
6. Knowledge of the role of client motivation in therapeutic outcome.	<input type="text"/>
7. Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process.	<input type="text"/>
8. Knowledge of the effects of previous therapy on current therapeutic process.	<input type="text"/>
9. Knowledge of the effects of socioeconomic status on client's functioning.	<input type="text"/>
10. Knowledge of the effects of human diversity factors on client's functioning.	<input type="text"/>
11. Knowledge of the effects of level of acculturation on client's functioning.	<input type="text"/>
12. Knowledge of cultural beliefs about therapy and mental health.	<input type="text"/>
13. Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning.	<input type="text"/>
14. Knowledge of criteria used for differentiating substance use, abuse, and dependency.	<input type="text"/>
15. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.	<input type="text"/>
16. Knowledge of the developmental processes of individual growth and change.	<input type="text"/>
17. Knowledge of behavioral and psychological indicators of developmental disorders.	<input type="text"/>
18. Knowledge of the stages of family life-cycle development.	<input type="text"/>
19. Knowledge of the impact of disruption (e.g., divorce, loss) in the family life cycle.	<input type="text"/>
20. Knowledge of patterns of interactions within couples.	<input type="text"/>
21. Knowledge of patterns of interactions within families.	<input type="text"/>
22. Knowledge of the stages of child/adolescent development.	<input type="text"/>
23. Knowledge of the stages of adult development.	<input type="text"/>
24. Knowledge of the effects of physical condition on psychosocial functioning.	<input type="text"/>
25. Knowledge of the relationship between medical conditions and psychosocial functioning.	<input type="text"/>
26. Knowledge of factors or symptoms that indicate need for a medical evaluation.	<input type="text"/>
27. Knowledge of elements of a mental status examination.	<input type="text"/>
28. Knowledge of methods used to administer a mental status examination.	<input type="text"/>
29. Knowledge of application of mental status examinations.	<input type="text"/>
30. Knowledge of methods used to identify client's strengths.	<input type="text"/>
31. Knowledge of link between client's strengths and coping skills.	<input type="text"/>
32. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.	<input type="text"/>

33. Knowledge of methods used to gather information about client's values and beliefs.	<input type="text"/>
34. Knowledge of affective, behavioral, and cognitive factors that indicate need for supplemental testing.	<input type="text"/>
35. Knowledge of the implications of human diversity factors on client relationships.	<input type="text"/>
36. Knowledge of methods of collecting family history.	<input type="text"/>
37. Knowledge of methods used to assess the impact of family history on family relationships.	<input type="text"/>
38. Knowledge of the effects of family structure and dynamics on the development of identity.	<input type="text"/>
39. Knowledge of the impact of cultural context on family structure and values.	<input type="text"/>
40. Knowledge of the impact of dynamics between the client and the work environment on presenting problem.	<input type="text"/>
41. Knowledge of the impact of dynamics between client and educational settings on presenting problem.	<input type="text"/>
42. Knowledge of procedures used to gather information from professionals and other involved parties.	<input type="text"/>
43. Knowledge of methods used to identify the primary caregiver's level of involvement in therapy.	<input type="text"/>
44. Knowledge of methods used to identify levels of influence of significant others on client's treatment.	<input type="text"/>
45. Knowledge of methods used to identify support systems within social network.	<input type="text"/>
46. Knowledge of community resources available to clients.	<input type="text"/>
47. Knowledge of assessment methods used to identify client's need for community resources.	<input type="text"/>
48. Knowledge of the effects of acculturation on family structure and values.	<input type="text"/>
49. Knowledge of the transitional stages of acculturation.	<input type="text"/>
50. Knowledge of the impact of economic stressors on presenting problems and treatment.	<input type="text"/>
51. Knowledge of the impact of sociopolitical climate on the therapeutic process.	<input type="text"/>
52. Knowledge of the impact of spirituality on the presenting problems and treatment.	<input type="text"/>
53. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses.	<input type="text"/>
54. Knowledge of procedures used to integrate assessment information with diagnostic categories.	<input type="text"/>
55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	<input type="text"/>
56. Knowledge of the influence of onset, intensity, and duration of symptoms to formulate a diagnosis.	<input type="text"/>
57. Knowledge of purposes of standardized assessment instruments.	<input type="text"/>
58. Knowledge of methods of administration of standardized assessment instruments.	<input type="text"/>
59. Knowledge of viable resources when indicated for testing outside therapist's scope of competence.	<input type="text"/>
60. Knowledge of the impact of medication on physical and psychological functioning.	<input type="text"/>
61. Knowledge of criteria used to identify differential diagnoses.	<input type="text"/>

62. Knowledge of assessment methods used to diagnose substance use, abuse, and dependence.

2. Part II. Crisis Management

Importance

63. Knowledge of methods used to identify crisis situations.

64. Knowledge of crisis management protocols.

65. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups.

66. Knowledge of physical and psychological indicators of suicidality.

67. Knowledge of the effects of precipitating events on suicide potential.

68. Knowledge of procedures used to manage client's suicidal ideation that do not require hospitalization.

69. Knowledge of strategies used to provide suicide intervention in emergency situations.

70. Knowledge of methods used to assess client's strengths and coping skills.

71. Knowledge of methods used to evaluate severity of client's symptoms.

72. Knowledge of criteria used to determine situations that constitute high risk for abuse.

73. Knowledge of indicators of abuse.

74. Knowledge of indicators of child abuse.

75. Knowledge of indicators of elder/dependent adult abuse.

76. Knowledge of indicators of elder/dependent adult fiduciary abuse.

77. Knowledge of indicators of neglect.

78. Knowledge of indicators of endangerment.

79. Knowledge of indicators of domestic violence.

80. Knowledge of risk factors that indicate client's potential for causing harm to others.

81. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.

82. Knowledge of risk factors that indicate potential for self-destructive behavior.

83. Knowledge of the impact of previous trauma on current functioning.

84. Knowledge of the impact of psychosocial stressors on client's functioning.

85. Knowledge of the effects of current trauma on client's functioning.

86. Knowledge of strategies used to manage psychosocial stressors.

87. Knowledge of methods used to determine whether a client is gravely disabled.

88. Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior.

89. Knowledge of methods used (e.g., contract) to manage suicidality.

90. Knowledge of strategies used to deal with dangerous clients.

91. Knowledge of strategies used for anger management.

92. Knowledge of strategies used to address safety in situations of abuse.

93. Knowledge of strategies used to manage situations dangerous to therapist.	<input type="text"/>
94. Knowledge of support systems used to manage crises.	<input type="text"/>
95. Knowledge of referral sources used to manage crises.	<input type="text"/>
96. Knowledge of methods used to coordinate collateral services to manage crisis.	<input type="text"/>
97. Knowledge of the effects of human diversity factors on crises.	<input type="text"/>
98. Knowledge of the effects of acculturation factors on crises.	<input type="text"/>
99. Knowledge of indicators of intoxication (e.g., alcohol and other mood altering drugs).	<input type="text"/>
100. Knowledge of methods used to evaluate severity of client's substance use, abuse, and dependence.	<input type="text"/>

3. Part III. Treatment Planning

	Importance
101. Knowledge of strategies used to integrate client's and therapist's understanding of the goals into treatment planning.	<input type="text"/>
102. Knowledge of factors that influence the frequency of therapy sessions.	<input type="text"/>
103. Knowledge of strategies used to prioritize treatment goals.	<input type="text"/>
104. Knowledge of methods used to formulate short- and long-term treatment goals.	<input type="text"/>
105. Knowledge of criteria used to monitor therapeutic effectiveness.	<input type="text"/>
106. Knowledge of procedures used to measure qualitative and quantitative therapeutic outcomes.	<input type="text"/>
107. Knowledge of methods used to formulate a treatment plan within diverse populations.	<input type="text"/>
108. Knowledge of theoretical modalities used to formulate a treatment plan.	<input type="text"/>
109. Knowledge of third-party specifications (e.g., managed care, court-mandated, EAP) that impact treatment planning.	<input type="text"/>
110. Knowledge of methods used to identify need for adjunctive services.	<input type="text"/>
111. Knowledge of adjunctive services within community/culture used to augment therapy.	<input type="text"/>
112. Knowledge of methods used to integrate available community/cultural resources into treatment planning.	<input type="text"/>
113. Knowledge of methods used to integrate information obtained from medical/mental health providers into treatment planning.	<input type="text"/>
114. Knowledge of methods used to integrate information obtained from collateral sources (e.g., school personnel, family, probation officer) into treatment planning.	<input type="text"/>
115. Knowledge of factors associated with use of a multidisciplinary team approach to treatment.	<input type="text"/>
116. Knowledge of the impact of combining treatment modalities in treating problems or disorders.	<input type="text"/>
117. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.	<input type="text"/>
118. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.	<input type="text"/>
119. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach.	<input type="text"/>
120. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.	<input type="text"/>
121. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.	<input type="text"/>
122. Knowledge of the assumptions, concepts, and methodology associated with group therapy.	<input type="text"/>
123. Knowledge of the assumptions, concepts, and methodology associated with directive child therapy.	<input type="text"/>
124. Knowledge of the assumptions, concepts, and methodology associated with nondirective child therapy.	<input type="text"/>
125. Knowledge of the assumptions, concepts, and methodology associated with evidence-based approaches.	<input type="text"/>
126. Knowledge of the assumptions, concepts, and methodology associated with treatment of substance use, abuse, and dependence.	<input type="text"/>

127. Knowledge of strategies to develop professional and community contacts to facilitate treatment.

4. Part IV. Treatment

Importance

128. Knowledge of the components needed to maintain the therapeutic relationship.

129. Knowledge of strategies used to maintain a therapeutic relationship.

130. Knowledge of the impact of value differences between therapist and client on the therapeutic process.

131. Knowledge of strategies used to monitor treatment progress.

132. Knowledge of the role of therapist from a cognitive-behavioral approach.

133. Knowledge of the use of interventions associated with cognitive-behavioral theories.

134. Knowledge of the role of therapist from a humanistic-existential approach.

135. Knowledge of the use of interventions associated with humanistic-existential theories.

136. Knowledge of the role of therapist from a postmodern approach.

137. Knowledge of the use of interventions associated with postmodern theories.

138. Knowledge of the role of therapist from a psychodynamic approach.

139. Knowledge of the use of interventions associated with psychodynamic theories.

140. Knowledge of the role of therapist from a systems approach.

141. Knowledge of the use of interventions associated with systems theories.

142. Knowledge of the use of interventions associated with group therapy.

143. Knowledge of the role of therapist from a group therapy approach.

144. Knowledge of the use of interventions associated with directive child therapy.

145. Knowledge of the role of therapist from a directive child therapy approach.

146. Knowledge of the use of interventions associated with nondirective child therapy.

147. Knowledge of the role of therapist from a nondirective child therapy approach.

148. Knowledge of intervention methods used for treating substance use, abuse, and dependence.

149. Knowledge of intervention methods used for treating abuse within families.

150. Knowledge of intervention methods used for treating the impact of violence (e.g., rape, terrorism).

151. Knowledge of interventions used for treating psychosocial stressors (e.g., loss of job, poverty).

152. Knowledge of interventions used for treating the impact of trauma (e.g., past abuse, natural disaster, loss of a child, war).

153. Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, spiritual, psychosocial, educational).

154. Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle.

155. Knowledge of methods used to address variations in the family life cycle process.

156. Knowledge of approaches used to address diversity issues.

157. Knowledge of approaches used to address acculturation issues.	<input type="text"/>
158. Knowledge of methods used to address blended family issues.	<input type="text"/>
159. Knowledge of methods used to address end-of-life issues.	<input type="text"/>
160. Knowledge of methods used to address elder issues.	<input type="text"/>
161. Knowledge of changes in functioning that indicate readiness to terminate therapy.	<input type="text"/>
162. Knowledge of issues related to the process of termination.	<input type="text"/>
163. Knowledge of methods used to assess when to initiate termination.	<input type="text"/>
164. Knowledge of interventions used to initiate termination.	<input type="text"/>
165. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.	<input type="text"/>
166. Knowledge of methods used to maintain therapeutic gains.	<input type="text"/>
167. Knowledge of use of psychoeducation as it relates to client's treatment needs.	<input type="text"/>
168. Knowledge of methods used to measure therapeutic outcomes.	<input type="text"/>
169. Knowledge of referrals for adjunctive services.	<input type="text"/>
170. Knowledge of the components of case management.	<input type="text"/>
171. Knowledge of the principles of the Mental Health Services Act (MHSA) as related to the practice of therapy.	<input type="text"/>
172. Knowledge of the application of the Mental Health Services Act (MHSA) principles as related to client treatment.	<input type="text"/>
173. Knowledge of when consultation with other professionals is necessary to manage client's treatment.	<input type="text"/>

5. Part V. Ethics

	Importance
174. Knowledge of approaches used to address expectations of the therapeutic process.	<input type="text"/>
175. Knowledge of methods used to evaluate the client's ability to benefit from therapy.	<input type="text"/>
176. Knowledge of methods used to explain management of fees and office policies.	<input type="text"/>
177. Knowledge of methods used to explain parameters of confidentiality.	<input type="text"/>
178. Knowledge of methods used to explain mandated reporting.	<input type="text"/>
179. Knowledge of minor client's right to confidentiality.	<input type="text"/>
180. Knowledge of confidentiality issues in therapy.	<input type="text"/>
181. Knowledge of strategies used to manage therapeutic relationship.	<input type="text"/>
182. Knowledge of effects of concurrent therapeutic relationships on treatment process.	<input type="text"/>
183. Knowledge of cultural differences that may affect the therapeutic relationship.	<input type="text"/>
184. Knowledge of criteria used to identify limits of therapist's scope of competence.	<input type="text"/>
185. Knowledge of areas of practice requiring specialized training.	<input type="text"/>
186. Knowledge of the impact of transference and countertransference dynamics.	<input type="text"/>
187. Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process.	<input type="text"/>
188. Knowledge of strategies used to manage therapist's own cognitive, emotional, or physical impairments on the therapeutic process.	<input type="text"/>
189. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	<input type="text"/>
190. Knowledge of the implications of sexual feelings/contact within the context of therapy.	<input type="text"/>
191. Knowledge of the impact of physical contact on the therapeutic process.	<input type="text"/>
192. Knowledge of strategies necessary to maintain therapeutic boundaries.	<input type="text"/>
193. Knowledge of the impact of ethical responsibilities on the therapeutic relationship.	<input type="text"/>
194. Knowledge of standards of practice about content of client records.	<input type="text"/>
195. Knowledge of confidentiality issues related to couple/family therapy.	<input type="text"/>
196. Knowledge of confidentiality issues related to group therapy.	<input type="text"/>
197. Knowledge of the impact of exploitation (e.g., fiduciary) of the client.	<input type="text"/>
198. Knowledge of ethical considerations for interrupting or terminating therapy.	<input type="text"/>
199. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship.	<input type="text"/>
200. Knowledge of methods used to facilitate transfer of client for continuity of treatment.	<input type="text"/>
201. Knowledge of strategies to promote client's autonomy within the therapeutic relationship.	<input type="text"/>
202. Knowledge of the potential impact of the dissemination of client information through electronic media.	<input type="text"/>

203. Knowledge of ethical issues related to client abandonment.	<input type="text"/>
204. Knowledge of risk factors that indicate potential harm to self or others.	<input type="text"/>
205. Knowledge of methods used to assess the severity of client's risk factors.	<input type="text"/>
206. Knowledge of implications of the therapist's potential biases toward clients based on diversity (e.g., age, gender, race, ethnicity, religion, culture, socioeconomic status, persons with disabilities).	<input type="text"/>
207. Knowledge of the impact of diversity on client's functioning.	<input type="text"/>
208. Knowledge of methods to manage therapist's feelings about client's treatment objectives that are outside the therapist's value system, beliefs, and attitudes.	<input type="text"/>
209. Knowledge of ethical responsibility to evaluate other professional's diagnoses of client.	<input type="text"/>
210. Knowledge of process used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, §160).	<input type="text"/>

6. Part VI. Law

	Importance
211. Knowledge of conditions and requirements for disclosing or obtaining confidential information.	<input type="text"/>
212. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).	<input type="text"/>
213. Knowledge of laws regarding documentation of clinical services.	<input type="text"/>
214. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.	<input type="text"/>
215. Knowledge of laws about security of client records.	<input type="text"/>
216. Knowledge of laws about sexual conduct between therapist and client.	<input type="text"/>
217. Knowledge of laws that define scope of practice	<input type="text"/>
218. Knowledge of laws pertaining to mandated reporting of client's intent to harm others.	<input type="text"/>
219. Knowledge of laws about holder of privilege.	<input type="text"/>
220. Knowledge of laws about exceptions to privilege.	<input type="text"/>
221. Knowledge of laws about privileged communication.	<input type="text"/>
222. Knowledge of laws about consent to treat a minor.	<input type="text"/>
223. Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question.	<input type="text"/>
224. Knowledge of laws pertaining to minor's rights to confidentiality.	<input type="text"/>
225. Knowledge of laws about disclosing fees for professional services.	<input type="text"/>
226. Knowledge of legal criteria for determining involuntary hospitalization.	<input type="text"/>
227. Knowledge of laws about client's requests for records.	<input type="text"/>
228. Knowledge of laws about therapist's response to subpoenas.	<input type="text"/>
229. Knowledge of laws about therapist's response to court orders for confidential information.	<input type="text"/>
230. Knowledge of laws about advertisement and dissemination of information pertaining to professional qualifications and services.	<input type="text"/>
231. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled "Professional Therapy Never Includes Sex."	<input type="text"/>
232. Knowledge of the application of HIPAA requirements.	<input type="text"/>
233. Knowledge of laws related to confidentiality of telemedicine.	<input type="text"/>
234. Knowledge of methods to obtain informed consent prior to engaging to telemedicine.	<input type="text"/>
235. Knowledge of laws related to the practice of telemedicine.	<input type="text"/>
236. Knowledge of disclosure requirements for interns.	<input type="text"/>
237. Knowledge of legal requirements for supervisors of interns.	<input type="text"/>
238. Knowledge of laws about (direct) payment for services related to interns.	<input type="text"/>
239. Knowledge of methods to maintain scope of practice when participating on a multidisciplinary team.	<input type="text"/>

7. FINISHED

THANK YOU FOR COMPLETING THIS SURVEY QUESTIONNAIRE.