

## TELEHEALTH COMMITTEE MINUTES

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

**DATE** March 4, 2022

**MEETING PLATFORM** WebEx Video/Phone Conference

**TIME** 9:00 a.m.

### ATTENDEES

**Members Present:** Christopher (Chris) Jones, Chair, LEP Member  
Dr. Diana Herweck, LPCC Member

**Members Absent:** Susan Friedman, Public Member

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

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

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1 **I. Call to Order and Establishment of Quorum**

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3 Chris Jones, Chair of the Telehealth Committee (Committee) called the  
4 meeting to order at 9:01 a.m. Roll was called, and a quorum was established.

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6 **II. Introductions**

7  
8 Committee members introduced themselves: Chris Jones, LEP Member and  
9 Committee Chairperson; Dr. Diana Herweck, LPCC Member.

10  
11 **III. Consent Calendar**

12 **a. Discussion and Possible Approval of October 1, 2021 Committee**  
13 **Meeting Minutes**

14  
15 **b. Discussion and Possible Approval of January 28, 2022 Committee**  
16 **Meeting Minutes**

17  
18 **Motion:** Approve the October 1, 2021 and January 28, 2022 Committee  
19 Meeting Minutes.

20  
21 M/S: Herweck/Jones

22  
23 Public Comment: None

24  
25 **Motion carried Support: 2 Oppose: 0 Abstain: 0 Not present: 1**

Board Member	Vote
Friedman	Not present
Herweck	Yes
Jones	Yes

26  
27  
28 **IV. Overview of the Committee’s Roles and Tasks**

29  
30 The Committee members and stakeholders have discussed the following:

- 31 • Future topic areas for Committee discussion.
- 32 • The Board’s existing statutes and regulations related to telehealth.
- 33 • Laws of several other states that pertain to temporary practice across state
- 34 lines.
- 35 • Potential telehealth coursework requirement.
- 36 • Potential clarification of telehealth laws for associates and trainees.
- 37 • Supervision via videoconferencing.
- 38 • Appropriate telehealth settings and potential guidance document.

1 **V. Discussion Regarding Telehealth Best Practice Guidance Document**

2  
3 To assist employers and supervisors in making decisions regarding a pre-  
4 licensee’s use of telehealth and tele-supervision, staff drafted a guidance  
5 document that would clarify telehealth expectations of employees.  
6

7 The guidance document will address the following topics and will highlight  
8 considerations that an employer/supervisor should take when:  
9

- 10
- 11 • Assessing whether a setting is appropriate for the pre-licensure.
  - 12 • Assessing whether a pre-licensure’s employment status is appropriate.
  - 13 • Assessing whether telehealth is appropriate for a pre-licensure, including  
14 which modes of telehealth are appropriate.
  - 15 • Assessing whether tele-supervision is appropriate for a pre-licensure.
  - 16 • Establishing consent forms in regard to telehealth.
  - 17 • Assuring the security and confidentiality of client communications.
  - 18 • Ensuring a remote-working employee is provided with the necessary  
19 equipment and supplies.

20 Discussion

21 The Committee likes where this document is going and noted that it is a living  
22 document. Herweck noted that “pre-licensure” should be defined.  
23

24 Public Comment

25 Ben Caldwell: 1) American Telemedicine Association has a best practice  
26 document related to video-based mental health care. 2) Who is this document  
27 for: supervisors who are supervising people doing telehealth; supervisors  
28 doing telehealth; or registered associates, trainees or interns doing telehealth?  
29 3) Asked if the Board intends to further specify the intent of California Code of  
30 Regulations §1815.5(d)(3) or if these are broader points for consideration.  
31

32 Jennifer Alley, California Association of Marriage and Family Therapists  
33 (CAMFT): 1) Asked if the document is for supervisors or pre-licensurees, and if  
34 there may be two separate documents. 2) Has more specific questions  
35 regarding protections for pre-licensurees and noted that the document should be  
36 very clear regarding the guidance and expectations.  
37

38 **VI. Discussion and Possible Recommendation Regarding Telehealth**  
39 **Clarifications in Statute and Regulations (California Code of Regulation**  
40 **Title 16, §1815.5; Business and Professions Codes §§4980.36 and**  
41 **4999.33)**

42  
43 Staff examined two possible clarifications to statute and regulations:  
44

- 1 1. Clarification of the “face-to-face” practicum requirement in statute for  
2 marriage and family therapist (MFT) and professional clinical counselor  
3 (PCC) trainees in Business and Professions Code (BPC) §§4980.36 and  
4 4999.33.  
5  
6 2. Amendments to clarify that the Board’s telehealth regulations (California  
7 Code of Regulations Title 16, (16 CCR), §1815.5) include MFT trainees,  
8 social work interns, and PCC trainees.

9  
10 **Item #1 - Practicum Clarification: “Face-to-Face” Requirement**

11  
12 At the last Committee meeting, it was suggested that an amendment could be  
13 made to clarify that “face-to-face” practicum may include experience hours  
14 counseling via videoconferencing.

15  
16 Stakeholders suggested that the Committee consider whether practicum might  
17 be an appropriate place to require some in-person counseling experience  
18 hours.

19  
20 **Item #2 – Telehealth Regulation §1815.5 – Inclusion of Trainees and**  
21 **Interns**

22  
23 Regulation §1815.5 specifically states that a valid and current Board license or  
24 registration is needed to provide services to clients located in California via  
25 telehealth and specifically refers to licensees or registrants only. MFT trainees,  
26 PCC trainees, and social work interns are not mentioned in this section.

27  
28 It may be appropriate to exclude trainees and interns from this section since  
29 they are not under the jurisdiction of the Board.

30  
31 **Committee Discussion**

32 Herweck: 1) Noted that perhaps the number of hours does not need to be  
33 limited; but if it is limited, then there should be considerations for accessibility. 2)  
34 Point to consider: California schools that have students outside of California and  
35 those students cannot provide telehealth in California because they are out-of-  
36 state or vice versa.

37  
38 Jones: Noted that there should be clarification about what “face-to-face” is and  
39 what it entails. Still finds value in “in-person” therapy and supervision.

40  
41 Herweck: It is important that there is some face-to-face contact, even if its over  
42 video, and would like to move forward with that, but clarify where text messaging  
43 fits in.

44  
45 Helms: Propose “face-to-face” in the practicum requirement and requested  
46 clarification regarding whether that means in-person or video conferencing. Also

1 noted that language could be added recommending supervisors to follow the  
2 Board's telehealth regulation in §1815.5.

3  
4 Herweck: 1) Noted another point to address: What happens when there are  
5 technological problems or if the client states that they prefer to not be on  
6 camera. 2) It must be clear that face-to-face must be video conferencing or in-  
7 person.

#### 8 9 Public Comment

10 Michelle Crawford-Morrison: Noted that there is an assumption that guidelines  
11 and education on how to shift from in-person to telehealth are needed.  
12 However, for individuals who have done their education and their training all in  
13 telehealth, do they need to have additional training to see clients in-person? A  
14 discussion with trainees is necessary to find out how successful they've been in  
15 going from telehealth to in-person.

16  
17 Alley, CAMFT: If the current face-to-face requirement in statute changed to  
18 video, then there would be no requirement for in-person training, which is  
19 concerning. If a trainee is utilizing telehealth services, where will that be  
20 originating? With the trainee currently in school and doing this from their home,  
21 would that be considered a private practice, and where would the supervisor be?  
22

23 B. Caldwell: 1) Suggested using "real time, two-way video conferencing" to  
24 clarify face-to-face. This would also address concerns regarding text  
25 messaging. 2) In regard to the question about gaining all practicum experience  
26 via telehealth, suggested not to insert an arbitrary number of hours, but allow  
27 that the practicum be a combination of in-person or telehealth experience.

28  
29 Rebecca Gonzales, National Association of Social Workers, California Chapter  
30 (NASW-CA): Commenting on Item 2, noted that the wording is only clarifying  
31 what is already in place and not dictating social work education. Furthermore,  
32 this is only in regulation, not statute. Therefore, NASW-CA is ok with this  
33 suggestion.

34  
35 Miranda Furie: 1) Noted client accessibility and stated that not all clients have  
36 technology to do video or the ability or comfort to be in-person. 2) Emphasized  
37 that text messaging is a potential confidentiality breach.

38  
39 DaLene Forester: 1) Echoed Furie's comments that not all clients have  
40 technology, and telephone therapy is helpful. 2) Agreed that text messaging is a  
41 concern.

#### 42 43 Further Committee Discussion

44 Herweck: 1) A trainee using telehealth working from home is essentially private  
45 practice. 2) Video vs. phone - phone is similar to text messaging. More and  
46 more universities are following CACREP standards where students must either

1 be watched live during session, or they must record their session. Audio is not  
2 an allowance. In training, face-to-face is important. 3) Text messaging – the  
3 younger generation does not pick up a phone to talk with their voices. They use  
4 text messaging. If we're saying phone is ok, then texting should be ok.  
5

6 Helms: Reminded the Committee and public that the discussion is not about  
7 taking the ability to away from a licensee or an associate. They can use  
8 whatever platform they want (as long as supervisor approves it). The discussion  
9 is about trainees. 2) Noted Caldwell's suggestion of combination of in-person  
10 and telehealth experience and not quantifying each by an arbitrary number. 3)  
11 Suggested not making changes to §1815.5 but strongly advising in LPCC and  
12 LMFT law to follow the regulations for standards of telehealth.  
13

14 Jones: He is comfortable with Helms' suggestion. Not every model is going to  
15 fit every person. This allows for opportunity for quality training while focusing on  
16 consumer protection.  
17

18 Motion: Draft language in the LMFT and LPCC statutes to define face-to-face as  
19 being a combination of in-person and real time, 2-way video conferencing, and  
20 add language advising that the telehealth regulations be followed.  
21

22 M/S: Herweck/Jones  
23

#### 24 Public Comment

25 J. Alley, CAMFT: CAMFT has concerns and requested a sunset on this,  
26 allowing for reassessment later.  
27

#### 28 Discussion

29 Herweck: Agreed with Alley.  
30

31 Helms: Recommended a placeholder for a sunset date and allow for the Board  
32 to discuss and approve the language and determine the sunset date.  
33

34 Original motion was rescinded.  
35

36 **Motion:** Draft language in the LMFT and LPCC statutes to define face-to-face  
37 as being a combination of in-person and real time, 2-way video conferencing,  
38 and add language advising that the telehealth regulations be followed, and add a  
39 placeholder for the sunset date to be determined at a later date.  
40

41 M/S: Herweck/Jones  
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#### 43 Public Comment

44 J. Alley, CAMFT: Thanked the Committee for adding the sunset.  
45

1 **Motion carried Support: 2 Oppose: 0 Abstain: 0 Not Present: 1**  
2

Board Member	Vote
Friedman	Not present
Herweck	Yes
Jones	Yes

3  
4 **VII. Suggestions for Future Agenda Items**  
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6 Herweck: Out-of-state students who want to provide services via telehealth in  
7 California with a California licensed supervisor, or California students who want  
8 to provide services out of state with a supervisor from that state but following  
9 California laws.

10  
11 **VIII. Public Comment for Items not on the Agenda**  
12

13 None  
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15 **IX. Adjournment**  
16

17 The Committee adjourned at 10:21 p.m.