



Policy and Advocacy Committee Meeting Minutes August 24, 2018

Department of Consumer Affairs
Hearing Room
1625 North Market Blvd., #S-102
Sacramento, CA 95834

Members Present

Christina Wong, Chair, LCSW Member
Betty Connolly, LEP Member
Dr. Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
Sabina Knight, Legal Counsel
Christina Kitamura, Administrative Analyst

I. Call to Order and Establishment of Quorum

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

II. Introductions

Committee members and Board staff introduced themselves. Meeting attendees voluntarily introduced themselves.

Ms. Wong announced that items will be heard out of order (XII/XIII combined, XIV, XV, V).

III. Approval of April 12, 2018 Meeting Minutes

Dr. Christine Wietlisbach moved to approve the April 12, 2018 meeting minutes. Christina Wong seconded. The Committee voted to pass the motion.

Vote

Christina Wong – yes

Betty Connolly – yes

Dr. Christine Wietlisbach – yes

IV. Presentation, Discussion and Possible Recommendation Regarding Licensed Educational Psychologists Supervising Interns Gaining Hours in Schools – California Association of School Psychologists

Chris Jones, California Association of School Psychologists (CASP), presented to the Committee. Mr. Jones requested the support of the Board to make changes to the regulations allowing “LEPs to supervise BBS associates who are providing educationally related mental health services in educational and clinical settings.”

Mr. Jones cited the following reasons for changes to the supervision regulations:

1. Many associates want to work in school settings; however, not all schools employ BBS licensees who can provide supervision. This limits the opportunities for internships and denies schools access to needed support.
2. Placing associates in school settings has created disparity in the current Education Code and BBS regulations regarding who is properly credentialed to supervise the registrants.
3. Some licensees who have never worked in school settings are supervising registrants who must write and service special education goals and objectives and participate in IEP meetings.
4. Associates working in school settings are performing tasks that all LEPs perform; therefore, they should be supervised by LEPs.

Mr. Jones provided some background for this request. An LEP working as a clinical supervisor for a juvenile detention facility was responsible for providing “educationally related counseling services” to students in special education. BBS associates were interning at this facility and providing “educationally related counseling services” (ERMHS) under the LEPs direction. One of the interns contacted BBS and stated that BBS confirmed that the LEP can provide supervision and that the hours will count. A year later, the intern submitted the supervision hours. Those hours were denied because LEPs cannot supervise interns.

CASP conducted a survey of LEPs. LEPs were asked if this issue was important and if they would be interested in supervising. Of the 218 responses received, 70% felt this was an important issue and were interested in supervising.

Mr. Jones provided background and history of the following:

- Education Code requirements for delivery of ERMHS programs
- Supervision requirements of ERMHS programs
- Mental health delivery under AB 114
- Delivery of mental health services in schools

Mr. Jones also outlined the differences between a school psychologist and a LEP, as well as the tasks they both perform.

Ms. Connolly agreed that there is an increasing number of Board associates working in schools providing ERMHS services, and that there is a need for this. Working in schools requires training and experience for this specialized skillset.

Dr. Wietlisbach expressed her support, stating that it does not make sense that the associates, who plan to practice in this area, do not get training.

Mr. Jones clarified that CASP is only requesting for supervision within the LEPs scope of practice and in an ERMHS settings.

Ms. Madsen suggested language stating that LEPs can supervise an associate across the disciplines if that associate is providing ERMHS. Ms. Connolly agreed.

The Committee directed staff to conduct research and develop a proposal for the next Committee to discuss at its next meeting.

Dr. Ben Caldwell, American Association for Marriage and Family Therapy (AAMFT), requested that the research include whether there would be any impact on license portability for those whose supervision hours were from an LEP versus other license types.

Janlee Wong, National Association of Social Workers California Division (NASW-CA), and Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC) commented that the associates should not be supervised in only one setting or program – they should be able to practice within their scope and for independent practice. Their comments suggested that staff limit the number of hours in a particular setting.

Dr. Caldwell responded that placing a cap on the hours for a particular type of license may not be an ideal solution.

Ms. Helms asked Mr. Jones if the CASP is running legislation and requesting Board support, or if CASP is requested that the Board sponsor legislation. Mr. Jones deferred the question. Ms. Helms will work with CASP to determine the best course of action.

V. Discussion and Possible Recommendation Regarding Proposed Revisions to Out-of-State Licensee Requirements for Licensed Professional Clinical Counselors

The License Portability Committee considered proposed language for the LPCC statute at its meeting on June 8, 2018.

Under the proposal, the Board may issue a license to a person who holds a license in another jurisdiction of the U.S. as a professional clinical mental health counselor at the highest level for independent practice, if they meet all the following:

- The license has been current, active, and unrestricted for at least 2 years immediately prior to the date the application was received by the Board.
- The qualifying degree is a master's or doctoral degree from an accredited or approved school.
- The applicant submits fingerprints.
- The applicant completes a 12-hour California law and ethics course.
- The applicant completes 15 hours of coursework in California Cultures.
- The applicant passes the Board's California law and ethics exam. (Passage of the clinical exam for applicants qualifying for a license under this method is not required, and language was recently added to state this specifically.)

In addition, once issued a California license, the licensee must complete a 6-hour course in mental health recovery-oriented care.

LPCCs who were licensed in another state that permits LPCC treatment of couples and families may continue to do so upon licensure in California, if they complete at least 6 hours of continuing education (CE) coursework specific to marriage and family therapy in each renewal cycle.

If the other state of licensure does not permit LPCC treatment of couples and families, then the licensee would need to meet the full requirements for LPCCs to treat couples and families.

Additional technical amendments are:

- Reduce the coursework requirement for the California law and ethics from 18 hours to 12 hours, for applicants who do not qualify to apply as an out-of-state licensee.
- Additions to sections 4999.61 and 4999.62 to apply to those who hold a license but have held it for less than two years, or to those who hold a license but do not qualify under section 4999.60 for other reasons.

Board staff reviewed the draft language and provided the following concerns:

1. Reducing the 18-hour California Law and Ethics Course to 12 hours

Will reducing the duration of this course cause confusion? Does 12 hours provide sufficient coverage of all the required topics listed?

2. Completion of 6-hour principles of mental health recovery-oriented care coursework requirement in first license renewal period

Although the intent of requiring this coursework during the first renewal period was to decrease the required coursework burden prior to licensure, it may be difficult for staff to verify whether this coursework is completed. Out-of-state applicants who are in their first renewal period would need to be tracked and audited specifically for completion of the requirement upon renewal.

3. Child Abuse Course Content – California Specific Content

Does California-specific coursework need to be required, or is it assumed that it will be covered in the 12-hour California law and ethics course requirement?

4. Requirement for Licensure as a “Professional Clinical Mental Health Counselor” at the Highest Level for Independent Practice

Is there any concern that this title needs to be tightened? Would it allow an LMFT licensed in another state to qualify for LPCC licensure?

5. Suicide Risk Assessment and Intervention

If AB 1436 is signed into law this fall, it will require all new applicants, beginning January 2021, to show proof of completion of six hours of coursework or experience in suicide risk assessment and intervention. Therefore, it is likely this requirement should be referenced in the proposed language.

The Committee, staff and stakeholders discussed the law and ethics course and the child abuse course content. After discussing several options, the Committee agreed to reduce the California law and ethics course to 12 hours and add an additional 7-hour course that is California-specific content in child abuse pursuant to BPC section 28.

The Committee, staff and stakeholders discussed the mental health recovery-oriented care coursework requirement. After discussing options, the Committee agreed to delete the six hours of mental health recovery-oriented care requirement.

The Committee, staff and stakeholders discussed requirement for Licensure as a “Professional Clinical Mental Health Counselor” at the Highest Level for Independent Practice. After some discussion, the Committee agreed to change the language to “professional clinical counselor at the highest level for independent clinical practice.”

The Committee agreed to add the suicide risk assessment and intervention coursework if AB 1436 passes.

Dr. Christine Wietlisbach moved to direct staff to make discussed changes to the proposed language and recommend to the Board for consideration: Betty Connolly seconded. The Committee voted to pass the motion.

Vote

Christina Wong – yes

Betty Connolly – yes

Dr. Christine Wietlisbach – yes

VI. Discussion and Possible Recommendation Regarding Proposed Revisions to Out-of-State Licensee Requirements for Licensed Marriage and Family Therapists

Ms. Helms presented the proposal stating that the revisions are the same as proposed revisions to the out-of-state licensee requirements for LPCCs discussed in the previous item, with exception to the following technical amendment:

- Definitions of “accredited” and “approved” schools were added to the general definitions for the LMFT licensing law, located in BPC §4980.03. Similar definitions already exist in LPCC licensing law and allow for easy reference to the definitions. It should be noted that the LMFT definition of “accredited” includes COAMFTE accredited institutions.

Concerns expressed by Board staff were also the same as those presented in the LPCC discussion, with the exception of following question for discussion:

- Requirement for Licensure as a “Marriage and Family Therapist at the Highest Level for Independent Clinical Practice”

Currently, LMFT statute allows an out-of-state applicant to apply as an out-of-state licensee if he or she holds “a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or county...” and meets certain requirements. (BPC §4980.72(b))

For out-of-state individuals licensed two years or more, the new proposal requires the individual to be licensed as a marriage and family therapist at the highest level for independent clinical practice. This is a stricter standard. Previously, the individual did not necessarily have to be licensed specifically as a marriage and family therapist in the other state. Under the new language, the individual would have to be licensed specifically as a marriage and family therapist.

Dr. Caldwell expressed approval for the language regarding the title, stating that every state uses “marriage and family therapists” in their titles.

Dr. Caldwell commented on the amendment referring to COAMFT, stating that a university may be regionally accredited, or state approved, but COAMFT does not approve universities; it approves programs.

Dr. Caldwell added that AAMFT is seeing movement around the country towards consistency. Other states are requiring about 3,000 hours.

The Committee agreed to recommend the following action, consistent with the recommendations for the out-of-state license requirements for LPCCs:

1. Requirement for Licensure as a “Marriage and Family Therapist at the Highest Level for Independent Clinical Practice”

No changes

2. Reducing the 18-hour California Law and Ethics Course to 12 hours

No changes

3. Completion of 6-hour principles of mental health recovery-oriented care coursework requirement in first license renewal period.

Delete the 6 hours of the mental health recovery requirement

4. Child Abuse Course Content – California Specific Content

Add child abuse content.

5. Suicide Risk Assessment and Intervention

Add suicide assessment coursework, if AB 1436 passes.

Christina Wong moved to direct staff to make discussed changes to the proposed language and recommend to the Board for consideration: Betty Connolly seconded. The Committee voted to pass the motion.

Vote

Christina Wong – yes

Betty Connolly – yes

Dr. Christine Wietlisbach – yes

VII. Discussion and Possible Recommendation Regarding Proposed Revisions to Out-of-State Licensee Requirements for Licensed Clinical Social Workers

Ms. Helms presented the proposal stating that the revisions are the same as proposed revisions to the out-of-state licensee requirements for LPCCs and MFTs discussed in the previous items, with exception to the following technical amendment:

- Additions to §4996.17.2: This section has been amended to apply to those who do not hold a license and to those who hold a license, but have held it for less than two years, or to those who hold a license but do not qualify under §4996.17.1 for other reasons. The following provisions were included:
 - A provision allowing an out-of-state licensee to count time actively licensed in good standing toward the 3,000-hour requirement at a rate of 100 hours per month, up to 1,200 hours maximum;
 - A provision requiring an out-of-state applicant qualifying under this section to complete 45 hours of coursework regarding the principles of mental health recovery-oriented care, and 15 hours of coursework in California cultures.

Concerns expressed by Board staff were also the same as those presented in the LPCC discussion, except for following question for discussion:

- Aging and Long-Term Care and Elder and Dependent Adult Abuse and Neglect Coursework

Staff recommended this be added for out-of-state applicants who do not qualify under section 4996.17.1. It is specified in 4996.25, however, the law does not specify whether or not the requirement applies to out-of-state applicants.

Mr. Wong, NASW-CA, expressed his concern regarding 45 hours of coursework in principles of mental health recovery-oriented care. He explained that social workers are trained in the recovery model, or “social rehabilitation model” and are trained in their degree programs to consider a multitude of services. Social work accreditation is standardized through the Council on Social Work Education. Requiring an additional 45 hours, or three semesters, would require social workers to enroll in extended studies in a university. The coursework cannot be taken through NASW or CAMFT.

Mr. Jenson pointed out the provision allowing out-of-state licensees to count time actively licensed in good standing toward the 3,000-hour requirement at a rate of 100 hours, up to 1,200 hours maximum. He asked if that was automatically given, and if there is a verification mechanism.

Ms. Madsen responded that the current process requires the licensee to show verification of licensure, and staff counts the months of licensure.

Further discussion revealed that the recovery-oriented care model is integrated in MSW programs and that the principles have been adopted at the national level.

Christina Wong moved to recommend that the Board consider removing the 45 hours of mental health recovery-oriented requirement for out-of-state individuals pursuing licensure and have been licensed less than two years, and removing the 6-hour requirement for those on the portability option licensed more than two years; specifying aging and long-term care as proposed; specifying that law and ethics requirement remains at 12 hours as proposed; adding child abuse and suicide risk assessment intervention as discussed. Dr. Christine Wietlisbach seconded. The Committee voted unanimously to pass motion.

Vote

Christina Wong – yes

Betty Connolly – yes

Dr. Christine Wietlisbach – yes

VIII. Discussion and Possible Recommendation Regarding Adding a New Accepted Degree Title for Marriage and Family Therapist Licensure

The Board has been asked to consider adding a new degree title to those accepted for licensure as an LMFT. The goal of the new title, “Clinical Mental Health Counseling with a concentration in Marriage, Family, and Child Counseling,” is to increase portability of licensure to other states.

Argosy University is requesting the addition due to a problem they are having with their “Counseling Psychology” degree program. This degree prepares its students for both LMFT and LPCC licensure in California. However, it is not accepted toward licensure in many other states.

Argosy University notes that many states are requiring accreditation from the Council for Accreditation of Counseling & Related Educational Programs (CACREP). According to the “2016 CACREP Standards,” degree specialty areas consist of the following:

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

The newly proposed license title will add a dual license track that is consistent with CACREP standards.

An alternative to naming specific degree titles in LMFT statute, would be to allow a more general degree that contains a specific emphasis in marriage and family therapy. For example, to qualify for LPCC licensure, the degree must be “counseling or psychotherapy” in content and must meet the coursework requirements specified in law for LPCCs. LMFT out-of-state applicants currently do not have to apply with the specific degree title requirements.

This could, however, raise an issue where some individuals apply with degrees that are not intended to lead to licensure in that field.

Staff reviewed the LMFT degree requirements in Florida and Texas. Ms. Helms presented those findings.

Dr. Caldwell did not have any objections.

Ms. Madsen stated that staff did not have any concerns.

Dr. Christine Wietlisbach moved to recommend that the Board consider adding the title “Clinical Mental Health Counseling with a concentration in Marriage, Family, and Child Counseling,” to the list of degree titles acceptable for LMFT licensure for in-state applicants. Christina Wong seconded. The Committee voted unanimously to pass the motion.

Vote

Christina Wong – yes

Betty Connolly – yes

Dr. Christine Wietlisbach – yes

IX. Discussion and Possible Recommendation Regarding Licensed Professional Clinical Counselor Supervision Requirements: Title 16, California Code of Regulations: Amend Sections 1820, 1820.5 and 1821; Add Sections 1821.1, 1821.2 and 1821.3; Repeal Section 1822

The Supervision Committee work resulted in AB 93 as well as proposed regulations. The Board approved the proposed regulations in November 2016. However, AB 93 has had some significant changes since the time the regulations were initially approved. The proposed regulations have been revised in light of those changes and in consideration of feedback on other regulation proposals from the Office of Administrative Law (OAL) and the Department of Consumer Affairs (DCA).

Originally Proposed Regulations

1. Specifies the required documentation pertaining supervised experience, including the following:
 - a. Requires a Supervision Agreement to be drawn up between the supervisor and supervisee, which includes the supervisor and supervisee’s responsibilities, as well as a supervisory plan.

- b. Requires supervisors to notify the Board that they are supervising and to perform a self-assessment of qualifications to supervise. Supervisors would submit the self-assessment to the Board and provide a copy to each supervisee along with the Board's brochure pertaining to supervision.
 - c. Modifies and strengthens the written agreement required between the supervisor and the supervisee's employer when the supervisor is not employed by the supervisee's employer.
 - d. Specifies how completed hours of experience must be documented.
2. Strengthens provisions related to monitoring and evaluating the supervisee.
 3. Requires supervisors to be reachable while supervisee is providing services.
 4. Requires an initial supervisor training of 15 hours for all professions.
 5. Allows the 6 hours of CE required of supervisors every two years to also include professional development activities such as teaching a supervision course, authoring research focused on supervision, mentoring or consultation with other active supervisors, and attending supervisor peer discussion groups.
 6. Adds a section pertaining to supervised experience gained outside of California.

Most of the amendments are the same across all three license types. However, a few are specific to each program.

New Proposed Changes to Original Regulations

1. Wording and numbering changes for consistency with AB 93.
2. All implementation dates moved forward one year because AB 93 became a two-year bill.
3. Minor technical, grammatical and clarifying changes.
4. Clarifies what is meant by "standards of practice of the profession" (legal requirements and ethics codes) in the written agreement between the employer and supervisor.

Discussion:

Ms. Helms referred to the new proposed term in section 1820(a) stating that the written oversight agreement shall be executed when the supervisor is not employed by the supervisee's employer. One of the terms (section 1820(3)(c)) states that the supervisor will be providing clinical guidance to the supervisee in order to ensure compliance with the standards of practice of the profession.

Ms. Helms expressed concern, stating that it may need further specification. Staff decided to focus on including legal requirements and professional codes of ethics to provide clarification. She recommended the following: "The employer is aware that the supervisor will be providing clinical guidance to the supervisee in order to ensure compliance with the standards of practice of the profession,

which include legal requirements and professional codes of ethics; and agrees not to interfere with this process.”

Mr. Wong, NASW-CA, explained that supervisors’ input should be more than “clinical guidance”; it should be “clinical direction,” which is more authoritative. This is especially important in agency settings.

Staff indicated that the term “direction” sparked a conversation in previous Supervision Committee meetings, and that there was some opposition to the term because it was interpreted as the supervisor “running the show.”

Ms. Wong stated that the terms “legal requirements and professional codes of ethics” and “ensuring compliance” may perhaps solidify the term “guidance.”

Suggestions:

- Use the terms “direction and guidance” because a supervisee needs direction early in their supervision period. However, the supervisee who has close to 3,000 would need more guidance than direction.
- Amend the language to state that the supervisee will be “*subject* to the clinical guidance and direction”, as opposed to “*providing* clinical guidance and direction.”

The Committee and staff agreed with the suggestions.

5. Removes a reference to the 6-year limit on experience hours and makes it generic in the event the statute specifying this requirement were to change.
6. Requires the supervisor to provide associates with procedures regarding handling crises and emergencies, prior to the commencement of supervision.
7. Requires additional information on the supervisor self-assessment report to help staff determine compliance with training requirements.
8. Clarifies what is meant by “current best practices and current standards” as it pertains to supervision training content.
9. Clarifies that a 6-hour supervision training (refresher) course is required for a licensee who has previously served as a supervisor, but who has not supervised in the past 2 years (as opposed to “2 of the past 5 years”).
10. Requires continuing professional development activities involving collaboration, mentoring, and peer discussion groups to take place with other licensees who are currently serving as a Board-qualified supervisor.

Christina Wong moved to direct staff to make any discussed changes, and any non-substantive changes, and recommend for consideration by the Board as a regulatory proposal. Betty Connolly seconded. The Committee voted unanimously to pass the motion.

Vote

Christina Wong – yes
Betty Connolly – yes
Dr. Christine Wietlisbach – yes

X. Discussion and Possible Recommendation Regarding Licensed Marriage and Family Therapist Supervision Requirements: Title 16, California Code of Regulations: Amend Sections 1833, 1833.1 and 1833.2; Add Sections 1833.1.5 and 1834

Originally Proposed Regulations

1. Strikes out language pertaining to experience qualifications in section 1833, as these are now in statute.
2. The Supervisory Plan, which is part of the newly required Supervision Agreement, would be new for LMFT.

New Proposed Changes to Original Regulations

There are no significant differences from the LPCC language.

Ms. Wong added that the change to “direction and guidance” would be applicable.

Christina Wong moved to direct staff to make any discussed changes, and any non-substantive changes, and recommend for consideration by the Board as a regulatory proposal. Dr. Christine Wietlisbach seconded. The Committee voted unanimously to pass the motion.

Vote

Christina Wong – yes
Betty Connolly – yes
Dr. Christine Wietlisbach – yes

XI. Discussion and Possible Recommendation Regarding Licensed Clinical Social Worker Supervision Requirements: Title 16, California Code of Regulations: Amend Sections 1870 and 1870.1; Add Sections 1869, 1870.5 and 1871; Repeal Section 1874

Originally Proposed Regulations

The significant differences for LCSW are as follows:

1. Modifies and expands upon the terms of the terms of the written agreement required between the employer and supervisor when the supervisor is not employed by the associate’s employer.
2. Requires a weekly log of hours earned to be signed by the supervisor.
3. Requires 6 hours of continuing professional development for supervisors every two years.

New Proposed Changes to Original Regulations

There are no significant differences from the LPCC language.

Ms. Wong added that the change to “direction and guidance” would be applicable.

Christina Wong moved to direct staff to make any discussed changes, and any non-substantive changes, and recommend for consideration by the Board as a regulatory proposal. Betty Connolly seconded. The Committee voted unanimously to pass the motion.

Vote

Christina Wong – yes

Betty Connolly – yes

Dr. Christine Wietlisbach – yes

XII. Status on Board-Sponsored Legislation

XIII. Status of Board Supported and Board Monitored Legislation

Items XII and XIII were presented together as one combined item.

Board-Sponsored Legislation

AB 93, the supervision bill, passed through the Legislature on August 23rd. The Governor has 12 days to decide on the bill.

AB 2117, the licensing clean-up bill, is awaiting the Governor’s decision.

SB 1491, the omnibus bill, is still making its way through the process.

Board-Supported Legislation

AB 456, 90-day rule for Associate Clinical Social Workers (ASW), was signed by the Governor and will take effect on January 1, 2019.

Board-Monitored Legislation

AB 2138, denial of applications for criminal convictions, is in negotiation and staff is expecting amendments. The Board is in opposition to this bill.

XIV. Status of Board Rulemaking Proposals

The following regulation packages are in the initial review process with DCA:

1. Enforcement Process
2. Contact Information: Application Requirements; Incapacitated Supervisors
3. Examination Rescoring; Application Abandonment; APCC Subsequent Registration Fee

Ms. Berger noted that one regulation package has been in the initial review process for a year.

Ms. Wong expressed concerns regarding regulation packages that are stalled at DCA in its initial review.

Ms. Madsen stated that the regulation packages are stalled at DCA's Legal Division. DCA implemented a new review process, which requires sign-off from several levels: Legislative Affairs, Legal Affairs, Budget Office, Executive Office, and State and Consumer Services Agency. The new process is adding another year to a process that was already taking a year.

Ms. Madsen requested that a representative from the DCA Executive Office or Legal Division meet with the Board to explain the review process.

XV. Public Comment for Items not on the Agenda

David Jenson, CAMFT, commented on an issue involving legal opinions of the Attorney General (AG). He explained that these opinions are not laws, but they're used in legal proceedings. Some of these opinions were written 20-30 years ago; so, they refer to antiquated statutes and provisions. CAMFT plans to work through old AG opinions and try to bring them up-to-date in terms of current law. CAMFT is requesting the Board's assistance in providing leverage to get it through the AG's office.

XVI. Suggestions for Future Agenda Items

There were no suggestions for future agenda items.

XVII. Adjournment

The Committee adjourned at 2:38 p.m.