

## **BOARD MEETING MINUTES May 20-21, 2015**

Embassy Suites Santa Ana-Orange County Airport North  
1325 E. Dyer Road  
Santa Ana, CA 92705

### **Wednesday, May 20<sup>th</sup>**

#### **Members Present**

Christina Wong, Chair, LCSW Member  
Deborah Brown, Vice Chair, Public Member  
Dr. Scott Bowling, Public Member  
Dr. Leah Brew, LPCC Member  
Dr. Peter Chiu, Public Member  
Betty Connolly, LEP Member  
Sarita Kohli, LMFT Member  
Renee Lonner, LCSW Member  
Karen Pines, LMFT Member  
Dr. Christine Wietlisbach, Public Member

#### **Members Absent**

Samara Ashley, Public Member  
Patricia Lock-Dawson, Public Member

#### **Staff Present**

Kim Madsen, Executive Officer  
Steve Sodergren, Asst. Executive Officer  
Dianne Dobbs, Legal Counsel  
Christina Kitamura, Administrative Analyst

#### **Guests**

See sign-in sheet

### **FULL BOARD OPEN SESSION**

Christina Wong, Chair of the Board of Behavioral Sciences (Board), called the meeting to order at 8:48 a.m. Kim Madsen called roll, and a quorum was established.

Administrative Law Judge Abraham M. Levy, presiding over the hearings, explained the hearing procedures.

**I. Petition for Early Termination of Probation for Kwamina Amonoo-Neizer, LCSW 26843**

Judge Levy opened the hearing. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Kwamina Amonoo-Neizer was not represented by an attorney.

Mr. Arambula presented the background of Mr. Amonoo-Neizer's probation. Mr. Amonoo-Neizer was sworn in. He presented his request for early termination of probation and information to support the request. Mr. Amonoo-Neizer was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 9:38 a.m.

**II. Petition for Early Termination of Probation for Daniel Carr, LMFT 31037**

Judge Levy opened the hearing at 9:41 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Daniel Carr was not represented by an attorney.

*The Board took a short break to allow staff to make copies of Mr. Carr's written statement to provide to the Board Members.*

Mr. Arambula presented the background of Mr. Carr's probation. Mr. Carr was sworn in. Mr. Carr presented his request for early termination of probation and information to support the request. He was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 10:41 a.m.

*The Board took a break at 10:42 a.m. and reconvened at 10:52 a.m.*

**III. Petition for Early Termination of Probation for Jennifer Harris, IMF 68489**

Judge Levy opened the hearing at 10:52 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Jennifer Harris was not represented by an attorney.

Ms. Arambula presented the background of Ms. Harris' probation. Ms. Harris was sworn in. Ms. Harris presented her request for early termination of probation and information to support the request. She was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 11:18 a.m.

**IV. Petition for Early Termination of Probation for Kimberly Kupfer, LMFT 27299**

Judge Levy opened the hearing at 11:20 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Kimberly Kupfer was not represented by an attorney.

Mr. Arambula presented an opening statement. Ms. Kupfer was sworn in. Ms. Kupfer provided an opening statement. Ms. Kupfer presented her request for early termination of probation and information to support the request. She was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 11:52 a.m.

**V. Petition for Early Termination of Probation for Cindy Plascencia, IMF 73371**

Judge Levy opened the hearing at 11:55 a.m. Deputy Attorney General Manuel Arambula presented the facts of the case on behalf of the Board of Behavioral Sciences. Cindy Plascencia was not represented by an attorney.

Mr. Arambula presented an opening statement. Ms. Plascencia was sworn in. Ms. Plascencia provided an opening statement. Ms. Plascencia presented her request for early termination of probation and information to support the request. Ms. Plascencia was questioned by Mr. Arambula and Board Members. Judge Levy closed the hearing at 12:46 p.m.

**VI. Public Comments**

There were no public comments.

**VII. Suggestions for Future Agenda Items**

There were no suggestions.

*The Board took a break at 12:47 p.m. and reconvened in closed session at 2:04 p.m.*

**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 Method to Evaluate the Performance of the Board's Executive Officer.**

**FULL BOARD OPEN SESSION**

**X. Adjournment**

The Board adjourned at 4:25 p.m.

**Thursday, May 21<sup>st</sup>**

**Members Present**

Christina Wong, Chair, LCSW Member  
Deborah Brown, Vice Chair, Public Member  
Samara Ashley, Public Member  
Dr. Scott Bowling, Public Member  
Dr. Leah Brew, LPCC Member  
Dr. Peter Chiu, Public Member  
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

**Members Absent**

*All members present*

**Staff Present**

Kim Madsen, Executive Officer  
Steve Sodergren, Asst. Executive Officer  
Rosanne Helms, Legislative Analyst  
Dianne Dobbs, Legal Counsel  
Christina Kitamura, Administrative Analyst

**Guests**

*See sign-in sheet*

**FULL BOARD OPEN SESSION**

Christina Wong called the meeting to order at 8:43 a.m. Christina Kitamura called roll. A quorum was established.

**XI. Introductions**

Board Members, Board staff and attendees introduced themselves.

**XII. Approval of the February 25-26, 2015 Board Meeting Minutes**

This item is tabled.

**XIII. Chair Report**

At the last meeting, the Board established the Sunset Review Committee. This is an ad hoc committee with two members, Christina Wong and Deborah Brown. The goal is to work with staff during the summer and present a draft of the Sunset Review Report by August.

Ms. Wong and Patricia Lock-Dawson attended a gathering in April hosted by the Governor, with the California Legislative Women's Caucus other California leaders.

**XIV. Executive Officer's Report**

**a. Budget Report**

#### 2014/2015 Budget:

The 2014/2015 budget for the Board is \$9,139,000. As of March 31, 2015, the Board has spent \$6,365,218, reflecting 68% of the total budget.

As of March 31, 2015, the Board had collected \$6,502,055 in total revenue.

The Board is projecting an unencumbered balance of \$13,091 at the end of this fiscal year, which is lower than in previous budget years. The lower balance is due to unanticipated expenses in personnel and examinations.

Board staff believed that the expenses for the staff reassigned to the Board from the Department of Consumer Affairs (DCA) was being paid each fiscal year. However, Board staff was recently informed that none of these payments have been made since the Board began using this staff in 2012. Therefore, the Board owed approximately \$160,000 which was to be paid this fiscal year. Board staff will ensure these expenditures will be paid annually to avoid this situation in the future.

Additionally, the Board had an increase in the number of examinations administered in October 2014 through December 2014. A total of 3,731 examinations were administered during this time period. This is a 73% increase from the same period of time in 2013.

Further, from October 2014 to November 2014, the number of examinations administered increased by 36%. Board staff believes the increased volume is attributed to candidates wishing to test prior to the implementation of questions related to the DSM V. Due to the unanticipated increase in the volume of examinations administered, the Board's examination budget must be augmented by \$100,000.

#### Board Fund Condition

The Board's fund condition reflects 2.7 months in reserve.

#### General Fund Loans

The current outstanding balance of loans to the General Fund is \$10.9 million. The Board is scheduled to receive a repayment of \$1 million in fiscal year 2014/2015.

#### 2015-2016 Budget

The Board's budget for fiscal year 2015/2016 will be \$9,039,000 and includes two limited-term positions and full-time position authority for two existing half time positions. The Board's cost for the BreEZe system will increase significantly in 2015/2016. The increase in cost is attributed to the amended BreEZe contract.

The amended contract revises the scope of the BreEZe project and redistributes the cost of BreEZe among the Boards and Bureaus. The redistribution of costs is based upon the contract revisions that allow DCA to fully implement Release 1 and 2 using the current vendor. Release 3 will not be implemented with the current vendor.

Under the new amendments, the Board's BreEZe costs will increase 94%; rising from \$482,249 in 2014/2015 to \$938,109 in 2015/2016, and increasing to \$990,811 in 2016/2017.

The Board is scheduled to receive a \$1.2 million General Fund Loan repayment in 2015/2016. The Board anticipates that this repayment will help to offset the increased BreEZe costs. However, despite the repayment, the Board's fund condition is projected to be a 1.1-month reserve. This figure is below the 3-month reserve that in recent years, has been considered sufficient by the Department of Finance.

## **b. Operations Report**

### Licensing Program

Overall, the receipt of all applications decreased in the third quarter. Licensed Clinical Social Worker (LCSW) examination applications increased by 36%.

The licensing program is evaluating Licensed Marriage and Family Therapist (LMFT) applications within 53 days of receipt and LCSW applications within 64 days of receipt. All other applications types are evaluated within 15 days of receipt.

A total of 1,075 initial licenses were issued in the third quarter.

### Examination Program

A total of 2,352 examinations were administered in the third quarter. Thirteen (13) examination development workshops were conducted from January through March.

The Board staff initiated recruitment for participation in the Licensed Educational Psychologist (LEP) Occupational Analysis (OA).

### Administration Program

The Board received 7,913 applications in the third quarter. The Department of Consumer Affairs (DCA) central cashiering unit received and processed 7,258 renewal applications. The Board's cashiering unit processed 1,682 renewal applications. Online renewals increased over 200% with 2,372 individuals renewing their licenses or registrations online.

### Enforcement Program

The Enforcement staff received 243 consumer complaints and 251 criminal convictions in the third quarter. A total of 500 cases were closed this quarter, and 30 cases were referred to the Attorney General's office for formal discipline. Twenty-three (23) Accusations and 11 Statement of Issues were filed this quarter. The current average for Formal Discipline is 548 days. The performance goal is 540 days.

Enforcement staff has completed its review of all Subject Matter Expert (SME) applications. Thirty-three (33) applications were approved. The Board has several SMEs for each license type encompassing a broad range of expertise. New contracts

are in place for all SMEs and training has been scheduled for July 30, 2015, at the Office of the Attorney General in Sacramento.

#### Outreach Events

Board staff participated at the following events:

- MFT Consortium Meetings throughout the state;
- California Association of School Psychologists (CASP) Conference in Sacramento, March 2015;
- Licensed Professional Clinical Counselor (LPCC) Conference in San Diego, March 2015;
- National Association of Social Workers (NASW) Lobby Days in Sacramento, April 2015;
- California Association of Marriage and Family Therapists (CAMFT) Conference in Burlingame, May 2015

Board staff participated in the USC School of Social Work Webinar at DCA Headquarters, March 2015.

#### Additional Outreach Efforts

The Board published the Winter 2015 Newsletter.

Board staff developed informational material and FAQs regarding the examination restructure. This information was posted to the Board's website on March 16, 2015. A video tutorial for the examination restructure is currently in development. Once the tutorial is completed, it will be available on the Board's website.

The Board received a Gold Award at the State Information Officers Council Awards for its video *How to Become an ASW*. This video was the first BBS video tutorial.

### **c. Personnel Update**

Ms. Madsen presented the personnel update.

#### New Employees

Andrea Flores returns to the Board to serve as the lead analyst in the Licensing Program for the LMFT unit. Ms. Flores will evaluate the more complex LMFT applications and serve as the outreach coordinator for the LMFT unit.

#### Promotions

Darlene York, Licensing Evaluator for the LCSW unit, was promoted to a Staff Services Analyst (SSA) in the LCSW unit. Ms. York will serve as the outreach coordinator and the lead for the LCSW unit.

Ellen Viegas, cashier, was promoted to an SSA. Ms. Viegas will serve as the lead for the cashiering unit, Board liaison with DCA cashiering, and subject matter expert for BreEZe cashiering functions.

Relena Amaro, LEP Evaluator, was promoted to an SSA in the Examination Unit. Ms. Amaro will work with the Office of Professional Examination Services (OPES) to recruit SMEs for the Board's examination development workshops, review all examinations, and prepare all contracts related to examination development.

Flores Lopes, Criminal Conviction Analyst, was promoted to Enforcement Analyst in the Consumer Complaint Unit. Ms. Flores will serve as an Enforcement Analyst investigating consumer complaints.

Charles Johnson, LPCC Evaluator, was promoted to Associate Governmental Program Analyst in the Administration Unit on May 20, 2015.

#### Departures

Marlon McManus, Enforcement Analyst in the Consumer Complaint Unit, left the Board on April 24, 2015.

#### Vacancies

Board staff has initiated the recruitment process for the positions noted below:

- Office Technician in Licensing to fill behind Relena Amaro;
- Staff Services Analyst in Licensing to fill behind Pat Fay;
- Staff Services Analyst in Enforcement to fill behind Flora Lopes.

### **XV. Strategic Plan Update**

Steve Sodergren provided an update on the Strategic Plan:

- Examinations - Staff is working with OPES in the SME recruitment process and the Occupational Analysis.
- Enforcement - Staff is preparing for the Enforcement SME training in July.
- Outreach -
  - Staff is committed to get the information out regarding the exam restructure over the next few months
  - The Winter newsletter was published.
  - FAQ was created for the BBS website.

Some of the efficiencies that staff has been working on:

- Managing and maintaining the filing system;
- Installing a computer in the Board lobby for license/registration renewals; and
- Purchasing a laptop computer to take to outreach events for license/registration renewals.

### **XVI. Supervision Committee Update**

Mr. Sodergren presented the Supervision Committee (Committee) update.



Staff reported that the “buckets” legislation has been assigned bill number SB 620. The language reflects the Committee’s and stakeholders’ desire to remove most of the “buckets” for LMFT and LPCC, and instead requires a minimum of 1,750 hours of direct counseling, and a maximum of 1,250 hours of non-clinical experience.

There was also a discussion about the remaining areas that the committee needs to address:

- Supervision Requirements including supervision definitions, amount and type of weekly supervisor contact, supervision formats, monitoring/evaluating the supervisee, etc.
- Supervisor Responsibilities including the Supervisor Responsibility Statement.
- Third-party supervisors.

Several stakeholders raised concern that SB 620 removes the limit on experience hours gained via telehealth. This could potentially allow an applicant to gain all of his or her experience hours via telehealth. Current law limits LMFT and LPCC applicants to no more than 375 hours providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

The Committee decided that the bill language should not be amended. There was a consensus that stipulating a limit on the hours would be arbitrary at this time. It was noted that more research and monitoring of telehealth experience would be beneficial in order to identify future issues that may indicate a need for such a limit.

Staff presented the survey results from the Supervisor/Supervisee surveys that were published on March 2, 2015. As of March 23, 2015 the Board had collected 397 total responses for the Supervisee Survey and 357 total responses for the Supervisor Survey.

The Committee discussed the following possible changes to supervisor qualifications:

- Increasing the initial training of LMFT and LPCC supervisors to 15 hours to be consistent with the current requirements for LCSW supervisors.
- Require 6 hours of ongoing training every two years for LCSW, consistent with current LMFT and LPCC requirements. The Committee is interested in the possibility of using a competency-based model rather than specifying particular content. Staff was asked to research how other entities do this.
- Initially decided supervisor training must come from an acceptable CE provider, but asked staff to survey agency directors about the potential impact.
- Decided to accept an advanced supervisor certification in lieu of the requirement that supervisors must be licensed for two years before supervising.
- Decide whether supervisors should have to receive a pre-approval or should be required to obtain a registration from the Board. There was a consensus that while

pre-approval and registration would offer some benefit, the bigger concern is greater oversight of the supervisor.

The next meeting is scheduled on June 26<sup>th</sup> in Costa Mesa.

Dr. Brew requested to reschedule the August 7<sup>th</sup> meeting to a different date.

## **XVII. Examination Restructure Update**

Mr. Sodergren presented the Examination Restructure update.

Effective January 1, 2016, the Board's Examination process will be changing. Under the new process, individuals who hold an ASW, MFT or PCC Intern registrations will be required to take a California Law and Ethics Exam a minimum of once per year, per renewal period or until the exam is passed.

Another significant change is the Board's acceptance of the National Clinical ASWB Exam. This exam will replace the current Clinical Vignette for the LCSW applicants.

Because these are significant changes, the Board has established grace periods to mitigate the impact that these changes may have on registrants and examinees.

Staff has developed a web page as well as FAQs concerning the implementation of the Exam Restructure. Outreach efforts are being developed and will be implemented during the coming months in order to ensure that applicants and registrants will understand the impact that the changes will have on them.

Staff has been working closely with the DCA Breeze team and exam vendors to ensure that system changes are ready for implementation.

Jill Epstein, CAMFT, offered input to Board staff regarding the FAQs.

*The Board took a break at 9:50 a.m. and reconvened at 10:02 a.m.*

## **XVIII. Policy and Advocacy Committee Report**

### **a. Recommendation #1- Oppose, Assembly Bill 85 (Wilk)**

AB 85 would make an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if a member of the state body is serving on it in his or her official capacity, and if the advisory body is supported, wholly or partially, by funds from the state body.

Current law allows standing committees of a state entity to hold meetings that are not subject to the Bagley-Keene Open Meeting Act if they contain fewer than three

members and do not vote to take action on items of discussion. The author's office is concerned that some state agencies are conducting meetings with two or fewer members specifically to avoid open meeting requirements. The author notes it is the intent of the Legislature and the public for government to conduct its business visibly and transparently.

The Board commonly utilizes two-member standing committees to address issues requiring in-depth discussion and analysis. The intent is to create an environment that encourages discussion and sharing of ideas between Board members, staff, and interested stakeholders, which may eventually be used to generate a legislative or regulatory proposal. No votes are taken at these meetings; any action must be approved by the Board at a board meeting.

If this bill were to become law, additional staff time would be required to complete meeting minutes, but otherwise the Board is already in compliance with Bagley-Keene in regards to these types of two-member committee meetings.

Sometimes boards form two-member executive committee meetings to handle matters such as personnel issues, or to review applications when hiring an executive officer. This bill would require these types of meetings to be noticed and subject to the requirements of Bagley-Keene.

The amendments in this bill would mean that a board member acting in official capacity on any multimember body, whether a state body or corporate body, would subject that body to the Bagley-Keene Act if that board member receives state funds. In such a case, the Board must post notice of, and an agenda for, a meeting that it is not hosting. The cost and compliance issues that this would create may act as a disincentive for Board members to represent the Board at other meetings and events.

Previous legislation, AB 2058, proposed making an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if the body was a standing committee with a continuing subject matter jurisdiction or a had a meeting schedule fixed by formal action of a state body. The Board took a "support" position on AB 2058.

AB 2058 was vetoed by the Governor. The Governor stated that an "*advisory committee does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action. That should be sufficient.*"

At its April 2015 meeting, the Policy and Advocacy Committee (Committee) recommended that the Board take an oppose position on this bill.

***Dr. Leah Brew moved to oppose AB 85. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – *absent from discussion and vote*  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

*The Board took a short break at 10:15 a.m. and reconvened at 10:23 a.m.*

**b. Recommendation #2 – Support, Assembly Bill 250 (Olbernalte)**

The Business and Professions Code (BPC) does not specify that MFT trainees may practice telehealth. AB 250 would clarify that MFT interns and trainees may practice telehealth.

Current law:

- 1) Defines a “health care provider” as a person who is licensed by the Business and Professions Code as a healing arts practitioner;
- 2) Defines a “license” to mean a license, certificate, registration, or other means to engage in a business or profession;
- 3) Defines an MFT trainee as an unlicensed person; and
- 4) Defines an MFT intern as an unlicensed person.

However, current law permits MFT trainees to count some of their hours of supervised experience toward licensure and permits up to 375 hours of experience via telehealth.

This bill clarifies that for purposes of the telehealth law, MFT interns and trainees may provide services via telehealth.

At its January 2015 meeting, the Committee discussed this issue, and staff proposed similar language to that used in this proposal. The Committee learned that CAMFT was also pursuing a legislative proposal, and had found an author for the language. The Committee directed staff to continue to work with CAMFT on the proposed language. The Board gave the same direction at its February 26, 2015 meeting.

At its April 2015 meeting, the Committee recommended that the Board take a support position on AB 250.

***Patricia Lock-Dawson moved to support AB 250. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**c. Recommendation #3 – Oppose Unless Amended, Assembly Bill 333 (Melendez)**

Current law:

- 1) Specifies that continuing education training, education, and coursework must be from approved providers and must incorporate one or more of the following:
  - Aspects of the discipline that are fundamental to the practice of the profession for which licensed;
  - Aspects of the discipline for which licensed where significant recent developments have occurred; and
  - Aspects of other disciplines that enhance the understanding or practice of the profession for which licensed.
- 2) Defines the following continuing education credit equivalencies:
  - One hour of instruction equals one hour of continuing education credit;
  - One academic quarter unit equals 10 hours of continuing education credit; and
  - One academic semester unit equals 15 hours of continuing education credit.

This bill:

- 1) Only allows the healing arts licensee to count such coursework if it is developed by the American Heart Association, the American Red Cross, or an otherwise nationally recognized non-profit organization.
- 2) Only allows the healing arts licensee to claim CE credit for holding a training session if the training session is approved by his or her licensing board.

- 3) Specifies that the provisions of this bill do not apply to a licensee if his or her licensing board's laws or regulations establishing CE requirements exclude such coursework.

The author's office notes that AEDs are becoming more common on school campuses. However, pro bono instructors and training resources are rare, and paying for such training can be cost prohibitive. By allowing healing arts licensees to gain continuing education credit for becoming an instructor in CPR/AED use and for conducting training in schools, the author's office believes that this bill creates an incentive that would benefit licensees and schools.

Issues:

- 1) Relevance to the practice - While CPR/AED training is important, it may be difficult to argue that it is fundamental to, or enhances the understanding of, the practice of psychotherapy.
- 2) Source of coursework - CPR and AED instructor certification programs appear to be commonly offered by nonprofit organizations. These entities would not meet the definition of an organization that would be approved by a board-recognized approval agency.
- 3) Definition of "units" - The bill's definition of "units" is unclear, whereas the Board has a very specific definition of "units."

At its April 2015 meeting, the Committee recommended that the Board take an "oppose unless amended" position on AB 333, and asked that the Board be removed from the bill's provisions.

Although the recent amendments attempted to exclude Board licensees from the provisions of the bill, they do not explicitly state that Board licensees are excluded. Current Board law does not explicitly state that CPR/AED coursework and training is excluded from CE, although one could infer that it is excluded because it is not directly related to the practice of psychotherapy or relevant to the profession. There may be room for disagreement in this matter, which has the potential to cause confusion or differences of opinion among licensees.

CAMFT and NASW-CA indicated that they are not watching AB 333 nor participating in this bill. CALPCC indicated that they agree with the Committee's position on AB 333.

***Renee Lonner moved to oppose AB 333 unless amended. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay

Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**d. Recommendation #4 – Support, Assembly Bill 690 (Wood**

Current law:

- 1) Establishes that federally qualified health center services (FQHCs) and rural health clinic (RHC) services are covered Medi-Cal benefits that are reimbursed on a per-visit basis.
- 2) Defines a FQHC or RHC “visit” as a face-to-face encounter between an FQHC or RHC patient and one of the specified practitioners, including a clinical psychologist or an LCSW.

The intent of this legislation is to allow federally qualified health centers and rural health clinics to be able to hire a marriage and family therapist and be reimbursed through Medi-Cal for covered mental health services. Under current law, a clinic may hire a marriage and family therapist. However, only clinical psychologists or LCSWs may receive Medi-Cal reimbursement for covered services in such settings.

Staff suggests an amendment be made to include the word “licensed” in front of the term “marriage and family therapist.”

This bill was run as AB 1785 in 2012. The Board took a “support” position on AB 1785; however, the bill died in the Assembly Appropriations Committee. At its April 2015 meeting, the Committee recommended that the Board take a “support” position on this bill.

Ms. Gonzales, expressed that NASW-CA opposes AB 690 for the following reasons”

- 1) NASW-CA believes that there is a sufficient workforce of social workers to fill these jobs.
- 2) NASW-CA feels that social workers are trained to work in federally qualified health centers.
- 3) NASW-CA feels that there would be a large cost associated with this bill.

4) NASW-CA feels that this bill is premature due to the discussions regarding potential changes to the reimbursement system.

Ms. Kohli disagreed with Ms. Gonzales regarding the workforce of social workers. She also stated that community mental health has become required training in the MFT programs.

Ms. Brown expressed that more is better, especially in the schools and rural communities where access to care is limited.

***Sarita Kohli moved to support AB 690. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**e. Recommendation #5 – Neutral, Assembly Bill 796 (Nazarian)**

AB 796 modifies the definition of “qualified autism service professional” and “qualified autism service paraprofessional” to allow insurance coverage for types of behavioral health treatment other than applied behavior analysis.

SB 946, passed in 2011, requires every health care service plan contract and insurance policy that provides hospital, medical, or surgical coverage to also provide coverage for behavioral health treatment for pervasive developmental disorder or autism (PDD/A).

SB 946 went on to specifically define “qualified autism service professionals” and “qualified autism service paraprofessionals” as behavioral health treatment providers meeting the requirements of California Code of Regulations (CCR). However, this section of the CCR only refers to behavioral health treatment providers as applied behavior analyst providers, leaving out other types of evidence-based behavioral health treatment.



The author is attempting to have the behavioral health coverage mandated by SB 946 apply to all types of evidence-based behavioral health treatment, not just applied behavior analysis. This bill does this by codifying the educational and professional requirements listed in the CCR for applied behavior analysts, and applying them to all behavioral health providers.

The author's goal in doing this is to ensure that the qualified medical professional who knows the child best can prescribe the appropriate behavioral health treatment for that child, even if that behavioral health treatment is not applied behavior analysis.

This bill allows an associate clinical social worker (ASW) registered with the Board to be a qualified autism services professional. It is unclear why ASWs are specified as being able to become qualified autism service professionals, but marriage and family therapist interns and professional clinical counselor interns are not.

The author's office writes that the definitions of applied behavioral analysis in the CCR were written before newer forms of behavioral health treatment therapy had been developed and tested, which is why current coverage requirements specify applied behavior analysis.

SB 479 is running concurrently with AB 796. SB 479 would create a licensure category for behavior analysts under the Board of Psychology. The prospect of competing types of effective behavioral health treatment may raise questions about the implications of establishing a licensure category for one of the treatment types, but not the others.

At its April 2015 meeting, the Committee recommended that the Board take a "neutral" position on this bill.

Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC), and Ms. Epstein, CAMFT, opposed AB 796. Ms. Gonzales, NASW-CA, remained neutral.

***Patricia Lock-Dawson moved to take a neutral position on AB 796. Dr. Christine Wietlisbach seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay

Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**f. Recommendation #6 – Support, Assembly Bill 832 (Garcia)**

AB 832 would specify that voluntary acts of sodomy, oral copulation, and sexual penetration are not considered acts of sexual assault that must be reported by a mandated reporter, unless it is between a person age 21 or older and a minor under age 16.

Current law:

- Establishes the Child Abuse and Neglect Reporting Act (CANRA) which requires a mandated reporter to make a report in instances in which he or she knows or reasonably suspects that a child has been the victim of child abuse or neglect.
- Defines “sexual abuse” for the purposes of CANRA as sexual assault or exploitation consisting of any of the following: rape, statutory rape, rape in concert, incest, sodomy, oral copulation, and certain lewd or lascivious acts upon a child, sexual penetration, or child molestation.

The author’s office states that the reporting requirements for mandated reporters of child abuse are confusing, inconsistent, and discriminatory. They note that current law states that consensual sodomy and oral copulation is illegal with anyone under age 18, and that it requires a mandated report as sexual assault under CANRA. However, the same reporting standards do not apply to consensual heterosexual intercourse. The author is attempting to make the law consistent by ensuring that all types of voluntary activities are treated equally for purposes of mandated reporting under CANRA.

The Board examined this issue in 2013 when stakeholders expressed concern that the law was not equal in its reporting requirements.

In its legal opinion, DCA found that CANRA does not require a mandated reporter to report incidents of consensual sex between minors of a similar age for any actions described in the Penal Code, unless there is reasonable suspicion of force, exploitation, or other abuse.

The legal office also noted the legislative intent of the reporting law is to leave the distinction between abusive and non-abusive sexual relations to the judgment of professionals who deal with children.

The Board of Psychology is seeking an opinion from the Attorney General's Office. A response is expected this summer.

Board staff had a discussion with the author's office to clarify how the amendments would affect the reportability of a situation of sexual activities between an adult under 21 and a significantly younger minor.

Staff believed such an act would be reportable due to the provisions of the Penal Code. The author's office consulted with Legislative Counsel on this issue, and Legislative Counsel confirmed that such an act would still be reportable.

Previous legislation, AB 1505, would have specified that consensual acts of sodomy and oral copulation are not acts of sexual assault that must be reported by a mandated reporter, unless it involved either a person over age 21 or a minor under age 16.

At its April 2014 meeting, the Committee recommended that the Board take a "support" position on AB 1505; however, AB 1505 died before the Board was able to take a position on it.

At its April 2015 meeting, the Committee recommended that the Board take a "support" position on AB 832.

Ms. Helms added that the Board of Psychology requested to add the following amendment:

"Penal Code Section 11165.1(a) "Sexual assault" for the purposes of this article does not include voluntary conduct in Violation of Section 286, 288a, or 289, where there are no indicators of abuse, unless the conduct is between a person 21 years or older and a minor who is under 16 years of age."

Ms. Gonzales, NASW-CA, supports AB 832.

Ms. Dobbs expressed that she stands behind the DCA Legal Opinion, and that the amendment requested by the Board of Psychology would make it much clearer.

Ms. Esptein, CAMFT, supports AB 832.

***Dr. Christine Wietlisbach moved to support AB 832, if amended to include the language provided by the Board of Psychology. Samara Ashley seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay

Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**g. Recommendation #7 – Support, Assembly Bill 1001 (Maienschein)**

Current law states that supervisors or administrators may not impede reporting duties, and mandated reporters shall not be subject to sanctions for making a mandated report. The law further states that a supervisor or administrator who impedes reporting duties shall be punished by a fine up to \$1,000 and/or up to six months in county jail.

The author's office believes that mandated reporters should have a clear path to reporting and eliminating child abuse and neglect without interference. However, they have learned that social workers who work for private, non-profit foster family agencies, as well as one teacher, have confidentially reported to the Children's Advocacy Institute at the University of San Diego School of Law that supervisors at foster family agencies sometimes override mandated reporting.

This bill would still prohibit a person from impeding or interfering with the making of a mandated report. The bill also states that a person who impedes or interferes with a mandated report is guilty of a misdemeanor and may be liable for actual damages to the victim.

At its April 2015 meeting, the Committee recommended that the Board take a "support" position on AB 1001.

***Dr. Peter Chiu moved to support on AB 1001. Dr. Leah Brew seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay

Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

#### **h. Recommendation #8 – Neutral, Assembly Bill 1279 (Holden)**

In existing law, several state agencies define music therapy in their regulations. There is some variance in the definitions of music therapy across these regulations.

##### This bill:

- 1) Defines “Music Therapy.”
- 2) Identifies a scope of practice for music therapy.
- 3) Defines a “qualified individual” as one who has completed the education and clinical training requirements established by the American Music Therapy Association. The individual must also hold a current board certification from the Certification Board for Music Therapists.
- 4) Prohibits use of the term “Board Certified Music Therapist” unless the person meets the definition of “qualified individual” and has obtained the “Music Therapist Board Certified” (MT-BC) credential from the Certification Board of Music Therapists.
- 5) States that it is not the intent of the bill for a music therapist to be able to imply that he or she practices psychotherapy if he or she is not licensed to do so.
- 6) States that the use of music therapy does not imply that a person is a Board Certified Music Therapist.

The author is seeking to create a uniform definition for music therapy in statute. They note that several agencies have established definitions of music therapy in regulation; however the definitions are inconsistent and sometimes refer to obsolete entities. The goal of this bill is to protect consumers from harm and misrepresentation from practitioners who are not board certified music therapists and who are not practicing under the Certified Board for Music Therapists’ Code of Professional Practice.

Recent amendments to this bill clarify a concern staff had with the previous version of this bill, specifically that the bill would restrict Board licensees from practicing music therapy. The bill now states that various professionals may utilize music therapy, as long as they do not use the title Board Certified Music Therapist.

Recent amendments to this bill also clarify that music therapists may not claim to use mental health counseling or psychotherapy, unless they are appropriately licensed to do so.

At its April 2015 meeting, the Committee recommended that the Board take a “neutral” position on this bill.

Ms. Wong explained that this is a title protection bill, and is not relevant to BBS licensees.

***Renee Lonner moved to take a neutral position on AB 1279. Karen Pines seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**i. Recommendation #9 – Neutral, Senate Bill 479 (Bates)**

This bill:

- 1) Establishes the Behavior Analyst Act under the Board of Psychology.
- 2) Specifies that the practice of behavior analysis does not include psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or counseling.
- 3) Creates the Behavior Analyst Committee, under the jurisdiction of the Board of Psychology.
- 4) Outlines specified educational requirements for Behavior Analysts and Assistant Behavior Analysts.
- 5) Prohibits a person from engaging in the practice of behavior analysis, representing his or her self as a licensed behavior analyst or licensed assistant behavior analyst, or using the title or letters, without being licensed.
- 6) Exempts specified practitioners from the provisions of this licensing act if the person is acting within the scope of his or her licensed scope of practice, including LMFTs and Licensed Educational Psychologists (LEP).

Recent amendments now include LCSWs and LPCCs. However, amendments are not in print yet.

Previous legislation in 2010, AB 1282, attempted to establish a certification process for practitioners of behavior analysis. The Board took an oppose position on this legislation.

At its April 2015 meeting, the Committee recommended that the Board take a “neutral” position on this bill.

There is a new amendment, but it is not in print yet: Applicants for ABA certification must have a degree that is conferred in behavior analysis, psychology or education.

Dr. Brew noticed that the curriculum does not include a course on the DSM. She is concerned that if an individual needs differential diagnosis, and they are not PDD/A, the licensee is not qualified to treat the individual.

Ms. Helms stated that the amendments will have substantial changes. She suggested that the Board watch and revisit SB 479, if the bill moves forward.

Ms. Epstein stated that CAMFT has concerns regarding exemptions from licensure, and they are working with the author’s office.

Ms. Porter expressed concerns that the degrees eligible for this certification do not include any degrees that the LPCC licensees may have. CALPCC have been working with the sponsors about including degrees in counseling or psychology.

Ms. Gonzales expressed that NASW-CA is watching SB 479.

***Karen Pines moved to not take action on SB 479 until the amendments are in print. Dr. Leah Brew seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

- Samara Ashley – yay
- Dr. Scott Bowling - yay
- Dr. Leah Brew – yay
- Deborah Brown – yay
- Dr. Peter Chiu – yay
- Betty Connolly – yay
- Sarita Kohli - yay
- Patricia Lock-Dawson – yay
- Renee Lonner – yay
- Karen Pines – yay
- Dr. Christine Wietlisbach – yay
- Christina Wong - yay

**j. Recommendation #10 – Oppose Unless Amended, Senate Bill 614 (Leno)**

Under current law, certain essential mental health and substance use disorder services are covered Medi-Cal benefits effective January 1, 2014.

This bill establishes a peer support specialist certification program, and authorizes Department of Health Care Services (DHCS) to add peer support providers as a provider type within the Medi-Cal program.

This bill:

- 1) Requires DHCS to establish a certification body and to provide statewide certification for adult peer support specialists, family peer support specialists, and parent peer support specialists.
- 2) Requires DHCS to establish:
  - The range of responsibilities and practice guidelines;
  - Curriculum and core competencies;
  - Training requirements;
  - Continuing education requirements;
  - Supervision requirements;
  - A code of ethics;
  - A process for renewal; and
  - A process to allow those currently employed in the peer support field to obtain certification.
- 3) Requires DHCS to collaborate with several mental health agencies to develop this plan.
- 4) Requires DHCS to amend its Medicaid plan to include a peer and family support specialist as a provider type.
- 5) Allows DHCS to implement this law via plan letters, bulletins, or similar instructions, without regulations, until regulations are adopted. Regulations must be adopted by July 1, 2018.

In 2013, 31 states and the federal Department of Veteran's Affairs certified and employed peer specialists. The services that peer specialists provide in these states are eligible for reimbursement by Medicaid.

Issues:

- Lack of a clear definition of a peer and family support specialist;
- Lack of a scope of practice;
- Fingerprinting and examination not required for certification; and



- Requirements not established in legislation.

At its April 2014 meeting, the Committee recommended that the Board take an “oppose unless amended” position on this bill. The Committee suggested the following amendments:

- Include in statute a clear definition of peer counseling;
- Include in statute a defined scope of practice for peer counseling;
- Specify required hours of supervision for a peer counselor, and who may provide this supervision;
- Specify education requirements; and
- Require fingerprinting.

Dr. Brew expressed concerns regarding public protection. She also stated that many of the activities listed are what social workers perform at the Bachelor’s Degree level.

Ms. Kohli agreed with most of the amendments except for the education requirements. She explained that the certification is more of the social work model. This is significant in California because of diversity, and there is a lack of providers who speak different languages. Sometimes, paraprofessionals are needed to reach individuals who speak other languages. The educational piece limits access to the most underserved populations.

Ms. Helms suggested “specified training requirements” instead of “specified education requirements.”

Ms. Gonzales stated that many of the peer specialists would be hired by the county, thus will be required to fingerprint. She also noted that NASW-CA is watching SB 614. She disagreed with the comments regarding scope of practice, stating that this is not a licensure bill.

Ms. Gonzales also stated that Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) has concerns with this bill. This certification is problematic because a mental health diagnosis and people who work in mental health are not acceptable in ethnic communities. REMHDCO requested an amendment.

Ms. Epstein expressed that CAMFT has concerns regarding the lack of definition and the scope. CAMFT is watching SB 614.

Ms. Lonner expressed concern regarding lack of fingerprinting. Paraprofessionals have access to children and vulnerable populations; fingerprinting is an important standard.

***Dr. Leah Brew moved to oppose SB 614 unless amended. Renee Lonner seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**k. Recommendation #11 – Oppose, Senate Bill 594 (Wieckowski)**

SB 594 was amended on April 27, 2014.

As currently written, this bill specifies that a child custody evaluation, investigation, or assessment shall only be considered by the court in a child custody case if it was conducted in accordance with the Judicial Council’s standards.

At its April 23, 2015 meeting, the Committee considered an earlier version of this bill and recommended an “oppose” position. That version of the bill would have required the Board to investigate a complaint against a mediator, if the mediator held a Board license. Unlike child custody evaluators, for which the Board does investigate complaints, mediators are not required to hold a board license.

The most recent version of this bill no longer requires Board investigation of mediators.

No action taken.

*The Board took a break 12:15 p.m. and reconvened at 1:05 p.m.*

*Ms. Wong moved item XXI. Legislative Update and item XXII. Regulation Update and heard these two items after the Policy and Advocacy Committee Update.*

**XIX. Update and Possible Action on Text of Proposed Legislation for 2015: Crime Victims: Compensation for Reimbursement of Violence Peer Counseling**

This item was tabled to the June 12<sup>th</sup> Board Meeting due to forthcoming amendments on this legislation.

## XX. Discussion and Possible Action Regarding Proposed Regulations for Telehealth

Many state licensing entities and professional associations are beginning to adopt laws, regulations and guidelines regarding telehealth. The Policy and Advocacy Committee (Committee) discussed several aspects of telehealth, including the following:

- Telehealth laws, regulations, and policies in other states;
- Client appropriateness for telehealth;
- Mandated reporting and telehealth;
- Trainees' ability to perform telehealth lawfully; and
- Utilizing security and encryption in telehealth.

The Board's licensing law offers little guidance regarding telehealth practice. The law implies that a licensee in another state may not counsel an individual who is located in the State of California, unless they hold a California license. If the client is not located in California, the state where the client is located would have jurisdiction. However, this is not stated specifically.

At its April 2015 meeting, the Committee directed staff to bring the proposed regulations to the Board for consideration as a regulatory proposal.

Dr. Brew expressed concerns regarding verbal consent. Ms. Helms responded that the law already indicates that a provider must obtain "verbal or written consent" prior to the delivery of service, and must document the consent.

Ms. Madsen informed the Board that the goal is to establish some broad parameters so that the Board can begin regulating telehealth; currently, there is no language. This will be a work in progress. If the informed consent becomes an issue, it can be addressed.

***Renee Lonner moved to approve proposed telehealth regulations, and direct staff to make any non-substantive changes. Dr. Peter Chiu seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay

Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**XXI. Board-Sponsored Legislation Update**

SB 531 Board of Behavioral Sciences Enforcement Process

This bill has passed through the Senate and is on first reading in the Assembly.

SB 620 (Block) Board of Behavioral Sciences: Licensure Requirements

This bill is on third reading in the Senate.

SB 800 (Senate Business, Professions, and Economic Development Committee)  
Healing Arts (Omnibus Bill):

This bill is in the Senate Appropriations Committee.

**XXII. Regulation Update**

Disciplinary Guidelines and SB 1441: Uniform Standards for Substance Abuse

The public comment period has ended, and staff has submitted the proposal to OAL for final approval.

Implementation of SB 704 (Examination Restructure)

The 45-day public comment period has ended. This proposal is now under review by DCA.

Requirements for Licensed Professional Clinical Counselors to Treat Couples or Families

The public comment period has ended, and staff is preparing to submit the file to the DCA for review.

**XXIII. Update on Suicide Prevention Training for Mental Health Professionals**

During the 2013-2014 Legislative Session, AB 2198 was introduced in an effort to ensure that licensed mental health professionals were receiving adequate training in suicide assessment, treatment, and management. The bill would have required licensees of the Board and the Board of Psychology to complete a six-hour training course in suicide assessment, treatment, and management. Applicants for licensure would have been required to complete a 15-hour course in this subject area.

While the Board shared the author's concerns that some health care professionals may lack training in suicide assessment, treatment, and management, it did not believe that the bill would accomplish its objective.

The Governor vetoed the bill and requested that the licensing boards evaluate the issues raised and take any needed actions.

The Board wanted to determine the extent of exposure to the topics of suicide assessment, treatment, and management, for a student enrolled in a Master's degree program intended to lead to licensure. The Board surveyed California schools offering a degree program leading to Board licensure.

Degree programs were asked to report the following:

- Courses required for the degree which cover the topic of suicide assessment, treatment, and management;
- Number of units or hours each required course spends on these topics;
- A description of the topics or methods covered by each required course; and
- Additional relevant courses offered as electives in the degree program.

The survey results indicate that schools appear to be providing training for suicide assessment, treatment, and management:

- The data support the claim by the schools that they commonly integrate the topic across a variety of courses, discussing it as it is relevant to the particular focus of a course.
- Many schools also indicated that the topics in question are discussed in practicum, where the students are doing the most hands-on portion of their learning.
- Several schools offer additional elective coursework on the topic, for students seeking further specialization.
- Schools consistently reported teaching across a wide range of aspects of suicidality, including legal and ethical issues, crisis intervention, assessment instruments for suicide risk factors, and role playing activities.

Other interventions may be effective in addressing the treatment of suicidal individuals:

- Ensuring front-line health care professionals have adequate training in suicide assessment, treatment, and management.
- Formation of a task force among mental health educators and suicide experts to discuss the latest research in suicidology, and to develop model curriculum so that educators can ensure they are covering the latest suicide assessment techniques and concepts in their programs.
- Assessment of resources at the county mental health care level to determine if there is an adequate level of support for suicidal individuals.
- Increase public awareness through various media campaigns in an effort to reduce the stigma of seeking mental health services and to identify available local resources.

Board staff has been providing the Governor's office with technical assistance on this topic and will continue to do so as requested.

Dr. Chiu advised that the Board should look at this issue in a bigger context in regards to suicide prevention. When a person is suicidal, there are many things that have already gone wrong. Therefore, it is a disservice to campaign for suicide prevention instead of increasing public awareness, advocating for mental health, and eliminating stigma.

Ms. Kohli expressed that suicide is a very serious issue. Many of the mandated CE courses are one-time courses. By stating that there are already too many requirements for licensees, sends the wrong message.

Ms. Lonner stated that many adolescents who commit suicide were not in treatment. Assuming therapists are the frontline, is not accurate. Ms. Lonner feels that CE will not improve the issue. The Board should collaborate with other organizations to provide outreach.

Ms. Brown stated that teachers are the frontline. CE should not be mandated (for teachers). Instead, teachers need to be trained to identify a suicidal student. Although she likes the mandate, teachers need to be trained because they see students daily, not once per week.

Ms. Wong recommended working with other entities to address this issue.

Ms. Gonzales stated that NASW offers CE courses in suicide prevention at its conferences and online. NASW-CA is interested in any future collaboration.

No action taken.

#### **XXIV. Discussion and Possible Action Regarding English as a Second Language Accommodation for Examination Candidates**

From at least 2000 up to July 1, 2011, candidates who requested an ESL accommodation were granted extra time to take the board examinations. However, English as a second language (ESL) is not identified as a disability under the Americans with Disabilities Act (ADA).

Prior to making the decision to end the ESL accommodation, the Board contacted OPES for information. OPES considered that prior to entering a bachelor's program or master's program, ESL candidates take the Test of English as a Foreign Language (TOEFL). Further, the candidate receives the master's degree in English. Based on this information, it is reasonable to conclude that a candidate should be proficient enough to take the examination in English.

There are two possible accommodations that the Board could make. The first accommodation that could be made is to translate the Board's exams into languages other than English, which would be very expensive. When faced with the decision

whether or not to adapt an examination, the following must be taken into consideration:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited English-speaking candidates, an examination may be adapted.
- If English is an essential aspect of a profession, an examination will not be adapted.

The second option for an ESL accommodation is to grant candidates extra time to take the exam. This is the option the Board has used in the past. If the Board did choose this option, criteria for how to decide who would be granted an ESL accommodation would need to be developed and likely placed in regulations.

The Board of Psychology has proposed regulations that require the following for an ESL accommodation of extra time:

- The candidate submits a signed request for an ESL accommodation of extra time under penalty of perjury that English is his or her second language.
- A TOEFL IBT certification score of 85 or below must be sent by Educational Testing Service directly to the Board. The TOEFL must have been taken within the previous two years prior to the application.

At its February meeting, the Board expressed concern over the cost and availability of the TOEFL IBT, and about the methods used to arrive at the needed score. Another option could be using a TOEFL IBT score that the applicant obtained at any time during the applicant's university career. The Board would not look at the score or evaluate it but simply deem having taken the TOEFL IBT as sufficient reason to offer a special accommodation. In addition to this, the Board could accept proof that an applicant obtained his or her university education in a country outside of the United States as an additionally sufficient reason to offer an ESL accommodation.

Dr. Chiu feels that any of the presented criteria will be problematic. When looking at the cultural aspect, it's not just a language problem; he or she may have to read questions twice. Dr. Chiu recommended giving everybody more time to take the exam, unless there is a compelling argument against it.

Ms. Connolly asked if the extended time will affect the pass rate. Mr. Sodergren responded that in opinion of OPES, the exam passing rate would decrease.

Dr. Brew does not agree with extending the time for everybody. She recommends using the TOEFL scores or other documentation.

Dr. Wietlisbach does not see anything wrong with extending the time to everybody.

Ms. Kohli advised that applying the same standard for the English speaker as well as for the ESL speaker, does not change anything. Changing the standard is not an accommodation.

Ms. Lonner requested that staff create a form for the exam candidate requesting additional time.

Dr. Brew suggested the following:

- Keep the current exam time, but set criteria to allow extra time; obtain supporting documentation from the candidate.
- Discuss whether a candidate can request extra time on the second administration of the exam if they fail the first administered exam (if they did not request an accommodation for the first exam).
- Gather statistics if accommodations are provided.

Ms. Madsen suggested that staff develop a quantifiable checklist and bring it back to the Board.

Dr. Chiu requested that DCA weigh-in on this discussion at the next meeting.

Jerry Grossman suggested using Immigration and Naturalization Service (INS) documentation to substantiate an accommodation. Ms. Kohli responded that INS documentation is not the appropriate criteria to use.

No action taken.

## **XXV. Discussion and Possible Action Regarding Signatures on the Board's Licensed Wall Certificates**

Several months ago, Board staff became aware that Wall Certifications were being issued with the prior Board Chair signature. Prior to BreEZe, the process to change signatures on the Wall Certification could be done internally and quickly. However, since BreEZe, this modification now requires a change request that is submitted to the BreEZe team. The change is not immediate and can take several months to implement.

Further research revealed that the seal that appears on both the smaller license and Wall Certification are not in compliance with law.

Three options regarding signatures were provided to the Board for consideration:

1. Remain with the current format; recognizing that changes to any signature will require some time.
2. Remove the Board Chair signature and keep the Executive Officer signature. Historically, the Executive Officer position does not change as frequently as the



Board Chair position. This option would eliminate a potential yearly or every other year request to change to the signature block.

3. Require that all Wall Certifications are issued with “wet” signatures. On average the Board issues approximately 220 new licenses per month. If this option is selected, all smaller licenses and the Wall Certifications would be returned to the Board from the printing vendor. Board staff would mail out both documents when the signatures on the Wall Certification are complete. This option would negate the Board’s effort to streamline this process; new licensees would see an increased delay in receiving their smaller license and their Wall Certification.

Updated Board seal designs were provided to the Board.

***Samara Ashley moved to select option 2 of the wall certificate signature. Renee Lonner seconded. The Board voted unanimously to pass the motion.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay  
Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

## **XXVI. Election of Board Chair and Vice Chair**

***Patricia Lock-Dawson moved to nominate Christina Wong for Chair and Deborah Brown for Vice Chair. Samara Ashley seconded. The Board voted unanimously to elect Christina Wong for Chair and Deborah Brown for Vice Chair.***

The Board voted as follows:

Samara Ashley – yay  
Dr. Scott Bowling - yay  
Dr. Leah Brew – yay  
Deborah Brown – yay  
Dr. Peter Chiu – yay  
Betty Connolly – yay  
Sarita Kohli - yay  
Patricia Lock-Dawson – yay

Renee Lonner – yay  
Karen Pines – yay  
Dr. Christine Wietlisbach – yay  
Christina Wong - yay

**XXVII. Discussion Regarding the Preparation of Sunset Review Report**

On April 30, 2015, the Senate Committee on Business, Professions, and Economic Development and Assembly Committee on Business and Professions (Committee) sent notification to the Board that the Committee will begin its Sunset Oversight Review in the Fall of 2015.

The Sunset Oversight Review process affords the legislature the opportunity to review Board operations and performance as well as discuss current issues facing the Board. The purpose of the Sunset Oversight Review is to determine if the Board should continue to license and regulate its licensees/registrants. The Committee will also determine the extension time period granted to the Board.

The Committee requested the Board submit a comprehensive report that responds to 12 sections with over 60 questions regarding Board operations, performance, and past issues. This comprehensive report will include statistics, procedural information, and essentially detail the work of the Board since 2012. Board staff and members of the Board's Sunset Review Committee (Christina Wong and Deborah Brown) will work together to prepare the report.

A draft report will be available at the August Board meeting for the Board members to review. A final report will be presented at the November meeting to the Board members for approval and submission to the Committee. The Board's Sunset Review Report is due December 1, 2015. The public hearing dates will be announced in January.

No action taken.

**XXVIII. Public Comment for Items not on the Agenda**

There were no public comments.

**XXIX. Suggestions for Future Agenda Items**

There were no suggestions.

**XXX. Adjournment**

The meeting adjourned at 3:05 p.m.