



Board of Behavioral Sciences



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www.bbs.ca.gov

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

POLICY AND ADVOCACY COMMITTEE Meeting Notice and Agenda

**October 19, 2018
9:00 a.m.**

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

While the Board intends to webcast this meeting, it may not be possible to webcast the entire meeting due to technical difficulties or limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location.

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- I. Call to Order, Establishment of Quorum, and Introductions*
 - II. Approval of Committee Meeting Minutes
 - a. August 24, 2018
 - b. April 21, 2017
 - III. Discussion and Possible Recommendation Regarding Proposed Technical and Non-Substantive Amendments to Business and Professions Code Sections 4980.36, 4980.37, 4980.395, 4980.41, 4980.43.1, 4980.43.4, 4980.50, 4980.57, 4980.81, 4989.22, 4990.26, 4992.1, 4996.2, 4996.20, 4996.22, 4996.23.3, 4999.12, 4999.30, 4999.32, 4999.33, 4999.46.1, 4999.46.4, 4999.52
 - IV. Discussion and Possible Recommendation Regarding Licensed Educational Psychologists Supervising Associates Gaining Experience Hours in School Settings
 - V. Discussion and Possible Recommendation Regarding Registrant Employment by Temporary Staffing Agencies
 - VI. Discussion and Possible Recommendations Regarding Practice Setting Definitions

- VII. Status on Board-Sponsored, Board-Supported, and Board-Monitored Legislation
- a. Assembly Bill 2117 (Arambula) Licensing Process Bill: Proposed Revisions to Business and Professions Code sections 4980.72, 4984.01, 4996.17, 4996.28, 4999.60, 4999.100
 - b. Senate Bill 1491 Omnibus Bill – Proposed Technical and Non-Substantive Amendments to Business and Professions Code sections 27, 650.4, 865, 2290.5, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, 4999.100, and Family Code section 6924
 - c. Assembly Bill 93 (Medina): Healing Arts: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Required Experience and Supervision
 - d. Assembly Bill 456 (Thurmond) Healing Arts: Associate Clinical Social Worker, 90-Day Rule
 - e. Assembly Bill 1436 (Levine) Board of Behavioral Sciences: Suicide Prevention
 - f. Assembly Bill 2088 (Santiago) Patient Records: Addenda
 - g. Assembly Bill 2138 (Chiu/Low) Licensing Boards: Denial of Application: Criminal Conviction
 - h. Assembly Bill 2143 (Caballero) Licensed Mental Health Service Provider Education Program: Providers
 - i. Assembly Bill 2302 (Baker) Child Abuse: Abuse: Sexual Assault: Mandated Reporters
 - j. Assembly Bill 2608 (Stone) Licensed Mental Health Services Provider Education Program: Former Foster Youth
 - k. Assembly Bill 2296 (Waldron) Professional Clinical Counselors
 - l. Assembly Bill 2968 (Levine) Therapist Sexual Behavior and Sexual Contact
 - m. Senate Bill 399 (Portantino) Health Care Coverage: PDD or Autism
 - n. Senate Bill 906 (Beall) Medi-Cal: Mental Health Service: Peer, Parent, Transition Age and Family Support Specialist Certification.
 - o. Senate Bill 968 (Pan) Postsecondary Education: Mental Health Counselor

- VIII. Status of Board Rulemaking Proposals:
- a. Enforcement Process: Amend Title 16, California Code of Regulations sections 1823, 1845, 1858, 1881, 1886.40, 1888 and Uniform Standards Related to Substance Abuse and Disciplinary Guidelines
 - b. Contact Information; Application Requirements; Incapacitated Supervisors: Amend Title 16, California Code of Regulations, sections 1804, 1805 and 1820.7; Add section 1815.8
 - c. Examination Rescoring, Abandonment of Application and Associate Professional Clinical Counselor Application Fee: Add Title 16, California Code of Regulations section 1805.08; Amend sections 1806 and 1816.1; Repeal section 1816.3

IX. Public Comment for Items Not on the Agenda

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Gov. Code §§ 11125, 1125.7(a)]

X. Suggestions for Future Agenda Items

XI. Adjournment

**Introductions are voluntary for members of the public.*

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.

This agenda as well as Board meeting minutes can be found on the Board of Behavioral Sciences website at www.bbs.ca.gov.

NOTICE: The meeting is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

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Board of Behavioral Sciences

Memo

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

To: Committee Members

Date: October 11, 2018

From: Christina Kitamura
Administrative Analyst

Telephone: (916) 574-7830

Subject: **Agenda Items II.a. and VI**

Item II.a. (Approval of August 24, 2018 Committee Minutes) and Item VI (Practice Setting Definitions) will be provided under separate cover.

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Policy and Advocacy Committee
***DRAFT* Meeting Minutes**
April 21, 2017

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

Members Present

Christina Wong, Chair, LCSW Member
Samara Ashley, Public Member
Deborah Brown, Chair, Public Member
Dr. Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Steve Sodergren, Assistant Executive Officer
Spencer Walker, Legal Counsel
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
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 9:57 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 welcomed Dr. Christine Wietlisbach on her return to the Committee.

III. Approval of February 3, 2017 Meeting Minutes

This item was tabled.

1 **IV. Discussion and Possible Recommendation Regarding Assembly Bill 191 (Wood)**
2 **Mental Health: Involuntary Treatment**

3 AB 191 is sponsored by the California Association of Marriage and Family Therapists
4 (CAMFT).
5

6 Existing law:

- 7 1) Allows a person to be taken into custody for up to 72 hours for assessment,
8 evaluation, and crisis intervention, when that person is deemed a danger to oneself
9 or others due to a mental health disorder.
10
- 11 2) Allows a person on a 72-hour detention to be certified for up to 14 days of intensive
12 treatment related to a mental health disorder or impairment by chronic alcoholism if
13 the person is found to be a danger to self or others and is not willing or able to
14 accept voluntary treatment.
- 15 a. Requires the notice of certification to be signed by the following two people
16 (Welfare & Institutions Code (WIC) §5251):
- 17 1. The professional person, or his or her designee, in charge of the agency
18 or facility providing evaluation services. A designee must be a physician
19 or licensed psychologist with at least 5 years of postgraduate experience
20 in the diagnosis and treatment of emotional and mental disorders; and
- 21 2. A physician or psychologist who participated in the evaluation. However,
22 if the professional person in charge or the designee is the physician who
23 performed the medical evaluation or a psychologist, then the second
24 person may be another physician or psychologist, or if one is not
25 available, then it may be a licensed clinical social worker (LCSW) or
26 registered nurse who participated in the evaluation.
27
- 28 3) Upon the expiration of the 14 days of intensive treatment, allows further
29 confinement for intensive treatment for another 14 days if the person was suicidal
30 during the previous intensive treatment. A certification is required and must be
31 signed by two professionals, specified in WIC §5251.
32
- 33 4) Allows that upon completion of the 14-day period of intensive treatment, a person
34 may be certified for an additional period of up to 30 days of intensive treatment if
35 the following conditions are met:
- 36 a. The professional staff of the treating entity finds the person remains gravely
37 disabled as a result of a mental disorder or chronic alcoholism; and
- 38 b. The person remains unwilling or unable to accept treatment voluntarily.
- 39 1. The certification must be signed by the following two people (WIC
40 §5270.20):
- 41 i. The professional person in charge of the facility providing the treatment;
42 and
- 43 ii. A physician or a licensed psychologist with at least 5 years
44 postgraduate experience in the diagnosis and treatment of emotional
45 and mental disorders. This person must have participated in the
46 evaluation. However, if the professional person in charge is the

1 physician who performed the evaluation or a psychologist, the second
2 person to sign may be another physician or psychologist, or if one is not
3 available, it may be a LCSW or registered nurse who participated in the
4 evaluation.

5
6 AB 191 would allow, if a physician or psychologist is not available, the second person
7 to sign the certification for involuntary intensive treatment to be a licensed marriage
8 and family therapist (LMFT) or a licensed professional clinical counselor (LPCC).

9
10 Intent

11 The author's office states that it is not uncommon for LMFTs or LPCCs to be part of
12 involuntary hold treatment teams, but they are currently not able to provide the second
13 required signature. If a social worker or registered nurse is not available, this can lead
14 to a person being held longer than authorized by law, or it can cause continuity of care
15 issues, because the treating LMFT or LPCC is unable to sign the certification.

16
17 ***Dr. Christine Wietlisbach moved to recommend to the Board to support AB 191.***
18 ***Samara Ashley seconded. The Committee voted to pass the motion.***

19
20 Vote

21 Samara Ashley - yes
22 Christina Wong - yes
23 Deborah Brown - yes
24 Dr. Christine Wietlisbach - yes

25
26 **V. Discussion and Possible Recommendation Regarding Assembly Bill 456**
27 **(Thurmond) Healing Arts: Associate Clinical Social Workers**

28 AB 456 would extend the Board's 90-day rule to applicants for registration as an
29 associate clinical social worker (ASW). Currently, the 90-day rule allows applicants for
30 registration as a marriage and family therapist intern or a professional clinical
31 counselor intern to count post-degree hours of supervised experience before receiving
32 a registration number, as long as they apply for their intern registration within 90 days
33 of the granting of their qualifying degree.

34
35 Background

36 The 90-day rule has been included in LMFT licensing law for many years. When the
37 LPCC licensure act was created, it was modeled after LMFT law and included the 90-
38 day rule. LCSW law does not contain the 90-day rule.

39
40 The purpose of the rule has been to assist recent graduates in obtaining some of their
41 supervised experience hours during the time they are waiting for their registration
42 number. Currently, the Board strives to keep its registration processing times to under
43 30 days. However, in the past due to high seasonal application volumes, budget
44 constraints, or furloughs, processing times were higher. In addition, before fingerprints
45 were submitted and processed electronically, it could take up to 3 months for the FBI
46 and the Department of Justice to complete the required background checks.
47 Electronic fingerprinting has reduced the processing time to approximately 3 to 7 days.

1 Intent

2 The author's office states that the delay between graduation and receipt of a
3 registration number creates a hiring barrier for ASW applicants, and it creates an
4 unnecessary inequity between ASW applicants, who cannot utilize the 90-day rule,
5 and MFT and PCC intern applicants, who can. They note that removal of barriers for
6 the public mental health workforce has been recognized as a major priority of both the
7 California Office of Statewide Health Planning and Development (OSHPD) and the
8 Mental Health Services Act (MHSA).

9
10 Previous Board Position

11 In 2012, the Board pursued legislation to eliminate the 90-day rule for LMFT and LPCC
12 applicants. This was due to concerns that the 90-day rule could potentially be used to
13 practice unlicensed and outside the Board's jurisdiction while temporarily bypassing
14 the Board's enforcement process.

15
16 One concern was if a consumer or a supervisor were to file a complaint against an
17 applicant who was not yet registered but was using the 90-day rule to gain hours, the
18 Board would have no jurisdiction to investigate the complaint and take action.

19
20 The other concern was that an applicant with a previous conviction would be able to
21 submit an application after graduation and begin working under the 90-day rule. The
22 applicant would then have up to one year to submit their conviction records. This is
23 considered a deficiency if not submitted up front. Deficiencies must be cleared within
24 one year. Most applicants with deficiencies submit the required information
25 immediately. Occasionally, however, an applicant with a serious conviction will delay
26 submitting the required information up to one year.

27
28 Although applicants are gaining hours during this period, if after reviewing the
29 application the Board imposes supervised practice or other restrictions on their
30 supervised experience as a condition of their registration due to a conviction, the hours
31 gained without the imposed restrictions would not count. In addition, the law states
32 that applicants utilizing the 90-day rule to gain hours cannot work in a private practice
33 setting until the registration is issued.

34
35 Due to stakeholder opposition and a lack of specific cases where such a situation
36 compromised consumer protection, the Board was unable to find an author for the
37 proposal to eliminate the 90-day rule. The Board is no longer pursuing this proposal.

38
39 Dr. Wietlisbach expressed that she does not like the 90-day rule because she is more
40 concerned about public protection than interns getting hours.

41
42 Ms. Wong asked how long the 90-day rule has been in place for LMFTs. Ms. Helms
43 responded that it has been in place since "at least the 80s." She cannot determine
44 exactly when the rule came into existence.

45
46 Rebecca Gonzales, National Association of Social Workers California Chapter
47 (NASW-CA), stated that NASW-CA is in support of AB 456. The rule exists for only
48 two professions; AB 456 would make it consistent amongst all three professions.

1 Dean Porter, California Association for Licensed Professional Clinical Counselors
2 (CALPCC), expressed support for AB 456 for the same reason stated by Ms.
3 Gonzales.

4
5 Dr. Ben Caldwell, American Association for Marriage and Family Therapy California
6 Division (AAMFT-CA), stated that AAMFT-CA has not taken a position on AB 456. He
7 pointed out that currently thousands of therapists (trainees) from all of the professions
8 are practicing without having a BBS background check. Currently, social work interns
9 are getting experience within their degree programs. People are working in agency
10 and public-sector positions without a registration. Those agencies require background
11 checks and fingerprinting.

12
13 Ms. Gonzales added that it is a disadvantage to the social work professions to not
14 have the 90-day rule apply to them, and that they lose jobs because of that.

15
16 Ms. Madsen stated that about five percent of the applicants have a criminal
17 background, and most of them get through the process. Of that group, maybe less
18 than one percent require a more extensive look at their acquired history. That is the
19 group that ultimately takes advantage of the situation and delay submitting their
20 documents for a year.

21
22 Ms. Madsen added that there may be other ways to tighten up the law that allows for a
23 year to clear their deficiencies. Staff would need to look at the enforcement data to
24 determine if there is an issue.

25
26 ***Dr. Christine Wietlisbach moved to defer the recommendation of AB 456 to the***
27 ***Board. Samara Ashley seconded. The Committee voted to pass the motion.***

28
29 Vote

30 Samara Ashley - yes
31 Christina Wong - yes
32 Deborah Brown - yes
33 Dr. Christine Wietlisbach - yes
34

35 **VI. Discussion and Possible Recommendation Regarding Assembly Bill 508**
36 **(Santiago) Health Care Practitioners: Student Loans**

37 AB 508 would remove a healing art board's ability to issue a citation and fine and its
38 ability to deny an application for a license or renewal of a license due to the licensee or
39 applicant being in default on a U.S. Department of Health and Human Services
40 education loan.

41
42 Existing Law:

- 43 1) Allows a healing arts board under DCA to issue a citation and fine to a licensee
44 who is in default on a U.S. Department of Health and Human Services education
45 loan.
- 46 2) Allows a DCA healing arts board to deny an application for a license or a renewal
47 of a license if the person is in default on a U.S. Department of Health and Human
48 Services education loan.

1 3) Requires the board to consider the following when deciding whether to issue
2 disciplinary action for a loan default:

- 3 a. The population served by the health care practitioner; and
4 b. The practitioner's economic status.
5

6 Intent

7 The author's office is seeking to protect the professional licenses of people who have
8 defaulted on their federal student loan debt, arguing that by removing a person's ability
9 to practice their profession, they remove their ability to repay their loans and other bills.
10 The author notes that at least 20 states have laws allowing disciplinary action against
11 student loan defaulters, such as loss of driver's licenses or professional licenses, but
12 that most of these laws were passed before the student loan debt bubble grew. They
13 cite the following data:

- 14 • Data from the Department of Education showing that nearly 1/3 of student debtors
15 with federal loans are behind on their bills;
16 • Data from the Association of American Medical Colleges showing that 86% of the
17 class of 2013 graduated with debt, and 40% of them owed at least \$200,000.
18

19 In 2015, the state of Montana passed a bill removing the ability to revoke licenses for
20 defaulting on student loans.
21

22 Board Enforcement Actions and Fiscal Impact

23 The Board's Enforcement Unit has not issued any citations or fines for a student loan
24 default. Therefore, this bill would have no fiscal impact to the Board in terms of lost
25 revenue from fines.
26

27 Ms. Madsen stated that the Board's regulations do not require the Board to take action
28 on loan defaults. However, the Board could take action if it so chooses.
29

30 ***Deborah Brown moved to recommend to the Board that it support AB 508.***
31 ***Samara Ashley seconded. The Committee voted to pass the motion.***
32

33 Vote

34 Samara Ashley - yes
35 Christina Wong - yes
36 Deborah Brown - yes
37 Dr. Christine Wietlisbach - yes
38

39 **VII. Discussion and Possible Recommendation Regarding Assembly Bill 703 (Flora)**
40 **Professions and Vocations: Licenses: Fee Waivers**

41 AB 703 would require licensing boards within DCA to grant fee waivers for the
42 application for and issuance of an initial license to a person who holds a current
43 license in the same profession in another state and is married to or in a domestic
44 partnership with an active duty member of the U.S. military.
45

1 Current law requires boards under DCA to expedite the licensure process for
2 applicants who are honorably discharged from the military, or who are spouses of
3 active military members and who are already licensed in the same profession in
4 another state.

5
6 AB 703 would prohibit a fee waiver from being granted for any of the following:

- 7 • A license renewal;
- 8 • The application for and issuance of an additional license or registration; or
- 9 • An application for examination.

10
11 The author's office states that almost 35 percent of military spouses in the labor force
12 require licenses or certifications for their professions, and that these individuals are ten
13 times more likely than civilians to have moved across state lines in the past year.

14 Fiscal Impact

15 AB 703 requires fee waivers for the application of a license and for the issuance of a
16 license, if a board charges both fees. The Board only charges an initial license fee.

17
18 At the end of 2014, the Board began tracking data on the number of applicants who
19 applied for an expedited application or license due to military service.

20
21
22 Many of the expedited applications in 2015 and 2016 were applications for
23 registrations. Because a high number of registrants may not go on to receive a
24 license, or it may be many years before they do so, the number of applications for a
25 registration is likely not indicative of the number of persons who will eventually ask for
26 an initial license fee to be waived. Instead, staff only looked at exam eligibility
27 applications, and initial license requests that were expedited in 2015 and 2016.

- 28 • In 2015, one request was received for an expedited exam eligibility application
29 from a military spouse.
- 30 • In 2016, four requests were received for expedited exam eligibility or initial license
31 issuance from military spouses.

32
33 Because the military expedite process for licensure is relatively new, it is possible that
34 these requests could increase in the future as more applicants learn that military
35 spouses are eligible for expedited licenses. At this time, the fiscal impact would be
36 \$128 (the average amount of the waived fee) per military spouse applicant. The cost
37 of waiving these fees in 2016 (\$512) would be minor and absorbable.

38 Proration of Initial License Fees

39 The Board prorates the initial license fee for all applicants based on their birth month
40 and the month the initial license issuance application is received by the Board.
41 Licenses always expire in the licensee's birth month, and if the fee were not prorated,
42 some would pay the full amount but receive less than the full two years of licensure
43 due to their birth date.

44
45 Because the initial license fee is prorated, allowing a fee waiver for it may cause some
46 inequity.
47
48

1 Tracking Previous Fee Waivers

2 AB 703 states that applicants can only be granted one fee waiver. If an applicant is
3 applying for more than one license, they cannot obtain fee waivers for other licenses.
4 It may be difficult for the Board to determine whether an applicant was previously
5 granted a fee waiver.
6

7 Ms. Madsen commented that this would require modifications to the BreEZE system.
8

9 ***Christina Wong moved to recommend to the Board to support AB 703. Samara
10 Ashley seconded. The Committee voted to pass the motion.***

11 Vote

12 Samara Ashley - yes

13 Christina Wong - yes

14 Deborah Brown - yes

15 Dr. Christine Wietlisbach - yes
16
17

18 **VIII. Discussion and Possible Recommendation Regarding Assembly Bill 767 (Quirk-
19 Silva) Master Business License Act**

20 AB 767 creates a master business license system under the Governor's Office of
21 Business and Economic Development. It would allow a person who needs to apply for
22 more than one business license to submit a single master application through GO-Biz,
23 which would then distribute the application information to the various relevant licensing
24 entities.
25

26 This bill:

- 27 1) Establishes the Master Business License Act, and creates a business license
28 center under GO-Biz that is tasked with the following:
- 29 a. Developing and administering a computerized one-stop master business
30 license system capable of storing, retrieving, and exchanging license
31 information;
 - 32 b. Providing a license information service, which details requirements to engage
33 in business in the state;
 - 34 c. Identifying types of licenses appropriate for inclusion in the master business
35 license system;
 - 36 d. Incorporating licenses into the master business license system.
- 37
- 38 2) Requires each state agency to cooperate and provide reasonable assistance to
39 GO-Biz in implementing the Master Business License Act.
40
- 41 3) Allows any person that applies for two or more business licenses that are in GO-
42 Biz's master business license system to submit a master application to GO-Biz to
43 request the issuance of the licenses.
44
- 45 4) Requires GO-Biz to develop an internet-based platform that allows businesses to
46 electronically submit their master application, along with the payment of every fee
47 required to obtain each requested license and a master application fee.
48

1 5) Requires the fees collected under the master business license system to be
2 allocated to the relevant respective licensing agencies.
3

4 Intent

5 The author's office states that the most common form of business in California are sole
6 proprietorships, citing that 3.1 million of the 4 million firms in California have no
7 employees. They note that these small businesses face regulatory hurdles when
8 starting or expanding.
9

10 GO-Biz has already built a California Business Portal website, through which
11 businesses can identify which permits and licenses are required. If a business uses
12 this website, it can follow the individual links to apply for each required license. The
13 goal is to take the existing website and improve it by creating a single online interface
14 to use for numerous application processes.
15

16 Effect on Board Applicants

17 Applicants for BBS licensure must obtain a Master's degree toward licensure. The
18 educational institution helps prepare these students to apply for licensure; by the end
19 of their respective graduate programs, they are aware that the BBS is their licensing
20 entity.
21

22 Obtaining a license with the Board is a process. Having an entity that is not familiar
23 with the details of the process for each license type accepting applications could add
24 an unnecessary level of complexity to the licensure process.
25

26 It may be unreasonable to assume that an outlying agency can take on the task of
27 tracking the licensing requirements for each of the DCAs' boards and bureaus and
28 maintaining up-to-date information.
29

30 Fiscal Impact

31 The fiscal impact for each DCA board and bureau has not been calculated. However,
32 the DCA has estimated an IT cost of \$4.9 million over two fiscal years for the entire
33 department. This cost would cover modifications to the Board's primary license
34 database systems: Breeze, CAS, and ATS. It also assumes GO-Biz and DCA will
35 need to securely transmit business application and license, address, and fee
36 information daily.
37

38 ***Samara Ashley moved to recommend to the Board to support AB 767 if amended***
39 ***to remove BBS from the bill. Dr. Christine Wietlisbach seconded. The***
40 ***Committee voted to pass the motion.***
41

42 Vote

43 Samara Ashley - yes
44 Christina Wong - yes
45 Deborah Brown - yes
46 Dr. Christine Wietlisbach - yes
47

48 **IX. Discussion and Possible Recommendation Regarding Assembly Bill 1116**
49 **(Grayson) Peer Support and Crisis Referral Services Act**

50 AB 1116 was amended on April 21, 2017.

1 Existing law provides a definition of a “psychotherapist” for purposes of establishing
2 the psychotherapist-patient privilege. This bill adds a person or volunteer staffing a
3 crisis hotline or crisis referral service for emergency service personnel to the definition
4 of a “psychotherapist” for purposes of a noncriminal proceeding.

5
6 AB 1116 specifies that a communication made by emergency service personnel to a
7 crisis hotline or crisis referral service is confidential and cannot be disclosed in a civil
8 or administrative proceeding. However, the crisis hotline or referral service may reveal
9 information to prevent reasonable certain death, substantial bodily harm, or
10 commission of a crime.

11
12 Previous AB 1116

13 1) Would have established that a person or volunteer staffing a crisis hotline or crisis
14 referral service is a “psychotherapist” for purposes of a non-criminal proceeding,
15 for purposes of psychotherapist-patient privilege in Article 7 of Chapter 4 of the
16 Evidence Code.

17
18 2) Would have also established under certain specified circumstances, a
19 communication made by emergency service personnel to a peer support team
20 member while receiving peer support services is confidential and cannot be
21 disclosed in a civil or administrative proceeding. A record kept pursuant to such
22 services is also confidential and not subject to subpoena, discovery, or introduction
23 into evidence in a civil or administrative proceeding.

24
25 AB 1116 Amendment

26 Removes the language adding a person or volunteer staffing a crisis hotline or crisis
27 referral services to the definition of “psychotherapist” in Evidence Code section 1010.

28
29 Adds that communication between emergency service personnel and a peer support
30 team member is privileged for purposes of a non-criminal proceeding, to the same
31 extent and subject to the same limitations as communication between a patient and a
32 psychotherapist described in Evidence Code section 1010.

33
34 Ms. Wong stated that AB 1116 appears to be evolving; however, the intent is great.

35
36 Ms. Gonzales stated that NASW is neutral on AB 1116.

37
38 Ann Tran-Lien, California Association of Marriage and Family Therapists (CAMFT),
39 stated that CAMFT supports the intent of AB 1116, but had concerns regarding the
40 unintended consequences of adding these professionals under the definition of
41 psychotherapist.

42
43 ***Christina Wong moved to defer the recommendation of AB 1116 to the Board.***
44 ***Dr. Christine Wietlisbach seconded. The Committee voted to pass the motion.***

45
46 Vote

47 Samara Ashley - yes

48 Christina Wong - yes

49 Deborah Brown - yes

50 Dr. Christine Wietlisbach - yes

51

1 X. **Discussion and Possible Recommendation Regarding Assembly Bill 1188**
2 **(Nazarian) Health Professions Development: Loan Repayment**

3 AB 1188 would increase the Mental Health Practitioner Education Fund fee that
4 LMFTs and LCSWs pay upon license renewal from \$10 to \$20. It would also require
5 LPCCs to pay a \$20 fee into the fund upon renewal and would allow LPCCs and
6 Professional Clinical Counselor (PCC) interns to apply for the loan repayment grant if
7 they work in a mental health professional shortage area.

8
9 This bill:

- 10 1) Increases the biennial Mental Health Practitioner Education Fund Fee charged to
11 LMFTs and LCSWs at license renewal from \$10 to \$20.
12
13 2) Requires LPCCs to pay a biennial Mental Health Practitioner Education Fund Fee
14 of \$20 upon license renewal.
15
16 3) Allows LPCCs and PCC interns to be eligible to apply for grants to reimburse
17 educational loans under the Licensed Mental Health Service Provider Education
18 Program if they are providing direct patient care in a publicly funded facility or a
19 mental health professional shortage area.
20

21 Intent

22 The purpose of this bill is to increase the number of mental health professionals willing
23 to work in medically underserved areas by making LPCCs eligible for educational loan
24 reimbursements through the Licensed Mental Health Services Provider Education
25 Program.
26

27 Change “MFT Intern” title to “Associate MFT”

28 The “MFT intern” title will be changing to “associate MFT” on January 1, 2018.
29 Therefore, the “marriage and family therapist intern” reference in HSC §128484 should
30 be changed to “associate marriage and family therapist.”
31

32 Minor Reference Correction in BPC Sections 4996.65 and 4999.121

33 Staff recommends that minor technical amendments be made to BPC §§4996.65 and
34 4999.121 to reference both the biennial renewal fee and the authority for the biennial
35 renewal fee. This is consistent with the LMFT statute (BPC §4984.75).
36

37 Delayed Implementation

38 This bill is an urgency measure. However, implementation of this bill will require new
39 fee codes to be established in the BreEZe database. Staff must also update renewal
40 forms for each license type to reflect the new fee amount. Delaying implementation
41 until July 1, 2018 would allow sufficient time to implement these changes.
42

43 AAMFT-CA and NASW-CA support AB 1188.
44

45 ***Christina Wong moved to recommend to the Board that it support AB 1188 if***
46 ***amended to provide a delayed implementation date of July 1, 2018 to allow***
47 ***changes to be made to the BreEZe database to meet the requirements of the bill***
48 ***if signed into law. Samara Ashley seconded. The Committee voted to pass the***
49 ***motion.***
50

1 Vote

2 Samara Ashley - yes

3 Christina Wong - yes

4 Deborah Brown - yes

5 Dr. Christine Wietlisbach - yes

6
7 *The Committee took a break at 11:46 a.m. and reconvened at 1:20 p.m.*

8
9 **XI. Discussion and Possible Recommendation Regarding Assembly Bill 89 (Levine)**
10 **Psychologists: Suicide Prevention Training**

11 AB 89 would require, beginning January 1, 2020, an applicant for licensure as a
12 psychologist, or a licensed psychologist upon renewal of his or her license, to
13 demonstrate completion of at least six hours of coursework or supervised experience
14 in suicide risk assessment and intervention.

15
16 Intent

17 The purpose of this bill is to establish a baseline requirement for all licensed
18 psychologists in suicide risk assessment and intervention.

19
20 The author states that the Board of Psychology conducted two surveys of its graduate
21 programs, internship programs, and post-doctoral training programs. These surveys
22 found that the majority of survey respondents provided some education and training on
23 suicide risk assessment and intervention. However, the amount of education and
24 training varied widely.

25
26 Previous Legislation and Governor's Directive

27 During the 2013-2014 Legislative Session, AB 2198 was introduced to ensure that
28 licensed mental health professionals were receiving adequate training in suicide
29 assessment, treatment, and management. The bill would have required licensees of
30 the BBS and the Board of Psychology to complete a six-hour training course in the
31 subject. New applicants for licensure would have been required to complete a 15-hour
32 course in the subject.

33
34 While the Board shared the author's concerns, it indicated that it did not believe the
35 bill, as written, would accomplish its objective. At its May 2014 meeting, the Board
36 took an "oppose unless amended" position on the bill. The Board requested that the
37 bill be amended to instead form a task force to include members of the Board,
38 stakeholders, the Board of Psychology, county mental health officials, and university
39 educators. However, the bill was not amended.

40
41 The Governor vetoed AB 2198. In his veto message, he asked that the licensing
42 boards evaluate the issues raised in the bill and take needed actions.

43
44 BBS Response to Governor's Directive

45 The Board designed a survey for California schools offering a degree program
46 intended to lead to Board licensure. The purpose of the survey was to determine the
47 extent of exposure to the topics of suicide assessment, treatment, and management
48 for students enrolled in these degree programs. The schools were asked to report
49 courses required by the program covering these topics, and the number of hours or
50 units devoted to the subject.

1 A total of 28 Master’s degree programs responded to the survey. The Board found
2 that schools commonly integrate the topic of suicide assessment across a variety of
3 courses, including in practicum. In addition, several schools offered additional elective
4 coursework for students who wanted further specialization on this topic.

5
6 The Board concluded that mandating a specific number of hours of suicide
7 assessment coursework is unlikely to be effective in reducing suicides, because
8 degree programs are already providing coverage of the topic. The Board offered
9 alternative solutions:

- 10 • Ensuring front-line health care professionals, such as nurses, physicians
11 assistants, and unlicensed school and county mental health workers, have
12 adequate training on the topic;
- 13 • Formation of a task force to discuss the latest research in suicidality and to develop
14 a model curriculum;
- 15 • Assess resources at the county mental health level to determine if there is an
16 adequate level of support for suicidal individuals; and
- 17 • Increase public awareness through media campaigns to reduce stigma of seeking
18 mental health services, and to identify available local resources.

19
20 Ms. Helms clarified that AB 89 does not impose any new requirements on the Board or
21 its licensees.

22
23 AAMFT-CA and NASW-CA did not take a position on AB 89.

24
25 ***Christina Wong moved to recommend to the Board that it take a neutral position***
26 ***on AB 89. Samara Ashley seconded. The Committee voted to pass the motion.***

27
28 Vote

29 Samara Ashley - yes

30 Christina Wong - yes

31 Deborah Brown - yes

32 Dr. Christine Wietlisbach - yes

33
34 **XII. Discussion and Possible Recommendation Regarding Assembly Bill 1372**
35 **(Levine) Crisis Stabilization Unit: Psychiatric Patients**

36 AB 1372 allows a crisis stabilization unit that provides specialty mental health services,
37 at its discretion, to provide medically necessary crisis stabilization services to
38 individuals beyond the allowable treatment time of 24 hours under certain
39 circumstances.

40
41 This bill:

- 42 1) Permits a crisis stabilization unit designated by a mental health plan that provides
43 Medi-Cal specialty mental health services, under the discretion of the plan, to
44 provide medically necessary crisis stabilization services to individuals beyond the
45 allowable service time of 24 hours under the following circumstances:
 - 46 a) The individual needs inpatient or outpatient psychiatric care; and
 - 47 b) Crisis stabilization beds or outpatient services are not reasonably available.

1 2) Requires each mental health plan to establish treatment protocols, standards and
2 procedures that a crisis stabilization unit must follow for individuals who are
3 provided crisis stabilization services for more than 24 hours. The established
4 protocols, standards, and procedures must be consistent with best practices and
5 must be evidence-based.
6

7 Intent

8 The author's office noted crisis stabilization units may provide services to a patient for
9 up to 24 hours. When a patient comes in, they work to stabilize the crisis and
10 determine if a referral to outpatient or inpatient treatment is needed. If the patient
11 needs continued service but there are no continuing services available to refer them
12 to, the units are forced to release the patient after 24 hours. This bill would allow extra
13 time for a crisis stabilization unit to find inpatient psychiatric care or outpatient care for
14 someone who needs care beyond 24 hours.
15

16 Ms. Wong agreed with the author's comments, stating that this extension would be
17 helpful for those coming into the crisis stabilization unit.
18

19 ***Christina Wong moved to recommend to the Board that it support AB 1372. Dr.***
20 ***Christine Wietlisbach seconded. The Committee voted to pass the motion.***
21

22 Vote

23 Samara Ashley - yes
24 Christina Wong - yes
25 Deborah Brown - yes
26 Dr. Christine Wietlisbach - yes
27

28 **XIII. Discussion and Possible Recommendation Regarding Assembly Bill 1591**
29 **(Berman) Medi-Cal: Federally Qualified Health Centers and Rural Health Centers:**
30 **Licensed Professional Clinical Counselors**

31 AB 1591 would allow Medi-Cal reimbursement for covered mental health services
32 provided by a LPCCs employed by a federally qualified health center (FQHC) or a rural
33 health clinic (RHC).
34

35 Existing law establishes that FQHC services and RHC services are covered Medi-Cal
36 benefits that are reimbursed on a per-visit basis. The law defines a FQHC or RHC
37 "visit" as a face-to-face encounter between an FQHC or RHC patient and a health care
38 professional specified in law. However, the law does not include LPCCs.
39

40 Currently, there are approximately 600 FQHCs and 350 RHCs in California. The intent
41 of this legislation is to allow FQHCs and RHCs the ability to hire a LPCC and be
42 reimbursed through Medi-Cal for covered mental health services.
43

44 ***Samara Ashley moved to recommend to the Board that it support AB 1591.***
45 ***Christina Wong seconded. The Committee voted to pass the motion.***
46

47 Vote

48 Samara Ashley - yes
49 Christina Wong - yes
50 Deborah Brown - yes

1 Dr. Christine Wietlisbach - yes
2

3 **XIV. Discussion and Possible Recommendation Regarding Senate Bill 27 (Morrell)**
4 **Professions and Vocations: Licenses: Military Service**

5 SB 27 is very similar to AB 703. SB 27 would require DCA licensing boards to grant
6 fee waivers for the application for and issuance of an initial license to an applicant who
7 has served as an active duty member of the California National Guard or the U.S.
8 Armed Forces and was honorably discharged.
9

10 SB 27 has the same prohibitions as AB 703 on fee waivers for license renewal and
11 exam eligibility applications.
12

13 The author's office notes that Wisconsin, Florida, and Texas have passed legislation
14 granting fee waivers for initial occupational licensure for honorably discharged
15 veterans.
16

17 The Board began tracking data about the number of applicants in who applied for an
18 expedited application or license due to military service at the end of 2014. Many of the
19 expedited applications in 2015 and 2016 were for a registration. Because a high
20 number of registrants may not go on to receive a license, or it may be many years
21 before they do so, the number of applications for a registration is likely not indicative of
22 the number of persons who will eventually ask for an initial license fee to be waived.
23 Therefore, staff only looked at exam eligibility applications, and initial license requests
24 that were expedited in 2015 and 2016.
25

26 In 2015, the Board received 58 requests for an expedited exam eligibility application or
27 initial license issuance due to military service. In 2016, the Board received 92
28 requests for an expedited exam eligibility or initial license issuance due to military
29 service.
30

31 Because the military expedite process for licensure is relatively new, it is possible that
32 these requests could increase in the future. However, at this time, the fiscal impact
33 would be \$128 per applicant. Therefore, the cost of waiving these fees in 2016 would
34 have been approximately \$12,000.
35

36 Dr. Caldwell asked if there is data showing the number of applicants who have military
37 service and who have indicated that on their applications. This number could be
38 greater than the number of those who request to expedite their application.
39

40 Mr. Sodergren responded that those numbers were not used to determine the fiscal
41 impact; but the data could be extracted to estimate the fiscal impact and to determine
42 the percentage of applicants that have military service.
43

44 ***Deborah Brown moved to direct staff to obtain additional information and to***
45 ***defer the recommendation of SB 27 to the Board. Dr. Christine Wietlisbach***
46 ***seconded. The Committee voted to pass the motion.***
47

48 Vote

49 Samara Ashley - yes
50 Christina Wong - yes

1 Deborah Brown - yes
2 Dr. Christine Wietlisbach - yes

3
4 **XV. Discussion and Possible Recommendation Regarding Senate Bill 244 (Lara)**
5 **Privacy: Agencies: Personal Information**

6 SB 244 would provide additional privacy protections for personal information that is
7 submitted to state agencies from an applicant for public services or programs.

8
9 Existing law:

- 10 1) Requires DCA entities to collect either the federal employer identification number,
11 the individual taxpayer identification number, or the social security number of all
12 applicants.
13
14 2) States that the federal employer identification number, individual taxpayer
15 identification number, or the social security number collected by a licensing board
16 is not a public record and is not open to the public for inspection.
17
18 3) Requires that DCA entities provide information on the internet regarding the status
19 of every license issued by that entity. This may not include personal information,
20 including home telephone number, date of birth, or social security number. An
21 address of record is required to be disclosed.
22
23 4) Establishes the Mental Health Practitioner Education Fund, which provides loan
24 repayment grants.
25
26 5) Prohibits the Mental Health Practitioner Education Fund, as well as other specified
27 loan repayment funds, from denying an application based on the citizenship or
28 immigration status of the applicant. Permits the applicant to apply using either his
29 or her social security number or individual tax identification number.

30
31 This bill:

- 32 1) States that information submitted by applicants for licenses may be collected,
33 recorded, and used only for the purposes of determining eligibility for a license.
34
35 2) States that the federal employer identification number, individual taxpayer
36 identification number, or the social security number collected by a licensing board
37 is confidential and cannot be disclosed except to administer the licensing program
38 or as otherwise required by California law or federal court order.
39
40 3) States that personal information collected or obtained by any state agency is to be
41 used only for the purposes for which it was obtained and is not a public record.
42
43 4) States that personal information collected or obtained by a state agency may only
44 be disclosed as follows:
45 a) If it is required to administer the requested public service or programs;
46 b) If disclosure is required by California law;
47 c) If disclosure is required by a state or federal order;
48 d) If the applicant provides a signed consent form to share the data.
49

- 1 5) Defines “personal information” as name, address, birthplace, religion, sex, age,
2 marital status, citizenship or immigration status, social security number, political
3 affiliation, status as a recipient of public services, health information, income, or
4 credit information of the applicant or of any family members or individuals provided
5 in support of the application.
6
- 7 6) Prohibits information provided by an applicant for a Mental Health Practitioner
8 Education Fund loan repayment grant, and for applicants of other specified similar
9 programs, from being considered a public record. Specifies applicant information
10 provided is confidential and is to be used only to assess eligibility and may not be
11 disclosed for any other purpose without written consent of the applicant, except as
12 required by California law or court order.
13

14 Intent

15 The author’s office is seeking to protect the personal information of individuals that is
16 collected or obtained by state and local agencies for the administration of public
17 programs. They note that misuse of this information could have “devastating
18 consequences” and would “undermine the public safety and health goals of our laws.”
19

20 The author also notes that a goal is to “ensure that all residents, regardless of religion,
21 health condition, gender, gender identity, citizenship, immigration status or status as a
22 survivor of crime feel comfortable interacting with government agencies, with an
23 expectation that their information will be confidential.”
24

25 Ms. Gonzales stated that NASW-CA is supportive of SB 244.
26

27 ***Deborah Brown moved to recommend to the Board that it support SB 244.***
28 ***Samara Ashley seconded. The Committee voted to pass the motion.***
29

30 Vote

31 Samara Ashley - yes
32 Christina Wong - yes
33 Deborah Brown - yes
34 Dr. Christine Wietlisbach - yes
35

36 **XVI. Discussion and Possible Recommendation Regarding Senate Bill 374 (Newman)**
37 **Health Insurance: Discriminatory Practices: Mental Health**

38 SB 374 grants the Department of Insurance the authority to require that large group
39 health insurance policies and individual or small group health insurance policies must
40 provide all covered mental health and substance use disorder benefits in compliance
41 with federal law. This is parallel to current authority already given to the Department of
42 Managed Health Care for its regulation of large, individual or small group health care
43 service plans.
44

45 This bill:

- 46 1) Requires a large group health insurance policy, regulated by Department of
47 Insurance, to provide all covered mental health and substance use disorder
48 benefits in compliance with the Paul Wellstone and Pete Domenici Mental Health
49 Parity and Addiction Equity Act of 2008 (MHPAEA) and the Public Health Service
50 Act.

- 1 2) Requires an individual or small group health insurance policy, regulated by
2 Department of Insurance, to provide all covered mental health and substance use
3 disorder benefits in compliance with the MHPAEA, the Public Health Service Act,
4 and Insurance Code (IC) section 10112.27.
5

6 Intent

7 According to the author's office, the current requirement in the Insurance Code to
8 comply with the federal MHPAEA only applies to non-grandfathered individual and
9 small group health insurance policies. This means the Department of Insurance does
10 not currently have statutory authority to enforce the MHPAEA in all market segments
11 that the Department of Managed Health Care has. Because of this, approximately
12 20% of health insurance policies in the state are not subject to state enforcement of
13 federal mental health parity requirements, which risks ceding state enforcement
14 authority to the federal government.
15

16 Ms. Gonzales stated that NASW-CA supports for SB 374.
17

18 Ms. Wong stated that the bill appears to close loopholes to ensure that the insurance
19 companies are in compliance with federal law.
20

21 ***Christina Wong moved to recommend to the Board that it support SB 374.***
22 ***Samara Ashley seconded. The Committee voted to pass the motion.***
23

24 Vote

25 Samara Ashley - yes
26 Christina Wong - yes
27 Deborah Brown - yes
28 Dr. Christine Wietlisbach - yes
29

30 **XVII. Discussion and Possible Recommendation Regarding Senate Bill 399**
31 **(Portantino) Health Care Coverage: PDD or Autism**

32 SB 399 was amended on April 17th. This bill seeks to close some of the loopholes that
33 insurance companies use to deny treatment for behavioral health treatment. It also
34 revises the definitions of a "qualified autism service professional" and a "qualified
35 autism service paraprofessional."
36

37 Current law:

- 38 1) Requires that every health care service plan or insurance policy must also provide
39 coverage for behavioral health treatment for pervasive developmental disorder or
40 autism (PDD/A).
41
- 42 2) Defines "behavioral health treatment" as professional services and treatment
43 programs, including applied behavior analysis and evidence-based behavior
44 intervention programs, which develop or restore the functioning of an individual
45 with pervasive developmental disorder or autism, and meets specified criteria.
46
- 47 3) Defines a "qualified autism service provider" as either:
48 a) A person, entity, or group that is certified by a national entity, such as the
49 Behavior Analyst Certification Board; or

- 1 b) A person who is licensed as a specified healing arts practitioner, including a
2 psychologist, marriage and family therapist, educational psychologist, clinical
3 social worker, or professional clinical counselor.
4
- 5 4) Defines a “qualified autism service professional” as someone who meets all of the
6 following:
7 a) Provides behavioral health treatment;
8 b) Is employed and supervised by a qualified autism service provider;
9 c) Provides treatment according to a treatment plan developed and approved by
10 the qualified autism service provider;
11 d) Is a behavioral service provider approved by a regional center to provide
12 services as an associate behavior analyst, behavior analyst, behavior
13 management assistant, behavior management consultant, or behavior
14 management program;
15 e) Has training and experience providing services for pervasive developmental
16 disorder or autism.
17
- 18 5) Defines a “qualified autism service paraprofessional” as an unlicensed and
19 uncertified person who meets all of the following:
20 a) Is employed and supervised by a qualified autism service provider;
21 b) Provides treatment according to a treatment plan developed and approved by
22 the qualified autism service provider;
23 c) Is certified by a qualified autism service provider as having adequate
24 education, training, and experience.
25

26 This bill:

- 27 1) Changes the requirement for review of the behavioral health treatment plan from
28 no less than once every six months, to no more than once every six months unless
29 a shorter period is recommended by the qualified autism service provider or is
30 included in the treatment plan.
31
- 32 2) Makes changes to the definition of a “qualified autism service professional” to allow
33 other qualifications as well as requiring the following:
34 a) Meet the requirements to be approved as a vendor by a California regional
35 center to provide services as an associate behavior analyst, behavior analyst,
36 behavior management assistant, behavior management consultant, or behavior
37 management program, or
38 b) Have a bachelor’s degree in one of the specified criteria.
39
- 40 3) Makes changes to the definition of a “qualified autism service paraprofessional”
41 requiring the following:
42 a) Meet the education and training criteria set forth in the regulations regarding
43 use of paraprofessionals in group practice providing behavioral intervention
44 services; or
45 b) Meet all of the following:

- Has an associate degree or has completed two years of coursework in a related field of study; and
- Has 40 hours of training in the specific form of behavioral health treatment; and
- Is credentialed or certified in applied behavior analysis or behavioral health treatment for paraprofessionals by a national entity or has completed the training component of a credential or certification program.

4) Specifies that the setting, location, or time of treatment cannot be used as a reason to deny or reduce coverage.

5) Specifies that lack of parent or caregiver participation shall not be used as a basis for denying or reducing coverage.

Intent

The author’s office states that currently, patients with PDD/A are being denied treatment coverage for prescribed behavioral health treatment, due to loopholes in the law. Some of these loopholes include the requirement for parental participation, location requirements, vendorization requirements, only offering coverage for one form of behavioral health treatment, and requirements for professional and paraprofessional providers to be employed by their supervising qualified autism service provider. This bill seeks to remove these loopholes, and to increase the requirements to qualify as an autism service paraprofessional.

NASW-CA and CAMFT are watching SB 399.

CAMFT expressed concerned that the qualified autism service paraprofessional could be supervised by either qualified autism service providers who are licensed professionals, or qualified autism service professionals who are not licensed. CAMFT is concerned that the paraprofessionals who are serving the population might not be obtaining the appropriate supervision.

Dr. Christine Wietlisbach moved to recommend to the Board that it take no position and watch SB 399. Christina Wong seconded. The Committee voted to pass the motion.

Vote

- Samara Ashley - yes
- Christina Wong - yes
- Deborah Brown - yes
- Dr. Christine Wietlisbach - yes

XVIII. Discussion and Possible Recommendation Regarding Senate Bill 572 (Stone) Healing Arts Licenses: Violations: Grace Period

SB 572 would require a healing arts board to grant a licensee a 15-day grace period to correct any violations of law that do not cause irreparable harm before imposing discipline.

1 Current law sets forth certain acts that are considered unprofessional conduct, and
2 grants the Board the authority to deny, suspend, revoke, or place on probation, any
3 license or registration for unprofessional conduct. Current law also grants the Board
4 the authority to issue citations and fines for violations of Board statute and regulations.

5
6 SB 572 prohibits a healing arts board from imposing disciplinary action or a penalty for
7 a violation of law if:

- 8 1) The violation did not cause any irreparable harm and will not cause such harm if
9 left uncorrected for 15 days;
- 10 2) The licensee corrects the violation within 15 days; and
- 11 3) The licensee is not currently on probation at the time of the violation.

12
13 Intent

14 The author's office states that there is no grace period for licensees that are in
15 violation of minor provisions. The author's office claims that the lack of a grace period
16 gives an incentive for governing boards to seek out minor violations.

17
18 Concerns

- 19 1) The bill does not provide a definition of "irreparable harm." Therefore, this is left to
20 subjective interpretation. There are many types of violations that may not result in
21 irreparable harm in every instance, but that still have the potential to harm a client.

22
23 Lack of a definition of "irreparable harm" could also increase enforcement costs.
24 The Board may have to send more cases to subject matter experts to determine if
25 irreparable harm occurred. The Board pays subject matter experts a rate of \$85
26 per hour.

- 27
28 2) This bill would create a disincentive for licensees to complete their required
29 continuing education (CE). At least 36 hours of CE must be completed every two
30 years upon license renewal. The Board determines compliance by conducting
31 random audits of licensees, who must submit proof of completing the CE
32 coursework.

33
34 If a licensee was provided with a 15-day grace period to come into compliance,
35 some licensees may decide there is no need to complete this education unless
36 audited. If they were audited and were non-compliant, they could utilize the 15-day
37 grace period to find and complete coursework, and they would avoid the standard
38 citation and fine for failure to comply.

- 39
40 3) This bill states that to avoid disciplinary action, the licensee must correct the
41 violation within 15 days. It is unclear when the 15-day window to correct the
42 violation commences.

- 43
44 4) DCA has established performance measures that targets processing times for
45 various steps in the enforcement process. The performance measure target for
46 completing an investigation is 180 days. The addition of a 15-day grace period will
47 extend the investigation time. If a subject matter expert needs to be consulted to
48 determine if there has been irreparable harm, this will also increase investigation
49 time.

1 5) It is the responsibility of each licensee and registrant to be aware of the laws and
2 regulations governing his or her profession. The possibility of a citation and fine
3 provides an incentive for compliance with the law. Current Board practice for a
4 citation and a fine is that the licensee or registrant must pay the fine, and he or she
5 has 30 days to correct the violation.
6

7 Dr. Caldwell expressed that this bill would open the door for “serial low-grade
8 offenders” to continue violating minor rules. AAMFT-CA does not see a significant
9 problem concerning disciplinary overreach. However, AAMFT-CA is concerned that
10 some punishments may be disproportionate to the act of the minor violations. This bill
11 may not be the solution. Dr. Caldwell suggested revisiting the disciplinary guidelines.
12

13 Dr. Wietlisbach stated that the idea of whether a violation causes irreparable harm or
14 not is very difficult to see.
15

16 ***Dr. Christine Wietlisbach moved to recommend to the Board that it oppose SB***
17 ***572. Christina Wong seconded. The Committee voted to pass the motion.***
18

19 Vote

20 Samara Ashley - yes

21 Christina Wong - yes

22 Deborah Brown - yes

23 Dr. Christine Wietlisbach - yes
24

25 **XIX. Discussion and Possible Recommendation Regarding Senate Bill 636 (Bradford)**
26 **Addiction: Treatment: Advertising: Payment**

27 SB 636 prohibits persons who provide counseling services in an alcoholism or drug
28 abuse recovery and treatment program licensed by the Department of Health Care
29 Services (DHCS), from giving or receiving any type of remuneration for patient
30 referrals. It permits DHCS to investigate potential violations and recommend
31 disciplinary action to the relevant licensing board.
32

33 Existing law:

34 1) Grants DHCS the authority to license adult alcoholism or drug abuse recovery or
35 treatment facilities.
36

37 2) Requires staff providing counseling services at alcohol and drug programs, which
38 include alcoholism or drug abuse recovery or treatment facilities, to be either a
39 licensed professional, certified as an alcohol and drug counselor, or registered with
40 an alcohol and drug counselor certifying organization.
41

42 3) Makes it unlawful for a healing arts licensee to offer, deliver, receive, or accept any
43 type of rebate, refund, commission, preference, discount, or other consideration as
44 compensation or inducement for referring patients.
45

46 4) Makes it unlawful for a healing arts licensee to disseminate or cause to be
47 disseminated any form of public communication containing a false, fraudulent,
48 misleading, or deceptive statement, claim or image in order to induce the rendering
49 of professional services or furnishing of products in connection with the person’s
50 professional practice or business.

1 This bill:

- 2 1) Prohibits licensed professionals and registered and certified counselors providing
3 counseling services for an alcoholism or drug abuse recovery treatment program
4 licensed by DHCS from giving or receiving remuneration or anything of value for
5 referral to alcoholism or drug abuse recovery and treatment services.
6
7 2) Allows DHCS to investigate and suspend or revoke the license or certification of an
8 alcoholism or drug abuse recovery and treatment program, for a violation of the
9 above provision. It may also suspend or revoke the registration or certification of a
10 counselor for such a violation.
11
12 3) Allows DHCS to investigate allegations against a licensed professional who is
13 providing counseling services at one of its licensed or certified alcoholism or drug
14 abuse recovery or treatment programs, and allows it to recommend disciplinary
15 actions, including termination of employment at the program and suspension and
16 revocation of licensure by the appropriate licensing board.
17
18 4) States that the proceedings for suspension or revocation of a license shall be
19 conducted according to the administrative hearing process outlined in law and that
20 the DHCS shall have all the powers granted by the law for the administrative
21 hearing process.
22

23 Intent

24 The author's office is seeking to ban patient brokering. Kickbacks and other financial
25 agreements between treatment providers and referrers can compromise patient safety
26 and the integrity of the payment system. DHCS currently does not have the authority
27 to regulate alcohol and drug counselor program advertising and kickbacks.
28

29 Ms. Madsen explained that this bill would remove the Board's authority to administer
30 regulatory oversight. She doesn't have an issue if DHCS refers the matter to the
31 Board to take the appropriate action after it determines that a violation occurred.
32

33 Committee members and stakeholders expressed that they have concerns regarding
34 disciplinary recommendations made upon Board licensees by DHCS.
35

36 ***Dr. Christine Wietlisbach moved to recommend to the Board that it oppose SB***
37 ***636 unless amended, and direct staff to provide technical assistance to the***
38 ***author's office. Christina Wong seconded. The Committee voted to pass the***
39 ***motion.***
40

41 Vote

42 Samara Ashley - yes
43 Christina Wong - yes
44 Deborah Brown - yes
45 Dr. Christine Wietlisbach - yes
46

47 **XX. Status on Board-Sponsored Legislation**

48 AB 93

49 AB 93 is the Board's supervision bill. AB 93 passed the Assembly Business and
50 Professions Committee and is currently in the Assembly Appropriations Committee.

1 Board Omnibus Bill

2 The Omnibus Bill was introduced into SB 800. One proposed amendment item, BPC
3 sections 801, 801.1, and 802 Judgment and Settlement Reporting Amounts, was
4 rejected as being too substantive. This bill will be heard in committee on Monday.
5

6 **XXI. Status of Board Rulemaking Proposals**

7 English as a Second Language: Additional Examination Time: Add Title 16, CCR
8 Section 1805.2

9 Upon review by the Office of Administrative Law (OAL), staff was notified of wording
10 changes that would be necessary for approval. The proposed changes were approved
11 by the Board in March 2017, and a 15-day public comment period was held. The
12 revised language and documents are currently being prepared for approval by DCA
13 and OAL.
14

15 Application Processing Times and Registrant Advertising

16 The proposal is currently in the new "initial review phase" process required by DCA.
17 The initial review phase is expected to be completed in the next few weeks, at which
18 time the proposal will be submitted to OAL for publishing in the California Regulatory
19 Notice Register to initiate the 45-day public comment period.
20

21 Contact Information; Application Requirements; Incapacitated Supervisors

22 The proposal is being prepared for the initial review phase required by DCA, which can
23 take up to four months. Upon completion of the DCA review, the proposal will be
24 submitted to OAL for publishing to initiate the 45-day public comment period.
25

26 **XXII. Suggestions for Future Agenda Items**

27 Dr. Caldwell called two bills to the Committee's attention and requested that the bills
28 be addressed at the May Board meeting: 1) AB 387 on minimum wage for healthcare
29 workers employed by the State and completing requirements for licensure; and 2)
30 ACR8 on post-traumatic "street" disorder.
31

32 Ms. Gonzales shared that some students with criminal records who are about to
33 graduate are concerned about the Board's evaluation process. She feels that these
34 students need to be reassured that the Board will be fair. Ms. Gonzales stated that
35 people are deterred from applying for licensure because they are misinformed about
36 the evaluation process. She would like the Board to address this.
37

38 **XXIII. Public Comment for Items not on the Agenda**

39 Dr. Caldwell commented that AB 1917 changed the rule regarding out-of-state
40 graduate education programs. Previously, California residents taking out-of-state-
41 based online programs were still evaluated based on in-state requirements. The BBS
42 website still mentions the outdated rule. Dr. Caldwell requested that the Board update
43 the website.
44

45 **XXIV. Adjournment**

46 The Committee adjourned at 2:47 p.m.

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To: Committee Members

Date: October 9, 2018

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Proposed Legislation: 2019 Omnibus Bill

Upon review, staff recommends that several sections of the Business and Professions Code (BPC) pertaining to the Board of Behavioral Sciences be amended. The proposed amendments are as follows:

1. Amend BPC Section 4980.36 – Law and Ethics Topics

Background: The Board's licensing laws for LMFT, LCSW, and LPCC applicants require coursework in California law and professional ethics that covers a variety of specified topics. This coursework is required of both in-state and out-of-state applicants.

One of the law and ethics topics that is required is the "differences in legal and ethical standards in different types of work settings." During a recent committee meeting discussing the Board's license portability proposal, it was suggested that the requirement should be changed to "The application of legal and ethical standards in different types of work settings." This clarifies that legal and ethical standards are not necessarily different in certain work settings, but that they may be applied differently depending on the setting.

Recommendation: Amend BPC §4980.36(d)(2)(J)(vi) to read "The application of legal and ethical standards in different types of work settings."

A corresponding change is being made to LMFT out-of-state requirements in the proposed license portability language. LPCC in-state applicants are required to take law and ethics as a core content area, and therefore content requirements for LPCCs are worded differently.

2. Amend BPC Sections 4980.36, 4999.32, 4999.33 – Single Integrated Degree Program

Background: The Board's Licensing Unit has an ongoing issue of applicants, particularly LPCC applicants, occasionally trying to piece together the 60 unit degree program requirements. The law refers to the requirements of "the degree," meaning a singular degree is required (not multiple degrees.)

However, LMFT law for degrees begun before August 1, 2012 (§4980.37) specifically states that the degree must be a single, integrated program. Although this requirement is still in the

law indirectly, it is not specifically stated in §4980.36 (LMFT degrees begun on or after August 1, 2012) or §§4999.32 and 4999.33 (all LPCC degrees).

For increased clarity, the Licensing Unit has requested that the reference to the degree being a single, integrated program, be added into §4980.36 for LMFT applicants and into §§4999.32 and 4999.33 for LPCC applicants.

Recommendation: Add a reference to the required degree being a single integrated program into §§4980.36, 4999.32, and 4999.33.

3. Amend BPC Sections 4980.36, 4980.37, 4980.81, 4999.32, and 4999.33 – Assessment, Diagnosis, and Prognosis

Background: Several LMFT and LPCC statutes require an applicant to have coursework or practicum in assessment, diagnosis, and prognosis.

At a previous committee meeting, a Board member suggested that replacing the term “prognosis” with the term “treatment planning” might be more accurate.

Recommendation: Replace the term “prognosis” in the above sections with the term “treatment planning.”

4. Amend BPC Sections 4980.43.1, 4990.26, 4996.20, 4999.12, and 4999.46.1 – References to “Laws and Regulations”

Background: Several sections of statute reference the Board’s laws and regulations. The word “statute” refers to a law written by Congress or a state legislature (not a regulation, which are written by government agencies). The word “law” can refer to both statutes and regulations. Therefore, when referring to “laws and regulations,” it would be more precise to instead reference “statutes and regulations.”

Recommendation: Change references to “laws and regulations” to “statutes and regulations.”

5. Amend BPC Sections 4980.43.4, 4996.23.3, and 4999.46.4 – Pre-Licensee Service Locations

Background: Current law states that trainees, associates, or applicants for licensure shall only perform mental health and related services where their employer regularly conducts business and services.

This language was discussed by the Exempt Setting Committee when it was crafting proposed regulatory language regarding acceptable work settings for these individuals when they are being placed into a work site by a third-party temporary employment agency. The Committee recommended that the individual be permitted to perform services at the places where the work site “permits business to be conducted.”

This better accounts for situations where an employer requires an associate to occasionally travel off-site to conduct services, for example, at a patient’s home.

Recommendation: Amend the acceptable service locations in §§4980.43.4, 4996.23.3, and 4999.46.4 to the places the employer “permits business to be conducted.” This amendment will match language proposed in upcoming regulations recently approved by the Exempt Setting Committee.

6. Amend BPC Sections 4980.50, 4989.22, 4992.1, and 4999.52 –Pending Complaints or Investigations and Examinations

Background: These sections outline, for each of the Board’s four license types, the parameters regarding examination when an applicant has a pending complaint against him or her or is under Board investigation. Board staff proposes three amendments to update these code sections:

- a. As written, current language permits the Board to withhold results of an examination under certain conditions if the applicant is subject to a complaint or an investigation. However, this language is outdated. Board exams are now given electronically at a testing site. Upon completion of the exam, results are given to the applicant at the testing site automatically. Withholding exam results for some applicants and not others is not feasible.
- b. The sections permit the Board to deny admission to an exam, or to refuse to issue a license if an accusation or a statement of issues has been filed against the applicant. The Board’s Enforcement Unit also sees cases where it issues a petition to revoke probation (due to violations of probationary terms), while the applicant is in the process of applying to take a Board exam or is applying for licensure and believes it should be permitted to deny exam admission or refuse to issue a license in this case as well.
- c. Amendments to §4992.1 to remove obsolete 2016 effective dates.

Recommendation: Amend the §§4980.50, 4989.22, 4992.1, and 4999.52 to delete obsolete references to withholding exam results and to delete obsolete 2016 effective dates. Add a provision allowing the Board to deny exam admission or refuse to issue a license if a petition to revoke probation has been filed.

7. Delete BPC §4980.395 – Aging & Long-Term Care Requirement: Applicants Beginning Graduate Study Prior to January 1, 2004

Background: BPC §4980.395 specifies that applicants who began graduate study prior to January 1, 2004, must complete a three-hour continuing education course in aging and long-term care during his or her next renewal period.

This provision is no longer needed. Any applicant currently applying for a new license must either meet the education requirements of 4980.36 (degrees begun after 1/1/12) or 4980.37 (degrees begun before 1/1/2012). Both sets of requirements include this as a condition of licensure, so one cannot obtain an in-state license without completing the coursework. Out-of-state applicants must meet the provisions of 4980.81, which also requires the aging and long-term care coursework.

Because current licensees with older degrees would have already been required to complete the coursework as a condition of renewal, and because the coursework is now required to

obtain a license, regardless of the age of the applicant's degree and whether he or she is applying from in-state or out-of-state, §4980.395 is obsolete.

Recommendation: Delete BPC §4980.395.

8. Delete BPC §4980.57; Amend BPC §§ 4980.41, 4996.2, and 4996.22 – Spousal and Partner Abuse Assessment Coursework Requirement

Background: BPC §§4980.57 and 4996.22(a)(2) require applicants for LMFT and LCSW licensure, respectively, to complete 7 hours of continuing education coursework in spousal and partner abuse assessment as a condition of renewal of their initial license if their degree was begun prior to January 1, 2004.

A duplicative requirement for this coursework is also repeated as a condition of licensure in §§4980.41 (for LMFT applicants) and 4996.2 (for LCSW applicants) for applicants with older degrees, although in these sections, an exact number of hours is not specified. When read together as a whole, the sections imply that applicants with older degrees (begun pre-2004) must have some coursework in spousal and partner abuse in their degree, and if not 7 hours, it must be taken as continuing education in the two years after licensure until 7 hours is reached.

The two provisions overlap with each other and need to be streamlined. Requiring licensees with older degrees who are renewing for the first time to complete specific, deficient one-time coursework is difficult to enforce because it can only be verified via audit. It contributes to a high failure rate of CE audits because licensees often only remember that they are supposed to take 36 hours of CE upon renewal, not that they need to take specific coursework. Therefore, staff recommends that instead of generally requiring spousal and partner abuse coursework be required prior to licensure, and then requiring 7 hours of continuing education after the fact, that the 7 hours of coursework be required prior to licensure.

Recommendation: Streamline the spousal and partner abuse assessment coursework requirements in BPC §§4980.57 and 4980.41 for LMFTs, and 4996.2 and 4996.22 for LCSWs, so that the 7-hour requirement must be completed pre-licensure.

9. Amend BPC §4990.30 – Petition for Reinstatement of a Registration

Background: BPC §4990.30 discusses the timeframes for disciplined licensees and registrants to petition the Board to modify their disciplinary action, including when a licensee or registrant can petition for reinstatement of a revoked license or registration.

However, the law prohibits a registration from being “renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked.” (BPC §§4984.01, 4996.28, 4999.100)

This leads to a problem when a revoked registration expires while it is revoked, and it is six years old or more. §4990.30 states that the registrant can petition for reinstatement after a certain period of time, but the law actually prohibits it.

Recommendation: Amend §4990.30(b)(1) and (3) to note that if a registrant applying for reinstatement under the allowed timeframes is ineligible for reinstatement due to the

registration number being older than six years, then he or she may apply for a subsequent registration number.

Recommendation

Conduct an open discussion about the proposed amendments. Direct staff to make any discussed changes, and any non-substantive changes, and submit to the Board for consideration as a legislative proposal.

Attachments

Attachment A: Proposed Language

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**ATTACHMENT A
2019 OMNIBUS BILL
PROPOSED LANGUAGE**

AMEND §4980.36. QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION; BEGINNING GRADUATE STUDY AFTER AUGUST 1, 2012 OR COMPLETING GRADUATE STUDY AFTER DECEMBER 31, 2018

(a) This section shall apply to the following:

- (1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.
- (2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.
- (3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional or national institutional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctoral or master's degree program that qualifies for licensure or registration shall be a single, integrated program and shall do the following:

- (1) Integrate all of the following throughout its curriculum:
 - (A) Marriage and family therapy principles.
 - (B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.
 - (C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.
- (2) Allow for innovation and individuality in the education of marriage and family therapists.
- (3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

- (4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.
 - (5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.
- (d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:
- (1) Both of the following:
 - (A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.
 - (B) Practicum that involves direct client contact, as follows:
 - (i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.
 - (ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.
 - (iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.
 - (iv) The practicum shall provide training in all of the following areas:
 - (I) Applied use of theory and psychotherapeutic techniques.
 - (II) Assessment, diagnosis, and ~~prognosis~~ treatment planning.
 - (III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.
 - (IV) Professional writing, including documentation of services, treatment plans, and progress notes.
 - (V) How to connect people with resources that deliver the quality of services and support needed in the community.
 - (v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.

- (vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following, or a combination thereof:
 - (I) Client centered advocacy, as defined in Section 4980.03.
 - (II) Face-to-face experience counseling individuals, couples, families, or groups.
- (2) Instruction in all of the following:
 - (A) Diagnosis, assessment, prognosis treatment planning, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.
 - (B) Developmental issues from infancy to old age, including instruction in all of the following areas:
 - (i) The effects of developmental issues on individuals, couples, and family relationships.
 - (ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.
 - (iii) Aging and its biological, social, cognitive, and psychological aspects. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
 - (iv) A variety of cultural understandings of human development.
 - (v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.
 - (vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.
 - (vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.
 - (C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:
 - (i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.
 - (ii) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.
 - (iii) Cultural factors relevant to abuse of partners and family members.
 - (iv) Childbirth, child rearing, parenting, and stepparenting.

- (v) Marriage, divorce, and blended families.
 - (vi) Long-term care.
 - (vii) End of life and grief.
 - (viii) Poverty and deprivation.
 - (ix) Financial and social stress.
 - (x) Effects of trauma.
 - (xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.
- (D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
 - (E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.
 - (F) The effects of socioeconomic status on treatment and available resources.
 - (G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.
 - (H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.
 - (I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:
 - (i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.
 - (ii) Medical aspects of substance use disorders and co-occurring disorders.
 - (iii) The effects of psychoactive drug use.
 - (iv) Current theories of the etiology of substance abuse and addiction.
 - (v) The role of persons and systems that support or compound substance abuse and addiction.
 - (vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.
 - (vii) Legal aspects of substance abuse.

- (viii) Populations at risk with regard to substance use disorders and co-occurring disorders.
 - (ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.
 - (x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.
 - (xi) The prevention of substance use disorders and addiction.
- (J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:
- (i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.
 - (ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.
 - (iii) The current legal patterns and trends in the mental health professions.
 - (iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
 - (v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.
 - (vi) ~~Differences in~~ The application of legal and ethical standards ~~for~~in different types of work settings.
 - (vii) Licensing law and licensing process.
- (e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.
- (f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

AMEND §4980.37. QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION; BEGINNING GRADUATE STUDY BEFORE AUGUST 1, 2012 AND COMPLETING GRADUATE STUDY BEFORE DECEMBER 31, 2018

(a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4980.36.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval. In order to qualify for licensure pursuant to this section, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester units or 72 quarter units of instruction. This instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment. The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect on individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester units or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, ~~prognosis~~ treatment planning, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, ~~prognosis~~ treatment planning, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(f) Educational institutions are encouraged to design the practicum required by this section to include marriage and family therapy experience in low income and multicultural mental health settings.

DELETE §4980.395. ADDITIONAL CONTINUING EDUCATION REQUIREMENT

~~(a) A licensee who began graduate study prior to January 1, 2004, shall complete a three-hour continuing education course in aging and long-term care during his or her first renewal period after the operative date of this section and shall submit to the board evidence, acceptable to the board, of the person's satisfactory completion of the course.~~

~~(b) The course shall include, but is not limited to, the biological, social, and psychological aspects of aging.~~

~~(c) A person seeking to meet the requirements of subdivision (a) of this section may submit to the board a certificate evidencing completion of equivalent courses in aging and long-term care taken prior to the operative date of this section, or proof of equivalent teaching or practice experience. The board, in its discretion, may accept that certification as meeting~~

~~the requirements of this section.~~

~~(d) The board may not renew an applicant's license until the applicant has met the requirements of this section.~~

~~(e) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required in Section 4980.54.~~

~~(f) This section shall become operative on January 1, 2005.~~

AMEND §4980.41. ELIGIBILITY TO SIT FOR LICENSING EXAMINATIONS; COURSEWORK OR TRAINING

(a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (d) of Section 4980.40:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(C) The current legal patterns and trends in the mental health profession.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.37.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37.

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical

substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) ~~For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. Persons who began graduate study before January 1, 2004 shall demonstrate completion of at least 7 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.~~ For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(6) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(7) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(b) The requirements added by paragraphs (6) and (7) of subdivision (a) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for licensed marriage and family therapists.

AMEND §4980.43.1. SUPERVISION

(a) All trainees, associates, and applicants for licensure shall be under the supervision of a supervisor at all times.

(b) As used in this chapter, the term “supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.

(5) Ensuring the supervisee’s compliance with laws statutes and regulations governing the practice of marriage and family therapy.

(6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

AMEND §4980.43.4. SUPERVISION SETTINGS

(a) A trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer ~~regularly conducts business and services~~ permits business to be conducted.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate’s employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. Supervisees may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified by regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where a trainee or associate will be gaining experience to determine that the site or sites comply with the requirements set forth in this chapter.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and regulation.

AMEND §4980.50. EXAMINATION; ISSUANCE OF LICENSE; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON CLINICAL EXAMINATION

(a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination ~~or delay informing the candidate of the results of the clinical examination,~~ solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may ~~withhold the results of the examination or~~ notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, ~~withholding the results,~~ or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two

years following the date of an examination.

(g) An applicant for licensure shall not be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt, unless he or she takes and obtains a passing score on the current version of the California law and ethics examination.

(h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

(i) An applicant for licensure who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board deems appropriate.

DELETE §4980.57. CONTINUING EDUCATION FOR SPOUSAL OR PARTNER ABUSE

~~(a) The board shall require a licensee who began graduate study prior to January 1, 2004, to take a continuing education course during his or her first renewal period after the operative date of this section in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement.~~

~~(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required under subdivision (c) of Section 4980.54.~~

AMEND §4980.81. ADDITIONAL COURSEWORK REQUIREMENTS FOR OUT-OF-STATE APPLICANTS

This section applies to persons subject to Section 4980.78 or 4980.79, who apply for licensure or registration on or after January 2016.

(a) For purposes of Sections 4980.78 and 4980.79, an applicant shall meet all of the following educational requirements:

(1) A minimum of two semester units of instruction in the diagnosis, assessment, prognosis treatment planning, and treatment of mental disorders, including severe mental disorders, evidence-based practices, and promising mental health practices that are evaluated in peer reviewed literature.

(2) At least one semester unit or 15 hours of instruction in psychological testing and at least one semester unit or 15 hours of instruction in psychopharmacology.

(3) (A) Developmental issues from infancy to old age, including demonstration of at least one semester unit, or 15 hours, of instruction that includes all of the following subjects:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(B) An applicant who is deficient in any of these subjects may remediate the coursework by completing three hours of instruction in each deficient subject.

(4) (A) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(ii) A minimum of 10 contact hours of coursework that includes all of the following:

(I) The assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(II) Aging and its biological, social, cognitive, and psychological aspects.

(III) Long-term care.

(IV) End-of-life and grief.

(iii) A minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iv) Cultural factors relevant to abuse of partners and family members.

(v) Childbirth, child rearing, parenting, and stepparenting.

(vi) Marriage, divorce, and blended families.

(vii) Poverty and deprivation.

(viii) Financial and social stress.

(ix) Effects of trauma.

(x) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (ix), inclusive.

(5) At least one semester unit, or 15 hours, of instruction in multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(6) A minimum of 10 contact hours of training or coursework in human sexuality, as specified in Section 25 and any regulations promulgated under that section, including the study of

physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(7) A minimum of 15 contact hours of coursework in substance use disorders, and a minimum of 15 contact hours of coursework in cooccurring disorders and addiction. The following subjects shall be included in this coursework:

(A) The definition of substance use disorders, cooccurring disorders, and addiction. For purposes of this subparagraph “cooccurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(B) Medical aspects of substance use disorders and cooccurring disorders.

(C) The effects of psychoactive drug use.

(D) Current theories of the etiology of substance abuse and addiction.

(E) The role of persons and systems that support or compound substance abuse and addiction.

(F) Major approaches to identification, evaluation, and treatment of substance use disorders, cooccurring disorders, and addiction, including, but not limited to, best practices.

(G) Legal aspects of substance abuse.

(H) Populations at risk with regard to substance use disorders and cooccurring disorders.

(I) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(J) Recognition of substance use disorders, cooccurring disorders, and addiction, and appropriate referral.

(K) The prevention of substance use disorders and addiction.

(8) A minimum of a two semester or three quarter unit course in law and professional ethics for marriage and family therapists, including instruction in all of the following subjects:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(C) The current legal patterns and trends in the mental health professions.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner’s sense of self and human values and his or her professional behavior and ethics.

(F) Differences in legal and ethical standards for different types of work settings.

(G) Licensing law and licensing process.

AMEND §4989.22. EXAMINATION

- (a) Only persons who satisfy the requirements of Section 4989.20 are eligible to take the licensure examination.
- (b) An applicant who fails the written examination may, within one year from the notification date of failure, retake the examination as regularly scheduled without further application. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required.
- (c) Notwithstanding any other provision of law, the board may destroy all examination materials two years after the date of an examination.
- (d) The board shall not deny any applicant, whose application for licensure is complete, admission to the written examination, nor shall the board postpone or delay any applicant's written examination ~~or delay informing the candidate of the results of the written examination~~, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.
- (e) Notwithstanding Section 135, the board may deny any applicant who has previously failed the written examination permission to retake the examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the applicant has been denied in accordance with subdivision (b) of Section 485.

AMEND §4990.26. BOARD NAME

Wherever "Board of Behavioral Science Examiners," "Board of Social Work Examiners of the State of California," or "Social Worker and Marriage Counselor Qualifications Board of the State of California" is used in any law statutes or regulations of this state, it shall mean the Board of Behavioral Sciences.

AMEND 4990.30. PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

(a) A licensed marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, associate clinical social worker, licensed professional clinical counselor, associate professional clinical counselor, or licensed educational psychologist whose license or registration has been revoked, suspended, or placed on probation, may petition the board for reinstatement or modification of the penalty, including modification or termination of probation. The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(b) The licensee or registrant may file the petition on or after the expiration of the following

timeframes, each of which commences on the effective date of the decision ordering the disciplinary action or, if the order of the board, or any portion of it, is stayed by the board itself or by the superior court, from the date the disciplinary action is actually implemented in its entirety:

(1) Three years for reinstatement of a license or registration that was revoked for unprofessional conduct, except that the board may, in its sole discretion, specify in its revocation order that a petition for reinstatement may be filed after two years. A registrant who is ineligible for reinstatement pursuant to Section 4984.01, 4996.28, or 4999.100 after this timeframe may apply for a subsequent registration number.

(2) Two years for early termination of any probation period of three years or more.

(3) One year for modification of a condition, reinstatement of a license or registration revoked for mental or physical illness, or termination of probation of less than three years. A registrant who is ineligible for reinstatement pursuant to Section 4984.01, 4996.28, or 4999.100 after this timeframe may apply for a subsequent registration number.

(c) The petition may be heard by the board itself or the board may assign the petition to an administrative law judge pursuant to Section 11512 of the Government Code.

(d) The petitioner may request that the board schedule the hearing on the petition for a board meeting at a specific city where the board regularly meets.

(e) The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition and an opportunity to present both oral and documentary evidence and argument to the board or the administrative law judge.

(f) The petitioner shall at all times have the burden of production and proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.

(g) The board, when it is hearing the petition itself, or an administrative law judge sitting for the board, may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time his or her license or registration was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(h) The hearing may be continued from time to time as the board or the administrative law judge deems appropriate but in no case may the hearing on the petition be delayed more than 180 days from its filing without the consent of the petitioner.

(i) The board itself, or the administrative law judge if one is designated by the board, shall hear the petition and shall prepare a written decision setting forth the reasons supporting the decision. In a decision granting a petition reinstating a license or modifying a penalty, the board itself, or the administrative law judge, may impose any terms and conditions that the agency deems reasonably appropriate, including those set forth in Sections 823 and 4990.40. If a petition is heard by an administrative law judge sitting alone, the administrative law judge shall prepare a proposed decision and submit it to the board. The board may take action with respect to the proposed decision and petition as it deems appropriate.

(j) The petitioner shall pay a fingerprinting fee and provide a current set of his or her fingerprints to the board. The petitioner shall execute a form authorizing release to the board or its

designee, of all information concerning the petitioner's current physical and mental condition. Information provided to the board pursuant to the release shall be confidential and shall not be subject to discovery or subpoena in any other proceeding, and shall not be admissible in any action, other than before the board, to determine the petitioner's fitness to practice as required by Section 822.

(k) The board may delegate to its executive officer authority to order investigation of the contents of the petition.

(l) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or the petitioner is required to register pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

(m) Except in those cases where the petitioner has been disciplined for violation of Section 822, the board may in its discretion deny without hearing or argument any petition that is filed pursuant to this section within a period of two years from the effective date of a prior decision following a hearing under this section.

AMEND §4992.1. ELIGIBILITY FOR EXAMINATION; EXAMINATION RECORD RETENTION; SEVEN YEAR LIMITATION ON CLINICAL EXAMINATION

(a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take an examination under this chapter.

(b) Every applicant who is issued a clinical social worker license shall be examined by the board.

(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination ~~or delay informing the candidate of the results of the clinical examination~~, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may ~~withhold the results of the examination or~~ notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, ~~withholding the results~~, or refusing to issue a license to any

applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the applicant has been denied in accordance with subdivision (b) of Section 485.

- (g) ~~Effective January 1, 2016, no~~No applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt, unless he or she takes and obtains a passing score on the current version of the California law and ethics examination.
- (h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

~~(i) This section shall become operative on January 1, 2016.~~

AMEND §4996.2. QUALIFICATIONS OF LICENSEES

Each applicant for a license shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

- (a) Is at least 21 years of age.
- (b) Has received a master's degree from an accredited school of social work.
- (c) Has had two years of supervised post-master's degree experience, as specified in Section 4996.23.
- (d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.
- (e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after January 1, 1986.
- (f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. ~~This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. Applicants who began graduate study before January 1, 2004 shall demonstrate completion of at least 7 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.~~ An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

- (g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.
- (h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

AMEND §4996.20. SUPERVISION

(a) "Supervisor," as used in this chapter, means an individual who meets all of the following requirements:

- (1) Has held an active license for at least two years within the five-year period immediately preceding any supervision as either:
 - (A) A licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed clinical social worker, or equivalent out-of-state license.
 - (B) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology or an out-of-state licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.
- (2) For at least two years within the five-year period immediately preceding any supervision, has either practiced psychotherapy or provided direct clinical supervision of psychotherapy performed by associate clinical social workers, associate marriage and family therapists or trainees, or associate professional clinical counselors. Supervision of psychotherapy performed by a social work intern or a professional clinical counselor trainee shall be accepted if the supervision provided is substantially equivalent to the supervision required for registrants.
- (3) Has received training in supervision as specified in this chapter and by regulation.
- (4) Has not provided therapeutic services to the supervisee.
- (5) Has and maintains a current and active license that is not under suspension or probation as one of the following:
 - (A) A marriage and family therapist, professional clinical counselor, or clinical social worker, issued by the board.
 - (B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).
 - (C) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.
- (6) Is not a spouse, domestic partner, or relative of the supervisee.
- (7) Does not currently have or previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision.

(b) As used in this chapter, the term “supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience.

“Supervision” includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.

(5) Ensuring the supervisee’s compliance with laws statutes and regulations governing the practice of clinical social work.

(6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

AMEND §4996.22. CONTINUING EDUCATION EFFECTIVE JANUARY 1, 2004

(a)(1) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

~~(2) The board shall not renew any license of an applicant who began graduate study prior to January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant’s first renewal period after the operative date of this section, he or she completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).~~

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of

required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

- (c) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.
- (d) The continuing education shall be obtained from one of the following sources:
 - (1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.
 - (2) Other continuing education providers, as specified by the board by regulation.
- (e) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.
- (f) Training, education, and coursework by approved providers shall incorporate one or more of the following:
 - (1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.
 - (2) Aspects of the social work discipline in which significant recent developments have occurred.
 - (3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.
- (g) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.
- (h) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.
- (i) The board may adopt regulations as necessary to implement this section.
- (j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

AMEND §4996.23.3. SUPERVISION SETTINGS

(a) An associate clinical social worker or an applicant for licensure shall only perform mental health and related services at the places where his or her employer ~~regularly conducts business and services~~ permits business to be conducted.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. A supervisee may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified by regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where an associate clinical social worker will be gaining experience to determine that the site or sites are in compliance with the requirements set forth in this chapter and regulations.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and by regulation.

AMEND §4999.12. DEFINITIONS

For purposes of this chapter, the following terms have the following meanings:

(a) "Board" means the Board of Behavioral Sciences.

(b) "Accredited" means a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education.

(c) "Approved" means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant's graduation from the school, college, or university.

(d) "Applicant for licensure" means an unlicensed person who has completed the required education and required hours of supervised experience for licensure.

(e) "Licensed professional clinical counselor" or "LPCC" means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.

(f) "Associate" means an unlicensed person who meets the requirements of Section 4999.42 and is registered with the board.

(g) "Clinical counselor trainee" means an unlicensed person who is currently enrolled in a master's or doctoral degree program, as specified in Section 4999.32 or 4999.33, that is designed to qualify him or her for licensure and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(h) "Supervisor" means an individual who meets all of the following requirements:

(1) Has held an active license for at least two years within the five-year period immediately preceding any supervision as either:

(A) A licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed clinical social worker, or equivalent out-of-state license.

(B) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, or an out-of-state licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(2) If the individual is a licensed professional clinical counselor seeking to supervise an associate marriage and family therapist, a marriage and family therapist trainee, or an associate professional clinical counselor or licensee seeking experience to treat couples and families pursuant to subparagraph (B) of paragraph (3) of subdivision (a) of Section 4999.20, he or she shall meet the additional training and education requirements in subparagraphs (A) to (C), inclusive, of paragraph (3) of subdivision (a) of Section 4999.20.

(3) For at least two years within the five-year period immediately preceding any supervision, has either practiced psychotherapy or provided direct clinical supervision of psychotherapy performed by marriage and family therapist trainees, associate marriage and family therapists, associate professional clinical counselors, or associate clinical social workers. Supervision of psychotherapy performed by a social work intern or a professional clinical counselor trainee shall be accepted if the supervision provided is substantially equivalent to the supervision required for registrants.

(4) Has received training in supervision as specified in this chapter and by regulation.

(5) Has not provided therapeutic services to the supervisee.

(6) Has and maintains a current and active license that is not under suspension or probation as one of the following:

(A) A marriage and family therapist, professional clinical counselor, or clinical social worker, issued by the board.

(B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(C) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(7) Is not a spouse, domestic partner, or relative of the supervisee.

(8) Does not currently have or previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision.

(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) “Advertising” or “advertise” includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(k) “Referral” means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) “Research” means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) “Supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.

(5) Ensuring the supervisee’s compliance with laws statutes and regulations governing the practice of licensed professional clinical counseling.

(6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

(n) “Clinical setting” means any setting that meets both of the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy.

(2) Provides oversight to ensure that the associate's work meets the experience and supervision requirements set forth in this chapter and in regulation and is within the scope of practice of the profession.

(o) "Community mental health setting," means a clinical setting that meets all of the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy.

(2) Clients routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or other psycho-social interventions.

(3) Clients receive coordinated care that includes the collaboration of mental health providers.

(4) Is not a private practice.

**AMEND BPC §4999.32 QUALIFICATIONS FOR LICENSURE OR REGISTRATION;
GRADUATE COURSEWORK BEGINNING BEFORE AUGUST 1, 2012 AND
COMPLETED BEFORE DECEMBER 31, 2018**

(a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4999.33.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (d), the coursework in the core content areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall be a single, integrated program. It shall contain not less than 48 graduate semester units or 72 graduate quarter units of instruction, which shall, except as provided in subdivision (d), include all of the following:

(1) The equivalent of at least three semester units or four quarter units of graduate study in each of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(2) In addition to the course requirements described in paragraph (1), a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) ~~Prognosis-Treatment Planning.~~

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Other recognized counseling interventions.

(I) A minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) (1) (A) An applicant whose degree is deficient in no more than two of the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing postmaster's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(B) Notwithstanding subparagraph (A), an applicant shall not be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) unless the applicant meets one of the following criteria and remediates the deficiency:

(i) The application for licensure was received by the board on or before August 31, 2020.

(ii) The application for registration was received by the board on or before August 31, 2020, and the registration was subsequently issued by the board.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

(e) In addition to the degree described in this section, or as part of that degree, an applicant shall complete the following coursework or training prior to registration as an associate:

(1) A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse dependency, as specified by regulation.

(2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(3) A two semester unit or three quarter unit survey course in psychopharmacology.

(4) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.

(5) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations adopted thereunder.

(6) A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, dual relationships, child

abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, and state and federal laws related to confidentiality of patient health information. When coursework in a master's or doctoral degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester unit or 72 quarter unit requirement in subdivision (c).

(7) A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(8) A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.

**AMEND §4999.33. QUALIFICATIONS FOR LICENSURE OR REGISTRATION;
GRADUATE COURSEWORK BEGINNING AFTER AUGUST 1, 2012 OR
COMPLETED AFTER DECEMBER 31, 2018**

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (f), the coursework in the core content areas listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall be a single, integrated program. It shall contain not less than 60 graduate semester units or 90 graduate quarter units of instruction, which shall, except as provided in subdivision (f), include all of the following:

(1) The equivalent of at least three semester units or four quarter units of graduate study in all of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

- (B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
- (C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
- (D) Group counseling theories and techniques, including principles of group dynamics, group process components, group developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.
- (E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.
- (F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
- (G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.
- (H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.
- (I) Professional orientation, ethics, and law in counseling, including California law and professional ethics for professional clinical counselors, professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.
- (J) Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.
- (K) Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse

and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

(L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

(M) Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis Treatment Planning.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Professional writing including documentation of services, treatment plans, and progress notes.

(I) How to find and use resources.

(J) Other recognized counseling interventions.

(K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) (A) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(B) Notwithstanding subparagraph (A), an applicant shall not be deficient in the required areas of study specified in subparagraphs (E) or (G) of paragraph (1) of subdivision (c) unless the applicant meets one of the following criteria and remediates the deficiency:

(i) The application for licensure was received by the board on or before August 31, 2020.

(ii) The application for registration was received by the board on or before August 31, 2020, and the registration was subsequently issued by the board.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

AMEND §4999.46.1. SUPERVISION

(a) An associate or applicant for licensure shall be under the supervision of a supervisor at all times.

(b) As used in this chapter, the term “supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.

(5) Ensuring the supervisee’s compliance with laws statutes and regulations governing the practice of licensed professional clinical counseling.

(6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

(c) An associate shall do both of the following:

(1) Inform each client, prior to performing any professional services, that he or she is unlicensed and under supervision.

(2) Renew the registration a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked.

(d) When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for a

subsequent associate registration number and has passed the California law and ethics examination. An applicant issued a subsequent associate registration number shall not be employed or volunteer in a private practice.

AMEND §4999.46.4. SUPERVISION SETTINGS

(a) A clinical counselor trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer ~~regularly conducts business and services permits business to be conducted~~.

(b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.

(c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. A supervisee may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.

(d) In a setting that is not a private practice:

(1) A written oversight agreement, as specified in regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.

(2) A supervisor shall evaluate the site or sites where an associate will be gaining experience to determine that the site or sites provide experience that is in compliance with the requirements set forth in this chapter.

(e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and regulation.

AMEND §4999.52. EXAMINATION; BOARD DETERMINATION; EXAMINATION ADMISSION DENIAL

(a) Every applicant for a license as a professional clinical counselor shall take one or more examinations, as determined by the board, to ascertain his or her knowledge, professional skills, and judgment in the utilization of appropriate techniques and methods of professional clinical counseling.

(b) The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine.

(c) The board shall not deny any applicant admission to an examination who has submitted a complete application for examination admission if the applicant meets the educational and experience requirements of this chapter and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's

clinical examination ~~or delay informing the candidate of the results of the clinical examination~~, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, who has passed the California law and ethics examination, is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take this examination, but may notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination, or the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, permission to retake either examination pending completion of the investigation of any complaints against the applicant.

(g) Nothing in this section shall prohibit the board from denying an applicant admission to any examination, ~~withholding the results~~, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, when a petition to revoke probation has been filed against the applicant, or the application has been denied in accordance with subdivision (b) of Section 485.

(h) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(i) If the examination specified by paragraph (2) of subdivision (a) of Section 4999.53 is not passed within seven years of an applicant for licensure's initial attempt, the applicant shall obtain a passing score on the current version of the California law and ethics examination in order to be eligible to retake this examination.

(j) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

175 days x 8 hours per day = 1,400 hours

This estimate may be high, as it assumes that all the associate's duties are clinical and would count as supervised experience.

License Portability to Other States

Staff surveyed several other states to determine if allowing LEPs to supervise AMFT, ASW, and APCC associates would affect a California licensee's ability to seek licensure in another state. The findings are as follows:

Florida

This state has two methods to apply for licensure: by examination, or by endorsement.

For those applying for licensure by endorsement, allowing LEP supervision of associates is not expected to be an issue. These individuals must be licensed in their state for 3 of the past 5 years in good standing. The State of Florida will verify that the applicant has been independently licensed in the same profession, and that the license is current.

According to Florida staff, allowing LEP supervision may be problematic for those applying for licensure by examination. A review of Florida's licensing laws appears to support this. LCSW, LMFT, and licensed mental health counselor applicants in Florida must be supervised by someone of the same license type "or the equivalent who is a qualified supervisor as determined by the board." A regulation specifying who is a qualified supervisor appears to consider LCSWs, LMFTs, mental health counselors, and psychologists (for mental health counselors only) with certain education and experience to be equivalent qualified supervisors.

Texas

Board staff was unable to reach anyone representing the state licensing boards in Texas. A review of their regulations revealed the following:

- For marriage and family therapists, the Texas Administrative Code states the following:
 - *"If an applicant has been licensed as a marriage and family therapist in a United States jurisdiction for the 5 years immediately preceding the application, the supervised clinical experience requirements will be considered to have been met. If licensed for any other 5-year period, the board will determine whether clinical experience requirements have been met." (Texas Administrative Code §801.142(2)(B))*
- For social workers, the Texas Administrative Code states the following:
 - *"If an applicant for a license has held a substantially equivalent license in good standing in another jurisdiction for at least five years immediately preceding the date of application, the applicant will be deemed to have met the experience requirement under this chapter. If the applicant has been licensed or certified in another jurisdiction for fewer than five years*

preceding the date of application, the applicant must meet current Texas licensing requirements.” (Texas Administrative Code §781.401(a))

- The regulations for professional counselors in Texas states the following:
 - *“For all internships physically completed in a state or jurisdiction other than Texas, the supervisor must be a person licensed or certified by the state or jurisdiction in a profession that provides counseling and who has the academic training and experience to supervise the counseling services offered by the intern.” (Texas Administrative Code §681.93(b))*

Arizona

A representative from Arizona stated that if an applicant is using experience from another state and the clinical supervision was in compliance with the requirements from that state, they typically accept it.

The Arizona Board of Behavioral Health Examiners regulations state that the following (R46-212.02(2)):

“...The Board may grant an exemption for supervised work experience acquired outside of Arizona if the Board determines that:

- a. Clinical supervision was provided by a behavioral health professional qualified by education, training, and experience to provide supervision; and*
- b. The behavioral health professional providing the supervision met one of the following:*
 - i. Complied with the educational requirements specified in R4-6-214,*
 - ii. Complied with the clinical supervisor requirements of the state in which the supervision occurred, or*
 - iii. Was approved to provide supervision to the applicant by the state in which the supervision occurred.”*

Washington

Staff corresponded with the program manager of the State of Washington’s licensed counselors program, which includes licensed mental health counselors, licensed marriage and family therapists, licensed independent clinical social workers, and licensed advanced social workers. They indicated that they may not be able to accept supervised experience provided by an LEP.

Licensure candidates in Washington must obtain supervision from someone who meets their approved supervisor requirements. A psychologist license is one of the eligible licenses to be an approved supervisor. However, the minimum degree requirement for a psychologist license in Washington is a doctoral degree. Therefore, they note that someone with a master’s-level educational psychologist license from California would not be equivalent to their psychologist license and would not be eligible to be an approved supervisor.

New York

A representative from the New York State Board for Mental Health Practitioners states that if experience gained under supervision of an LEP was authorized under California

law, then they would accept it, as long as the hours are post-degree and are direct client contact hours. This would apply for their LMFT, LCSW, and licensed mental health counselor licenses.

Oregon

The State of Oregon has indicated that they accept graduate level mental health licensees as appropriate supervisors.

Colorado

Colorado has two paths to licensure for marriage and family therapists: by endorsement or by examination.

For the licensure by examination pathway, it is unclear if supervision by an LEP in another state would be acceptable, as the regulation states the board will consider experience gained under an individual who is not a marriage and family therapist if the other state does not have a marriage and family therapist license and if the supervisor can document competency in marriage and family therapy to the satisfaction of the board. (CRS §12-43-504)

For the licensure by endorsement pathway, it appears that supervision under an LEP would be accepted. The regulation states that the applicant must attest to two years of post-master's practice in individual and marriage and family therapy under supervision in the jurisdiction or attests to two years of active practice of marriage and family therapy. (CRS §12-43-206)

Recommendation

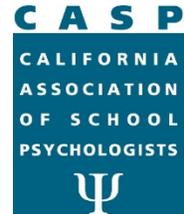
Conduct an open discussion regarding allowing LEPs to supervise AMFTs, ASWs, and APCCs. If the Committee believes LEPs should be allowed to supervise associates, then the following points should be discussed:

- In what specific settings should LEPs be allowed to supervise?
- Should there be a limit on the number of supervised experience hours gained under an LEP? If so, what is a reasonable limit?

Attachments

Attachment A: CASP Presentation Summary: LEPs as BBS Supervisors

Attachment B: Education Code Section 41420



LEPs as BBS Supervisors

Summary Information

Presentation Committee

Christopher C. Jones, CAGS, LEP Wendell Callahan, PhD, LEP
Kristin Makena, MA, LEP Jenny Ponzuric, MA, LEP

1. The purpose of this presentation is to request the support of the BBS in the California Association of School Psychologists (CASPP) efforts to make changes to the regulations regarding supervision.
2. The proposed changes to the supervision regulations would allow LEPs to supervise BBS Associates who are providing educationally related mental health services in educational and clinical settings.
3. Current BBS regulations do not allow the supervision of BBS Associates by LEPs.
4. AB114 changed the provision of mental health services for students in special education from the Department of Mental Health to Local Education Agencies (school districts).
5. These services are called Educationally Related Mental Health Services or ERMHS, and occur in both educational and clinical settings (within the scope of practice of LEPs).
6. The purpose of ERMHS is to provide mental health support so students can access their educational programs, which requires an intimate knowledge of disabilities, special education, and the impact in the classroom.
7. Many school districts use BBS Associates to provide ERMHS.
8. Education Code requires that ERMHS service providers have a Pupil Personnel Services credential or alternative training/licensure that would allow them to deliver these services.
9. Education Code requires ERMHS service providers be supervised by someone with a PPS or Administrative credential.
10. LEPs are the most qualified and logical choice for this position because of their training in mental health and education.
11. Many school districts hire other BBS licensees to manage ERMHS programs because they can provide the BBS required supervision to BBS Associates.
12. Many BBS licensees do not have PPS credentials or experience with special education or the educational system.
13. Licensees and Associates in schools and other settings that provide ERMHS exposes them to the most comprehensive and relevant information available and will train them to be successful professionals in a manner that cannot happen without having expertise in both education and mental health.

Education and Training of School Psychologists and LEPs

All LEPs are or were school psychologists. Most LEPs keep their PPS credentials current.

Requirements for school psychology programs:

1. A minimum of three years of full-time graduate study (or the equivalent) beyond the bachelor's degree.
2. Programs require anywhere between 450-600 hours of pre-practicum fieldwork during the first two years of graduate study.
3. 1,200 clock hours of supervised practice, 600 of which must be in a school setting.
4. A Master's Degree and Specialist Degree, or a PhD, and a Pupil Personnel Services credential to practice school psychology.

LEP Requirements:

1. 2 years of full time experience as a credentialed school psychologist working in schools
2. 1 year of graduate level internship or 1 year as a school psychologist working under the direction of an LEP
3. To be eligible for the LEP, candidates have completed a minimum of 3600 hours of work

Job description of school psychologists and LEPs:

1. A school psychologist is a credentialed professional whose primary objective is the application of scientific principles of learning and behavior (social-emotional functioning) to ameliorate school-related problems and to facilitate the learning and development of children in the public schools.
 - a. Consultation with school administrators concerning appropriate learning objectives for children, planning of developmental and remedial programs for pupils in regular and special school programs, and the development of educational experimentation and evaluation.
 - b. Consultation with teachers (school staff) in the development and implementation of classroom methods and procedures designed to facilitate pupil learning and to overcome learning and behavior disorders (challenges).
 - c. Consultation with parents (and caregivers) to assist in understanding the learning and adjustment processes of children.
 - d. Consultation with community agencies, such as probation departments, mental health clinics, and welfare departments, concerning pupils who are being served by such community agencies.
 - e. Consultation and supervision of pupil personnel services workers.
 - f. Psychoeducational assessment and diagnosis of specific learning and behavioral disabilities, including, but not limited to, case study evaluation, recommendations for remediation or placement, and periodic reevaluation of such children.
 - g. Psychological counseling of, and other therapeutic techniques with, children and parents, including parent education.
2. A Licensed Educational Psychologist (LEP) is a mental health professional licensed by the Board of Behavioral Sciences to provide services within the scope of practices set forth by the Board in a clinical or educational setting. All LEPs are or were School Psychologists.
 - a. Educational evaluation.
 - b. Diagnosis of psychological disorders related to academic learning processes.
 - c. Administration of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors.
 - d. Interpretation of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors.
 - e. Providing psychological counseling for individuals, groups, and families.
 - f. Consultation with other educators and parents on issues of social development and behavioral and academic difficulties.
 - g. Conducting psychoeducational assessments for the purposes of identifying special needs
 - h. Developing treatment programs and strategies to address problems of adjustment.
 - i. Coordinating intervention strategies for management of individual crises.

ATTACHMENT B



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EDUCATION CODE - EDC**TITLE 2. ELEMENTARY AND SECONDARY EDUCATION [33000 - 64100]** (Title 2 enacted by Stats. 1976, Ch. 1010.)**DIVISION 3. LOCAL ADMINISTRATION [35000 - 45460]** (Division 3 enacted by Stats. 1976, Ch. 1010.)**PART 24. SCHOOL FINANCE [41000 - 43052]** (Part 24 enacted by Stats. 1976, Ch. 1010.)**CHAPTER 3. State School Fund [41300 - 41455]** (Heading of Chapter 3 amended by Stats. 1979, Ch. 373.)**ARTICLE 7. Conditions Disqualifying School Districts from Apportionments [41420 - 41455]** (Article 7 enacted by Stats. 1976, Ch. 1010.)

41420. (a) No school district, other than one newly formed, shall, except as otherwise provided in this article, receive any apportionment based upon average daily attendance from the State School Fund unless it has maintained the regular day schools of the district for at least 175 days during the next preceding fiscal year.

(b) If any school within a school district fails to maintain its school for the required 175 days, the Superintendent of Public Instruction shall withhold from the district's apportionment based upon average daily attendance a product of 0.01143 times the district's apportionment for each additional day the school would have had to maintain operations to meet the 175 day requirement.

For the purpose of this subdivision, except as otherwise provided, the State Board of Education shall establish the standards and criteria for defining a day qualifying for the 175-day minimum requirement.

(Amended by Stats. 1981, Ch. 569, Sec. 1.)

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Board of Behavioral Sciences

Memo

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To: Policy and Advocacy Committee Members **Date:** October 11, 2018
From: Christy Berger **Telephone:** (916) 574-7817
Regulatory Analyst
Subject: **Discussion and Possible Recommendation Regarding Registrant
Employment by Temporary Staffing Agencies**

The Exempt Setting Committee has discussed at length the issues surrounding registrants gaining hours of experience while placed at a setting by a temporary employment/staffing agency. This type of arrangement has often been seen with registrants placed at the Veteran's Administration (VA).

Current law for the LMFT, LCSW and LPCC professions does not address a temporary agency's involvement in placing individuals gaining hours of experience toward licensure. Certain provisions of existing law are a poor fit for this situation, especially when the temporary agency is considered the employer (see **Attachment A**).

The Exempt Setting Committee has been developing regulatory language to address these issues with a great deal of feedback from stakeholders. The proposed language does not refer to the temporary staffing agency or the contracting agency as the "employer" because this may vary. Current law¹ requires a trainee or associate to perform services only at the places permitted by the employer. The temporary agency is often the supervisee's employer. However, because the contracting agency is responsible for clinical services, the contracting agency should determine where the supervisee is permitted to perform services. The proposed language specifies that the contracting agency shall determine where the supervisee may perform services.

Current law² requires a written oversight agreement when the supervisor and supervisee have different employers. The agreement is signed by the supervisee's employer and his or her supervisor. The purpose of the agreement is to clarify supervisory responsibilities, and to provide for supervisor access to client records. The proposed language specifies that the written agreement shall be between the contracting agency and the supervisor. In addition, it clarifies that no written agreement shall be required when the supervisor is an employee of the contracting agency (regardless of who is technically the supervisee's employer).

¹ Business and Professions Code (BPC) sections 4980.43.4(a), 4996.23.3(a) and 4999.46.4(a) (*references new code sections effective January 1, 2019*). **See Attachment A.**

² BPC sections 4980.43.4(d)(1), 4996.23.3(d)(1) and 4999.46.4(d)(1) (*references new code sections effective January 1, 2019*) and Title 16, CCR sections 1820(e)(3) and 1833(b)(4). **See Attachment A.**

Lastly, the language clarifies that any trainee, associate or applicant for licensure placed by a temporary agency must either be a W-2 employee or volunteer, as specified in statute³. The purpose of this language is solely for emphasis because temporary agencies frequently issue 1099s rather than W-2s.

The proposed language is provided in **Attachment B**.

Recommendation

Conduct an open discussion about the proposed amendments. Direct staff to make any discussed changes, and any non-substantive changes, and recommend to the full Board as regulatory proposal.

Attachments

Attachment A: Relevant Statute

Attachment B: Proposed Language

³ BPC sections 4980.43.3(a), 4996.23.2(a)(1) and 4999.46.3(a)(1) (*references new code sections effective January 1, 2019*)

ATTACHMENT A

Relevant Business and Professions Code

Section 4980.43.4 (LMFT)

(The same language is in sections 4996.23.3 (LCSW) and 4999.46.4 (LPCC))

- (a) A trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer regularly conducts business and services.**
- (b) An associate who is employed or volunteering in a private practice shall be supervised by an individual who is employed by, and shall practice at the same site as, the associate's employer. Alternatively, the supervisor may be an owner of the private practice. However, if the site is incorporated, the supervisor must be employed full-time at the site and be actively engaged in performing professional services at the site.
- (c) A supervisor at a private practice or a corporation shall not supervise more than a total of three supervisees at any one time. Supervisees may be registered as an associate marriage and family therapist, an associate professional clinical counselor, or an associate clinical social worker.
- (d) In a setting that is not a private practice:**
 - (1) A written oversight agreement, as specified by regulation, shall be executed between the supervisor and employer when the supervisor is not employed by the supervisee's employer or is a volunteer.**
 - (2) A supervisor shall evaluate the site or sites where a trainee or associate will be gaining experience to determine that the site or sites comply with the requirements set forth in this chapter.
- (e) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter and regulation.

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ATTACHMENT B

Draft Language

Re: Temporary Agency Employers

Title 16, California Code of Regulations

- (a) A “temporary staffing agency” is defined as agency that locates positions for individuals seeking temporary work, and fills vacancies for agencies seeking individuals to perform work on a temporary basis.
- (b) A “contracting agency” is defined as the agency where a trainee, associate, or applicant for licensure has been placed by a temporary staffing agency.
- (c) The following provisions apply to a trainee, associate, or applicant for licensure who has been placed by a temporary staffing agency:
- (1) Notwithstanding sections 4980.43.4, 4996.23.3, and 4999.46.4 of the Code, the trainee, associate or applicant for licensure shall only perform mental health and related services at the places where the contracting agency permits business to be conducted.
 - (2) Notwithstanding sections 1821, 1833 and 1869, the written agreement shall be between the contracting agency and the supervisor; and, in cases where the supervisor is an employee of the contracting agency, no written agreement shall be required.
- (d) The employer of a trainee associate, or applicant for licensure who has been placed by a temporary staffing agency shall be issued a W-2 tax form, or shall provide the employee with a letter verifying the employment as a volunteer as required in sections 4980.43.3, 4996.23.2 and 4999.46.3 of the Code.

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Board of Behavioral Sciences

Memo

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To: Committee Members

Date: October 9, 2018

From: Rosanne Helms
Legislative Analyst

Telephone: (916) 574-7897

Subject: Legislative Update

BOARD-SPONSORED LEGISLATION

The Board is sponsoring the following legislative proposals:

1. **AB 93 (Medina) Healing Arts: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Required Experience and Supervision**

This bill represents the work of the Board's Supervision Committee. Its amendments focus on strengthening the qualifications of supervisors, supervisor responsibilities, types of supervision that may be provided, and acceptable work settings for supervisees. The bill also strives to make the Board's supervision requirements more consistent across its licensed professions.

Status: Signed by the Governor (Chapter 743, Statutes of 2018).

2. **AB 2117 (Arambula): Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors**

This bill makes amendments to specify how an expired registration may be renewed, and to supervised experience hours required for long term out-of-state license holders. It also makes some corrections to LCSW law regarding the California law and ethics exam and law and ethics coursework.

Status: Signed by the Governor (Chapter 486, Statutes of 2018).

3. **SB 1491 (Senate Business, Professions, and Economic Development Committee): Omnibus Legislation**

This bill proposal makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

Status: Signed by the Governor (Chapter 703, Statutes of 2018).

BOARD-SUPPORTED LEGISLATION

1. **AB 456 (Thurmond): Healing Arts: Associate Clinical Social Workers**

This bill extends the Board's "90-day rule" to applicants for registration as an associate clinical social worker (ASW). Currently, the 90-day rule allows applicants for registration as an associate marriage and family therapist or an associate professional clinical counselor to count post degree hours of supervised experience before receiving a registration number, as long as they apply for their associate registration within 90 days of the granting of their qualifying degree. Applicants who complete graduate study on or after January 1, 2020 must provide the Board with proof that the workplace required Live-Scan fingerprinting prior to the applicant gaining supervised experience hours to count supervised experience gained under the 90-day rule.

This bill also reduces the required number of supervised experience hours for licensure as a clinical social worker from 3,200 hours to 3,000 hours.

At its May 11, 2018 meeting, the Board took a "support" position on this bill.

Status: This bill has been signed by the Governor (Chapter 158, Statutes of 2018).

2. **AB 1436 (Levine): Board of Behavioral Sciences: Licensees: Suicide Prevention Training**

Beginning January 1, 2021, this bill requires applicants for any license with the Board of Behavioral Sciences to demonstrate completion of at least 6 hours of coursework or supervised experience in suicide risk assessment and intervention. Current licensees will also be required to demonstrate completion of this coursework or supervised experience in their first renewal period after this date.

At its May 11, 2018 meeting, the Board took a "support" position on this bill.

Status: This bill has been signed by the Governor (Chapter 527, Statutes of 2018).

3. **AB 2088 (Santiago): Patient Records: Addenda**

This bill includes minors in the allowance that any patient that inspects his or her patient records may provide a written addendum to the record for any item or statement that he or she believes is incomplete or incorrect. Currently, this provision is only allowed for adult patients.

At its May 11, 2018 meeting, the Board took a "support" position on this bill.

Status: This bill has been signed by the Governor (Chapter 275, Statutes of 2018).

4. **AB 2296 (Waldron): Licensed Professional Clinical Counselors: Licensed Clinical Social Workers**

This bill adds LPCCs and LCSWs to areas of California law where other comparable licensed mental health professionals are included. It also makes some changes to the LPCC education requirements regarding core content areas of study.

At its May 11, 2018 meeting, the Board took a “support” position on this bill.

Status: Signed by the Governor (Chapter 389, Statutes of 2018).

5. **AB 2943 (Low): Unlawful Business Practices: Sexual Orientation Change Efforts**

This bill would have made advertising, offering for sale, or selling services constituting sexual orientation change efforts to an individual an unfair or deceptive act under the Consumer Legal Remedies Act, allowing harmed consumers to bring legal action against violators to recover damages.

At its May 11, 2018 meeting, the Board took a “support” position on this bill.

Status: This bill was withdrawn by the author and has died.

6. **AB 2968 (Levine): Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure**

This bill makes changes to sections of the Business and Professions Code relating to the requirement that the Department of Consumer Affairs create a brochure to educate the public about the prohibition of sexual contact in therapy. Its proposed amendments will modernize the brochure.

At its May 11, 2018 meeting, the Board took a “support” position on this bill.

Status: Signed by the Governor (Chapter 778, Statutes of 2018).

BOARD-MONITORED LEGISLATION

1. **AB 767 (Quirk-Silva) Master Business License Act**

This bill originally proposed creating a master business license system under the Governor’s Office of Business and Economic Development. It would have allowed a person who needs to apply for more than one business license to submit a single master application through GO-Biz, which would then distribute the application information to the various relevant licensing entities. However, it would have allowed state agencies to opt out of the master application system if desired.

At its May 11, 2018 meeting, the Board took a “support” position on AB 767. However, the bill underwent significant amendments after the May Board meeting. The amendments to the bill were significant and took a more general focus than the previous

direction of the bill, calling for a Go-Biz Information Technology Unit to establish an online government permit and license assistance center.

Status: The Governor vetoed this bill.

2. AB 2138 (Chiu and Low) Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction

This bill makes significant amendments to the Board's enforcement process, including limits on when a board can deny a license based on a conviction or other acts.

At its May 11, 2018, the Board took an "oppose unless amended" position on this bill and asked to be removed from all provisions of this bill except for the data collection component.

This bill was amended since the Board last considered it, however the significant areas of concern remained, and the Board was not removed from the bill's provisions as requested.

Status: Signed by the Governor (Chapter 995, Statutes of 2018).

3. AB 2143 (Caballero) Healing Arts Licensee: License Activation Fee: Waiver

This bill proposed allowing psychiatric mental health nurse practitioners and physician assistants, who also hold a specified license with this Board or the Board of Psychology, and who work in a psychiatric mental health setting, to be eligible for the Mental Health Practitioner Education fund loan repayment grant program.

At its May 11, 2018 meeting, the Board took an "oppose unless amended" position on this bill, asking for the following:

1. Removal of the dual licensure requirement, as a LMFT, LPCC, or LCSW working in a qualifying setting is already eligible to apply for the grant program;
2. If the bill intends to establish nurse practitioners and physician's assistants who work in psychiatric mental health settings (and who are not duly licensed under this Board) as eligible for the program, a funding source that does not use funds paid by other license types should be established; and
3. Include the Board's licensed educational psychologists (LEPs) in the loan repayment grant program and require them to pay fees into the program. This component was included in a previous version of the bill, and the Board is supportive of this effort.

The bill was not amended per the Board's request

Status: The Governor vetoed this bill.

4. **AB 2302 (Baker) Child Abuse: Sexual Assault: Mandated Reporters**

At the time the Board considered this bill, it proposed making a mandated reporter's failure to report the sexual assault of a child a continuing offense. This would have meant that the one-year statute of limitations would begin when law enforcement discovered the failure to report, instead of when the failure to report occurred.

At its May 11, 2018 meeting, the Board took an "oppose unless amended" position on this bill. The Board noted that its licensees are required to keep patient records for a minimum of seven years from the date therapy is terminated, or, for a minor patient, seven years from the date the patient turns 18. Without records, it could be very difficult to prove a failure to report. Therefore, the Board requested that the author consider the recordkeeping requirements for mandated reporters as it relates to this bill.

This bill has been amended since the Board last considered it. It now allows prosecution for a mandated reporter's failure to report the sexual assault of a child to be filed at any time within 5 years from the occurrence of the offense. This is within the timeframe of the Board's recordkeeping requirements.

Status: This bill was signed by the Governor (Chapter 943, Statutes of 2018)

5. **AB 2608 (Stone) Licensed Mental Health Service Provider Education Program: Former Foster Youth**

Previously, this bill created new fund under the Mental Health Practitioner Education Fund loan repayment grant program specifically for loan repayment grants for LMFT and LCSW licensees and registrants who were formerly in California's foster youth care system. The program would have been funded by levying an additional \$10 fee on LMFT and LCSWs each renewal cycle.

At its May 11, 2018, the Board took an "oppose unless amended" position on the bill. The Board requested that rather than establishing a separate grant fund and special priority for existing awards, this bill be amended to instead require that an applicant's history as a foster youth may be considered as a factor when awarding the loan repayment grants.

The bill was amended since the Board last considered it, although not as the Board requested. Under the signed version, a separate grant fund is still established for Board licensees and registrants working in a qualifying setting who are former foster youth. However, an additional fee is no longer levied on the Board's licensees; instead, the funding must be appropriated by the Legislature.

Status: This bill was signed by the Governor (Chapter 585, Statutes of 2018).

6. **AB 3120 (Gonzalez Fletcher) Damages: Childhood Sexual Assault: Statute of Limitations**

This bill originally proposed to remove the time limit for beginning an action to recover damages due to childhood sexual assault. It would have also required a Board licensee to report to the Board that an action to recover damages due to childhood sexual assault has been filed against him or her, or that a judgement had been reached.

At its Board meeting on May 11, 2018, the Board decided not to take a position on this bill.

Since the meeting, the bill was amended. It no longer removed the time limits but extended them. The requirement to report to a licensing board was also removed.

Status: This bill was vetoed by the Governor.

7. SB 399 (Portantino) Health Care Coverage: Pervasive Developmental Disorder or Autism

This bill sought to close some of the loopholes that insurance companies use to deny treatment for behavioral health treatment. It proposed revising the definitions of a “qualified autism service professional” and a “qualified autism service paraprofessional.”

At its May 11, 2018 meeting, the Board had adopted a “support if amended” position and asked that its licensed educational psychologists (LEPs) be added to the list of professionals who qualify as an autism service professional. However, upon discussion with the author’s office, it was determined that current law already permits LEPs to qualify as autism service providers, which practice at a higher level than autism service professionals. Therefore, it was determined to be unadvisable to place LEPs in the lower category.

Status: This bill was vetoed by the Governor.

8. SB 906 (Beall and Anderson) Medi-Cal: Mental Health Services: Peer Support Specialist Certification

This bill proposed requiring the State Department of Health Care Services (DHCS) to establish a peer support specialist certification program.

At its May 11, 2018 meeting, the Board had adopted a “support if amended” position on the bill. However, it requested two amendments, one to address a supervision issue, and one to address a public protection concern:

- Inclusion of Licensed Professional Clinical Counselors (LPCCs) as Supervisors: The bill permits licensed mental health professionals as supervisors. However, it excludes LPCCS as supervisors. The Board requested that LPCCs included.
- Addition of a Fingerprinting Requirement: The Board asked that to ensure public protection, bill specify that fingerprinting be a requirement for certification support specialist.

Significant amendments have been made to the bill after the Board last considered it. The piece that excluded LPCCs as supervisors has been removed, however, no fingerprint requirement was added.

Status: This bill was vetoed by the Governor.

9. SB 968 (Pan) Postsecondary Education: Mental Health Counselors

This bill proposed requiring specified higher education entities in California to hire one full-time equivalent licensed mental health counselor per 1,500 students enrolled at each of their campuses.

At its May 11, 2018 meeting, the Board had adopted a “support if amended” position and requested that in addition to including licensees in the ratio of mental health providers to students at college campuses, that the Board’s trainees and registered associates also be included. The Board believed that allowing trainees and registered associates to meet the ratio requirement may make it more feasible for colleges to employ a higher number of mental health professionals, while allowing these individuals some of the experience under supervision that they need to become licensed professionals.

This bill was amended since the Board last considered it. However, the amendments did not include the Board’s trainees and associates in the ratio of mental health providers to students.

Status: This bill was vetoed by the Governor.

Updated: October 3, 2018

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Board of Behavioral Sciences

Memo

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To: Policy and Advocacy Committee Members **Date:** October 11, 2018
From: Christy Berger
Regulatory Analyst **Telephone:** (916) 574-7817
Subject: **Status of Board Rulemaking Proposals**

Enforcement Process

This proposal would result in updates to the Board's disciplinary process. It would also make updates to the Board's "Uniform Standards Related to Substance Abuse and Disciplinary Guidelines (Revised October 2015)," which are incorporated by reference into the Board's regulations. The proposed changes fall into three general categories:

1. Amendments seeking to strengthen certain penalties that are available to the Board;
2. Amendments seeking to update regulations or the Uniform Standards/Guidelines in response to statutory changes to the Business and Professions Code; and
3. Amendments to clarify language that has been identified as unclear or needing further detail.

The proposal was approved by the Board at its meeting in February 2017 and began the DCA initial review process in July 2017. Upon completion of the DCA review, the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.

Contact Information; Application Requirements; Incapacitated Supervisors

This proposal would:

- Require all registrants and licensees to provide and maintain a current, confidential telephone number and email address with the Board.
- Codify the Board's current practice of requiring applicants for registration or licensure to provide the Board with a public mailing address, and ask applicants for a confidential telephone number and email address.
- Codify the Board's current practice of requiring applicants to provide documentation that demonstrates compliance with legal mandates, such as official transcripts; to submit a current photograph; and for examination candidates to sign a security agreement.
- Require certain applications and forms to be signed under penalty of perjury.
- Provide standard procedures for cases where a registrant's supervisor dies or is incapacitated before the completed hours of experience have been signed off.

The proposal was approved by the Board at its meeting in March 2017 and began the DCA initial review process in August 2017.

Depending on the outcome of the License Portability Committee's recommendations, this proposal may need to be revised to align with the revised licensing requirements for out-of-state applicants and brought back before the Board before submission to OAL for publishing.

Examination Rescoring; Application Abandonment; APCC Subsequent Registration Fee

This proposal would amend the Board's examination rescoring provisions to clarify that rescoring pertains only to exams taken via paper and pencil, since all other taken electronically are automatically rescored. This proposal would also make clarifying, non-substantive changes to the Board's application abandonment criteria, and clarify the fee required for subsequent Associate Professional Clinical Counselor registrations. The proposal was approved by the Board at its meeting in November 2017 and began the DCA initial review process in April 2018. Upon completion of the DCA review, the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.

BBS REGULATION TIME LINE

OCTOBER 11, 2018

Regulation Package Name	Date of Board Approval	Date Submitted to DCA - Initial Review	Date Submitted to Agency- Initial Review	Date Noticed	Public Hearing Date	Date Submitted to DCA - Final Review	Date Submitted to Agency – Final Review	Date Submitted to DOF	Date Submitted to OAL - Approval	Date OAL Approved
Enforcement Update to Disciplinary Guidelines	3/3/17	7/11/17	9/13/18							
Contact Information; Application Requirements; Incapacitated Supervisors	3/3/17	8/22/17*								
Examination Rescoring; Application Abandonment; APCC Subsequent Registration Fee	11/2/17	4/6/18	9/12/18							
Application Processing Times and Registrant Advertising**	11/4/16	12/28/16	Agency completed review 6/6/17	7/7/17	8/22/17	9/13/17	1/22/18	2/8/18	2/8/18	3/14/18

*Note: For this package, four months of the delay in the initial review process can be attributed to Board staff handling/processing in response to feedback by DCA Legal. Currently on hold due to law changes being pursued regarding license portability.

**Statute to change “Intern” to “Associate” became effective January 1, 2018

DCA and Agency Initial Review Process: Following review by the Board’s attorney and preparation of the required documentation (Notice, Initial Statement of Reasons, and the Fiscal Impact Std. 399), the package is submitted to DCA’s legislative and policy review division, who routes it through the budget office and legal office for their review and approval. Next, the package is submitted to DCA Executive Office for review/approval. The package is

then submitted to Agency for an initial review. Once approved by Agency, the Board is able to submit the package to the Office of Administrative Law to Notice the proposed regulation change.

Notice and Public Hearing: The Notice initiates the 45-day public comment period. Following the 45-day comment period, a public hearing is scheduled. The Board must consider all comments submitted. If any substantive changes are made to the text of the proposal, the Board must approve the language again, and provide the public with a 15-day public comment period. If no changes are made to the proposal, the Board submits the package to DCA for final review.

DCA and Agency Final Review: The initial review process is repeated.

Submission to DOF and OAL for Final Approval: Both the Department of Finance and the Office of Administrative Law must approve the regulation package. The review may occur at the same time. However, OAL is the final approval. Once OAL approves the regulation package, the proposal is adopted and it is assigned an effective date.