

Policy and Advocacy Committee Minutes

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This Policy and Advocacy Committee Meeting was webcasted. A record of the webcast is available at <https://youtu.be/TZcF6CCLu28>.

DATE April 5, 2019

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

TIME 9:00 a.m.

ATTENDEES

Members Present: Christina Wong, Chair, LCSW Member
Betty Connolly, LEP Member
Jonathan Maddox, LMFT Member
Dr. Christine Wietlisbach, Public Member

Members Absent: *All members present*

Staff Present: Kim Madsen, Executive Officer
Steve Sodergren, Assistant Executive Officer
Sabina Knight, Legal Counsel
Rosanne Helms, Legislative Analyst
Christy Berger, Regulatory Analyst
Christina Kitamura, Administrative Analyst

Other Attendees: *See voluntary sign-in sheet (available upon request)*

I. Call to Order, Establishment of Quorum, and Introductions

Christina Wong, Chair of the Policy and Advocacy Committee (Committee), called the meeting to order at 9:06 a.m. Christina Kitamura called roll, and a quorum was established.

1 **II. Approval of February 8, 2019 Committee Meeting Minutes**

2
3 **MOTION:** Approve the February 8, 2019 meeting minutes. Wietlisbach
4 moved; Wong seconded. Vote: 4 yea, 0 nay. Motion carried.
5

6 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

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9 **III. Discussion and Possible Recommendation Regarding Assembly Bill 184**
10 **(Mathis) Board of Behavioral Sciences: Registrants and Licensees**

11
12 AB 184 would require the Board to offer its applicant, registrants, and licensees
13 the option to keep their home address confidential.
14

15 Intent

16 The author's office states that personal home addresses for all BBS therapists
17 and social workers are required to be public knowledge. This requirement
18 creates concern for the potential of harm towards clinicians. The author's office
19 also states that a clinician may list a P.O. Box as their primary address;
20 however, they are penalized for keeping their address private.
21

22 Permitted Addresses

23 It is incorrect that a Board licensee must either provide their home address or a
24 post office box. The law also currently permits a secondary address to be
25 used, such as an office or place of employment. The address they choose is
26 shown as their address of record if a consumer performs a licensee/registrant
27 search via the Board's website.
28

29 Conflict in Law

30 This proposal creates a conflict in law with BPC section 27, which states that
31 specified boards and bureaus under DCA shall disclose a licensee's address of
32 record.
33

34 Discussion

35 Concerns were raised regarding the costs incurred to have a P.O. Box address
36 and regarding child welfare workers.
37

38 The Committee decided to watch the bill. No action was taken.
39

1 **IV. Discussion and Possible Recommendation Regarding Assembly Bill 544**
2 **(Brough) Professions and Vocations: Inactive License Fees and Accrued**
3 **and Unpaid Renewal Fees**
4

5 This item was removed from the agenda. Staff is working with the author on
6 technical amendments.
7

8
9 **V. Discussion and Possible Recommendations Regarding Assembly Bill 613**
10 **(Low) Professions and Vocations: Regulatory Fees**
11

12 AB 613 would allow the Board to increase any of its authorized fees once every
13 four years by an amount up to the Consumer Price Index (CPI) for the
14 preceding four years.
15

16 This bill would require a board seeking to increase its fees by the CPI to
17 provide its calculations and proposed fees to the director. The director must
18 approve the fee increase except in the following circumstances:

- 19 a) The Board has unencumbered funds that are equal to more than the
20 board's operating budget for the next two fiscal years; or
21 b) The fee would exceed the reasonable cost to the board to administer the
22 provisions the fee is paying for; or
23 c) The director determines the fee increase would injure public health, safety,
24 or welfare.
25

26 Intent

27 The intent of this bill is to allow boards to raise their fees once every four years
28 by the CPI without going through the rulemaking or legislative process. They
29 note that because the legislative and rulemaking processes are cumbersome,
30 boards tend to delay raising fees until necessary to support ongoing operations,
31 and the resulting fee increase is then significant and controversial. The author
32 believes that allowing a fee increase adjustment by the CPI will allow fees to
33 adjust more modestly over time.
34

35 Current Board Fee Audit

36 The Board has not raised its fees since the 1990s. The Board is in the process
37 of conducting a fee audit and expects to pursue legislation and regulations to
38 raise fees within the next year. It is unlikely that this bill would allow the Board
39 to avoid pursuing a fee increase via legislation or regulations this time but
40 having a CPI adjustment option in the future may allow the Board to better keep
41 pace with rising costs.
42

43 **MOTION:** Recommend to the Board to support AB 613. Connolly moved;
44 Wong seconded. The motion carried; 4 yea, 0 nay.

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Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

VI. Discussion and Possible Recommendation Regarding Assembly Bill 769 (Smith) Federally Qualified Health Centers and Rural Health Clinics: Licensed Professional Clinical Counselor

AB 769 would allow Medi-Cal reimbursement for covered mental health services provided by a licensed professional clinical counselor (LPCC) employed by a federally qualified health center (FQHC) or a rural health clinic (RHC).

There are approximately 600 FQHCs and 350 RHCs in California. These clinics serve the uninsured and underinsured and are reimbursed by Medi-Cal on a “per visit” basis. Currently, psychologists, marriage and family therapists (LMFTs), and clinical social workers (LCSWs) are authorized for Medi-Cal reimbursement in these settings. However, LPCCs are not, creating a disincentive for these clinics to hire them.

2017 Legislation

AB 1591 was identical to AB 769. The Board took a “support” position; however, the bill was vetoed by the Governor. In his veto message, he stated the following: *“The Department of Health Care Services is developing a new payment model for these health clinics that will eliminate the need to add specific providers to an approved list. Consequently, this bill is unnecessary.”*

The new payment model the Governor referred to was not approved, and in 2018, that project was terminated.

Discussion

The Committee expressed support for AB 769. CAMFT also expressed support for AB 769.

MOTION: Recommend to the Board to support AB 769. Wietlisbach moved; Maddox seconded. The motion carried; 4 yea, 0 nay.

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Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

VII. Discussion and Possible Recommendation Regarding Assembly Bill 850 (Lackey) Clinical Social Workers: Licensure Requirements

This bill does not affect the Board; therefore, this item was removed from the agenda.

VIII. Discussion and Possible Recommendation Regarding Assembly Bill 1145 (Garcia) Child Abuse: Reportable Conduct

AB 1145 would specify that voluntary acts of sodomy, oral copulation, and sexual penetration are not considered acts of sexual assault that must be reported by a mandated reporter as child abuse if there are no indicators of abuse, unless it is between a person age 21 or older and a minor under age 16.

Intent

The author is attempting to clarify the law due to concerns and feedback that requirements for mandated reporters of child abuse are confusing, inconsistent, and discriminatory.

Some mandated reporters interpret the law to read that consensual sodomy and oral copulation is illegal with anyone under age 18, and that it requires a mandated report as sexual assault under Child Abuse and Neglect Reporting Act (CANRA). They argue that the same reporting standards do not apply to consensual heterosexual intercourse.

There are also contradictory opinions that the law does not read this way, and that sodomy and oral copulation are not treated differently from other acts in the code. However, lack of a clear answer leads to confusion about what is reportable and what is not.

Therefore, the author is seeking to make the law consistent by ensuring that all types of voluntary activities are treated equally for purposes of mandated reporting under CANRA.

MOTION: Recommend to the Board to support AB 1145 and direct staff to provide technical support to the author’s office. Wietlisbach moved; Wong seconded. The motion carried; 4 yea, 0 nay.

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Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

IX. Discussion and Possible Recommendation Regarding Assembly Bill 1540 (Holden) Music Therapy

AB 1540 seeks to define music therapy in statute and to provide guidance to consumers and agencies regarding the education and training requirements of a qualified music therapist.

Intent

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

Effect on Board Licensees

The bill contains language stating that the use of music therapy is not restricted to any profession. This would permit Board licensees who use music therapy to continue doing so. However, Board licensees must not state that they are a Board-Certified Music Therapist, unless they hold that certification.

Discussion

Ms. Helms clarified that the bill does not create a new license; it creates title protection.

Mr. Maddox expressed concerns regarding potential harm of consumers:

- Difficulty for a client to discriminate between a mental health practitioner and a person who is not a mental health practitioner, and the potential for a client to seek service that is not in their best interest.
- How would the industry ensure that clients who have mental health disorders seek out services from a mental health provider versus a music therapist?
- Music therapists potentially lacking clinical training regarding suicide.

1 Ms. Helms stated that the scope of practice already exists; the bill would codify
2 the practice that could be misunderstood.

3
4 Ms. Connolly expressed concerns: legislation that clarifies the certification adds
5 an implied capability of practice.

6
7 Dr. Wietlisbach feels that the language is strictly about title protection and does
8 not feel that it sends the wrong message.

9
10 **MOTION:** Recommend to the Board to take a neutral position on AB 1540.
11 Wietlisbach moved; Wong seconded. The motion carried; 3 yea, 1 nay.

12
13 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox		x			
Dr. Christine Wietlisbach	x				
Christina Wong	x				

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16 **X. Discussion and Possible Recommendation Regarding Assembly Bill 1651**
17 **(Medina) Licensed Educational Psychologists: Supervision of Associates**
18 **and Trainees**

19
20 AB 1651 would allow applicants for licensure as a marriage and family
21 therapist, professional clinical counselor, or clinical social worker to gain some
22 supervised experience hours under a licensed educational psychologist (LEP).

23
24 AB 1651 does the following:

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1. Would permit LEPs to be supervisors of marriage and family therapist and professional clinical counselor associates and trainees, and associate clinical social workers, if they meet all of the Board's other requirements to supervise.
 2. Limits hours that may be gained under supervision of an LEP to no more than 1,200 hours.
 3. Adds unprofessional conduct provisions into LEP statute related to supervision of unlicensed persons.

36 **Intent**

37 The California Association of School Psychologists (CASP) states that a 2011
38 law change shifted the responsibility to provide special education students'
39 mental health services from county mental health departments to school
40 districts.

1 School districts provide Educationally Related Mental Health Services
2 (ERMHS) to students with disabilities. ERMHS can occur in both educational
3 and clinical settings, and the purpose is to provide mental health support so
4 that students can access their educational programs.

5
6 CASP notes that many school districts are employing BBS associates to
7 provide ERMHS and that the law requires ERMHS service providers to be
8 supervised by someone with a pupil personnel services (PPS) credential. LEPs
9 have PPS credentials and training in the educational system, but they are
10 currently not permitted to supervise BBS associates. Supervisors (LMFTs,
11 LPCCs, LCSWs, psychologists, and psychiatrists) that can supervise BBS
12 associates, do not necessarily have a PPS credential or the specialized
13 educational system experience that LEPs have.

14 15 LEP Supervision Settings

16 The rationale for allowing LEPs to serve as supervisors is that they have
17 qualifications to supervise in ERMHS settings that other types of supervisors
18 are unlikely to have. However, the bill does not limit LEP supervision to
19 ERMHS settings.

20 21 Previous Discussion

22 At a previous committee meeting, there was a question of whether allowing
23 LEPs to supervise associates would affect California licensees' ability to seek
24 licensure in another state. In response, staff surveyed several states to
25 determine the impact and found that some states would allow it and some
26 states would not.

27 28 Discussion

29 Mr. Maddox expressed several concerns regarding LEPs supervising other
30 associates and trainees:

- 31 • LEPs hold a distinctively different license with a distinctively different scope
32 of practice.
- 33 • The LEP educational pathway is distinctively different from other licensees.
- 34 • Differences in coursework. Mr. Maddox cited examples of specific
35 coursework.
- 36 • Does not see a connection between educational evaluation/testing and
37 psychological counseling for families, and therefore, concerned about the
38 LEP's ability to provide supervision for family counseling.
- 39 • Associates' roles are to focus on the mental health component of the issues
40 that arise from the IEP. They work with the clients that meet medical
41 necessity.
- 42 • LEPs are not significantly trained to work with therapists.

1 Ms. Connolly responded to Mr. Maddox's concerns:

- 2 • Course content on school psychology degree programs contain a
3 substantial counseling component that includes many of the variables cited
4 by Mr. Maddox.
- 5 • Most school psychologists have counseling credentials.
- 6 • School psychologists are not trained in a medical model, which is why
7 school psychologists are in a better position to supervise ERMHS services.
8 ERMHS service is not based on a medical model. It's based on the
9 educational model of impact on educational performance in functioning and
10 outcomes.
- 11 • School psychologists assess for behavioral and mental health issues.
12 School psychologists are trained to intervene in the context of the school
13 system, but no less valuable and no less in depth than marriage and family
14 therapist training.

15
16 Mr. Maddox stated that many school districts hire LCSW's, LMFT's, LPCC's,
17 who have the PPS credential, as school social workers, and who understand
18 the nuances of a classroom and provide that level of supervision for associates.
19

20 Ms. Connolly responded that the bill is addressing the fact that not all school
21 districts employ social workers, but they all employ school psychologists, many
22 of whom are LEPs. The bill would provide increased access and make it easier
23 for schools to recruit associates and have someone in place to provide
24 supervision. The school would not have to hire another licensee, which is a
25 huge cost if it is a smaller educational entity that may not have those resources.
26

27 Chris Jones, CASP, answered questions regarding private practice. LEPs may
28 work in a private practice setting. The bill would also allow LEPs to provide
29 supervision in a private practice setting.
30

31 Mr. Jones provided information regarding the National Association of School
32 Psychologists coursework and training standards, stating that it includes
33 counseling, consultation, and family. LEPs must be able to bridge mental
34 health and education.
35

36 Ms. Madsen suggested amending the language to specify that supervision is
37 only applicable to associates who are providing ERMHS services.
38

39 Discussion shifted to the 1,200 hours. Mr. Jones explained that CASP chose
40 1,200 hours because it equates to a school year. School districts hire interns
41 for one academic year.
42

43 Mr. Maddox requested a reduction in hours and requested that staff work with
44 the author to establish a more feasible number of hours.

1 Ms. Connolly and Ms. Wietlisbach did not support Mr. Maddox’s request.

2
3 **MOTION:** Recommend to the Board to support AB 1651 if amended to define
4 ERMHS services. Wong moved; Connolly seconded. The motion carried; 3
5 yea, 1 nay.

6
7 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox		x			
Dr. Christine Wietlisbach	x				
Christina Wong	x				

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10 **XI. Discussion and Possible Recommendation Regarding Senate Bill 10**
11 **(Beall) Mental Health Services: Peer, Parent, Transition-Age, and Family**
12 **Support Specialist Certification**

13
14 SB 10 requires the State Department of Health Care Services (DHCS) to
15 establish a certification body for adult, parent, transition-age youth, and family
16 peer support specialists. It also requires DHCS to amend the state’s Medicaid
17 plan to include these providers as a provider type within the Medi-Cal program.

18
19 Intent

20 The goal of this bill is to:

- 21
- 22 • Require DHCS to establish a certification program for peer support
23 providers; and
 - 24 • Provides increased family support and wraparound services.

25 The author notes that California lags behind the rest of the country in
26 implementing a peer support specialist certification program. Currently, the
27 Department of Veteran’s Affairs and 48 states either have or are developing
28 such a program.

29
30 Concerns

31 *Scope of Practice:*

32 The bill appears to outline a scope of practice for peer support specialists,
33 although somewhat indirectly in the Welfare Institution Code (WIC)
34 §§14045.12, and 14045.13(l).

35
36 The bill does not contain explicit language that the Board has typically
37 recommended for similar bills. However, WIC §14045.19 contains language
38 that excludes “providing clinical services” from work that peer support
39 specialists are qualified or authorized to do.

1 *Identification of Supervisors:*

2 The bill does not mention supervision requirements for peer support
3 specialists or specify the amount of supervision that would be needed. Past
4 versions of the bill have identified acceptable supervisors but left out
5 LPCCs.
6

7 *Fingerprinting:*

8 This bill does not specify fingerprinting as a requirement to obtain
9 certification as a peer support specialist.
10

11 Previous Legislation

12 The Board considered a similar bill proposal in 2018 (SB 906). The Board took
13 a “support if amended” position, requesting inclusion of LPCCs as acceptable
14 supervisors and requesting fingerprint requirement. The Governor vetoed SB
15 906.
16

17 Discussion

18 Ms. Wong and Mr. Maddox expressed support, stating that the role of peers is
19 critical in mental health systems of care. It also provides specialists with
20 opportunities for training and career development.
21

22 Mr. Maddox suggested adding assessment and treatment planning to the
23 services that cannot be provided by peer specialists.
24

25 Ms. Madsen stated that the amendments may be addressed during the
26 regulation process.
27

28 The Committee suggested that Ms. Helms continue to work with the author to
29 address the scope of practice, identification of supervisors, and fingerprinting
30 requirements.
31

32 **MOTION:** Recommend to the Board to support SB 10. Wong moved;
33 Wietlisbach seconded. The motion carried; 4 yea, 0 nay.
34

35 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

36

1 **XII. Discussion and Possible Recommendation Regarding Senate Bill 163**
2 **(Portantino) Healthcare Coverage: Pervasive Developmental Disorder or**
3 **Autism**
4

5 SB 163 seeks to close some of the loopholes that insurance companies use to
6 deny treatment for behavioral health treatment for pervasive developmental
7 disorder or autism. It also revises the definitions of a “qualified autism service
8 professional” and a “qualified autism service paraprofessional.”
9

10 SB 163 does the following:

- 11 1. Modifies the definition of “behavioral health treatment.” The new definition
12 specifies that it means professional services and treatment programs
13 based on behavioral, developmental, behavior-based, or other evidence-
14 based models, including applied behavior analysis and other evidence-
15 based behavior intervention programs, that develop or restore functioning.
16
- 17 2. Closes loopholes that are used to deny coverage regarding parent
18 participation.
19
- 20 3. Makes changes to the definition of a “qualified autism service
21 professional”:
 - 22 a. Specifies that they may provide behavioral health treatment, including
23 clinical case management and case supervision, under the direction of a
24 qualified autism service provider
 - 25 b. Must meet requirements to be classified as a vendor by a California
26 regional center to provide services or Have a Bachelor of Arts or science
27 degree plus experience/coursework outlined in 1 of 5 specified
28 categories. One category allows for BBS associates to qualify.
29
- 30 4. Makes changes to the definition of a “qualified autism service
31 paraprofessional.”
32

33 Intent

34 The author’s office states that currently, patients with pervasive development
35 disorder or autism are being denied treatment coverage for prescribed
36 behavioral health treatment due to loopholes in the law. Some of these
37 loopholes include the requirement for parental participation and location of
38 service requirements. In addition, in some cases, coverage is only being
39 offered for one form of behavioral health treatment, leading to a shortage of
40 network providers and a 6 to 12 month waiting list for services. This bill seeks
41 to remove these loopholes and to increase the requirements to qualify as an
42 autism service paraprofessional.
43

1 Prior Year Legislation

2 Last year, the Board considered a similar bill, SB 399. At its May meeting, the
3 Board took a “support if amended” position on the bill and asked that LEPs also
4 be included as someone who can be a qualified autism service professional.
5

6 However, staff learned that making this change would likely be counter-
7 productive for LEPs. LEPs are already included as qualified autism service
8 providers, which is a higher category than qualified autism service
9 professionals.
10

11 The sponsor advised that including LEPs as professionals could be counter-
12 productive, because it could allow insurance companies to require them to be
13 supervised and to be paid at a reduced rate.
14

15 SB 399 was vetoed by Governor Brown.
16

17 **MOTION:** Recommend to the Board to support SB 163. Wong moved;
18 Connolly seconded. The motion carried; 4 yea, 0 nay.
19

20 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

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23 **XIII. Discussion and Possible Recommendation Regarding Senate Bill 425**
24 **(Hill) Health Care Practitioners: Licensee’s Rule: Probationary Physician’s**
25 **and Surgeon’s Certificate: Unprofessional Conduct**
26

27 SB 425 requires health facilities and clinics, health care service plans, or other
28 entities that make arrangements for a healing arts licensee to practice in or
29 provide care for patients to report allegations of sexual abuse or sexual
30 misconduct by a licensee to the applicable state licensing board within 15 days.
31 The reporting requirements also extend to employees of these entities.
32

33 Intent

34 The author is seeking to close legal loopholes that can allow a practitioner with
35 repeated sexual abuse and misconduct complaints to keep practicing at a
36 health facility for years without their licensing board being notified.
37

38 The issue was brought to light in a May 2018 report by the L.A. Times, which
39 disclosed multiple unresolved complaints by a USC gynecologist who had

1 worked at the university for almost 30 years. None of the complaints had been
2 reported to the Medical Board.

3
4 The author of SB 425, Senator Jerry Hill, conducted a hearing on sexual
5 misconduct reporting in the medical profession in response to the L.A. Times
6 report. The hearing found that there are different reporting standards for
7 different types of health facilities.

8 9 Expansion of Settling Reporting Requirements

10 This bill expands reporting by requiring a report to be filed for any allegation of
11 sexual abuse or sexual misconduct. The individuals who must report are also
12 greatly expanded: a health facility or clinic, the administrator or chief executive
13 officer of a health care service plan, or other entity that makes arrangements
14 for a healing arts licensee to practice in or provide care for patients. The
15 reporting requirements also extend to employees of these entities.

16
17 Board licensees practice in a variety of settings. These include not only health
18 facilities and clinics, but also private practices, schools, and corporations. Staff
19 asked the author's office to clarify whether "other entities" that arrange for a
20 Board licensee to practice in or provide care for patients would include all
21 practice settings in the reporting requirements. The author's office indicated
22 that their intent is to ensure that all instances or complaints of sexual
23 misconduct be reported in any setting anytime a licensee is seeing a patient.

24 25 Potential Fiscal Impact on Board Operations

26 SB 425 could result in an increase in complaints because it significantly
27 changes the reporting requirements to the Board for licensee sexual
28 misconduct. It is unknown if the new reporting requirements will lead to a
29 significant increase in complaints. Complaints by a 3rd party are more likely to
30 close because the victim does not wish to participate and without their
31 participation, there is often a lack of evidence. For this reason, staff believes
32 that the increased caseload would be minimal and could be absorbed within
33 existing resources.

34 35 Discussion

36 The Committee expressed concerns regarding third-party allegations.

37
38 SB 425 will be heard in Senate Committee on Monday, April 8th. The
39 Committee decided to watch the bill and wait until May when the committee
40 analysis is presented to the full Board. No action was taken.

41

1 **XIV. Discussion and Possible Recommendation Regarding Senate Bill 601**
2 **(Morrell) State Agencies: Licensees: Fee Waiver**

3
4 SB 601 would allow the Board to reduce or waive fees for a license or
5 registration, license or registration renewal, or replacement of a physical display
6 license if the licensee or registrant can demonstrate being affected or displaced
7 by a state or federal emergency.

8
9 Intent

10 The author notes that in recent years, California has experienced several costly
11 natural disasters. They state that these disasters have affected an estimated
12 381,700 businesses, and many of these individuals must replace licensing
13 documents. The goal of this bill is to help relieve pressure on these individuals
14 and help them get back to work.

15
16 Potential Fiscal Impact

17 It is difficult to predict the potential fiscal impact to the Board of lost fee revenue
18 due to declared emergencies.

19
20 Need for Regulation

21 If this bill were to pass, the Board may need to consider regulations to
22 determine the process to request a fee waiver, and to determine acceptable
23 proof of being displaced or affected. Alternatively, the Board could choose to
24 leave this decision to be made on a case-by-case basis.

25
26 **MOTION:** Recommend to the Board to support SB 601. Wietlisbach moved;
27 Wong seconded. The motion carried; 4 yea, 0 nay.

28
29 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

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32 **XV. Discussion and Possible Recommendation Regarding Senate Bill 660**
33 **(Pan) Postsecondary Education: Mental Health Counselors**

34
35 SB 660 would require specified higher educational entities in California to hire
36 one full-time equivalent mental health counselor per 1,500 students enrolled at
37 each of their campuses.
38

1 SB 660 does the following:

- 2 • Requires the California State University and the community college districts
3 to have one full-time equivalent mental health counselor per 1,500 students
4 enrolled at each respective campus during all academic terms, to the extent
5 consistent with state and federal law.
- 6 • Defines “mental health counselor.”
- 7 • Requires reporting data to the legislature every three years.

8
9 Intent

10 The authors office states that the International Association of Counseling
11 Services (IACS) recommends one full-time equivalent mental health counselor
12 for every 1,000 to 1,500 students, and that exceeding this ratio could lead to
13 longer wait lists for services, and more instances of students dropping out of
14 school. They note that while the UC system reports that their ratio falls within
15 this recommended range, it is estimated to be significantly higher for the CSU
16 system. However, it is difficult to know exact ratios because of a lack of
17 reporting and data.

18
19 The author believes this bill will address the mental health crisis facing
20 California’s public higher education system by requiring CSUs and community
21 colleges to hire an appropriate number of mental health counselors and
22 instituting consistent reporting requirements.

23
24 Definition of a “Mental Health Counselor”

- 25 • Would it be preferable to specifically state which licensing boards are
26 considered “applicable licensing entities?”
- 27
28 • Should associates and trainees be included in the definition of “mental
29 health counselor?”

30
31 Previous Legislation

32 Last year, the Board took a “support if amended” position on SB 968, which
33 was similar to this bill. The Board requested that in addition to its licensees,
34 trainees and registered associates also be permitted to be hired to meet the
35 ratio requirement.

36
37 Governor Brown vetoed SB 986.

38
39 Mr. Maddox: Supports the bill but is concerned about the use of “trainees” in
40 the language. He stated that trainees should not be counted in the ratio
41 because they are students, and they cannot be hired.

1 The Committee suggested amendments to specify the licensing boards that are
2 “applicable licensing entities,” to add BBS licensed or registered associates,
3 and either separate or remove “trainees.”
4

5 **MOTION:** Recommend to the Board to support SB 660 if amended to specify
6 the licensing boards that are “applicable licensing entities,” to add BBS licensed
7 or registered associates, and either separate or remove “trainees.” Maddox
8 moved; Wong seconded. The motion carried; 4 yea, 0 nay.
9

10 Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

11
12
13 **XVI. Discussion and Possible Recommendations Regarding Other Legislation**
14 **Affecting the Board**

15
16 This item was removed from the agenda.
17

18
19 **XVII. Update on Board-Sponsored Legislation**
20

21 Ms. Helms provided a brief update on Board-sponsored legislative proposals:
22

23 1. SB 679: Licensed Portability to California

24 SB 679 will be heard in the Senate Business and Professions Committee on
25 Monday, April 8th.
26

27 2. AB 630: Psychotherapy Services: Required Notice to Clients

28 AB 630 was heard in the Assembly Business and Professions Committee
29 and passed on consent.
30

31 3. SB 786: Omnibus Legislation

32 Staff is currently working on SB 786 with the Senate Business and
33 Professions Committee.
34

35
36 **XVIII. Update on Board Rulemaking Proposals**
37

38 Ms. Berger provided a brief update on Board regulation proposals.
39

- 1 1. Enforcement Process
2 Staff is currently working on the public notice and Initial Statement of
3 Reasons, which will then go to legal counsel for review.
4
5 2. Examination Rescoring; Application Abandonment; APCC Subsequent
6 Registration Fee
7 The proposal was noticed to the public on February 22nd. The regulation
8 hearing will be held on Monday, April 8th.
9
10 3. Supervision
11 Staff submitted the completed documents to legal counsel for pre-review
12 before it begins the DCA initial review process. Being that these are
13 extensive regulations, it is expected to take some time.
14
15

16 **XIX. Public Comment for Items Not on the Agenda**

17
18 No public comments.
19
20

21 **XX. Suggestions for Future Agenda Items**

22
23 An LMFT requested that the Board treat misleading claims of evidence-based
24 therapy as false advertising. She stated that the label “evidence-based” is used
25 indiscriminately and is very misleading. She can explain how it is misleading
26 the to the public and how it is being used to exclude certain orientations that
27 are affected by the term. She requested that this be discussed as a future
28 agenda item.
29

30 **XXI. Adjournment**

31
32 The Committee adjourned at 1:47 p.m.