

WORKFORCE DEVELOPMENT COMMITTEE MINUTES

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A recorded webcast of this meeting is available at

DATE January 30, 2025

TIME 10:00 a.m.

LOCATIONS

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

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations

Wendy Strack, Chair, Public Member
Justin Huft, LMFT Member
Eleanor Uribe, LCSW Member
Dr. Annette Walker, Public Member

Staff Present at Primary Location

Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Rosanne Helms, Legislative Manager
Christina Kitamura, Administrative Analyst
Syreeta Rizzo, Special Projects and Research Analyst
Sabina Knight, Legal Counsel

Other Attendees Public participation via WebEx video conference/phone conference
and in-person at Department of Consumer Affairs

1. Call to Order and Establishment of Quorum

Wendy Strack, Chair of the Workforce Development Committee (Committee), called the meeting to order at 10:11 a.m. Roll was called, and a quorum was established.

1
2 **2. Introductions**
3

4 Committee members introduced themselves during role call; staff and public
5 attendees introduced themselves.
6

7 **3. Consent Calendar: Discussion and Possible Approval of October 11, 2024**
8 **Committee Meeting Minutes**
9

10 Motion: Approve the October 11, 2024 Workforce Development Committee
11 meeting minutes.
12

13 M/S: Uribe/Huft
14

15 Public Comments: None
16

17 Motion carried: 4 yea, 0 nay

Member	Vote
Justin Huft	Yes
Wendy Strack	Yes
Eleanor Uribe	Yes
Dr. Annette Walker	Yes

18
19 **4. Discussion and Possible Recommendations Regarding Restructuring the**
20 **Pathway to Licensure for Licensed Marriage and Family Therapists,**
21 **Licensed Clinical Social Workers, and Licensed Professional Clinical**
22 **Counselors (Business and Professions Code (BPC) §§4980.397, 4980.398,**
23 **4980.399, 4980.40, 4980.41, 4980.43, 4980.50, 4984.01, 4984.7, 4984.72)**
24

25 Discussions with the Board’s examination unit and the licensing unit have raised
26 concerns about implementing the proposal that would allow the clinical exam to
27 be taken early, as the Board may be transitioning to the AMFTRB national
28 examination during the same time. Implementing both changes simultaneously
29 could lead to confusion for applicants and create complications in reprogramming
30 the Breeze system, which would require extensive modifications to support both
31 proposals.
32

33 **Proposed Next Steps**
34

35 To achieve a smooth implementation and avoid confusion, staff recommends a
36 phased approach where the changes discussed at the previous Committee
37 meeting, along with the transition to the AMFTRB national examination, are
38 completed in three phases. In the first phase, changes mostly unrelated to the
39 examination process would be made. The second phase would be the transition
40 to the AMFTRB national exam as the LMFT clinical exam. In the third and final
41 phase, the Board would change the timing of its clinical examinations to allow

1 them to be taken earlier. The proposed changes were provided in the meeting
2 materials as Attachment A.

3
4 **Phase 1: General Licensing Process Changes**

5
6 a. **Timing of the California Law and Ethics Exam:** Associates would take the
7 exam when they are ready. It would not be required to be attempted every
8 year. However, it must be passed before a subsequent registration number is
9 issued and before eligibility to take the clinical exam is granted.

10
11 b. **Age Limit for the California Law and Ethics Exam:** This proposal places
12 an age limit of 7 years on a passing score for the California Law and Ethics
13 Exam. Currently there is no age limit on the California Law and Ethics Exam
14 score the Board will accept, although current law specifies a 7-year age limit
15 on the clinical exam passing score. Not having an age limit on the law and
16 ethics exam score will have public protection implications the longer the exam
17 has been offered (since 2016), as the Board currently must accept all scores
18 regardless of age. Placing a limit on the age of the California Law and Ethics
19 Exam score has the following implications:

- 20
21 • To obtain a subsequent registration number, the California Law and Ethics
22 Exam must have been passed with a score no more than 7 years old.
23 This would include second, third, or more subsequent registration
24 numbers, meaning the exam must be passed again for each subsequent
25 registration if the score at the time of application is more than 7 years old.
26
27 • In addition, when applying for licensure, the California Law and Ethics
28 Exam score must be no more than 7 years old.

29
30 c. **Change in Registration Number Length and Time Supervised**
31 **Experience Hours Valid:** This proposal extends the allowable length of time
32 a registration number is valid from 6 years to 7 years and extends the amount
33 of time supervised experience hours are valid from 6 years to 7 years.

34
35 Making this change allows applicants an additional year to gain experience
36 hours if they need to take a break due to life events or circumstances. It will
37 also align the allowable age of experience hours with the allowable clinical
38 and law and ethics exam score ages, providing a simpler process when the
39 Board eventually transitions to allowing the clinical exam to be taken early.

40
41 d. **Add an Exception to the Prohibition on Working in a Private Practice**
42 **with a Subsequent Registration Number:** The proposal makes a change to
43 the “six-year rule” that prohibits an associate from working in a private
44 practice with a subsequent registration number. Under the proposal, the law
45 would continue to prohibit associates with a subsequent associate number
46 from working in a private practice. However, it would permit an associate with

1 a subsequent registration number to request a one-time, two-year hardship
2 extension. With this extension, they may finish gaining their experience hours
3 in one private practice setting, if the supervisor or employer and the associate
4 submit a request to the board providing specified information.
5

6 **e. Technical Clean-Up Changes:**

- 7 • Deleting BPC §4980.398
- 8 • Delete the exam rescoring fee in BPC §4984.7, which is now obsolete.
- 9 • Amends BPC §§ 4980.397(c) and 4980.50(h) to clarify that the Board may
10 accept a passing clinical exam score obtained early from another state.
11

12 **Phase 2: Adoption of the AMFTRB National Exam as the LMFT Clinical**
13 **Exam**

14
15 The Board is currently pursuing legislation to allow for the possibility of accepting
16 this exam. The final step will be developing and obtaining approved regulations
17 to make the change.
18

19 **Phase 3: Allow Clinical Exams to be Taken Earlier**

20
21 This proposal would change the timing of the clinical exam for LMFT, LCSW, and
22 LPCC licensure, permitting that exam to be taken as a registrant once an
23 applicant has completed 875 hours of supervised experience performing direct
24 clinical counseling.
25

26 The following additional modifications to the licensing process would be
27 necessary to implement this change:
28

- 29 • Under this proposal, the requirement in regulations (§1806) that an applicant
30 must attempt the clinical exam every year to avoid abandoning the application
31 would need to be deleted. Under current law, once an applicant is granted
32 eligibility to take the clinical exam, the hours are “locked in” and are no longer
33 subject to the aging requirement as long as the clinical exam is attempted
34 every year until passed.
35

36 Instead of “locking in” hours indefinitely regardless of age once eligibility for
37 the clinical exam is obtained, under this proposal, hours would expire
38 gradually as they became 7 years old. An applicant who is unable to pass the
39 clinical exam within 7 years could avoid losing hours by maintaining their
40 associate registration and continuing to work under all supervision
41 requirements. The Board would likely need to build in a carve out or grace
42 period for those who are already clinical exam eligible and have older hours
43 that are “locked in”.
44

- 1 • An applicant would be able to choose whether to take the clinical exam or the
2 law and ethics exam first. Passage of the law and ethics exam would no
3 longer be a prerequisite to taking the clinical exam.
4
- 5 • All 875 qualifying experience hours would need to be less than 7 years old at
6 the time of application for the clinical exam. All education requirements for
7 registration and licensure would also need to be met before taking the clinical
8 exam.
9
- 10 • Under the proposal, upon application for license issuance, the applicant's
11 experience hours, clinical exam score, and California law and ethics score all
12 must be no more than 7 years old.
13
- 14 • The "application for examination" and "application for licensure" references in
15 law would need to be renamed to align with the new requirements.
16
- 17 • The allowance for lessened weekly supervision once all experience hours are
18 gained would need to be deleted. Applicants will need full supervision even
19 when they believe they are done gaining experience hours, to avoid having
20 any earned hours not qualify.
21

22 Discussion

23 Walker: Requested a timeline or a visual diagram with dates or anticipated dates
24 based on the proposed changes.
25

26 Huft: Asked if the allowance to take exams earlier can be pushed up to an earlier
27 phase.
28

29 Sodergren responded that this would be a significant push, administratively,
30 which would require putting new processes in place for the evaluators. This could
31 also require the need for additional staff. Coupling that with the exam change to
32 the AMFTRB is a lot to happen all at once.
33

34 Helms added that Phase 1 is straight forward and will not require a lot of
35 outreach to avoid confusion. These changes can be implemented without delay.
36 The other phases require a lot of thought and attention and is not ready to run
37 immediately.
38

39 Huft: Expressed that he does not understand why the whole process can take 4-
40 6 years.
41

42 Sodergren explained that most this is dependent on the legislative and regulatory
43 processes, which takes a considerable amount of time.
44

45 Huft: Urged the Committee to push Phase 3 into Phase 2 or earlier.

1 Uribe: Agreed with Huft.
2

3 Public Comments and Further Discussion

4 Shanti Ezrine, California Association of Marriage and Family Therapists
5 (CAMFT): Acknowledged that there are a lot of moving parts in these proposals
6 and the amount of workload that will be put on BBS to implement. Phase 1:
7 Supportive of the changes to the licensing process as proposed in concept and
8 supports it in concept that will be important when we move into implementation,
9 that we continue to evaluate how these changes will impact associates. Need for
10 clarification: Phase 1(d) under the hardship extension and whether it is on top of
11 the proposed seven-year rule. Also requested an FAQ or guidelines regarding
12 the hardship extension. Phase 2: Expressed strong support. Phase 3:
13 Acknowledged the workload this will create for BBS. Encouraged the Board to
14 continue refining proposals under Phase 3 and work through the requisite pieces
15 so that when it is time to pursue implementation, it can happen expeditiously.
16

17 Helms clarified Phase 1(d): It would be in addition to the (proposed) seven
18 years.
19

20 Christine Tippett: Phase 1(d). Requested including clarification on whether it
21 could be a private practice setting or a professional corporation.
22

23 Helms: Clarified that the hardship extension can be for either a private practice
24 or professional corporation and is included in the proposed language.
25

26 Dr. Ben Caldwell: Acknowledged that these are all important changes, and all is
27 worth pursuing regardless of the timelines. Transitioning to the national MFT
28 exam will have limited impact. It will allow for easier portability of licensure but
29 does not advance equity in the licensing process or add clinicians to the
30 workforce. Allowing the clinical exam earlier does both; therefore, supports
31 making Phase 3 a higher priority. Is it possible to work on steps 2 and 3
32 simultaneously? Would it be possible to run legislation and regulations for all of
33 these phases expediently while writing in some flexibility on implementation
34 dates, depending on when the Board is ready to implement? Can it be run in
35 2025?
36

37 Helms: Responded that staff has already drafted language for Phase 3, which
38 was introduced at the last meeting. There are some significant details that need
39 to be worked out and discussed. As for timelines, generally, staff does not have
40 a solid timeline. Currently, it seems that everyone is supportive of the proposed
41 language. There are proposed changes on topics that the Board has been
42 wanting to change for some time, but some of the solutions were controversial or
43 not supported. Overall, this must be introduced by mid-February to run in 2025.
44 Currently, it is not ready, and staff does not want to rush this and create
45 unintended consequences later. Staff must also run this through legal, then

1 through the Policy and Advocacy Committee, and then to the full Board for
2 approval. Staff anticipates running legislation in 2026.

3
4 Helms: Attachment A anticipated to run for 2026 legislation. Phase 2 will be
5 introduced this year in the Sunset Bill. Staff is waiting for confirmation on that.
6 Phase 3 needs logistical work and will not be on the table to run until sometime
7 after next year.

8
9 Caldwell: Will it be 5 or more years for Phase 3 to take effect?

10
11 Helms: Responded to Caldwell’s question as “not necessarily.” Explained that it
12 depends on the legislative process and the regulatory process – they are about a
13 year each. It could take effect the following year if there are no issues or
14 debates. If it should encounter opposition, then it would go back to the drawing
15 board.

16
17 Cathy Atkins, CAMFT: Acknowledged that BBS staff is being asked by
18 committee and board members and stakeholders for very worthwhile goals that
19 are huge and complicated. There are a lot of convoluted areas that make
20 implementation harder than what it seems to everyone on the outside. CAMFT is
21 willing to help in any way to ensure a speedy process.

22
23 Selena Liu Raphael, California Alliance of Child and Family Services: Offered
24 assistance to help expedite the process.

25
26 Staff will run this by legal, work out more details on Attachment A, and develop a
27 diagram and bring it back to the next committee meeting.

28
29 **5. Discussion and Possible Recommendation Regarding Amendments to the**
30 **Aging, Long-Term Care, Elder and Dependent Adult Abuse Assessment**
31 **and Reporting Coursework Requirements for all Board-Regulated**
32 **Professions: (BPC §§ 28, 4980.36, 4980.37, 4980.41, 4996.25, 4996.26,**
33 **4999.32, 4999.33)**

34
35 This item was tabled.

36
37 **6. Discussion and Possible Recommendation Regarding a Holistic Review of**
38 **the In-State and Out-of-State Education Requirements for Licensed**
39 **Marriage and Family Therapists and Licensed Professional Clinical**
40 **Counselors.**

41
42 The educational requirements for LMFT and LPCC licensure are codified
43 separately for in state and out-of-state applicants under the Business and
44 Professions Code:

45
46 LMFT: Sections 4980.36, 4980.37, 4980.41 and 4980.78 (Attachment A)

1 LPCC: Sections 4999.32, 4999.33, and 4999.62 (Attachment B)
2 For in-state applicants, all educational requirements must be met before
3 associate registration. For LMFT applicants who began graduate study on or
4 after August 1, 2012, the law does not permit any coursework to be remediated
5 post-degree, and LPCC law permits very limited content to be remediated post-
6 degree. This means that some applicants, even if missing one course topic,
7 would have to obtain a completely new degree to qualify. In contrast, out-of-state
8 applicants can remediate many more deficiencies, including some after
9 registration as an associate. This distinction creates inequities for in-state
10 applicants, and concerns that associates are practicing prior to completing all
11 educational requirements. The Board has grappled with increasing ambiguity in
12 determining whether a program qualifies as in-state or out-of-state, given the
13 evolving landscape of education programs incorporating remote learning
14 modalities into their degree programs.

15 16 **Proposed Plan**

17 The Board proposes a holistic review of the education requirements for LMFTs
18 and LPCCs. Key considerations include:

- 19
20 • **Comprehensive Review:** Evaluate current education requirements for in state
21 and out-of-state programs, focusing on course timing, length, and content.
22 Assess educational standards in other jurisdictions to identify best practices.
23
- 24 • **Standardized Requirements:** Explore the feasibility of standardized
25 educational requirements for all applicants to ensure equity.
26
- 27 • **Approval of Educational Programs:** Consider instituting a process for Board
28 approval of educational institution programs to increase efficiency in
29 processing, oversight of accepted degrees, communications with programs,
30 and portability.
31
- 32 • **Course Timing:** Require LMFT and LPCC applicants to complete specified
33 courses before associate registration to ensure practitioners are prepared to
34 meet client needs.
35

36 The proposed review aims to eliminate inequities and confusion in educational
37 requirements for LMFT and LPCC licensure. By establishing a standardized
38 framework, the Board seeks to ensure fair and consistent pathways to licensure
39 for all applicants while maintaining the highest standards of competency and
40 consumer protection.

41 42 **Public Comment**

43 S. Ezrine, CAMFT: CAMFT supports the proposed holistic review of education
44 requirements.
45

1 B. Caldwell: Supports the proposed holistic review. Expressed concern about
2 the goal to standardize educational requirements. There are differences
3 between professions that do not appear to have much rationale behind them and
4 standardizing in those areas can be helpful. One area of substantive difference
5 is the role of program accreditation between the two professions with CACREP
6 accreditation playing a more meaningful role of governing California counseling
7 MFT programs, and that can impact some of the content requirements.
8 COAMFT accreditation has grown but only represents a minority of MFT
9 programs.

10
11 Sara Carrasco: Expressed support for this proposal.

12
13 **7. Update Regarding the Workforce Development Action Plan**

14
15 At its previous meeting, the Committee was presented and discussed the
16 proposed short-term and long-term goals for workforce development. The
17 Committee requested that the goal of researching possible initiatives the Board
18 can pursue to increase the financial support available to applicants and
19 associates be moved to the short-term goal list.

20
21 The Workforce Development Goals Status Report was provided.

22
23 Discussion

24 Walker: Requested to add to the report information regarding projected costs or
25 budget estimate, impact on staff hours, and timelines.

26
27 Sodergren: Responded that it would not be possible to project costs associated
28 with this. It will require funding however, he's not certain of the number of hours
29 it will require, or the number of staff involved. However, he will outline the
30 additional resources required and will note that the resources will require funding.

31
32 Public Comment

33 B. Caldwell: Requested to add a long-term goal for identifying and reducing
34 disparities in the licensing process, to ensure that the mental health workforce is
35 equipped to meet all the needs of California's populations.

36
37 Strack: Directed staff to add Dr. Caldwell's suggestion to the action plan.

38
39 **8. Suggestions for Future Agenda items**

40
41 None

42
43 **9. Public Comment for Items not on the Agenda**

44
45 B. Caldwell: Expressed gratitude to staff.
46

1 **10. Adjournment**

2

3 The Committee adjourned at 11:46 a.m.