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Gavin Newsom, Governor
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

1 POLICY AND ADVOCACY COMMITTEE MINUTES

2

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4 An archived recording of this Board of Behavioral Sciences meeting held on October 24,
5 2025, are available for viewing at the following link:

6 [BBS Policy & Advocacy Committee 10.24.2025](#)

7 **DATE** October 24, 2025

8 **TIME** 9:00 a.m.

9 **LOCATIONS**

10 **Primary Location** Department of Consumer Affairs
11 Hearing Room
12 1747 North Market Blvd., #186
13 Sacramento, CA 95834

14 **Alternative Platform** WebEx Video/Phone Conference

15 **ATTENDEES**

16 **Members Present at Remote Locations**

17 Christopher Jones, Chair, LEP Member
18 Kelly Ranasinghe, Public Member
19 John Sovec, LMFT Member
20 Wendy Strack, Public Member

21 **Staff Present at Primary Location**

22 Steve Sodergren, Executive Officer
23 Shelley Ganaway, Legal Counsel
24 Rosanne Helms, Legislative Manager
25 Christina Kitamura, Administrative Analyst
26 Syreeta Risso, Special Projects and Research Analyst

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

1 **1. Call to Order and Establishment of Quorum**

3 Christopher Jones, Chair of the Policy & Advocacy Committee (Committee),
4 called the meeting to order at 9:03 a.m. Roll was called, and a quorum was
5 established.

7 **2. Introductions**

9 Committee members introduced themselves during role call; staff and public
10 attendees introduced themselves.

12 **3. Consent Calendar: Discussion and Possible Approval of July 31, 2025
13 Committee Meeting Minutes**

15 Motion: Approve the July 31, 2025 Policy and Advocacy Committee meeting
16 minutes.

18 M/S: Strack/Sovec

20 Public Comment: None

22 Motion carried: 4 yea, 0 nay

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

23 **4. Discussion and Possible Action to Make Recommendations Regarding
24 Possible Amendments to the Required Notice to Consumers (Business and
25 Professions Code (BPC) §§4980.32, 4989.17, 4996.75, 4999.71)**

28 SB 1024, enacted in 2025, revised requirements for providing license or
29 registration information to clients, prompted by the rise in telehealth. Physical
30 license display is now required only at the primary place of practice for in-person
31 services. Licensees must provide written notice to clients before initiating
32 psychotherapy services, including their full name (as filed with the Board), license
33 or registration number, type, and expiration date.

35 Since the law's enactment, implementation concerns have emerged:

36 1. Safety Concerns for Those Working with Incarcerated Populations

37 Licensees working with incarcerated populations expressed concerns
38 about disclosing full names and license numbers due to potential
39 harassment or retaliation. Staff committed to bringing this issue to the
40 Committee for discussion.

1 2. Scope of the Disclosure Requirement

2 3 4 5 The law states that the required notice must be provided before “initiating
6 7 psychotherapy services.” However, confusion exists about whether the
8 9 10 11 notice applies only to psychotherapy or also to other activities such as
12 13 assessments, consultations, or supervision.

14 **Board of Psychology Requirements**

15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 The Board of Psychology’s disclosure requirements are similar. However, the law
30 31 32 33 34 35 36 37 38 39 30 31 32 33 34 35 36 37 38 39 includes an exemption for certain facilities licensed under Health and Safety
40 41 42 43 44 45 Code §§1250 and 1265, such as general acute care hospitals, psychiatric
46 47 48 49 40 41 42 43 44 45 hospitals, correctional treatment centers, and nursing facilities.

50 **Discussion**

51 52 53 54 55 56 57 58 59 50 51 52 53 54 55 56 57 58 59 Sovec: Requested to hear public comment regarding this matter before
60 61 62 63 64 65 66 67 68 69 60 61 62 63 64 65 66 67 68 69 committee discussion.

70 71 72 73 74 75 76 77 78 79 70 71 72 73 74 75 76 77 78 79 Liaina Clayton, LCSW: Requested the board to consider amending SB 1024.
80 81 82 83 84 85 86 87 88 89 80 81 82 83 84 85 86 87 88 89 While the requirement to disclose full name and license number promotes
90 91 92 93 94 95 96 97 98 99 90 91 92 93 94 95 96 97 98 99 transparency in traditional clinical settings, it poses safety risks in correctional
100 101 102 103 104 105 106 107 108 109 100 101 102 103 104 105 106 107 108 109 and forensic environments. Ms. Clayton works in a county jail and inpatient
110 111 112 113 114 115 116 117 118 119 110 111 112 113 114 115 116 117 118 119 psychiatric unit with felony defendants found incompetent to stand trial. These
120 121 122 123 124 125 126 127 128 129 120 121 122 123 124 125 126 127 128 129 individuals often have severe mental illnesses and legal instability, creating
130 131 132 133 134 135 136 137 138 139 130 131 132 133 134 135 136 137 138 139 potential danger if clinicians’ personal information is accessible. She emphasized
140 141 142 143 144 145 146 147 148 149 140 141 142 143 144 145 146 147 148 149 that anonymity is a critical layer of protection outside secure facilities, citing past
150 151 152 153 154 155 156 157 158 159 150 151 152 153 154 155 156 157 158 159 threats against staff. As a solution, she proposed using existing in-house
160 161 162 163 164 165 166 167 168 169 160 161 162 163 164 165 166 167 168 169 grievance systems in locked facilities, which allow patients to file complaints
170 171 172 173 174 175 176 177 178 179 170 171 172 173 174 175 176 177 178 179 anonymously while enabling investigators to access clinician details as needed.
180 181 182 183 184 185 186 187 188 189 180 181 182 183 184 185 186 187 188 189 This approach balances patient rights with clinician safety. She expressed
190 191 192 193 194 195 196 197 198 199 190 191 192 193 194 195 196 197 198 199 commitment to collaboration on a thoughtful implementation of the law.

200 201 202 203 204 205 206 207 208 209 200 201 202 203 204 205 206 207 208 209 Committee members asked questions to better understand a mental health
210 211 212 213 214 215 216 217 218 219 210 211 212 213 214 215 216 217 218 219 clinician’s role in a correctional facility.

220 221 222 223 224 225 226 227 228 229 220 221 222 223 224 225 226 227 228 229 Ranasignhe: This is a complex and large discussion. Recommended moving this
230 231 232 233 234 235 236 237 238 239 230 231 232 233 234 235 236 237 238 239 to the full board for a more in-depth discussion with more public comment and
240 241 242 243 244 245 246 247 248 249 240 241 242 243 244 245 246 247 248 249 perhaps invite a representative from the Department of State Hospitals.

250 251 252 253 254 255 256 257 258 259 250 251 252 253 254 255 256 257 258 259 Committee members noted that this is an area where they lack expertise or
260 261 262 263 264 265 266 267 268 269 260 261 262 263 264 265 266 267 268 269 knowledge and would like to receive more public comment from clinicians and
270 271 272 273 274 275 276 277 278 279 270 271 272 273 274 275 276 277 278 279 various agencies; but acknowledged the importance of balancing consumer
280 281 282 283 284 285 286 287 288 289 280 281 282 283 284 285 286 287 288 289 protection and clinician safety.

290 **Public Comment**

291 292 293 294 295 296 297 298 299 290 291 292 293 294 295 296 297 298 299 Shanti Ezrine, California Association of Marriage and Family Therapists
300 301 302 303 304 305 306 307 308 309 300 301 302 303 304 305 306 307 308 309 (CAMFT): 1) Acknowledged concerns about requiring full name and license

1 number disclosure for providers working with high-risk populations. Noted the
2 complexity of balancing consumer protection with provider safety and stated that
3 CAMFT has no firm position yet on exemptions or alternative disclosure
4 methods. Feedback from staff and stakeholders was appreciated and will be
5 reviewed further. The CAMFT team plans to return at the next meeting with
6 additional input. 2) Regarding the scope of disclosure requirement, agreed with
7 staff that the law is clear: notice must be provided prior to initiating
8 psychotherapy services. Suggested clarifying this in existing FAQs if needed.
9 Confirmed that CAMFT has not received member inquiries on this issue and
10 found no consumer protection concerns related to scope.

11

12 Further Discussion

13 Sovec: Recommendation was made for staff to prepare a more detailed
14 presentation, including input from experts and witnesses from various programs
15 such as state hospitals and incarceration settings. This would help the committee
16 make a more informed decision. Emphasized the need to balance clinician safety
17 concerns with the fact that incarcerated individuals retain their consumer
18 protection rights, which is central to the board's work.

19

20 Ranasinghe: Expressed concern that incarcerated individuals are also
21 consumers and emphasized a lack of confidence in grievance processes
22 controlled by law enforcement agencies overseeing the incarcerated population.
23 Stressed the need for an external grievance mechanism and requested
24 additional information on this issue.

25 Jones directed staff to bring this topic back to a future Committee meeting.

26

27

28 **5. Discussion and Possible Action to Make a Recommendation Regarding**
29 **Possible Amendments to Add Additional Members to the Board of**
30 **Behavioral Sciences (BPC §4990)**

31

32 The Board is considering whether to sponsor legislation to increase its
33 membership from 13 to 15 members by adding one LPCC member and one
34 public member. This recommendation follows a review of comparable DCA
35 boards and reflects growth in the LPCC licensee population.

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37 Current law sets the composition of the Board as follows:

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- 2 California-licensed LCSWs
- 1 California-licensed LEP
- 2 California-licensed LMFTs
- 1 California-licensed LPCC
- 7 public members

1 The last expansion occurred in 2009 via SB 788, which introduced the LPCC
2 license and increased membership from 11 to 13. Originally, SB 788 proposed
3 adding four members, but this was reduced due to fiscal concerns.
4

5 Key Points from Comparative Review:

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- Other boards of similar size (e.g., Accountancy, Dental, Medical) have 15 members.
- Most boards maintain an odd number of members to avoid tie votes.
- No clear correlation between licensee population size and board size.
- This Board regulates four distinct practice acts, unlike many boards that oversee one or two.

12

13 Licensee Population Growth (Past 10 Years):

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- AMFT: ↓14%
- ASW: ↑24%
- APPC: ↑274%
- LMFT: ↑44%
- LEP: ↑7%
- LCSW: ↑73%
- LPCC: ↑250%

21

22 Discussion

23 Jones: Requested staff to confirm that there is no required threshold or ratio
24 between the number of licensees and the number of licensed members serving
25 on our Board.

26 Helms: Confirmed that there is no statute required ratio.

27 Strack: Noted that there is not a significant difference in the number of licenses
28 held by LPCCs compared to LEPs and asked what the justification is for adding a
29 second LPCC seat if the Board is not considering the same for LEPs. Finds it
30 difficult to find substantive justification to support this.

31 Sovec: What are the budgetary implications or overall impact of adding two
32 board members?

33 Sodergren: The primary costs would be per diem and travel expenses, which
34 would be minimal and likely absorbable within the current budget. The main
35 impact would be administrative — managing two additional members adds some
36 complexity.

37 Sovec: Currently, representation on the Board is quite proportional when
38 considering the number of registrants and licensees. Additionally, with the
39 crossover of individuals who hold dual licenses, it seems there is already more
40

1 than adequate representation for this license. Sides against adding another seat
2 to the Board for this reason.
3

4 Kitamura: Noted that since July 2023, the Board has not been fully seated. A
5 suggestion was made to prioritize efforts on filling these vacant seats.
6

7 Strack: Agreed that adding additional members would be challenging while the
8 Board is not fully seated. Questioned the need for adding a new LPCC seat,
9 noting that the problem to be addressed has not been clearly defined. Asked
10 what specific representation issues exist within the LPCC licensing community
11 and whether those concerns can be outlined.
12

13 Helms: Noted that the upcoming sunset review in approximately four years
14 would provide an opportunity to reassess the LPCC population. If significant
15 growth occurs by then, the sunset process could be an appropriate time to
16 consider adding a new seat, should the Board choose to pursue it.
17

18 Jones: Raised the question about whether there should be a defined process
19 and threshold for adding board seats. Noted that simply stating the need for
20 additional representation is insufficient without identifying the problem being
21 addressed. The member questioned whether LPCCs feel underrepresented and
22 pointed out that LEPs have similar license numbers but only one seat. Suggested
23 this discussion may highlight a broader issue: how to fairly determine
24 representation for each license type. The proposal raises more questions than
25 answers for the committee.
26

27 Public Comment

28 Dr. Ben Caldwell: Noted that he does not feel strongly either way but offered
29 points for consideration. 1) Historically, about 25% or more of APCC registrations
30 are delinquent at any given time, a higher proportion than other registration
31 types. This suggests fewer APCCs ultimately become LPCCs, possibly due to
32 dual registration and faster licensure pathways for MFTs. 2) Emphasized that the
33 primary factor in adding board members should be workload management. If
34 responsibilities such as disciplinary hearings and committee service are
35 becoming burdensome and discourage board participation, that would be a clear
36 indicator for adding members, regardless of license type.
37

38 Further Discussion

39 Sovec: Recommend deferring this until the Board's sunset bill comes up in four
40 years.
41

42 Helms: Offered to contact the Senate Business and Professions Committee to
43 inquire about the rationale for adding members and to clarify any established
44 thresholds for such changes.
45

1 Jones: Suggested getting more information from board member Dr. Boyd or the
2 California Association for Licensed Professional Clinical Counselors regarding
3 whether they feel underrepresented on the Board, what specifics needs they
4 have, and how adding a seat would support their licensees.

5

6 **6. Discussion and Possible Action to Make Recommendations Regarding**
7 **Proposed Amendments to the Business and Professions Code: Amend**
8 **BPC §§4980.43.2, 4996.23.1, and 4999.46.2 Regarding Supervisor**
9 **Assessment for Supervision via Videoconferencing; and Amend BPC**
10 **§§4990.26.1 and 4990.26.2 Regarding Training in Human Sexuality and**
11 **Child, Elder, and Dependent Adult Abuse Assessment and Reporting**

12

13 Staff has identified amendments that the Board may wish to consider including in
14 the 2026 Omnibus Bill.

15

16 1. Amend Business and Professions Code (BPC) §§4980.43.2, 4996.23.1,
17 4999.46.2: Supervisor Assessment for Supervision via Videoconferencing

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19 Background: Current law requires LMFT, LCSW, and LPCC supervisors to
20 assess the appropriateness of videoconferencing within 60 days of starting
21 supervision, even if supervision is conducted entirely in person. This
22 requirement is unnecessary in cases where videoconferencing is not used.

23

24 Recommendation: Amend the law to clarify that the assessment of
25 appropriateness is only required if supervision is conducted via two-way, real-
26 time videoconferencing.

27

28 2. Amend BPC §§4990.26.1 and 4990.26.2: Training in Human Sexuality and
29 Child, Elder and Dependent Adult Abuse Assessment and Reporting

30

31 Background: The Board requires applicants for licensure as marriage and
32 family therapists, clinical social workers, and professional clinical counselors
33 to complete training in human sexuality and abuse assessment/reporting.
34 While statutes define the scope and content of these trainings, some
35 provisions are outdated or overly broad.

36

37 Recommendation: Amend BPC §4990.26.1, related to human sexuality
38 training, to remove outdated and unnecessary language.

39

40 Amend BPC §4990.26.2 pertaining to child, elder and dependent adult abuse
41 assessment and reporting training as follows:

42

43 • Clarification is needed to ensure the required 7-hour course in child abuse
44 assessment and reporting is California-specific.

1 • Remove the provision that allows the required course to be taken from a
2 professional association or a local, county, or state health or mental health
3 department. The Board does not accredit these sources. Coursework
4 should only be accepted from accredited or Board-recognized providers.
5
6 • Eliminate the exemption that allows applicants to waive the abuse
7 assessment and reporting coursework by demonstrating it is not relevant
8 to their current practice. Requiring this training for all applicants supports
9 consistent public protection.

10 Discussion

11 Sovec: Emphasized the importance of maintaining strong and clear California-
12 specific language in requirements, particularly in anticipation of potential future
13 transition to national testing. Stressed the need to carefully review and preserve
14 California-specific elements.

15 Motion: Direct staff to make any discussed changes, and any non-substantive
16 changes, and to pursue as a legislative proposal.

17 M/S: Sovec/Jones

18 Public Comment

19 Shanti Ezrine, CAMFT: CAMFT has no concerns regarding the proposed
20 amendments.

21 Motion carried: 4 yea, 0 nay

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

22 **7. Update on Board-Sponsored and Board-Monitored Legislation**

23 Ms. Helms provided a brief status update on the following bills. A full update on
24 board-sponsored and board-monitored legislation was provided in the meeting
25 materials.

26 **Board-Sponsored and Board-Supported Legislation**

27 SB 775 (Ashby) Board of Psychology and Board of Behavioral Sciences:
28 Signed into law by the Governor

Board-Supported Legislation

- AB 489 (Bonta) Health Care Professions: Deceptive Terms or Letters: Artificial Intelligence: Signed into law by the Governor.
- AB 742 (Elhawary) Department of Consumer Affairs: Licensing: Applicants who are Descendants of Slaves: The Governor vetoed AB 742.
- SB 497 (Wiener) Legally Protected Health Care Activity: Signed into law by the Governor.

Board-Monitored Legislation

- SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: States of Emergency: Waivers and Exemptions: The Governor vetoed SB 641.

Discussion/Public Comment: None

8. Update on Board Rulemaking Proposals

Disciplinary Guidelines: Submitted to Office of Administrative Law (OAL) for final approval September 17, 2025

Telehealth: Approved by OAL, takes effect January 1, 2026

Continuing Education: To Agency for review October 15, 2025

Advertising: Submitted to DCA final review process October 6, 2025

English as a Second Language: Submitted for DCA production phase review
August 14, 2025

Fee Regulations: Noticed to the public on September 19, 2025; public hearing requested and to be held November 6, 2025

AMFTRB National LMFT Examination: Staff preparing documents for production phase review

Licensed Educational Psychologist Experience: Staff preparing documents for production phase review

Discussion/Public Comment: None

9. Suggestions for Future Agenda Items

None

1 **10. Public Comment for Items not on the Agenda**

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3 None

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5 **11. Adjournment**

6

7 The Committee adjourned at 11:22 a.m.