Board of Behavioral Sciences
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Gavin Newsom, Governor
State of California
Business, Consumer Services and Housing Agency
Department of Consumer Affairs

POLICY AND ADVOCACY COMMITTEE MINUTES

An archived recording of this Board of Behavioral Sciences meeting held on January 15, 2026, are available for viewing at the following link:

BBS Policy & Advocacy Committee 1.15.2026

DATE January 15, 2026

TIME 1:00 p.m.

LOCATIONS

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

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations
Christopher Jones, Chair, LEP Member
Kelly Ranasinghe, Public Member
John Sovec, LMFT Member

Members Absent Wendy Strack, Public Member

Staff Present at Primary Location
Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Shelley Ganaway, Legal Counsel
Rosanne Helms, Legislative Manager
Christina Kitamura, Administrative Analyst
Julie Weddle, Analyst

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

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DRAFT

1. Call to Order and Establishment of Quorum

Christopher Jones, Chair of the Policy & Advocacy Committee (Committee), called the meeting to order at 1:00 p.m. Roll was called, and a quorum was established.

2. Introductions

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

3. Consent Calendar: Discussion and Possible Approval of October 24, 2025 Committee Meeting Minutes

Motion: Approve the October 24, 2025 Policy and Advocacy Committee meeting minutes.

M/S: Sovec/Ranasinghe

Public Comment: None

Motion carried: 3 yea, 0 nay, 1 absent

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

4. Discussion and Possible Action to Make Recommendations Regarding Possible Amendments to the Required Notice to Consumers (Amend Business and Professions Code (BPC) §§4980.01, 4980.32, 4989.17, 4996.75, 4996.14, 4999.22, and 4999.71; Add BPC §§4980.33, 4980.17.5, 4996.76, and 4999.71.5)

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

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

1. Safety Concerns for Those Working with Incarcerated Populations

   Licensees working with incarcerated populations expressed concerns about disclosing full names and license numbers due to potential

harassment or retaliation. Staff committed to bringing this issue to the Committee for discussion.

2. Scope of the Disclosure Requirement

   The law states that the required notice must be provided before "initiating psychotherapy services." However, confusion exists about whether the notice applies only to psychotherapy or also to other activities such as assessments, consultations, or supervision.

Previous Committee Discussion
At its October 2025 meeting, the Committee directed staff to reach out to the state's correctional agencies to obtain more information.

Research
Staff contacted multiple correctional agencies to gather information on complaint processes, provider privacy protections, and challenges related to SB 1024.

California Correctional Health Care Services (CCHCS), which oversees medical, dental, and mental health care for incarcerated individuals in the California Department of Corrections and Rehabilitation's (CDCR) institutions, provided the following feedback:

- Historically, mental health providers identify themselves verbally by last name and title; written materials generally include only last name and title, aligning with security protocols to reduce harassment risks.
- Policies exist to protect provider identity, such as omitting full legal names in patient-facing documents and allowing complaints without requiring full provider identification. Supervisory review and CDCR assistance ensure providers can still be identified when necessary and in the case of complaints made directly to the Board, CDCR assistance to the Board in identifying the provider.
- CCHCS expressed concerns about mandatory disclosure of full legal names and licensing details, noting current privacy tools (institutional addresses, mailing services) do not fully mitigate risks.
- CDCR's Legislative Office reviewed the proposed language, provided in the meeting materials as Attachment A and reported no concerns from program experts.
- CDCR confirmed existing processes can accommodate the proposal while balancing disclosure requirements with clinician safety.

Scope of Disclosure Requirement
The Committee was asked to discuss whether the requirement to provide notice before initiating "psychotherapy services" applies only to ongoing

psychotherapeutic relationships or to any services performed within the profession's scope of practice.

Discussion

Ranasinghe: Expressed concern about the expansion of therapeutic practice into acute or non-traditional settings, noting that clinicians in these environments often do not establish the same formal therapeutic relationship that occurs in traditional office-based therapy. Questioned how this lack of an ongoing therapeutic relationship affects the notice requirements. Referenced Ms. Helm's point about identifying the primary place of practice and emphasized that providers in acute settings are offering short-term, immediate services rather than maintaining a continuing therapeutic relationship.

Sovec: Asked if individuals receiving services in crisis response situations should still have the right to access information, noting that even in acute scenarios, clients may need this information if they believe the crisis was handled improperly and wish to file a complaint.

Helms: Suggested that instead of using the phrase "upon initiation of psychotherapy services," the language could be revised to "prior to providing services within the scope of practice of their profession" to add clarity. The concern raised was that some providers interpret the requirement as applying only to ongoing, weekly psychotherapy, leaving uncertainty about whether notice is required for other types of services that still fall within their licensed scope of practice.

Sovec: Noted that the deeper review of issues related to the incarcerated population provided much clearer insight, and the proposed language developed so far appears to be well aligned with the direction the group intends to take.

Public Comments

Shanti Ezrine, California Association of Marriage and Family Therapists (CAMFT): CAMFT has no concerns with the proposed language creating a narrow exception for work with incarcerated individuals, especially given its alignment with the Board of Psychology's model. Expressed appreciation that the exception is specific to defined settings while still allowing flexibility for other environments that serve incarcerated populations under subdivision (a)(3). Regarding the scope of disclosure, CAMFT agreed that it would be helpful to identify various examples and evaluate the board's intent for each. Examples mentioned included MFTs working in mobile crisis units, disaster response teams, and other acute settings where services are not ongoing, contrasted with settings like schools where longer-term therapeutic work occurs. CAMFT expressed willingness to continue serving as a resource by providing additional examples or information to support decisions about whether clarifying amendments are needed.

1 Evalyn Beauchamp, social worker in adult parole behavioral health reintegration:
2 Shared concerns based on experience in parole behavioral health and at
3 Coalinga State Hospital, noting that some clients, including sexually violent
4 predators, have previously used personal information to contact or harass staff.
5 Questioned whether the Board is suggesting that such clients should bypass
6 normal supervisory channels and go directly to the board. Emphasized that this
7 population already knows how to seek assistance through existing systems and
8 expressed that the proposed disclosure requirement may not be suitable for this
9 setting.
10
11 Al Austin, American Federation of State, County, and Municipal Employees
12 (AFSCME): Explained that AFSCME is a labor union representing mental health
13 professionals who work for the state of California. Encouraged the committee to
14 adopt the cleanup amendments to SB 1024, noting that it would help restore
15 safety provisions for therapists working with incarcerated populations in state,
16 county, and municipal settings.
17
18 Angela Martinez, Associate Vice President for Exodus Recovery San Diego
19 Programs: Expressed concern that providing disclosure information during crisis
20 interventions can disrupt clinical care, confuse or escalate clients, and increase
21 complications during 5150 situations. Noted that many clients do not request
22 services and may misinterpret the disclosure. Advocated for allowing crisis
23 programs to direct clients to existing county complaint processes rather than
24 requiring immediate disclosure during acute crises.
25
26 <u>Discussion</u>
27 Helms: Noted general support for creating the new section 4980.33 and for
28 drafting parallel language for the other license types. The key issue still under
29 discussion is whether to retain the phrase “prior to initiating psychotherapy
30 services” or broaden it to “within the scope of practice of the profession.”
31 Cautioned against creating numerous setting-specific carve-outs, as that tends to
32 create confusion. Clarified that the phrase “as soon as practically possible
33 thereafter” was originally included to address crisis situations, allowing notice to
34 be provided after the immediate intervention.
35
36 Sovec: Noted strong support from professionals for the new section 4980.33 and
37 its extensions but expressed caution about changing the scope of disclosure
38 language too quickly. Suggested that the limited questions received so far may
39 reflect a normal implementation learning curve rather than a need for immediate
40 amendments and asked for thoughts on whether revisions are necessary at this
41 stage.
42
43 Helms: Agreed that it is reasonable to monitor questions about the disclosure
44 language over time rather than make immediate changes, noting that the more
45 urgent issue involves practitioners working in correctional settings. Emphasized
46 that concerns from those providers appear to require more immediate attention,

while broader questions about disclosure language can be revisited as implementation progresses.

Ranasinghe: Acknowledged concerns raised by correctional staff and courageous therapists who work in the corrections settings but emphasized that clients must never be discouraged from contacting the board, as access to the regulatory agency is fundamental to public protection. Stated that while further research is appropriate, any approach must avoid creating a chilling effect on clients' ability to reach the board. Expressed support for the motion with that principle clearly maintained.

Helms: Noted that the language in subsection (b)(1), which requires facilities to have an established process for clients to request and obtain information needed to file a complaint with the board, is sufficiently clear. Stated that this provision does not create a chilling effect on a client's ability to contact the board.

Jones: Requested that LEPs be included in the proposed language, noting that LEPs also work in juvenile facilities.

Helms: Noted one additional minor change to the draft language: in subdivision (a), the final sentence should be revised so that "the discretion *may* only be exercised" becomes "the discretion *shall* only be exercised." This amendment will be incorporated into the draft.

Motion: Direct staff to make any discussed changes and any non-substantive changes to Attachment A. As discussed, change "may" to "shall" in the last sentence of BPC §4980.33(a). Draft language in Attachment A for the three license types, including LEP, and bring to Board for consideration as a legislative proposal.

M/S: Sovec/Ranasinghe

Public Comment: None

Motion carried: 3 yea, 0 nay, 1 absent

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

5. Discussion and Recommendations for Possible Statutory or Regulatory Amendments to Address Licensee's Use of Artificial Intelligence

Recently, the Legislature passed AB 489, which prohibits a person or entity who develops or deploys an artificial intelligence system from having that system

represent or imply that it is a licensed health care provider by utilizing prohibited terms, letters or phrases. It makes violations subject to the jurisdiction of the applicable licensing board.

AI Listening Session

On November 12, 2025, Board staff hosted a Webex session titled *“BBS Lunch Time Listening Session: Artificial Intelligence in Mental Health Practice.”* The goal was to gather professional perspectives on AI use in mental health practice.

This session featured panelists from the California Association of Marriage and Family Therapy (CAMFT), the National Association of Social Workers-California Chapter (NASW-CA), and the California Alliance of Child and Family Services.

Discussion topics included potential benefits and risks of AI use in mental health practice, and ethical considerations for practitioners, educators, students, and trainees. A post-session survey indicated strong interest in additional ethical and legal guidance from the Board regarding AI use in mental health practice.

Organizational Efforts

Multiple mental health professional organizations are developing guidelines for safe and ethical AI use.

The National Board for Certified Counselors (NBCC) published *“Comparative Analysis of AI Guidelines in Professional Counseling”* (June 2025), summarizing similarities and differences among organizational guidelines. This publication was provided in the meeting materials as Attachment A.

The American Association of State Counseling Boards (AASCB) issued *“Supporting the Safe and Ethical Use of AI in Mental Health Counseling”* (Nov 2024) to support state licensing boards in their public protection duty. This document was provided in the meeting materials as Attachment B.

State Efforts

Several states have enacted or proposed laws regulating AI in mental health practice:

- **Illinois** (Wellness and Oversight for Psychological Resources Act signed into law in August 2025):
    - Prohibits therapy by AI; AI limited to administrative or supplementary support.
    - Supplementary support requires client disclosure and consent.

- **Pennsylvania** (Proposed House Bill 1993, 2025-26):

- Similar to Illinois; prohibits AI from representing itself as a therapist and restricts use to administrative/supplementary support with client consent.

- **Florida** (Proposed House Bill 281, 2026):
  - Prohibits AI use in therapy except for administrative/supplementary tasks or session transcription with 24-hour written consent.

- **Nevada** (AB 406 signed into law, effective July 1, 2025):
  - Prohibits AI systems from claiming to provide therapy or performing tasks within mental health scope of practice.
  - Allows AI for administrative tasks only; providers must ensure compliance with privacy laws and verify accuracy of AI-generated data.

The signed laws and proposed laws were provided in the meeting materials as Attachments C-F.

Discussion

Jones: Expressed support for the committee's direction. Noted that AI is becoming a significant tool within organizations and emphasized the need to consider regulations that ensure its ethical use.

Ranasinghe: Support for the Illinois example, noting that the framework appears well-tailored, allows room for future technological growth, and provides useful examples of appropriate AI use.

Helms: Stated that the Illinois approach is a strong starting point, highlighting the usefulness of its definitions for administrative and supplemental AI use. Noted that stakeholders have expressed a desire for more specifics. Additional specificity may be beneficial.

Sovec: Agreed that Illinois provides a strong foundation and suggested also incorporating the first paragraph from Nevada's approach. Noted that the AASCB attachment raises important concerns as to how practitioners are going to be able to maintain some of those standards and about the feasibility of certain informed-consent requirements, such as data collection and secure storage, given practitioners' existing workload. Added that some of the suggested requirements are nearly impossible for practitioners to achieve. Recommended blending Illinois and Nevada as a starting point, then reviewing the AASCB informed-consent guidance to identify areas where standards may need to be refined to ensure they are practical for clinicians to meet.

Helms: Suggested using the Illinois and Nevada models, along with the board's existing telehealth regulations, as the foundation for developing AI guidelines.

Public Comment

Shanti Ezrine, CAMFT: Acknowledged that AI is a rapidly evolving and difficult topic, with technologies changing quickly and practitioners still learning. Despite this, they stressed that guidance is needed, and that taking action is better than doing nothing. Shared that CAMFT has recently updated its Code of Ethics to address technology, telehealth, and AI, and offered to serve as a resource to the board by sharing the AI-related materials they have developed.

Divya Shiv, California Alliance of Child and Family Services: Noted that the California Alliance of Child and Family Services is also increasing its engagement with AI in behavioral health and has created an AI and Behavioral Health Workgroup to address related issues. They offered to serve as a resource to the board as this work continues.

Dr. Ben Caldwell, PsyD, LMFT: Acknowledged the difficulty of regulating AI due to its fast-evolving nature but agreed guidance is necessary. Commended CAMFT for updating its ethics code in a way that is practical and avoids overreach and suggested the board consider CAMFT’s principles when developing AI regulations. Highlighted three key principles from CAMFT’s approach: disclosure to clients when AI is used, consumer choice to opt out, and clinician accountability for all clinical decisions and documentation. Raised the idea of clarifying in regulation that clinicians cannot deflect responsibility onto AI in disciplinary matters, mirroring recent legislative action. Offered to serve as a resource as the board continues this work.

Gina Beaman, California Association of School Psychologists (CASP): Shared that CASP has begun addressing AI by updating their ethical conduct code and forming an AI work group. Emphasized the importance of starting with informed consent but also highlighted the need to prioritize AI literacy and digital citizenship training for providers, as well as helping clients understand basic technology concepts and limitations. Noted that this dual approach lays an essential foundation for responsible AI integration in mental health services.

David Navasartian, LCSW: Mr. Navasartian works for a behavioral health agency that provides services in several counties and serves as chair on the health agency’s AI governance board. Noted the need for clearer direction on informed-consent language and on the specific AI use cases clients should be consenting to, such as documentation support, treatment-data analysis, session materials, and clinical decision support. Highlighted challenges posed by counties developing differing AI requirements, creating inconsistencies for multi-county providers. Suggested the board develop guardrails and guidance on key questions to ask AI vendors to ensure products meet baseline standards for safety, security, and bias mitigation.

Staff will continue gathering information and report back to the Committee.

6. Update on Board-Sponsored and Board-Monitored Legislation

The Board is pursuing the following legislative proposals this year:

1. Technical and/or Non-substantive Amendments

   The Board identified several amendments needed to clarify and update current practice acts:

   - Clarify when supervisors must assess appropriateness of videoconference supervision.
   - Modernize statutes requiring coursework in human sexuality and child abuse assessment.
   - Correct references to incorrect section numbers.
   - Align advertising and client disclosure requirements across all license types.

2. Statutory Amendments to Restructure the Licensure Pathways

   The proposal initiates restructuring of the Board's licensing process to improve accessibility while maintaining standards for safe and competent practice. Key updates include:

   - Remove annual requirement for associates to attempt the California Law and Ethics Exam for registration renewal.
   - Require passing the Law and Ethics Exam within seven years prior to initial license application.
   - Extend validity of supervised experience hours from six to seven years.
   - Increase associate registration renewals from five to six (total of seven years before a new number is required).
   - Allow associates with a subsequent registration number to request a one-time, two-year hardship extension to work in one private practice setting.
   - Modernize exemption language for faith-based counseling by clarifying criteria for exemption from licensure.

Discussion/Public Comment: None

7. Update on Board Rulemaking Proposals

This item was removed from the agenda.

8. Suggestions for Future Agenda Items

1 None
2
3 **9. Public Comment for Items no on the Agenda**
4
5 None
6
7 **10. Adjournment**
8
9 The Committee adjourned at 2:11 p.m.