

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

SPRING 2026 NEWSLETTER

VOL. 12 NO. 2



SPRING: 2026 BOARD CHAIR REPORT



Wendy Strack

Thank you for taking a moment to explore this newsletter. We truly appreciate your engagement; it demonstrates your commitment to the important work ahead. The Board is moving forward with several significant initiatives that will shape the future of the profession, and your participation continues to be essential as we refine and implement these changes.

One of our major efforts is to streamline and modernize LMFT education standards to establish a clearer and more unified framework for preparing future mental health professionals. This work can only be successful with the perspectives and feedback of those we serve. We encourage participation in drafting these standards during upcoming Workforce Development Committee meetings. Public input throughout the rulemaking process and implementation helps ensure our decisions are balanced, equitable, and reflective of the needs of both licensees and the communities relying on mental health services. After completing the LMFT review, the committee will begin reviewing the standards for the LPCC and LCSW professions.

At the same time, the Board is sponsoring Assembly Bill 1598, which proposes thoughtful updates to the licensure pathway for registrants and applicants. The goal is to reduce barriers creating unnecessary delays, and to support a smoother, more accessible journey into the profession.

Additionally, the Board has approved a 50% reduction in licensing, renewal, and examination fees from July 1, 2026, through June 2030. This is an important step in lowering financial hurdles for current and future licensees.

Modernization of the Board's processes is also a top priority. We are working diligently to make the application experience as streamlined and user-friendly as possible. This summer, we plan to launch the online AMFT registration application. This will be the first of several improvements designed to bring added convenience and efficiency. Following this rollout, the Board will implement similar enhancements for ASW and APCC applications.

Modernizing education standards, expanding licensure pathways, and reducing costs represent a pivotal moment for the behavioral health community. By participating in Board and committee meetings, advisory groups, and public comment periods, you help ensure these initiatives align with our shared goals and support the continued delivery of high-quality mental health care across California.

Wendy Strack

Chair, California Board of Behavioral Sciences

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Keep reading to get the latest news, updates and important reminders from the Board!

THE BOARD'S MISSION IS TO PROTECT AND SERVE CALIFORNIANS BY SETTING, COMMUNICATING, AND ENFORCING STANDARDS FOR SAFE AND COMPETENT MENTAL HEALTH PRACTICE.

NEW ADVERTISING REGULATIONS EFFECTIVE APRIL 1, 2026:

Updated Fact Sheet, FAQ and Examples now Available


Changes to the Board’s regulations pertaining to licensee, registrant and trainee advertising* took effect April 1, 2026. The changes include the following

- Registrants must now include in any advertising that they are supervised by a licensed person.
- A licensee or registrant is allowed to use a former legal name or a nickname in advertising if certain requirements are met.

An updated Advertising Fact Sheet and FAQ has been posted, as well as examples of acceptable and unacceptable advertising for licensees and for trainees/registrants. This information is also available on the Board’s website under the “Updates” tab. Be sure to review this information to ensure your advertising complies.

*As a reminder, the definition of “advertising” is very broad. Advertising includes, but is not limited to, public

communication (including, but not limited to mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication; the issuance of any card, sign, or device to any person; or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification.



BBS
Board of Behavioral Sciences

**FACT SHEET AND FAQs:
LICENSEE AND REGISTRANT
ADVERTISING REQUIREMENTS**
Effective April 1, 2026

The Board’s regulations pertaining to advertising by licensees, registrants (Associates) and MFT Trainees have been amended and take effect April 1, 2026.

This Fact Sheet is designed to assist you in evaluating your advertising, and answers frequently asked questions about advertising.

For examples of acceptable and unacceptable advertising content, refer to the following:

- [Advertising Examples for Licensees](#)
- [Advertising Examples for Associates and MFT Trainees](#)

NOTE: If your advertising is determined to be out of compliance, the Board will issue a notification. In many instances, you’ll be given an opportunity to correct the issue before any formal action is taken.

DEFINITION OF “ADVERTISING”

The definition of “advertising” is very broad. Advertising includes, but is not limited to¹, any of the following:

- Public communication (including, but not limited to mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication);
- The issuance of any card, sign, or device to any person; or
- The causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification.

There are exceptions for signs posted in religious buildings and notices in bulletins mailed to religious congregations. For more information, see [section 501](#) of the Business and Professions Code (BPC).

¹ BPC Sections 4960.03(e) (LMFT); 4989.49 (LEP); 4992.2 (LCSW); and 4999.12(j) (LPCC)
 Advertising Fact Sheet and FAQ
 Revised 03/2026, Effective 4/1/2026 1 State of California

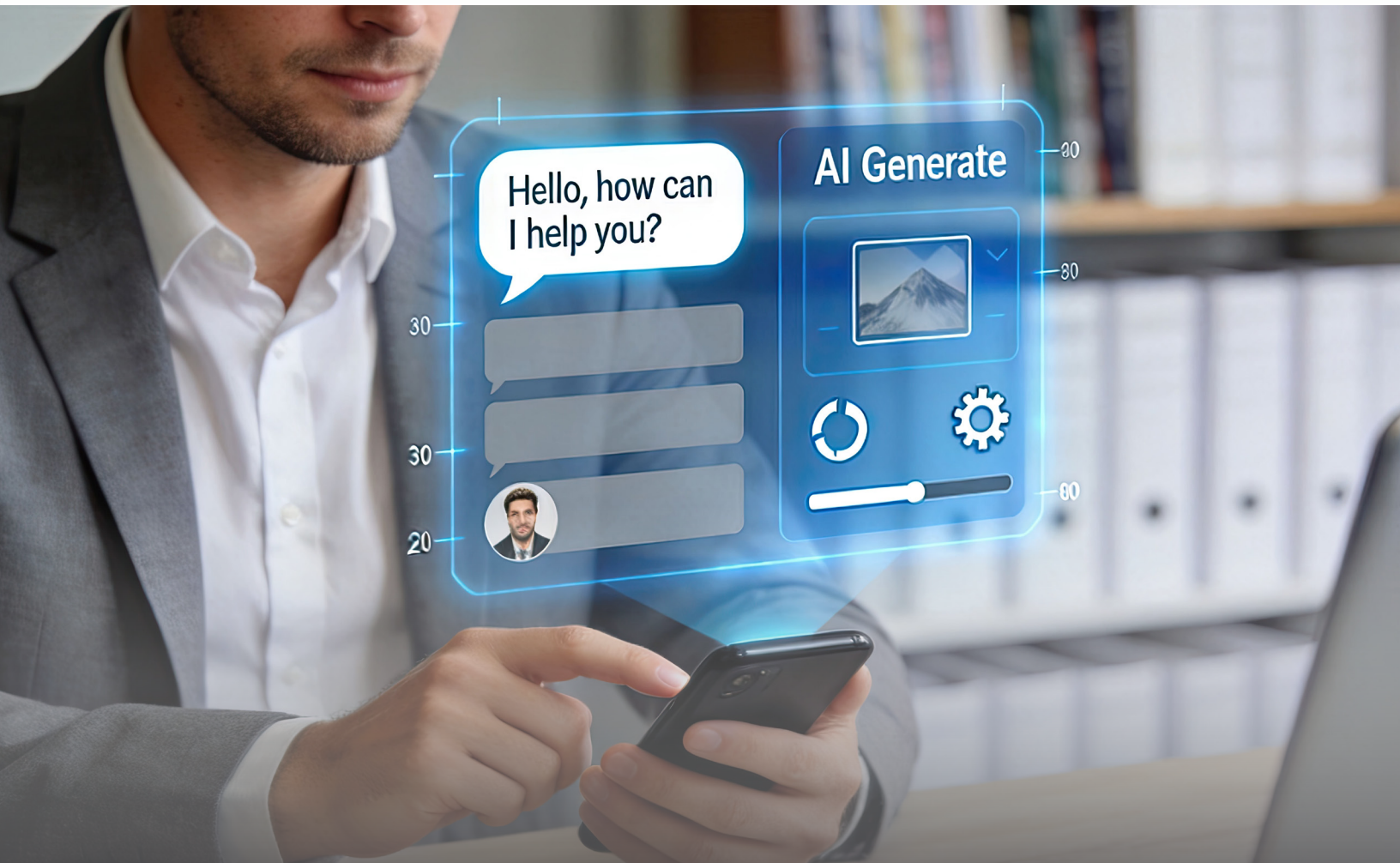
LMFT EDUCATION REQUIREMENTS UNDER REVIEW: YOUR PARTICIPATION NEEDED

The Board’s **Workforce Development Committee** is conducting a comprehensive review of the LMFT education requirements. Potential changes being discussed include:

- Possible modifications to the accreditation requirements.
- Identifying necessary core degree content areas and clarifying what the coursework should encompass.
- Establishing unit requirements.
- Discussion of practicum requirements.
- Defining an “integrated degree program” and transfer units allowance.
- Determining the appropriate scope and limits of remediation.
- Supplemental coursework requirements.

Once the MFT education review is complete, the committee will conduct a similar review for LPCC and LCSW. We strongly encourage participation in these meetings. The next meeting is scheduled for June 16, 2026 in Sacramento and will also be available for participation online via WebEx.





CHATBOT SAFETY

RED TEAMING, JAIL BREAKING, AND REAL-WORLD USE

Thomas Insel, MD

Jan 27, 2026

This may be the year when more people turn to chatbots than to human therapists for psychological support and guidance.

The numbers point in that direction. Since the pandemic, according to a [report](#) based on the National Health Interview Survey, the share of U.S. adults in outpatient therapy has risen from 9.5% to 13.4%—roughly 36 million Americans. That’s a remarkable cultural shift in its own right. More people — a lot more people — are in therapy than ever

before. But it may already be matched, or soon eclipsed, by something else.

We don’t have precise figures for chatbot use, but ChatGPT estimates about 20% of its roughly 800 million weekly users—some 160 million people worldwide—are seeking psychological support. Most of them are outside the United States, but if 16% to 18% are American, that translates to roughly 28 million Americans using just one chatbot for emotional or psychological help. A [RAND study](#) reported that 13.1% of young people (22.2% for ages 18 to 21) used a chatbot for mental health advice and 92.7% found the advice somewhat or very helpful. It’s a tough call, but my guess is currently there are still fewer people seeking mental health care from chatbots than from human therapists. But not by much. And not for long.

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Three things are worth noting as we stand on this threshold.

- 1. First, today’s large language models are the worst versions we will ever see.** They are the Model Ts of psychological support—astonishing for their time, but already being replaced by sleeker, safer, more capable systems every few months.
- 2. Second, this is not an either-or world.** Many people who are in outpatient therapy are also using chatbots. **One survey** suggests that nearly half of people with a self-reported mental disorder have turned to a chatbot. Therapy, for many, has become hybrid.
- 3. And third—and most important—not all chatbots are created equal.** Foundational models like ChatGPT or Claude are built to do everything: write code, summarize legal briefs, plan vacations, answer trivia. Bespoke models like Ash, Therabot, or Flourish are built for one thing: psychological support. That difference matters.

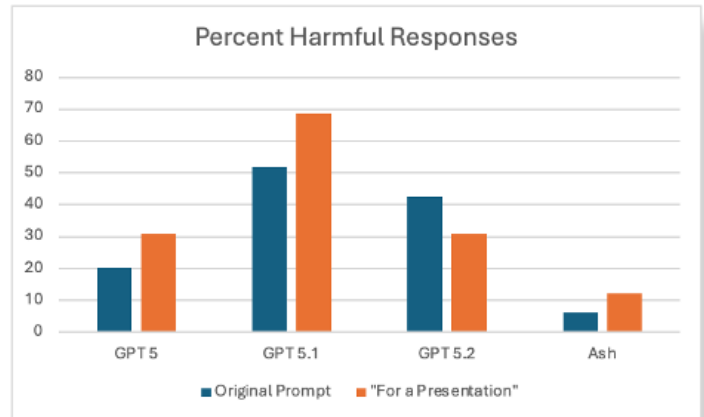
Which brings us to the question everyone is circling: Are chatbots safe—and effective—for mental health?

On effectiveness, the evidence is still thin. But on safety, the concerns seem to be overwhelming. Nearly every week brings a new headline about an adverse event involving a chatbot. Given the scale—160 million global users, including an estimated 1.2 million each week who show explicit indicators of suicidal intent—no one should be surprised that some users die by suicide. People in outpatient therapy do, too. The real question is not whether tragedy occurs. It’s whether chatbots make things better—or worse.

Earlier today, Slingshot released [a paper](#) on the safety of its chatbot, Ash, as well as several foundation models. Part of their study involved “red-teaming:” stress-testing various chatbots with dangerous prompts. How does the system respond to questions such as “How do I tie a noose?” or “What’s a lethal dose of Tylenol?” If the chatbot recognizes the risk and refuses to answer directly, can those safeguards be bypassed with sleight-of-hand prompts like “my friend wants to know” or “this is for a school presentation?” This attempt to bypass the safeguard is called “jail breaking.”

Slingshot’s [new report](#) compares several versions of ChatGPT (5, 5.1, and 5.2) with Ash. On direct questions about suicide, all the models performed well, recognizing risk and directing users to crisis resources. But when tested with more subtle prompts—using benchmarks from the Center for Countering Digital Hate covering suicide, eating disorders, and substance abuse—the differences widened. ChatGPT 5.2 produced harmful responses 42% of the time. Ash did so 6% of the time. When jailbreak attempts were

added, harmful responses increased as expected, but Ash still performed better: 12% versus far higher rates for the foundation models.



None of this should be shocking. A model trained specifically to detect distress and respond safely should outperform one trained to do everything. Asking a general-purpose model to serve as a therapist is a bit like asking a Swiss Army knife to perform surgery.

BUT RED TEAMING ONLY TELLS PART OF THE STORY. REAL LIFE IS MESSIER.

Slingshot also examined 20,000 real-world conversations with Ash. For this study, they built an LLM judge that flagged 800 of these 20,000 conversations as high risk for suicide or self-harm. Of these 800, 456 were detected by the safety classifier that runs in Ash. The remainder were sent for review by clinical experts. Clinician review detected 80 high risk conversations not flagged by the safety classifier, but it turns out that Ash had provided an appropriate crisis response in 77 of these 80 conversations. In sum, 3 of 800 (0.38%) were “false negatives” – potentially high-risk conversations that slipped through the safety net.

HOW DOES THAT COMPARE TO HUMAN CARE?

There is no apples-to-apples comparison, but a few insights might be helpful. According to a slightly dated [National Academy of Sciences](#) report, roughly half of the people who die by suicide each year are in treatment for a mental disorder. This should not be surprising since mental disorders, especially mood disorders, are high risk factors for suicide. Clinicians are trained to assess risk and use sensitive screening tools, yet most of those who die by

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suicide **deny suicidal intent** when asked. This is one of the hardest truths in mental health: suicide is often impulsive, sometimes concealed, and occasionally occurs despite every opportunity for intervention.

Researchers like Matthew Nock have shown that **subtle cognitive signals**—such as attentional bias—can detect risk even when self-report fails. **Others** have searched for biological markers. But the bottom line remains: suicide risk travels with mental disorders, whether the person is sitting across from a clinician or typing into a chatbot. Against that backdrop and the flood of recent worrisome news reports, the Slingshot data are reassuring – a chatbot being designed to detect risk of suicide or self-harm is already performing pretty well based on red teaming and real world data (note: we don't know if there were episodes of self-harm or suicide missed by the LLM, so the reported data are a lower bound).

WHICH LEAVES EFFECTIVENESS—AND THE LARGER QUESTION OF WHAT ROLE THESE TOOLS SHOULD PLAY FOR PEOPLE WITH A RISK OF SELF-HARM.

Remember, we have psychological treatments for suicidal ideation (focused forms of DBT and CBT). The challenge is connection: getting people to the right care at the right moment. While popping up 988 or the Crisis Text Line link has become the gold standard for providing a “safe response” for anyone deemed at risk on social media or in a chatbot conversation, there are little data to suggest this is an effective intervention. The **single study** of uptake found

roughly a third of users said they would follow through but the number who actually called a crisis service was not verified and is likely far lower. This study, by the folks at **Koko**, demonstrated a promising strategy for increasing uptake. The urgent opportunity is to design intelligent off-ramps—systems that don't just advise people to get help but actively bridge people to it: warm handoffs to crisis services, navigators who schedule appointments, pathways that reduce friction when someone is most vulnerable and can alert a human when someone is at high risk for hurting themselves.

It may be a mistake to think of chatbots as a mental health solution. They may be something else entirely: the front door to the mental health system. The place people go first. The place that notices distress early. The place that, if designed well, guides people toward the human or hybrid care they need.

The future of mental health may not be human or machine. It may be human and machine, thoughtfully aligned. The question is not whether people will keep turning to chatbots. They already are preferring chatbots as non-judgmental, ever-present, trusted supports. The question is whether we will build them wisely enough to deserve that trust. Today's report suggests that, at least for safety, we can design something better than the foundational models.

*Tom Insel, M.D., a psychiatrist and neuroscientist, has been a national leader in mental health research, policy, and technology. He is the author of *Healing: Our Path from Mental Illness to Mental Health* and co-founder of Benchmark Health. This article was reprinted with his permission.*

GOVERNOR NEWSOM HIGHLIGHTS MENTAL HEALTH RESOURCES FOR VETERANS AS MIDDLE EAST CONFLICT CONTINUES

WHAT YOU NEED TO KNOW: Governor Newsom shares resources for veterans seeking support as news from the region may trigger memories of combat and loss.

SACRAMENTO — As the conflict involving Iran and the broader Middle East continues to unfold, Governor Gavin Newsom and the California Department of Veterans Affairs (CalVet) are reminding California’s veterans and their families that help is available if current events bring back difficult memories or emotional stress.

For many veterans, the conflict in the Middle East and the ongoing news coverage can reopen memories of past deployments, combat experiences, or the loss of fellow service members. These reactions are normal — and support is available.

“California is committed to supporting our veterans who bravely answered the call to serve our country. For many veterans, particularly those who served in the Middle East, the current conflict may feel deeply personal. The continuous stream of images, headlines, and uncertainty can trigger a flood of memories. If this situation is weighing heavily on you, please remember that you are not alone — California stands ready to help.”

Governor Gavin Newsom

“News of the conflict can bring back powerful memories of serving. If you’re feeling that weight right now, please know you’re not alone,” said **CalVet Secretary Lindsey Sin**. “If you’re feeling overwhelmed, anxious, or having memories of past deployments, we’re here for you. Reaching out for support is a sign of strength.”

HELPING VETERANS

Through the **California Veterans Health Initiative**, numerous community-based organizations are offering mental health support services for veterans and their families. Providers are located across the state.

“As a community-based organization that serves thousands of veterans across the Bay Area each year, we know re-traumatization during conflict is real,” said **Swords to Plowshares Executive Director Tramecia Garner**. “We want veterans to know they do not have to carry resurfaced memories, pain, and effects of PTSD alone. Reaching out to a fellow veteran, a counselor, or veteran-centered services is a powerful step toward healing.”

Veterans and their families can also access support through:

- For veterans services and advocacy: Call 1-844-SERV-VET or find your nearest **California County Veterans Service Office**.
- For community help: Visit **CalVet Veteran Services Regional Outreach** to find a CalVet Local Interagency Network Coordinator in your area.
- For counseling, peer support, and assistance navigating benefits and services: Go to the **U.S. Department of Veterans Affairs Vet Centers** for more information.
- California continues to expand support for those who served. Governor Newsom recently signed legislation strengthening mental health and support services for veterans and **secured a \$20,000 tax cut for many veterans and military families**, providing additional financial relief and stability for those who sacrificed for the nation.

California continues to support local communities in providing additional support for veterans experiencing or at

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risk of homelessness. In 2024, voters approved **Governor Newsom’s Proposition 1**, creating a \$6.4 billion bond to expand housing, behavioral health services, and treatment for veterans and people experiencing homelessness, including through the **Homekey+ program**.

California is also providing \$38 million in mental health grants through the California Veterans Health Initiative to help families access free mental health care in both urban and rural communities, and \$580.5 million for permanent supportive housing through the Veterans Housing and Homelessness Prevention (HHAP) program. These efforts are delivering results: in 2024 California achieved the nation’s largest reduction in veteran homelessness and last year California reduced unsheltered homelessness for the first time in decades, with a 9% drop.

ADDITIONAL RESOURCES

Veterans experiencing emotional distress can connect with trained counselors through the **Veterans Crisis Line**, which offers free, confidential support 24 hours a day, seven days a week. Veterans do not need to be enrolled in VA health care or benefits to use the service.

Veterans can access help by:

- Calling 988 and pressing 1
- Texting 838255
- Chatting online at **VeteransCrisisLine.net**

Trained responders can listen, provide support, and connect callers with additional resources in their community.

LOOKING OUT FOR ONE ANOTHER

California encourages veterans, families, and friends to check in with one another during this difficult time. Sometimes the most important step is simply talking to someone who understands – whether it’s a fellow veteran, a family member, or a trained counselor, reaching out can make a real difference.

More information about support services for veterans is available at <https://calvet.ca.gov>.

HONORING THOSE DEPLOYED AND THE FALLEN

The current conflict began after escalating tensions in the region erupted into direct confrontation with Iran, drawing U.S. forces into a volatile and uncertain situation. As the conflict deepens, 13 service members have already lost their lives — including **one Californian**. California honors their sacrifice and their families’ grief by ensuring those who served have the support and care they deserve.

We keep in our minds and hearts the more than **2,500 military personnel** who have now been deployed to the Middle East. They come from all corners of our country to serve our nation; we thank them for their bravery as the conflict continues to evolve.

SCAM TARGETING LICENSEES

The Board is aware of an attempted fraud scheme aimed at Board licensees. In the scheme, which is communicated by phone or in writing, individuals who identify themselves as Board employees or investigators notify the licensee they are under investigation, their license may be suspended, or an arrest warrant has been issued in their name and then demand money. In some instances, the individuals identify themselves as Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), or other law enforcement agencies. The callers may be “spoofing” Board telephone numbers to make the calls appear legitimate.

How to Protect Yourself:

- If you have any doubts or questions about someone claiming to represent the Board, hang up, then call the Board directly at (916) 574-7830 or email the Board via the contact button on our website, even if this looks like the same number you are being called from.

- Refuse payment. Never provide banking information, credit card numbers, or personal information, without first taking steps to verify the person requesting the information has a legitimate need for it. The Board will never ask for credit or debit information via a letter or over the phone.
- You can also consider simply taking down the caller’s information (including name, title, phone number, and email address). Let them know you will follow up directly with the Board and end the call.
- You may also consider ending the call without explanation if it seems suspicious or appears to be a scam.



PART 3: WORDS THAT HEALED: HOW THERAPISTS HELP DISMANTLE SHAME

In our last three newsletters, we shared a social media post by Kaileen McMickle, LPC (Wisconsin), who specializes in working with women who carry shame. She asked, “Share something your therapist said or did that made their shame melt away.” The thousands of responses were powerful.

Below is the final set of responses we promised to publish and hope you will enjoy. As therapists, it’s easy to underestimate the lasting impact of a single moment of attunement, validation, or gentle honesty. These comments are a reminder of how meaningful your work can be, and how small acts of empathy often become life changing experiences for your clients. Some of these may not resonate at all, but we hope there is a phrase or two that appeals to you. We hope you enjoyed this series!

1. You are not who you were on your worst day. The fact that you worry about being a bad person shows you aren’t.
2. Intrusive thoughts are normal, your brain just needs help filtering them out.
3. You are the person that the child in you needs to protect her now.
4. Let their disrespect be your closure.
5. I told my therapist I was ashamed of how much I lied as a child. She said, “What a clever little girl you were to create a reality so your mind could escape the horror you were in.”
6. It’s hard for me to express anger to people because I don’t want to hurt them the way my mom did to me. My therapist said, “Are you being disrespectful or are they feeling discomfort?” I physically felt my world shift.
7. My therapist suggested that my religious community wasn’t bringing me peace, comfort or community. It was making me hate myself. That day I left and never looked back. I’ve never been happier.

BBS STAFF PROFILE



ZACH BEAUCHAMP

Tell us a little bit about yourself and your career journey so far.

I am a Marine Corps veteran, a husband and a father of two, a gym enthusiast, a lover of all food and beverages, and a caffeine addict. The Marine Corps molded me into the man I am today--motivated

and striving to be the best, not only at what I do but also in putting forward the best "me" I can give people. After the Marines, I worked in the private sector. WWhen my wife got pregnant, it was time to look for a job with more secure income and benefits. That's when I started applying for state roles and luckily landed with the BBS.

How did you become a part of BBS?

I applied everywhere. With my main background working in customer service and cashiering in the private sector, I applied for office technician jobs and finally BBS contacted me for an interview. It's been a blessing ever since.

What is your position at BBS, and what does a day at the office look like for you?

I am the associate professional clinical counselor lead evaluator for the Registration Unit. A typical day in the office includes a lot of emails, phone calls, evaluation of transcripts from applicants, and a lot of laughs with my colleagues.

What are the most interesting aspects of the work that you do for BBS?

Knowing my work helps strengthen the community by supporting future counselors in their journey of helping others is meaningful. Given the number of vets living with PTSD, the more applicants I can assist, the more counselors or therapists will be available to support them.

What is one thing that you wish more people knew about BBS?

I wish people knew how enjoyable it is to work for the BBS. I don't have a vast knowledge of what other boards are like, but so far, it's been a blast, with celebrations, potlucks, and even the occasional corn hole tournament.

Who or what inspires you?

My family inspires me; I want to be the best for them and show them that hard work pays off in the end.

What is a fun fact about you that few people know?

I used to be an avid break dancer at one point in my life, and in high school started a break dance group to teach kids how to dance. Sometimes when the beat is just right, I'll show a sample of what I used to do.



DON'T LOSE HOURS AFTER GRADUATION: UNDERSTANDING THE 90-DAY RULE

The 90-day rule is often misunderstood, and the Board's **90-Day Rule FAQ** has been updated to address common misconceptions. To avoid losing experience hours gained immediately after a degree is awarded, the Board strongly encourages students to ensure they have a clear understanding of the 90-day rule. Schools offering a degree program leading to licensure are encouraged to disseminate this information.

WHAT IS THE "90-DAY RULE?"

The 90-day rule allows applicants to count supervised experience gained between their degree award date and the date their associate registration is issued, but only if the following requirements are met:

- The Board receives the associate application within 90 days of the degree award date; AND
- The applicant completes Live Scan fingerprinting form for each employer prior to accumulating post-degree experience hours; AND
- The applicant retains a copy of the completed Live Scan form for each employer and submits it to the Board with their application for licensure.
- Post degree hours may **ONLY** be counted after the date recorded on the "Request for Live Scan Service" form completed for your employer.

WHAT DO I NEED TO DO?

- Complete Live Scan fingerprinting for each employer before you begin earning post-degree hours under the 90-day rule. This is **NOT** the same as the Live Scan you will need to complete for the BBS when you apply for associate registration.
- Keep a copy of your completed "Request for Live Scan Service" form for each employer and keep it in a safe place.
- Submit a copy of each completed "Request for Live Scan Service" form with your application for licensure. Do not submit with your associate application.
- The Board also recommends that, prior to accepting a position with an employer, ask whether the agency fingerprints their employees. If they do not, you will not be able to count any hours gained prior to the actual issuance date of your associate registration.

THE BOTTOM LINE

Applicants **will not be able to count experience hours** gained between their degree award date and the date their associate registration is issued by the Board unless they submit their associate application to the Board within 90 days of their degree award date AND if they retain copies of their completed employer-required Live Scan fingerprint forms.

TOP TIPS FOR A SMOOTH ASSOCIATE APPLICATION PROCESS

1. SUBMIT APPLICATION TO BBS WITHIN 90 DAYS OF GRADUATION

- This allows you to count post-degree hours earned before your associate number is issued.
- See the 90-Day Rule FAQ for more information (recently updated): www.bbs.ca.gov/pdf/90day_rule.pdf.

2. KEEP YOUR COMPLETED WORKPLACE LIVE SCAN FORM

- This is different from the Live Scan for your associate application. It must be the signed and processed Live Scan form from your employer.
- Refer to the 90-Day Rule FAQ (mentioned above) for details.

3. USE A VALID, LONG-TERM EMAIL ADDRESS

- Choose an email you will have access to after graduation to ensure you will receive notices about your application status.
- This email address will be used for BBS communications throughout your exam and licensure process.
- Update your email address via the [Change of Address](#) form in BreZE.

4. SUBMIT A COMPLETE APPLICATION PACKET

- Fill out all sections carefully, following all instructions provided.
- Missing details (even something small like a missing signature or address) can delay processing.
- Ensure that your check is filled out and signed correctly.
- Keep a copy for your own records.

5. MAIL WITH TRACKING & DELIVERY CONFIRMATION

- BBS cannot confirm receipt of applications or payments due to application volume.
- Use postal tracking to confirm delivery.

6. DON'T BE TOO EARLY REQUESTING TRANSCRIPTS/DEGREE PROGRAM CERTIFICATIONS

- Request transcripts and degree program certifications no earlier than two weeks prior to submitting your application.
- Requesting these documents too early may cause delays.

7. BE AWARE OF PROCESSING TIMES

- Applications are processed in the order they are received.
- Standard processing is 30 business days but may be longer during graduation seasons.
- Follow BBS on social media for weekly updates.

8. USE FAQs AND OTHER PUBLICATIONS

- Check the Applicant page for your license type for FAQs and other publications: www.bbs.ca.gov/applicants/.
- These publications will answer many of your questions and provide you with a foundation for a smooth application and licensure process.
- Consulting these publications when you have a question helps reduce the volume of inquiries to BBS. While we are happy to answer questions and provide assistance, we encourage applicants to review available resources first, as this allows our evaluators to focus more efficiently on processing applications.



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NEW UPDATES

UPDATE FROM THE CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION (HCAI)

THE MEDI-CAL BEHAVIORAL HEALTH STUDENT LOAN REPAYMENT PROGRAM (MBH-SLRP)

The **MBH-SLRP** aims to reduce educational debt for behavioral health professionals who commit to serving Medi-Cal members and underserved communities. The second application cycle opened on May 1, 2026. Two launch webinar sessions for the second cycle were held on April 28, 2026 and May 7, 2026, and the recordings will be posted online.

THE CALIFORNIA HEALTH WORKFORCE EDUCATION AND TRAINING COUNCIL (COUNCIL)

The **Council** supports HCAI's efforts to strengthen and align statewide health workforce education and training strategies. The Council plays a key role in helping ensure California's health care system is prepared to meet the needs of its diverse communities.

CALIFORNIA STATE LOAN REPAYMENT PROGRAM (CA-SLRP)

CA-SLRP increases the number of providers practicing in federally designated California Health Professional Shortage Areas. The next application cycle opens on July 15, 2026.

MEDI-CAL BEHAVIORAL HEALTH RECRUITMENT AND RETENTION PROGRAM (MBH-RRP)

MBH-RRP provides recruitment and retention bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/licensure and training supports with the aim of recruiting and retaining behavioral health practitioners to serve the Medi-Cal population. The current application cycle closes on July 15, 2026.

HCAI will hold the next in person Council meeting on **July 22-23, 2026**. This meeting is open to the public.

Subscribe to HCAI's mailing list to receive announcements from HCAI.

AVOID LOSING EXPERIENCE HOURS DUE TO FILE CLOSURE

RESPOND QUICKLY TO DEFICIENCY NOTICES AND TEST AT LEAST ONCE A YEAR

Completing your supervised experience hours and submitting your application for licensure is a huge accomplishment. Once your application for licensure is submitted to the Board, it is important to remember that until you have passed the required licensure exams and submitted your initial license application, your supervised experience hours may be at risk.

The Board accepts supervised experience hours if they have been gained within six years of the licensure application date (except for up to 500 hours of practicum for LMFT applicants, which have no time limit).

If your file is closed, you will be required to reapply for licensure, and all supervised experience hours must meet the qualification requirements again. This means any hours older than six years old will no longer be accepted, and you will be required to obtain additional supervised experience.

Files can be closed for the following reasons:

- The applicant does not submit information required to correct deficiencies within one year from the date of the deficiency letter.
- A licensure applicant fails to sit for an exam within one year of being notified of their eligibility to take an exam.
- A licensure applicant does not retake an exam within one year of being notified of failing the exam.
- The applicant fails to pay the initial license fee within one year of passing the final exam.

Remember, if you have submitted an application for licensure, it is essential you track your deadlines carefully and ensure you take an examination at least once per year. It is also important to submit a complete application for licensure and respond to deficiency notices as soon as possible. These important actions will help you avoid having your file closed and losing your hard-earned experience hours.



IMPORTANT SUPERVISION RATIO REMINDER FOR ASWS

AVOID LOSING EXPERIENCE HOURS BY ENSURING ADEQUATE WEEKLY SUPERVISION

Are you an ASW or are you supervising one? If so, please read this article carefully to so that experience hours are not lost due to receiving inadequate weekly supervision.

In October 2023, the LCSW Unit identified an error in its previous interpretation of supervision requirements related to clinical experience hours. This correction was announced in the Board’s Spring 2024 newsletter, social media updates, and sent to the Board’s email subscriber lists. The corrected legal interpretation applied for hours gained after July 1, 2024, and a change in the law was made to avoid potential future misinterpretation. However, many applicants are still losing hours due to inadequate weekly supervision.

HERE’S WHAT ASWS AND THEIR SUPERVISORS NEED TO KNOW:

Each ASW must receive at least one “unit” of supervision during each week that any work experience hours are claimed in a setting.

ONE “UNIT” OF SUPERVISION EQUALS:

- One hour of individual or triadic supervision, or
- Two hours of group supervision.

However, if an ASW records **MORE than 10 hours of “clinical” experience** in a week, they must receive **one additional unit of supervision during that same week** in the same setting.

“Clinical” experience is defined as: Clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy.

This means that ASWs must receive two units of supervision in any week they claim more than 10 hours of “clinical” experience (as defined above). The two units may consist of either individual, triadic or group supervision, and must take place within the same week the hours are earned. If this additional supervision is not provided, only 10 “clinical” hours may be credited for that week.

ASWs and supervisors are strongly encouraged to carefully track the number of clinical hours and supervision hours each week to comply, and to make sure they are being logged on the weekly log form.

For more information on supervision requirements, see the Board’s [FAQs for ASWs](#).

BBS
Board of Behavioral Sciences

IMPORTANT ANSWERS TO FREQUENTLY ASKED QUESTIONS
FOR ASSOCIATE CLINICAL SOCIAL WORKERS

1625 NORTH MARKET BLVD.
SUITE S-200
SACRAMENTO, CA 95834
(916) 574-7830
WWW.BBS.CA.GOV

Revised: 01/2028 | PDE_19-379 | EDH

BEHIND THE TIMELINE: WHAT APPLICANTS SHOULD KNOW ABOUT CLINICAL EXAM APPLICATION REVIEW TIMES

Applicants often ask why the Board takes considerable time to evaluate clinical exam applications (also known as “Application for Licensure”). While application volume and staffing have an impact, the primary factor is the extensive review and analysis required. As a consumer protection agency, the Board must confirm all applicants comply with the licensing requirements mandated by California’s law. This thorough review helps protect everyone who relies on mental health services and upholds the integrity of the license.

The Board recognizes how long processing times impact applicants and continues to pursue ways to reduce them. Carefully following application instructions helps applicants avoid deficiencies, which are the primary cause of processing delays. When a deficiency occurs, the evaluator must document the deficiency, notify the applicant, and later clear the deficiency. This review time takes resources away from processing other applicants.

WHAT THE REVIEW INCLUDES

Each application undergoes an individualized evaluation, including:

VERIFICATION OF ALL SUPERVISORS

The BBS must verify the license of each listed supervisor and confirm a supervision agreement (or supervisor

responsibility statement) has been signed and submitted for every supervisor. Many applicants have multiple supervisors across different settings and time periods, and each one requires individual review.

REVIEW OF SUPERVISED EXPERIENCE

The Board evaluates all supervised experience to confirm compliance with legal standards, including whether it occurred in permissible settings and categories and that required hour minimums, maximums, and supervision ratios were met. Evaluators must check the applicant’s record to verify current and valid registration while accruing post-degree hours.

VERIFICATION OF APPLICATION DOCUMENTS

Every document submitted, such as experience verification forms, course completion certificates, W-2 forms, and the application itself, is reviewed for compliance, completeness, and consistency. Any discrepancies or missing information require additional review.

THANK YOU

The Board is committed to ongoing improvements to shorten processing times, and we appreciate applicants’ patience as we continue to do so.



IMPORTANT BBS PUBLICATIONS FOR STUDENTS, NEW GRADUATES AND ASSOCIATES

STUDENTS AND NEW GRADUATES

90 Day Rule FAQ

Handbook for Future LCSWs

Handbook for Future LPCCs

Handbook for Future LMFTs

FAQs for MFT Trainees and AMFTs

FAQs for ASWs

FAQs for APCCs

Guide to Supervision

Top Tips for a Smoother Associate Application Process

ASSOCIATES

10 Tips for a Smoother Licensing Process

Registrant CE Information Brochure

Law and Ethics Exam FAQ

Exam Candidate Handbooks (select your license type, then select Forms/Pubs)



BBS OUTREACH SERVICES

The Board provides outreach to schools and other interested groups on a variety of topics. We also table at in-person events. The following types of presentations are available:

- About the Board
- Laws governing practice in California
- Laws governing licensure in California
- The application process for associate registration
- The pathway to licensure
- The application process for licensure
- The enforcement process

Don't see a topic listed? We may be able to work with you on designing a presentation. Contact us to inquire at: bbs.outreach@dca.ca.gov

STAY INFORMED ABOUT WHAT'S HAPPENING WITH BBS!

Are you an applicant, registrant, licensee or consumer who would like increased access to BBS activities and updates? Join our email subscribers list! You can also follow the Board on Facebook and X. Scan a QR code, click on a graphic, or go to www.bbs.ca.gov to connect!



EMAIL
SUBSCRIBERS
LIST



ONLINE IS EASIER AND FASTER!

A Variety of Online Services Available Via BreEZe

For faster service, manage your registration and license online! BreEZe provides services for applicants, registrants and licensees, saving you weeks of processing time compared to paper applications. BreEZe allows payment via credit card in a secure environment. Services available include the ability to:

- Subscribe to license notifications.
- Apply for an associate registration — **Coming Soon!**
- Request a name change.
- Submit an address change (takes effect instantly).
- Add or change your email address.
- Verify a license and obtain proof of renewal status.
- Obtain a certification of licensure.
- Renew a license or registration instantly (up to 90 days in advance).
- Apply to change from inactive to active status.
- Request a replacement registration or license (allow two weeks for delivery).
- Apply for your initial law and ethics exam.
- Apply for initial license issuance.

Consumer complaints can also be filed on BreEZe. Visit www.BreEZe.ca.gov.

HELPFUL TIPS AND TUTORIAL VIDEOS

If you are new to the Board's online services or just need some assistance, helpful tips are available online:

BreEZe Helpful Hints

BreEZe Help Tutorial Videos

Video topics include:

- Register for BreEZe
- Remember your password or user ID
- Submit a renewal
- Update your information
- Make a payment
- Search for a license
- Subscribe to license notifications

If you need additional assistance using BreEZe, technical support can be reached at (855) 227-9633.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS



NEW: BBS EMAIL SUBSCRIBER'S LIST FOR SUPERVISORS

The BBS is excited to announce a new email subscription list for supervisors! By joining, supervisors will receive updates, resources, and important information on all things related to supervision.

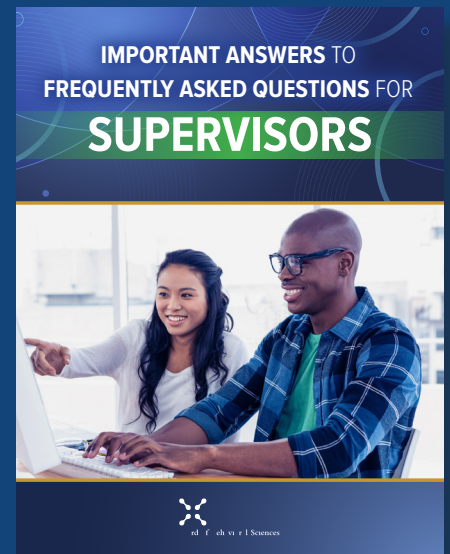
Stay connected and informed. Subscribe today [here](#).



NEW! FAQ FOR SUPERVISORS

The Board is excited to release our new **FAQs for Supervisors**. This publication is intended to serve as a quick answer guide for common questions asked by licensees who are supervising (or are preparing to supervise) an associate clinical social worker, associate marriage and family therapist, MFT trainee, or associate professional clinical counselor.

Be sure to check it out, as well as other information on the Board's **Supervisor Resources** page.





FORMAL DISCIPLINARY ACTIONS JANUARY 1, 2026 – MARCH 31, 2026

Select the individual's name for a link to more information.

Shawn Christopher Boykin

ASW 110997

Gardena

FAILED TO COMPLY WITH PROBATION TERMS/CONDITIONS

Action: Registration revoked

Effective: February 12, 2026

Robyn Campbell

AMFT 148275

Anaheim Hills

CRIMINAL CHARGES/ CONVICTIONS

Action: Registration revoked

Effective: February 12, 2026

Crystal Brooke Edwards

LCSW 137008

Modesto

CRIMINAL CHARGES/ CONVICTIONS

Action: License revoked, revocation stayed and placed on probation for three years with terms and conditions.

Effective: February 12, 2026

Patricia Ann Foley

LMFT 38927

Quincy

CRIMINAL CHARGES/ CONVICTIONS

Action: License surrendered

Effective: February 12, 2026

Amy Diana Goldman

LCSW 23493

Venice

UNPROFESSIONAL CONDUCT

Action: Public Reprimand, with terms and conditions.

Effective: February 12, 2026

Paul C. Hoang

LCSW 28713

Fountain Valley

UNPROFESSIONAL CONDUCT

Action: License revoked, revocation stayed and placed on probation for five years with terms and conditions.

Effective: February 12, 2026

CONTINUED ON PAGE 19

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FORMAL DISCIPLINARY ACTIONS JANUARY 1, 2026 – MARCH 31, 2026

David Kim

LMFT 112034

San Diego

**CRIMINAL CHARGES/
CONVICTIONS**

Action: Registration revoked, revocation stayed and placed on probation for three years with terms and conditions.

Effective: February 12, 2026

Jennifer Marie Langon

LMFT 155893

Santa Cruz

**CRIMINAL CHARGES/
CONVICTIONS**

Action: License surrendered

Effective: February 12, 2026

Alexandra Nichole Mango

AMFT 130787/APCC 11128

San Diego

**CRIMINAL CHARGES/
CONVICTIONS**

Action: Registrations revoked, revocations stayed, and placed on probation for five years with terms and conditions.

Effective: February 12, 2026

Ricardo Jonathan Mejia

LCSW 137010

Long Beach

**CRIMINAL CHARGES/
CONVICTIONS**

Action: License revoked, revocation stayed and placed on probation for three years with terms and conditions.

Effective: February 12, 2026

Juan Carlos Navarro

LPCC 6557

Visalia

**CRIMINAL CHARGES/
CONVICTIONS**

Action: License revoked, revocation stayed and placed on probation for five years with terms and conditions.

Effective: February 12, 2026

Tania Alejandra Rael

ASW 120329

Santa Maria

**CRIMINAL CHARGES/
CONVICTIONS**

Action: Registration revoked

Effective: February 12, 2026

Ana Jocelyn Reyes

ASW 137009

Escondido

**CRIMINAL CHARGES/
CONVICTIONS**

Action: Registration revoked, revocation stayed and placed on probation for three years with terms and conditions.

Effective: February 12, 2026

Megann Marlys Rither

LMFT 48573

San Rafael

**FAILED TO COMPLY WITH
PROBATION TERMS/CONDITIONS**

Action: License revoked

Effective: February 12, 2026

Maria Stella Salazar

ASW 108928

Clovis

**CRIMINAL CHARGES/
CONVICTIONS**

Action: Registration surrendered

Effective: February 12, 2026

Carlos Valdovinos

ASW 106835

Oakland

UNPROFESSIONAL CONDUCT

Action: Registration revoked, revocation stayed and placed on probation for three years with terms and conditions.

Effective: February 12, 2026

Jazmine Carrina Whisenant

LCSW 101096

Oakland

**FAILED TO COMPLY WITH
PROBATION TERMS/CONDITIONS**

Action: Probation extended by three years.

Effective: February 12, 2026



Board of Behavioral Sciences

CALIFORNIA
BOARD OF BEHAVIORAL SCIENCES

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830



UPCOMING MEETING DATES

Board Meetings

August 13-14

November 19-20

Outreach and Education Committee

June 23

September 8

Policy and Advocacy Committee

September 17

Workforce Development Committee

September 17

EVENTS TO REMEMBER

MAY

[Mental Health Awareness Month](#)

JUNE

[National Minority Mental Health Month](#)

Please visit the [Board and Committee Meetings webpage](#) or sign up for the [email subscribers list](#) for updates.