CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

VOLUME 1 | NARRATIVE

SUNSET REVIEW REPORT 2025

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

BBS
Board of Behavioral Sciences

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SECTION 1

BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSIONS

Section 1 –
Background and Description of the Board and Regulated Professions

Provide a short explanation of the history and function of the board.[1] Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

HISTORY AND FUNCTION OF THE BOARD

The Board of Behavioral Science (BBS or Board) is responsible for the regulatory oversight of over 148,000 licensees and registrants. The Board licenses and regulates Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Educational Psychologists (LEPs), and Licensed Professional Clinical Counselors (LPCCs). Additionally, the Board registers Associate Social Workers (ASWs), Associate Marriage and Family Therapists (AMFTs), and Associate Professional Clinical Counselors (APCCs). These registrants are required to be under the supervision of a licensed professional.

Governor Earl Warren signed legislation on July 18, 1945, that created the Board of Social Work Examiners under the Department of Professional and Vocational Standards (renamed the Department of Consumer Affairs in 1970). California became the first state to register social workers. A 1962 California State Assembly investigation regarding the fraudulent practice of marriage counseling contributed to the 1963 creation of the *Marriage, Family, and Child Counselor Act*. Under this Act, the Board of Social Work Examiners became the first state Board to license and regulate marriage, family, and child counselors. Soon after the addition of marriage, family, and child counselors, the Board of Social Work Examiners was renamed the Social Worker and Marriage Counselor Qualifications Board.

The addition of Licensed Educational Psychologists in 1970 to the Board's regulatory responsibilities inspired a new name, the Board of Behavioral Sciences Examiners. In 1997, the Board of Behavioral Sciences Examiners was officially renamed the Board of Behavioral Sciences. In 2010, a fourth mental health profession, Licensed Professional Clinical Counselor, was added to the Board's regulatory responsibilities.

[1] The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

PRACTICE ACTS DEFINED

Licensed Clinical Social Worker

Statute defines the practice of social work as "a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; doing research related to social work; and the use, application, and integration of the coursework and experience required by Sections 4996.2 and 4996.23" (Business and Professions Code (BPC) §4996.9)

Licensed Marriage and Family Therapist

Statute defines the practice of marriage and family therapy as "the application of psychotherapeutic and family systems theories, principles, and methods in the delivery of services to individuals, couples, or groups in order to assess, evaluate, and treat relational issues, emotional disorders, behavioral problems, mental illness, alcohol and substance use, and to modify intrapersonal and interpersonal behaviors." (BPC §4980.02)

Licensed Educational Psychologist

Statute defines the practice of education psychology as "performance of any of the following professional functions pertaining to academic learning processes or the educational system or both:

- Educational evaluation.
- Diagnosis of psychological disorders related to academic learning processes.
- Administration of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors.
- Interpretation of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors.
- Providing psychological counseling for individuals, groups, and families.

- Consultation with other educators and parents on issues of social development and behavioral and academic difficulties.
- Conducting psychoeducational assessments for the purposes of identifying special needs.
- Developing treatment programs and strategies to address problems of adjustment.
- Coordinating intervention strategies for management of individual crises." (BPC §4989.14)

Licensed Professional Clinical Counselor

Statute defines the practice of clinical counseling as "the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems, and the use, application, and integration of the coursework and training required by Sections 4999.32 and 4999.33. "Professional clinical counseling" includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions." (BPC §4999.20)

Practice Acts Exemption

All the Board's Acts exempt any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of their pastoral or professional duties, or any person who is admitted to practice law in the state, or a physician and surgeon who provides counseling services as part of their professional practice. Additionally, the Act exempts unlicensed or unregistered employees or volunteers working in a governmental entity, a school, a college, a university, or an institution that is both nonprofit and charitable.

MISSION, VISION, BOARD ADMINISTRATION

To fulfill its mandates, the Board manages its resources to license individuals and help candidates in the licensing process. It develops and administers licensure examinations and examination procedures consistent with prevailing standards for the validation and use of licensing and certification tests. It also enforces laws aimed at protecting the public from incompetent, unethical, or unprofessional practitioners, while providing education to consumers to enhance their understanding and awareness of their rights as a client.

The Board's mission is to protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practices. The vision of the Board is that all Californians are able to access the highest quality mental health services.

The following goals frame the Board's efforts:

1. Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.
2. Administer fair, valid, comprehensive, and relevant licensing examinations.
3. Protect the health and safety of consumers through the enforcement of laws.
4. Ensure the statutes, regulations, policies, and procedures strengthen the Board's mandates and mission.
5. Build an excellent organization through proper Board governance, effective leadership, and responsible management.
6. Engage stakeholders through continuous communication about the practice and regulation of the professions, and mental health care.

Current law provides for 13 Board members comprised of six licensees (2 licensed clinical social workers, 2 licensed marriage and family therapists, 1 licensed educational psychologist, 1 licensed professional clinical counselor) and seven public members. Each member of the Board is appointed for a term of four years. Eleven members are appointed by the governor and are subject to Senate confirmation. One public member is appointed by the Speaker of the Assembly, and one public member is appointed by the Senate Rules Committee.

A detailed list of Board procedures, membership and attendance may be found in the following attachments of Section 11:

- Attachment A – BBS Board Member Manual
- Attachment B 1a.-Attendance
- Attachment B 1b.-Board & Committee Member Rosters
- Attachment B 1c.-Board Member Biographies

1. *Describe the make-up and functions of each of the board's committees.*

BOARD COMMITTEES

The Board has established the following committees:

Policy & Advocacy Committee
The Policy and Advocacy Committee is comprised of four Board members. The work of the committee is focused on:

- Proposed legislation and regulations.
- Legislative and regulatory changes that respond to emerging trends or concerns in the mental health profession.
- Legislation and regulatory changes or proposed legislation that may affect the Board's licensees and registrants.

Telehealth Committee
The Telehealth Committee was established in January of 2021and was comprised of four Board members. The Committee held its last meeting in December 2023. The work of the Telehealth Committee was focused on:

- Determining if any of the Board's statutes and regulations related to the practice of telehealth by its licensees and registrants need to be updated or clarified.
- Expanding the use of telehealth and supervision via videoconferencing.
- Reviewing emerging telehealth platforms.
- Temporary practice allowances for out of state practitioners.
- Licensee and consumer education about telehealth.

Licensing Committee
The Licensing Committee was established in June of 2021 and was comprised of four Board members. The Committee held its last meeting on October 2023 and was renamed the Workforce Development Committee. The work of the Licensing Committee was focused on:

- Topics related to the pathways towards licensure.
- Statutes and regulations concerning examination and renewal.
- Statutes and regulations concerning requirement for licensure.

Workforce Development Committee
The Workforce Development Committee was established in 2023 and took the place of the Licensing Committee and is comprised of four Board members. The work of the Workforce Development Committee is focused on:

- Workforce needs and increasing the mental health workforce in California.
- Identifying any unnecessary barrier to the pathway towards licensure.
- Proposing legislative or regulatory amendments that would reduce barriers while maintaining public protection.
- Legislative and regulatory changes that would enable licensing candidates to gain early eligibility to licensure examinations.

Outreach & Education Committee
The Outreach & Education Committee was established in 2024 and will conduct its first meeting in 2025. This Committee is comprised of four Board members. The work of the Outreach and Education Committee will focus on:

- Increase engagement with stakeholders.
- Enhancing consumer education.
- Extending the Board's outreach to more diverse population.
- Increasing engagement with schools.
- Increasing engagement at public events.
- Increasing stakeholder participation at Board meetings.

2. ***In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?***

   The Board has not had to cancel any meetings due to a lack of quorum.

3. ***Describe any major changes to the board since the last Sunset Review***.

   <u>Change in Leadership</u>
   Kim Madsen, the Executive Officer of the Board, retired and Steve Sodergren was appointed as the interim Executive Officer of the Board on December 21, 2020, and as permanent Executive Officer on March 3, 2021. Steve previously served as the Board's Assistant Executive Officer. In October of 2021, Marlon McManus was hired as the Board's Assistant Executive Officer. Marlon previously served as the Board's Consumer Complaint Manager.

   <u>License Portability</u>
   In 2019, the Board introduced a new portability pathway for licensure, as established by SB 679 (Bates, Chapter 380, Statutes of 2019), allowing licensees from other jurisdictions to obtain licensure through a more streamlined application process. To apply for a license under this

pathway, the applicant must hold an unrestricted license, at the highest level of independent practice, in another U.S. jurisdiction for at least two years and meet certain education requirements. Additionally, the applicant must take and pass the California Board of Behavioral Sciences' Law and Ethics Examination and complete additional continuing education in specific coursework.

Supervision Regulations

In 2022, the Board implemented regulatory changes designed to strengthen supervised experience requirements in ways that benefit and provide clarity to supervisors, agencies, and supervisees; to address issues that may arise during supervised experience; and, to reduce the problems sometimes encountered by supervisees in the process of applying for licensure. Changes included clarifying documentation for deceased or incapacitated supervisors, amendments to required documentation of supervised experience, clarifications on placement by temporary staffing agencies, updating supervisor requirements, clarification of substitute supervisor requirements, amendments to supervisor training, and the deletion of the LPCC assessment or treatment of couples and families.

Registration & Licensing Unit Restructure

In 2023, to enhance efficiency, improve productivity, and allow for more effective staffing alignment, the Board restructured its Registration and Licensing units. Previously, one licensing manager oversaw the Board's four licensing programs, while the registrant manager managed a multidisciplinary unit that included cashiering and examinations. The addition of two managers reduced the span of responsibility for the licensing and registrant managers and enabled the creation of a standalone registration unit. Furthermore, the Board bolstered staffing by adding additional evaluator positions.

Strategic Plan

In collaboration with stakeholders, the Board developed the 2022-2026 Strategic Plan (Appendix A), focusing on reducing unnecessary barriers to licensure, supporting a culturally responsive workforce, increasing access through technology, and enhancing Board accountability. It also confirmed the Board's ongoing effort to create an efficient, streamlined, and technologically friendly environment. In September 2022, Governor Gavin Newsom issued Executive Order N-16-22, directing state agencies and departments to embed equity analysis and considerations into their

policies and practices, including the strategic planning process. Reflecting this directive, the Board adopted an amended 2022-2026 Strategic Plan in May 2024. This updated plan reaffirms the Board's mission to "protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practices."

Population Increase

Since the 2019 sunset review, the Board has experienced significant growth in its licensing population, which has increased by 25%, from 118,000 licensees and registrants to over 148,000. This growth can be attributed to the heightened focus on mental health services at both the state and national levels. Additionally, the introduction of the Board's portability pathway has led to a rise in out-of-state licensees applying for licensure.

Organizational Improvement Process Mapping

Board staff collaborated with DCA's Organizational Improvement Office (OIO) to map the Board's current processes and to identify possible improvements. This included a review of the licensing application process and the enforcement complaint process. Over two dozen Board staff participated in OIO workshops that culminated in 75 current processes at the Board being mapped. The insights gained from this evaluation, along with the recommendations made by OIO, will be utilized by the Board in pursuing process improvements and evaluating appropriate staffing levels.

Technological Advancements

Since 2019 the Board has established online applications for supervisor self-assessments, California Law and Ethics re-examinations, LMFT clinical re-examination, initial license, name changes, address changes, and license upgrades. Additionally, the Board entered a memorandum of understanding with DCA's Business Services Office—Records Imaging Services Unit to assist in the conversion and imaging of licensing records.

New Publications

The Board published three new handbooks to assist applicants for licensed marriage and family therapist, licensed clinical social worker, and licensed professional clinical counselors in understanding the pathways to licensure. Each handbook provides an overview of the licensure process and tips to help applicants avoid common pitfalls. Additionally, the Board created telehealth best practice documents: one for telehealth therapy providers,

one for tele-supervision providers, and one for consumers receiving telehealth therapy. The Board also drafted a consumer outreach document to explain its regulated professions to the public.

Social Media

Since January 2020, the Board has significantly increased its use of social media to enhance outreach efforts. This includes more frequent posts and the introduction of live Facebook events called "Facebook Fridays." These events provide updates on the Board's operations and allow registrants and licensees to ask questions and receive immediate answers. The initiative has received positive feedback, and the Board's following has more than doubled, with Facebook followers increasing from approximately 5,000 in 2020 to 32,000 today.

Pathway to Licensure Videos

Board staff partnered with the DCA's Office of Public Affairs to develop ten instructional videos for applicants. The topics include pathway to licensure, degree requirements for the different license types, tips for registrants, supervision overview, 90-day rule overview, and applicant conviction reporting. These videos were created to provide an additional resource for applicants when navigating the licensure process.

Fee Change

Pursuant to AB 3330 (Chapter 359, Statutes of 2020), the Board's fees for each of its license type increased on January 1, 2021. A 2018 audit performed by CPS HR Consulting (CPS), an independent firm, found that during the previous four years, while revenues increased by almost 39 percent, expenditures increased by approximately 42 percent. This imbalance was attributed to many factors such as a steady increase in application volume and registrant/licensee population, as well as increasing costs over the years in areas such as staff salary, health insurance, Attorney General costs, and other overhead costs.

Telehealth Training

In 2022 the Governor signed AB 1759 (Chapter 520, Statutes of 2022). Under this new law, effective July 1, 2023, the Board began requiring both applicants for licensure and licensees to have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which must include law and ethics related to telehealth.

Law & Ethics Continuing Education for Registrants
AB 1759 (Chapter 520, Statutes of 2022) established that all registrants who renew their registration or whose registration expires on or after January 1, 2023, must now take a minimum of 3 hours of continuing education (CE) coursework in California law and ethics during each renewal period to be eligible to renew their registration. This changed allowed the Board to simplify the registrant renewal process and maintain consumer protection.

Video-Supervision Allowances
AB 1758, effective August 29, 2022, changed the law regarding supervision. Previously, supervision via videoconferencing was only permitted in exempt settings. The new law allows face-to-face direct supervisor contact between a supervisor and a supervisee in all settings to be either in-person, via two-way real-time videoconferencing, or a combination of both. Within 60 days of starting supervision, the supervisor must assess the appropriateness of using videoconferencing for supervision. This assessment must consider the supervisee's abilities, the preferences of both parties, and the privacy of their locations during supervision. The supervisor must document the assessment results, and if videoconferencing is deemed inappropriate, it must not be used.

LEGISLATION SPONSORED BY AND AFFECTING THE BOARD SINCE THE LAST SUNSET REVIEW

Many legislative changes relevant to the Board of Behavioral Sciences' duties have been enacted since the last sunset review in 2019. The changes are listed in chronological order.

LEGISLATION (BOARD SPONSORED)

AB 3330 (Calderon, Chapter 359, Statutes of 2020) Department of Consumer Affairs: Boards: Licensees: Regulatory Fees
The Board sponsored provisions of this bill that increased the Board's licensing, registration, and examination fees. The fee increases became effective on January 1, 2021.

AB 690 (Arambula, Chapter 747, Statutes of 2021) Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors
This bill reclassified all psychotherapy settings as either exempt or non-exempt from licensure and registration requirements, as defined. This bill also increased the maximum number of persons a supervising psychotherapist licensed under the Board may supervise from three persons to six persons.

SB 801 (Archuleta, Chapter 647, Statutes of 2021) Healing Arts: Board of Behavioral Sciences: Board of Psychology: Licensees
This bill was the sunset vehicle for the Board. It made several changes to improve the Board's licensing and administrative functions, including, among other things: extending the operations of the Board to January 1, 2026; making structural changes to conform the Board's denial of licensure authority with AB 2138 (Chiu, Chapter 995, Statutes of 2018); expanding the scope of telehealth providers; clarifying the scope of practice for Licensed Marriage and Family Therapists; updating the Board's patient notice requirements; adding "prognosis" as an acceptable term to the Board's practice act; making minor conforming alterations to the Board's statutory fee cap for Licensed Clinical Social Workers; and requiring Board applicants, registrants, and licensees to provide their e-mail address to the Board so the Board can use e-mail as its primary means of communication.

AB 1758 (Aguiar-Curry, Chapter 204, Statutes of 2022) Board of Behavioral Sciences: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Supervision of Applicants for Licensure via Videoconferencing
This bill allowed the required weekly supervision of pre-licensed supervisees to be conducted via two-way, real-time videoconferencing in all settings, if the supervisor makes an assessment that this is appropriate. This bill also required the sunset of these provisions in 2026 and was an urgency measure and took effect immediately upon signing.

AB 1759 (Aguiar-Curry, Chapter 520, Statutes of 2022) Board of Behavioral Sciences: Licensees and Registrants: Marriage and Family Therapy, Educational Psychology, Clinical Social Work, and Professional Clinical Counseling
This bill required Board applicants for licensure and current licensees to complete three hours of training or coursework related to providing mental health services via telehealth. This bill also requires Board registrants to complete a three-hour continuing education course each renewal cycle in California law and ethics. Additionally, the bill made amendments to clarify

that associate clinical social workers, associate professional clinical counselors, and clinical counselor trainees may provide services with clients via telehealth.

SB 1495 (Committee on Business, Professions and Economic Development, Chapter 511, Statutes of 2022) Professions and Vocations
This was the omnibus bill for the Senate Committee on Business, Professions and Economic Development. The Board sponsored provisions of this bill to correct two minor reference errors in its practice acts.

AB 232 (Aguiar-Curry, Chapter 640, Statutes of 2023) Temporary Practice Allowances
This bill allows a 30-day temporary practice allowance to qualifying marriage and family therapists, clinical social workers, and professional clinical counselors licensed in another state whose client is visiting California, or is in the process of moving to California, if certain specified conditions are met.

SB 887 (Committee on Business, Professions and Economic Development, Chapter 510, Statutes of 2023) Consumer Affairs
This was the omnibus bill for the Senate Committee on Business, Professions and Economic Development. The Board sponsored two minor technical changes to its statutes. The first was to include marriage and family therapist trainees in the list of allowable LEP supervisees. The second was to affirmatively state in the law that the Board's online license lookup may be used to verify a license or registration.

SB 1024 (Ochoa Bogh, Chapter 160, Statutes of 2024) Healing Arts: Board of Behavioral Sciences: Licensees and Registrants
This bill, effective January 1, 2025, clarifies two of the Board's statutory requirements:
1. The requirement to physically display a license or registration; and
2. The allowable number of "supervisees" that a supervisor is permitted to oversee.

SB 1526 (Senate Business, Professions and Economic Development Committee, Chapter 497, Statutes of 2024) Consumer Affairs *(Omnibus Bill Proposal)*
This was the omnibus bill for the Senate Committee on Business, Professions and Economic Development. The Board sponsored one provision of this bill to make a minor, technical clarification related to continuing education.

LEGISLATION (AFFECTING THE BOARD)

AB 1145 (Garcia, Chapter 180, Statutes of 2020): Child Abuse: Reportable Conduct

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

AB 2113 (Low, Chapter 186, Statutes Of 2020) Refugees, Asylees, And Special Immigrant Visa Holders: Professional Licensing: Initial Licensure Process

This law requires boards and bureaus within the DCA to expedite the initial licensure process for an applicant who supplies satisfactory evidence that they are a refugee, have been granted asylum, or have a special immigrant visa, as specified. This law also allows boards and bureaus to assist these applicants during the initial licensure process. This law further specifies that persons applying for expedited licensure will still be required to meet all applicable statutory and regulatory licensure requirements.

SB 878 (Jones, Chapter 131, Statutes Of 2020) Department Of Consumer Affairs: License: Application: Processing Time Frames

Beginning July 1, 2021, this law requires each board and bureau within the DCA that issues licenses, to prominently display on their websites each quarter either the current average time frame for processing initial and renewal license applications, or the combined current average time frame for processing both initial and renewal license applications. This law also requires each board or bureau to quarterly post on their websites either the current average processing time frame for each licensing type administered by the program, or the combined current average time frame for processing all licensing types administered by the program.

SB 1474 (Business, Professions And Economic Development Committee, Chapter 312, Statutes Of 2020) Business And Professions

This law provides a one-year sunset extension for the following DCA programs that were undergoing the sunset review process prior to COVID-19: Board of Barbering and Cosmetology, Board of Behavioral Sciences, Board of Psychology, Board of Vocational Nursing and Psychiatric Technicians, Bureau for Private Postsecondary Education, Bureau of Real

Estate Appraisers, California State Board of Pharmacy, Physician Assistant Board, Podiatric Medical Board of California, and the Veterinary Medical Board.

AB 107 (Salas, Chapter 693, Statutes Of 2021) Licensure: Veterans And Military Spouses

This bill, after July 1, 2023, requires most boards and bureaus within DCA to issue temporary licenses to military spouses meeting specified criteria within 30 days, including passing a background check if one is required for licensure. This bill also requires DCA and boards and bureaus to post license information for military spouses on their websites and requires DCA to submit an annual report on licensure of military members, veterans, and spouses.

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) Health

This bill requires healing arts boards under the Department of Consumer Affairs to request specified workforce demographic data from their licensees and registrants at the time of electronic license or registration renewal.

AB 462 (Carrillo, Chapter 440, Statutes of 2021) Licensed Professional Clinical Counselor Act

This bill removed existing requirements for licensed professional clinical counselors (LPCCs) to gain at least 150 hours of clinical experience in a hospital or community mental health setting. This bill also removed the existing requirement for LPCCs to complete specified additional education, supervised experience, and continuing education related to marriage and family therapy in order to treat couples or families.

AB 468 (Friedman, Chapter 168, Statutes Of 2021) Emotional Support Animals

This bill prohibits a health care practitioner from providing documentation relating to an individual's need for an emotional support dog that is not a service dog unless the health care practitioner complies with specified requirements. This bill also requires a written notice by a seller of emotional support animals, and associated certificates or equipment, that they do not have the same rights as service dogs. Individuals who violate the provisions of this bill may be charged with a misdemeanor.

SB 607 (Min, Chapter 367, Statutes of 2021) Business and Professions

This bill requires licensing boards under the Department of Consumer Affairs to waive the licensure application fee and initial license fee for an

applicant with a current license in the same profession in another state who is a military spouse.

SB 731 (Durazo, Chapter 814, Statutes of 2022) Criminal Records: Relief
This bill, among other provisions, expands the types of arrest records that are eligible to be automatically sealed to include more types of felonies under specified circumstances. This bill also allows certain felony convictions that resulted in incarcerations to be automatically sealed as long as the individual has completed their sentence and has not been convicted of a new felony within four years. It also expands the date range for which arrests and convictions are eligible to be automatically sealed. These provisions became operative on July 1, 2023.

SB 966 (Limon, Chapter 607, Statutes of 2022) Federally Qualified Health Centers and Rural Health Clinics: Visits
This bill allows Medi-Cal reimbursement for covered mental health services provided by an associate clinical social worker or an associate marriage and family therapist who is under appropriate supervision and who is employed by a federally qualified health center or a rural health clinic.

SB 1002 (Portantino, Chapter 609, Statutes of 2022) Workers' Compensation: Licensed Clinical Social Workers
This bill added licensed clinical social workers as providers in the workers' compensation system.

SB 1237 (Newman, Chapter 386, Statutes of 2022) Licenses: Military Service This bill clarifies that military members on active duty with the California National Guard or members of the military on non-temporary assignments stationed outside California are eligible for a waiver of license renewal fees, continuing education requirements, and other license renewal requirements.

AB 665 (Carrillo, Chapter 338, Statutes of 2023) Minors: Consent to Mental Health Services
Beginning July 1, 2024, this bill made the requirements for a minor to consent to mental health treatment equal for both Medi-Cal recipients and non-Medi-Cal recipients.

SB 143 (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023) State Government

This bill conforms state statutes with recent federal law enabling the portability of professional licenses for servicemembers and spouses if specified requirements are met. The federal law requires state licensing entities, for a military member or their spouse who relocates due to military orders for military service, to consider their license valid if it is a similar scope of practice if they provide specified information.

SB 372 (Menjivar, Chapter 225, Statutes of 2023) Department of Consumer Affairs: Licensee and Registrant Records: Name and Gender Changes

This bill requires a licensing board under the Department of Consumer Affairs to update its records, including any records contained in its online license verification system, to include a licensee or registrant's updated legal name or gender, and make the former name and gender confidential, when that licensee or registrant provides government-issued documentation that their legal name or gender has been changed.

SB 525 (Durazo, Chapter 890, Statutes of 2023) Minimum Wage: Health Care Workers

This bill sets a multi-tiered statewide minimum wage for health care workers employed by covered healthcare facilities.

SB 544 (Laird, Chapter 216, Statutes of 2023) Bagley-Keene Open Meeting Act: Teleconferencing

This bill modernizes the Bagley-Keene Open Meeting Act requirements to allow for new options for remote participation for some Board members under specified circumstances.

AB 1991 (Bonta, Chapter 369, Statutes of 2024) Licensee and Registrant Renewal: National Provider Identifier

This bill requires DCA healing arts boards to electronically renew their license or registration to provide the Board with their National Provider Identifier if they have one.

AB 2270 (Maienschein, Chapter 636, Statutes of 2024) Continuing Education: Menopausal Mental or Physical Health

This bill requires the Board to consider including a course in menopausal mental or physical health in its continuing education requirements.

AB 2581 (Maienschein, Chapter 836, Statutes of 2024) Continuing Education: Maternal Mental Health
This bill requires the Board to consider including a course in maternal mental health in its continuing education requirements.

AB 2703 (Aguiar-Curry, Chapter 638, Statutes of 2024) Federally Qualified Health Centers and Rural Health Clinics: Psychological Associates
This bill expands the list of providers that federally qualified health centers and rural health clinics can bill for services to include licensed professional clinical counselors and associate professional clinical counselors.

PENDING REGULATIONS

The following changes to title 16 of Division 18 of the CCR have been proposed, are in various stages of the regulatory process as follows:

Disciplinary Guidelines: Amend title 16, CCR 1888
This proposal would result in updates to the Board's "Uniform Standards Related to Substance Abuse and Disciplinary Guidelines, which are incorporated by reference into the Board's regulations. The proposed changes fall into three general categories:

1. Amendments seeking to amend certain penalties that are available to the Board;

2. Amendments seeking to update regulations or the Uniform Standards/Guidelines in response to statutory changes to the Business and Professions Code; and

3. Amendments to clarify language that has been identified as unclear or needing further detail.

Status: Submitted to DCA Office of Legal Affairs to Begin Initial Review Process (Production Phase)

Unprofessional Conduct: Amend title 16, CCR 1845, 1858, 1881, 1886.30 and 1886.40
This proposal would result in updates to the Board's Unprofessional Conduct regulations. The proposed changes would result in striking regulations that duplicate statutory law and would provide for transparency by adding requirements related to the Confidentiality in Medical Information Act.

Status: Approved by the Office of Administrative Law (OAL) October 9, 2024; Takes effect January 1, 2025.

Telehealth Standards of Practice: Amend title 16, CCR 1815.5
This proposal would require a license be "current and active" to engage in telehealth instead of "valid and current" to conform with the actual license status types in the Board's online licensing system; require licensees providing services via telehealth to ensure that the technology, method and equipment used to provide services complies with all applicable federal and state privacy, confidentiality and security laws; and, strike a provision that states that violation of this section is unprofessional conduct, as this authority is already provided for in statute.

Status: Noticed to the public for comment; comment period ends December 16, 2024.

Continuing Education
This proposal would do the following:

- Credit up to 6 hours of CE per renewal cycle for licensees attending California Board of Behavioral Sciences meetings.

- Credit up to 18 hours of CE per renewal cycle for licensees providing direct supervision to an associate, or marriage and family therapist trainee.

- Allow other types of healthcare providers to verify a disability or medical condition for purposes of a temporary waiver of CE, and update the waiver request forms.

- Specify that the 6-hour law and ethics course required of licensees must be based on California law and ethics.

Status: Submitted to DCA Office of Legal Affairs to Begin Initial Review Process (Production Phase) November 7, 2024

Advertising
This proposal would do the following:

- Delete references to MFT Referral Services, as the Board no longer registers these services.

- Delete use of the title "Registered Associate CSW," as it is not a title that is typically used by the profession.

- Permit the use of a nickname or former legal name in an advertisement.

- Add a requirement that registrants must include in an advertisement that they are supervised by a licensed person.

Status: Submitted to DCA Office of Legal Affairs to Begin Initial Review Process (Production Phase) October 30, 2024.

English as a Second Language: Additional Examination Time
This proposal would allow an additional option for examination candidates to certify their eligibility for ESL accommodations.

Status: Approved by the Board at its meeting on November 15, 2024; materials being produced for DCA initial review process.

4. ***Describe any major studies conducted by the board.***

2021 Telehealth and Supervision via Videoconferencing Surveys for Students, Associates, Supervisors, and Schools
In 2021, the Board conducted four separate surveys to obtain feedback about student and associate experiences with providing services to clients via telehealth, supervision of applicants who are providing telehealth services, providing supervision via videoconferencing, and gathering topics related to telehealth where training may be needed. The surveys included:

- Supervisor survey: This survey was designed for supervisors of students and associates pursuing LMFT, LPCC or LCSW licensure. 1,938 completed surveys were received.

- Trainee and associate survey: separate surveys were created, one

for students currently enrolled in a LCSW, LMFT and/or LPCC program, and one designed for associates. 784 completed surveys were received from students, and 2,523 from associates.

- School survey: This survey was sent via email to the program's director at each school with a California LCSW, LMFT and/or LPCC program. The survey was also sent via the methods listed above. 188 completed surveys were received.

The results of the survey can be found in Section 11, Attachment C 1a. Telehealth & Supervision Survey 2021

2023 Online-Only Therapy Platform Survey

As part of the Telehealth Committee's work, the Board conducted a survey to assess whether the use of online therapy platforms presents any new public protection concerns that require the Board's attention. The survey targeted licensees and registrants with experience working on these platforms, aiming to gather detailed information about their experiences. The survey was open from April 10 through May 15, 2023. The survey received over 1,700 complete responses.

The results of the survey can be found in Section 11, Attachment C 1b. Online-Only Therapy Platforms Study 2023

2024 Pathway to Licensure Survey

This survey was developed to seek input from Board registrants and licensees about barriers that they are facing, or may have faced, during the pathway to licensure. The survey consisted of thirty questions organized into three thematic segments that relate to the major milestones of the licensure pathway: the education experience, the supervision experience, ant the examination experience.

For each major milestone, the survey asked for details about a participant's experience, how effective this experience was in preparing them for the next licensure milestone, and to what extent certain factors may have presented a barrier in obtaining that milestone. Also, the survey allowed for participants to include comments and additional information for each milestone. The survey closed on April 9, 2024, and resulted in 3,170 complete responses.

The results of the survey can be found in Section 11, Attachment C 1c.

Pathway to Licensure Survey 2024

5. List the status of all national associations to which the board belongs.

The Board is a current member of the Association of Marriage and Family Therapy Regulatory Board (AMFTRB), the American Association of State Counseling Boards (AASCB), National Board of Certified Counselors (NBCC), and the Association of Social Work Boards (ASWB). The Board's membership in each of these associations includes voting privileges. The Board is also a member of the Council on Licensure, Enforcement, and Regulation (CLEAR). This membership does not include any voting privileges. Rather, the membership allows the Board to access resources and information relating to regulatory agencies and licensure examinations.

Since the Board's 2019 Sunset Review, Board representatives were approved to attend the following professional association meetings:

- ASWB Annual Meeting of the Delegate Assembly – 2020 (Virtual), 2021 (Virtual), 2022 (Virtual), 2023 (Tennessee), 2024 (San Diego)
- AASCB Annual Meeting – 2020(Virtual), 2021 (Virtual), 2022 (Virtual), 2024 (Arizona)
- NBCC Counseling Regulatory Board Summit – 2022 (Pennsylvania)
- The Board's e executive officer participated on the following national professional association committees:
- AASCB-AI Committee 2024 (Virtual)
- AMFTRB Annual Meeting – 2024 (Baltimore)

NATIONAL EXAMINATION ACTIVITY

The Board uses two national examinations for licensure in California: the National Board of Certified Counselor's (NBCC) National Counselor Mental Health Clinical Examination (NCMHCE) for LPCC licensure and the Association of Social Work Boards (ASWB) national examination for LCSW licensure.

The Board continues to evaluate all applications for the licensure examination to confirm that the candidate satisfies the statutory requirements for licensure. Once a candidate is deemed eligible for the licensure examination, the candidate's eligibility is transmitted to the testing vendor, allowing the candidate to schedule their examination.

Examination development, scoring, and analysis involve the participation of subject matter experts (licensees). Each national examination adheres to the same five-year to seven-year standard for conducting an occupational analysis (practice analysis). Like the Board's examination development process, the national examinations use the occupational analysis results to develop questions for the national examination. California licensees participate in the occupational analysis for both national examinations.

The Board partners with the NBCC and ASWB to recruit California subject matter experts (SME) to participate in the development of the national examination. The California SMEs serve as item writers (examination questions); participate in workshops to review the items; and establish a passing score for each version of the examination.

The Board is currently considering adopting the National Exam provided by the Association of Marital and Family Therapy Regulatory Boards (AMFTRB). At its May 2024 meeting, the Board voted to initiate the process of pursuing legislation or regulations to formally accept the AMFTRB National Exam, contingent on meeting certain conditions. The Board has directed staff to complete the following steps before seeking final approval for the regulatory or legislative amendments required to adopt the AMFTRB National Exam:

- Collaborate with legal counsel to draft the necessary legislative or regulatory language to accept the AMFTRB National Exam for licensure.
- Work with AMFTRB to address concerns related to examination content and measurement scope.
- Ensure accessibility for all candidates by collaborating with AMFTRB to mitigate any adverse effects on exam candidates during the transition to the AMFTRB National Exam.

SECTION 2

FISCAL AND STAFF

Section 2 – Fiscal and Staff

Fiscal Issues

6. ***Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.***

   The Board is self-supporting, special fund agency that obtains its revenue primarily from licensing and renewal fees. The Board does not receive any general fund revenue. The Legislature determines the Board's annual budget, and the Board's expenses cannot exceed authorized expenditures. Any unspent funds are allocated to the Board's reserve fund.

7. ***Using Table 2. Fund Condition, describe the board's current reserve level, spending, and if a statutory reserve level exists.***

Table 2. Fund Condition (dollars in thousands)

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24*	FY 2024-25**	FY 2025-26**
Beginning Balance[1]	$3,597	$6,195	$11,194	$18,461	$15,971	$21,590
Revenues and Transfers	$13,041	$17,422*	$20,422	$21,064	$20,914	$20,855
Total Resources	$16,638	$23,617	$31,616	$39,525	$36,885	$42,445
Budget Authority	$12,046	$13,132	$13,593	$14,148	$14,300	$14,307
Expenditures[2]	$11,102	$12,569	$13,155	$13,554	$15,295	$15,566
Loans to General Fund	$0	$0	$0	-$10,000	$0	$0
Accrued Interest, Loans to General Fund	$0	$0	$0	$0	$0	$0

Table 2. Fund Condition (dollars in thousands)						
Loans Repaid From General Fund	$0	$0	$0	$0	$0	$0
Fund Balance	$5,536	$11,048	$18,461	$15,971	$21,590	$26,879
Months in Reserve	5.3	10.1	14.7	12.5	16.6	20.1

[1]*Actuals include prior year adjustments.*
[2]*Expenditures include reimbursements and direct draws to the fund.*
**Includes EO transfer to GF (AB 84)*
***Estimate*

8. ***Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.***

The Board does not project deficit and currently has a reserve fund which at the end of FY 2023-24 was $15,971,000, equivalent to 12.5 months in reserve. The Board's objective is to maintain an adequate reserve fund for economic uncertainties and to maintain ongoing operations. If the Board ends a fiscal year with unencumbered funds equal to or exceeding it operating budget for the next two fiscal years, it is required to reduce license or other fees in the following fiscal years (BPC section 128.5). The Board estimates fiscal year 2024-25 reserve balance to be approximately $21,590,000 equaling 16.6 months in reserve. Currently, Board staff are evaluating steps that may be taken to realign the current reserve fund.

9. ***Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?***

In 2020, the Board received a final payment for general loan funds for three loans totaling $12.3 million dollars. In 2024, the Board made a general fund loan of $10,000,000. The loan is expected to be repaid in a future year when or if the Board's budget demonstrates a need for the moneys or there is no longer a need for the moneys in the General Fund.

10. ***Using Table 3, Expenditures by Program Component, describe the amounts and percentages of expenditures by program component. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.***

Table 3. Expenditures by Program Component (list dollars in thousands)								
	FY 2020-21		FY 2021-22		FY 2022-23		FY 2023-24	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$1,791	$1,783	$2,130	$1,248	$2,187	$1,201	$2,252	$1,227
Examination	$534	$591	$635	$1,414	$777	$1,503	$733	$1,436
Licensing	$1,677	$372	$1,995	$142	$2,041	$218	$2,513	$267
Administration[1]	$1,118	$219	$1,321	$84	$1,504	$146	$1,505	$144
DCA Pro Rata		$2,262		$2,608		$2,553	$0	$2,527
Diversion	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	$5,120	$5,227	$6,081	$5,496	$6,509	$5,621	$7,003	$5,601
[1]*Administration includes costs for executive staff, board, administrative support, and fiscal services.*								

11. ***Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.***

The Board spent the following on the BreEZe program:

	FY 2020-21	**FY 2021-22**	**FY 2022-23**	**FY 2023-24**
BreEZe Expenditures	$414,909	$395,293	$320,000	$297,000

12. ***Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.***

Board registrants (AMFTs, ASWs, APCCs) renew on an annual basis with a renewal fee of $150. Board licensees (LMFTs, LCSWs, LPCCs, LEPs) renew biannual with a renewal fee of $200. Licensees can choose to renew inactive with a renewal fee of $100 and are required to submit a fee of $100 to change their license status from inactive to active.

Pursuant to AB 3330 (Chapter 359, Statutes 2020), the Board initiated a fee change that was effective on January 1, 2021. Before that, the Board had

not increased it fees in over 20 years. The Board's fees were keeping pace with costs quite well until approximately 2009 or 2010, when the Great Recession hit. The Board is a "special fund" state program, which means its fee revenue goes directly to supporting its operations (no other state funds from other areas are used). When the recession hit, the Board had a reserve fund, and the state borrowed money from the Board's reserve to fund the state's general fund (the general fund funds state programs which do not necessarily generate revenue on their own).

Between approximately 2012 and 2017, it became apparent that the Board was becoming structurally imbalanced with regards to its fee income versus operating costs. However, special fund programs are not permitted to pursue fee increases until their general fund loans have been repaid. The Board's general fund loan was not completely repaid until Fiscal Year 2019-20120. Therefore, the Board pursued the fee increase to correct the structural imbalance as soon as it was able to.

In 2018, the Board contracted with CPS HR Consulting (CPS), an independent firm, to provide performance auditing and consulting services. CPS conducted a review of the Board's fee structure and staff workload to determine if fee levels were appropriate for the recovery of the actual cost of conducting its programs. The report reviewed 25 main fees that represent approximately 90 percent of the Board's fee revenue: applications for registrations, licenses, examination, and renewals. It found that during the previous four years, while revenues increased by almost 39 percent, expenditures increased by approximately 42 percent. This means that there was a structural imbalance: licensing fees were no longer sufficient to recover operating costs. The imbalance was due to factors such as a steady increase in application volume and registrant/licensee population, as well as increasing costs over the years in areas such as staff salary, health insurance, Attorney General costs, and other overhead costs. Therefore, the Board needed to increase its licensing, registration, and examination fees to remain solvent.

The fee changes were as follows:

Fee Type	Previous Fee	New Fee Effective 1/1/2021
Associate Registration (AMFT, ASW)	$75	$150
Associate Registration (APCC)	$100	$150
Associate Renewal (AMFT, ASW)	$75	$150

Fee Type	Previous Fee	New Fee Effective 1/1/2021
Associate Renewal (APCC)	$100	$150
Application for Licensure (LMFT, LCSW, LEP)	$100	$250
Application for Licensure (LPCC)	$180	$250
Law & Ethics Exam (LMFT, LCSW, LPCC)	$100	$150
Clinical Exam (LMFT)	$100	$250
Written Exam (LEP)	$100	$250
Initial License Issuance (LMFT)	$130	$200
Initial License Issuance (LCSW)	$100	$200
Initial License Issuance (LPCC)	$200	$200
Initial License Issuance (LEP)	$80	$200
License Renewal (LMFT)	$130	$200
License Renewal (LCSW)	$100	$200
License Renewal (LPCC)	$175	$200
License Renewal (LEP)	$80	$200

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2020-21 Revenue	FY 2021-22 Revenue	FY 2022-23 Revenue	FY 2023-24 Revenue	% of Total Revenue
0773 Active Delinq Ren - LPCC	$100	Various	$4	$5	$6	$7	0.0%
0773 Inactive Delinq Ren -LCSW	$50	Various	$8	$8	$7	$8	0.0%
0773 Inactive Delinq Ren -LMFT	$50	Various	$18	$14	$13	$12	0.1%
0773 Inactive Delinq Ren - LEP	$50	Various	$1	$1	$1	$1	0.0%
0773 Active Delinq Ren - LCSW	$100	Various	$34	$39	$44	$46	0.2%
0773 Active Delinq Ren - LEP	$100	Various	$7	$10	$9	$9	0.0%
0773 Active Delinq Ren - LMFT	$100	Various	$77	$95	$99	$93	0.5%
0773 Inactive Delinq - LPCC	$50	Various	$0	$1	$0	$1	0.0%
0773 Cite & Fines	Various	Various	$46	$23	$23	$24	0.2%
0773 Duplicate Doc	$20	Various	$82	$81	$84	$86	0.5%
0773 Certification Fee	$25	Various	$65	$81	$77	$75	0.4%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Ftb Cite Fine Collection	Various	Various	$0	$9	$3	$1	0.0%
0773 Evaluation App - LMFT	$250	$500	$411	$538	$665	$732	3.2%
0773 Evaluation App - LEP	$250	$500	$21	$33	$49	$46	0.2%
0773 Evaluation App - LCSW	$250	$500	$456	$737	$784	$791	3.8%
0773 Exam Written Lep	$250	$500	$28	$44	$63	$64	0.3%
0773 Associate App - AMFT	$150	$300	$406	$611	$680	$733	3.4%
0773 Associate App - ASW	$150	$300	$452	$654	$661	$716	3.4%
0773 Associate App - APCC	$150	$300	$181	$233	$262	$295	1.3%
0773 Initial License - LPCC	$200	$400	$90	$116	$145	$184	0.7%
0773 Evaluation App - LPCC	$250	$500	$144	$208	$240	$248	1.2%
0773 Initial License - LMFT	$200	$400	$502	$559	$481	$518	2.8%
0773 Initial License - LCSW	$200	$400	$426	$480	$554	$539	2.8%
0773 Initial License - LEP	$200	$400	$16	$22	$23	$39	0.1%
0773 Law & Ethics Exam - LPCC	$150	$300	$192	$262	$312	$347	1.5%
0773 Law & Ethics Exam - LMFT	$150	$300	$485	$630	$725	$803	3.6%
0773 Clinical Exam - LMFT	$250	$500	$636	$878	$962	$992	4.8%
0773 Law & Ethics Exam - LCSW	$150	$300	$534	$710	$845	$924	4.2%
Refunded Reimbursements	Various	Various	$0	$0	($5)	($18)	0.0%
Suspended Revenue	Various	Various	$18	$15	$9	$15	0.1%
Prior Year Revenue Adjustment	Various	Various	($76)	($85)	($70)	($75)	-0.4%
Investment Income - Surplus Money Investments	Various	Various	$31	$44	$406	$704	1.6%
Escheat Unclaimed Checks, Warrants, Bonds, and Coupons	Various	Various	$2	$1	$1	$0	0.0%
Canceled Warrants Revenue	Various	Various	$13	$18	$29	$24	0.1%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Escheat Unclaimed Property	Various	Various	$0	$0	$0	$1	0.0%
Misc Revenue	Various	Various	$1	$1	($2)	$0	0.0%
Dishonored Check Fee	Various	Various	$3	$2	$3	$4	0.0%
Misc Revenue Ftb Collection	Various	Various	$0	$0	$1	$0	0.0%
Settlements and Judgments - Other	Various	Various	$1	$0	$0	$0	0.0%
0773 Retired License - LMFT	$40	Various	$4	$6	$5	$5	0.0%
0773 Retired License - LCSW	$40	Various	$2	$3	$3	$3	0.0%
0773 Assoc Renewal - APCC	$150	$300	$302	$461	$495	$549	2.5%
0773 Active Renewal - LPCC	$200	$400	$150	$226	$248	$326	1.3%
0773 Inactive Renewal - LPCC	$100	Various	$6	$10	$7	$11	0.0%
0773 Inactive To Active Lmft	$100	Various	$10	$12	$12	$13	0.1%
0773 Inactive To Active Lcsw	$100	Various	$5	$5	$8	$6	0.0%
0773 Inactive To Active Lep	$100	Various	$0	$1	$1	$1	0.0%
0773 Inactive To Active Lpcc	$100	Various	$1	$1	$1	$0	0.0%
0773 Retired to Active - LCSW	$200	Various	$0	$1	$1	$0	0.0%
0773 Retired to Active - LMFT	$200	Various	$0	$1	$1	$1	0.0%
0773 Assoc Renewal - AMFT	$150	$300	$1,016	$1,536	$1,560	$1,738	8.1%
0773 Assoc Renewal - ASW	$150	$300	$1,007	$1,725	$1,818	$1,951	9.0%
0773 Active Renewal - LMFT	$200	$400	$3,050	$3,767	$4,444	$4,137	21.3%
0773 Active Renewal - LCSW	$200	$400	$1,781	$2,445	$3,080	$2,806	14.0%
0773 Active Renewal - LEP	$200	$400	$82	$134	$142	$142	0.7%
0773 Inactive Renewal - LMFT	$100	Various	$155	$197	$202	$185	1.0%
0773 Inactive Renewal - LCSW	$100	Various	$82	$118	$120	$115	0.6%
0773 Inactive Renewal - LEP	$100	Various	$10	$15	$16	$14	0.1%
Refunds	Various	Various	$1	$1	$1	$0	0.0%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
0773 Oshp Behavioral Sciences	$20	Various	$63	$142	$67	$72	0.5%
Total Revenue			$13,042	$17,885	$20,421	$21,064	$72,412

13. *Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.*

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Req-uested	# Staff Appr-oved	$ Requested	$ Approved	$ Requested	$ Approved
1111-034-BCP-2020-GB	2020-21	Facilities Operations Funding Augmentation					$189,000	$189,000
1111-037-BCP-2020-GB	2020-21	BreEZe System Maintenance and Credit Card Funding					$616,000	$616,000
1111-038-BCP-2020-GB	2020-21	Board and Bureau Workload - Regulatory Staff Augmentation	1.0 AGPA	1.0 AGPA	$120,000	$120,000	$25,000	$25,000
1111-079-BCP-2022-GB	2022-23	BreEZe System Maintenance and Credit Card Funding					$593,000	$593,000
1111-023-BCP-2023-GB	2023-24	Office of Administrative Hearings – Budget Augmentation					$153,000	$153,000
1111-025-BCP-2024-GB	2024-25	BreEZe System Maintenance and Credit Card Funding					$722,000	$722,000

STAFF

Board operations are overseen by an Executive Officer (EO) and Assistant Executive Officer (AEO). Steve Sodergren was appointed as the interim Executive Officer of the Board on December 21, 2020, and as permanent Executive Officer on March 3, 2021. Steve previously served as the Board's

Assistant Executive Officer. In October of 2021, Marlon McManus was hired as the Board's Assistant Executive Officer. Marlon previously served as the Board's Consumer Complaint Manager. The Board currently has 65.5 authorized positions. The oversight of Board staff is organized into seven distinct units: Administration, Cashiering and Examinations, Registration, Licensing, Criminal Conviction, Consumer Complaint, and Discipline and Probation.

14. *Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.*

Over the past four years, the Board has maintained an average vacancy rate of approximately 14 percent across its positions, largely due to retirements and staff transitions to other state agencies or higher classifications within the Board. Notably, critical management positions have become vacant primarily because of retirements. Through its efforts the Board has been able to fill all vacancies and at the time of this report only has one vacancy.

The Board has implemented significant restructuring efforts designed to improve operational efficiency, increase management effectiveness, assist with employee retention, support the career growth of Board staff, and ultimately enhance the Board's ability to serve its constituents. The Board's restructuring efforts include:

- A restructure of the Board's Registration, Examination, and Cashiering Unit (REC). This unit was split into two distinct units: the Registration Unit and the Examination & Cashiering Unit. This change necessitated the creation of a new managerial position for the Registration Unit, achieved by upgrading an Office Assistant (OA) position that was being underutilized in the Administrative Unit to a Staff Services Manager I (SSMI) position. The Board also created two Associate Evaluator positions for the Registration Unit, by reclassifying a vacant Management Services Technician (MST) position to a Staff Services Analyst (SSA), and by redirecting a vacant SSA position from the Criminal Conviction Unit. The additional manager allowed the Board to establish a unit that is solely focused on the review and approval of registrant applications. The Associate Evaluator positions ensures the Registration Unit will have staff available to independently evaluate, research, analyze, interpret and apply statutes and regulations in addition to creating a career path for associate evaluators.
- A restructure to the Board's Licensing Unit. Previously, the Licensing Manager oversaw activities for all four license types (LMFT, LCSW,

LPCC, and LEP). The restructure consisted of adding a second Licensing Manager and assigning each manager to oversee two license types. To necessitate the creation of a new managerial position, the Board reclassified an Associate Governmental Program Analyst (AGPA) position to a SSMI position.

- Reclassified an AGPA position in the Administration Unit to a SSMI Specialist that serves as the Legislative Manager for the Board.
- Reclassified an AGPA position in the Administration Unit to a SSMI Specialist that serves as the Regulation Manager for the Board. The reclassifications of the positions allow the Board to remain competitive with qualified applicants when factoring similar duties and salary, as comparable positions throughout state service are at the SSMI Specialist classification.
- Established a Limited Term SSA position in the Licensing Unit. The Limited Term SSA is responsible for evaluating LMFT applications for licensure.
- Established a Limited Term MST position in the Registration Unit. The Limited Term MST is responsible for evaluating ASW registration applications.
- Established a Limited Term AGPA position in the Administration Unit, responsible for special projects and research for the Board.

In response to extended processing times affecting both the LMFT and LCSW units, management initiated cross-training for the two LPCC analysts. This training covers both the LMFT and LCSW clinical exam applications, enabling a flexible workforce that can be dynamically allocated based on workload demands.

15. *Describe the board's staff development efforts and total spent annually on staff development.*

The Board continually encourages and promotes staff development. These efforts include offering courses through DCA SOLID Training and Planning Solutions; group activities to promote awareness and team building at quarterly staff meetings; providing informational sessions related to upward mobility; and meeting individually with staff members to develop their skills.

Since the last sunset review, the Board has averaged nearly $3,000 annually on staff training. Many of the training courses staff elects to attend are offered through DCA SOLID training, which is funded through the Board's pro

rata. However, staff is not limited to courses through DCA SOLID training and may select other training courses through various vendors.

Board staff participated in three diversity, equity, and inclusion trainings facilitated by DCA's SOLID Training and Planning Solutions to help create a culture of awareness of implicit bias and how it may impact the decision-making process. In addition, Board staff learned to navigate the diversity in communication preferences through awareness of an individual's differing perspective and values.

The Board has incorporated inclusive hiring principles when recruiting for vacant positions. This includes encouraging all hiring managers and hiring panel members to take DEI-related trainings, assembling a diverse interview panel, and incorporating inclusive principles into development of the interview questions and rating criteria. Executive Staff developed hiring process procedures and a new employee onboarding checklist for Board management. Additionally, the executive management will be implementing in-house training programs geared at educating staff about how the various Board processes (registration, licensing, examinations, enforcement, legislative) assist in meeting the Board's mandates.

SECTION 3

LICENSING PROGRAM

Section 3-Licensing Program

The Board oversees the licensing, regulation, and professional practice of various mental health professionals in California. The licensure structure under the Board includes several categories of mental health professionals, divided into two specific groups:

- Registered Associates: individuals seeking associate registration must first demonstrate that they have obtained a qualifying master's degree. A registration allows them to work under supervision while accumulating the required supervised experience hours for full licensure. During their registration period, associates must take the California Law & Ethics Examination each renewal period until they pass. Associate registrations are valid for five renewal periods and expire six years from the original issuance date. If an individual has not completed the necessary supervised experience hours or met licensure requirements within this timeframe, they may apply for a subsequent registration. This additional registration permits them to continue working under supervision and collecting hours but prohibits them from providing services in a private practice or a professional corporation.

- Licensed Individuals: these individuals have competed all education, supervised experience, and examination requirements and are licensed to practice independently. They include Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), and Licensed Educational Psychologists (LEPs).

The Board's licensee and registrant population currently totals approximately 148,000 individuals, with marriage and family therapists representing the largest segment. The registrant population, consisting of individuals practicing under the supervision of a licensed professional, includes AMFTs (16,945), ASWs (19,574), and APCCs (7,248). The population of licensed individuals, who can practice independently, includes LMFTs (55,002), LCSWs (39,425), LPCCs (4,862), and LEPs (2,280). The Board oversees the highest number of marriage and family therapists and clinical social workers of any jurisdiction in the world. Since the Board last sunset review, the population has grown by 23% percent with an average growth rate of 5% percent per year.

Table 6. Licensee Population					
		FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Associate Marriage and Family Therapists	Active	12,413	12,502	13,497	15,042
	Delinquent	2,435	2,176	2,054	1,903
Associate Social Worker	Active	13,564	14,170	15,245	16,517
	Delinquent	3,048	3,146	3,236	3,057
Associate Professional Clinical Counselor	Active	3,926	4,210	4,601	5,112
	Delinquent	1,698	1,894	2,072	2,136
Licensed Marriage and Family Therapist	Active	43,039	44,828	46,281	47,978
	Delinquent	3,537	3,233	3,349	3,378
	Inactive	3,832	3,743	3,732	3,646
	Retired	1,501	1,634	1,768	1,888
Licensed Clinical Social Worker	Active	29,252	30,863	33,014	35,062
	Delinquent	2,088	1,895	1,991	2,136
	Inactive	2,204	2,254	2,230	2,227
	Retired	826	893	964	1,025
Licensed Professional Clinical Counselor	Active	2,541	3,025	3,730	4,534
	Delinquent	79	89	105	146
	Inactive	138	152	158	182
	Retired	6	6	8	9
Licensed Educational Psychologist	Active	1,502	1,530	1,572	1,702
	Delinquent	325	321	319	299
	Inactive	307	304	294	279
	Retired	116	119	122	133
Temporary Military Spouse Provisional Associate Social Worker	Active	N/A	N/A	N/A	5
Temporary Military Spouse Provisional Licenses Clinical Social Worker	Active	N/A	N/A	N/A	2
30 Day Temporary Allowance	Active	N/A	N/A	N/A	225
		125,928	130,335	137,480	148,648

Educational Requirements

California law requires LMFTs, LCSWs, LPCCs, and LEPs to hold a master's or doctoral degree. Specific requirements for each license are as follows:

- **LMFTs** must hold a master's or doctoral degree in marriage, family, and child counseling; marital and family therapy; psychology; clinical psychology; counseling psychology; or counseling with an emphasis on marriage, family, and child counseling or marriage and family therapy. The degree must be from an accredited or approved institution. If the applicant's graduate study began before August 2012 and was competed before December 31, 2018, it must contain 48 semester units or 72 quarter units of required instruction. If the applicant's graduate study began after August 1, 2012, or was competed after December 31, 2018, it must contain 60 semester units or 90 quarter units of required instruction.
- **LCSWs** must hold a master's degree in social work (MSW) from a program accredited by the Council on Social Work Education (CSWE).
- **LPCCs** must possess a master's or doctoral degree in counseling or psychotherapy, with coursework covering specific areas such as counseling and psychotherapy, professional ethics, assessment, diagnosis, and research. The degree must be from a program accredited by an accrediting agency recognized by USDE, or BPPE approved.
- **LEPs** must hold a master's degree in psychology, educational psychology, school psychology, counseling and guidance, or an equivalent degree approved by the Board. They must also complete 60 semester or 90 quarter units of postgraduate coursework in pupil personnel services from a Board-approved educational institution.

Experience Requirements

Before being licensed as an LMFT, LCSW, LPCC, or LEP, applicants must complete the required supervised work experience, in addition to the educational requirements. The method of completing these hours varies according to the specific profession.

- **LMFT:** LMFT applicants can earn experience as both a trainee (before earning the degree) and an associate registered with the Board (after earning the degree). At least 3,000 hours of supervised experience over at least 104 weeks are required. No more than 1,300 hours may be completed prior to earning the degree, and at least 1,700 post-degree hours must be completed as a registered associate. Of the required 3,000 experience hours, at least 1,750 must be direct clinical counseling hours. The remainder of the hours may be non-clinical practice.
- **LCSW:** LCSW applicants may only begin earning supervised experience after completing their degree and registering as an Associate Clinical Social Worker (ASW) with the Board. A minimum of 3,000 hours of supervised experience must be completed over at least 104 weeks. At

least 1,700 hours must be completed under the supervision of an LCSW, and the remaining 1,300 hours can be supervised by another licensed mental health professional acceptable to the Board. The 3,000 hours must include at least 2,000 hours of clinical psychosocial diagnosis, assessment, and treatment (including psychotherapy or counseling), with no more than 1,000 hours in client-centered advocacy, consultation, evaluation, and research.

- **LPCC:** LPCC applicants must complete at least 3,000 hours of post-degree supervised experience over a minimum of 104 weeks. Experience must include at least 1,750 hours of direct counseling with individuals or groups. The remaining hours may consist of non-clinical work such as client-centered advocacy, administrating and evaluating psychological tests, or writing clinical reports or progress notes. Supervision must be provided by an LPCC or another licensed mental health professional acceptable to the Board.
- **LEP:** LEP applicants are not required to register with the Board while gaining experience. They must have at least two years of full-time experience as a credentialed school psychologist in public schools or equivalent experience in private or parochial schools. Applicants must also complete either one year of supervised professional experience in a school psychology program or an additional year of full-time experience as a credentialed school psychologist in public schools under the direction of a licensed educational psychologist or a licensed psychologist.

Reciprocity

Currently, the Board does not have reciprocity with any other state licensing board. However, it has three options for those coming from elsewhere:

1. **Regular Out-of-State Pathway to Licensure**
   A person from another state seeking licensure as an LMFT, LCSW, LEP, or LPCC in California following this pathway to licensure is required to demonstrate compliance with all California licensing requirements, pass the required licensing examinations and apply for licensure. The statutory requirements for out-of-state or out-of-country applicants are as follows:
   - **LMFT:** The applicant must hold a valid registration or license issued by a board of marriage counselor examiners, board of marriage and family therapists, or a corresponding authority from any state or country, provided that certain requirements are met. The applicant's education must be substantially equivalent to California's standards. If the

applicant obtained their degree from an institution outside the United States, they must provide a comprehensive evaluation of the degree conducted by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) and supply any other documentation required by the Board. The applicant's supervised experience must also be substantially equivalent to the requirements set by the Board, with consideration given to experience obtained outside California within the six years immediately preceding the date the applicant obtained their license in another state or country. Additionally, the applicant must complete any required additional coursework, be at least 18 years of age, and pass the necessary examinations for licensure.

- **LCSW**: The applicant, at the time of application, holds a valid, active clinical social work registration or license from a board of clinical social work examiners or a corresponding authority in any state, provided they pass the required licensing examinations, pay the necessary fees, have a master's degree from an accredited school of social work and be at least 21 years of age. Experience gained outside of California will be accepted toward licensure if it is deemed substantially equivalent to California's requirements. The applicant must also complete any required additional coursework. For applicants trained outside the United States, they must demonstrate that their Master of Social Work degree is equivalent to one issued by a school or department of social work accredited by the Commission on Accreditation of the Council on Social Work Education. Finally, the applicant must pass all examinations required for licensure.
- **LEP**: The applicant must possess, at a minimum, a master's degree in psychology, educational psychology, school psychology, counseling and guidance, or a degree deemed equivalent. This degree must be obtained from an educational institution accredited by one of the recognized accrediting bodies, such as the Western Association of Schools and Colleges or other similar regional associations. If the applicant's degree was earned outside the United States, it must be evaluated by the Credentials Evaluation Service of the International Education Research Foundation, Inc., to determine equivalency to the required degrees. Additionally, the applicant must be at least 18 years old and have successfully completed 60 semester hours of postgraduate work in pupil personnel services. The applicant must also have two years of full-time experience, or the equivalent, as a credentialed school psychologist in a public school, as well as one year of supervised professional experience in an accredited school

psychology program or equivalent experience as a school psychologist under the supervision of a Licensed Educational Psychologist or Licensed Psychologist. Finally, the applicant must pass the required examination to obtain a license.

- **LPCC**: The applicant must, at the time of application, hold a valid registration or license as a professional clinical counselor, or another counseling license allowing independent clinical mental health services, from another jurisdiction, provided certain requirements are met. The applicant's master's degree must be in counseling or psychotherapy and be deemed substantially equivalent to California's educational standards. Experience gained outside California will be accepted if it meets substantially equivalent requirements. The applicant must also complete any additional coursework required by the Board. If the applicant's degree was earned from an institution outside the United States, they must provide evidence that their degree is equivalent to one from an accredited institution in the U.S. This evaluation must be done by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), along with any other documentation the Board requires. Finally, the applicant must pass the required examinations to obtain licensure.

2. **Streamlined "Licensure by Credential" Pathway to Licensure**
   The passage of Senate Bill 679 (Bates, Chapter 380, Statutes of 2019) significantly streamlined the licensure process for an LMFT, LCSW, or LPCC applicant licensed in another state to improve license portability between states. The bill, effective January 1, 2020, eliminated many of the existing education and experience requirements in law for qualifying out-of-state applicants. To qualify, they must meet all the following conditions:

   - The applicant already holds a license in another United States jurisdiction that is the same license type as the one they are applying for in California. The existing license must permit them to practice their profession in the other jurisdiction at the highest level for independent clinical practice.
   - The applicant's license in the other jurisdiction must be, and must have been current, active, and unrestricted for at least two years immediately before the date the Board receives the application.
   - They must disclose any past restrictions or disciplinary action on their license to the Board.

- The qualifying degree was a master's or doctoral degree that was obtained from an accredited or approved educational institution.
- They comply Board's fingerprint requirement.
- They complete certain California-specific coursework (a 12-hour California law and ethics course, a 15-hour course in California cultures, and a 7-hour course in California specific training in child abuse assessment and reporting.)
- They pass the Board's California Law and Ethics examination

3. **Temporary Practice Allowance**

Effective January 1, 2024, LMFTs, LCSWs, and LPCCs who are equivalently licensed in another U.S. state who do not wish to pursue full California licensure, but who have an existing client who is traveling in California who they wish to provide temporary services to, have the option to request a free temporary practice allowance from the Board. A temporary practice allowance may only be requested one time per calendar year, and it is valid for 30 consecutive days. To qualify, all the following requirements must be met:

- They must hold a license as either a marriage and family therapist, professional clinical counselor, or clinical social worker in another jurisdiction of the United States. That license must permit practice at the highest level for independent clinical practice in that jurisdiction.
- The license must be current, active, and unrestricted.
- They must never have held a license that was suspended or revoked by the California Board of Behavioral Sciences.
- They client must be located in California during the time for which they are seeking to provide care. The client must also be a current client, and there must already be an established, ongoing client-provider relationship with that person.
- They must inform the client that they are not licensed in California, and that the services provided to them while they are located in California are for a limited time.
- They must provide the client with the California Board of Behavioral Sciences' website address (www.bbs.ca.gov).
- They must inform the client of the jurisdiction in which they hold a license and provide them with the type of license held and license number.
- They must provide the Board with specified identifying information, contact information, information about the license held, and the date on which the temporary practice will begin.

- If issued a temporary practice allowance, they are deemed to have agreed to be practicing under the Board's jurisdiction and are bound by the laws of the State of California.

16. ***What are the board's performance targets/expectations for its licensing program? Is the board meeting those expectations? If not, what is the board doing to improve performance?***

The Board's performance targets, as outlined in the California Business and Professions Code, Section 1805.1, are to process registration applications with 30 business days and licensure applications within 60 business days from receipt by the Board.

APPLICATION	PROCESSING TIMES (BUSINESS DAYS)
AMFT, ASW, APCC Registration Applications	30 Days
LMFT, LCSW, LPCC, LEP Licensure Applications	60 Days
Initial License Issuance	30 Days

17. ***Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?***

Over the past five fiscal years, application volumes have steadily increased, a trend expected to continue. AMFT, ASW, and APCC registration applications have shown a consistent upward trajectory. Since FY 2019-20, registration application volumes have risen by approximately 30% percent, increasing from 8,941 to 11,576. While the volumes for LMFT, LCSW, LPCC, and LEP licensure applications have fluctuated, the average number of applications received over the past five years increased by about 3% percent, from 5,465 to 6,433.

The Board has faced challenges in consistently meeting its application processing goals. On average, registration applications are processed within

51 business days; however, there have been instances where processing times exceeded 90 business days. In part, this is due to the registration applications following a cyclical pattern that peaks during graduation season. While the Board has effectively managed processing timelines for LPCC and LEP licenses, the consistently high volume of LMFT and LCSW applications has led to significant delays. Over the past five years, average processing times have been 99 business days for LMFTs and 89 business days for LCSWs, surpassing expected timelines. A recent restructuring of the Board's registration unit in FY 2023-24 has significantly improved efficiency, enabling the Board to reduce and stabilize processing times for the current fiscal year.

The California Board has implemented several measures to address application backlogs and improve processing times. Some of the key actions that have been taken include:

- Creation of a new managerial position solely responsible for the registration unit.
- Creation of two associate evaluator positions for the Registration Unit
- Restructuring the Board's Licensing Unit. The restructure consisted of adding a second Licensing Manager and assigning each manager to oversee two license types.
- Established a Limited Term SSA position in the Licensing Unit. The Limited Term SSA is responsible for evaluating LMFT applications for licensure.
- Established a Limited Term MST position in the Registration Unit. The Limited Term MST is responsible for evaluating ASW registration applications.
- Board staff collaborated with DCA's Organizational Improvement Office (OIO) to map 75 current processes, including licensing applications and enforcement complaints, through workshops involving over two dozen staff, with the insights and recommendations gained being used to improve processes and assess staffing needs.
- Creation of a manual evaluation sheet to calculate and review supervised hours to streamline the application review process.

Additionally, the Board is in the final stages of implementing an online registration application process and is researching possible solutions that will allow Board registrants to track and submit their hours electronically to the Board.

Table 7a. Licensing Data by Type							
Licensed Marriage and Family Therapist (LMFT)		Received	Approved /Issued	Closed	Pending Total (Close of FY)	Application Process Times	
						Complete Apps*	Incomplete Apps*
FY 2020-21	AMFT Initial Registration	3,249	3,009	N/A	493	41	71
	AMFT Subsequent Registration	780	688	N/A	137	45	116
	LMFT Clinical Exam	3,324	2,691	N/A	1,418	89	137
	LMFT Initial License	486	143	N/A	344	7	144
	LMFT Upgrade	3,217	3,302	N/A	-85	11	N/A
	AMFT Renewal	11,334	10,360	N/A	974	7	N/A
	LMFT Renewal	22,473	21,459	N/A	1,014	2	N/A
FY 2021-22	AMFT Initial Registration	3,466	3,389	N/A	202	51	58
	AMFT Subsequent Registration	688	603	N/A	103	50	127
	LMFT Clinical Exam	2,209	2,668	N/A	269	95	188
	LMFT Initial License	20	22	N/A	-1	13	69
	LMFT Upgrade	2,906	2,758	N/A	148	8	N/A
	AMFT Renewal	11,311	9,954	N/A	1,357	7	N/A
	LMFT Renewal	22,586	21,550	N/A	1,036	2	N/A
FY 2022-23	AMFT Initial Registration	4,057	3,761	N/A	846	63	84
	AMFT Subsequent Registration	623	575	N/A	106	39	92
	LMFT Clinical Exam	2,736	2,197	N/A	1,328	84	134
	LMFT Initial License	45	41	N/A	4	18	N/A
	LMFT Upgrade	2,503	2,366	N/A	137	6	N/A
	AMFT Renewal	11,360	10,248	N/A	1,112	12	N/A
	LMFT Renewal	24,641	23,585	N/A	783	1	N/A

Table 7a. Licensing Data by Type							
FY 2023-24	AMFT Initial Registration	4,265	4,336	N/A	644	64	82
	AMFT Subsequent Registration	628	581	N/A	96	24	162
	LMFT Clinical Exam	2,932	2,671	N/A	1,200	112	159
	LMFT Initial License	52	50	N/A	2	22	N/A
	LMFT Upgrade	2,665	2,552	N/A	113	5	N/A
	AMFT Renewal	13,244	11,489	N/A	1,755	7	N/A
	LMFT Renewal	25,421	22,918	N/A	2,503	2	N/A

Table 7a. Licensing Data by Type							
Licensed Clinical Social Worker (LCSW)		Received	Approved /Issued	Closed	Pending Total (Close of FY)	Application Process Times	
						Complete Apps*	Incomplete Apps*
FY 2020-21	ASW Initial Registration	3,752	3,588	N/A	637	51	71
	ASW Subsequent Registration	691	607	N/A	122	46	69
	LCSW Clinical Exam	2,665	2,939	N/A	563	75	140
	LCSW Initial License	615	293	N/A	322	24	N/A
	LCSW Upgrade	2,834	2,551	N/A	283	14	N/A
	ASW Renewal	11,833	10,920	N/A	913	9	N/A
	LCSW Renewal	14,752	14,123	N/A	629	2	N/A
FY 2021-22	ASW Initial Registration	3,692	3,564	N/A	722	51	67
	ASW Subsequent Registration	723	618	N/A	154	36	75
	LCSW Clinical Exam	2,644	2,514	N/A	698	91	143
	LCSW Initial License	266	263	N/A	5	17	237
	LCSW Upgrade	2,285	2,119	N/A	166	12	N/A
	ASW Renewal	12,573	10,996	N/A	1,577	10	N/A
	LCSW Renewal	14,534	13,929	N/A	605	2	N/A

Table 7a. Licensing Data by Type							
FY 2022-23	ASW Initial Registration	4,019	4,016	N/A	613	60	77
	ASW Subsequent Registration	661	592	N/A	129	40	83
	LCSW Clinical Exam	2,798	2,488	N/A	879	79	133
	LCSW Initial License	396	387	N/A	11	15	45
	LCSW Upgrade	2,559	2,328	N/A	231	9	N/A
	ASW Renewal	12,933	11,617	N/A	1,316	12	N/A
	LCSW Renewal	16,986	16,311	N/A	675	1	N/A
FY 2023-24	ASW Initial Registration	3,914	3,994	N/A	484	55	61
	ASW Subsequent Registration	815	771	N/A	85	31	82
	LCSW Clinical Exam	2,815	2,839	N/A	794	99	142
	LCSW Initial License	435	436	N/A	-1	16	N/A
	LCSW Upgrade	2,427	2,304	N/A	123	9	N/A
	ASW Renewal	15,200	13,144	N/A	2,056	10	N/A
	LCSW Renewal	17,001	15,429	N/A	1,572	1	N/A

Table 7a. Licensing Data by Type							
Licensed Professional Clinical Counselor (LPCC)		Received	Approved/ Issued	Closed	Pending Total (Close of FY)	Application Process Times	
						Complete Apps*	Incomplete Apps*
FY 2020-21	APCC Initial Registration	1,507	1,305	N/A	429	55	135
	APCC Subsequent Registration	62	59	N/A	3	25	N/A
	LPCC Clinical Exam	480	386	N/A	272	31	104
	LPCC Initial License	186	140	N/A	46	19	N/A
	LPCC Upgrade	387	304	N/A	83	36	N/A
	APCC Renewal	3,213	2,803	N/A	410	12	N/A
	LPCC Renewal	896	876	N/A	20	1	N/A

Table 7a. Licensing Data by Type							
FY 2021-22	APCC Initial Registration	1,479	1,318	N/A	350	54	127
	APCC Subsequent Registration	85	81	N/A	6	32	95
	LPCC Clinical Exam	585	505	N/A	300	37	113
	LPCC Initial License	196	199	N/A	-3	18	N/A
	LPCC Upgrade	408	379	N/A	29	29	N/A
	APCC Renewal	3,794	2,989	N/A	805	10	N/A
	LPCC Renewal	1,342	1,299	N/A	43	1	N/A
FY 2022-23	APCC Initial Registration	1,761	1,563	N/A	736	62	108
	APCC Subsequent Registration	113	98	N/A	17	22	65
	LPCC Clinical Exam	685	661	N/A	318	45	116
	LPCC Initial License	244	240	N/A	4	13	N/A
	LPCC Upgrade	528	479	N/A	49	30	N/A
	APCC Renewal	3,982	3,180	N/A	802	12	N/A
	LPCC Renewal	1,344	1,309	N/A	35	1	N/A
FY 2023-24	APCC Initial Registration	1,873	1,716	N/A	706	63	100
	APCC Subsequent Registration	81	78	N/A	5	36	226
	LPCC Clinical Exam	701	732	N/A	320	33	96
	LPCC Initial License	277	273	N/A	4	15	N/A
	LPCC Upgrade	689	633	N/A	56	30	N/A
	APCC Renewal	4,598	3,601	N/A	988	10	N/A
	LPCC Renewal	1,935	1,808	N/A	127	1	N/A

Table 7a. Licensing Data by Type							
Licensed Educational Psychologist (LEP)		Received	Approved /Issued	Closed	Pending Total (Close of FY)	Application Process Times	
						Complete Apps*	Incomplete Apps*
FY 2020-21	LEP Exam	161	155	N/A	46	39	109
	LEP Initial License	218	119	N/A	99	26	N/A
	LEP Renewal	926	839	N/A	87	3	N/A
FY 2021-22	LEP Exam	135	136	N/A	20	39	80
	LEP Initial License	193	100	N/A	93	18	N/A
	LEP Renewal	907	821	N/A	86	2	N/A
FY 2022-23	LEP Exam	227	189	N/A	67	36	58
	LEP Initial License	189	117	N/A	72	19	N/A
	LEP Renewal	948	863	N/A	85	2	N/A
FY 2023-24	LEP Exam	166	191	N/A	17	40	95
	LEP Initial License	258	182	N/A	76	11	N/A
	LEP Renewal	991	836	N/A	155	1	N/A

18. ***How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.***

Table 7b. License Denial				
	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
License Applications Denied (no hearing requested)	15	6	9	12
SOIs Filed	19	10	19	24
Average Days to File SOI (from request for hearing to SOI filed)	210	132	190	227
SOIs Declined	2	0	1	2
SOIs Withdrawn	2	1	5	9
SOIs Dismissed (license granted)	3	1	4	1

Table 7b. License Denial				
License Issued with Probation / Probationary License Issued	8	7	15	12
Average Days to Complete (from SOI filing to outcome)	162	194	182	166

In the past five years, the Board has denied 114 applications based on criminal history. Of those denials, 42 applicants did not request a hearing and 72 Statement of Issues (SOIs) were filed. Of the SOIs filed, 31 applicants were granted a license, and 42 applicants were issued a probationary license. The breakdown of reasons for denial for individuals that did not request a hearing:

- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- LCSW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence (2005, 2013, and 2020) and Petty Theft.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Grand Theft by Servant and Driving Under the Influence (2014 and 2016).
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Excess Speed on Highway and Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Maintain Public Nuisance, Corporal Injury to Spouse/Cohabitant.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.

- LCSW Applicant was denied based on their criminal conviction for Conspiracy to Commit Health Care and Wire Fraud.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence (2016 and 2018).
- ASW Applicant was denied based on their criminal conviction for Obstruct/Resist Executive Officer.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence (2018 and 2021).
- ASW Applicant was denied based on their criminal conviction for Child Abuse Without Possibility of Great Bodily Injury/Death.
- ASW Applicant was denied based on their criminal conviction for First Degree Murder.
- APCC Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Reckless Driving and Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Reckless Driving and Driving Under the Influence.
- LCSW Applicant was denied based on their criminal conviction for Driving Under the Influence (2005, 2006 and 2022).
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence (2019 and 2020).
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence (2000, 2022, and 2022), and Inflict Corporal Injury on Spouse.

- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence and Disorderly Conduct: Under Influence of Drug.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence of Liquor/Drugs/Vapors/Combo, Disorderly Conduct, and Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Social Security Fraud and Theft of Public Money.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- LCSW Applicant was denied based on their criminal conviction for Disorderly Conduct, Minor in Possession of Liquor, Driving Under the Influence, Probation Violation, Alcoholic Beverage-Possess/Consume/Purchase by Minor, Driving Without Privileges, Accident-Fail Stop Damage Accident/Leave Scene, Insurance-Fail to Maintain Liability Insurance, Alcoholic Beverage Under 21 Years of Age Unlawful to Purchase, Possess or Consume, Disturbing the Peace, Alcoholic Beverage-Dispensing to Minor, Assault 4th Degree, Probation Violation, Interfere With Peace Officer, Driving Under the Influence-Excessive.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence of Drugs.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- AMFT Applicant was denied based on their criminal conviction for Driving Under the Influence.
- ASW Applicant was denied based on their criminal conviction for Driving Under the Influence.

19.*How does the board verify information provided by the applicant?*

All Board applicants are required to submit a Livescan background check. Applicants are not required to disclose their criminal history, but California law allows the Board to conduct mandatory DOJ and FBI background checks for licensure eligibility. Applicants must submit fingerprints to the DOJ, which accesses the Criminal Offender Record Information (CORI) Database. Voluntary disclosure of criminal history is addressed in the application

materials, and applicants are informed that choosing not to disclose will not affect the Board's decision, which will be based on the information it obtains independently.

Applicants must disclose if they have ever been denied a professional license, or if they had a license suspended, revoked, disciplined, or voluntarily surrendered in California or any other state. If any of these apply, the applicant must provide a written explanation, relevant documentation, and details on rehabilitative efforts or preventive actions taken. The Board verifies the accuracy of these disclosures through various methods. For out-of-state applicants, the Board checks licensure status and disciplinary history with the relevant state boards. For in-state applicants, the DCA BreEZe System is used to review any past disciplinary actions.

To verify education, the Board requires a sealed or electronic transcript directly from the applicant's institution or a secure vendor, such as Parchment or the National Student Clearinghouse. For out-of-state license holders, licensure certification from the issuing state board is also required.

20. *Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.*

For applicant with out-of-country degrees the Board requires the applicant to submit an evaluation by a foreign credential service that is a member of the National Association of Credential Evaluation Service (NACES) and their transcript.

21. *Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.*

In May 2015, the Board changed all registration and examination eligibility applications to inquire whether the applicant is serving or had ever served in the U.S. armed forces or the California National Guard. In 2017, DCA revised the BreEZe system so that boards could collect and maintain statistics on applicants who are veterans or spouses of veterans.

Accepting Military Education, Training, or Experience

The Board is not aware of any instance in which an individual submitted military education and/or experience towards licensure. This information is

not tracked by the Board and there is not a common provider of military education or experience that the Board sees cited on incoming applications. The Board may occasionally see supervised experience obtained at an out-of-state military base. This experience may be accepted by the Board if it can determine that the supervision was substantially equivalent, and upon verification that the supervisor is an equivalently licensed acceptable professional who has been licensed at least two years in their current jurisdiction and is in good standing.

Aside from utilizing social workers or clinical psychologists who are already state-licensed, the Board has not been made aware of any military programs that offer training to those seeking licensure as a psychotherapist. If such a program were presented to the Board, it would need to be evaluated to see it the education and experience gained met current licensing requirements.

- ***What regulatory changes has the board made to bring it into conformance with BPC§ 35?***

  The Board has very specific requirements for education and experience in its licensing laws. Currently, if an applicant for registration of licensure had military education and experience, the Board would conduct a review to determine whether the experience/education was substantially equivalent to current licensing requirements. This would be done on a case-by-case basis, depending on the specific characteristics of the individual's education and experience.

- ***How many licensees has the board waived fees or requirements for pursuant to BPC§ 114.3, and what has the impact been on board revenues?***

  In accordance with Business and Professions Code Section 114.3, the Board has waived renewal requirements and fees for nine registrants, including some over multiple renewal periods, as well as for twelve licensees. This has resulted in a minimal revenue impact to the Board, totaling $4,590 over the last five fiscal years.

- ***How many applications has the board expedited pursuant to BPC§ 115.5?***

  Pursuant to BPC section 115.5, from FY 2019-20 to FY 2023-24, the Board has expedited 229 applications.

22. *Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.*

The Board consistently submits No Longer Interested (NLI) notifications to the DOJ electronically through the BreEZe system. At present, there is no backlog in this process.

EXAMINATIONS

23. *Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?*

LMFT, LCSW, and LPCC candidates are required to take and pass two examinations for licensure. LMFT candidates are required to take and pass the California Law and Ethics Examination and a clinical examination. The Law and Ethics Examination consists of 75 questions and the Clinical Examination consists of 150 questions. Both the LMFT Law and Ethics Examination and the LMFT Clinical Examination are developed by the Board.

LCSW candidates are required to take and pass both the California Law and Ethics examination and the Association of Social Work Boards (ASWB) National examination. The California Law and Ethics Examination consists of 75 questions and is developed by the Board. The ASWB National Examination consists of 170 items.

LPCC candidates must take and pass a California Law and Ethics examination and the National Clinical Mental Health Counseling Examination (NCMHCE). The NCMHCE is administered and developed by the National Board of Certified Counselors (NBCC). The California Law and Ethics Examination consists of 75 questions and the NCMHCE consists of 11 clinical mental health counseling case studies.

LEP candidates are only required to take and pass the LEP Written Examination, which consists of 125 questions. This written examination is developed by the Board. LEPs are not required to take a separate California Law and Ethics examination because these items are incorporated within the LEP Written Examination.

The Board works year-round with DCA's Office of Professional Examination Services (OPES) and Board subject matter experts to develop its examinations. The examinations are multiple-choice and are administered

electronically at sites throughout the state and worldwide. All Board examinations are offered in English only. However, an applicant for whom English is a second language may receive additional time to take the examinations if they meet specific criteria demonstrating limited English proficiency.

24. *What are pass rates for first time vs. retakes in the past 4 fiscal years? Are pass rates collected for examinations offered in a language other than English?*

In collaboration with DCA's Office of Professional Services, the Board develops five examinations: LMFT Law & Ethics Exam, LCSW Law & Ethics Exam, LPCC Law & Ethics Exam, LMFT Clinical Exam and the LEP Standard Written Exam. The pass rates for first time and retakes are shown in Table 8(a) below. Additionally, the Board utilizes two national examinations: Association of Social Work Boards Clinical Exam and the National Clinical Mental Health Counselor Examination-clinical level. The pass rates for first time and retakes for the national examinations are shown in Table 8(b) below. All examinations, Board developed and national, are only offered in English.

Table 8(a). Examination Data[2]

California Developed Examinations						
	License Type	**LMFT**	**LMFT**	**LCSW**	**LPCC**	**LEP**
	Exam Title	Clinical	Law & Ethics	Law & Ethics	Law & Ethics	Standard Written
FY 2020-21	**Number of Candidates**	3,118	2,947	3,081	1,024	113
	First Time Pass %	77%	82%	80%	75%	73%
	Re-take Pass %	84%	87%	87%	85%	77%
	Overall Pass %	65%	77%	77%	72%	61%
	Overall Fail %	35%	23%	23%	28%	39%

[2] This table includes exams and license types, as well as pass/fail rates.

Table 8(a). Examination Data[2]						
FY 2021-22	Number of Candidates	2,732	2,981	3,442	1,200	101
	First Time Pass %	80%	79%	77%	75%	63%
	Re-take Pass %	79%	85%	84%	83%	84%
	Overall Pass %	65%	74%	75%	73%	63%
	Overall Fail %	35%	26%	25%	27%	37%
FY 2022-23	Number of Candidates	2,322	3,489	3,653	1,259	119
	First Time Pass %	82%	81%	71%	70%	63%
	Re-take Pass %	78%	81%	81%	81%	82%
	Overall Pass %	65%	75%	69%	66%	58%
	Overall Fail %	35%	25%	31%	34%	42%
FY 2023-24	Number of Candidates	2,545	3,821	4,531	1,472	188
	First Time Pass %	85%	80%	78%	72%	77%
	Re-take Pass %	82%	81%	76%	78%	76%
	Overall Pass %	69%	74%	74%	67%	70%
	Overall Fail %	31%	26%	26%	33%	30%
Date of Last OA		2020	2023	2023	2023	2022
Name of OA Developer		OPES	OPES	OPES	OPES	OPES
Target OA Date		2025	2028	2028	2028	2027

Table 8(b). National Examinations			
	License Type	LCSW	LPCC
	Exam Title	ASWB Clinical	NCMHCE
FY 2020-21	Number of Candidates	2,714	306
	First Time Pass %	80%	92%
	Re-take Pass %	87%	90%
	Overall Pass %	65%	91%
	Overall Fail %	35%	9%
FY 2021-22	Number of Candidates	2,042	375
	First Time Pass %	75%	72%
	Re-take Pass %	81%	91%
	Overall Pass %	55%	68%
	Overall Fail %	45%	32%
FY 2022-23	Number of Candidates	2,335	496
	First Time Pass %	76%	77%
	Re-take Pass %	83%	80%
	Overall Pass %	57%	72%
	Overall Fail %	43%	28%
FY 2023-24	Number of Candidates	2,251	620
	First Time Pass %	73%	80%
	Re-take Pass %	80%	83%
	Overall Pass %	51%	71%
	Overall Fail %	49%	29%
	Date of Last OA	2022	2019
	Name of OA Developer	ASWB	NBCC
	Target OA Date	2027	2024

25. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

All Board examinations are administered using computer-based testing. Once the Board approves a candidate's application, the Board sends the candidate's information to the contracted testing vendor. The candidates are sent information that instructs them to contact the testing vendor to schedule the examination. Currently the Board's testing vendors offer multiple testing sites throughout California and worldwide sites at which candidates can schedule to take these examinations. The Board's current

testing vendor for Board-developed examinations offers testing six days a week (Monday through Saturday) and year-round, except major holidays.

NBCC offers the NCMHCE examination (the LPCC national examination) Monday through Friday on authorized dates. Specifically, the NCMHCE examination is offered the first two weeks of every month.

The ASWB clinical examination (the LCSW national examination) is offered to candidates at testing centers worldwide. Most test centers are open Monday through Friday during customary business hours, and some centers are open on Saturday.

26. *Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.*

The Board has not identified any current statutes that are hindering the processing of applications or examinations. The Board has not identified any reason to update, revise, or eliminate its current California-specific examinations.

27. *When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?*

The Board has five Californian-specific exams that it develops with the assistance of the DCA's Office of Professional Examination Services (OPES). OPES conducts an occupational analysis of these exams every seven years. The last occupational analyses for the California-specific exams were as follows:

- Licensed Marriage and Family Therapist California Law and Ethics Exam (2023)
- Licensed Clinical Social Workers California Law and Ethics Exam (2023)
- Licensed Professional Clinical Counselor California Law and Ethics Exam (2023)
- Licensed Educational Psychologist Written Exam (2022)
- Licensed Marriage and Family Therapist Clinical Exam (2020)

While the Board has found no reason to eliminate any of its current California-specific exams, it is considering adopting the Association of Marital and Family Therapy Board (AMFTRB) National Examination as the clinical examination for LMFT licensure.

School Approvals

28. *Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?*

The Board does not approve schools. Applicants for licensure as a LMFT must obtain a doctor's or master's degree from a school, college, or university approved by or accredited by the following entities:

- Bureau for Private Postsecondary Education (BPPE)
- Commission on the Accreditation of Marriage and Family Therapy Education; or,
- A regional accrediting agency recognized by the U.S. Department of Education.

Applicants for licensure as a LCSW must obtain a master's degree from a school of social work, accredited by the Commission on Accreditation of the Council on Social Work Education.

LEP licensure candidates must obtain a master's degree by a college or university accredited by a regional or national institutional accrediting agency recognized by the United States Department of Education.

Applicants for licensure as a Licensed Professional Clinical Counselor ("LPCC") must obtain a doctor's or master's degree from a school, college, or university that possess an unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant's graduation from the school, college, or university or from a school that is accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education.

The Board will confirm a school's degree program contains coursework that satisfies the educational requirements for LMFT and LPCC licensure. To date, the Board has reviewed 101LMFT programs across 79 California schools and 108 LPCC programs across 63 California schools.

29. *How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?*

The Board does not approve schools.

30. *What are the board's legal requirements regarding approval of international schools?*

The Board does not evaluate educational programs from international schools. Instead, international degrees are assessed based on established education requirements for out-of-state candidates. For applicants educated abroad, a transcript evaluation from an accredited foreign credential evaluation service is required.

31. *Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review*.

The Board's continuing education (CE) program is designed to ensure that licensees stay current with professional knowledge and maintain competence throughout their careers. Licensees, as a condition of their biennial renewal licensure renewal, must complete 36 hours of CE in, or relevant to, the licensee's respective field of practice (BPC section 4980.54, 4989.34, 4996.22, and 4999.76). A licensee that holds more than one license with the Board can apply the same CE courses to both licenses if it relates to the practice for each. Licensees must attest at the time of renewal that they have completed the required CE hours. Licensees must maintain records of completed CE coursework for a least two years.

All licensees are required to complete 6 hours of continuing education (CE) in Law and Ethics for each renewal cycle. Additionally, Licensed Marriage and Family Therapists (LMFTs), Licensed Clinical Social Workers (LCSWs), and Licensed Professional Clinical Counselors (LPCCs) must complete a one-time, 7-hour course on the assessment and treatment of individuals living with HIV/AIDS during their first renewal period (per 16 CCR section 1887.3(b)), a one-time suicide risk assessment course (BPC 4980.396, 4989.23, 4996.27, 4999.66) and a one-time telehealth course (BPC 4980.395, 4989.23.1, 4996.27.1, 4999.67).

Effective January 1, 2023, all registrants renewing their registration or whose registration expires on or after this date must also complete a minimum of 3 hours of CE in California law and ethics during each renewal period to be eligible for renewal. (BPC section 4980.3999(e), 4992.099(e) and 4999.55(e))

Continuing Education		
Type	**Frequency of Renewal**	**Number of CE Hours Required Each Cycle**
Associate Marriage and Family Therapist (AMFT)	Annual	3
Associate Social Worker (ASW)	Annual	3
Associate Professional Clinical Counselor (APCC)	Annual	3
Licensed Marriage and Family Therapist (LMFT)	Biennial	36
Licensed Clinical Social Worker (LCSW)	Biennial	36
Licensed Professional Clinical Counselors (LPCC)	Biennial	36
Licensed Educational Psychologist (LEP)	Biennial	36

An exemption from the CE requirement exists if the licensee meets one of the following criteria:

- Their license is inactive (BPC section 4984.8, 4989.44, 4997 and 4999.1-12) or retired (BPC section 4984.41, 4898.45, 4997.1 or 4999.113).

- For at least one year during the licensee's current license renewal period, the licensee had a physical or mental disability or medical condition that substantiality limited one or more life activities and caused the licensee's earned income to drop below the substantial gainful activity amount for non-blind individuals.

- For at least one year during the licensee's previous license renewal period the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist.

Various changes were made to the Board's CE program effective July 1, 2023. CE-related laws are contained in both statutes (Business and Professions Code or BPC) and in Title 16, Division 18 of the California Code of Regulations (16 CCR). The following changes were made:

- CE For Initial Renewal Period: Require 36 hours of CE, rather than 18 hours of CE during a new licensee's initial renewal period. Previously, the initial renewal period (the time frame between license issuance and expiration date) for some new licensees was as short as one year. Now, the initial renewal period is two years for all licensees, which provides adequate time to complete 36 hours.

- CE Course Content Requirement: All CE providers must follow the new general content requirements for courses offered on or after July 1, 2023 (16 CCR section 1887.4.0)

- CE Waiver Requirements: No longer allows temporary CE waivers for being absent from California due to military service or residing in another country, implements new CE waiver request forms and instructions, modifies temporary CE waiver criteria for licensees impacted by their own health condition, modifies temporary CE waiver criteria for licensees who are the primary caregiver of an immediate family member, limits the scope of the personal health information, requires licensees who have been granted a temporary CE waiver to complete the 6-hour of law and course (16 CCR Section 1887.2)

- New LEPs Renewing an Initial License: LEPs renewing their license for the first time are required to complete coursework as follows: the Alcoholism and Other Chemical Substance Dependency training must cover substance abuse (as opposed to only substance dependency). Additionally, acceptable providers for the above course have changed. A governmental entity or licensed health facility will no longer be acceptable if the entity does not qualify as a board-accepted provider of CE.

- CE for Participation in an Occupational Analysis: A licensee who completes a Board of Behavioral Sciences occupational analysis (OA) survey in full on or after July 1, 2023, will be credited with six hours of CE. An OA is a comprehensive study of a profession that is performed approximately every five years. Licensees complete a survey, the results of which help to determine the important tasks that are currently performed by practicing licensees. Results of the OA are used to develop a current description of practice, including core competencies, which help to form the basis for development of licensing examinations.

- CE for Course Taught: Licensees may fulfill a maximum of 18 hours of the 36-hour CE requirement by teaching CE courses during a single renewal period for a board-accepted provider. This was previously unlimited. This will provide increased consumer protection by encouraging licensees to obtain CE on topics in addition to the courses taught continually.

- Law and Ethics Courses for Supervisors: Clarifies that a course taken on law and ethics designed specifically to meet supervisor training requirements cannot also be accepted toward meeting the six-hour law and ethics course required of all licensees each for renewal period.

- Participation in Law and Ethics Review Committee: Clarifies that for a licensee's participation in a law and ethics review committee to be credited toward CE, on or after July 1, 2023, it must have been with a mental health professional organization. In addition, documentation of participation must consist of a letter or certificate from the organization.

- ***How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?***

  The Board relies on audits to verify a licensee/registrant has fulfilled their CE requirements. The Board has not worked with the Department to receive primary source verification of CE completion through the Department's cloud.

- ***Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.***

  The Board has the authority to conduct audits to determine compliance with the CE requirements. Each month a random number of licensees are selected for an audit. The licensee is notified in writing of their selection for the audit and provided a due date to submit copies of the continuing education certificates for courses completed during the last renewal period. Upon receipt of the documentation, the certificates are analyzed to determine if the CE was obtained from an approved provider and during the renewal period subject to the audit.

- ***What are consequences for failing a CE audit?***

  Licensees who successfully complete their Continuing Education (CE) requirements are notified in writing that they have passed the audit. Those who fail the audit are referred to the Board's Enforcement Unit, where a citation and fine are issued. The citation will outline the order of abatement and the fine, which is determined by the type and number of missing CE units (e.g., required courses for each renewal cycle). Fines can range from $100 to $1,200. Licensees may contest the citation by requesting an Informal Citation Conference, where the Executive Officer or Assistant Executive Officer will either affirm, modify, or dismiss the citation. If affirmed or modified, the licensee may then request a Formal Administrative Hearing to further contest the decision.

- ***How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?***

  Between July 22, 2021, and September 23, 2021, 57 audits were conducted, resulting in 25 failures, reflecting a 44% failure rate. During the COVID-19 state of emergency, a waiver was issued for continuing education (CE) requirements. This waiver allowed licensees whose licenses expired between March 31, 2020, and October 31, 2021, to renew without completing CEs, provided the CEs were completed by April 1, 2022. Citations issued during this period were rescinded considering the COVID waiver, and a moratorium on continuing education audits was implemented. Audits resumed on March 12, 2024, with 143 audits conducted so far, resulting in 68 failures, representing a 48% failure rate.

- ***What is the board's course approval policy?***

  Effective July 1, 2015, the Board ceased approving CE providers and courses. The decision was made following an extensive review of the Board's existing CE program and national professional association CE programs. As a result, the Board determined that the national professional associations' CE programs were far more robust and provided the best opportunity for licensees to gain CEs relevant to their practice.

- ***Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?***

Board licensees may obtain CE from one of the following:

- An accredited or approved postsecondary institution that meets the requirements set forth in sections 4980.54(f)(1), 4989.34(b)(1), 4996.22(d)(1), or 4999.76(d) of the BPC.

- A Board-recognized approval agency or a continuing education provider that has been approved or registered by a Board-recognized approval agency. The following are Board-recognized approval agencies: National Association of Social Workers (NASW), Association of Social Work Boards (ASWB), National Board for Certified Counselors (NBCC), National Association of School Psychologists (NASP), American Psychological Association (APA), California Association of Marriage and Family Therapists (CAMFT), and California Psychological Association (CPA).

- An organization, institution, association, or other entity that is recognized by the Board as a continuing education provider. The following are the Board-recognized continuing education providers: American Association for Marriage and Family Therapy (AAMFT), California Association for Licensed Professional Clinical Counselors (CALPCC), California Association for Marriage and Family Therapists (CAMFT), National Association of Social Workers-California Chapter (NASW-CA), California Society for Clinical Social Work (CSCSW), California Association of School Psychologists (CASP),California Psychological Association (CPA), California Counseling Association (CCA), American Counseling Association (ACA).

Bord recognized approval agencies evaluate and monitor continuing education providers to ensure courses meet professional and regulatory standards. Continuing education providers are responsible for offering compliant courses, maintaining records, and issuing completion certificates to licensees. Both agencies and providers are responsible for ensuring that continuing education courses align with the course content requirements (BPC Section 1887.4.0).

- ***Does the board audit CE providers? If so, describe the board's policy and process.***

Board-recognized approval agencies are required to conduct periodic reviews of course offered by approved providers and, upon request,

report to the Board on the finding of the review (BPC Section, 1887.4.2.(e)). Continuing education providers are responsible for providing all documents, to the approval agency or Board, related to an audit of course material (BPC Section, 1887.4.3(l)). While the Board has the authority to audit course records (BPC Section 1887.12 (c)), it has not received any complaints or exercised this authority to audit providers to date.

- ***Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.***

  The Board is aware of efforts to consider performance-based assessments of a licensee's continuing competency. Board licensees work in environments in which their work is not typically observed by other licensed professionals. Creating a fair and consistent performance-based assessment is challenging because client interactions in clinical counseling are highly individualized. Simulated scenarios may not accurately reflect the complexity of real-world counseling cases, leading to questions about how well the assessment translates to actual practice. While performance-based assessments may be an appropriate measure for other health profession work settings, they may not be practical in the assessment of mental health licensees.

SECTION 4

ENFORCEMENT

Section 4 – Enforcement Program

32. *What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?*

The Board has the following established Performance Measures (PM):

PM 2 – Intake: This measure tracks the average time from the receipt of a complaint to when it is acknowledged and assigned to an analyst or investigator. Under BPC section 129(b), complaints must be acknowledged within 10 days of receipt. The Board fulfills this requirement by sending written notification to the complainant. The target intake time is 10 days. From FY 2019-20 to FY 2023-24 the Board met target with an average time of 6 days.

PM 4 – Formal Discipline: This metric tracks the average number of days to complete the entire enforcement process for cases resulting in formal discipline. The target for formal discipline is 540 days. From FY 2019-20 to FY 2023-24 the Board met target with an average time of 415 days.

PM 7 – Probation Intake: This metric tracks the average number of days from the assignment of a probation monitor to the first contact with the probationer. The target response time is 10 days. From FY 2019-20 to FY 2023-24 the Board met target with an average time of 5 days.

PM 8 – Probation Violation Response: This measure tracks the average number of days from when a probation violation is reported to the Board to when the assigned probation monitor takes appropriate action. The target response time is 7 days. From FY 2019-20 to FY 2023-24 the Board met target with an average time of 3 days.

33. *Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?*

The number of complaints received by the Board for the last five years has stayed relatively the same each fiscal year with an average of 1,910 complaints per year. There was a slight uptick in complaint for FY 2023-24, but that is indicative of an increase in duplicate complaints being submitted.

Over the past three years the Board has seen a decrease in the convictions or subsequent arrest notifications, especially during the last fiscal year. Even with a steady increase of applications and within the licensing population, the Board has been able to maintain and meet its enforcement performance measures.

Table 9a. Enforcement Statistics				
	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
COMPLAINTS				
Intake				
Received	1,803	1,878	1,888	2,127
Closed without Referral for Investigation	828	784	685	911
Referred to INV	983	1,127	1,217	1,213
Pending (close of FY)	52	20	4	7
Conviction / Arrest				
CONV Received	1,225	1,226	1,010	846
CONV Closed Without Referral for Investigation	1	1	5	6
CONV Referred to INV	1,231	1,215	1,009	841
CONV Pending (close of FY)	4	13	11	11
Source of Complaint[6]				
Public	709	882	1,021	952
Licensee/Professional Groups	5	6	14	27
Governmental Agencies	1,080	1,018	1,138	1,006
Internal	358	406	156	81
Other	15	67	17	119
Anonymous	20	25	36	18
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	8	7	4	3
Average Time to Closure (from receipt of complaint/conviction to closure at intake)	31	33	46	70
Average Time at Intake (from receipt of complaint/ conviction to closure or referral for investigation)	20	20	21	37
INVESTIGATION				
Desk Investigations				
Opened	2,185	2,399	2,375	2,200
Closed	2,144	2,223	2,217	2,186
Average days to close (from assignment to investigation closure)	31	33	46	70

Table 9a. Enforcement Statistics				
Pending (close of FY)	177	230	342	353
Non-Sworn Investigation				
Opened	192	114	135	96
Closed	178	98	115	108
Average days to close (from assignment to investigation closure)	110	159	130	150
Pending (close of FY)	55	71	51	58
Sworn Investigation				
Opened	6	5	11	9
Closed	11	3	5	10
Average days to close (from assignment to investigation closure)	229	560	449	355
Pending (close of FY)	5	7	13	12
All investigations				
Opened	2,383	2,518	2,500	2,305
Closed	2,333	2,324	2,337	2,304
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	38	39	52	76
Average days for investigation closures (from start investigation to investigation closure)	37	37	48	70
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	N/A	880	N/A	580
Average days from receipt of complaint to investigation closure	46	46	56	79
Pending (close of FY)	237	308	406	423
CITATION AND FINE				
Citations Issued	32	21	15	36
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	213	220	287	190
Amount of Fines Assessed	$72,200	$28,950	$30,250	$39,100
Amount of Fines Reduced, Withdrawn, Dismissed	$34,100	$12,000	$7,750	$3,600
Amount Collected	$22,600	$16,950	$14,000	$12,200
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	2	0	1
ACCUSATION				
Accusations Filed	53	32	55	47
Accusations Declined	1	0	0	0

Table 9a. Enforcement Statistics				
Accusations Withdrawn	4	0	1	2
Accusations Dismissed	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	67	79	68	82
INTERIM ACTION				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Issued	1	0	4	2
Other Suspension/Restriction Orders Issued	0	0	0	1
Referred for Diversion	N/A	N/A	N/A	N/A
Petition to Compel Examination Ordered	2	1	3	6
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	62	41	79	68
AG Cases Pending Pre-Accusation (close of FY)	67	79	68	82
AG Cases Pending Post-Accusation (close of FY)	41	42	52	61
DISCIPLINARY OUTCOMES				
Revocation	26	10	14	7
Surrender	15	9	13	9
Suspension only	0	0	0	0
Probation with Suspension	0	0	0	0
Probation only	35	18	25	24
Public Reprimand/Public Reproval / Public Letter of Reprimand	3	0	0	0
Other	0	0	0	1
PROBATION				
Probations Completed	41	27	24	30
Probationers Pending (close of FY)	74	85	108	132
Probationers Tolled	21	22	23	34
Petitions to Revoke Probation/ Accusation and Petition to Revoke Probation Filed	17	17	13	10
SUBSEQUENT DISCIPLINE[8]				
Probations Revoked	27	18	28	18
Probationers License Surrendered	34	28	28	17
Additional Probation Only	9	6	4	0
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0

Table 9a. Enforcement Statistics				
Other Probation Outcome	0	1	0	0
SUBSTANCE ABUSING LICENSEES				
Probationers Subject to Drug Testing	37	17	21	44
Drug Tests Ordered	3,911	3,909	2,564	2,751
Positive Drug Tests	3	3	14	15
PETITIONS				
Petition for Termination or Modification Granted	4	18	14	13
Petition for Termination or Modification Denied	1	3	6	1

Table 10. Enforcement Aging						
	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	1,912	1,997	1,835	1,650	9,543	85%
91 - 180 Days	168	153	273	300	1,106	9.9%
181 - 1 Year	44	50	76	162	397	3.5%
1 - 2 Years	19	16	29	64	152	1.4%
2 - 3 Years	1	7	4	10	26	0.2%
Over 3 Years	0	0	0	0	0	0
Total Investigation Cases Closed	2,144	2,223	2,217	2,186	11,224	2,245 per fiscal year
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	24	20	23	44	140	32%
1 - 2 Years	60	16	28	20	189	43.5%
2 - 3 Years	27	19	16	3	81	19%
3 - 4 Years	3	3	6	2	22	5%
Over 4 Years	0	0	1	0	2	0.5%
Total Attorney General Cases Closed	114	58	74	69	434	87 cases per fiscal year

34. *What do overall statistics show as to increases or decreases in disciplinary action since last review?*

The overall statistics show a mixed trend in disciplinary actions since the last review. Over the past years since the last review there has been a decrease in accusations filed from 54 for FY 2020-21 to 47 in FY 2023-24. Revocations have fluctuated, with a decrease from 26 to 7 over the four periods. Surrenders have also decreased, falling from 15 to 9. Suspensions, both with and without probation, have consistently remained at zero. Additionally, probation-only cases show decrease, from 35 to 24. Overall, there has been a general decrease in the more severe disciplinary actions, such as revocations and surrenders and in probation-only actions.

35. How are cases prioritized? What is the board's complaint prioritization policy?

The Board developed its Complaint Prioritization Guidelines in 2009 using the DCA model guidelines for health care agencies. Although similar to the DCA model, the Board modified the complaint categories in the DCA guidelines to reflect the subject areas unique to the Board. Using these guidelines, complaints are reviewed by Board staff and categorized. Complaints categorized as "urgent" demonstrate conduct or actions by the licensee or registrant that pose a serious risk to the public's health, safety, or welfare. These complaints receive the immediate attention of the Enforcement Manager to initiate the appropriate action.

Complaints categorized as "high" involve allegations of serious misconduct, but the licensee's or registrant's actions do not necessarily pose an immediate risk to the public's health, safety, or welfare. "Routine" complaints involve possible violations of the Board's statutes and regulations, but the licensee's or registrant's actions do not pose a risk to the public's health, safety, or welfare.

36. *Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?*

The Board has various mandatory reporting requirements:

- BPC section 801(b) requires every insurer providing professional liability insurance to a Board licensee to report any settlement or arbitration award over $10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services. This report must be sent to the Board within 30 days of the disposition of the civil case.

- BPC section 802(b) requires Board licensees and claimants (or, if represented by counsel) to report any settlement, judgment, or arbitration award over $10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services. This report must be submitted to the Board within 30 days after the written settlement agreement.

- BPC section 803(a) requires the clerk of the court to report, within 10 days after judgment made by the court in California, any person who holds a license or certificate from the Board who has committed a crime or is liable for any death or personal injury resulting in a judgment for an amount in excess of $30,000 caused by his or her negligence, error or omission in practice, or by rendering of unauthorized professional services.

- BPC section 803.5 requires a district attorney, city attorney, or other prosecuting agency to report any filing against a licensee of felony charges and the clerk of the court must report a conviction within 48 hours.

- BPC section 805(b) requires the chief of staff, chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic to file an 805 report within 15 days after the effective date which any of the following occurs as a result of an action taken by the peer review body of a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Educational Psychologist, or Licensed Professional Clinical Counselor: 1) The licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason; 2) The licentiate's membership, staff privileges, or employment is terminated or revoked for medical disciplinary cause or

reason; or, 3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.

- BPC section 805.8 requires a health care facility or other entity that makes any arrangement under which a healing arts licensee is allowed to practice or provide care for patients to file a report of any allegation of sexual abuse or sexual misconduct made against a healing arts licensee by a patient, if the patient or the patient's representative makes the allegation, in writing, to the agency within 15 days of receiving the written allegation of sexual abuse or sexual misconduct. An arrangement under which a licensee is allowed to practice or provide care for patients includes, but is not limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens arrangements, and contractual arrangements to provide professional services, including, but not limited to, arrangements to provide outpatient services.

- Penal Code section 11105.2 establishes a protocol whereby the DOJ reports to the Board whenever Board applicants, registrants, or licensees are arrested or convicted of crimes. In such instances, the DOJ notifies the Board of the identity of the arrested or convicted applicant, registrant, or licensee in addition to specific information concerning the arrest or conviction.

Additionally, registrants and licensees are required to disclose at the time of renewal all convictions since their last renewal.

37. *Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.*

a. *What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?*

The Board is not exempt from Gov. Code section 11415.60, subdivision (b), under the Administrative Procedure Act, which requires a pleading to be issued (e.g., accusation or SOI) before the Board can settle an adjudicative proceeding regarding discipline of a license.

After concluding its investigation and determining that a violation of the statutes and regulations has occurred, the Board determines the appropriate penalty based on the Uniform Standards Related to Substance Abuse and Disciplinary Guidelines (USRSADG). The guidelines provide a minimum and maximum penalty based on a violation category. The Board expects the penalty imposed to be commensurate with the nature and seriousness of the violation. The USRSADG apply in all cases in which a license or registration is placed on probation due in part to a substance abuse violation.

For cases referred to the AGO which the Board would consider settling, the Board will provide proposed settlement terms based on USRSADG with the referral. The intent of this procedure is to engage in settlement discussions with the respondent after the respondent receives notice of the proposed disciplinary action.

Once a pleading has been filed, the Board's Executive Officer and assigned Deputy Attorney General will evaluate whether the case is appropriate to negotiate settlement terms with the respondent. Stipulated settlements negotiated between the complainant (Executive Officer) and respondent (licensee or license applicant) are submitted to the Board for consideration.

b. *What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?*

The Board settled 219 cases, while 210 proceeded to a hearing, resulting in a settlement rate of 51% percent over the past four years. Notably, there has been a decline in the number of cases advancing to a hearing over the last two years.

c. *What is the dollar threshold for settlement reports received by the board?*

BPC section 802(b) requires Board licensees and claimants (or, if represented by counsel) to report any settlement, judgment, or arbitration award over $10,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error or omission in practice, or by rendering of unauthorized professional services.

BPC section 803(a) requires the clerk of the court to report, within 10 days after judgment made by the court in California, any person who holds a

license or certificate from the Board who has committed a crime or is liable for any death or personal injury resulting in a judgment for an amount in excess of $30,000 caused by his or her negligence, error or omission in practice, or by rendering of unauthorized professional services.

d. *What is the average dollar amount of settlements reported to the board?*

During the last four fiscal years, the Board received a total of 7 reports for settlement or arbitration award. The average amount of the award paid on the behalf of the licensee is $360,000.

38. *Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?*

The Board is subject to a statute of limitations period as set forth in BPC section 4990.32 and 4982.05. An accusation must be filed within three years from the date the Board discovers the alleged act or violation or within seven years from the incident date, whichever occurs first. Cases regarding procurement of a license by fraud or misrepresentation are not subject to the limitations.

An accusation alleging sexual misconduct must be filed within three years after the Board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. In cases involving a minor patient, the 7- and 10-year limitation is tolled until the child reaches 18 years of age.

The Board implemented monitoring procedures to ensure that limitation deadlines are identified and that cases are monitored closely through the review and investigation process. If a case is forwarded for formal investigation, the investigator is informed of the limitation deadline and staff frequently follows up with the assigned investigator to track the progress. If violations are confirmed and the case is transmitted to the AGO, the deputy attorney general assigned to the case is informed of the limitations deadline to ensure prompt filing of charges. In the last four years the Board has not lost jurisdiction on a case due to the statute of limitations period.

39. *Describe the board's efforts to address unlicensed activity and the underground economy.*

The Board provides several publications and information to consumers on its website relating to the selection of a mental health practitioner and verification of an individual's license status. Any complaint received by the Board related to unlicensed activity is investigated. Investigations confirming unlicensed activity result in the Board issuing a citation and fine up to $5,000 to the unlicensed individual or referring the case to the local district attorney's office for appropriate action.

40. *Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?*

A citation and fine order is an alternative means by which the Board can take an enforcement action against a licensed or unlicensed individual who is found to be in violation of the Board's statutes and regulations. The citation and fine program increases the effectiveness of the Board's disciplinary process by providing a more effective method to address relatively minor violations that normally would not warrant more serious license discipline to protect the public.

Citations and fine orders are not considered formal disciplinary actions, but they are matters of public record. BPC section 125.9 authorizes the Board to issue citations and fines for certain types of violations. A licensee or registrant who fails to pay the fine cannot renew his/her license until the fine is paid in full. The Board has not increased its maximum fine since the last sunset review.

41. *How is cite and fine used? What types of violations are the basis for citation and fine?*

A citation and fine is appropriate if an investigation substantiates a violation of the Board's statutes and regulations, but the violation does not warrant formal disciplinary action. A citation and fine order contains a description of the violation, an order of abatement which directs the subject to discontinue the illegal activity, a fine (based on gravity of the violation, intent of the subject and the history of previous violations), and procedures for appeal.

Payment of a fine does not constitute an admission of the violation charged, but only as satisfactory resolution of the citation and fine order.

Frequently, citations are issued for violations related to unlicensed practice, practicing with an expired license, record keeping, failing to complete the required continuing education courses within a renewal period, advertising violations or failure to provide treatment records in accordance with the law. In assessing a fine, the Board, considers the appropriateness of the amount of the fine with respect to factors such as the gravity of the violation, the good faith of the licensee, and the history of previous violations.

42. *How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?*

An individual to whom a citation is issued may choose to appeal their case at an informal office conference. The informal office conference is a forum for the individual to provide information or mitigation not previously considered by the Board. Documentary evidence such as sworn witness statements and other records will be accepted. The individual can be present at the informal office conference with or without counsel or they may choose to be represented by counsel alone. All information submitted will be considered. The Board may affirm, modify, or withdraw the citation.

Since the last review, the Board has averaged one informal office conference per month, conducting 46 conferences over the past four fiscal years. During the same period, the Board received three requests for administrative hearings to appeal citations and fines.

43. *What are the five most common violations for which citations are issued?*

The five most common violations for which citations are issued are as follows:

- Failure to complete specific continuing education coursework requirements.
- Failure to maintain patient confidentiality.
- Providing services for which licensure is required.
- Misrepresentation as to the type or status of a license or registration held.
- Misrepresentation as to the completion of continuing education requirements.

44. *What is average fine pre- and post- appeal?*

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Average Pre-Appeal	$2,208	$1,812	$2,187	$2,017
Average Post Appeal	$594	$723	$250	$1,417

45. *Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.*

A licensee who fails to pay an uncontested fine cannot renew his/her license until the fine is paid in full. In addition, the Board utilizes the Franchise Tax Board Intercept Program which allows tax returns to be intercepted as payment for any outstanding fines. Typically, uncollected fines are related to unlicensed individuals and the Board has limited ability to pursue collection of these fines.

46. *Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.*

Pursuant to BPC section 125.3, the Board is authorized to request that its licensees who are disciplined through the administrative process reimburse the Board for its costs of investigating and prosecuting the cases. The Board seeks cost recovery regardless of whether the case is settled by stipulation or proceeds to an administrative hearing.

Probationers are afforded a payment schedule to satisfy the cost recovery. Compliance with cost recovery is also a condition of probation. Noncompliance with this condition may result in the case returning to the AGO to seek revocation or to extend the probation term until the cost recovery is made in full.

47. *How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.*

During the settlement process, the Board will frequently offer to reduce costs as an incentive to settle a case prior to a hearing. This strategy is beneficial to all parties in that hearing costs and time to resolve the matter are reduced, the individual may continue to practice while on probation, and the individual's violations and probation terms are publicly disclosed sooner.

Probationers are required to pay the cost recovery ordered as a condition of probation and must be paid in full prior to the end of probation. The Board establishes a payment schedule for probationers to pay their cost recovery, spreading the payments throughout the probation term.

Cost recovery is not always collected in disciplinary cases that resulted in the surrender of a license. Often, one of the terms in the final order accepting the license surrender requires that the cost recovery must be paid in full if the individual were to reapply to the Board. In these situations, the individual may never reapply, and the Board will not collect the cost recovery.

48. *Are there cases for which the board does not seek cost recovery? Why?*

The Board seeks cost recovery in every formal disciplinary case although administrative law judges often reduce the amount of cost recovery payable to the Board. The Board's request is made to the administrative law judge who presides over the hearing. The administrative law judge may award full or partial cost recovery to the Board or may reject the Board's request for cost recovery.

49. *Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.*

The Board does use the Franchise Tax Board to collect cost recovery. As noted previously, most of the cost recovery ordered is directly related to probationers. All probationers must pay cost recovery in full prior to the completion of their probation term.

Table 11. Cost Recovery[3] (list dollars in thousands)

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Total Enforcement Expenditures	$3,574,000	$3,378,000	$3,388,000	$3,479,000
Potential Cases for Recovery *	64	51	71	54
Cases Recovery Ordered	64	51	71	54
Amount of Cost Recovery Ordered	$56,713	$50,617	$45,832	$76,661
Amount Collected	$14,873	$10,501	$13,840	$28,643
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

[3] Cost recovery may include information from prior fiscal years.

50. *Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.*

Pursuant to Government Code section 11519, the Board may impose a probation term requiring restitution. In cases regarding violations involving economic exploitation or fraud, restitution is a necessary term of probation. The Board may require that restitution be ordered in cases regarding Medi-Cal or other insurance fraud. In addition, restitution would be ordered in cases where a patient paid for services that were never rendered or the treatment or service was determined to be negligent. No restitution has been ordered since the Board's last sunset review.

SECTION 5

PUBLIC INFORMATION

Section 5 –
Public Information Policies

51. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board uses a multifaceted approach of keep stakeholders and public informed about the Board's activities. Meeting agendas for Board and Committee meetings are posted to the Board's website at a minimum of ten days before the date of the meeting. Additionally, an announcement that the agenda has been posted is sent by email to individuals who have signed up for Board subscriber alerts as well as posted on the Board's social media accounts. Board meeting agendas and materials remain on the Board's website for seven years. Draft meeting minutes are included with the materials for subsequent meetings.

52. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

The Board webcasts all its meetings and the meeting recordings are available for seven years. Because it allows for increased accessibility for stakeholders, the Board plans to webcast all future Committee and Board meetings.

53. Does the board establish an annual meeting calendar, and post it on the board's web site?

During its third quarter meeting the Board will establishes its meeting calendar for the following year. This information is posted to the website for the upcoming year in November.

54. Is the board's complaint disclosure policy consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure? Does the board post accusations and disciplinary actions consistent with BPC § 27 if applicable?

The Board's complaint disclosure policy is consistent the DCA's Recommended Minimum Standards for Consumer Compliant Disclosure. Accusations and disciplinary actions are posted on the Board's website, published in the quarterly newsletter, and distributed by email to subscribers of the Board's Listserv. The documents can also be accessed through the DCA License Verification option on BreEZe which is linked on the Board's website.

55. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board offers the following information through the BreEZe system: licensee name, address of record, license type, status, issue, and expiration dates, as well as any disciplinary or enforcement actions.

Additionally, the Board publishes a Primary Source Verification Letter on its website detailing key aspects of its license verification process. It outlines licensee education requirements, the Board's role in verifying applicants' postgraduate supervised experience, and the availability of up-to-date license information, including issuance dates, status, and disciplinary history, which can be accessed via the Board's website at www.bbs.ca.gov. It also explains that disciplinary actions, updated monthly, are also accessible through the Online License Verification feature by searching with a name, license number, or other identifiers.

The Board does not track or specify awards, certificates, certification, or specialty areas of licensees.

56. What methods are used by the board to provide consumer outreach and education?

The Board recognizes that consumer education is a vital component of ensuring consumer safety. To support this, the Board primarily utilizes its website to provide accessible information through a dedicated consumer section. This section includes details about the complaint process, information on Board licensees, and guidance on telehealth services. Additionally, it features links to two updated consumer publications: "Therapy Never Includes Sexual Behavior" and "Self-Empowerment: How to Choose a Mental Health Professional," (Appendix B) which is available in 13 languages.

In 2023, the Board's Licensing Committee collaborated with associations and stakeholders to publish a comprehensive document outlining the services licensees can provide and the qualifications required for licensure. This resource, available on the Board's website, is accompanied by links to tools that help consumers find mental health services (see Appendix C). To further enhance outreach efforts, the Board established the Outreach and Education Committee and hired an Outreach Coordinator that will be tasked with expanding the Board's online and in-person outreach to better serve consumers and licensees.

SECTION 6

ONLINE PRACTICE ISSUES

Section 6 –
Online Practice Issues

57. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The increasing use of online-only therapy platforms and alternative methods of therapy, such as apps, email, and texting, raises concerns about potential public protection issues that the Board may need to address. Many clients now seek therapy through platforms like BetterHelp, Talkspace, LiveHealth Online, and Cerebral. These platforms typically offer various plans, including video therapy, text or messaging therapy, or a combination, often facilitated through an app.

Board registrants and licensees are required to comply with all California laws and regulations governing the practice of therapy, including those related to privacy, confidentiality, and informed consent. Therapists using online platforms must adhere to the same standards of care as they would in traditional, in-person settings. This includes maintaining confidentiality, ensuring appropriate professional boundaries, delivering evidence-based treatments, and safeguarding their clients' well-being.

In response to the increased use of telehealth, the Board sponsored AB 1759 (Aguiar-Curry, Chapter 520, Statutes of 2022), which requires Board applicants and current licensees to complete three hours of training or coursework on providing mental health services via telehealth. This mandate ensures that therapists offering online services are trained in teletherapy best practices and are prepared to address the unique challenges of virtual care.

The Board's Enforcement Unit reports that complaints about online therapy platforms constitute a small proportion of the total complaints it receives. Past complaints have included issues such as:

- Unlicensed practice concerns.
- Client difficulties in obtaining billing codes for insurance reimbursement.
- Therapist concerns about company incentives that encourage prolonging therapy unnecessarily.

- Advertising or listing of therapists' professional information without permission.
- Concerns over the wording of client user agreements.
- The lack of therapist access to a client's legal name or location in case of an emergency.

The Board's Telehealth Committee discussed these issues at meetings on December 8, 2022, and March 16, 2023. At the March meeting, the Committee approved a survey for licensees and registrants with experience working on these platforms to gather more information. Conducted from April 10 through May 15, 2023, the survey received over 1,700 responses.

The survey results were discussed at the Committee's June 8, 2023, meeting, identifying three potential areas of concern:

- Therapists being matched with clients in states where they are not licensed.
- Issues with record management and informed consent.
- The absence of an emergency plan for clients.

To provide consumers and licensees more information regarding the use of telehealth, the Committee developed and published four documents that are available in English and Spanish (Appendix D):

- "Use of Online-Only Therapy Platforms to Provide Psychotherapy"
- "Providing Mental Health Services via Telehealth"
- "Considering Mental Health Services via Telehealth as a Consumer"
- Supervision via Videoconferencing

Currently, the Board is pursuing amendments to its Telehealth regulations that propose minor amendments to address additional concerns that were raised during the Committee's discussions. The Board will continue to monitor trends in online therapy, along with any corresponding increase in consumer complaints. This issue will remain a focus of ongoing committee and board discussions and may result in further regulations.

SECTION 7

WORKFORCE DEVELOPMENT AND JOB CREATION

Section 7 –
Workforce Development and Job Creation

57. What actions has the board taken in terms of workforce development?

California is experiencing a significant mental health workforce shortage, which has been a growing concern for several years. This shortage is particularly acute in certain regions and for specific types of mental health professionals. The Board established a Workforce Development Committee in 2023 to conduct an in-depth discussion about several topics related to the pathway towards licensure with the goal of reducing any unnecessary barriers in the process. Topics of discussion have centered around the three major milestones in the licensure pathway: education, supervision, and examinations.

The Board has revised supervision requirements to allow for more flexibility in how supervision is provided. For example, telehealth supervision has been increasingly accepted, especially in response to the COVID-19 pandemic, which has made it easier for candidates to access qualified supervisors, regardless of location. The Board has taken steps to expand the pool of qualified supervisors by allowing a broader range of licensed professionals to provide supervision, thus increasing the availability of supervision opportunities.

The Board is streamlining the licensure process to make it easier and faster for new professionals to enter the workforce. The BBS has moved many of its licensure application and renewal processes online. Efforts have been made to simplify and consolidate forms and documentation requirements, reducing the administrative burden on applicants.

The Board supports and promotes state and federal loan repayment and forgiveness programs aimed at reducing the financial burden on candidates pursuing licensure, particularly for those willing to work in underserved areas. Recently the Board's executive officer has been part of HCAI's Behavioral Health Workforce Strategy advisory group.

The Board has developed clear guidance documents, FAQs, and other resources to help candidates navigate the licensure process. These resources are designed to clarify common areas of confusion, such as specific requirements for hours of supervised experience, examination processes, and application procedures.

59. Describe any assessment the board has conducted on the impact of licensing delays.

The Board has not conducted formal assessments on the impact of licensing delays but fully acknowledges how delays can affect an applicant's progress in the licensure process and ability to secure employment. Consequently, the Board maintains a strong focus on reducing application processing times through process improvements.

60. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board collaborates with institutions to host webinars and informational sessions, providing students with valuable insights into the licensure process, including comprehensive explanations of requirements, timelines, and common challenges. In the coming years, the Board aims to expand its outreach efforts by increasing the promotion of these activities and strengthening its communication with institutions and educators. Additionally, to broaden its reach, the Board plans to engage more pre-degree individuals by partnering with DCA to identify additional outreach opportunities, such as job fairs.

61. Describe any barriers to licensure and/or employment the board believes exist.

At the April 2024 Workforce Development Committee meeting staff presented a summary of the data collected from the Board's Licensure Pathway Survey. That survey was completed on April 19, 2024, and resulted in 3,170 complete responses, including free form comments that numbered from 600 to over a thousand per question. This survey was developed to seek input from Board registrants and licensees about barriers that they are facing, or may have faced, during their pathway to licensure. The survey focused on three key milestones in the pathway to licensure and the findings were as follows:

- **Education:** common barriers identified by respondents include the challenge of balancing full-time work, school, and unpaid practicum positions. Many reported difficulties in finding practicum placements that fit within their personal schedules, compounded by a perceived lack of culturally competent and trauma-informed professors, as well as inadequate preparation for practicums. Additionally, respondents

noted a lack of training provided by educational institutions regarding the licensure pathway and examinations.

- **Supervision:** significant barriers include challenges in finding qualified or available supervisors, coupled with the high cost of supervision. Respondents also expressed concerns about inadequate supervision environments that fail to sufficiently prepare them for the licensing process and exams. Scheduling supervision hours that align with other job responsibilities and personal commitments is another major hurdle, particularly for those balancing part-time work. There is also a prevalent concern that supervisors may not be fully knowledgeable about the licensing laws relevant to the supervisee's licensure pathway. Moreover, certain agency policies and job structures are perceived to negatively impact the quality of supervision. The extensive number of required supervision hours, including specific types such as those with children or couples, and the challenge of accumulating these hours without compensation were also highlighted.

- **Examinations:** the length and perceived difficulty of licensure exams were frequently mentioned as significant barriers, with many individuals finding the exams exceedingly challenging, thereby increasing anxiety and stress. Balancing professional responsibilities with exam preparation is particularly challenging for those working full-time. The costs associated with exams, including study materials and application fees, further add to the burden. The comprehensive nature of the exams, requiring extensive preparation often beyond what is covered in standard educational programs, was another major concern.

Although the survey primarily focused on education, supervision, and examinations, respondents also identified barriers associated with the overall licensing process. These include long waiting times to get hours certified and processed, as well as administrative hurdles such as the 90-day rule for post-graduation. Navigating the licensing requirements, particularly in keeping up with changes that may necessitate additional coursework, posed further challenges. Understanding and tracking requirements for specific types of hours, such as those involving children or couples, also proved difficult for many. The six-year rule, which invalidates previously accumulated hours if not completed within six years, was another significant barrier identified by respondents.

This information will be utilized by the Board's Workforce Development Committee to advance proposals aimed at strengthening workforce development initiatives.

62. Provide any workforce development data collected by the board, such as:

While the Board does not directly collect workforce development data, licensees are required to complete a demographic and workforce survey at the time of renewal. Although participation in the survey is mandatory, individuals may choose to decline to respond to specific questions. The collected data is shared with the Department of Health Care Access and Information (HCAI) for analysis and public reporting on the current workforce. HCAI has created dashboards that cover all Board license types, providing valuable insights that support the Board's workforce planning and discussions.

At the January 19, 2024, Workforce Development Committee meeting, members reviewed race and ethnicity data for registrants and licensees, derived from the HCAI survey. This information can be found in Appendix E.

63. What efforts or initiatives has the board undertaken that would help reduce or eliminate inequities experienced by licensees or applicants from vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or that would seek to protect those communities from harm by licensees?

Board licensees are required to complete cultural competency coursework before licensure, and out-of-state applicants must demonstrate completion of comparable coursework specific to California's cultural context. The Board's primary consumer resource, Self Empowerment: How to Choose a Mental Health Professional, is now available in twelve languages, expanding accessibility for diverse communities. Additionally, Board staff have participated in three diversity, equity, and inclusion trainings facilitated by DCA's SOLID Training and Planning Solutions. These sessions promoted awareness of implicit bias and its potential effects on decision-making and helped staff develop skills for navigating diverse communication preferences.

SECTION 8

CURRENT ISSUES

Section 8 – Current Issues

64. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

The Board utilizes the BreEZe system and was part of Release 1 in 2013. Since then, the Board has been very active in identifying and requesting changes to improve the system. The Department of Consumer Affairs (DCA) Office of Information Services has been responsive to these requests. Since it last sunset in 2019 the Board has established online applications for supervisor self-assessments, law and ethics re-examination, LMFT clinical re-examination, initial license, name changes, address changes, and license upgrades. The most notable change request that are currently being worked on are:

- A redesign of the Board's current rank-based licensing structure. While these changes are not user facing changes to the system, they will allow the Board to better utilize the BreEZe system capabilities.

- Implementation of online AMFT, ASW, and APCC registration applications. This is expected to be fully released by the middle of 2025.

Additionally, the Board is currently exploring options to implement a BreEZe system upgrade or a compatible system that will allow for the electronic submittal and tracking of supervision forms and supervision experience hours.

SECTION 9

BOARD ACTION AND RESPONSE TO PRIOR SUNSET ISSUES

Section 9 –
Board Action and Response to Prior Sunset Issues

The Board was last reviewed by the Legislature through sunset review in 2019-2020. During the previous sunset review, 11 issues were raised. In January 2025, BBS submitted its required sunset report to the Senate Committee on Business, Professions, and Economic Development and the Assembly Committee on Business and Professions (Committees). In this report, the Board described actions it has taken since its prior review to address the recommendations made. The following are some of the more important programmatic and operational changes, enhancements and other important policy decisions or regulatory changes made. For those which were not addressed, and which may still be of concern to the Committees, they are addressed and more fully discussed under "Current Issues."

PAST ISSUE #5: How does the Board ensure that supervisors are not supervising more registrants or trainees that authorized and how does the Board ensure individuals are earning reported hours?

The Board initiated amendments to its supervision regulation. These became effective January 1, 2022. The amendments did the following:

- Revised the qualifications to become a supervisor.
- Required supervisors to perform a self-assessment of qualifications and submit the self-assessment to the Board.
- Set forth requirements for substitute supervisors.
- Update and strengthened supervisor training requirements.
- Strengthened supervisor responsibilities, including provisions pertaining to monitoring and evaluating supervisees.
- Strengthened requirements pertaining to documentation of supervision.
- Made supervision requirements consistent across the three licensed professions.
- Addressed supervision gained outside of California.
- Addressed documentation issues when a supervisor is incapacitated or deceased.
- Set forth terms relating to registrant placement by temporary staffing agencies.

PAST ISSUE #6: Is clarity needed for what places are considered exempt settings?

AB 690 (Arambula, Chapter 747, Statutes of 2021) reclassified all psychotherapy settings as either exempt or non-exempt from licensure and registration requirements, as defined. This bill also increased the maximum number of persons a supervising psychotherapist licensed under the Board may supervise from three persons to six persons.

PAST ISSUE #11: Should the licensing and regulation of the BBS be continued and be regulated by its current membership?

SB 1474 (Senate Committee on Business, Professions, and Economic Development), Chapter 312, Statutes of 2020 extended the Board's sunset date for one year, to January 1, 2022. Subsequently, SB 801 (Archuleta), Chapter 647, Statutes of 2021 extended the Board's sunset date to January 1, 2026.

SECTION 10

NEW ISSUES

Section 10 – New Issues

ISSUE #1: Technical, Clean-up Legislation

Background: The Board requests several technical, clean up amendments be included in this year's sunset bill. The amendments were approved by the Board at the September 20, 2024, and November 14, 2024, Board meetings.

LMFT Enforcement Statute of Limitations

The Board considered whether Business and Professions Code (BPC) §4982.05, which details the enforcement statute of limitations for licensed marriage and family therapists (LMFTs), is necessary. This is because BPC §4990.32, which is the Board's general statute that applies to all 4 of its practice acts, contains very similar language.

After legal review, it was determined that BPC §4982.05 contains nearly duplicative language, and in some cases, BPC §4990.32 contains more specific detail. Therefore, the Board is requesting that BPC §4982.05 be deleted.

Supervisory Ratios for Associate Social Workers

Associates who perform more than 10 hours of certain types of supervised experience per week in a setting are required to have at least one additional hour of direct supervisor contact for that week for that setting.

It was brought to the Board's attention that there is some confusion surrounding which type of experience hours trigger the required extra hour of supervision per week for Associate Clinical Social Workers (ASWs). The Board is proposing making some changes to the wording of the requirement, which is located in BPC §4996.23.1(a)(2), to clarify its interpretation in a manner that is consistent with the law for the Board's LMFT and LPCC license types.

Advertising Definitions

The Board is requesting technical amendments to the definition of "advertising" in its four practice acts. LPCC statute defines "advertising" in a slightly different way than the other 3 license types. The definition, which is located in BPC §4999.12(g), does not reference a public communication as defined in BPC §651(a), as the definition for the Board's other 3 license types do.

This omission could affect the clarity of how advertising is defined for LPCCs. Specifically, BPC §651's "public communication" definition includes electronic

communications, while §4999.12(g) for LPCCs does not loop this in. Although §651 applies to LPCCs by default (they are a healing art license type and thus subject to the statute), it may be preferable to clarify this in §4999.12, like the other practice acts do.

The Board's proposal includes additional technical amendments to make the exact wording of the "advertising" definition in each practice act the same. In addition, language referencing "notices in church bulletins," has been changed to reference "notices in bulletins from a religious organization" so that it is consistent across license types.

Supervision for Professional Clinical Counselor Trainees

BPC §4999.46.2(a)(2) discusses the amount of supervision required for professional clinical counselor trainees. It states the following:

> *"For experience gained after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week."*

This statement may be misleading and confusing because PCC trainees are not permitted to count pre-degree hours. While this limitation applies to and is appropriate for marriage and family therapist trainees, who do count pre-degree hours, it is not needed for PCC trainees, and therefore the Board is proposing its deletion.

W-2 Forms for Supervised Experience Claimed

BPC §§ 4980.43.3(a)(1), 4996.23.2(a)(1), and 4999.46.3(a)(1) require associates applying for LMFT, LCSW, and LPCC licensure, respectively, to provide the Board with copies of their W-2 tax forms for each year of experience claimed upon application for licensure.

An associate may not have a W-2 tax form yet for experience gained in the current tax year in which they are applying for licensure. In that case, the Board requests a copy of the most recent pay stub for that year.

Therefore, the Board proposes clarifying language to each of the above-listed sections stating if the W-2 is not available for experience gained during the tax year that has not ended yet, then the associate needs to provide the Board with a copy of the most recent pay stub.

Unprofessional Conduct Provisions for Telehealth

BPC §§4982, 4989.54, 4992.3, and 4999.90 contain the unprofessional conduct provisions for the LMFT, LEP, LCSW, and LPCC practice acts, respectively.

Each of these sections contains a provision making it unprofessional conduct to violate BPC §2290.5, which is the section of law that outlines the requirements for the provision of health care services via telehealth. However, each section uses slightly different language to state that violating BPC §2290.5 is unprofessional conduct. The Board is proposing minor amendments to make the language of this provision consistent across its license types, using the wording used in LPCC statute as the model.

Degree Program Certification of Meeting Registration and Licensure Requirements

BPC §§ 4980.36 and 4980.37 contain the degree requirements for AMFT registration and LMFT licensure depending on the date that the degree was begun and completed.

While BPC §4980.36 contains the current degree requirements, BPC §4980.37 contains the requirements for older degrees that were begun before August 1, 2012 and completed before December 31, 2018.

Applicants with older degrees qualifying under BPC §4980.37 must also complete additional coursework described in BPC §4980.41 before sitting for the licensing exams. Two of these required courses, described in BPC §4980.41(a)(4) and (5), are alcoholism and other chemical substance dependency, and spousal or partner abuse assessment, detection, and intervention, respectively.

Prior to 2014, those two courses must have been completed within the qualifying master's degree program. If they were not, they could not be remediated, and the degree was considered non-qualifying. An unintended consequence of this was that some applicants did not have this coursework in their qualifying degree, and were unable to qualify for licensure unless they obtained a new degree. To address this, the Board sponsored AB 428 (Chapter 376, Statutes of 2013), which allowed these two courses to be remediated outside of the degree program by taking either an additional master's level course, or coursework from an accepted continuing education provider.

However, BPC §4980.38, which requires degree programs to certify that their degree meets the requirements for licensure, mistakenly still requires schools with degrees that qualified under BPC §4980.37 (pre-2012 degrees) to certify that the two above-discussed courses listed in in BPC §4980.41(a)(4) and (5) are

contained in their qualifying degree. Therefore, the Board is proposing an amendment to correct this mistaken language.

Association of Marital and Family Therapist Regulatory Board's National Examination

To become a Licensed Marriage and Family Therapist (LMFT) in California, passing the Board-administered LMFT clinical exam is mandatory. This exam is developed by the Board with the assistance of Department of Consumer Affairs' (DCA's) Office of Professional Examination Services (OPES). In contrast, all other states require passing the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Marital and Family Therapy National Examination (AMFTRB National Exam).

While the Board has already adopted national clinical examinations for Licensed Clinical Social Workers (LCSW) and Licensed Professional Clinical Counselors (LPCC), it has yet to adopt the AMFTRB National Exam for LMFT licensure. Adopting a national clinical exam will allow a California LMFT license to be more portable to other states. At its May 2024 Board meeting, the Board voted to begin the process of drafting the necessary law changes to accept the AMFTRB National Exam as the clinical exam, and to collaborate with AMFTRB on addressing the Board's outstanding concerns.

The Board has determined that statutory amendments are needed as a first step to allow it the authority to adopt a national clinical exam via regulations if it desires. An amendment to the Board's clinical exam fee in statute is also needed to allow a national examination entity to charge the fee they determine necessary.

Statutory amendments would not adopt the AMFTRB National Exam; they would simply lay the groundwork to allow the adoption of the AMFTRB National Exam if the Board chose to do so via regulations. After statutory amendments are successfully adopted via legislation, the Board would need regulatory amendments to officially name the AMFTRB National Exam as the clinical exam accepted by the Board for LMFT licensure.

Sunsetting Provisions

The Board has two key provisions in statute that are set to sunset on January 1, 2026. When developing these statutes, the Board chose to give each a sunset date that aligned with the Board's sunset date, so that any needed adjustments to those newer statutes could be done via the sunset bill if needed (for example,

to address any unintended consequences that might arise, or make any needed clarifications).

The two sunsetting provisions of law are as follows:

1. Allowance of Supervision via Videoconferencing in all Settings

   In 2022, the Board sponsored AB 1758 (Aguiar-Curry, Chapter 204, Statutes of 2022) to allow supervision to take place via videoconferencing in all settings, not just in exempt settings. This bill was run as an urgency measure.

   After evaluating the success of the allowance, including reviewing current research papers on supervision via videoconferencing, seeking feedback from supervisors and supervisees, and noting the lack of enforcement complaints on the topic, the Board proposes to delete the sunset date.

2. Temporary Practice Allowance

   In 2023, the Board sponsored AB 232 (Aguiar-Curry, Chapter 640, Statutes of 2023). The bill provides a 30-day temporary practice allowance to qualifying therapists licensed in another U.S. jurisdiction to continue treating existing clients who are visiting California or relocating to California.

   Because this was a brand-new allowance, the Board decided to include a sunset date of January 1, 2026, so that the allowance could be reevaluated as part of the Board's sunset review process.

   The program has only been in effect since January 1, 2024. Since that date, the Board has issued approximately 9 temporary practice allowances per week, for a total of 263 between January 1st and mid-July.

The Board is proposing to extend the temporary practice allowance sunset date to January 1, 2030, to allow more time to gather data about the success of the program over time.

ISSUE #2: LEP Education and Experience Requirements Amendments

Background: The Board requests that proposed amendments to its LEP licensing requirements be included in this year's sunset bill. The amendments were approved at the September 20, 2024, and November 15, 2024, Board meetings.

The proposed statutory amendments to BPC §4989.20 fall into three categories:

- Specifying Experience Requirements in Greater Detail
- Clarifying Requirements for In-State Versus Out-of-State School Psychologists
- Adding an Age Limit to a Passing Score on the LEP Exam

The Board believes that together, these amendments will provide greater clarity to the LEP licensure requirements and will provide a process for out-of-state LEP applicants to qualify for licensure.

ISSUE #3: Retired License Amendments

Background: The Board requests that proposed amendments to requirements to retire a license be included in this year's sunset bill.

The proposal makes the following changes to the requirements to retire a license in the LMFT, LEP, LCSW, and LPCC practice acts, including the following:

- Instead of requiring one's license either be current and active or inactive to retire it, the proposal instead requires a license to be current and active, inactive, or expired within the past 3 years (this timeframe was chosen because an expired license is renewable for 3 years, after which it is cancelled). This added allowance would remove the barrier of requiring someone who had let their license expire from having to pay to reactivate it (to either active or inactive status) in order to then retire it.

- Clarifies what "subject to disciplinary action" means. A licensee who wishes to retire their license must not be subject to disciplinary action, but current law does not explicitly state what this means.

- Specifies what information needs to be provided to the Board in the application to retire a license and in the application to restore a retired license to active status.

- Specifies the professional title that a retired licensee is permitted to use.

- Limits a retired licensee from reactivating their license to one time only.

ISSUE #4: *Should the Board consider expanding its LPCC Professional Representation*

Background: The original language of SB 788 (Wyland), Chapter 629, Statutes of 2009, which established the licensure of professional clinical counselors (LPCCs) included the addition of two Licensed Professional Clinical Counselors (LPCCs) to the board composition. However, as enacted the bill only made provisions for one LPCC Board member. It is unclear as to why this change was made.

While LPCC licensees account for approximately 3% of the Board's licensee population, over the last four years LPCCs have had the largest increase in population (39%) when compared to LMFTs (15%) and LCSWs (20%). This increase is only projected to continue as the population of the corresponding registrant level of licensure that leads to a LPCC license, the Associate Professional Clinical Counselor (APCC), has increased approximately 50% over the same four years. The Board has not had any formal discussions regarding its professional membership representation.

Recommendation: The Board should consider legislative amendments to BPC §4990(a) to increase the Board's LPPC membership to two state licensed professional clinical counselors.

ISSUE #5: *Supervision: Pre-Licensed Individuals. Does the Board need to amend its statutes or regulations to strengthen supervision of pre-licensed individuals?*

Background: Trainees are unlicensed individuals currently enrolled in a master's or doctoral degree program designed to qualify them for licensure. These individuals must have completed at least 12 semester units or 18 quarter units of coursework in a qualifying program. The "90-day rule" is a provision in the law that allows applicants for registration as an Associate Marriage and Family Therapist, Associate Professional Clinical Counselor, or Associate Clinical Social Worker to count supervised experience gained during the period between the degree award date and the issuance of the Associate registration number. This is only applicable if the application for Associate registration is submitted within 90 days of the degree award date and if the employer required LiveScan fingerprints.

While the Board has established supervision requirements for trainees and individuals covered by the "90-day rule," it does not have direct oversight of these individuals during this period. There is growing concern about whether the supervision they receive is sufficient to adequately prepare them for licensure and maintain consumer protection.

Recommendation: The Board should review current supervision requirements for trainees and the "90-day" rule and consider whether amendments to the current statutes or regulations are necessary to ensure consumer protection.

ISSUE #6: *Processing Timelines. What changes can the Board implement to the application process and staffing to reduce processing timelines?*

Background: Over the past five years, application volumes have steadily increased, a trend that is expected to continue. The Board has observed an average annual increase of 5% in registration applications and 1% in licensure applications. To address these challenges, the Board has made efforts to meet its processing goals by temporarily reallocating staff, offering overtime to evaluators, and implementing process improvements. While the Board has recognized improvements to processing times through these efforts, staff recognize that additional efforts could ensure the Board further reduces and maintains processing times. One such effort is to fully automate the submittal of registration applications and applications for licensure.

A registration application requires an individual to submit a transcript and, in some instances, an education certification from their institution. The Board has implemented the process for individuals and institutions to submit these items electronically. Additionally, the Board is in the final stages of implementing and online registration application. While this system is close to being fully automated with online applications, staff will need to consider how to improve the process of transcript and additional supporting document submittals for registrant applications.

Applicants for licensure are required to complete 3,000 hours of supervised experience before becoming eligible to take the clinical licensure examination. To begin accumulating these hours, individuals must first register with the Board and maintain documentation of their supervision relationships and experience hours. Most registrants will work with multiple supervisors throughout this process, which typically spans a minimum of two years but can extend up to six years or more.

To document supervision, registrants use two key forms: the Supervision Agreement and the Experience Verification Form. The Supervision Agreement, completed prior to the start of supervision, affirms that both the supervisor and the supervisee understand their responsibilities and relevant legal requirements. This form also includes a supervisory plan outlining the goals and objectives of the supervision. The Experience Verification Form, completed at the end of each supervisory relationship, details the supervision provided and requires the supervisor to document the hours gained across specific areas. Supervisors are required to sign this form under penalty of perjury. Currently, registrants submit these forms with their licensure application after accumulating all supervised hours.

Implementing an automated system for maintaining and submitting supervision forms would provide significant benefits to both registrants and the Board. Board staff are aware of existing programs used by applicants and agencies that assist in recording and tracking supervision hours and completing the necessary forms for Board submission. These systems allow applicants to submit their supervision records online, enabling supervisors to review and attest to them in real time. An automated approach would streamline the process for Board evaluators, allowing them to compile and analyze applicants' supervised hours more efficiently. This system would enable the Board to review supervisory forms as they are completed, providing registrants with a streamlined, accessible method for managing and submitting their documented hours.

Recommendation: The Board should explore and implement improvements to current processes that will allow for a more streamlined process for submitting transcripts, education verifications, and supervisory experience forms.

ISSUE #7: *Artificial Intelligence. Does the Board need to amend current law to ensure consumer protection when a licensee utilizes artificial intelligence in their practice?*

Background: Currently, there is a lack of clear regulations and guidelines regarding the use of AI in mental health care. This uncertainty makes it difficult to ensure that AI tools are used safely and effectively. While AI tools currently available can offer some great assistance to a practitioner, the use in mental health raises significant ethical issues, including privacy, confidentiality, and informed consent.

Recommendation: The Board should examine the use of AI in mental health services and assess whether amendments to existing statutes or regulations are necessary to ensure consumer safety and uphold professional standards.

ISSUE #8: *Outreach & Education. How can the Board increase its engagement with applicants, licensees, education institutions, and stakeholders?*

Background: In the Board's strategic plan for 2022-26 the following goals were identified for outreach and education:

- Create a more responsive and robust consumer and licensing education program through videos, social media campaigns, and electronic publications to ensure understanding of new changes in laws and regulations.

- Collaborate with entities that work with consumers to increase equitable and inclusive outreach to diverse populations.

- Increase and diversify Board engagement with schools, training programs, public events, and relevant professional organizations to raise awareness of the Board's role and activities.

- Identify and implement strategies to gain increased participation in Board meetings from a wider group of stakeholders.

- Increase awareness of the profession by using outreach to build relationships with underserved communities and diversify the workforce.

Recommendation: The Board, through its Outreach and Education Committee, should actively discuss, identify, and pursue initiatives that align with and advance its strategic plan goals for outreach and education.

ISSUE #9: *Interstate Compacts. Should California join the interstate compact for Licensed Professional Clinical Counselors and Licensed Clinical Social Workers?*

Background: Currently, two interstate compacts relevant to the Board's licensure programs are in effect: the Clinical Counselor Compact and the Social Work Compact.

Recommendation: The Board should evaluate and discuss the interstate compacts to determine whether joining them would be beneficial and appropriate for California.

ISSUE #10: ***AMFTRB National Exam. Should the Board consider the Association of Marital and Family Therapy Regulatory Boards National Exam for licensure in California?***

Background: To become a Licensed Marriage and Family Therapist (LMFT) in California, passing the Board-administered LMFT clinical exam is mandatory. This exam is developed by the Board with the assistance of Department of Consumer Affairs' (DCA's) Office of Professional Examination Services (OPES). In contrast, all other states require passing the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Marital and Family Therapy National Examination (AMFTRB National Exam). While the Board has already adopted national clinical examinations for Licensed Clinical Social Workers (LCSW) and Licensed Professional Clinical Counselors (LPCC), it has yet to adopt the AMFTRB National Exam for LMFT licensure.

The Board discussed potentially accepting AMFTRB's exam, most recently at its May 2024 meeting. At the May meeting, the Board voted to begin the process of pursuing legislation and/or regulations accepting the AMFTRB National Exam, assuming some conditions can be met. At its August 9, 2024, meeting, the Board's Policy and Advocacy directed staff to bring the statutory amendments to the Board for consideration as a legislative proposal, which were approved at the September 20, 2024, Board meeting. (The regulatory amendments would need to be adopted separately at a later date, once the Board believes all implementation issues have been properly addressed and the Board is ready to proceed with the final step in accepting the national exam.)

Recommendation: The Board should consider whether to accept the AMFTRB National Exam for licensure in California.

ISSUE #10: ***Subject Matter Experts. What can the Board do to increase its pool of subject matter experts for case review and exam development?***

Background: The Board utilizes the expertise of subject matter experts to review Board cases to determine if a violation of law occurred. These subject matter experts review the evidence obtained during the Board investigation and consider the standard of care for the profession in determining if a violation occurred. Further, the subject matter experts provide testimony at an

administrative hearing, when appropriate. The subject matter expert's role is vital to the Board's mandate to protect the public.

It is crucial for the Board to have a robust pool of subject matter experts (SMEs) to ensure that each expert possesses the necessary qualifications to thoroughly review cases and provide credible testimony. However, the Board has faced significant challenges in recruiting and retaining these experts, largely due to the limited compensation offered. The compensation may not be competitive enough to attract top-tier professionals, especially when compared to the earnings available in clinical practice or other consulting opportunities. Additionally, the demands of serving as an SME—such as case reviews, attending hearings, and managing extensive paperwork—can be cumbersome and time-consuming. These factors often discourage qualified professionals from participating in the process.

Recommendation: The Board may need to consider an augmentation to its SME budget line in the future to support increased compensation for SMEs.

ISSUE #11: ***Psychedelic Assisted Therapy. Does the Board need to amend current law to ensure consumer protection when a licensee utilizes psychedelic assisted therapy in their practice?***

Background: Psychedelic-assisted therapy has garnered increasing attention in California, with legislative efforts aiming to regulate and expand its use. In February 2024, a bipartisan bill known as the Regulated Psychedelic-Assisted Therapy Act was introduced, proposing a framework for adults over 21 to access substances like psilocybin, MDMA, DMT, and mescaline under professional supervision.

While emerging research suggests potential benefits of psychedelics in treating certain mental health conditions, the evidence is still developing. Psychedelic-assisted therapy requires specialized knowledge and skills.

Recommendations: The Board should explore the ethical and legal implications of psychedelic-assisted therapy by its licensees in mental health service delivery. This research may help determine whether amendments to current statutes or regulations are necessary to ensure consumer safety.

ISSUE #12: ***Use of Standardized Exams for Licensure: Should the Board continue the use of standardized exam for clinical testing or consider alternative methods for licensure?***

Background: All applicants for licensure with the Board must achieve a passing score on a clinical examination. The Board develops two clinical examinations: the LMFT Clinical Exam and the LEP Standard Written Exam, while also utilizing two national clinical examinations: the Association of Social Work Boards (ASWB) Clinical Exam and the National Clinical Mental Health Counselor Examination (NCMHCE) - Clinical Level. These exams are integral to evaluating candidates' readiness for clinical practice and ensuring public safety through professional competency.

In November 2021, the ASWB took a pivotal step by collecting and publishing performance data for its licensing exams to enhance transparency and foster equity. Partnering with the Human Resources Research Organization, ASWB's 2022 Exam Pass Rate Analysis, released in August 2022, revealed significant disparities in pass rates among demographic groups. While the number of test-takers increased significantly from 2011 to 2021, white candidates consistently outperformed their peers, with Black candidates reporting the lowest first-time pass rate at 45%. These findings prompted critical discussions about systemic inequities and sparked a broader dialogue on the fairness and validity of standardized testing in licensure.

The ASWB report has contributed to a growing national conversation on the role and impact of standardized testing in professional licensure. While initial scrutiny focused on entry-level exams that do not test clinical knowledge, concerns have expanded to include potential disparities in all licensure examinations. Some jurisdictions have already discontinued certain exams or are challenging their use.

Since 2022, the Board has engaged in ongoing discussions about exam pass rates, development, and the efforts of developers to address inequities. In November 2022, the Board presented the ASWB's findings and has since invited exam developers to provide insights into their ongoing efforts to mitigate disparities.

At the January 2024 Workforce Development Committee meeting, the Board considered several potential mitigating measures, including introducing a demographic survey for its exams and utilizing differential item functioning (DIF)

analysis on exam questions, allowing earlier administration of the clinical exams, and developing an alternative pathway to licensure that does not involve taking a clinical exam.

Recommendation: The Board should actively continue its discussions on the use of clinical exams and explore potential alternatives, ensuring a fair and equitable licensure process for all applicants. Collaborating closely with national exam developers.

BBS

Board of Behavioral Sciences

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

SUNSET REVIEW REPORT 2025

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

CONTINUED: VOLUME 2 | ATTACHMENTS AND APPENDICES

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VOLUME 2 | ATTACHMENTS/APPENDICES

SUNSET REVIEW REPORT 2025

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

BBS
Board of Behavioral Sciences

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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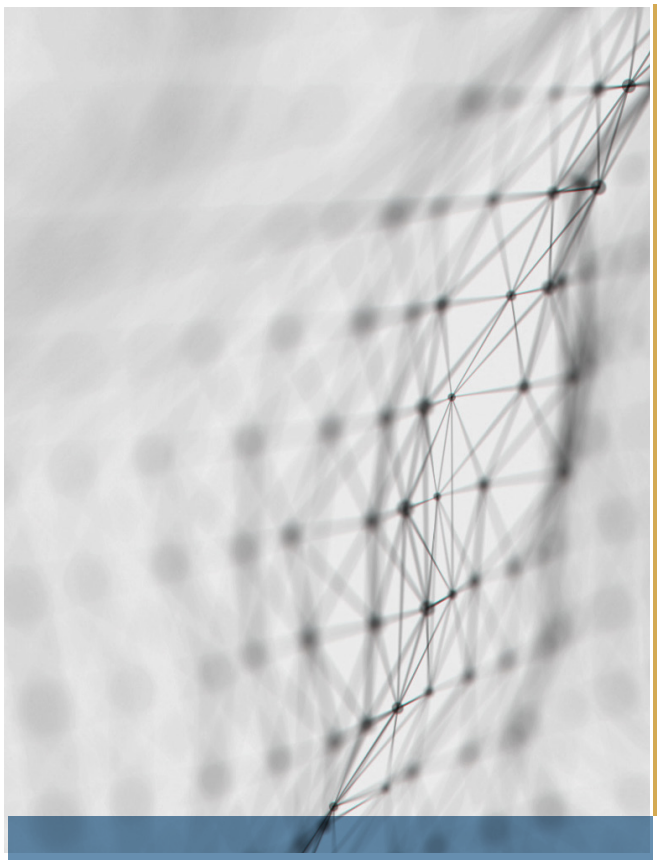

BBS

Board of Behavioral Sciences

BOARD MEMBER PROCEDURE MANUAL

2024

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

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INTRODUCTION

This procedure manual is provided to Board Members as a ready reference of important laws, regulations, DCA policies, and Board policies to guide the actions of the Board Members and ensure Board effectiveness and efficiency. The Executive Officer will coordinate an orientation session with each new Board Member upon his or her appointment, to assist the new member in learning processes and procedures.

The Board's mission is to *protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practice*.

The vision of the Board is that *all Californians are able to access the highest-quality mental health services.*

To accomplish its mission, the Board develops and administers licensure examinations; investigates consumer complaints and criminal convictions; responds to emerging changes and trends in the mental health profession legislatively or through regulations; and creates publications for consumers, applicants, registrants, and licensees.

The Board's statutes and regulations require an individual to be licensed before they may engage in the practice of Licensed Clinical Social Work, Licensed Marriage and Family Therapy, Licensed Educational Psychology, and Licensed Professional Clinical Counseling. These statutes and regulations set forth the requirements for registration and licensure and provide the Board the authority to discipline licensees.

The highest priority for the Board is protection of the public in exercising its licensing, regulatory, and disciplinary functions. Board members fulfill this mandate through policy decisions and voting on proposed disciplinary actions in which a licensee or registrant has violated the Board's laws.

CHAPTER 1

BOARD HISTORY

The Board of Behavioral Sciences (Board) is one of the forty regulatory entities within the Department of Consumers Affairs (DCA). DCA is one of eight entities under the Business, Consumer Services and Housing Agency (BCSH), an agency within the California State Government Executive Branch.

DCA educates consumers by giving them the information they need to avoid unscrupulous or unqualified people who promote deceptive or unsafe practices. Although DCA provides administrative oversight and support services to the Board, the Board has policy autonomy and sets its own policies, procedures, and regulations.

Legislation signed on July 18, 1945, by Governor Earl Warren created the Board of Social Work Examiners under the Department of Professional and Vocational Standards (renamed the Department of Consumer Affairs in 1970). California became the first state to register social workers. During the first 16 months of existence, the Board registered 4,098 social workers.

In the late sixties, the Marriage, Family, and Child Counselor Licensing Law and the Board of Social Work Examiners were combined and renamed the Social Worker and Marriage Counselor Qualifications Board. In 1970, regulatory oversight of Licensed Educational Psychologists was added, and the Board was renamed the Board of Behavioral Sciences Examiners.

In 1997 the name of the Board was changed to its present name, the Board of Behavioral Sciences. In 2010, a fourth mental health profession, Licensed Professional Clinical Counselors, was added to the Board's regulatory responsibilities.

Today, the Board licenses and regulates Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Educational Psychologists (LEP), and Licensed Professional Clinical Counselors (LPCC). Additionally, the Board registers Associate Clinical Social Workers (ASW), Associate Marriage and Family Therapists (Associate MFTs), and Associate Professional Clinical Counselors (Associate PCCs).

The first members of the Board were comprised of seven members, two of which were required to represent the public. The remaining members were required to be licensees of the Board. All members were appointed by the Governor and served a four-year term.

Today, the Board is comprised of thirteen (13) members; two (2) Licensed Clinical Social Workers, one (1) Licensed Educational Psychologist, two (2) Licensed Marriage and Family Therapists, one (1) Licensed Professional Clinical Counselor, and seven (7) members of the public. Each licensed member must possess a Master's Degree from an accredited college or university and shall have at least two years of experience in his or her profession.

Eleven (11) Board Members are appointed by the Governor and are subject to Senate confirmation. One (1) member is appointed by the Senate Committee on Rules and one (1) member is appointed by the Speaker of the Assembly. Each Board Member may serve up to two, four-year terms.

GENERAL RULES OF CONDUCT

Whether you are attending a public board meeting or an event/activity unrelated to the Board, your role as a Board Member is continuous. The public perceives you as the "Board" and this perception will not end until your service on the Board is concluded. Therefore, it is important that your actions and conduct are a positive reflection upon the Board, and ultimately the Governor of California.

The following list is intended to assist Board Members in avoiding any situation that has the potential to reflect poorly on the Board.

- Board Members' actions shall uphold the Board's primary mission to protect the public.
- Board Members shall maintain the confidentiality of confidential documents and information.
- Board Members shall commit time, actively participate in Board activities, and prepare for Board meetings, which includes reading Board packets and all required legal documentation.
- Board Members shall respect and recognize the equal role and responsibilities of all Board Members, whether public or licensee.
- Board Members shall act fairly and in a nonpartisan, impartial, and unbiased manner.
- Board Members shall treat all applicants, registrants and licensees in a fair and impartial manner.
- Board Members shall not use their positions on the Board for political, personal, familial, or financial gain.

DEFINITIONS

AEO	Assistant Executive Officer
AG	Office of the Attorney General
Agency (BCSH)	Business, Consumer Services, and Housing Agency
ALJ	Administrative Law Judge
B&P, BP, BPC	Business and Professions Code
BCP	Budget Change Proposal (request for additional staff/funds to board budget)
BreEZe	Board Database System
CCR	California Code of Regulations
DAG	Deputy Attorney General
DCA	Department of Consumer Affairs
Department	Department of Consumer Affairs
DOF	Department of Finance
DOI	Division of Investigations
EO	Executive Officer
LPR	Legislation and Policy Review Division
MOU	Memorandum of Understanding
OAH	Office of Administrative Hearings
OPES	Office of Professional Examination Services
PD	Proposed Decision issued from ALJ
SAM	State Administrative Manual
STIP	Stipulation – settlement agreement
Uniform Standards	Disciplinary Guidelines for Substance Abusing Licensees

CHAPTER 2

BOARD AND COMMITTEE MEETINGS

BOARD MEETING FREQUENCY

Business and Professions Code Section 101.7 requires the Board to meet at least two times per calendar year; holding at least one meeting in Northern California and one meeting in Southern California. The Board schedules four meetings usually in February/March, May, August/September and November. The meetings are two or three days in duration. A two-day meeting is scheduled on Thursday and Friday. A three-day meeting is scheduled on Wednesday through Friday. The number of disciplinary matters and petitioners determine if two or three days are necessary.

The meeting dates are coordinated with the Board Chair, Vice Chair, and the upcoming legislative calendar. The meeting dates are announced prior to the August/September Board meeting.

COMMITTEE MEETING FREQUENCY

The Board has one standing committee: The Policy and Advocacy Committee. The Policy and Advocacy Committee is comprised of four Board Members. This Committee meets at least three times a year to discuss all legislative and rulemaking proposals. The meeting dates are coordinated with the Chair of the Committee and occur prior to the Board meeting.

As needed, ad-hoc committees are established to address specific topic areas. The number of members on an ad-hoc committee ranges from two to four Board Members.

All Committee Members are appointed by the Board Chair.

ATTENDANCE (BOARD POLICY #B-15-1)

Board Members shall attend each meeting of the Board and their assigned committee. If a member is unable to attend, they must contact the Board Chair or the Executive Officer and ask to be excused from the meeting for a specific reason.

All meeting minutes will reflect Board Member attendance including when a member is excused or absent from the meeting.

Please refer to Attachment A: Board Policy #B-15-1, Board Member Attendance.

MEETING QUORUM

A quorum of the Board or Committee must be present to constitute an act and/or decision on behalf to the Board. If a quorum of the Board is not present, the meeting is canceled.

Quorum for a Board meeting is seven (7) members. Committee meetings require a majority of the Committee membership. For example, in committees comprised of three members, two members must be present.

BOARD MEETING FORMAT

The first day of the Board meeting (or two days if a three-day meeting is held) is reserved for all disciplinary matters and always includes a closed session. The closed session permits the Board to deliberate and render a decision on all disciplinary matters. The last day of the meeting is reserved for all Board business. At all Board meetings, Board Members are provided with a quarterly report regarding the Board's operations, statistics, and budget. All open sessions of the Board meetings are webcast.

COMMITTEE MEETING FORMAT

Committee meetings are schedule for one day. At all committee meetings, the members and the public discuss items on the meeting notice. The committee members will vote to recommend a position to the Board. The recommendation is presented at the next Board meeting. Alternatively, the committee members may direct Board staff to complete specified tasks and present the findings at a following committee meeting.

AGENDA TOPICS (BOARD PROCEDURE)

Any Board Member may suggest items for a Board meeting agenda to the Executive Officer or during the "Executive Officer's Report" at every Board meeting. The Executive Officer sets the agenda at the direction and approval of the Board Chair.

MEETING MATERIALS (BOARD PROCEDURE)

The Board staff prepares all materials for Board and Committee meetings. Board meeting materials are available electronically to all members.

Board and Committee Members will receive all related material in advance of each meeting. To engage in a meaningful discussion to determine a recommendation or position, Board and Committee Members should thoroughly review all meeting materials prior to each meeting.

RECORD OF MEETING (BOARD PROCEDURE)

Board minutes are a summary, not a transcript, of each board meeting. The minutes are prepared and submitted for review by Board Members before the next board meeting. Board minutes are approved at the next scheduled meeting of the Board. The purpose of reviewing and approving the minutes at a Board meeting is not to approve of actions

taken by the Board at the previous meeting, but rather to determine whether the minutes as drafted accurately reflect the Board's discussion at the previous meeting. When approved, the minutes shall serve as the official record of the meeting.

DIGITAL RECORDING (BOARD PROCEDURE)

The public-session portions of a meeting may be digitally recorded if determined necessary for staff purposes. Digital recordings shall be deleted following Board approval of the minutes.

MEETING RULES

The Board generally uses Robert's Rules of Order as a guide for conducting its meetings, to the extent that this does not conflict with state law. More information regarding Robert's Rules of Order is provided in Chapter 10.

CHAPTER 3

MEETING REQUIREMENTS

All Board and Committee meetings are open to the public unless a closed session is specifically authorized. All Board and Committee meetings are subject to the provisions of the Bagley-Keene Open Meeting Act.

BAGLEY-KEENE OPEN MEETING ACT

The Bagley-Keene Open Meeting Act *(Government Code Section 11120 et seq.)* directs that the people's business must be conducted openly. Therefore, decisions and actions by a public agency must be conducted openly so that the public may be informed. The Board achieves this legislative mandate by complying with all the requirements specified in the Bagley-Keene Open Meeting Act.

DEFINITION OF A MEETING (GOVERNMENT CODE SECTION 11122.5)

A meeting is defined in the Bagley-Keene Open Meeting Act (Open Meeting Act) as including "any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains." In this definition, the term "state body" refers to the Board.

The meeting definition also applies to all communication between Board Members (e.g., emails, telephone calls, texts, dining conversations) if the total number of Board Members involved in the communication is a majority of the Board or a Committee.

If Board Members engage in any communication regarding Board business with more than one member, this communication is a violation of the Open Meeting Act. The violating members may be guilty of a misdemeanor (*Government Code Section 11130.7).*

There are some exemptions to the meeting definition. Please refer to the Bagley-Keene Open Meeting Act for clarification. When in doubt, contact the Executive Officer or the Board's legal counsel.

Please refer to Attachment B: Guide to the Bagley-Keene Open Meeting Act.

TELECONFERENCE MEETINGS (GOVERNMENT CODE SECTION 11123)

The Board may opt to hold a meeting via teleconference. This type of meeting is frequently held to discuss a single topic and when the discussion is anticipated to be less than 60 minutes. Meetings held via teleconference are also subject to the same notice requirements under the Open Meeting Act. The meeting notice must be published at

least ten days in advance and must include the physical location of each Board Member attending the meeting remotely.

The Board Member must be present at the physical location he or she provided for the meeting notice. The public is permitted to attend the meeting at any of the locations listed on the meeting notice during an open session of the meeting. Therefore, each Board Member must confirm that the physical location used for the teleconference meeting is ADA accessible. The public is not permitted to attend any part of the meeting that is designated as “closed session.”

CHAPTER 4

BAGLEY-KEENE / OPENING MEETING ACT

BOARD DUTIES UNDER THE OPEN MEETING ACT

The Board has three duties under the Open Meeting Act: provide notice of meetings, provide opportunity for public comment, and conduct public meetings.

MEETING NOTICE REQUIREMENTS (GOVERNMENT CODE SECTION 11125)

The Board must give adequate notice of meetings to be held. The Board meets this duty at the time the meeting notice is published. The Board must give at least ten calendar day's written notice of each Board and Committee meeting. This notice is posted on the Board's website. The meeting notice includes the location(s) where the meeting will be held and the meeting agenda.

The agenda must include all items of business to be transacted or discussed at the meeting. A brief description of the item to be discussed at the meeting is required. The description may not be generalized (i.e,. miscellaneous topics or old business) and must provide sufficient information so that the public is aware of the item to be discussed.

The notice must include the name, address, and telephone number of any person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. Additionally, the notice must contain information that would enable a person with a disability to know how, to whom, and by when a request can be made for any disability-related accommodation, including auxiliary aids or services.

A meeting notice, once posted, may not be revised after the tenth day prior to the meeting date.

OPPORTUNITY FOR PUBLIC COMMENT (GOVERNMENT CODE SECTION 11125.7)

The Board meeting must provide an opportunity for public comment. The Board solicits public comment for each topic on the agenda and after a motion is made. Additionally, every Board and Committee meeting agenda contains an agenda item that allows for public comment and matters not on the agenda. Board Members may not act or discuss matters presented by the public under these agenda items. The matter may be suggested for a future agenda item or for follow-up by Board staff.

PUBLIC MEETINGS

The Board must conduct the meetings in an open session except where a closed session is specifically authorized. All Board and Committee meetings, except for a closed session, are open to the public.

Closed session meetings must follow the same meeting notice requirements and are held specifically for matters designated under law, such as discussion of disciplinary cases, pending litigation, and personnel matters.

CHAPTER 5

TRAVEL AND SALARY/PER DIEM

TRAVEL POLICIES

Board Members will be reimbursed for travel expenses related to all Board and Committee meetings. Reimbursement will be in accordance with current state travel reimbursement policies. Please refer to the Department of Consumer Affairs Travel Guide for specific travel guidelines and reimbursement policies.

Please refer to Attachment C: Department of Consumer Affairs Travel Guide.

TRAVEL APPROVAL (STATE ADMINISTRATIVE MANUAL SECTION 700 ET SEQ.)

Travel related to Board and Committee meetings do not need approval. All other travel related to Board business must be approved by the Department of Consumer Affairs (DCA) prior to the event. This includes any out-of-state travel. Under specific circumstances, a Board Member may travel to attend a national association meeting. Please contact the Executive Officer for further information.

TRAVEL ARRANGEMENTS (DEPARTMENT PROCEDURE / BOARD PROCEDURE)

Board Members should always contact Christina Kitamura to make travel arrangements for Board and Committee meetings. Ms. Kitamura will book flights, and hotel and rental car reservations. A hotel that honors the state government employee rate will be chosen for all Board Members needing a room. Rental cars will be reserved for Board Members when a car is needed. To encourage ride sharing, vans or large sedans are reserved. Board Members may also use taxi, ride sharing services such as Uber or Lyft, shuttle service, or a personal vehicle for transportation.

To facilitate easier travel planning, all Board Members should provide Ms. Kitamura with their credit card information and Southwest Rapid Rewards number. This information will be kept in a secure location and will be kept on file for future travel arrangements.

All travel and transportation arrangements are made in compliance with state travel guidelines. Any expenses incurred by a Board Member, which were not previously approved or within the state travel guidelines, may require written justification. The written justification will be submitted with the travel claim and is subject to the appropriate approvals. The expense may or may not be approved.

EXCEPTIONS TO TRAVEL REIMBURSEMENT POLICIES

LODGING

State guidelines generally prohibit reimbursement for hotel expenses within 50 miles of an individual's home address or an extra night stay following the conclusion of the Board activity. However, an exception to this guideline may be obtained if the circumstances necessitate an overnight stay. Please contact Ms. Kitamura for further information.

AIRPORT PARKING REIMBURSEMENT

State guidelines strongly encourage the use of the least expensive parking available. However, if the Board determines that additional parking costs above the lowest-cost option are in the best interest of the State, a written justification explaining the necessity for the additional cost must be submitted with the travel claim. Please contact Ms. Kitamura for further information.

TRAVEL CLAIMS (DEPARTMENT POLICY)

Rules governing reimbursement of travel and meeting expenses for Board Members are the same as for state management-level staff. All expenses must be claimed on the appropriate travel expense claim forms. All travel claim forms must be submitted to Ms. Kitamura for processing.

Board Members are strongly encouraged to submit their travel expense forms immediately after returning from a trip and not later than the 15th of the month following the trip. It is also necessary to submit original receipts for expenses claimed such as parking, transportation service, bridge tolls, and flight itineraries. Hotel receipts must reflect a zero balance. Receipts for meals are not required for reimbursement.

Please refer to Attachment D: Travel Expense Claim Form.

SALARY PER DIEM

SALARY PER DIEM (BPC SECTION 103, BOARD POLICY #B-15-2)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by Business and Professions Code Section 103.

In relevant part, this section provides for payment of salary per diem for Board Members "for each day actually spent in the discharge of official duties," and provides that the Board

Member “shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.”

Board Members fill non-salaried positions but are paid $100 per day for each meeting day or 8-hour day spent performing Board business. Board Members are advised to submit the Per Diem Claim Form not later than the 5th day of the following month. This allows board staff to promptly process all per diem claims. Timely submission of all claims ensures prompt processing for reimbursements and avoids extra work for Board staff.

See Attachment E: Per Diem Claim Form.

See Attachment F: Per Diem Policy.

CHAPTER 6

SELECTION OF OFFICERS AND COMMITTEES

BOARD OFFICERS (BPC 4990(G))

The Board shall elect a Chair and a Vice Chair from its membership. Not later than the first of June of each calendar year, the Board shall elect the officers. Officers shall serve terms of one year and may be re-elected to consecutive terms. The election of officers occurs at the May Board meeting.

If for any reason the Chair of the Board is unable to continue in his/her role as Chair, the Vice Chair shall immediately assume the duties of Chair until the next election of officers.

See Attachment G: Board Policy #B-15-3, Succession of Officers.

COMMITTEE APPOINTMENTS (BOARD PROCEDURE)

Committees are created by and appointed at the discretion of the Board Chair. The Committee Chair is appointed by the Board Chair. Board Members who desire to serve on an existing committee or a future committee are encouraged to speak to the Board Chair.

DUTIES OF THE BOARD CHAIR

- Spokesperson for the Board (may attend legislative hearings and testify on behalf of the Board, may attend meetings with DCA or Agency, may attend meetings with stakeholders and legislators)
- Meets and communicates with the Executive Officer on a regular basis
- Authors a Board Chair message for every quarterly newsletter
- Communicates with other Board Members for Board business
- Chairs and facilitates Board meetings
- Assigns Board Members to Board Committees, appoints the Chair for the Committee

In the absence of the Board Chair, the Board Vice Chair will perform the above duties.

CHAPTER 7

BOARD ADMINISTRATION AND BOARD STAFF

BOARD ADMINISTRATION

Board Members should be concerned primarily with formulating decisions on Board policies rather than making decisions concerning the implementation of such policy. It is inappropriate for Board Members to become involved in the details of program delivery or implementation. Strategies for the day-to-day management of Board programs and Board staff is the responsibility of the Executive Officer. Board Members should not interfere with day-to-day operations, which are under the authority of the Executive Officer.

EXECUTIVE OFFICER (BPC SECTION 4990.04)

The Executive Officer is appointed by and serves at the pleasure of the Board, and is exempt from civil service. The Executive Officer shall exercise the powers and perform the duties delegated by the Board. The Executive Officer is responsible for the financial operations and integrity of the Board and is the official custodian of records. Annually, the Board Members will conduct a review of the Executive Officer's performance. The Board Chair will meet with the Executive Officer to discuss the performance appraisal.

BOARD STAFF

Employees of the Board, except for the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and condition of employment are governed by a myriad of civil service laws and regulations, and often by collective bargaining labor agreements. Due to this complexity, it is most appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer. Board Members shall not intervene or become involved in specific day-to-day personnel transactions.

See Attachment H: Board Organizational Chart.

RULES FOR CONTACTING STAFF (BOARD PROCEDURE)

Board Members should only contact the following designated staff:

- Executive Officer, Steve Sodergren at (916) 574-7904 regarding all Board business.

- Assistant Executive Officer, Marlon McManus at (916) 574-7917 regarding all Board business.
- Administrative Analyst, Christina Kitamura at (916) 574-7927 regarding travel, salary per diem, Board and Committee meeting materials, training and required personnel forms.
- Enforcement Manager, Gena Beaver (916) 574-7997 regarding disciplinary matters.
- Legal Counsel, Sabrina Knight at (916) 574-8242 regarding disciplinary procedural questions or ethical questions.

STRATEGIC PLANNING

The Board will conduct periodic strategic planning sessions. Dates for these sessions will be announced well in advance.

Att I. BBS Strategic Plan 2022

BOARD MEMBER ADDRESSES (DCA POLICY)

Board Member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority by the individual Board Member.

A roster of Board Members is maintained for public distribution and is placed on the Board's website, using the Board of Behavioral Sciences' office address and telephone number.

BUSINESS CARDS

Business cards will be provided to each Board Member with the Board's address, telephone and fax number, and website address.

CHAPTER 8

OTHER POLICIES AND PROCEDURES

PUBLIC RECORDS ACT AND COMPLAINT DISCLOSURE

The California Public Records Act (PRA), Government Code Section 6250 et seq., requires public records to be available upon request. The PRA provides for specific timelines and general process to respond to a request for public records. Further, Government Code Section 6254 specifies which records are not subject to public disclosure. As a state regulatory board within DCA, the Board is subject to the requirements for all public record requests. The Board's response is coordinated with its DCA legal counsel.

Business and Professions Code Section 27 specifies what information, such as enforcement actions and a licensee's address of record, must be available through the Internet (i.e., Board website). Providing this information allows consumers to verify their mental health professional's licensure or registration status as well as determine if there is any disciplinary action. The Board's licensing records are updated daily.

IMMUNITY FROM LIABILITY

There are many provisions in state law relating to the liability of public agencies and employees. Government Code Section 818.4 states, "A public entity is not liable for an injury caused by the issuance, denial, suspension or revocation of, or by the failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where the public entity or an employee of the public entity is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Government Code Section 821.2 states, "A public employee is not liable for an injury caused by his issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where he is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Many other complex provisions relate to defense, payment of a judgment or settlement, and indemnification. Specific questions should be discussed with the Board's legal counsel.

RESIGNATION OF BOARD MEMBERS (GOVERNMENT CODE SECTION 1750)

If it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the Director of DCA, the Board Chair, and the Executive Officer.

The departing Board Member is also required to complete and submit specific paperwork immediately following the effective date of the resignation. The departing Board Member is encouraged to contact Ms. Kitamura for further information.

REMOVAL OF BOARD MEMBERS (BPC 106)

The Governor has the power to remove from office, at any time, any member of any Board appointed by him for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.

RULES FOR CONTACT WITH THE PUBLIC, A LICENSEE, AN APPLICANT, OR THE MEDIA

Occasionally, in your role as a Board Member, you may be contacted by a licensee, colleague, applicant, member of the public, or the media regarding an issue or concern that pertains to Board business or proceedings. Any one of these contacts may compromise your position relating to future decisions about policy, disciplinary actions, or other Board business.

To avoid compromising your role as a Board Member, please refrain from assisting the individual with his/her issue. Instead, offer to refer the matter to the Executive Officer or give the individual the contact information for the Executive Officer. Refrain from engaging in discussion with the individual and make every effort to end the conversation quickly and politely. Report all such contacts to the Executive Officer as soon as possible.

CONFLICT OF INTEREST (GOVERNMENT CODE SECTION 87100)

No Board Member may make, participate in making, or in any way attempt to use his/her official position to influence a governmental decision in which he/she knows or has reason to know he/she has financial interest. Any Board Member, who has a financial interest that may be affected by a governmental decision, shall disqualify himself/herself from making or attempting to use his/her official position to influence the decision. Any Board Member who feels he/she is entering a situation where there is potential for a conflict of interest, should immediately consult the Executive Officer or the Board's legal counsel.

SERVICE OF LAWSUITS

Board Members may receive service of a lawsuit against themselves and the Board pertaining to a specific issue (e.g., a disciplinary matter, a complaint, a legislative matter, etc.). To prevent a confrontation, the Board Member should accept service. Upon receipt, the Board Member should notify the Executive Officer of the service and indicate the name of the matter that was served, date and time of service, and any other pertinent information. The Board Member should mail the entire packet to the Executive Officer as soon as possible. In addition to mailing the packet, the Board Member should also scan and email the packet to the Executive Officer. The Board's legal counsel will provide instructions to the Board Members on what is required of them once service has been made.

EX PARTE COMMUNICATIONS (GOVERNMENT CODE SECTION 11430.10 ET SEQ.)

The Government Code contains provisions prohibiting *ex parte communications.* An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party.

While there are specified exceptions to the general probation, the key provision is found in subdivision (a) of section 11430.10, which states:

"While the proceeding is pending, there shall be not communication, direct or indirect, regarding any issue in the proceeding, to the presiding officer from an employee or representative or if an agency that is a party or from an interested person outside the agency, without notice and opportunity for all parties to participate in the communication."

An applicant who is formally being denied licensure, or a licensee/registrant against whom a disciplinary action is being taken, may attempt to directly contact Board Members.

If the communication is written, the member should read only enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, the Board Member should reseal the documents and send them to the Executive Officer or forward the email.

If the Board Member receives a telephone call from an applicant or licensee/registrant against whom an action is pending, the Board Member should immediately tell the person they cannot speak to the person about the matter. If the person insists on discussing the case, the person should be told that the Board Member will be required to recuse himself or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the licensee/registrant or applicant.

If the Board Member believes he or she has received an unlawful *ex parte* communication the Board Member should contact the Board's legal counsel and/or the Executive Officer.

CHAPTER 9

BOARD MEMBER REQUIRED TRAINING

Board Members are required to complete specific forms and training at various intervals during their appointment period. To ensure compliance and notification to the requisite agencies, all training certificates and required forms must be sent to Ms. Kitamura at the Board.

Ms. Kitamura will forward the required documentation to the appropriate agency and maintain a copy in the Board Member's personnel file. It is important that the Board have a copy of all required training and documents. This ensures that the Board has an accurate record that you have satisfied all requirements and are able to provide copies upon request. The following is the list of required training.

STATEMENT OF ECONOMIC INTEREST (http://www.fppc.ca.gov/Form700.html)

This form is commonly referred to as Form 700 and is to be completed upon assuming the position, annually, and upon leaving. Under DCAs' Conflict of Interest Code, designated officials are required to complete a Statement of Economic Interests Form 700. Annually, DCA will send several reminders to complete this form with a link to the electronic filing system.

Failure to complete this form in a timely manner may result in a fine from the Fair Political Practice Commission. All fines are publicly noticed.

ETHICS ORIENTATION FOR STATE OFFICIALS (GOVERNMENT CODE SECTIONS 11146-11146.4)

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat the ethics orientation every two years throughout their term.

The training includes important information on activities or actions that are inappropriate or illegal. For example, public officials cannot take part in decisions that directly affect their own economic interests. They are prohibited from misusing public funds, accepting free travel and accepting honoraria. There are limits on gifts.

An online, interactive version of the training is available on the Attorney General's website at https://oag.ca.gov/ethics/course.

An accessible, text-only version of the materials is also available at the Attorney General's website.

Copies of completion certificates must be sent to Ms. Kitamura to be maintained in the personnel file. Records concerning the attendance of this course must be kept on file for five years.

DCA Board Member Orientation Training (BPC Section 453)

California Business and Professions Code Section 453 require every newly appointed member to complete a training and orientation program offered by DCA within one year of assuming office.

DCA has been advised that this statute also applies to all reappointed Board Members. Therefore, if you attended the training during your first term and are reappointed, you must attend the training following your reappointment.

The training covers the functions, responsibilities and obligations that come with being a member of a DCA board. To receive credit for the training, Board Members must attend the entire day.

DCA schedules the Board Member Orientation Training (BMOT) sessions throughout the year. Specific locations are announced several months prior to the orientation. Board Members must register for the training through Ms. Kitamura.

Sexual Harassment Prevention Training (Government Code Section 12950.1; California Code of Regulations, Title 2, Section 11024)

Section 12950.1 of the Government Code requires an employer having five or more employees to provide at least two hours of classroom or other interactive training and education regarding sexual harassment to all supervisory employees and at least one hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees. The employer shall provide sexual harassment training and education to each employee once every two years. New nonsupervisory employees shall be provided training within six months of hire. New supervisory employees shall be provided training within six months of the assumption of a supervisory position.

California Code of Regulations, Title 2, Section 11024 also specifies requirements of an employer to provide two hours of training mandated by Government Code 12950.1.

An online, two-hour Sexual Harassment Prevention Tutorial is provided by DCA. Ms. Kitamura will provide information and instructions to access the online tutorial.

CHAPTER 10

BOARD MEMBER ROLE – POLICY DECISIONS

Protection of the public is the highest priority for a Board Member. Board Members achieve this mandate by establishing policies that affect the licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

SETTING BOARD POLICY

At each Board and Committee meeting, Board Members are presented proposals to modify or add to existing statutes and laws affecting the licenses and registrants governed by the Board. Each meeting packet will contain information relevant to the discussion, such as an analysis of the proposed bill or suggested language to modify an existing statute.

The meeting allows for Board Members and stakeholders to engage in an open discussion regarding the proposal. Below is a list of questions that are helpful to consider when determining an action or position on the proposal.

<u>Consumers</u>

- Does a consumer safety issue exist?
- Does the bill assist consumer access to services?
- Does the bill ensure their safety?
- Will the provisions provide them with more information?
- Does the bill directly or indirectly increase costs for the consumer?
- Is any added cost worth the increased protection provided by the bill?
- Is there a less costly way to achieve the goals of the bill?

<u>Licensees</u>

- Is the provision necessary to ensure that they are minimally competent to perform their scope of practice?
- Will the bill increase costs for the licensees?

- Does the bill increase barriers to entry for licensees?
- The bill should not be concerned with elevating licensees (trade associations).
- Is there a way to achieve the bill's goal that is less costly for the licensees?

Board Impact

- Will the bill be costlier for the Board?
- Does the Board have the staff, resources, and expertise to perform any proposed additional functions?
- Is the proposed additional function appropriate for the Board to perform?
- Will it result in a fee increase?
- Is there a way to achieve the bill's goal that is less costly to the Board?

The discussion may result in the following action.

- Board staff is directed to make the suggested changes and bring the proposal back at a future meeting.
- Board staff is directed to gather additional information to present at a future meeting.
- The proposal is approved by the Board, and Board staff is directed to initiate the action (i.e., initiate rulemaking process or seek an author for the proposal).
- The discussion results in a motion to take a formal position on the proposal.

As a member of a state regulatory board, the Board's position on a bill proposal affecting Board licensees/registrants is important to legislators. Regulatory agencies, such as the Board, are viewed as the experts for the professions it regulates. In determining policy changes, the legislature relies on their staff and regulatory boards for input. The absence of a position on a bill proposal that affects the Board's licensees and registrants may result in unintended consequences. Therefore, it is important when considering a position to understand the position's definition.

Position	Definition
Support	The Board agrees with the proposal. The Board will send a letter of support to the author and actively participate in the legislation process to get the proposal in law.

Support, if amended	The Board is seeking some changes to the proposal. If the requested changes are made, the Board will move to a support position. If changes are not made, the Board will move to a neutral (silent) position on the proposal.
Oppose	The Board does not agree with the proposal. The Board will send a letter of opposition to the author and actively participate in the legislation process to prevent the bill from becoming law.
Oppose, unless amended	The Board is seeking some changes to the proposal. If the changes are not made, the Board will move to an oppose position. If the changes are made, the Board will move to a neutral (silent) position on the proposal.
Neutral	The Board neither supports or opposes the proposal. The Board does not participate in the legislative process.

The Board Member Procedure Manual states that the Board will use Robert's Rules of Order (Robert's Rules) as a guide when conducting its meetings to the extent it does not conflict with state law. The Board has not adopted Robert's Rules as its mandatory governing procedure for meetings, nor has the Board historically chosen to apply its strict provisions. The Board is free to adjust its practice for handling motions to promote effective deliberation and decision-making.

The Board's custom and practice has been to use the following process when dealing with amendments to motions:

- Following Board Member and comments from the public, a motion is made and seconded.
- Discussion between Board Members and request for additional public comments.
- Request for motion to be amended or a competing motion is made.
- If the first Member agrees to the amendment, and the amended motion is seconded, then it proceeds to discussion between Board Members, public comment, and vote.

- If the first Member withdraws the original motion, then a new motion can be made and seconded, and the new motion proceeds to Board discussion, public comment, and vote.
- If the first Member does not agree to amend or withdraw the motion, then it proceeds to public comment and vote. If it fails, then a new motion may be made.

In contrast, under Robert's Rules, motions to amend or substitute would proceed as follows:

- Main motion is made and seconded.
- The president/chair states the question on the motion.
    - Until the president/chair states the question, the first Member has the right to modify the motion or to withdraw it. Additionally, until the president/chair states the question, another Member can ask the first Member if he or she will accept a modification. If the request for modification is accepted, then it may be seconded again, or presumed seconded by the Member who requested the modification.
- After the question has been stated by the president/chair, the first Member cannot amend nor withdraw the motion without the Board's consent.
- Board Member discussion starts with the person who made the motion. A Member who has spoken twice on a motion has exhausted his or her right to speak on the motion again (unless rules are formally waived).
- If a Member makes a motion to amend the main motion, or to substitute a different motion, and it is seconded, then this subsidiary motion takes precedence over the main motion, and proceeds to discussion, public comment, and vote.
- Depending on the results of the vote on the motion to amend, the main motion, in its amended or original form, is subject to public comment and Board vote.

Example

Member 1: I move that the Board support the bill. (Seconded)

President: It is moved and seconded to support the bill.

Member 2: I move to amend the motion by adding "if it is amended to state XYZ." (Seconded)

President: It is moved and seconded to add, "if it is amended to state XYZ." If the amendment is adopted, the main motion will read, "The Board supports the bill if it is amended to state XYZ." The question is on adding the words "if amended to state XYZ."

If the Board votes in favor of the amendment, then it would vote on the main motion as amended: "The Board supports the bill if it is amended to state XYZ."

If the Board opposes the amendment, then it would vote on the main motion as originally stated: "The Board supports the bill."

In compliance with the Open Meeting Act, the public would be invited to comment before each vote.

More on Robert's Rules

Under Robert's Rules, there are four basic types of motions, with subcategories:

1. **Main Motions (§10):** The purpose of a main motion is to introduce items to the membership for their consideration. They cannot be made when any other motion is on the floor, and yield to privileged, subsidiary, and incidental motions.

2. **Subsidiary Motions:** Their purpose is to change or affect how a main motion is handled and is voted on before a main motion.

    a. Postpone Indefinitely (§11): Used to drop the main motion without a direct vote on it.

    b. Amend (§12): Used to modify the wording – and within certain limits – the meaning of a pending motion before the pending motion itself is acted upon.

    c. Commit or Refer (§13): Used to send a pending question to a committee or task force.

    d. Postpone to a Certain Time (§14): Used to put off action on a pending question to a definite day, meeting, or until after a certain event.

    e. Limit or Extend Limits of Debate (§15): Used to change the number or length of time Members can talk about a pending motion.

    f. Previous Question (§16): Used to immediately close debate and the making of subsidiary motions, except the motion to Lay on the Table.

    g. Lay on the Table (§17): Used to interrupt the pending business to permit doing something else immediately.

3. **Privileged Motions:** Their purpose is to bring up items that are urgent about special or important matters unrelated to pending business.

    a. Call for Orders of the Day (§18): Used to require Members follow the agenda.

    b. Raise a Question of Privilege (§19): Used to obtain recognition to state an urgent motion or request while another motion is pending.

    c. Recess (§20): Used to take a short break while another motion is pending.

    d. Adjourn (§21): Used to close the meeting immediately.

    e. Fix the Time to Which to Adjourn (§22): Used to set the time and place for another meeting to continue business of the session, with no effect on when the current meeting will adjourn.

4. **Incidental Motions:** Their purpose is to provide a means of questioning procedure concerning other motions and must be considered before the other motion.

    a. Point of Order (§23): Used when a Member thinks that the rules are being violated, thereby calling upon the president/chair for a ruling and an enforcement of the regular rules.

    b. Appeal (§24): Used to appeal the president's/chair's ruling by one Member making a motion to appeal the decision, and another Member seconding it. The decision is then made by the Board via vote.

    c. Suspend the Rules (§25): Used to permit the Board to do something during a meeting that it cannot do without violating a rule.

    d. Objection to the Consideration of a Question (§26): Used to enable the Board to avoid an original main motion when it believes it would be undesirable for the motion to come before the Board at all.

    e. Division of a Question (§27): Used to divide a multi-part motion into single parts to be voted on.

Incidental, privileged, and subsidiary motions take precedence, in that order, over main motions.

See Attachment J: Robert's Rules of Order Cheat Sheet.

CHAPTER 11

BOARD MEMBER ROLE – DISCIPLINARY PROCESS

DISCIPLINARY PROCESS OVERVIEW

Each year, the Board receives over 1,500 consumer complaints and nearly 1,200 criminal arrest notifications. Through the enforcement process, each consumer complaint and criminal arrest notification is reviewed to determine if the matter is within the Board's jurisdiction. If the complaint or conviction is determined to be within the Board's jurisdiction, the allegations are investigated to determine if evidence exists to substantiate a violation of the Board's laws and regulations.

All cases in which the evidence substantiates a violation has occurred, are referred to Subject Matter Experts (SMEs). The SME is a licensee of the Board and will review the investigation and evidence to determine if the violation constitutes gross negligence, incompetence, and/or patient harm. Cases in which clear and convincing evidence substantiates a violation of the Board's laws and regulations, appropriate disciplinary action is initiated.

DISCIPLINARY OPTIONS

The Board has two options available to impose discipline against a licensee. In cases in which the violations do not warrant the revocation of a license, a citation and fine is issued. In cases in which the violations are egregious and warrant formal discipline of the license/registration, the Board forwards the matter to the Attorney General's (AG's) office to pursue formal disciplinary action. Each decision is made in consultation with the Executive Officer.

CITATION AND FINE

A citation and fine issued to the licensee is not considered a formal disciplinary action. However, the matter is an administrative action and is subject to public disclosure. The fines are set forth in law and range from $100 to a maximum of $2,500. In specific circumstances (e.g., fraudulent billing to an insurance company), a fine up to a maximum of $5,000 may be issued.

All citation and fines issued include an order of abatement in which the cited person must provide information or documentation that the violation has been corrected. The cited person is afforded the opportunity to appeal the issuance of the citation and fine.

The cited person may submit a written request for an administrative hearing or an informal citation conference. All informal citation conferences are conducted by the Assistant

Executive Officer and the Enforcement Manager. The citation may be modified, affirmed, or dismissed. If the cited person wished to contest the affirmed or modified citation, the matter will be referred to an administrative hearing before an Administrative Law Judge (ALJ).

FORMAL DISCIPLINARY ACTION

If an investigation and evidence substantiate gross negligence, incompetence, or patient harm, the Enforcement Analyst, in consultation with the Enforcement Manager and Executive Officer, determines whether the case should be forwarded to the AG's Office for formal disciplinary action.

FILING FORMAL CHARGES

Formal charges are almost always filed in cases in which the health and safety of the consumer has been compromised, and in which clear and convincing evidence can be established. The Board's Executive Officer determines whether to file formal charges for any violation of the Board's licensing laws. These formal charges are referred to as pleadings. In each pleading, the Executive Officer is the complainant. The Deputy Attorney General (DAG) assigned to the matter represents the Board.

PLEADINGS

There are three types of pleadings. The type of pleading is dependent upon whether the respondent (subject of the case) is licensed or registered with the Board, an applicant for licensure, or is already on probation.

- **Accusation**: A written statement of charges against the holder of a license or privilege, to revoke, suspend or limit the license, specifying the statutes and rules allegedly violated and the acts or omissions comprising the alleged violations.
- **Statement of Issues**: A written statement of the reasons for denial of an application for a license or privilege, specifying the statutes and rules allegedly violated and the acts or omissions comprising the alleged violations.
- **Petition to Revoke Probation:** A written statement to revoke a probationer's license or registration alleging the probationer has violated the terms and conditions of his or her probation.

In all formal disciplinary actions, the respondent is formally notified of the Board's proposed action, their rights under the law, and a due date to respond to the Board's notification.

ACTIONS PRECEDING AN ADMINISTRATIVE HEARING

STIPULATIONS (SETTLEMENTS) – REQUIRES BOARD MEMBER VOTE

The licensee/applicant and Board may decide to settle the case at any time during the administrative process. Settlements are negotiated and completed prior to the date of an administrative hearing. Although settlements prior to the scheduled hearing avoid the expense of a hearing; this is not a reason to settle a case. Settlements are considered in cases where the respondent has presented mitigating information/evidence to demonstrate that he/she may be a good candidate for probation.

The settlement is reduced to a written stipulation and order which sets forth the settlement terms and proposed disciplinary order. The DAG prepares a memo describing the rationale for the proposed settlement. The memo and the written stipulation and order are forwarded to the Board Members for consideration and decision.

If the Board Members reject the proposed settlement, the case will return to the disciplinary process. A new settlement may be submitted to the Board Members later or the case may proceed to an administrative hearing before an ALJ.

Stipulations prior to an administrative hearing also eliminate the six-months to one-year delay that may result from attempting to schedule a mutually agreeable hearing date. The public is often better served because the resolution time is reduced, lengthy appeals are avoided, and the Board and respondent save time and money. Further, a licensee on probation is closely monitored by the Board.

DETERMINING SETTLEMENT TERMS

Stipulations (settlements) are negotiated by the DAG (in consultation with the Executive Officer), the respondent, and the respondent's legal counsel. Stipulation terms are provided to the DAG utilizing the Board's Uniform Standards Related to Substance Abuse and Disciplinary Guidelines (Disciplinary Guidelines). These guidelines provide the parameters for settlement terms for specific violations of law.

In negotiating a stipulation, the DAG works closely with the Board's Executive Officer to arrive at a stipulation that will be acceptable to the Board. The Executive Officer considers the evidence, the law, witness and subject matter expert testimony, and protection of the public in the decision process.

The following factors are considered when settlement terms are proposed:

- Nature and severity of the act(s), offense(s), or crime(s)
- Actual or potential harm to any consumer or client
- Prior disciplinary record

- Number and/or variety of current violations
- Mitigation evidence
- Rehabilitation evidence
- In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation
- Overall criminal record
- Time elapsed since the act(s) or offense(s) occurred
- Whether the respondent cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties
- Recognition by respondent of her or his wrongdoing and demonstration of corrective action to prevent recurrence

The Board's Disciplinary Guidelines were established to provide consistency in determining settlement terms. Variation from the guidelines may occur when sufficient mitigating information or evidence warrants a reduction in the term and does not compromise consumer protection.

Enforcement staff considers the Disciplinary Guidelines when determining whether to seek revocation, suspension, and/or probation of a license. Board Members use the Disciplinary Guidelines when considering cases during closed sessions. The Disciplinary Guidelines are updated when necessary and are distributed to DAGs and ALJs who work on Board cases.

A pre-hearing conference may be scheduled to settle the case prior to the administrative hearing. Pre-hearing conferences are a more formal method for developing a stipulated agreement. These hearings involve the Executive Officer, the respondent, respondent's attorney, and an ALJ.

If the parties are not able to agree on the proposed settlement terms, the matter will move forward to a hearing held at the Office of Administrative Hearings.

See Attachment K: Uniform Standards Related to Substance Abuse and Disciplinary Guidelines.

OFFICE OF ADMINISTRATIVE HEARINGS

The Office of Administrative Hearings (OAH) consists of two divisions located is six regional offices at major population centers throughout the state. The first division is the General Jurisdiction Division, which conducts hearings, mediations, and settlement

conferences for more than 1,000 state, local, and county agencies. This division conducts the formal hearings for the Board. The second division is the Special Education Division, which conducts special education due process hearings and mediations for school districts and parents of children with special education needs throughout the state. Each year between 10,000 and 14,000 cases are filed with the OAH.

The OAH is a central panel of experienced, highly qualified ALJs who preside as neutral judicial officers at hearings and settlement conferences. They also serve as impartial mediators at mediations held to resolve disputes between parties. The ALJs are fully independent of the agencies whose attorneys appear before them. The ALJs are required to have practiced law for at least five years before being appointed and typically have over ten years of experience.

The administrative hearing process is similar to any other court proceeding. The ALJ presides over the hearing; a (DAG) represents the Board and presents the case; and the respondent or the respondent's representative/attorney presents its case. Testimony and evidence is presented and there is a transcript of the proceedings.

Upon the conclusion of the administrative hearing, the ALJ will consider all the testimony and evidence and will prepare a Proposed Decision. Once the hearing is finished, the ALJ has 30 days to prepare the Proposed Decision and send it to the Board.

FORMAL DISCIPLINARY CASE OUTCOMES

The Board refers over 100 cases a year for formal discipline. The possible outcomes for these cases are denial of the application, revocation, surrender of the license/registration, or probation. If an individual is placed on probation, the individual must comply with the specific terms of the probation during the probation period. Once the individual has successfully completed probation, the license or registration is restored without restrictions. However, the discipline will remain part of the individual's record for twenty years.

DEFAULT DECISIONS

If an accusation is returned by the post office as unclaimed, the service is not possible because the Board does not know the whereabouts of a respondent. The respondent is considered to be in default. A respondent is also considered to be in default if the respondent fails to file a Notice of Defense upon receipt of the Accusation or Statement of Issues or fails to appear personally or through counsel at the hearing.

Default cases result in revocation of the license or denial of the application. The Board Members have delegated the authority to adopt a Default Decision to the Executive Officer. In the event, the respondent becomes aware of the decision prior to the effective

date, he/she may submit a written request to reconsider the decision. This request is presented to the Board Members to determine if they wish to grant the request.

PROBATION

Licensees who are placed on probation are monitored by the Board. The average length of probation is 3.9 years. Upon successful completion of probation, the license is restored and is unrestricted.

A probationary file is established to monitor an individual's compliance with the probation requirements (e.g., cost recovery payments, remedial education course completion, and quarterly reports). When a probationer violates a term of probation, the Board has the option to revoke probation and impose previously stayed discipline. Within some stipulated agreements, language is included that provides for automatic revocation of a license if certain conditions of probation are not met.

CRIMINAL PROSECUTION

Depending on the nature of a complaint, cases may be referred to local law enforcement entities. All cases in which there is sufficient evidence to file charges against a licensee, registrant, or person performing unlicensed activity are referred to the appropriate city or district attorney's office. Criminal actions include, but are not limited to, violations of the licensing laws of the Board.

CHAPTER 12

BOARD MEMBER ROLE - DISCIPLINARY CASE REVIEW

BOARD REVIEW OF STIPULATIONS AND PROPOSED DECISIONS

The Board Members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a Proposed Decision. In all cases, the Board Member has the option to adopt, non-adopt, or hold for discussion. The decision on each case is based on a majority vote of the Board.

MAIL VOTE PROCESS

Proposed Decisions (decision from the ALJ) and Proposed Stipulations (negotiated settlements) are sent to the Board vi a mail for their consideration and vote. Mail ballot packet materials are confidential and include the following:

- Memo from enforcement staff listing the cases for review and decision
- Ballot or instructions to submit the vote electronically
- Legal documents (Proposed Decision or Proposed Stipulation, and Accusation or Statement of Issues)
- Memo from the assigned DAG (Proposed Stipulated Settlement cases only)
- Self-addressed, stamped envelopes

Deliberation and decision-making should be done independently and confidentially by each Board Member. The Board Member shall only use the information provided to make their determination. Where the vote is done by mail (or email), voting members may not communicate with each other and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the complainant, the ALJ, or anyone else associated with the case.

Additionally, Board Members should not discuss pending cases with Board staff, except as to questions of procedure or to ask whether additional information is available, and whether the agency may properly consider such information. It is strongly encouraged that these types of questions be directed to the Executive Officer or the Board's legal counsel.

If a Board Member has any procedural questions not specific to evidence, or any question specifically related to the cases, the questions should be directed to the Board's legal counsel.

Completed mail ballots are due at the Board office no later than the due date indicated in the mail ballot package. The due dates are established in accordance with the timelines indicated in the Administrative Procedure Act (APA). It may be that your vote that is the deciding vote in the outcome of a case. Therefore, it is critical that Board Members return their votes timely.

Mail ballot materials should be retained until notification by enforcement staff that the cases have been adopted. Once a decision is final, the mail ballot packet materials must be confidentially destroyed.

MAIL BALLOT DEFINITIONS

Each mail ballot will have the following options for each case. Below are the definitions for each option.

- **Adopt/Grant**: A vote to adopt the proposed action means that you agree with the action as written.
- **Reject/Non- Adopt**: A vote to reject or non-adopt the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the Board's decision. However, a majority vote to adopt will prevail over a minority vote to not adopt.
- **Hold for Discussion**: A vote to hold for discussion may be made if you wish to have some part of the action changed in some way (increase penalty, reduce penalty, etc.). For example, you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer. At least TWO votes in this category must be received to stop the process until the Board can consider the case in closed session at the Board meeting.
- **Topic Discussion for Open Session**: By marking this category, you may have a matter that is not specifically related to the case, but a topic in general discussed at the Board's next meeting. The discussion will be in open session.

MAIL VOTE OUTCOMES

Below are the outcomes for each voting option for either a Stipulation (proposed settlement) or Proposed Decision.

STIPULATIONS – PROPOSED SETTLEMENT

- **Adopt** – If the decision of the Board is to adopt the terms proposed in the Stipulation, the decision becomes effective within 30 days and the respondent is notified.

- **Reject/Non-Adopt** – If the Board decides to reject or non-adopt the stipulation, the respondent is notified, and the matter resumes the process for a formal administrative hearing before an ALJ. Following the hearing, the ALJ will issue a Proposed Decision for the Board Members to consider.
- **Hold for Discussion** – A Board Member may be unable to decide due to concerns or desire further clarification. *(Note: A Board Member may seek procedural clarification from the Board's legal counsel.)* In this situation, the Board Member may choose to hold the case for discussion citing the reasons for this vote. If two or more Board Members vote to hold the case for discussion, the case is discussed in the next available meeting during a closed session. If only one Board Member votes to hold the case for discussion, the case is not held for discussion and the majority decision of the remaining Board Members prevails.

PROPOSED DECISIONS – DECISION FROM THE ALJ FOLLOWING A FORMAL HEARING

Proposed Decisions are subject to a specified timeline pursuant to the APA. The Board has 100 days after receiving the Proposed Decision to either adopt or non-adopt the Proposed Decision.

- **Adopt** – If the Board Members decide to adopt the Proposed Decision, it becomes effective within 30 days and the respondent is notified by Board staff.
- **Reject/Non-Adopt** – If the Board Members do not agree with any aspect of the ALJ's Proposed Decision, they may non-adopt the Proposed Decision. In this situation, the respondent is notified. Board staff will order the administrative hearing transcripts and request written arguments from the respondent. Board Members review the transcripts, evidence, and written arguments and meet in in a closed session Board meeting with legal counsel to write their decision. The Board uses the Disciplinary Guidelines and applicable law when making such decisions. The Board's decision is then adopted and issued to the respondent.

DISQUALIFICATION – MAY NOT PARTICIPATE IN CASE DECISION

With some limited exception, a Board Member cannot decide a case if that Board Member investigated, prosecuted or advocated in the case or is subject to the authority of someone who investigated, prosecuted or advocated in the case. A Board Member may be disqualified for bias, prejudice or interest in the case. When in doubt Board Members should contact DCA legal counsel for guidance.

RECUSAL FROM CASE DECISION

If the Board Member knows the respondent and/or is familiar with facts/circumstances regarding the action that lead to the disciplinary matter, the Board Member shall consult with legal counsel regarding the Board Member's ability to participate in the case decision.

EX PARTE COMMUNICATIONS DEFINITION AND LIMITATIONS

"Ex Parte" technically means "by or for one party only." In practice, it is a limitation on the types of information and contacts that Board Members may receive or make when considering a case. While a case is pending, there are only limited types of communications with Board Members that are allowed if all parties are not aware of the communication and do not have a chance to reply.

For example, a Board Member can accept advice from a Board staff member who has not been an investigator, prosecutor, or advocate in the case; however, that person/staff cannot add to, subtract from, alter or modify the evidence in the record. Or, a Board Member can accept information on a settlement proposal or on a procedural matter.

Most other communications may need to be disclosed to all parties, and an opportunity will be provided to the parties to make a record concerning the communication. Disclosure may also apply to communications about a case received by a person who later becomes a Board Member deciding the case. Receipt of some ex parte communications may be grounds to disqualify a Board Member from that case.

CHAPTER 13

GUIDELINES FOR PETITIONER HEARINGS

PETITION HEARING OVERVIEW

The first day of the Board meeting consists of requests from probationers to modify the terms of their probation or from licensees seeking to reinstate their license. These individuals submit a request to the Board and include all documentation to support their request. Board staff will review all documentation to determine if the individual is eligible to make the request. If so, the individual will be scheduled to appear at an upcoming Board meeting.

Prior to the Board meeting, Board staff will prepare the petition package, include all relevant documentation, and mail the petition package to the Board Members for their review. Board Members should review the package thoroughly, noting any questions they may have about the documentation.

The petition hearings are conducted during an open session of the Board Meeting with an ALJ presiding. A court reporter is present to document the testimony. Unless otherwise indicated, all testimony, questions, and comments are part of the record.

The hearing format begins with the ALJ announcing the petitioner's name and case number. The ALJ will explain the hearing process to the petitioner and ascertain if the petitioner has any questions. Once the ALJ is satisfied that the petitioner understands the process, the ALJ begins the hearing.

First, the DAG appears on behalf of the Board and introduces the case. The DAG provides the history of the conduct that resulted in probation or license revocation and introduces the relevant evidence. The DAG will question the petitioner regarding their request, supporting documentation, and rehabilitation efforts. The DAG's questions may occur either before or after the Board Members question the petitioner.

Next, the petitioner is provided an opportunity to testify in support of their request. The petitioner may or may not be represented by an attorney. The petitioner often reads a prepared statement or speaks freely. The petitioner may, or may not, call witnesses to provide testimony in support of the petitioner's request.

Following the petitioner's testimony, each Board Member is provided the opportunity to question the petitioner.

QUESTIONS FOR PETITIONERS

In your role to protect the public, it is critical to determine the following.

Will the public be protected without the current restrictions?

Will the petitioner deliver clinical services safely to the public?

Your decision must be based on the evidence before you – the petitioner's supporting documentation, petitioner's testimony, witness testimony, and rehabilitation. All questions to the petitioner should be related to documentation in the petitioner's packet and testimony provided by the petitioner.

Frequently, Board Members may inquire about the following topics.

- Inconsistencies in the documentation
- Inconsistencies or clarification related to the petitioner's testimony
- Incidents of non-compliance with probation
- Efforts related to rehabilitation and support systems
- Petitioner's efforts to practice self-care and good physical and mental health.
- Petitioner's personal growth while on probation
- What assurance does the petitioner offer that the incident will not reoccur?

These types of questions are appropriate and often, the responses aid in determining the petitioner's ability to safely practice.

Board Members should exercise caution to avoid inquiries that are not appropriate. For example:

- Questions that attempt to relitigate the matter that lead to the probation or revocation.
- Questions that may compel the petitioner to disclose a medical condition or physical disability.
- Questions that may compel the petitioner to disclose a protected group category (e.g., age, race, religion, sexual orientation).

DELIBERATIONS

Upon conclusion of the hearing, the Board Members, ALJ, Board legal counsel, and a Board staff member will meet in closed session to discuss whether to grant the petitioner's request.

CHAPTER 14

RESOURCES

Board of Behavioral Sciences Website

www.bbs.ca.gov

Board of Behavioral Sciences Disciplinary Guidelines

http://www.bbs.ca.gov/pdf/publications/dispguid.pdf

DCA Board Member Resource Center

http://www.dcaboardmembers.ca.gov

California Administrative Procedure Act

The California Administrative Procedure Act is found in the California Government Code starting at section 11370 and continuing through section 11529 and title 1 of the California Code of Regulations starting at section 1000 through section 1050.

http://leginfo.legislature.ca.gov/faces/codes.xhtml

https://govt.westlaw.com/calregs

Bagley Keene Open Meeting Act

https://oag.ca.gov/open-meetings

California Legislative Information (may search for bills and subscribe to bill updates)

http://leginfo.legislature.ca.gov/faces/home.xhtml

PROFESSIONAL ASSOCIATIONS

California Association of Marriage and Family Therapists (CAMFT)

http://www.camft.org

California Association for Licensed Professional Clinical Counselors (CALPCC)

https://calpcc.org

National Association of Social Workers – California Chapter (NASW)

https://www.naswca.org/

California Association of School Psychologists

http://casponline.org

ATTACHMENTS

A. Board Member Attendance Policy #B-15-1
B. Guide to The Bagley-Keene Open Meeting Act
C. DCA Travel Guide
D. Travel Expense Claim Form
E. Per Diem Claim Form
F. Per Diem Policy #B-15-2
G. Succession of Officers Board Policy #B-15-1
H. Board Organizational Chart
I. BBS Strategic Plan 2022
J. Robert Rules of Order Cheat Sheet
K. Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

ATTACHMENT B 1A

BOARD MEMBER ATTENDANCE

Attachment B 1a.-Attendance

Table 1a. Attendance			
CHRISTINA WONG (Appointed 5/10/2011)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	Y
Policy & Advocacy Committee	10/9/2020	Virtual	Y
Board	11/5-6/2020	Virtual	Y/Y
Telehealth Committee	1/22/2021	Virtual	Y
Board: Petition Hearings	1/29/2021	Virtual	Y
Policy & Advocacy Committee	2/5/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/Y
Telehealth Committee	3/26/2021	Virtual	Y
Licensing Committee	3/26/2021	Virtual	Y
Policy & Advocacy Committee	4/16/2021	Virtual	Y
Board	5/6-7/2021	Virtual	Y/Y
Telehealth Committee	6/25/2021	Virtual	Y
Licensing Committee	6/25/2021	Virtual	Y
Policy & Advocacy Committee	8/6/2021	Virtual	Y
Telehealth Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Telehealth Committee	9/9/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/Y
Telehealth Committee	10/1/2021	Virtual	Y
Board: Strategic Planning	10/4/2021	Virtual	N
Policy & Advocacy Committee	10/20/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y

DR. LEAH BREW-LPCC (Appointed 8/8/2012)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	N

DEBORAH BROWN-PUBLIC (Appointed 8/20/2012)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	N
Board: Petition Hearings	10/8/2020	Virtual	Y
Policy & Advocacy Committee	10/9/2020	Virtual	Y
Board	11/5-6/2020	Virtual	N/N
Board: Petition Hearings	1/29/2021	Virtual	Y
Policy & Advocacy Committee	2/5/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	N/N
Policy & Advocacy Committee	4/16/2021	Virtual	Y
Board	5/6-7/2021	Virtual	Y/Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	N
Board	9/9-10/2021	Virtual	Y/Y
Board: Strategic Planning	10/4/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y

JONATHAN MADDOX-LMFT (Appointed 9/14/2017)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/N
Board: Petition Hearings	9/11/2020	Virtual	N
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	Y/N
Board: Petition Hearings	1/29/2021	Virtual	N
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	N/N
Board	5/6-7/2021	Virtual	Y/N
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22-23/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	N
Board	9/9-10/2021	Virtual	Y/N

MASSIMILIANO DISPOSTI-PUBLIC (Appointed 3/8/2016)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y

Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	Y
Policy & Advocacy Committee	10/9/2020	Virtual	Y
Board	11/5-6/2020	Virtual	Y/Y
Board: Petition Hearings	1/29/2021	Virtual	N
Policy & Advocacy Committee	2/5/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4/2021	Virtual	Y/Y
Policy & Advocacy Committee	4/16/2021	Virtual	Y
Board	5/6-7/2021	Virtual	Y/Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Policy & Advocacy Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/Y
Board: Strategic Planning	10/4/2021	Virtual	N
Policy & Advocacy Committee	10/20/2021	Virtual	N
Board	11/4/2021	Virtual	Y/Y
Policy & Advocacy Committee	1/21/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Policy & Advocacy Committee	4/20/2022	Sacramento	Y
Board	5/5-6/2022	Sacramento	Y/Y
Policy & Advocacy Committee	7/29/2022	Sacramento	Y
Board	8/11-12/2022	Sacramento	Y/Y
Policy & Advocacy Committee	10/14/2022	Virtual	Y
Board	11/3-4/2022	Sacramento	Y/Y
Policy & Advocacy Committee	1/13/2023	Virtual	Y
Board	2/2-3/2023	Sacramento	Y/Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Policy & Advocacy Committee	7/21/2023	Sacramento	Y
Board	8/17-18/2023	Sacramento	Y/Y

CRYSTAL ANTHONY-LCSW (Appointed 10/17/2019)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/N
Board: Petition Hearings	9/11/2020	Virtual	N
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	N/N
Telehealth Committee	1/22/2021	Virtual	N

Board: Petition Hearings	1/29/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/N
Board	5/6-7/2021	Virtual	N/N
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	N
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/N
Board: Strategic Planning	10/4/2021	Virtual	N
Board	11/4-5/2021	Virtual	Y/N
Board	2/10-11/2022	Virtual	Y/Y
Board	5/5-6/2022	Sacramento	N/N

JOHN SOVEC-LMFT (Appointed 12/11/2019)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	N
Board	11/5-6/2020	Virtual	Y/Y
Board: Petition Hearings	1/29/2021	Virtual	N
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	N/Y
Board	5/6-7/2021	Virtual	Y/Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Policy & Advocacy Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	N
Board	9/9-10/2021	Virtual	Y/N
Board: Strategic Planning	10/4/2021	Virtual	N
Policy & Advocacy Committee	10/20/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y
Policy & Advocacy Committee	1/21/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Policy & Advocacy Committee	4/20/2022	Sacramento	N
Board	5/5-6/2022	Sacramento	Y/Y
Policy & Advocacy Committee	7/29/2022	Sacramento	Y
Board	8/11-12/2022	Sacramento	Y/Y
Policy & Advocacy Committee	10/14/2022	Virtual	Y
Board	11/3-4/2022	Sacramento	Y/Y
Policy & Advocacy Committee	1/13/2023	Virtual	Y
Board	2/2-3/2023	Sacramento	Y/Y

Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Policy & Advocacy Committee	7/21/2023	Sacramento	Y
Board	8/17-18/2023	Sacramento	Y/Y
Policy & Advocacy Committee	10/27/2023	Virtual	Y
Board	11/16-17/2023	Sacramento	N/N
Policy & Advocacy Committee	1/19/2024	Hybrid/Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Policy & Advocacy Committee	4/12/2024	Hybrid/Sacramento	Y
Board	5/16-17/2024	Sacramento	Y/Y

WENDY STRACK-PUBLIC (Appointed 1/29/2020)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	Y/Y
Board: Petition Hearings	1/29/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/Y
Licensing Committee	3/26/2021	Virtual	Y
Board	5/6-7/2021	Virtual	Y/Y
Licensing Committee	6/25/2021	Virtual	Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Policy & Advocacy Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/Y
Board: Strategic Planning	10/4/2021	Virtual	Y
Policy & Advocacy Committee	10/20/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/N
Licensing Committee	11/19/2021	Virtual	Y
Policy & Advocacy Committee	1/21/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Policy & Advocacy Committee	4/20/2022	Sacramento	Y
Board	5/5-6/2022	Sacramento	Y/Y
Policy & Advocacy Committee	7/29/2022	Sacramento	Y
Board	8/11-12/2022	Sacramento	N/N
Policy & Advocacy Committee	10/14/2022	Virtual	Y
Board	11/3-4/2022	Sacramento	Y/Y
Policy & Advocacy Committee	1/13/2023	Virtual	Y

Licensing Committee	1/14/2023	Virtual	Y
Board	2/2-3/2023	Sacramento	Y/Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Policy & Advocacy Committee	7/21/2023	Sacramento	Y
Board	8/17-18/2023	Sacramento	Y/Y
Policy & Advocacy Committee	10/27/2023	Virtual	Y
Licensing Committee	10/27/2023	Virtual	Y
Board	11/16-17/2023	Sacramento	N/N
Policy & Advocacy Committee	1/19/2024	Hybrid/Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Policy & Advocacy Committee	4/12/2024	Hybrid/Sacramento	Y
Board	5/16-17/2024	Sacramento	Y/Y

ROSS ERLICH-PUBLIC (Appointed 2/6/2020)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/N
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	Y/Y
Board: Petition Hearings	1/29/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/N
Board	5/6-7/2021	Virtual	N/N
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Policy & Advocacy Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	N/Y
Board: Strategic Planning	10/4/2021	Virtual	N
Policy & Advocacy Committee	10/20/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y
Policy & Advocacy Committee	1/21/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Policy & Advocacy Committee	4/20/2022	Sacramento	Y
Board	5/5-6/2022	Sacramento	Y/Y
Policy & Advocacy Committee	7/29/2022	Sacramento	Y
Board	8/11-12/2022	Sacramento	N/N
Policy & Advocacy Committee	10/14/2022	Virtual	Y
Board	11/3-4/2022	Sacramento	N/N
Policy & Advocacy Committee	1/13/2023	Virtual	Y

Board	2/2-3/2023	Sacramento	Y/Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Policy & Advocacy Committee	7/21/2023	Sacramento	Y
Board	8/17-18/2023	Sacramento	Y/Y
Policy & Advocacy Committee	10/27/2023	Virtual	Y
Board	11/16-17/2023	Sacramento	N/N
Policy & Advocacy Committee	1/19/2024	Hybrid/Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Policy & Advocacy Committee	4/12/2024	Hybrid/Sacramento	Y
Board	5/16-17/2024	Sacramento	Y/Y

SUSAN FRIEDMAN-PUBLIC (Appointed 3/5/2020)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	Y/Y
Board: Petition Hearings	1/29/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/Y
Licensing Committee	3/26/2021	Virtual	Y
Board	5/6-7/2021	Virtual	Y/Y
Licensing Committee	6/25/2021	Virtual	Y
Telehealth Committee	6/25/2021	Virtual	Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Telehealth Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/Y
Board: Strategic Planning	10/4/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y
Licensing Committee	11/19/2021	Virtual	Y
Telehealth Committee	1/28/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Telehealth Committee	3/4/2022	Virtual	N
Board	5/5-6/2022	Sacramento	Y/Y
Telehealth Committee	6/3/2022	Sacramento	N
Board	8/11-12/2022	Sacramento	Y/Y
Board	11/3-4/2022	Sacramento	Y/Y
Telehealth Committee	12/8/2022	Virtual	Y

Licensing Committee	1/14/2023	Virtual	Y
Board	2/2-3/2023	Sacramento	Y/Y
Telehealth Committee	3/16/2023	Virtual	Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Telehealth Committee	6/8/2023	Virtual	Y
Board	8/17-18/2023	Sacramento	Y/Y
Licensing Committee	10/27/2023	Virtual	Y
Board	11/16-17/2023	Sacramento	Y/Y
Telehealth Committee	12/15/2023	Hybrid/Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Board	5/16-17/2024	Sacramento	Y/Y

CHRISTOPHER JONES-LEP (Appointed 9/29/2020)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	Y
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	N/Y
Board: Petition Hearings	1/29/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/Y
Board	5/6-7/2021	Virtual	Y/N
Telehealth Committee	6/25/2021	Virtual	N
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Policy & Advocacy Committee	8/6/2021	Virtual	Y
Telehealth Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/N
Board: Strategic Planning	10/4/2021	Virtual	Y
Policy & Advocacy Committee	10/20/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y
Policy & Advocacy Committee	1/21/2022	Virtual	Y
Telehealth Committee	1/28/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Telehealth Committee	3/4/2022	Virtual	N
Policy & Advocacy Committee	4/20/2022	Sacramento	Y
Board	5/5-6/2022	Sacramento	Y/Y
Telehealth Committee	6/3/2022	Sacramento	N
Policy & Advocacy Committee	7/29/2022	Sacramento	Y

Board	8/11-12/2022	Sacramento	Y/Y
Policy & Advocacy Committee	10/14/2022	Virtual	Y
Board	11/3-4/2022	Sacramento	Y/Y
Telehealth Committee	12/8/2022	Virtual	Y
Policy & Advocacy Committee	1/13/2023	Virtual	Y
Board	2/2-3/2023	Sacramento	Y/Y
Telehealth Committee	3/16/2023	Virtual	Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Telehealth Committee	6/8/2023	Virtual	Y
Policy & Advocacy Committee	7/21/2023	Sacramento	Y
Board	8/17-18/2023	Sacramento	Y/Y
Policy & Advocacy Committee	10/27/2023	Virtual	Y
Board	11/16-17/2023	Sacramento	Y/Y
Telehealth Committee	12/15/2023	Hybrid/Sacramento	Y
Policy & Advocacy Committee	1/19/2024	Hybrid/Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Policy & Advocacy Committee	4/12/2024	Hybrid/Sacramento	Y
Board	5/16-17/2024	Sacramento	Y/Y

KELLY RANASINGHE-PUBLIC (Appointed 6/29/2020)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	7/30/2020	Virtual	Y
Board	8/13-14/2020	Virtual	Y/Y
Board: Petition Hearings	9/11/2020	Virtual	N
Board: Petition Hearings	10/8/2020	Virtual	Y
Board	11/5-6/2020	Virtual	N/Y
Board: Petition Hearings	1/29/2021	Virtual	N
Board: Closed Session	2/19/2021	Virtual	N
Board	3/4-5/2021	Virtual	Y/Y
Board	5/6-7/2021	Virtual	Y/N
Telehealth Committee	6/25/2021	Virtual	N
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Telehealth Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/N
Board: Strategic Planning	10/4/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y
Telehealth Committee	1/28/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Telehealth Committee	3/4/2022	Virtual	N

Board	5/5-6/2022	Sacramento	N/N
Telehealth Committee	6/3/2022	Sacramento	N
Board	8/11-12/2022	Sacramento	Y/Y
Board	11/3-4/2022	Sacramento	Y/Y
Telehealth Committee	12/8/2022	Virtual	Y
Board	2/2-3/2023	Sacramento	Y/Y
Telehealth Committee	3/16/2023	Virtual	Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Telehealth Committee	6/8/2023	Virtual	Y
Board	8/17-18/2023	Sacramento	Y/Y
Licensing Committee	10/27/2023	Virtual	Y
Board	11/16-17/2023	Sacramento	Y/Y
Telehealth Committee	12/15/2023	Hybrid/Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Board	5/16-17/2024	Sacramento	Y/Y

DIANA HERWECK-LPCC (Appointed 10/22/2020)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board	11/5-6/2020	Virtual	Y/Y
Board: Petition Hearings	1/29/2021	Virtual	Y
Board: Closed Session	2/19/2021	Virtual	Y
Board	3/4-5/2021	Virtual	Y/Y
Licensing Committee	3/26/2021	Virtual	Y
Board	5/6-7/2021	Virtual	Y/Y
Licensing Committee	6/25/2021	Virtual	Y
Telehealth Committee	6/25/2021	Virtual	Y
Board: Petition Hearings	7/7/2021	Virtual	Y
Board	7/22/2021	Virtual	Y
Telehealth Committee	8/6/2021	Virtual	Y
Board: Petition Hearings	8/10/2021	Virtual	Y
Board	9/9-10/2021	Virtual	Y/Y
Board: Strategic Planning	10/4/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/Y
Licensing Committee	11/19/2021	Virtual	Y
Telehealth Committee	1/28/2022	Virtual	Y
Board	2/10-11/2022	Virtual	Y/Y
Telehealth Committee	3/4/2022	Virtual	Y
Board	5/5-6/2022	Sacramento	N/N

YVETTE CASARES WILLIS-PUBLIC (Appointed 1/21/2021)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Petition Hearings	1/29/2021	Virtual	N
Board: Closed Session	2/19/2021	Virtual	N
Board	3/4-5/2021	Virtual	Y/Y
Board	5/6-7/2021	Virtual	Y/N
Board: Petition Hearings	7/7/2021	Virtual	N
Board	7/22/2021	Virtual	N
Board: Petition Hearings	8/10/2021	Virtual	Y/N
Board	9/9-10/2021	Virtual	N
Board: Strategic Planning	10/4/2021	Virtual	Y
Board	11/4-5/2021	Virtual	Y/N
Board	2/10-11/2022	Virtual	N/N
Board	5/5-6/2022	Sacramento	Y/Y
Board	8/11-12/2022	Sacramento	Y/Y
Board	11/3-4/2022	Sacramento	N/N
Board	2/2-3/2023	Sacramento	N/N
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Virtual	Y
Board	8/17-18/2023	Sacramento	A
Board	11/16-17/2023	Sacramento	A

JUSTIN HUFT-LMFT (Appointed 9/23/2021)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board: Strategic Planning	10/4/2021	Virtual	N
Board	11/4-5/2021	Virtual	Y/N
Board	2/10-11/2022	Virtual	Y/Y
Board	5/5-6/2022	Sacramento	N/N
Board	8/11-12/2022	Sacramento	Y/Y
Board	11/3-4/2022	Sacramento	Y/Y
Board	2/2-3/2023	Sacramento	Y/Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Webex	Y
Board	8/17-18/2023	Sacramento	N/N
Licensing Committee	10/27/2023	Hybrid/Sacramento	Y
Board	11/16-17/2023	Sacramento	Y/Y
Workforce Development Committee	1/19/2024	Hybrid/Sacramento	Y
Board	2/29 & 3/29/2024	Sacramento	Y/Y
Workforce Development Committee	4/19/2024	Hybrid/Sacramento	Y
Board	5/16/2024	Sacramento	Y/Y

ABIGAIL ORTEGA-LCSW (Appointed 11/10/2021)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board	2/10-11/2022	Virtual	Y/Y
Board	5/5-6/2022	Sacramento	Y/Y
Policy & Advocacy Committee	7/29/2022	Sacramento	Y
Board	8/11-12/2022	Sacramento	Y/Y
Policy & Advocacy Committee	10/14/2022	Webex	Y
Board	11/3-4/2022	Sacramento	Y/Y
Policy & Advocacy Committee	1/13/2023	Webex	Y
Board	2/2-3/2023	Sacramento	Y/Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Webex	Y
Policy & Advocacy Committee	7/21/2023	Sacramento	Y
Board	8/17-18/2023	Sacramento	Y/Y
Board	11/16-17/2023	Sacramento	Y/Y
Policy & Advocacy Committee	1/19/2024	Sacramento	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Policy & Advocacy Committee	4/12/2024	Sacramento	Y
Board	5/16-17/2024	Sacramento	Y/Y

ANNETTE WALKER-PUBLIC (Appointed 11/10/2021)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board	2/10-11/2022	Virtual	Y/Y
Board	5/5-6/2022	Sacramento	Y/Y
Board	8/11-12/2022	Sacramento	Y/Y
Board	11/3-4/2022	Sacramento	Y/Y
Licensing Committee	1/13/2023	Webex	Y
Board	2/2-3/2023	Sacramento	Y/Y
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Webex	Y
Board	8/17-18/2023	Sacramento	Y/Y
Licensing Committee	10/27/2023	Webex	Y
Board	11/16-17/2023	Sacramento	Y/Y
Workforce Development Committee	1/19/2024	Webex	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Workforce Development Committee	4/19/2024	Webex	Y
Board	5/16-17/2024	Sacramento	Y/Y

ELEANOR URIBE-LCSW (Appointed 8/2/2022)

Date Appointed:	8/2/2022		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board	8/11-12/2022	Sacramento	Y/Y
Board	11/3-4/2022	Sacramento	Y/Y
Licensing Committee	1/13/2023	Webex	Y
Board	2/2-3/2023	Sacramento	N/N
Board	5/4-5/2023	Orange	Y/Y
Board	6/8/2023	Webex	Y
Board	8/17-18/2023	Sacramento	Y/Y
Licensing Committee	10/27/2023	Webex	Y
Board	11/16-17/2023	Sacramento	Y/Y
Workforce Development Committee	1/19/2024	Webex	Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Workforce Development Committee	4/19/2024	Webex	Y
Board	5/16-17/2024	Sacramento	Y/Y

AIMEE ENG-PUBLIC (Appointed 6/2/2023)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board	5/4-5/2023	Orange	N/N
Board	6/8/2023	Sacramento	N
Board	8/17-18/2023	Sacramento	N/N
Board	11/16-17/2023	Sacramento	N/N
Board	2/29 & 3/1/2024	Sacramento	N/N

NICHOLAS BOYD-LPCC (Appointed 6/28/2023)			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board	8/17-18/2023	Sacramento	N/N
Board	11/16-17/2023	Sacramento	Y/Y
Board	2/29 & 3/1/2024	Sacramento	Y/Y
Board	5/16-17/2024	Sacramento	Y/Y

ATTACHMENT B 1B

BOARD & COMMITTEE MEMBER ROSTER

Attachment B 1b.-Board & Committee Member Roster

Table 1b. California Board of Behavioral Sciences Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
John Sovec	12/11/2019	6/18/2022	6/1/26	Governor	Professional
Wendy Strack	1/29/2020	6/12/2023	6/1/27	Governor	Public
Susan Friedman	3/5/20	6/21/2022	6/1/26	Governor	Public
Christopher Jones	6/29/20	6/5/2024	6/1/28	Governor	Professional
Kelly Ranasinghe	6/29/20	6/28/2021	6/1/25	Governor	Public
Justin Huft	9/23/21	N/A	6/1/25	Governor	Professional
Abigail Ortega	11/10/21	N/A	6/1/25	Governor	Professional
Dr. Annette Walker	11/10/21	N/A	6/1/25	Governor	Public
Eleanor Uribe	8/2/22	N/A	6/1/26	Governor	Professional
Dr. Nicholas Boyd	6/28/23	6/5/2024	6/1/28	Governor	Professional
Lorez Bailey	8/7/24	N/A	6/1/27	Senate	Public
VACANT	-	-	6/1/25	Governor	Public
VACANT	-	-	6/1/27	Assembly	Public

Table 1b. California Board of Behavioral Sciences Policy & Advocacy Committee Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
John Sovec	12/11/2019	N/A	6/1/26	Governor	Professional
Wendy Strack	1/29/2020	N/A	6/1/27	Governor	Public
Christopher Jones	6/29/20	N/A	6/1/28	Governor	Professional
Abigail Ortega	11/10/21	N/A	6/1/25	Governor	Professional

Table 1b. California Board of Behavioral Sciences Telehealth Committee Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Susan Friedman	3/5/20	6/21/2022	6/1/26	Governor	Public
Christopher Jones	6/29/20	6/5/2024	6/1/28	Governor	Professional
Kelly Ranasinghe	6/29/20	6/28/2021	6/1/25	Governor	Public

Table 1b. California Board of Behavioral Sciences Licensing Committee Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Wendy Strack	1/29/2020	6/12/2023	6/1/27	Governor	Public
Susan Friedman	3/5/20	6/21/2022	6/1/26	Governor	Public
Dr. Annette Walker	11/10/21	N/A	6/1/25	Governor	Public
Eleanor Uribe	8/2/22	N/A	6/1/26	Governor	Professional

Table 1b. California Board of Behavioral Sciences Workforce Development Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Wendy Strack	1/29/2020	6/12/2023	6/1/27	Governor	Public
Justin Huft	9/23/21	N/A	6/1/25	Governor	Professional
Dr. Annette Walker	11/10/21	N/A	6/1/25	Governor	Public
Eleanor Uribe	8/2/22	N/A	6/1/26	Governor	Professional

Table 1b. California Board of Behavioral Sciences Outreach & Education Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
John Sovec	12/11/2019	6/18/2022	6/1/26	Governor	Professional
Susan Friedman	3/5/20	6/21/2022	6/1/26	Governor	Public
Dr. Annette Walker	11/10/21	N/A	6/1/25	Governor	Public
Dr. Nicholas Boyd	6/28/23	6/5/2024	6/1/28	Governor	Professional

ATTACHMENT B 1C

BOARD MEMBER BIOGRAPHIES

Attachment B 1c.- Biographies of Current Board Members

Board Chair, Christopher Jones (LEP Member)

Christopher C. Jones is a Licensed Educational Psychologist (LEP #2819) and Nationally Certified School Psychologist (NCSP). He is the President and CEO of Dynamic Interventions, the first incorporation of Licensed Educational Psychologists in the history of California. He earned his Bachelor of Arts degree in Child Development from California State University, Northridge, and his Master of Arts degree and Certificate of Advanced Graduate Study (CAGS) in School Psychology from Tufts University. He worked as a school psychologist in Massachusetts and California, then left public education to open Dynamic Interventions in 2006.

Board Vice-Chair, Wendy Strack (Vice-Chairperson) (Public Member)

Wendy Strack was appointed by the Governor in February 2020. She is currently the CEO of Wendy J Strack Consulting LLC, with more than 20 years of experience in creating and delivering award winning advocacy, communications, and outreach programs in Southern California. Strack is a member of California Women Lead, Women's Transportation Seminar (WTS), and the California Association of Public Information Officials (CAPIO). She also holds certifications in Basic and Advanced Public Information Officer/Joint Information Center/Joint Information Systems from the California Office of Emergency Services and the Federal Emergency Management Agency. Strack has a B.A. in Political Science from the University of California, Riverside and an M.P.A. from the University of Southern California. She has also served on the City of Riverside Human Resources Board since 2018.

John Sovec (LMFT Member)

John Sovec is a therapist in private practice in Pasadena California who specializes in supporting the needs of the LGBTQ community. He is the clinical consultant for The Life Group LA, adjunct faculty at Phillips Graduate Institute, and guest lecturer at Alliant University and USC School of Social Work. Mr. Sovec is a nationally recognized expert on creating affirmative LGBTQ support and is the author of multiple publications and speaks at conferences nationwide. He provides training for community agencies, schools, non-profits, and provides professional consultation on LGBTQ competencies.

Susan Friedman (Public Member)

Susan Friedman was appointed by the Governor Newsom in March 2020. Ms. Friedman was an Emmy-award winning network news producer for NBC News from 1982 to 2008 and from 1968 to 1977. She was a reporter and producer for the local Public Broadcasting Service (PBS) from 1977 to 1982. She is a founding member of the Alliance for Children's Rights Board of Directors and vice chair and commissioner of the Los Angeles County Mental Health Commission

Kelly Ranasinghe (Public Member)

Kelly Ranasinghe was appointed by Governor Newsom in July of 2020. He currently is a Deputy County Counsel in Imperial County, California practicing child welfare law in juvenile court. Previously, Mr. Ranasinghe was a partner at the law firm of Henderson and Ranasinghe LLP and a senior program attorney at National Council of Juvenile and Family Court Judges, where he focused on domestic violence and child sex trafficking. He is a member of the National Alliance of Mental Illness (NAMI) and a certified peer mental health facilitator through the NAMI Connections program. Mr. Ranasinghe is also a member of the National Association of Counsel for Children (NACC) and a board-certified child welfare law specialist. Mr. Ranasinghe earned a Juris Doctor from California Western School of Law in 2005.

Justin Huft (LMFT Member)

Justin Huft has been a Marriage and Family Therapist and Clinical Program Director at Creative Care Calabasas since 2016, Adjunct Lecturer for the Psychology and Sociology Departments at California State University, Fullerton since 2016 and Adjunct Lecturer for the Psychology Department at El Camino Community College since 2018. He was an Adjunct Lecturer in Psychological Sciences at the University of California, Irvine from 2019 to 2020, and in Psychology at Saddleback College from 2016 to 2018. He is a member of the California Marriage and Family Therapy Association, American Association of Marriage and Family Therapists, American Sociological Association and Pacific Sociological Association. Huft earned a Master of Arts degree in marriage and family therapy from Chapman University and a Master of Arts degree in sociology from Arizona State University.

Abigail Ortega (LCSW Member)

Abigail Ortega has been a Licensed Clinical Social Worker at Love Listen and Play, a private psychotherapy practice, since 2016. Before starting her private counseling practice, Ortega worked in several community and medical settings. Her diverse experience included providing assessments and therapy to people and families of all ages and backgrounds. Ortega was a Licensed Clinical Social Worker at the Wilmington Community Clinic from 2016 to 2021 and at Counseling4Kids from 2017 to 2020. She was a Medical Social Worker at the Children's Clinic from 2014 to 2015. Ortega held several positions at Children's Institute Inc. from 2011 to 2014, including Therapist II and Clinical Domestic Violence Team Lead. She was a Psychiatric Social Worker at the Child Center of New York from 2010 to 2011.

Dr. Annette Walker (Public Member)

Dr. Annette Walker has served as a School Board Member at Hayward Unified School District from 2012 to 2020, where she was Personnel Commissioner from 2010 to 2011. Dr. Walker was Diversity and Inclusion Officer at Life Chiropractic College West from 2020 to 2021. She was Director of Graduate Admissions and Kaleidoscope Mentoring

Program Coordinator at California State University, East Bay from 2005 to 2019. She was a Psychology Instructor and General Counselor at Chabot College from 1999 to 2004, where she was a Psychology Instructor from 1998 to 1999. Dr. Walker was a Bilingual Elementary School Teacher at Ravenswood City School District from 1993 to 1997. She earned a Master of Science degree in education and psychological studies from California State University, East Bay and a Doctor of Education degree in Organization and Leadership from the University of San Francisco. She was a delegate for the California School Board Association, representing California's seventh district, and Legislative Committee member.

Eleanor Uribe (LCSW Member)

Eleanor Uribe was appointed to the Board of Behavioral Sciences in August 2022. Eleanor has been the Faculty Field Liaison at California State University, Fresno since 2012. She worked as a Licensed Clinical Social Worker for the California Department of Corrections and Rehabilitation from 2008-2012. She was a Social Worker Practitioner at the Fresno County Department of Social Services from 1994 to 2008. Uribe earned her Master of Social Work degree from California State University, Fresno.

Dr. Nicholas Boyd (LPCC Member)

Nick is a California LPCC and a Nationally Certified Counselor by the National Board of Certified Counselors. He has held various clinical, research, and leadership appointments within the Department of Defense (DoD), Veterans Affairs (VA), and community. Nick is the Lead Licensed Professional Mental Health Counselor (LPMHC) and LPMHC Director of Clinical Training with the VA San Diego Healthcare System and Assistant Professor with the University of San Diego. Previously, Nick was an Adjunct Professor in the San Diego City College Alcohol and Other Drug Studies program. He was also the Clinical Director and Cofounder of e3 Civic High's school–based mental health counseling program. Before his appointment with the Board of Behavioral Sciences, Nick was a California Association for Licensed Professional Clinical Counselors (CALPCC) board member and the Legislative and Advocacy Committee co–chair. Nick is an Army Veteran and has served in the Oregon and California Army National Guard as enlisted military police. He continues to serve in the California State Guard as a Behavioral Health Officer supporting National Guard soldiers across Southern California. Nick received his M.A. in Clinical Mental Health Counseling from the University of San Diego and his PhD. in Counselor Education and Supervision from the University of the Cumberlands.

Lorez Bailey (Public Member)

Lorez Bailey is an accomplished media professional and community advocate, most recently serving as Publisher of the North Bay Business Journal. Known as "The Connector," she excels in building professional networks and fostering collaboration. She was honored as "Woman of the Year" by U.S. Congressman Mike Thompson for her impactful work with Sonoma County students. Lorez holds degrees from

Sacramento State University and Sonoma State University. She has led significant workforce development initiatives and served in leadership roles at Chop's Teen Club and Social Advocates for Youth. She is an active member of Alpha Kappa Alpha Sorority, Inc., and serves on several advisory boards in her community.

ATTACHMENT C 1A

TELEHEALTH & SUPERVISION SURVEY 2021

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

Memo

To: Telehealth Committee Members **Date:** August 31, 2021

From: Christy Berger
Regulatory Analyst **Telephone:** (916) 574-7817

Subject: Results of Telehealth and Supervision via Videoconferencing Surveys for Students, Associates, Supervisors, and Schools

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Background

At its June 2021 meeting, the Telehealth Committee directed staff to develop and administer a survey pertaining to telehealth (primarily as performed by applicants gaining hours toward licensure) and supervision via videoconferencing. Four different surveys were developed and administered with the assistance of professional associations:

- Supervisor Survey (Attachment A)
- Student Survey (Attachment B)
- Associate Survey (Attachment C)
- School Survey *(results to be provided separately prior to the meeting – survey closed later to give schools coming back after break enough time to respond)*

The purpose of the surveys was to obtain feedback about student and associate experiences with providing services to clients via telehealth, supervision of applicants who are providing telehealth services, providing supervision via videoconferencing, and gathering topics related to telehealth where training may be needed.

Each survey was prefaced by a statement that asked respondents to keep in mind that "…these questions are seeking to gain insight about how the practice of the professions the board regulates will move forward AFTER the COVID-19 pandemic has ended."

The surveys were posted to the Board's website and social media, to our email subscriber's list, and disseminated by professional associations. Survey results are provided in the attachments, and include a sampling of written comments to open-ended questions. The sampling of written comments:

- Attempt to provide a representative sample
- Include comments that summed up many individual comments
- Comments related to marginalized communities were included more often to emphasize those voices

- Exclude comments that responded “none” or N/A or similar

Survey Results – Supervisors

This survey was designed for supervisors of students and associates pursuing LMFT, LPCC or LCSW licensure. 1,938 completed surveys were received. 46% of respondents supervise in a nonprofit and charitable setting, with the second most common being private practice at 27%.

Notable findings - Supervisor Survey:

Supervisees Providing Services via Telehealth

- 94% of respondents’ supervisees are **currently providing clinical services via telehealth**. Of that number, 78% are providing 50% or more of their clinical services via telehealth.

- 85% plan to allow supervisees to continue providing clinical services via **telehealth after the COVID-19 state of emergency is over**, and 12% have not decided yet.

- Commonly listed **benefits** to supervisees providing services via telehealth include greater access to care for clients, greater safety/comfort level for client and therapist, and flexibility/convenience for client and therapist.

- Commonly listed **disadvantages** to supervisees providing services via telehealth include technology/connectivity issues, doesn’t work well for all clients, difficulty seeing client’s nonverbal cues, and privacy issues. There was very little mention of issues with supervisee performance.

- 53% of supervisor respondents believe that supervisees should have no **limit on the percentage of supervised experience** they are allowed to gain providing clinical services to clients via telehealth. Only 1% of supervisors believe that no telehealth hours should count at all.

- Commonly listed **topics** that respondents believe should be covered if the Board were to require coursework and/or training include assessing and addressing client risk factors, and legal and ethical issues related to telehealth.

Providing Supervision via Videoconferencing:

- 93% of supervisors who responded to the survey have **provided clinical supervision** via videoconferencing.

- 88% believe that clinical supervision via videoconferencing is **as effective as in-person** supervision.

- Commonly listed **advantages** to providing supervision via videoconferencing were flexibility/convenience, greater accessibility, safety during the pandemic, and ability to use digital tools, such as screen sharing to review files and documentation.

- Commonly listed **disadvantages** to providing supervision via videoconferencing were technology/connectivity issues, feeling less personal, and distractions. Only 20% listed an issue that was related to the actual supervision (difficulty teaching/training, assessing the supervisee, and harder to engage and/or develop a relationship with the supervisee). It should be noted that 30% of respondents answered "none."

- 89% of supervisors who responded believe that supervision via videoconferencing should be **allowed in all settings**.

- 78% believe that supervision via videoconferencing is appropriate for **both associates and students**, and 22% for associates only.

- 70% of supervisors believe there should be **no limit on the percentage of direct supervisor contact** allowed to be gained via videoconferencing in any setting.

- 70% of supervisors who responded were in support of a **board-required training** regarding supervision via videoconferencing for supervisors, and felt the following **topics** should be covered: legal and ethical issues, and establishing/maintaining an effective supervisory relationship.

Survey Results – Students and Associates

Separate surveys were created, one for students currently enrolled in a LCSW, LMFT and/or LPCC program, and one designed for associates. 784 completed surveys were received from students, and 2,523 from associates.

Notable findings – Student and Associate Surveys:

Providing Services via Telehealth:

- 91% of associates and 85% of students stated that they are **currently providing clinical services via telehealth**.

- 75% of associates and students believe that there should be **no limit on the percentage of supervised experience** hours they are allowed to gain in providing clinical services via telehealth.

- 34% of associates and 52% of students said their **school provided coursework or training** specific to providing services to clients via telehealth.48% of associates and 68% of students feel that the coursework/training prepared them adequately.

- The primary **topics** associates and students would like to see covered if coursework were required in regards to providing clinical services via telehealth are: effective

ways to work with clients via telehealth, assessing and addressing client risk factors, and legal and ethical issues.

Receiving Supervision via Videoconferencing:

- 95% of **students** reported that their **school permitted clinical supervision via videoconferencing**. 70% of those students receive clinical supervision via videoconferencing 100% of the time.

- 85% of **associates** reported that they **received clinical supervision via videoconferencing**. 53% of those associates receive clinical supervision via videoconferencing 100% of the time.

- 96% of associates and 89% of students felt that supervision via videoconferencing was **as effective as in-person supervision.**

- Nearly 70% of associates and students felt that their **supervisor was competent in providing supervision via videoconferencing**.

- 100% of **students** have experienced **disadvantages or problems** with clinical supervision via videoconferencing. The most **commonly** listed issues were technology/connectivity (mentioned in about 50% of comments), lacking in personal connection, and difficulty getting forms signed. Interestingly, only 15% of **associates** reported any disadvantages or problems.

- Approximately 70% of associates and students believe that **100% of supervision should be allowed via videoconferencing in all settings**.

Attachments

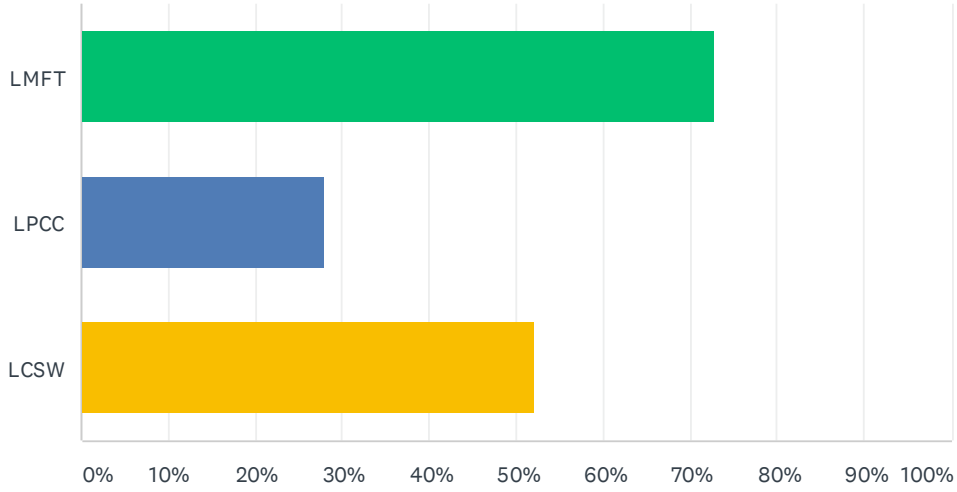
Attachment A: Supervisor Survey Results
Attachment B: Student Survey Results
Attachment C: Associate Survey Results

Attachment A

BBS Telehealth Survey for Supervisors

Q1 Please indicate the type of license(s) your supervisees are pursuing (check all that apply):

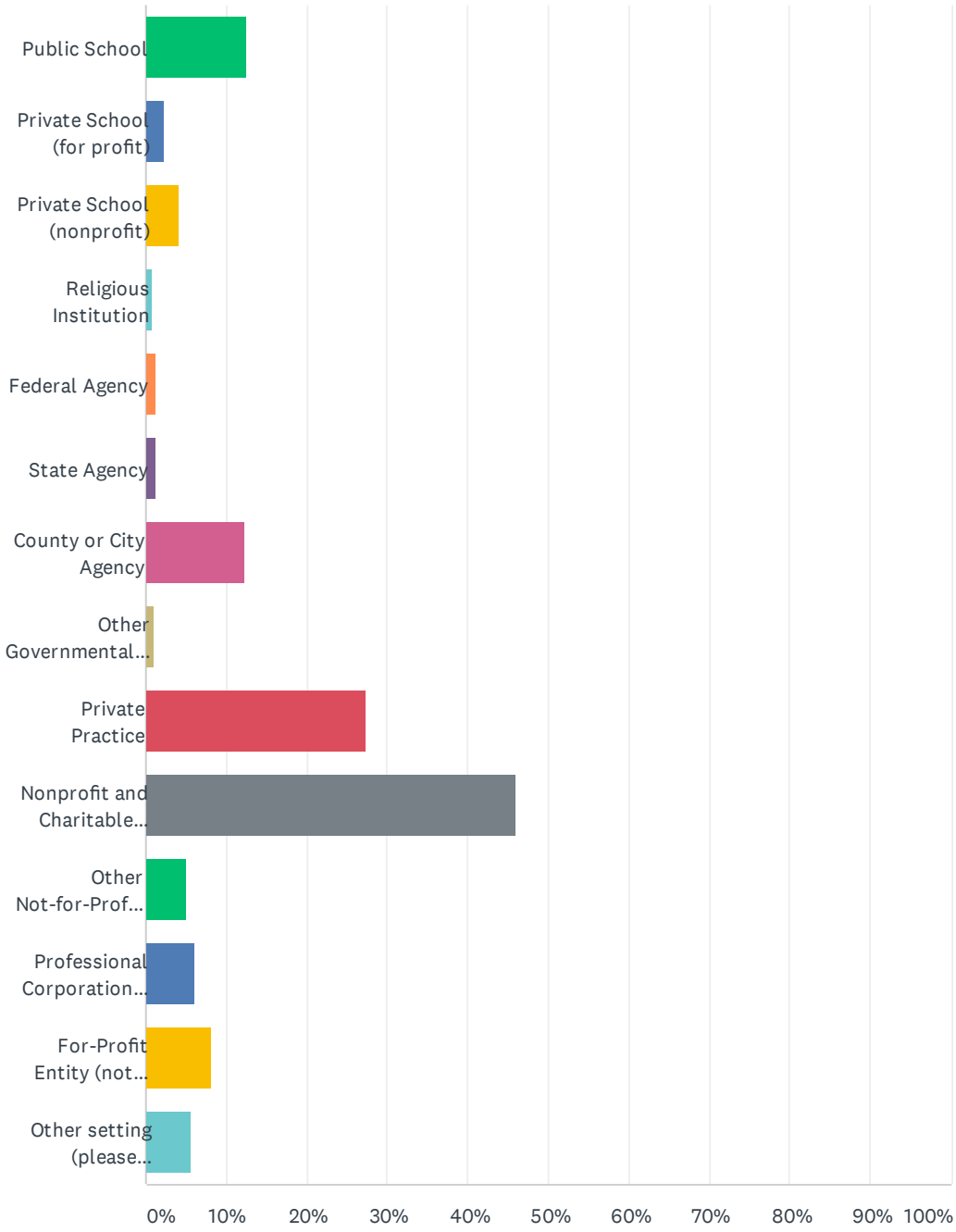
Answered: 1,938 Skipped: 0



ANSWER CHOICES	RESPONSES	
LMFT	72.70%	1,409
LPCC	28.12%	545
LCSW	52.12%	1,010
Total Respondents: 1,938		

Q2 Please indicate the type of practice setting(s) you are supervising in (check all that apply):

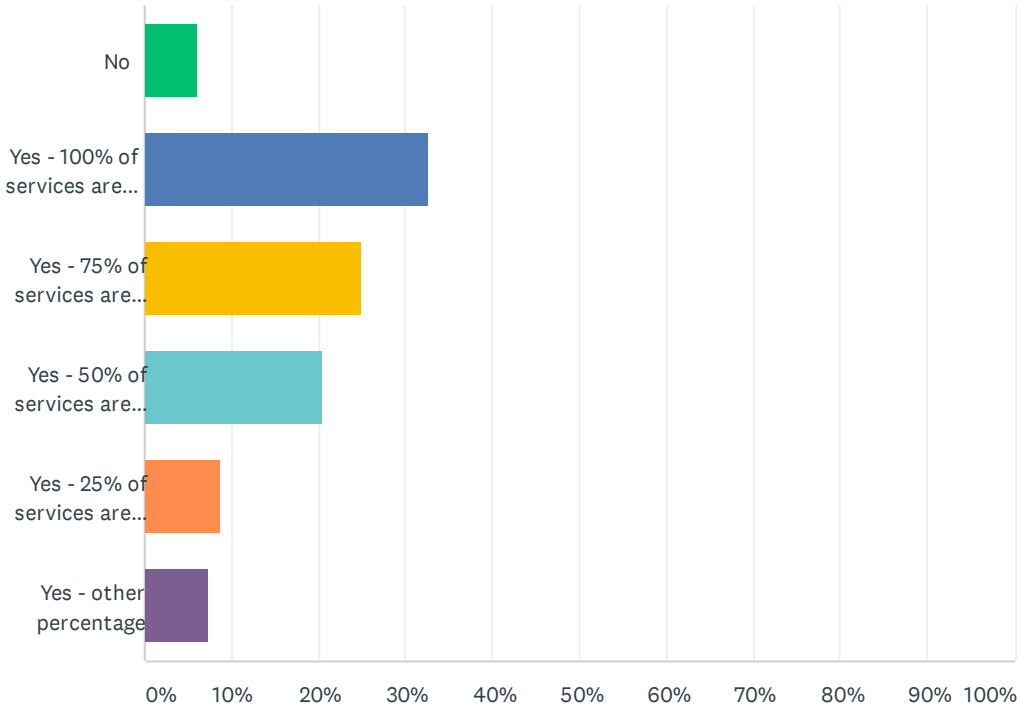
Answered: 1,938 Skipped: 0



ANSWER CHOICES	RESPONSES	
Public School	12.59%	244
Private School (for profit)	2.32%	45
Private School (nonprofit)	4.13%	80
Religious Institution	0.88%	17
Federal Agency	1.24%	24
State Agency	1.29%	25
County or City Agency	12.44%	241
Other Governmental Agency	1.14%	22
Private Practice	27.45%	532
Nonprofit and Charitable Entity (registered 501(c)(3))	46.08%	893
Other Not-for-Profit Entity	5.11%	99
Professional Corporation (ownership solely composed of licensed health professionals)	5.99%	116
For-Profit Entity (not otherwise listed)	8.10%	157
Other setting (please specify)	5.57%	108
Total Respondents: 1,938		

Q3 Do your clinical supervisees currently provide any mental health services to clients via telehealth?

Answered: 1,700 Skipped: 238



ANSWER CHOICES	RESPONSES	
No	6.00%	102
Yes - 100% of services are being provided via telehealth	32.71%	556
Yes - 75% of services are being provided via telehealth	24.82%	422
Yes - 50% of services are being provided via telehealth	20.41%	347
Yes - 25% of services are being provided via telehealth	8.82%	150
Yes - other percentage	7.24%	123
TOTAL		1,700

Q4 If yes, what have been the advantages of providing services via telehealth?

Answered: 1,526 Skipped: 412

SAMPLING OF COMMENTS:

"It has allowed the supervisee to gain experience in a service platform that most likely will continue, has allowed for supervisee to can experience working with a more diverse population, more flexibility/control over schedule, increased accessibility for clients (transportation, movement, childcare limitations)."

"Can reach more clients in remote areas, can see more clients when not having to travel to them or rely on them to remember to come to the office, some clients are more comfortable staying in the comfort of their own home or not being in person."

"Trainees can continue to obtain hours toward licensure as well as ability to graduate despite COVID restrictions in a safe way. They do not have to wear masks and can see clients verbal and nonverbal communication style/behaviors/mood/affect. Provides easy access to clients and easier to schedule sessions as they don't have to travel. The ease of communication has allowed vulnerable and marginalized populations to access services such as students with disabilities, student parents needing childcare, students of color with lack of resources, etc. College students have been able to receive emotional support despite feeling isolated in their dorm rooms or apartments in a safe setting."

"Consistency, less missed appointments, caregivers more accessible, opportunity to experience client's home environment."

"Increased access quality services despite geographical locations or SES. Also greater access to those unable or limited to leave their homes."

"Getting a glimpse of client home setting. Clients uncomfortable with coming to a therapist's office are being served. Also, continuity of care when supervisee or client moves (within state)."

"Flexibility for clients, supervisees, and supervisors. More access to services in a way that has less impact (time, gas cost) on the individual lives of the persons involved. Ability to share screens in new ways. Ability to observe supervisee in sessions in ways that are less intimidating for clients."

"Access to treatment for low SES community; Access to clinicians with training in LGBTQ themes."

"Able to accommodate client's schedule, therefore more consistently in attendance by the client. An increase number of people being served due to factors around attending therapy is not as prevalent (such as child care issues, commute time, etc). Can utilize elements of the videoconferencing in working with families and couples to help in communication and descalation. Can continue with established clinical relationships when clients moves outside of the area, as long as still within California. Can reach more people in less populated areas, especially with specific cultural identities and may not have a therapist in their community which is able to address cultural considerations."

Q5 If yes, what have been the disadvantages of providing services via telehealth?

Answered: 1,453 Skipped: 485

SAMPLING OF COMMENTS (excluding those that said "none."):

"It’s been challenging to get clients to come back in-person, certain modalities are best done in-person, crisis are challenging to manage via telehealth."

"Serving children and adolescents is more difficult over telehealth and is not appropriate for many of them. In my opinion, it has been much more difficult for younger persons to connect via telehealth. For associates servicing low SES communities, there has been difficulty reaching those clients whose technology (computer, phone or tablet equipment, internet service availabity/quality) does not allow for video sessions."

"Challenges with connectivity, challenges assessing for crisis/high-risk situations, difficulty engaging younger children, concerns about privacy on client's end, not as easy to tune in to client's non-verbals."

"Some elderly clients are not comfortable using computers or technology, some potential clients may not have the resources (computer, tablet) to access telehealth counseling."

"Virtual platforms make it more difficult to engage populations that are generally more difficult to engage; increases challenges around thorough safety assessment; difficult to provide crisis intervention to high crisis populations; providers are experiencing "Zoom fatigue;" requires more ongoing training for interns/staff using telehealth to ensure that they are adequately monitoring for safety, picking up on non-verbal cues, etc.; some clients demonstrate difficulty using platforms such as AdobeSign or DocuSign for legal paperwork/intake paperwork in an effort to provide telehealth services and remain 100% no-contact."

"Crisis management is more complicated. We have placed some limits on the kinds of services supervisees can provide via telehealth in order to protect them and our clients."

"Not being able to ensure who is in the space (limited view point), turning camera off to avoid looking at the therapist, connection trouble (dropped audio or video)."

"Some clients do not benefit from Telehealth as much from face to face. Some do not have access to technology. Harder to have consents returned."

"Challenges managing emotional dynamics for couples or parent-child sessions, working around bandwidth limitations, learning to track nonverbal communication when only seeing part of a person depending on camera angle, clients maintaining a confidential setting."

"Difficult with children, susceptible to distractions, difficult to engage/build rapport,limits who can be seen due to severity."

Q6 If no, why is telehealth not allowed for your supervisees?

Answered: 251 Skipped: 1,687

SAMPLING OF COMMENTS:

"Hospital setting and services are provided in person."

"It is an intensive residential program."

"The clients are in a juvenile detention facility."

"It is not practical."

"At this time it is not needed."

"Providing in home services."

"Clients are low income seniors with minimal access to technology, understanding of technical issues and cognitive issues. It is allowed and tried but was not effective."

"In the school setting, we are making every attempt to meet with students in person. There may be some rare circumstances when we have parent meetings over zoom or student has health issues precluding in-person."

"I believe Telehealth is utterly inadequate for providing services to the severely and persistently mentally ill population. Some do not have access to a computer, some are paranoid about disclosing PHI over a video connection, not knowing who might me in the room listening. To do good therapy, observation of hygiene, condition of clothes, client being malodorous or smelling of alcohol of drugs just cannot be done. There is nothing personal about seeing a faee on a screen. It dilutes both the transference and counter-transference."

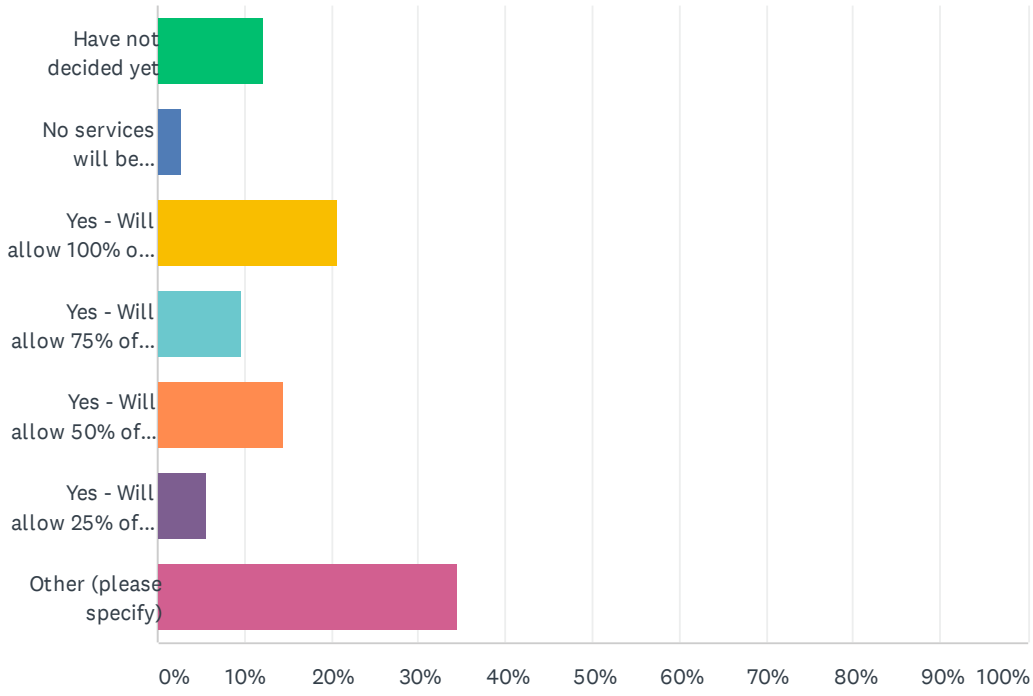
"I do not allow it if the supervisee doesn’t have enough training which most trainees do not have the proper training yet."

"Clinic does not yet have the technology to conduct telehealth (video)."

"Lack of resources available in non profit and lack of resources with the population we serve. Homeless and SMI."

Q7 If you currently allow your clinical supervisees to provide mental health services to clients via telehealth, do you plan to allow this post-pandemic?

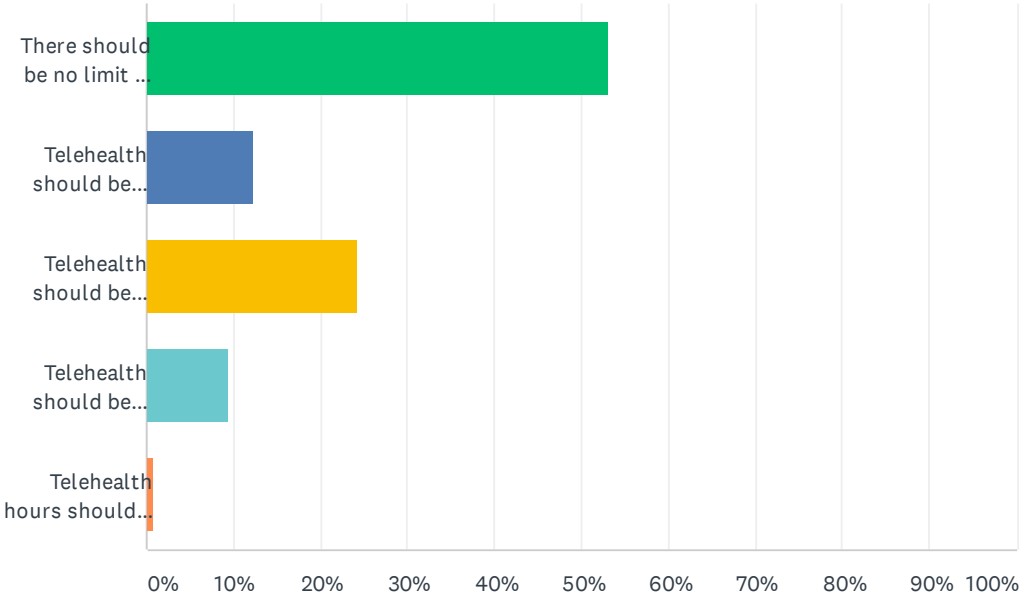
Answered: 1,548 Skipped: 390



ANSWER CHOICES	RESPONSES	
Have not decided yet	12.08%	187
No services will be provided via telehealth after the pandemic	2.78%	43
Yes - Will allow 100% of services to be provided via telehealth	20.61%	319
Yes - Will allow 75% of services to be provided via telehealth	9.69%	150
Yes - Will allow 50% of services to be provided via telehealth	14.53%	225
Yes - Will allow 25% of services to be provided via telehealth	5.75%	89
Other (please specify)	34.56%	535
TOTAL		1,548

Q8 Do you believe supervisees should have a limit on the percentage of supervised experience hours they are allowed to gain in providing mental health services to clients via telehealth?

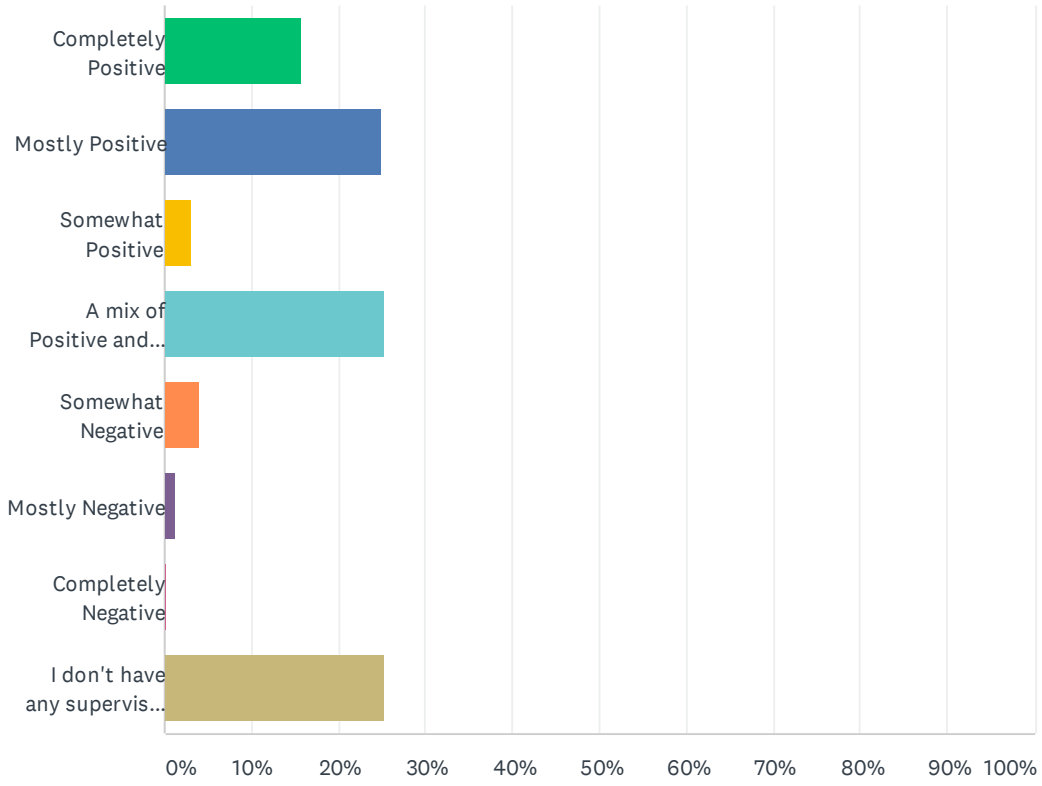
Answered: 1,548 Skipped: 390



ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	53.17%	823
Telehealth should be limited to 75% of hours	12.34%	191
Telehealth should be limited to 50% of hours	24.22%	375
Telehealth should be limited to 25% of hours	9.37%	145
Telehealth hours should not be allowed at all	0.90%	14
TOTAL		1,548

Q9 If you have any supervisees who began completing their experience hours during the COVID-19 pandemic, and therefore have thus far only seen clients via telehealth and had clinical supervision virtually, how has this affected their clinical skills?

Answered: 1,548 Skipped: 390



ANSWER CHOICES	RESPONSES	
Completely Positive	15.76%	244
Mostly Positive	25.00%	387
Somewhat Positive	3.10%	48
A mix of Positive and Negative	25.32%	392
Somewhat Negative	3.94%	61
Mostly Negative	1.29%	20
Completely Negative	0.19%	3
I don't have any supervisees who have only seen clients via telehealth and are supervised virtually	25.39%	393
TOTAL		1,548

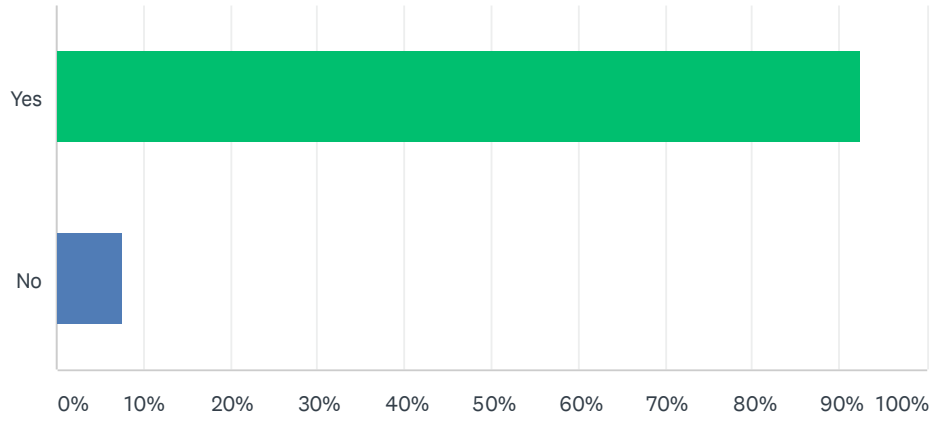
Q10 If the Board were to require coursework and/or training for delivery of mental health services to clients via telehealth, what topics should be covered so that registrants are adequately prepared to practice safely and effectively? List in order from most to least important.

Answered: 1,548 Skipped: 390

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	1,548
Topic 2	79.72%	1,234
Topic 3	56.01%	867
Topic 4	27.97%	433
Topic 5	14.21%	220
Topic 6	7.75%	120
Topic 7	5.17%	80

Q11 Have you provided clinical supervision to Associates and/or students (defined as MFT trainees, PCC trainees or social work interns) via videoconferencing?

Answered: 1,547 Skipped: 391



ANSWER CHOICES	RESPONSES	
Yes	92.57%	1,432
No	7.43%	115
TOTAL		1,547

Q12 What advantages did you experience in providing supervision in this manner?

Answered: 1,359 Skipped: 579

SAMPLING OF COMMENTS:

"I can read their faces up close at the same time on the screen. A few trainees live in adjacent counties and they do not have transportation. They have expressed that if we go back to in person, they will not be able to continue with The LGBTQ Center OC, which provides specialized services to the LGBTQ community."

"We were able to provide therapy to a much broader geographic area and this gave trainees the opportunity to have full caseloads and work with clients from a variety of cultural and geographic backgrounds. I work with co-therapy teams and meeting virtually allowed them to see each other and themselves."

"Adding resource links immediately in the chat, asking questions privately to me or publicly to their group supervision team, sharing any document to review easily without wasting paper making copies/packets."

"I had the ability to provide direct observation and support the trainee in real time during their session (jumping into HIPAA compliant zoom). Ability to video and audio record at any time. I can support the trainee with a crisis/emergency from anywhere I just join the zoom session."

"Since the ASW did not have to drive to supervision, they had more time to spend with their patients. This also increased accessibility for ASW's who I have chronic health conditions, which impact their ability to drive. It also increased accessibility for supervision with a SW's who had limited financial resources that impacted transportation."

"Convenience, lower no show rate, ability to share documents, files and videos live and in the moment. Ability to easily sit-in on a therapy session with the trainee."

"More contact with supervisees for case coordination, consultation, had access to more of my personal tools via zoom and sharing my screen. Less interruptions by being off-site, felt more focused in supervision time."

"Flexibility in scheduling, ease in observing treatment sessions with minimal disruptions to the session."

"Convenience; time-saving; more flexibility/ availability; allows me to coach supervisees in how to track clients and demonstrate attunement viatelehealth."

"I supervise several staff from different clinics and was able to see multiple people in the same afternoon or day at their convenience (as opposed to traveling to each clinic throughout the week to see supervises)."

Q13 What disadvantages did you experience in providing supervision in this manner?

Answered: 1,277 Skipped: 661

SAMPLING OF COMMENTS **(excluding technology complaints)**:

"It can be harder to engage associates that are quiet and tend not to participate especially in group situations. It is also slightly reduces (but not eliminates) the ability to hone in on non-verbal cues when assessing how associates are doing."

"I think in person shifts the conversation and allows associates to be more vulnerable."

"Barriers to building a relationship, missing some connection and cues."

"Clinicians were somewhat more disengaged in group supervision via telehealth than I think they would have been if we were meeting in person."

"Difficulty with experiential teaching and group dynamics for group supervision."

"Same as the disadvantages of therapy. It's fine for cerebral conversations. It's much more challenging to facilitate in depth self-of-the-therapist work."

"I feel there is less of connection over a tele-health platform and they aren't as forthcoming as they are in person with their own struggles."

"Tracking a group is more difficult on-screen. Limited ability to do role plays or utilize sand play objects."

"...inability to have "full-body" presence to assess/process in supervision, sometimes students unable to find confidential space to conduct supervision."

"Difficulty teaching hands on skills, more challenging to get to know/build a connection with my supervisees."

"Less spontaneous discussions."

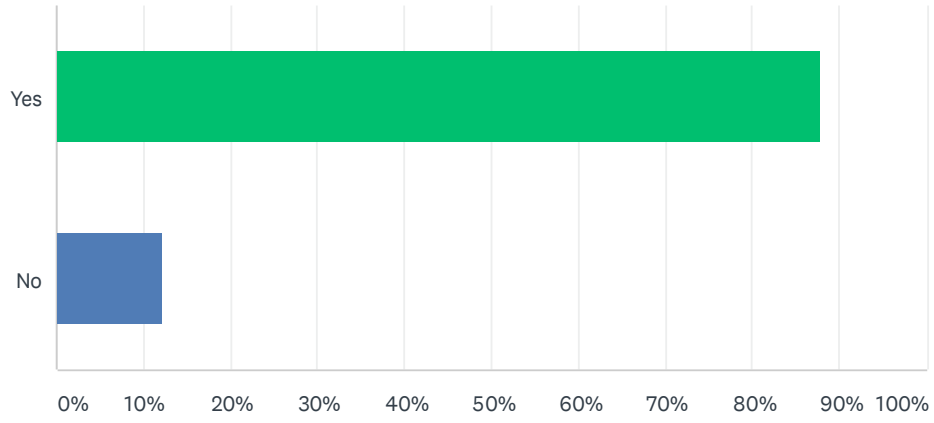
"more difficult to read body language, have to figure out new ways to connect and develop supervisory relationship."

"Getting paperwork signed in a timely manner. Discussing performance concerns can be difficult via videoconferencing."

"Not being in the office with individuals means there are several loss opportunities to watch them interact with clients, see how they are managing their own mental wellbeing or just genuine connection."

Q14 Do you feel providing clinical supervision via videoconferencing to Associates and/or students was as effective as in-person clinical supervision?

Answered: 1,391 Skipped: 547



ANSWER CHOICES	RESPONSES	
Yes	87.78%	1,221
No	12.22%	170
TOTAL		1,391

Q15 What were the reasons for not providing clinical supervision via videoconferencing?

Answered: 104 Skipped: 1,834

SAMPLING OF COMMENTS:

"Our agency can't allow services to be done via telehealth."

"I didn't know we could."

"The company required all services to be provided in person throughout the pandemic."

"Not a direct supervisor at this time."

"Was not necessary or convenient."

"I use telephones."

"We were able to meet in open air environments."

"It was not necessary, as all services are provided in-person in a residential setting - supervisees are present at the work site."

"Not currently supervising anyone who is gaining their hours for licensure."

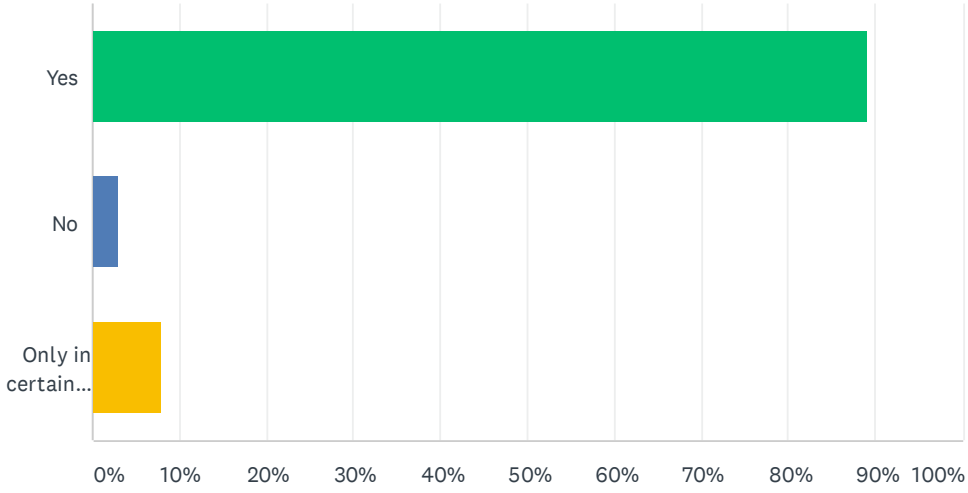
"I believe that in-person supervision aids in establishing a cohesive educational and supervisorial relationship with the supervisee."

"I do not support this technology. Just as much can be missed assessing clients, much can be missed assessing supervisees."

"Not directly supervising trainees in my role."

Q16 Do you feel that clinical supervision via videoconferencing should be allowed more widely? (i.e. allowed in all settings, not just in exempt settings as is allowed currently)

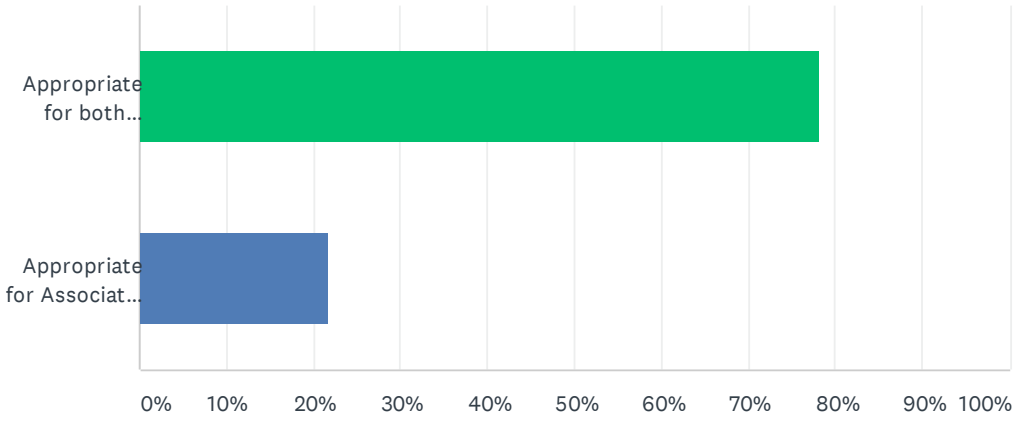
Answered: 1,489 Skipped: 449



ANSWER CHOICES	RESPONSES	
Yes	89.19%	1,328
No	2.89%	43
Only in certain circumstances	7.92%	118
TOTAL		1,489

Q17 Do you feel that clinical supervision via videoconferencing is appropriate for both Associates AND students, or only Associates?

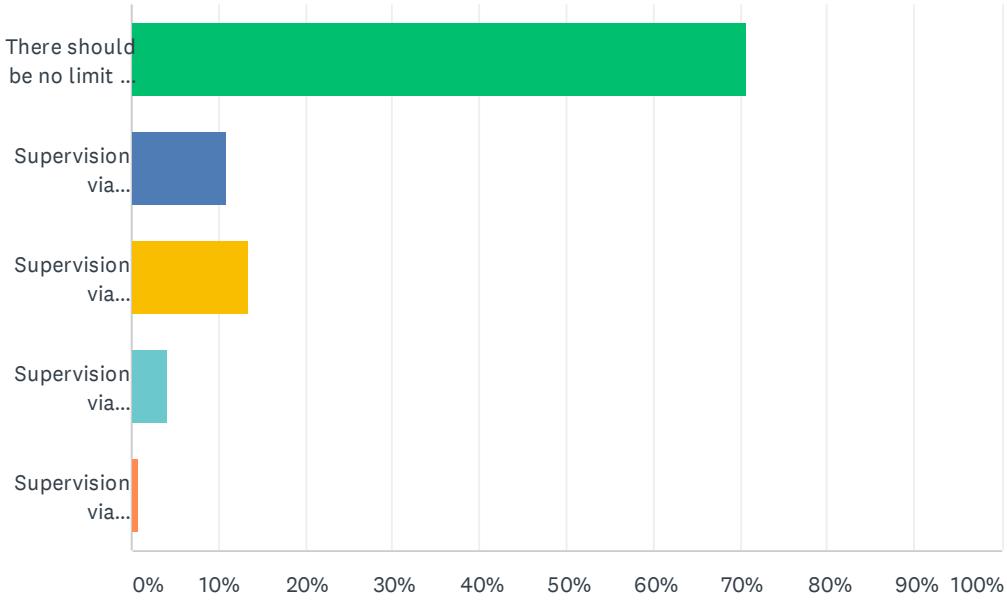
Answered: 1,489 Skipped: 449



ANSWER CHOICES	RESPONSES	
Appropriate for both Associates and Students	78.17%	1,164
Appropriate for Associates Only	21.83%	325
TOTAL		1,489

Q18 Do you believe there should be a limit on the percentage of direct supervisor contact that is allowed to to be gained via videoconferencing for supervisees who are working in an exempt setting (defined as a school, college, university, government entity, or and institution that is both non-profit and charitable)?

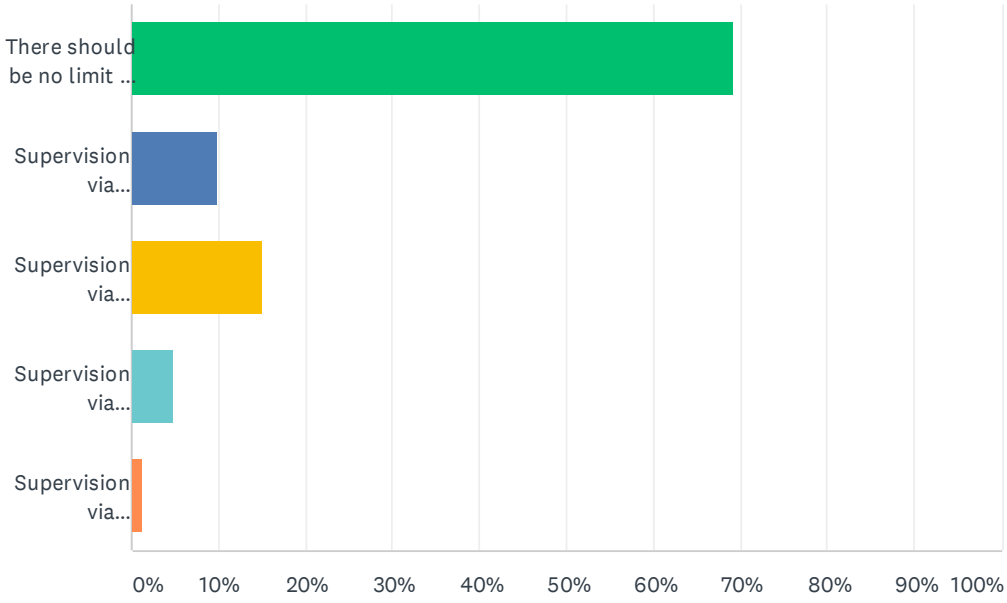
Answered: 1,489 Skipped: 449



ANSWER CHOICES	RESPONSES	
There should be no limit to the number of direct supervisor contact hours via videoconferencing	70.72%	1,053
Supervision via videoconferencing should be limited to 75% of direct supervisor contact hours	10.81%	161
Supervision via videoconferencing should be limited to 50% of direct supervisor contact hours	13.36%	199
Supervision via videoconferencing should be limited to 25% of direct supervisor contact hours	4.23%	63
Supervision via videoconferencing should not be allowed at all	0.87%	13
TOTAL		1,489

Q19 Do you believe there should be a limit on the percentage of direct supervisor contact that is allowed to to be gained via videoconferencing for supervisees working in a non-exempt setting (for example, a private practice, professional corporation, or other entity that does not meet the definition of an exempt setting)?

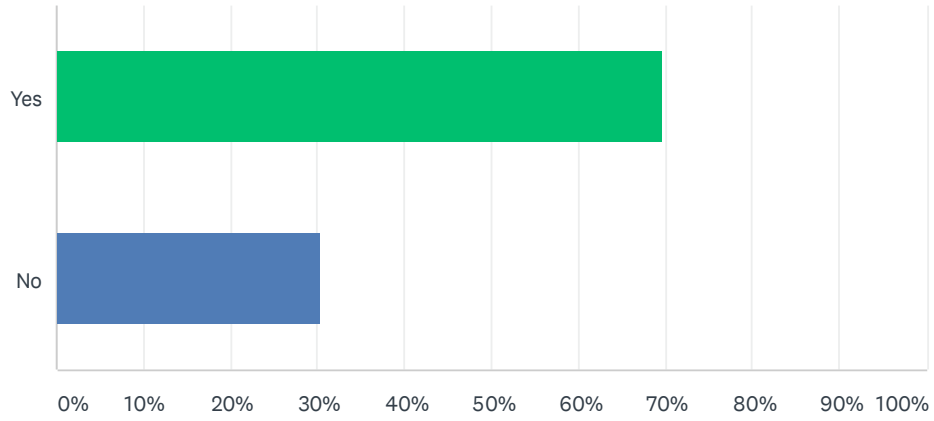
Answered: 1,489 Skipped: 449



ANSWER CHOICES	RESPONSES	
There should be no limit to the number of direct supervisor contact hours via videoconferencing	69.17%	1,030
Supervision via videoconferencing should be limited to 75% of direct supervisor contact hours	9.81%	146
Supervision via videoconferencing should be limited to 50% of direct supervisor contact hours	14.98%	223
Supervision via videoconferencing should be limited to 25% of direct supervisor contact hours	4.77%	71
Supervision via videoconferencing should not be allowed at all	1.28%	19
TOTAL		1,489

Q20 Would a Board-required training regarding clinical supervision via videoconferencing for all supervisors be helpful?

Answered: 1,489 Skipped: 449



ANSWER CHOICES	RESPONSES	
Yes	69.64%	1,037
No	30.36%	452
TOTAL		1,489

Q21 What topics should be covered in a Board-required training on clinical supervision via videoconferencing for supervisors?

Answered: 771 Skipped: 1,167

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	771
Topic 2	62.52%	482
Topic 3	38.13%	294
Topic 4	18.03%	139
Topic 5	8.43%	65
Topic 6	4.15%	32
Topic 7	2.72%	21

Q22 Do you have any additional comments?

Answered: 474 Skipped: 1,464

SAMPLING OF COMMENTS:

IN FAVOR OF ALLOWING TELEHEALTH HOURS and/or SUPERVISION VIA VIDEOCONFERENCE (majority of comments):

"I am a BIPOC therapist. Because of telehealth, I can serve clients who speak my language but resides in a different city in California. I consider this is the most beneficial for telehealth, which is to serve clients that are in remote area and they don't have many therapist in their cities. With that said, I strongly believes that 100% telehealth gained supervised hours should be counted. "

"Telehealth and working from home are the way of the future. People want to have the options to engage in therapy via telehealth, instead of fighting it, the BBS can train, monitor, and regulate it so it is effective and safe. This necessary shift has been a silver lining of covid. Giving people options for their care is huge."

"So many more associates are getting private practice experience now b/c they don't have work in their supervisor's space. It's good for business experience, but I do hope the supervisors are paying attention and giving them good training."

"I am strongly in favor of offering video conferencing as an option in all settings for supervision, without caveat. I believe this is a social justice issue, which would address barriers for a SW's and their clients throughout the state."

"It is not the methodology that is the important factor, it is the quality of supervision that matters, which is being currently address by the Board."

"I firmly believe that all forms of telehealth should be allowed for supervision including phone conferencing. If it's allowed by major insurance companies like Medicare why is it not allowed for supervision. There are not enough supervisors available in California, especially now with everything happening. Personally if I could utilize both telehealth via video and phone I would be able to take on additional supervises."

"It is imperative that the Board continue to provide this ability to provide telehealth as well as videoconferencing for supervision; steping into the modern day would be an asset to all and especially help those that don't have the privilege ability to meet in person."

"Allowing tele-supervision would be hugely beneficial for special populations. For example, I am Native American, one of only a few and there is a huge need for supervisors to assist trainees and interns working at programs that serve Native Americans. Being that many programs are rural or very remote it makes it difficult to accept opportunities. That not only impacts those of us who supervise who are members of smaller cultural groups and doesn't provide associates and trainees to learn from supervisors with the clinical knowledge and lived experience. In my view, issues regarding race and cultural are still present which negatively impact outcomes for all."

Q22 Do you have any additional comments?

Answered: 474 Skipped: 1,464

SAMPLING OF COMMENTS (continued):

"This is a disability justice access issue first and foremost. We need to open up the field and services to more people and allowing virtual services as an option allows us to serve more people and nurture more emerging therapists. It is a racial equity issue since those most impacted by the challenges of providing services in person are disproportionately BIPOC, who are already underrepresented in the field. It is also a service delivery issue. The Bay Area is pouring money into mental health services but it is still not compensating programs and clinicians enough for them to sustain a good quality of life here. We do not have enough clinicians and supervisors for all the positions that are currently open. Putting more restrictions on how the work is able to be done, makes our ability to provide services for all of the clients who are in need severely compromised. Forcing folks to go back to in person services while we are still in a Pandemic is also not trauma informed and puts us in the position of threatening our staff and trainees with putting their health and well-being at risk."

AGAINST/MIXED FEELINGS ON ALLOWING TELEHEALTH HOURS and/or SUPERVISION VIA VIDEOCONFERENCING:

"Appears to me to be damaging to client care and training needs of associates to put any limitations on teleservices that are not directly the result of excluding minority of clients who are not appropriate for teehealth."

"In a world where there's less and less human interactions and in-person connections and along with the recent research results on the effects of technology on human brain, our field needs to take a stand on what we believe as truly therapeutic and healing, instead of having our practice being dominated by insurance companies and those who can afford advanced technology."

"I know several therapists who abuse this modality: multi-tasking, conducted with non-therapist in the room or within earshot, while on vacation in hotel rooms. etc."

"I am in favor of having some type of hybrid model for clinical supervision."

"I don't want to see supervision moved to primarily videoconferencing, but I do think there is a place for it. It can be effective, efficient, and convenient. I think the way to make sure it isn't overused and abused is to limit the number of supervision hours that can be gained via videoconferencing (fewer for trainees, more for associates; fewer in private practice, more in exempt settings)."

"I have mixed feelings about telehealth and supervision via videoconferencing. I worry there are not enough protections in place to make sure clients are getting quality care. I also worry supervisees are missing out on valuable experience that can only come with in-person sessions."

Q23 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 623 Skipped: 1,315

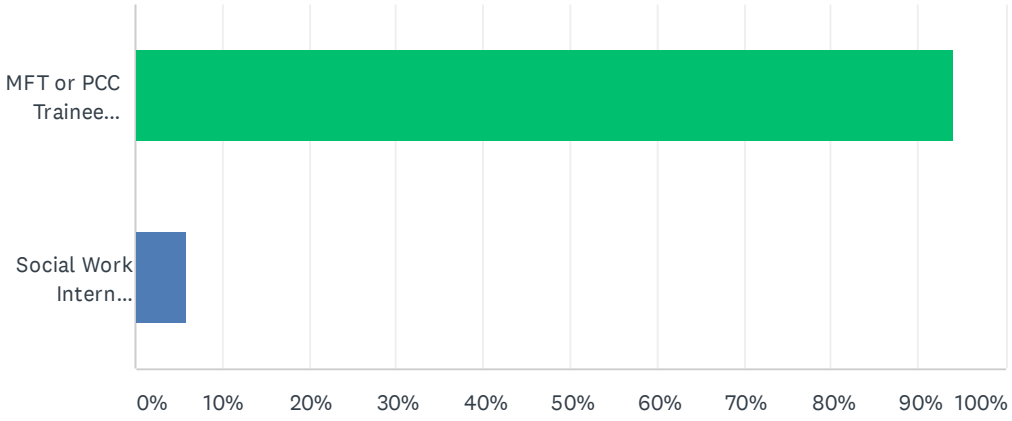
ANSWER CHOICES	RESPONSES	
Name	99.52%	620
Company	67.58%	421
Address	81.70%	509
Address 2	15.73%	98
City/Town	84.75%	528
State	85.71%	534
Zip/Postal Code	83.15%	518
Email Address	95.99%	598
Phone Number	85.55%	533

Attachment C

BBS Telehealth Survey for Students

Q1 Please indicate your current status.

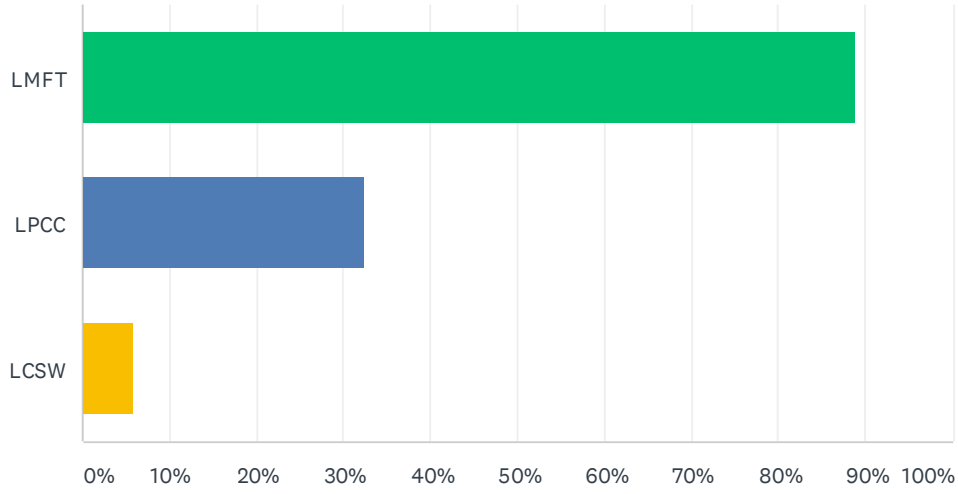
Answered: 784 Skipped: 0



ANSWER CHOICES	RESPONSES	
MFT or PCC Trainee (student)	94.13%	738
Social Work Intern (student)	5.87%	46
TOTAL		784

Q2 Please indicate the type of license(s) you plan on pursuing.

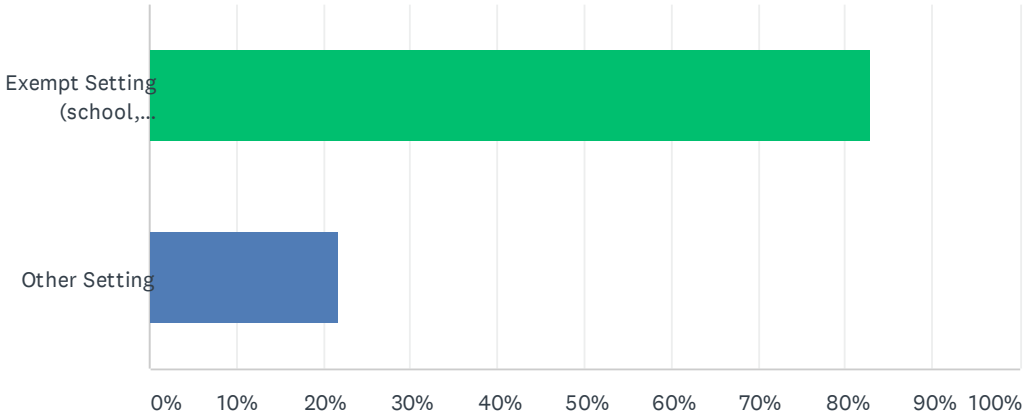
Answered: 784 Skipped: 0



ANSWER CHOICES	RESPONSES	
LMFT	88.90%	697
LPCC	32.53%	255
LCSW	5.87%	46
Total Respondents: 784		

Q3 What type of setting(s) are you working in?

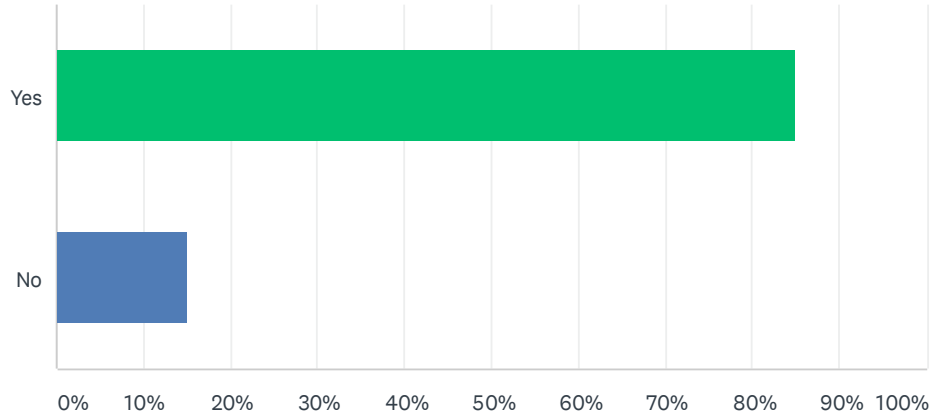
Answered: 784 Skipped: 0



ANSWER CHOICES	RESPONSES	
Exempt Setting (school, college or university, or a nonprofit and charitable entity)	82.78%	649
Other Setting	21.81%	171
Total Respondents: 784		

Q4 Do you provide mental health services to clients via telehealth?

Answered: 633 Skipped: 151



ANSWER CHOICES	RESPONSES	
Yes	84.99%	538
No	15.01%	95
TOTAL		633

Q5 If yes, what have been the advantages of providing services to clients via teleheath?

Answered: 505 Skipped: 279

SAMPLING OF COMMENTS:

"Accessibility for clients from marginalized communities. These clients may not have the regional access to affirming and knowledgable clinicians near their home, but through telehealth they have been able to access these life-changing services."

"Ease of access, continuity of care, providing therapy for clients unable to get into the office, providing therapy to quarantined individuals, clients opened up more in the relaxing environment of their home."

"It was more useful for clients with physical disabilities or individuals who were also caregiving."

"It has provided my clients better access to services and has allowed me more access to clients as well."

"Greater availability and more consistent attendance. Clients are more comfortable sharing emotionally sensitive content from the comfort of their own homes."

"More flexibility for the client in terms of when they can schedule appointments. I can see more clients. I don't have to commute 1.5 hours each way, thus lessening the damage on the environment. I have a health condition and it is less challenging to my body to be able to work via telehealth. Some students are more likely to do video sessions than to come to a physical location."

"Accessibility of services for clients; ability for me to manage school/work/practicum much more easily; increasing ability for self-care with reduced commuting."

"I have found that the clients open up quicker over telehealth than in person. Clients appreciate they do not have to drive to an in-person location, they can be relaxed in their own home. I can also quickly and easily share online resources with them."

" Fewer cancellation and tardiness. Being able to see client’s face without exposure to COVID-19."

"Greater flexibility in meeting with clients. It allowed me to seek training working with the LGBTQ demographic group, otherwise, I would not have been able to train at the center given the location is a bit far if I could only work in person. Going multiple times a week would have been difficult but telehealth has proven wonderful and helpful."

"Flexible hours, seeing faces not covered by masks, lessened health anxiety."

Q6 If yes, what have been the disadvantages of providing services to clients via teleheath?

Answered: 483 Skipped: 301

SAMPLING OF COMMENTS (excluding those that said "none"):

"Not being able to read full body language (although therapy in person with a mask would be worse)."

"I do not get to take advantage of the energy in the room between words. There is more pressure to fill the space with words and less room for silences. There is less of the "experience" of therapy. It is like operating with only two senses instead of five. Functional but less than. It has been hard for people to find privacy. They call in from parks, cars, beside roads. There is no sacred safe space."

"Some clients do not have access to video for sessions and some clients are too distracted at home and not in a confidential area to speak freely."

"Nonverbal cues are sometimes lost. There is an intangible aspect to being in front of a person."

"Some clients did not have reliable internet connection. For younger clients, it can be difficult to engage keep client's attention. Groups can be difficult to facilitate over Telehealth."

"Not being present in the same space as the client. Inability to see client's entire body. Technical issues that either impede communication or make a session not doable. Decreased ability to utilize interventions that include physical activity like play therapy with children."

"Too many distractions. Can’t feel the emotions in the room. Hard to work with couples and families, not everyone as engaged."

"a sense of disconnection, regular issues with connectivity. from my own therapy, i am also aware of how much more progress I have made since my own therapist returned to in-person work, implying to me that I am best suited to in-person work. I cannot help but anticipate that I would be similarly impacted by being in-person as the therapist (I have only ever seen clients via telehealth so far)."

"Not being able to do certain interventions via telehealth or certain interventions not being as effective as they would have been in person."

Q7 If no, please explain why you have not been providing mental health services to clients via telehealth.

Answered: 94 Skipped: 690

SAMPLING OF COMMENTS (excluding comments stating that they have not yet started their practicum/seeing clients):

"I am a student and my practicum will be in person in a hospital setting. I have been going to personal therapy over zoom and it has been wonderful, and will continue to do, much easier to find time for appointments when not having to include travel/parking time as well."

"With this new school year approaching, the administration wants services to be provided in person. Unless COVID goes back into lockdown or for some reason education services are solely online."

"When asked, I was informed it was unlikely I would be able to intern online because agencies were moving forward with in-person services."

"Clients lack accessibility to reliable internet and technology, feedback on telehealth efficacy was poor, clients prefer in person services."

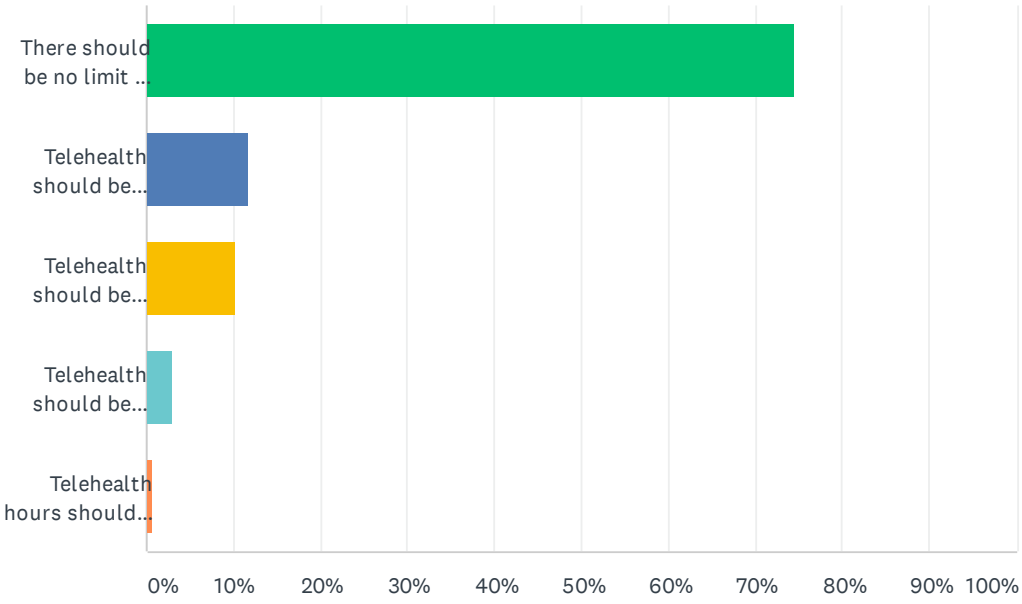
"I work at an inpatient center."

"I will be starting practicum this fall and have been told that my client hours will be in person. However I have classmates whose hours will be via telehealth and they are very concerned about completing enough hours."

"I am at a school so I see the students during school hours."

Q8 Do you believe Students (defined as MFT trainees, PCC trainees and social work interns) should have a limit on the percentage of supervised experience hours they are allowed to gain in providing mental health services to clients via telehealth?

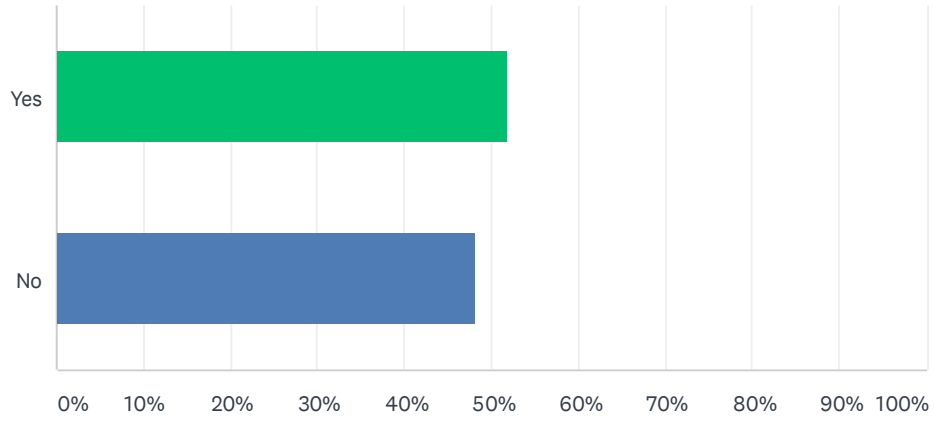
Answered: 550 Skipped: 234



ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	74.55%	410
Telehealth should be limited to 75% of hours	11.64%	64
Telehealth should be limited to 50% of hours	10.18%	56
Telehealth should be limited to 25% of hours	2.91%	16
Telehealth hours should not be allowed at all	0.73%	4
TOTAL		550

Q9 Did your school provide you with coursework or training specific to providing services to clients via telehealth?

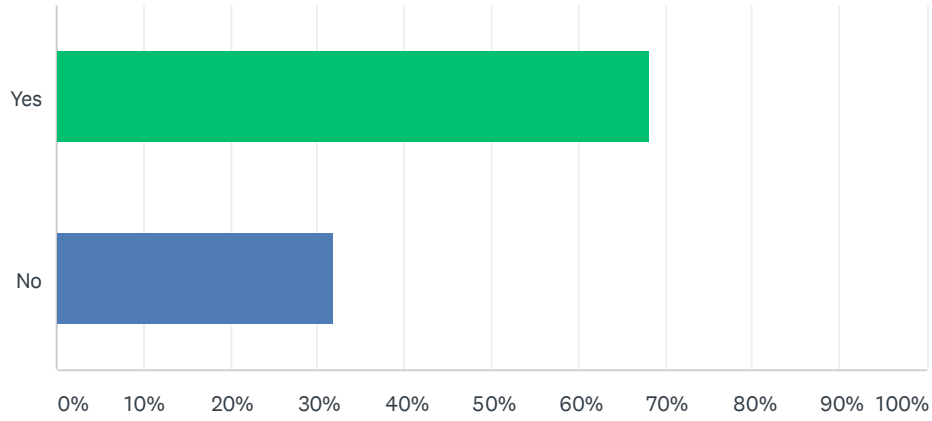
Answered: 550 Skipped: 234



ANSWER CHOICES	RESPONSES	
Yes	51.82%	285
No	48.18%	265
TOTAL		550

Q10 Do you feel that you received the coursework or training you needed from your school to be adequately prepared to provide services via telehealth?

Answered: 550 Skipped: 234



ANSWER CHOICES	RESPONSES	
Yes	68.18%	375
No	31.82%	175
TOTAL		550

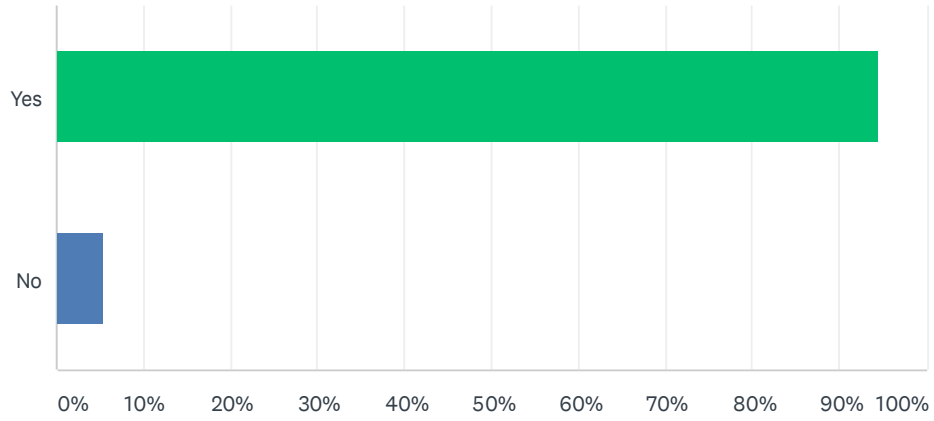
Q11 If coursework regarding providing services to clients via telehealth were required, what topics would you like to see covered to maximize your preparedness for the task?

Answered: 550 Skipped: 234

ANSWER CHOICES	RESPONSES	
Topic 1	99.82%	549
Topic 2	68.55%	377
Topic 3	44.55%	245
Topic 4	21.09%	116
Topic 5	10.91%	60
Topic 6	4.91%	27
Topic 7	4.36%	24

Q12 Does your school permit you and your supervisor to meet for clinical supervision via videoconferencing?

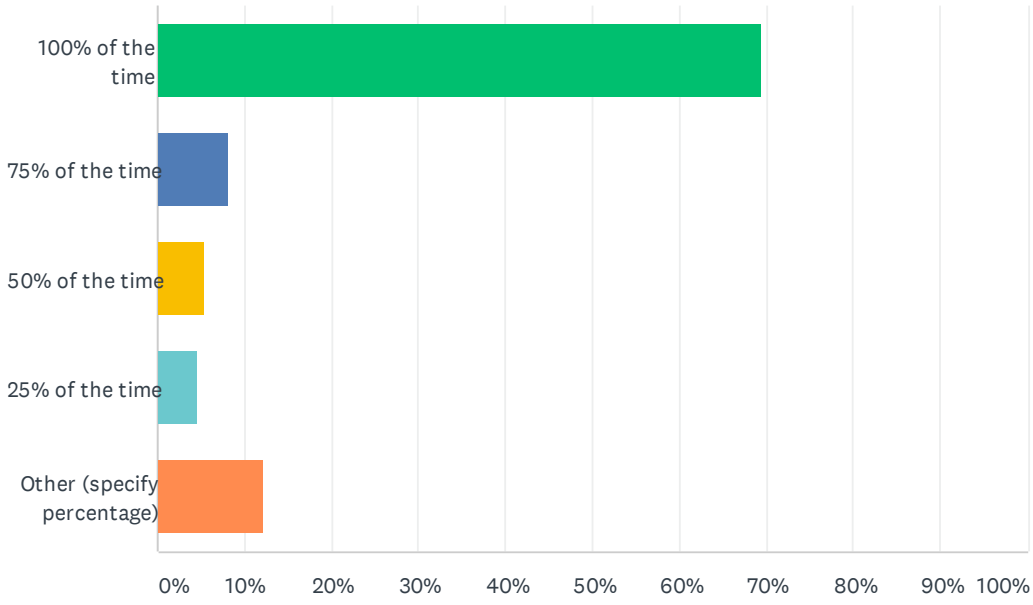
Answered: 550 Skipped: 234



ANSWER CHOICES	RESPONSES	
Yes	94.55%	520
No	5.45%	30
TOTAL		550

Q13 What percentage of the time do you meet with your supervisor for clinical supervision via videoconferencing?

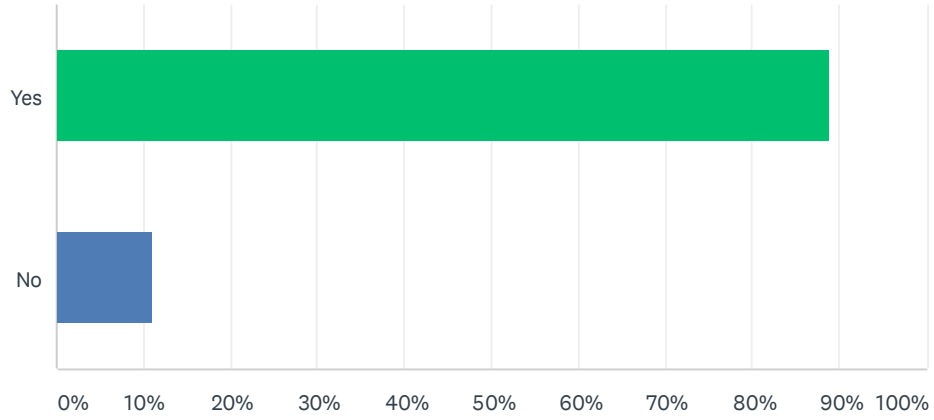
Answered: 499 Skipped: 285



ANSWER CHOICES	RESPONSES	
100% of the time	69.54%	347
75% of the time	8.22%	41
50% of the time	5.41%	27
25% of the time	4.61%	23
Other (specify percentage)	12.22%	61
TOTAL		499

Q14 Do you feel that it is as effective as in-person clinical supervision?

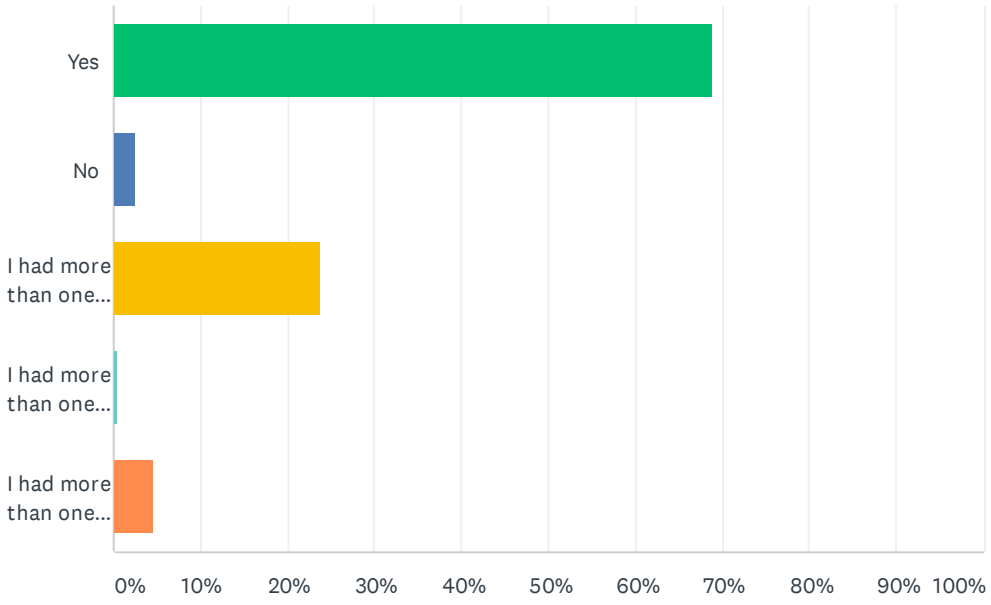
Answered: 481 Skipped: 303



ANSWER CHOICES	RESPONSES	
Yes	88.98%	428
No	11.02%	53
TOTAL		481

Q15 Do you feel that your supervisor had the competency to provide supervision via videoconferencing?

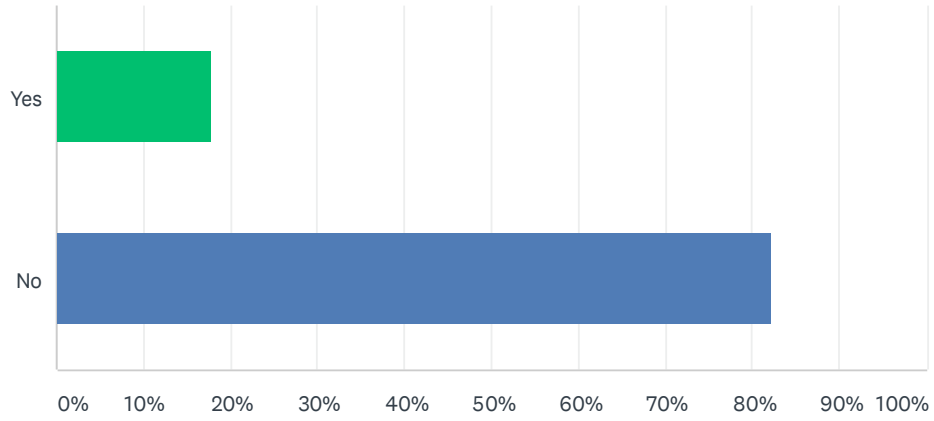
Answered: 483 Skipped: 301



ANSWER CHOICES	RESPONSES	
Yes	68.74%	332
No	2.48%	12
I had more than one supervisor and all were competent in this area	23.81%	115
I had more than one supervisor and none had adequate competency in this area	0.41%	2
I had more than one supervisor and some had adequate competency in this area and some did not	4.55%	22
TOTAL		483

Q16 Have you experienced any disadvantages or problems with clinical supervision via videoconferencing?

Answered: 483 Skipped: 301



ANSWER CHOICES	RESPONSES	
Yes	17.81%	86
No	82.19%	397
TOTAL		483

SAMPLING OF COMMENTS FOR THOSE WHO ANSWERED "YES":

"Minimal time for side conversations, making personal connections w/ supervisors & colleagues, etc."

"During triadic and group supervision I find it difficult to get my word in, add my input, or ask for additional help when I can't read body language and we sometimes end up talking over each other. It is not ideal."

"It is more difficult to have a conversation that feels organic, especially in group supervision."

"Wifi lag. Compared to the potential disadvantages and problems of traffic in our area, it pales. If we are providing therapy by telehealth, then we probably should be observed/supervised by telehealth at least sometimes. If we are working a hybrid model, maybe it makes sense to have hybrid supervision."

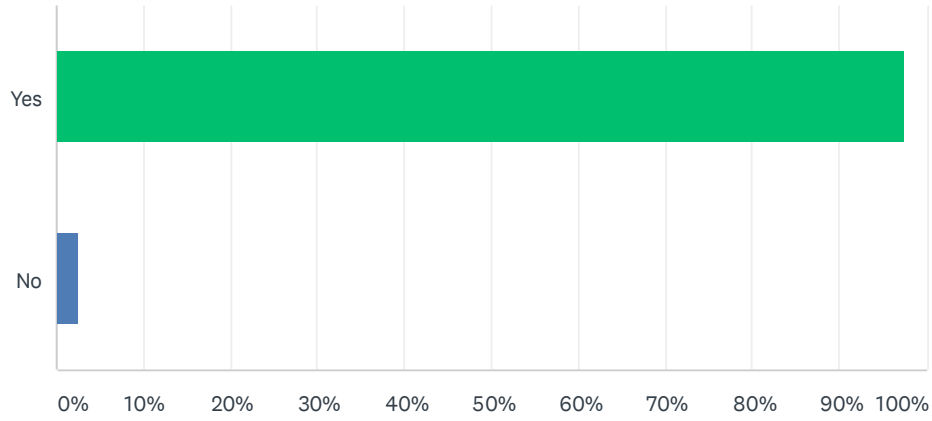
SAMPLING OF COMMENTS FOR THOSE WHO ANSWERED "NO":

"My supervisor and other staff have office hours and are readily available to help whenever there is a question. My supervisor is also response quickly to email, phone calls, texts when it's an emergency. I have always felt very well supervised and supported even when dealing with very difficult crisis situations for the first time."

"It seems like supervision functions adequately over videoconferencing. Even when technical problems have come up, we have been able to work around them."

Q17 Do you believe that allowing clinical supervision via videoconferencing provides Students with any benefits?

Answered: 522 Skipped: 262



ANSWER CHOICES	RESPONSES	
Yes	97.51%	509
No	2.49%	13
TOTAL		522

SAMPLING OF COMMENTS:

"It is cheaper to pay for online supervision than it is for in person. It’s more convenient because of times to choose from not typical 9-5 hours. I do not have to drive 3 hours to a supervisor."

"Having supervision the same way that I meet with my clients was a huge benefit. I was able to be fully there both with my clients and supervisor. I didn't have to worry about traffic on the road or running late with a client because I knew that supervision was just a click away. It provided more fluid conversation because we didn't have to pack up and leave."

"I believe that supervision videoconferencing provides many benefits. Doing video conferencing the supervisor and clinician are able to share screens with each other to obtain clarification to questions. In person this is more difficult. Also the supervisor is able to instantly share resources to the clinician that will help them with providing adequate services."

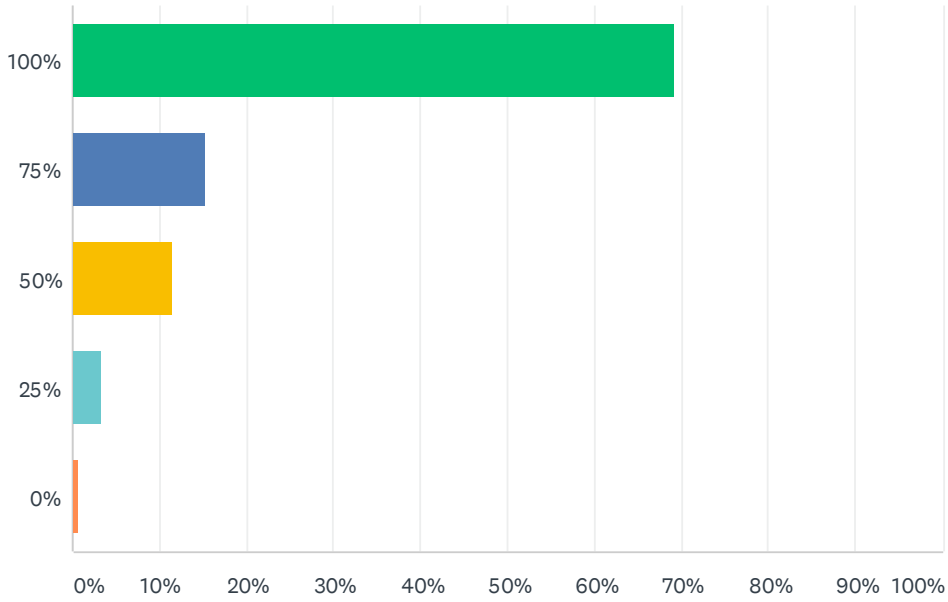
"Yes, student are already juggling so much - including mostly UNPAID traineeship hours. Videoconferencing allows for more flexibility and less commute time, which is critical."

"Convenience, continued supervision despite quarantine requirements, ability to see full facial expression without masks on videoconference vs mask-wearing for in-person supervision."

"in person is better, video is just more convenient."

Q18 If a certain percentage of clinical supervision were to be allowed via videoconferencing in ALL settings (it is currently only allowed in "exempt" settings), what percentage do you think would be most beneficial and why?

Answered: 522 Skipped: 262



ANSWER CHOICES	RESPONSES	
100%	69.35%	362
75%	15.33%	80
50%	11.49%	60
25%	3.26%	17
0%	0.57%	3
TOTAL		522

Q18 If a certain percentage of clinical supervision were to be allowed via videoconferencing in ALL settings (it is currently only allowed in "exempt" settings), what percentage do you think would be most beneficial and why?

Answered: 522 Skipped: 262

SAMPLING OF COMMENTS:

"I think it should be up to the supervisor and trainee. If they want to meet in person, or the supervisor or student prefers it, then that makes sense to do. I don't see any reason why this shouldn't be worked out between the supervisor and trainee."

"100% should be allowed, but students and supervisors should have the choice to determine what works best for their schedules and specific concerns."

"Most the time video conferencing can be done but i do feel an in person session periodically is important."

"So long as the supervisor is competent to provide online supervision and the modality is suited to telehealth, there should be no restriction. Sites should be able to set their own policies, and students/schools can hold them accountable."

"I believe a limit should not be placed as each situation and setting have differing needs and requirements. My county agency services clients in far reaching areas, not really suitable for in person contacts each week."

"Allows supervisors from across the state to provide supervision to trainees/associates."

"Both have different advantages. Telehealth flexibility is vital to those who are students, working to pay rent, and getting trainee hours. In person is vital to the connection and support between supervisor and other trainees."

"I don't think supervision should exclusively be offered virtually, or in person. If certain trainings are more conducive to in person practice/ training, then those should be offered in person. General supervision about cases however can be done entirely remotely."

"In person is so beneficial because your supervisor can pick up on more of what you are learning and not learning when you are in the room together."

"It is hard to say the ideal as I have only received clinical supervision via videoconferencing. I think it is hard to say what would be most beneficial without experiencing both. I guess I would encourage flexibility over a hard percentage. Who knows what situations people will face? Why lock yourself into a rigid rule? For someone in a rural area or a huge metropolis videoconferencing might allow access to someone great! I think the focus should be on the quality of supervision, not the mode in which it is delivered."

Q19 Do you have any additional comments?

Answered: 155 Skipped: 629

SAMPLING OF COMMENTS:

"This is the way the field is going (telehealth). Any therapist of the future must be adept at both telehealth and live therapy. This hybrid and ease and flexibility to adapt to clients' needs should be the priority."

"Let us keep telehealth 100% of the time, and supervision through video 100% of the time. As our field adapts so must our training and experiences this is the new way. It can also be easier to reach out to less privileged people and people who may not go to a "therapy" office. Thanks for reading."

"My training via telehealth was the most comforting experience when dealing with my anxiety as a new therapist. I have been able to have supervisors directly sit in my sessions and offer real time feedback in private chats as I counseled families."

"It is INCREDIBLY hard as a new trainee to figure out how to work with children via telehealth. I went in person for a month and 1 in person session was like 5 telehealth sessions as far as productivity and having a useful session."

"I think teletherapy should definitely continue to count towards our hours! Now that we realize it can work for most clients, many of them may not want to go back to in-person."

"People with disabilities have been asking for options like videoconferencing for decades. Plus, it is an option that makes everyone's lives a little easier."

"I worked in the mental health service field doing home visits (in neighborhoods with the greatest needs and barriers to those services) and office visits and now telehealth. I also see my own psychiatrist and therapist on line and I can honestly say that I think the most important aspect to providing mental health services is access. Telehealth has made access undeniably easier and safer for both clients and practitioners. It has also opened up opportunities for people to access mental health specialist like someone who works with autistic children with a theory that is relationship-based verses behavioristic. It can also create the same opportunity for those of us who want to train with specialty mental health sites because that is the population we want to work with. Telehealth isn't going away, I think the BBS needs to embrace it and use the opportunities it provides to create better mental health providers."

"I am autistic. I am aware that my perspective on these matters is unique, and I invite the Board to reach out to me with questions. Our profession desperately needs more neurodiverse clinicians, and removing telehealth restrictions would be a powerful move of solidarity for those of us who are neurodiverse and struggling to enter this profession."

Q20 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 221 Skipped: 563

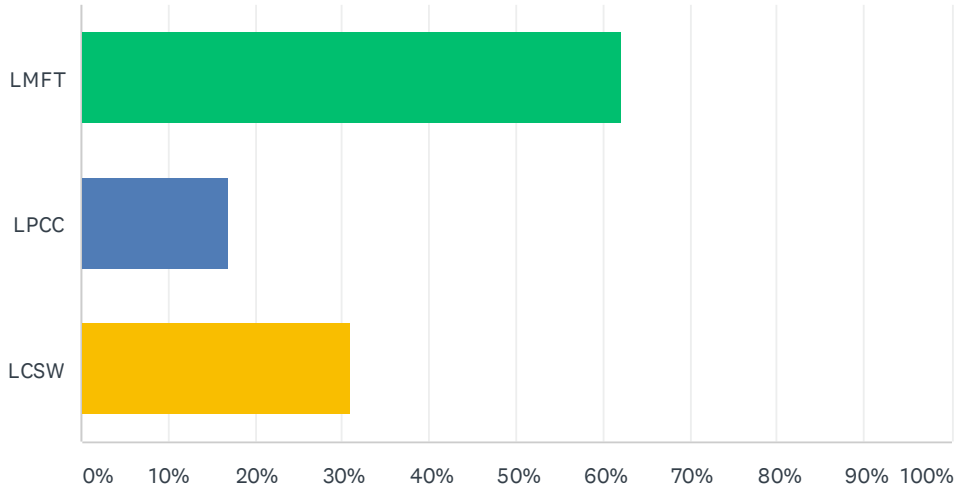
ANSWER CHOICES	RESPONSES	
Name	98.64%	218
Address	83.71%	185
Address 2	16.29%	36
City/Town	87.33%	193
State	88.24%	195
Zip/Postal Code	85.97%	190
Email Address	99.10%	219
Phone Number	81.90%	181

Attachment C

BBS Telehealth Survey for Associates

Q1 Please indicate the type of license(s) you plan on pursuing.

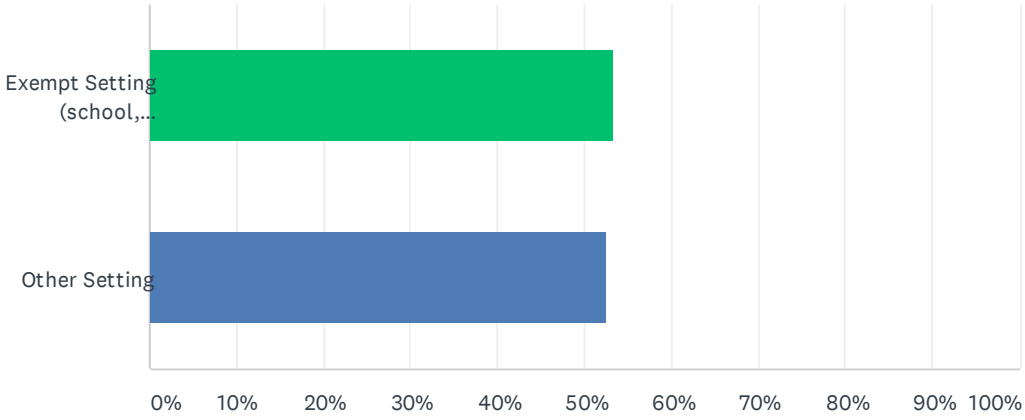
Answered: 2,523 Skipped: 0



ANSWER CHOICES	RESPONSES	
LMFT	62.07%	1,566
LPCC	17.04%	430
LCSW	31.03%	783
Total Respondents: 2,523		

Q2 What type of setting(s) are you working in?

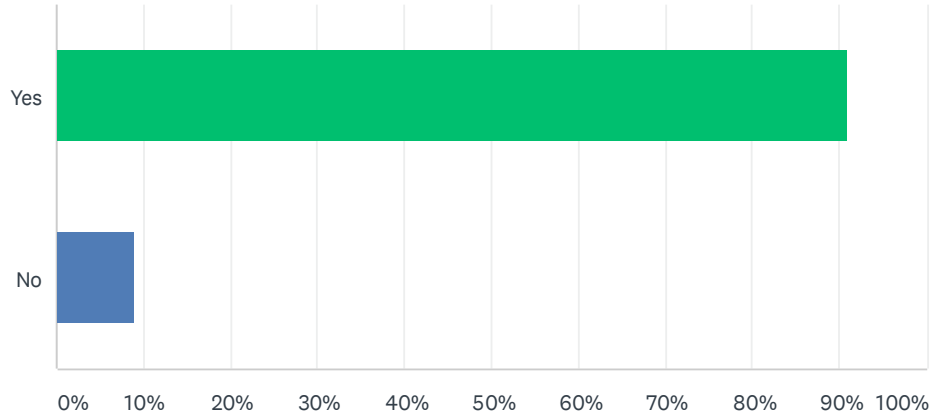
Answered: 2,523 Skipped: 0



ANSWER CHOICES	RESPONSES	
Exempt Setting (school, college or university, or a nonprofit and charitable entity)	53.31%	1,345
Other Setting	52.48%	1,324
Total Respondents: 2,523		

Q3 Do you provide mental health services to clients via telehealth?

Answered: 2,149 Skipped: 374



ANSWER CHOICES	RESPONSES	
Yes	91.02%	1,956
No	8.98%	193
TOTAL		2,149

Q4 If yes, what have been the advantages of providing services to clients via teleheath?

Answered: 1,867 Skipped: 656

SAMPLING OF COMMENTS:

"I get to see clients from all over the state of CA who are in desperate need of HAES and Intuitive Eating-informed care for severe eating disorders. I can see clients who have extremely busy schedules and can't take time off of work or school to drive to and from a therapy appointment. Clients feel comfortable in their environments. Also, some of my clients are in bodies that are differently abled, or have 10/10 anxiety about going outside due to body image disturbance and these clients hugely benefit from telehealth and have been able to make progress regarding reducing anxiety and eventually re-entering their lives."

"Greater access for low-income and/or traumatized clients, who often struggle with logistics of getting to/from appointments. Also greater access for chronically ill and disabled clients to receive therapy services. Higher engagement in treatment overall when telehealth is available."

"Attendance is significantly more reliable. Clients very rarely cancel or no-show. Clients seem comfortable in their space and are able to share more of their circumstance with counselor."

"There are so many! The top advantages include working with clients who are unable to come in-person because of safety concerns or commuting issues, an increase in flexibility for my schedule, and a decrease in associated costs with operating in an office space."

"Clients in other parts of state where specialist is not located. Transportation issues where clients are unable to drive. Able to see clients with agoraphobia not ready to leave house. Able to do at home exposures with clients. Encourages clients to meet virtually if they are not feeling well."

"Ease and availability of treatment to those that need or desire alternative options; elderly, busy working professionals, younger clients that expect a telehealth option, etc."

"Ease and availability of treatment to those that need or desire alternative options; elderly, busy working professionals, younger clients that expect a telehealth option, etc."

"Accessibility to clients, safety with regards to COVID & limiting exposure/risk, consistent clients, support during a time that our society needs it most, flexibility for clients, strengthening our versatility in the way we deliver mental health services, more affordable and reached more people."

"Accessibility to clients, safety with regards to COVID & limiting exposure/risk, consistent clients, support during a time that our society needs it most, flexibility for clients, strengthening our versatility in the way we deliver mental health services, more affordable and reached more people."

Q5 If yes, what have been the disadvantages of providing services to clients via teleheath?

Answered: 1,801 Skipped: 722

SAMPLING OF COMMENTS :

"Challenging is not being in the physical office setting to speak to colleagues."

"Not sure where the client is if they change location, but confirming each time is helpful. Clients sitting in a car. Lack of privacy. Some people like to go somewhere. Less boundaries."

"The primary disadvantages have been not being able to see a client's entire body, as that can make it more difficult to understand the client's state, particularly for clients who are prone to dissociation or have difficulty connecting with their bodies. However, I have found this to slow the therapeutic work, not prevent it. The other primary challenge is when their are internet issues or when a child is not given appropriate privacy."

"Not being able to as easily collaborate with colleagues when a client is in crisis, nor being able to regulate client's nervous systems while begin in the room with them. Also, engagement is slightly more challenging with teens."

"Sometimes building the relationship is harder."

"As a clinician, it is sometimes difficult to discern a person’s full energy and mood on screen, and some interventions are best suited to in-person work."

"It’s difficult to do some aspects of play therapy or work with younger kids. Confidentiality limitations, screen fatigue, difficult to run some groups."

"Too many distractions for both client and therapist."

"Decreases activity options, more difficult to read body language, issues with technology, clients sometimes do not want to turn on their camera, more distractions, and a little more difficult to feel human connection."

"Sometimes the clients don't have enough privacy or there are technical challenges with telehealth. Zoom fatigue for the therapist and/or the client. Some clients are students and also have doing telehealth in school or maybe for their jobs too. Not as personable as face to face and can be more challenging to build rapport with some. Some client's don't trust telehealth services and/or are camera shy. If clients turn their video off or prefer a phone call due to these concerns aor technical challenges then I am unable to see body language and am limited to tone of voice, which can be misinterpretted. With some therapy telehealth is not appropriate."

Q6 If no, please explain why you have not been providing mental health services to clients via telehealth.

Answered: 340 Skipped: 2,183

SAMPLING OF COMMENTS:

"I am not providing mental health services at this time."

"I work at a housing agency where most of the clients to not have access to transportation so it is important to do home visits."

"My work agency does not offer telehealth to their clients and the work setting which I'm in is primarily direct contact care."

"Intensive outpatient program for substance use population."

"Work in a hospital."

"We are open for seeing clients in person and that is what they prefer."

"I have some kids returning to in person but now the issue is their face is covered by the mask. It is really dependent on the clients ability to be treated successfully via Telehealth. Some teens and adults do very well some younger kids are better served in person."

"I have been limiting as much as possible. I don’t believe it is true to the therapeutic process."

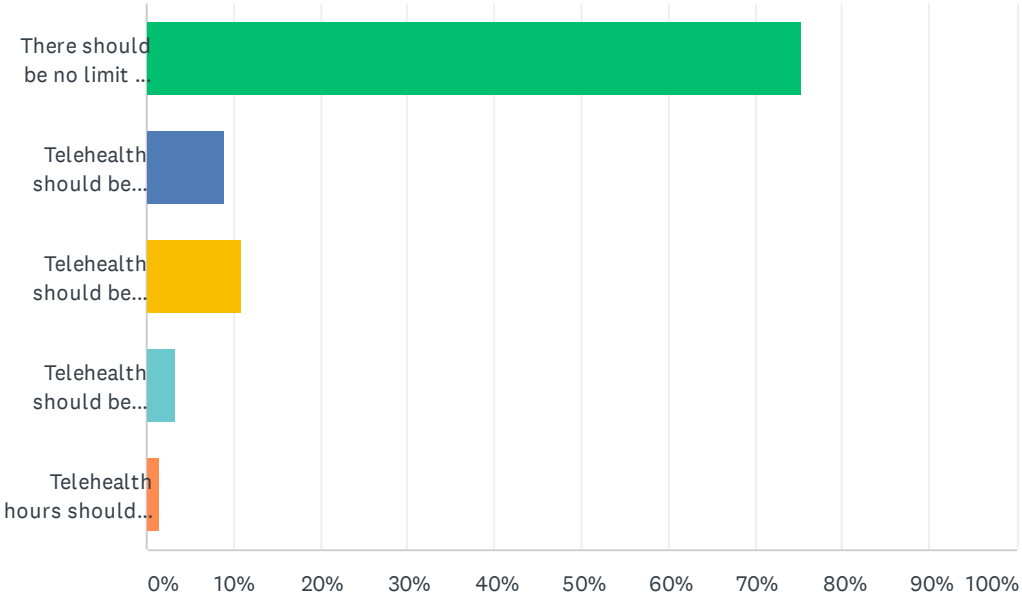
"I work in a dialysis clinic and we have been open since the pandemic began."

"I have concerns about confidentiality, also security and safety for client(s) I am also not certain I have the proper equipment to move forward with telehealth."

"I work with unhoused folks in skid Row. Telehealth is not an option."

Q7 Do you believe Associates should have a limit on the percentage of supervised experience hours they are allowed to gain in providing mental health services to clients via telehealth?

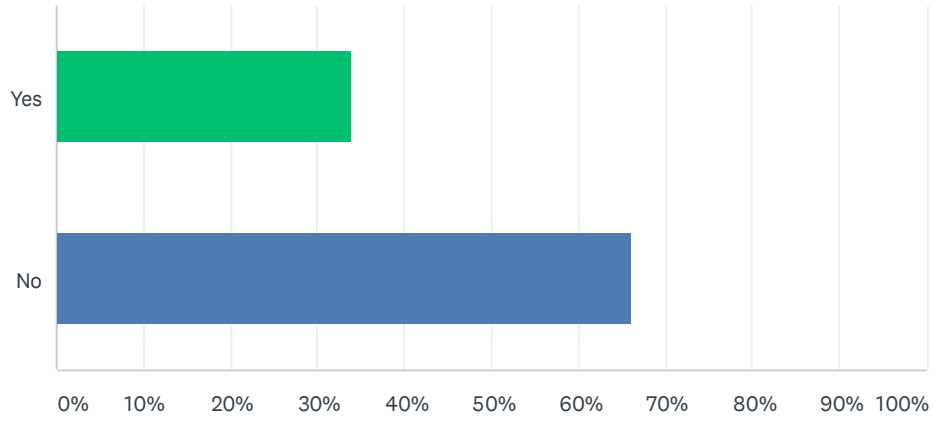
Answered: 1,887 Skipped: 636



ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	75.41%	1,423
Telehealth should be limited to 75% of hours	8.90%	168
Telehealth should be limited to 50% of hours	10.97%	207
Telehealth should be limited to 25% of hours	3.34%	63
Telehealth hours should not be allowed at all	1.38%	26
TOTAL		1,887

Q8 Did your school provide you with coursework or training specific to providing services to clients via telehealth?

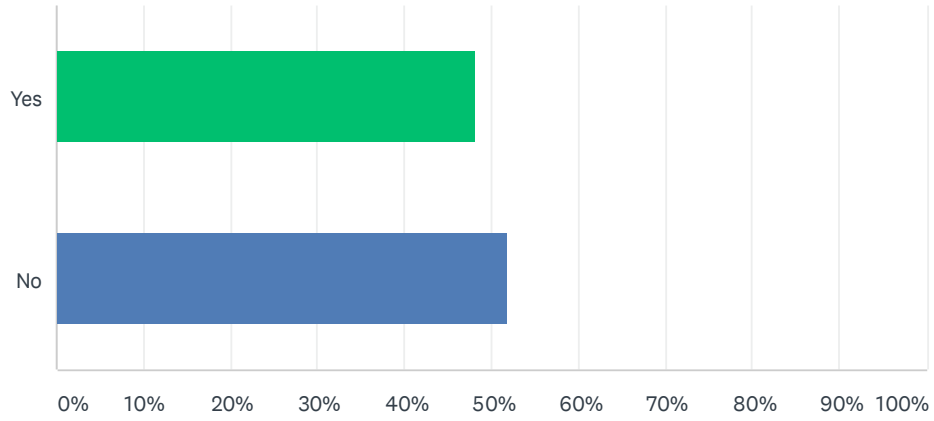
Answered: 1,887 Skipped: 636



ANSWER CHOICES	RESPONSES	
Yes	33.86%	639
No	66.14%	1,248
TOTAL		1,887

Q9 Do you feel that you received the coursework or training you needed from your school to be adequately prepared to provide services via telehealth?

Answered: 1,887 Skipped: 636



ANSWER CHOICES	RESPONSES	
Yes	48.07%	907
No	51.93%	980
TOTAL		1,887

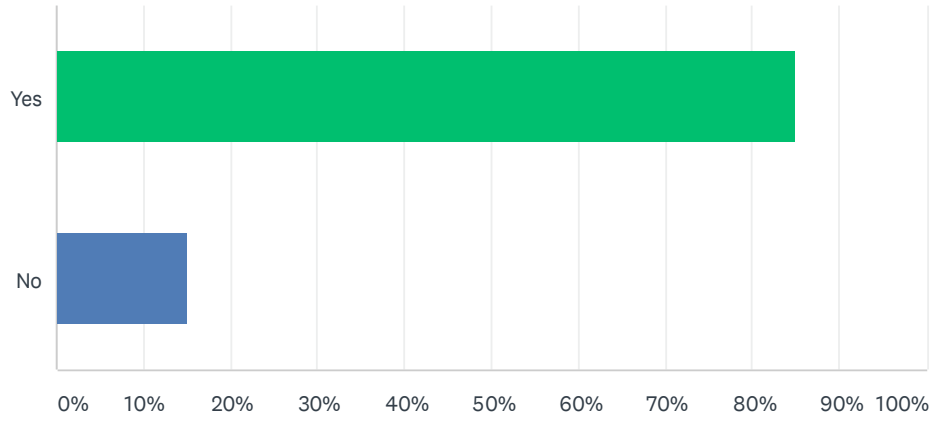
Q10 If coursework regarding providing services to clients via telehealth were required, what topics would you like to see covered to maximize your preparedness for the task?

Answered: 1,887 Skipped: 636

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	1,887
Topic 2	69.16%	1,305
Topic 3	44.41%	838
Topic 4	21.52%	406
Topic 5	9.70%	183
Topic 6	4.77%	90
Topic 7	2.81%	53

Q11 As an ASSOCIATE, do you and your supervisor meet for clinical supervision via videoconferencing?

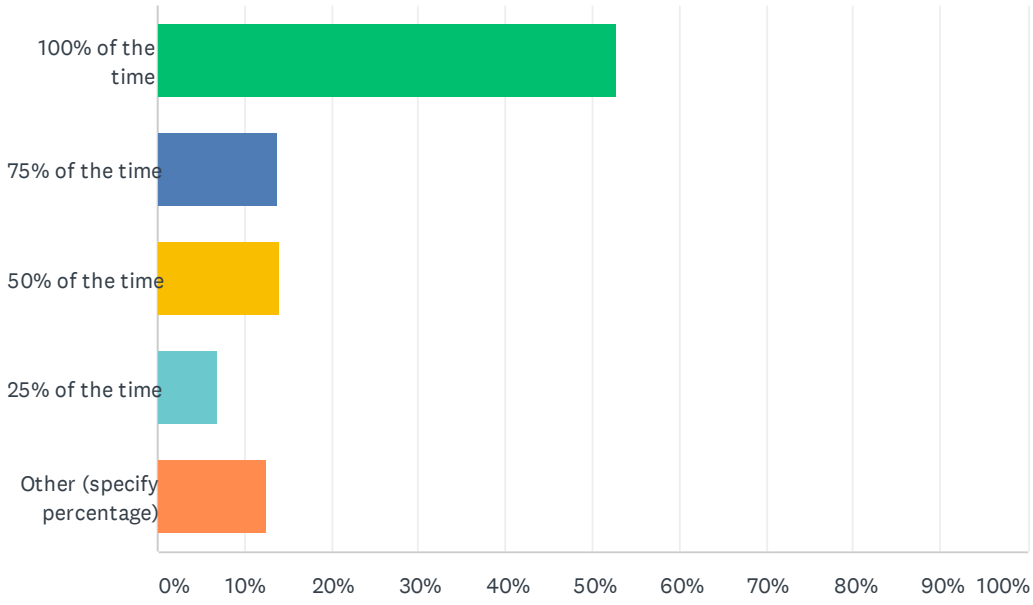
Answered: 1,818 Skipped: 705



ANSWER CHOICES	RESPONSES	
Yes	84.93%	1,544
No	15.07%	274
TOTAL		1,818

Q12 What percentage of the time did you meet with your supervisor for clinical supervision via videoconferencing as an Associate?

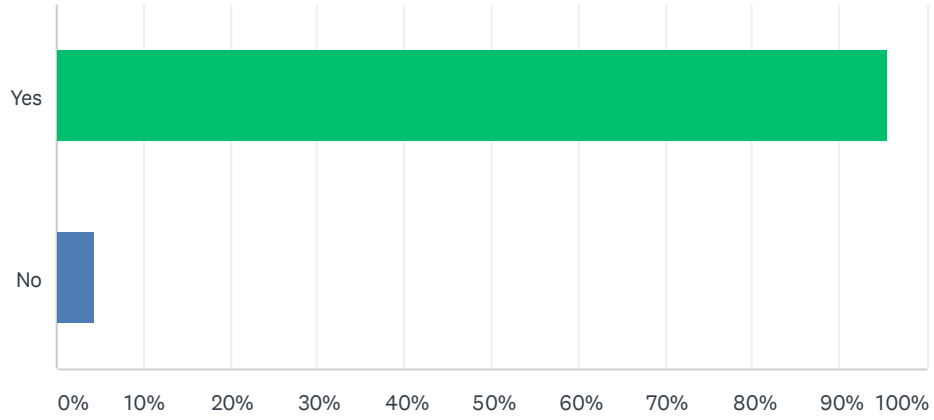
Answered: 1,514 Skipped: 1,009



ANSWER CHOICES	RESPONSES	
100% of the time	52.77%	799
75% of the time	13.80%	209
50% of the time	13.94%	211
25% of the time	6.94%	105
Other (specify percentage)	12.55%	190
TOTAL		1,514

Q13 Do you feel that it was as effective as in-person clinical supervision?

Answered: 1,506 Skipped: 1,017



ANSWER CHOICES	RESPONSES	
Yes	95.68%	1,441
No	4.32%	65
TOTAL		1,506

SAMPLING OF COMMENTS:

"I get all the answers I need and find it easy to speak and be heard in clinical supervisor."

"If anything, it's better because my Supervisor is in an entirely different city. We're able to meet regularly and easily, and can share resources with zero problems."

"We review clients as we would in person, she checks in w/ me and will take same time and care when needing support or processing difficult cases. At times, I feel it's better because she has provided tools and resources for me and clients that are online - she wouldn't do that when we are face to face."

"I believe the quality of supervision is not the same as in-person. Not to say that my questions were not answered, but the need to connect and the need to feel supported was diminished by videoconferencing. The same applies to group supervision or triadic."

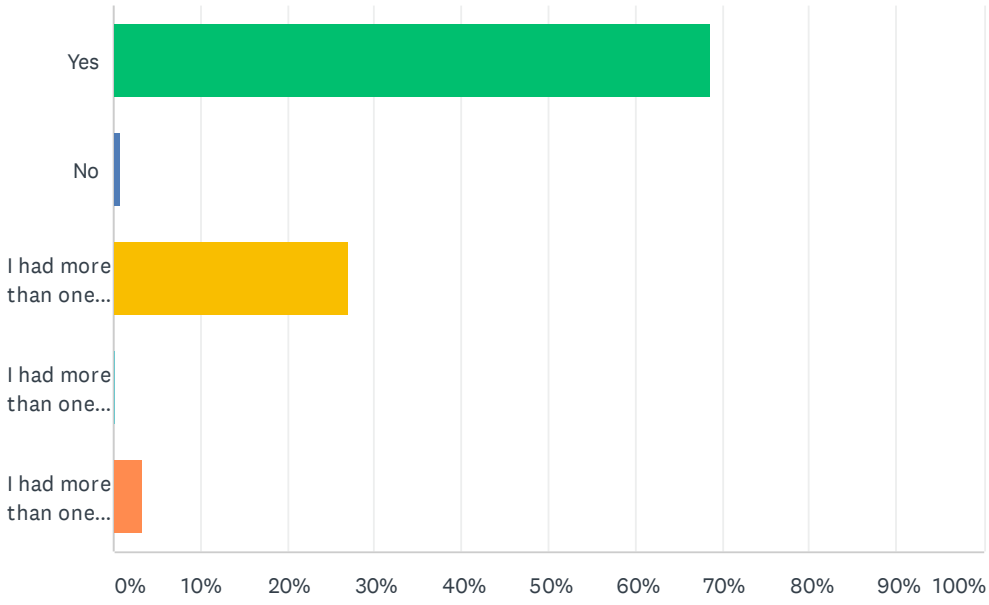
"I feel there were even fewer challenges with meeting via video conference for supervision than there were for providing therapy via telehealth. "

"As effective or more effective for 1 on 1 supervision. Less effective for group supervision of more than 2 supervisees."

"Ability to use materials in own location versus having to haul to meeting location. It felt no different than in person other than physically being able to touch them. Still able to see non-verbal cues, use of tech for research, ability to review documents."

Q14 Do you feel that your supervisor had the competency to provide supervision via videoconferencing?

Answered: 1,517 Skipped: 1,006



ANSWER CHOICES	RESPONSES	
Yes	68.69%	1,042
No	0.86%	13
I had more than one supervisor and all were competent in this area	26.90%	408
I had more than one supervisor and none had adequate competency in this area	0.13%	2
I had more than one supervisor and some had adequate competency in this area and some did not	3.43%	52
TOTAL		1,517

SAMPLING OF COMMENTS:

"All of my supervisors have put in extra effort to be knowledgeable in this area."

"They have all been able to engage with the technology and even though some weren't a good fit, I don't think the problem was due to it being over video."

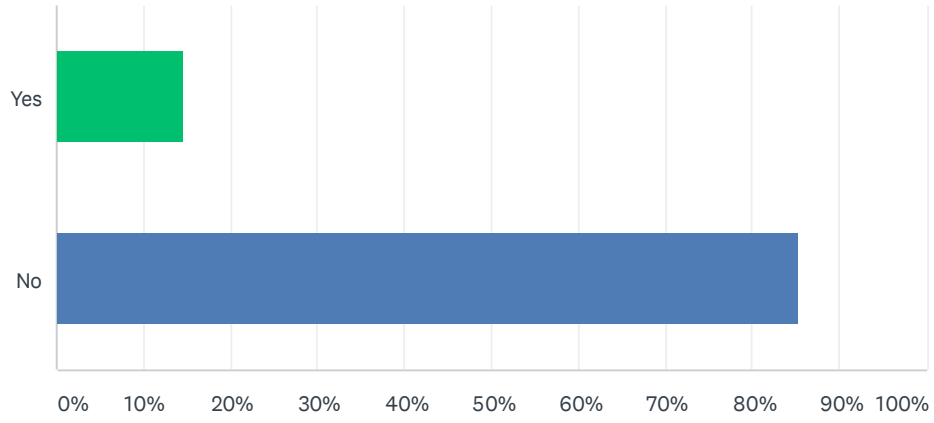
"Supervision via video was far more effective than supervision in person. It was easier to share resources, stay focused, and even consult with therapists elsewhere."

"I had some very great supervisors, but I also had another supervisor who was constantly getting interrupted by children in home, and did not provide supervision from an adequate working space."

"I found that I did have one supervisor who was not competent on the computer. But to be quite honest, I think that would have been the same in person. This supervisor didn’t manage her own stress, workload, or countertransference at all."

Q15 Have you experienced any disadvantages or problems with clinical supervision via videoconferencing?

Answered: 1,506 Skipped: 1,017



ANSWER CHOICES	RESPONSES	
Yes	14.67%	221
No	85.33%	1,285
TOTAL		1,506

SAMPLING OF COMMENTS:

"My supervisor struggles in group supervision making sure each supervisee participates, e.g., providing feedback to colleagues who showed video."

"With triadic and group supervision it can sometimes be more challenging to engage a flow of ideas in light of internet bandwidth and audio/microphone limitations."

"I had 2 crises to deal with, and it was challenging as an intern not being able to talk and problem solve in person."

"I feel less connected over telehealth and less willing to contribute to the group."

"The only thing I can say to this is if your supervisor is not up to par in person, it will not be better via videoconferencing. That was my experience at my practicum site when covid started in 2020."

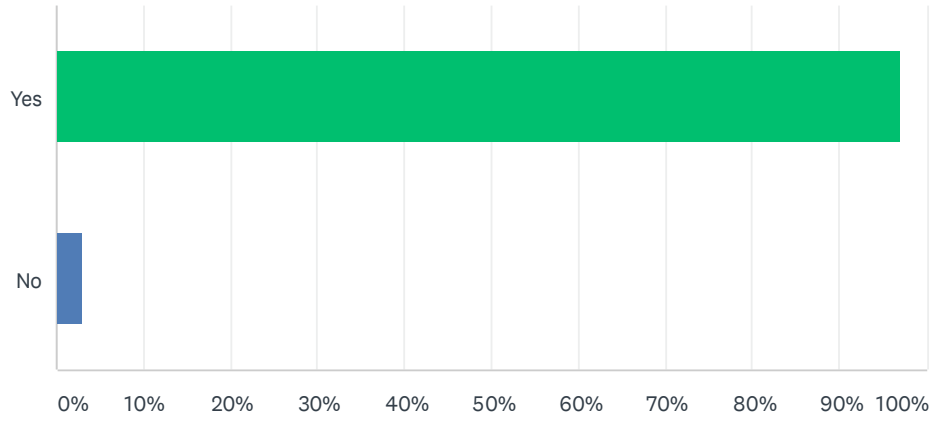
"Supervisors were not as present via videoconferencing. While they may be more attuned or concentrated in person."

"It took longer for us to establish the culture of our supervision group online than in person. But once this was established, it felt quite seamless."

"Zoom fatigue. it was more difficult to engage during supervision due to distractions or inability to see material during case presentations."

Q16 Do you believe that allowing clinical supervision via videoconferencing provides Associates with any benefits?

Answered: 1,759 Skipped: 764



ANSWER CHOICES	RESPONSES	
Yes	97.04%	1,707
No	2.96%	52
TOTAL		1,759

SAMPLING OF COMMENTS:

"Associates are already woefully underpaid and exploited in terms of hours. Expecting an associate to drive, pay extra for supervision, parking, and spend extra hours is insulting and needless."

""virtual meetings are here to stay for many individuals. Therefore, videoconferencing with supervisors can act as trainings and learning for Associates. "

"Ease of meeting, esp for associates with physical or mental health disabilities."

"It is easier, allows us to share electronic material easier through shared drive, PDF, chat, etc."

"Convenience.. access to a supervisor you may otherwise not, e.g. an LCSW vs another mental health professional."

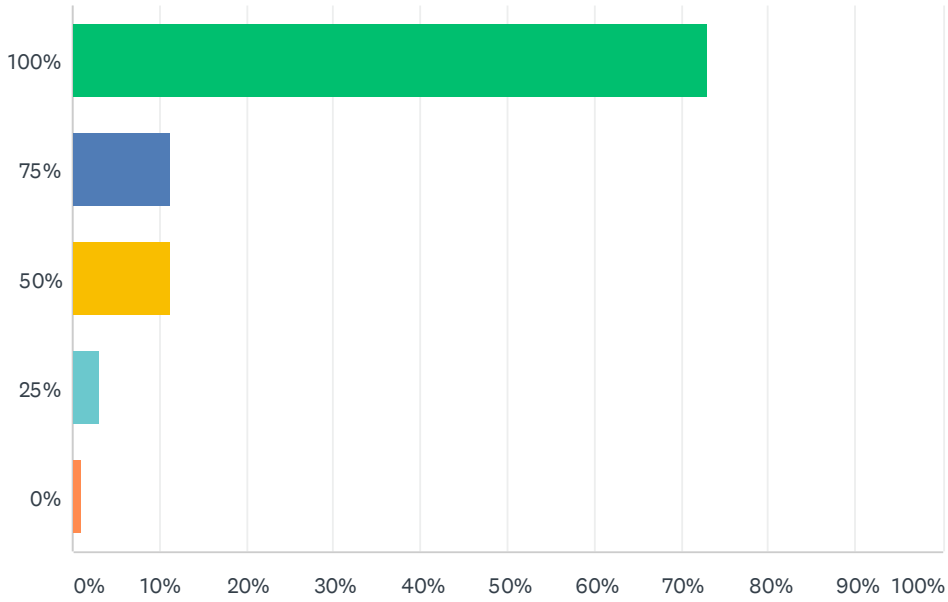
"I am able to have a fantastic supervisor who lives far from my clinic - but volunteered during the pandemic to help in any way she could. I will lose her if we have to go back to in person. Online allows us freedom to be supervised by therapists with specialties we are interested in rather than just having to use someone based on geography."

"Saves time to focus on clients and not extra time finding parking and driving."

"We can access supervisors who give us incredible support and respect. I've seen terrible supervisors, ones I would've been stuck with if I hadn't had the opportunity to move to video conferencing."

Q17 If a certain percentage of clinical supervision were to be allowed via videoconferencing in ALL settings (it is currently only allowed in "exempt" settings), what percentage do you think would be most beneficial and why?

Answered: 1,759 Skipped: 764



ANSWER CHOICES	RESPONSES	
100%	73.11%	1,286
75%	11.31%	199
50%	11.26%	198
25%	3.24%	57
0%	1.08%	19
TOTAL		1,759

Q18 Do you have any additional comments?

Answered: 550 Skipped: 1,973

SAMPLING OF COMMENTS:

"Removing videoconferencing clinical superivsion will result in associated needing to leave jobs they have secured during COVID."

"Many clients like and prefer telehealth services over in-person services. By allowing more components of our work to occur through videoconferencing, you are providing more opportunities for people to practice their telehealth skills and continue to develop competence in this area."

"Telehealth has been just as effective in my work with clients as well as my supervison experiences. Many if not most of my clients are requesting to stay telehealth regardless of the pandemic status as many barriers such as travel, parking and gas have been removed and they enjoy the comfortability of therapy in their own home; I also have many clients in other counties in CA so telehealth is increasing accessibility to clients all over California."

"As a therapist that navigates my own disability, it was super disheartening to think that with private practice remote supervision no longer being permitted that I might have to choose a more high risk way of receiving supervision because only some settings are exempt."

"Frankly put, ending or further restricting the televideo option for clients and associates would upend and destabilize my entire caseload, and I wouldn't be the only one."

"In the process of becoming licensed I've observed that underserved communities are underserved in a large part due to professionals who would otherwise choose to serve their own communities being unable geographically to meet the BBS requirements for supervision. Many are forced to choose between driving distances that are prohibitive or relocating to more densely populated areas. If online supervision became available I believe there will be a more equitable distribution of mental health services to residents across California and associates would have increased access to highly skilled supervisors."

"Please increase accessibility of services by allowing 100% telehealth therapy services AND supervision in all settings and let schools, trainees, associates, licensed clinicians, and licensed clinical supervisors decide for themselves how they wish to practice."

"I have been able to train in a county that I may not have ever gotten the opportunity to train in. I was exposed to a more diverse population, and I was able to learn more resources for future patients. I also appreciate that I save 15 hours a week that can be spent on self care rather than driving, which reduces my probability for burnout."

"Please allow video conferencing in private practice settings. This will ensure the availability of BIPOC therapists in hard to reach areas, and decrease barriers for associates who are already managing several responsibilities and expectations."

Q19 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 630 Skipped: 1,893

ANSWER CHOICES	RESPONSES	
Name	99.05%	624
Address	80.48%	507
Address 2	13.02%	82
City/Town	84.44%	532
State	85.24%	537
Zip/Postal Code	83.65%	527
Email Address	93.65%	590
Phone Number	86.19%	543

ATTACHMENT C 1B

ONLINE-ONLY THERAPY PLATFORMS STUDY 2023

Board of Behavioral Sciences

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Memo

To: Committee Members **Date:** November 3, 2023

From: Rosanne Helms
Legislative Manager

Subject: **Discussion of Online-Only Therapy Platforms**

Overview

The increasing use of online-only therapy platforms and alternative methods of therapy such as texting raise the question of whether these methods pose any new public protection concerns that the Board needs to address.

The Telehealth Committee (Committee) prepared and administered a survey for licensees and registrants who have had experience working for an online-only therapy platform, in order to gain more information about their experiences and identify potential areas of concern.

The survey was open from April 10 through May 15, 2023. The Board utilized its social media, email subscriber lists, and also sought the help of its professional organization stakeholders in order to distribute the survey. The survey received over 1,700 responses. The full results for multiple-choice questions are shown in **Attachment B.** (Responses to open-ended questions were summarized and discussed at the June 8, 2023 Committee meeting.)

The survey results were discussed in detail at the Committee's June 8, 2023 meeting. The Committee identified three potential areas of concern based on the results:

1. Concern related to reporting from some therapists that an online-only therapy platform had matched them to clients in states where they were not licensed.

2. Concern related to how the custodian of record and informed consent agreements were managed.

3. Concern about lack of an emergency plan.

The survey results related to those three areas of concern are summarized as follows:

1. **Matching to Clients in States Where Therapist Not Licensed**

Question 12: Did the platform ever match you to clients in states where you are not licensed?
The majority (82%) indicated they were not ever matched to clients in states where they were not licensed. However, 18% indicated that they were.

Question 13: Did the platform provide you with any instructions regarding treating clients located in states where you are not licensed? If so, please describe.
A large number of responses indicated that no instructions were provided. However, many reported being instructed that practice in a state where not licensed was not allowed, and to have any incorrectly matched out-of-state clients re-referred. Many noted that they had the ability to decline a client if they were out-of-state. Some were told it was their responsibility to know each state's requirements for practice in that state.

A few responses did indicate they were asked to see clients out of their license jurisdiction, or told it was ok briefly for continuity of care if a client was travelling. A couple responses mentioned that they were allowed to accept international clients.

2. Custodian of Record and Informed Consent Agreements

Question 20: How was the client informed consent agreement handled when you worked for, or contracted with, the online-only therapy platform?
A majority (70%) indicated the platform handled the informed consent agreement and maintained it as part of the client's records. 19% indicated that they handled the informed consent agreement and maintained it.

In the comments, several respondents indicated that they also did this themselves, even though the platform did as well.

Question 21: Who served as the custodian of record for client health information and records when you were working for or contracting with the online-only therapy platform?
65% indicted the online-only therapy platform served as the custodian of record. Only 17% indicated they served as custodian of record.
In the notes, several therapists indicated that even though the company was the custodian of record, they also kept their own files for their records.

Question 22: How did the online-only therapy platform communicate its privacy policy and data sharing practices to your clients?
Most indicated that these were delivered in writing by the company to the client, prior to beginning services (56%). However, 29% indicated that they did not know how this information was communicated to clients.

3. Emergency Plan

Question 25: Did the platform have a clear emergency plan in place for clients in crisis?
60% responded yes; 40% responded no.

Question 26: Please briefly summarize the emergency plan.
Below is a sampling of answers:

- Crisis team in place for emergencies with a protocol for therapists to follow.
- Emergency resources provided for each county they serve in CA (spread sheet available to all clinicians). Clinical staff are available for consultation by phone or on secured chat.
- Contact platform director to discuss case and need for 5150, or 911 call.
- They had a brief training on their crisis procedure. Basically the therapist would have access to the crisis team who was able to contact local emergency services (911, pmrt, etc) the client based on their location (also could cancel the therapist's other clients while on a crisis call). Then I'd they were contacted we would work with the crisis team to stay on the line with client until help arrived. Afterwards we were to write up a report about the crisis and submit to the clients file.
- Clients were required to contact 911. The platform stated they were not a crisis facility and clients were to be referred to a crisis line, emergency contact.
- There was a button on each client's platform where therapists could request help with a client and platform would provide full name, address, phone, and, contact person for the client.
- List of phone numbers on safety plan
- Each client required to complete a safety plan in initial session with Therapist. Saved electronically.
- Client notified if emergency please call 911 or go to nearest emergency room. Client also provided information of National Suicide Prevention Line and also Text Crisis Line numbers.

Committee Direction

After identifying and discussing the above areas of concern, the Committee directed staff to take two actions in advance of its next meeting.

1. Meet with Staff Members from the Senate and Assembly Business and Professions Committee
   The Committee asked staff to meet with these committees' staff to discuss the survey results, the identified issues of concern, and the Board's consumer protection mandate as it relates to regulating individual practitioners versus online-only therapy platforms.

   Staff met with the representative assigned to the Board from both the Senate and Assembly Business and Professions Committees. Staff provided them with the

survey results, relayed the Board's areas of concern and discussed how the areas of concern relate to the Board's mandate.

The Committee staff were appreciative of the meeting and the survey results. They both indicated that they would report the information to their respective committee chairs, and reach out with any further feedback and questions.

2. Draft a Letter Providing Guidance to Online-Only Therapy Platforms
   A draft of the letter is shown in **Attachment A.**

Recommendation

Conduct an open discussion regarding the Committee's concerns about online-only only therapy platforms and potential next steps for the Board to take.

Attachments

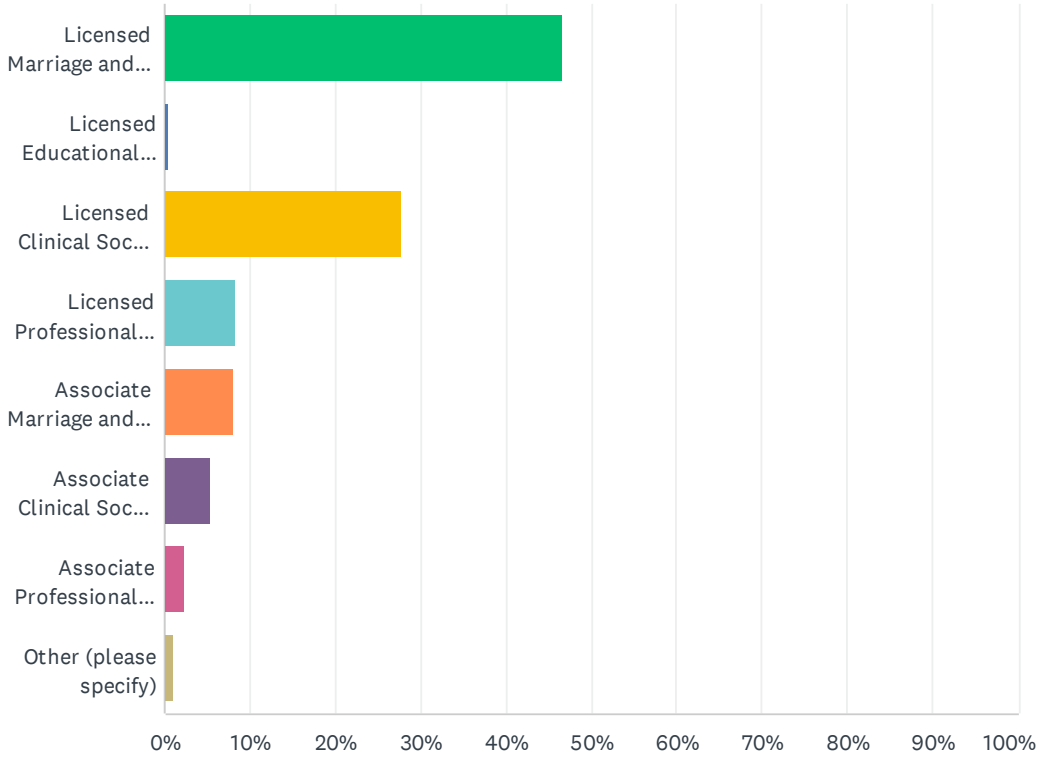
Attachment A: Guidance Document: A Note About Use of Online-Only Therapy Platforms

Attachment B: Online-Only Therapy Platform Survey Results

ATTACHMENT B
ONLINE-ONLY THERAPY PLATFORM
SURVEY RESULTS

Q1 Please indicate your license or registration type:

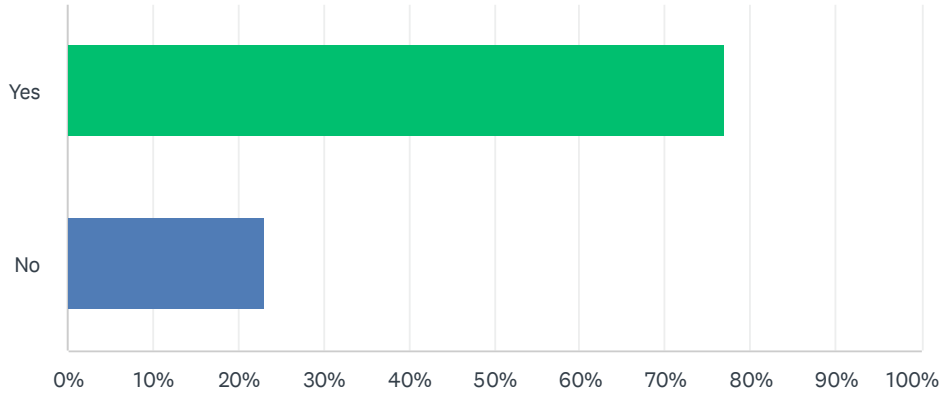
Answered: 1,785 Skipped: 0



ANSWER CHOICES	RESPONSES	
Licensed Marriage and Family Therapist	46.67%	833
Licensed Educational Psychologist	0.34%	6
Licensed Clinical Social Worker	27.79%	496
Licensed Professional Clinical Counselor	8.35%	149
Associate Marriage and Family Therapist	8.12%	145
Associate Clinical Social Worker	5.32%	95
Associate Professional Clinical Counselor	2.30%	41
Other (please specify)	1.12%	20
TOTAL		1,785

Q2 Have you worked for or contracted with an online-only therapy platform?

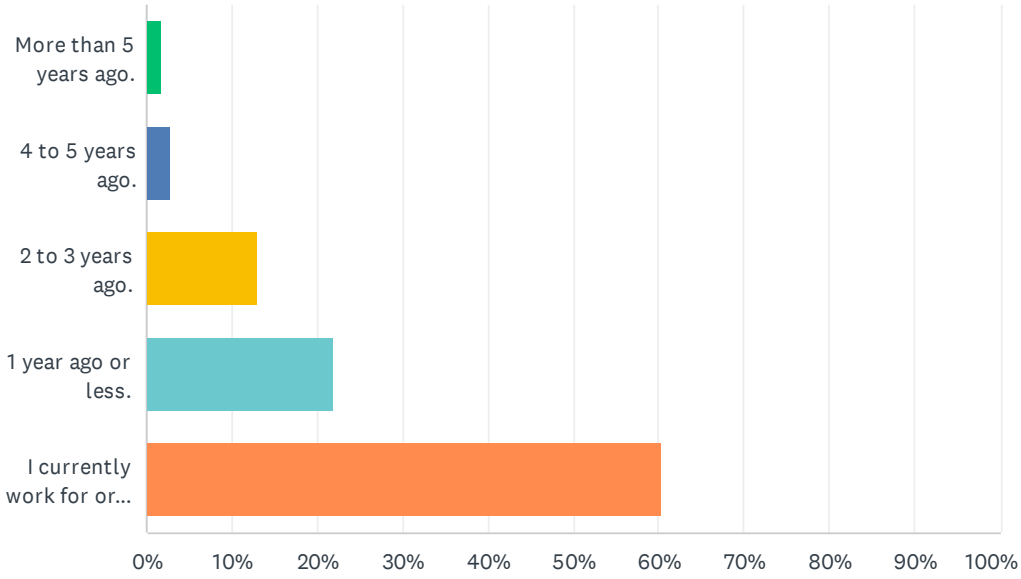
Answered: 1,785 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	76.97%	1,374
No	23.03%	411
TOTAL		1,785

Q3 When did you last work for or contract with an online-only therapy platform?

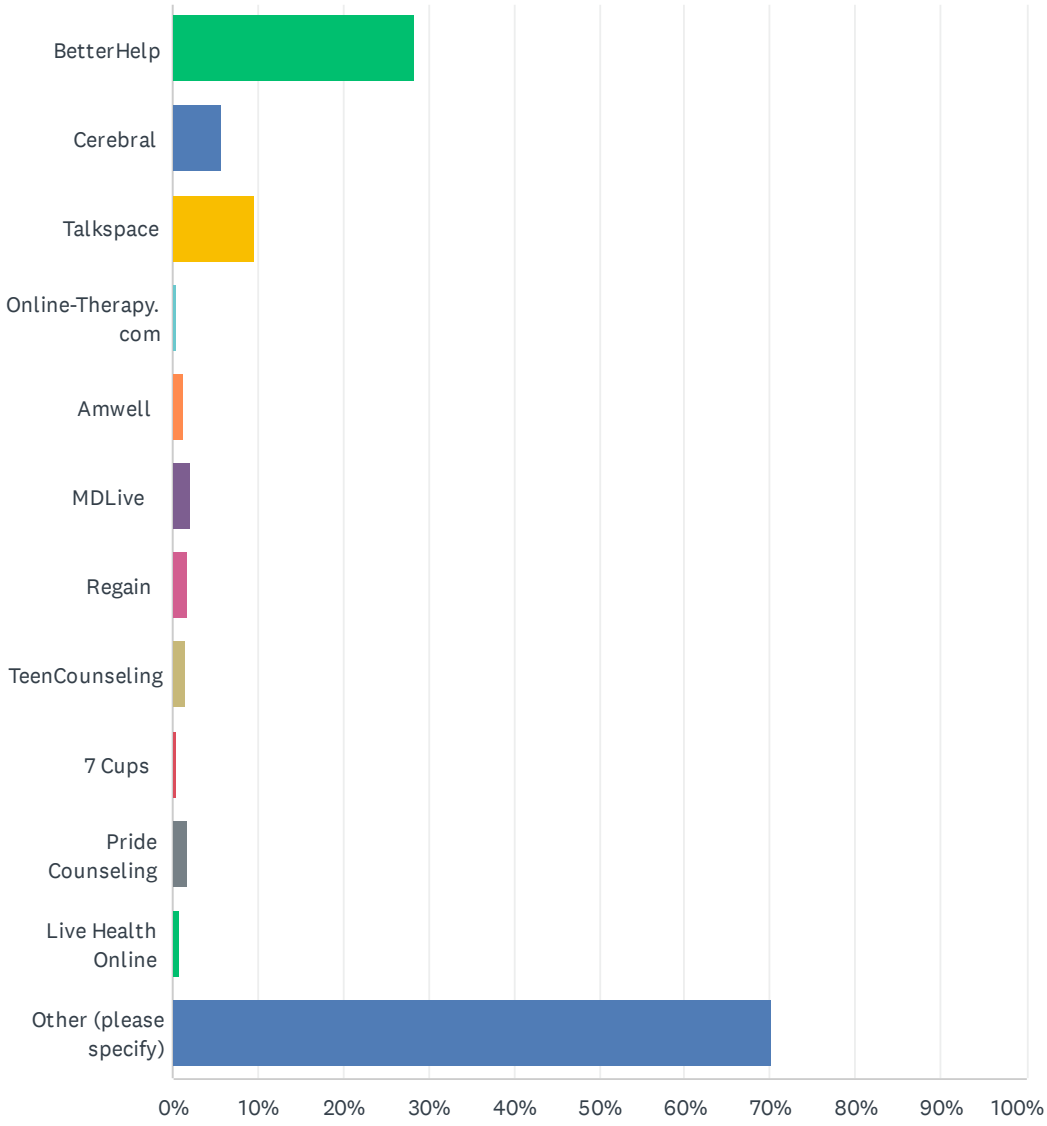
Answered: 1,342 Skipped: 443



ANSWER CHOICES	RESPONSES	
More than 5 years ago.	1.79%	24
4 to 5 years ago.	2.83%	38
2 to 3 years ago.	13.04%	175
1 year ago or less.	21.91%	294
I currently work for or contract with an online-only therapy platform.	60.43%	811
TOTAL		1,342

Q4 Which online-only therapy platforms have you worked for or contracted with: (Select all that apply)

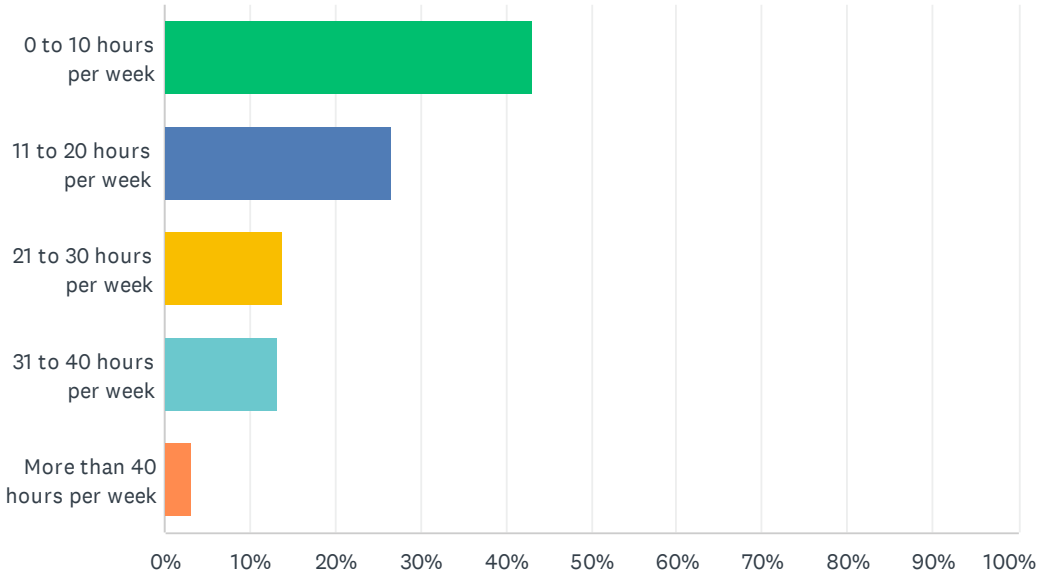
Answered: 1,031 Skipped: 754



ANSWER CHOICES	RESPONSES	
BetterHelp	28.32%	292
Cerebral	5.72%	59
Talkspace	9.51%	98
Online-Therapy.com	0.39%	4
Amwell	1.36%	14
MDLive	2.04%	21
Regain	1.65%	17
TeenCounseling	1.55%	16
7 Cups	0.48%	5
Pride Counseling	1.75%	18
Live Health Online	0.78%	8
Other (please specify)	70.22%	724
Total Respondents: 1,031		

Q5 How many hours, on average, did you work for or contract with the online-only therapy platform?

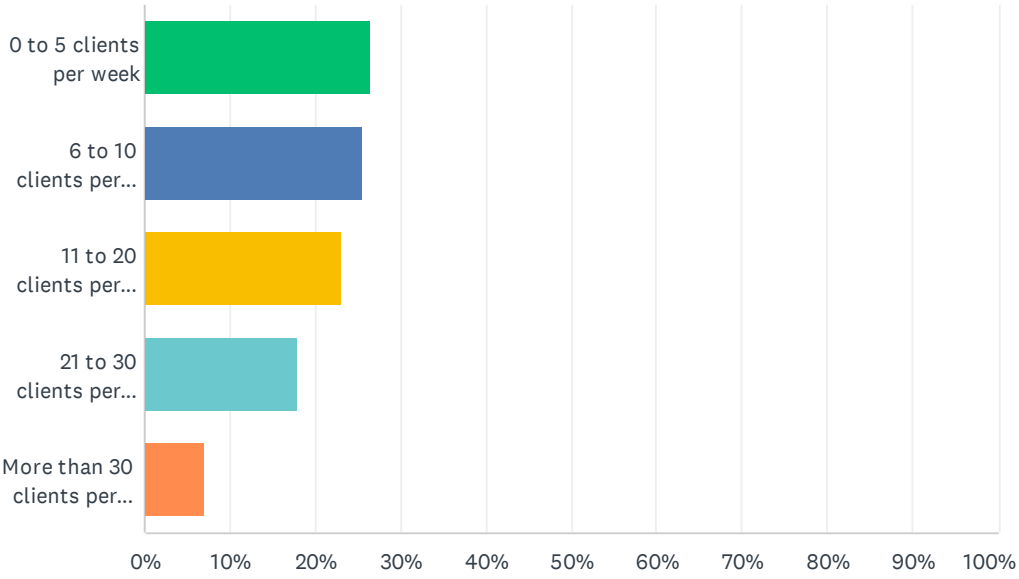
Answered: 1,031 Skipped: 754



ANSWER CHOICES	RESPONSES	
0 to 10 hours per week	42.97%	443
11 to 20 hours per week	26.67%	275
21 to 30 hours per week	13.87%	143
31 to 40 hours per week	13.19%	136
More than 40 hours per week	3.30%	34
TOTAL		1,031

Q6 How many clients, on average, did you see per week working for or contracting with the online-only therapy platform?

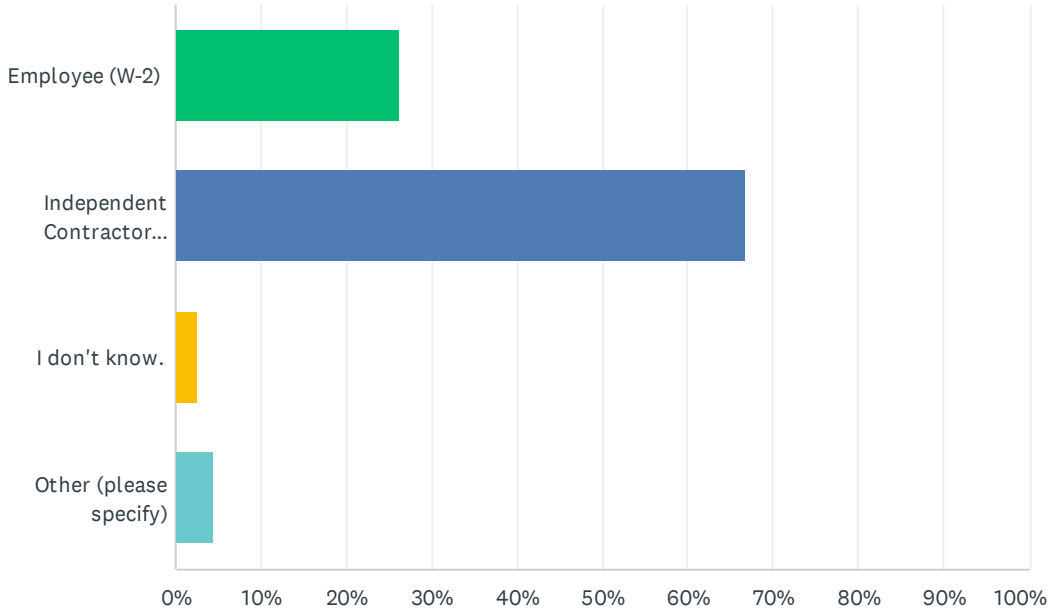
Answered: 1,031 Skipped: 754



ANSWER CHOICES	RESPONSES	
0 to 5 clients per week	26.48%	273
6 to 10 clients per week	25.51%	263
11 to 20 clients per week	23.08%	238
21 to 30 clients per week	17.94%	185
More than 30 clients per week	6.98%	72
TOTAL		1,031

Q7 Were you considered an employee (issued a W-2), or an independent contractor (issued a 1099)?

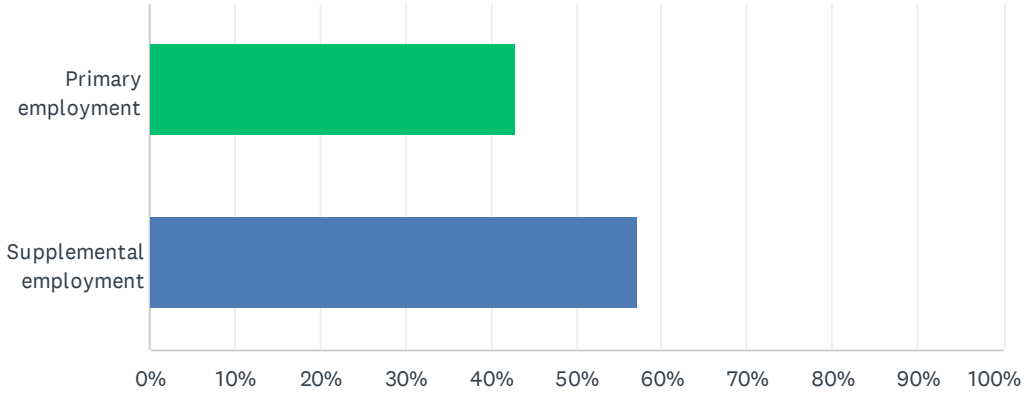
Answered: 1,031 Skipped: 754



ANSWER CHOICES	RESPONSES	
Employee (W-2)	26.29%	271
Independent Contractor (1099)	66.63%	687
I don't know.	2.62%	27
Other (please specify)	4.46%	46
TOTAL		1,031

Q8 Was this primary employment, or supplemental employment?

Answered: 1,031 Skipped: 754



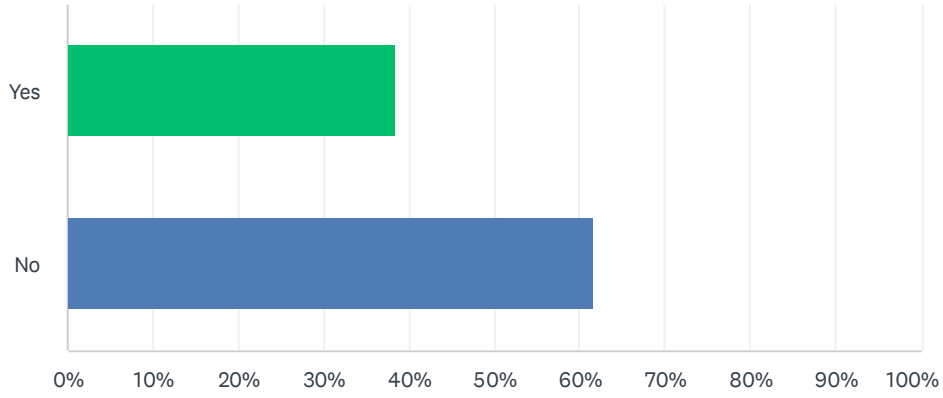
ANSWER CHOICES	RESPONSES	
Primary employment	42.77%	441
Supplemental employment	57.23%	590
TOTAL		1,031

Q9 Please explain how you were paid and your pay rate. (This is optional.)

Answered: 746 Skipped: 1,039

Q10 Did the platform provide you with any type of bonus or incentive structure?

Answered: 1,031 Skipped: 754



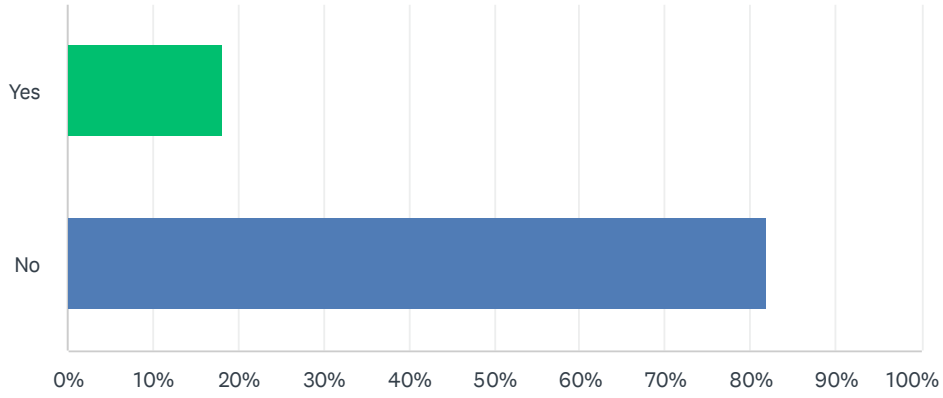
ANSWER CHOICES	RESPONSES	
Yes	38.41%	396
No	61.59%	635
TOTAL		1,031

Q11 Please explain the bonus or incentive structure the platform used.

Answered: 320 Skipped: 1,465

Q12 Did the platform ever match you to clients in states where you are not licensed?

Answered: 956 Skipped: 829



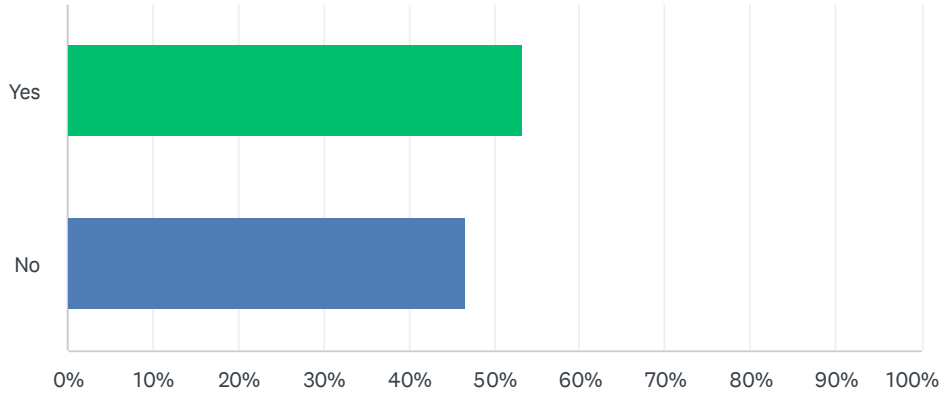
ANSWER CHOICES	RESPONSES	
Yes	18.20%	174
No	81.80%	782
TOTAL		956

Q13 Did the platform provide you with any instructions regarding treating clients located in states where you are not licensed? If so, please describe.

Answered: 809 Skipped: 976

Q14 Did the platform provide you with a way to verify the client's legal name (versus allowing the client to be anonymous, use a pseudonym, etc)?

Answered: 956 Skipped: 829



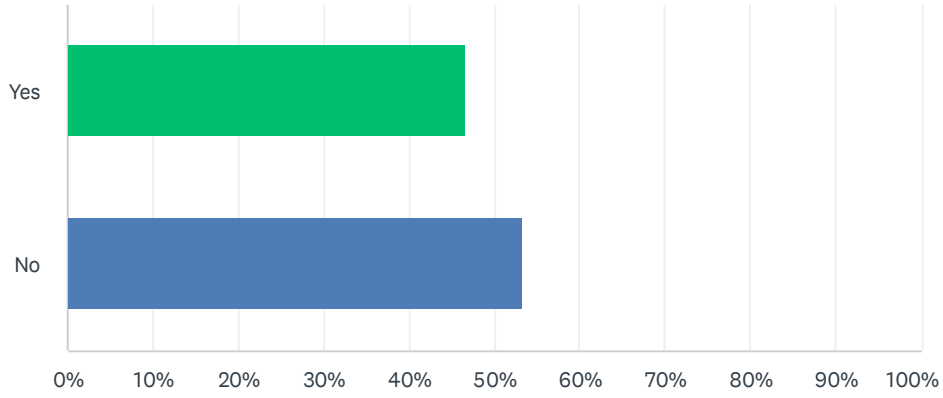
ANSWER CHOICES	RESPONSES	
Yes	53.24%	509
No	46.76%	447
TOTAL		956

Q15 Please explain how the client's legal name was verified.

Answered: 439 Skipped: 1,346

Q16 Did the platform provide you with a way to verify the location of the client?

Answered: 925 Skipped: 860



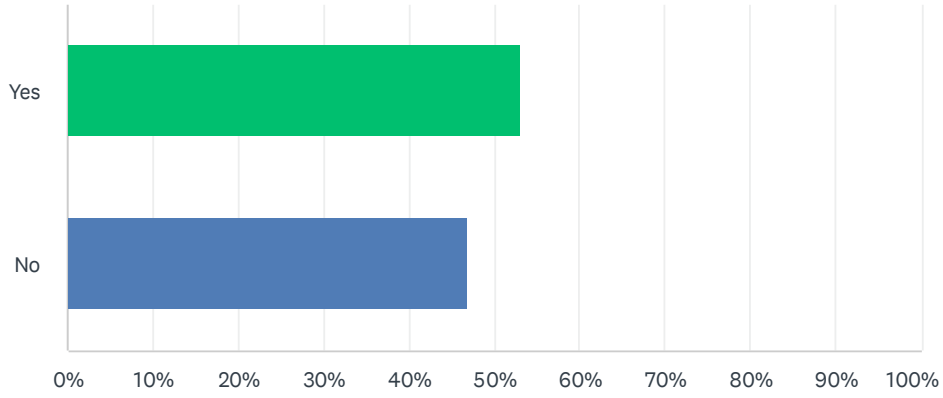
ANSWER CHOICES	RESPONSES	
Yes	46.59%	431
No	53.41%	494
TOTAL		925

Q17 How were you able to verify the location of the client?

Answered: 389 Skipped: 1,396

Q18 Did the platform share information with you regarding how they collect and store client health information?

Answered: 907 Skipped: 878



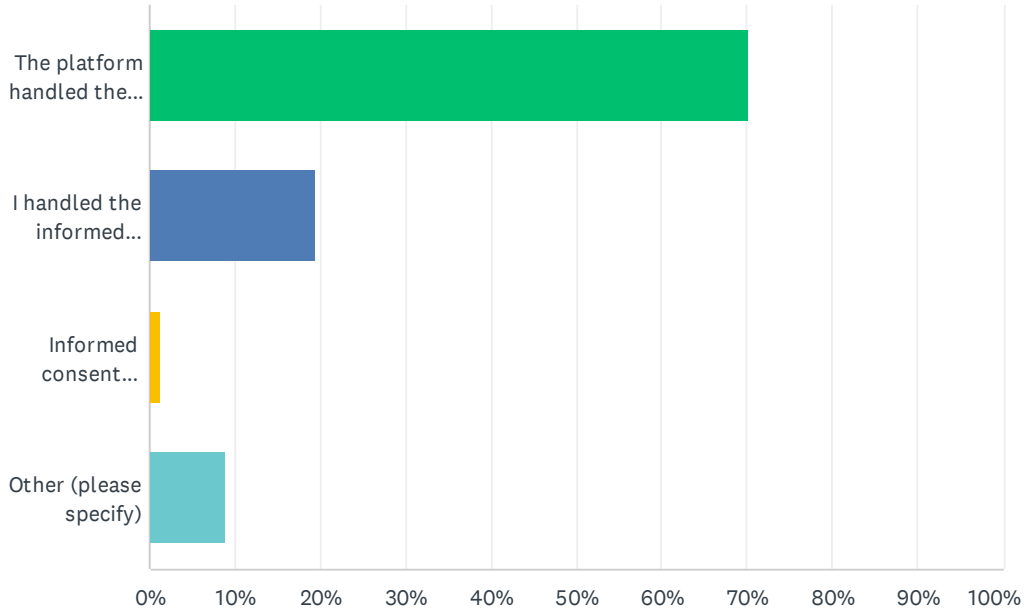
ANSWER CHOICES	RESPONSES	
Yes	53.14%	482
No	46.86%	425
TOTAL		907

Q19 If yes, please explain.

Answered: 377 Skipped: 1,408

Q20 How was the client informed consent agreement handled when you worked for, or contracted with, the online-only therapy platform?

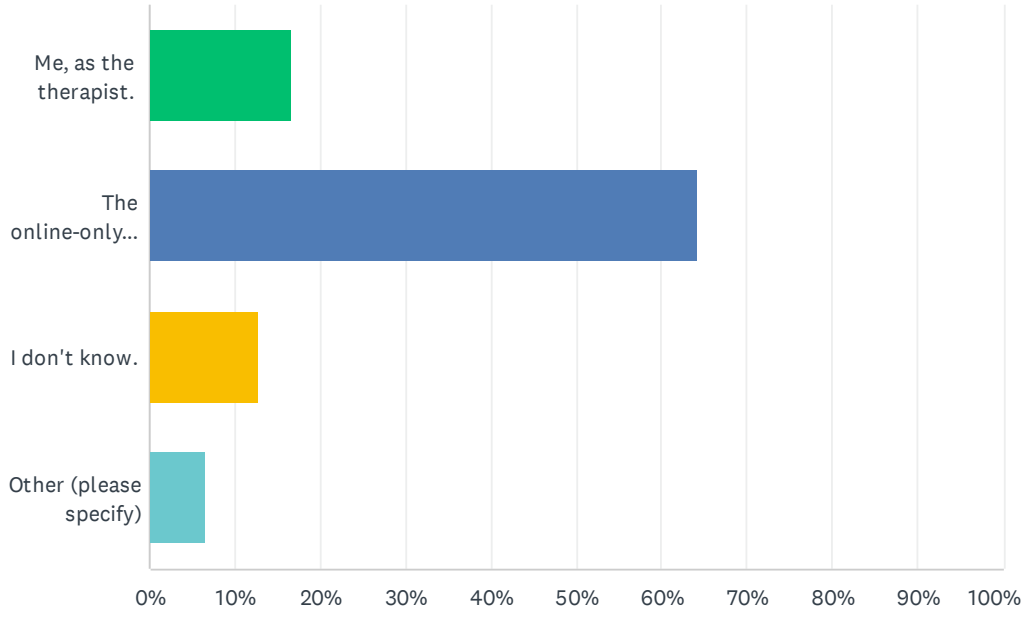
Answered: 827 Skipped: 958



ANSWER CHOICES	RESPONSES	
The platform handled the informed consent agreement and maintained it as part of the client's records.	70.25%	581
I handled the informed consent agreement and maintained it as part of the client's records.	19.47%	161
Informed consent agreements were not done.	1.33%	11
Other (please specify)	8.95%	74
TOTAL		827

Q21 Who served as the custodian of record for client health information and records when you were working for or contracting with the online-only therapy platform?

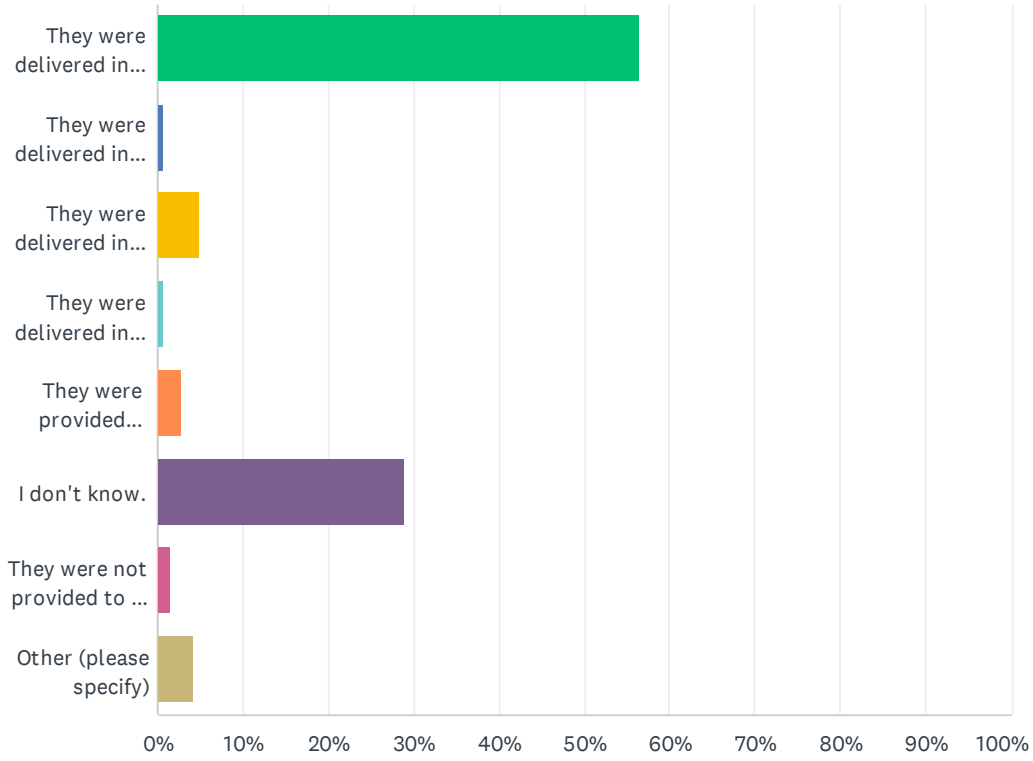
Answered: 827 Skipped: 958



ANSWER CHOICES	RESPONSES	
Me, as the therapist.	16.69%	138
The online-only therapy platform.	64.09%	530
I don't know.	12.70%	105
Other (please specify)	6.53%	54
TOTAL		827

Q22 How did the online-only therapy platform communicate its privacy policy and data sharing practices to your clients?

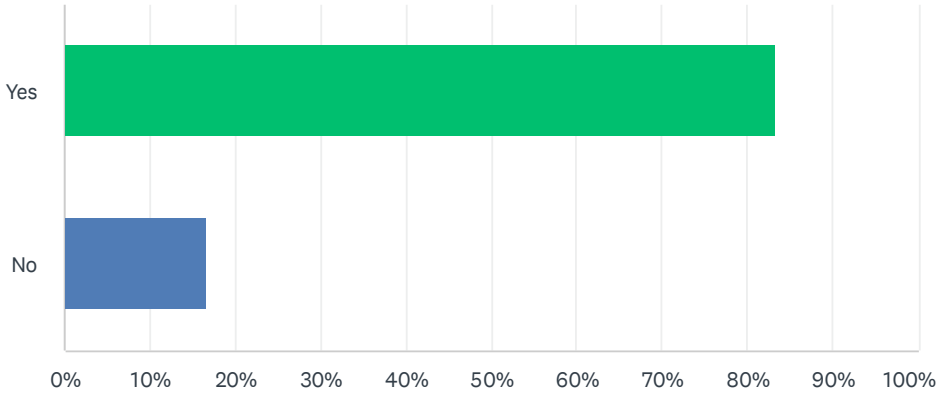
Answered: 827 Skipped: 958



ANSWER CHOICES	RESPONSES	
They were delivered in writing by the company to the client, prior to beginning services.	56.47%	467
They were delivered in writing by the company to the client, upon the client's request.	0.60%	5
They were delivered in writing by the therapist to the client, prior to beginning services.	4.84%	40
They were delivered in writing by the therapist to the client, upon the client's request.	0.60%	5
They were provided verbally by the therapist to the client, prior to beginning services.	2.78%	23
I don't know.	28.90%	239
They were not provided to the client.	1.57%	13
Other (please specify)	4.23%	35
TOTAL		827

Q23 Were your clients generally familiar and comfortable with the online-only therapy platform's privacy policy and data sharing practices?

Answered: 827 Skipped: 958



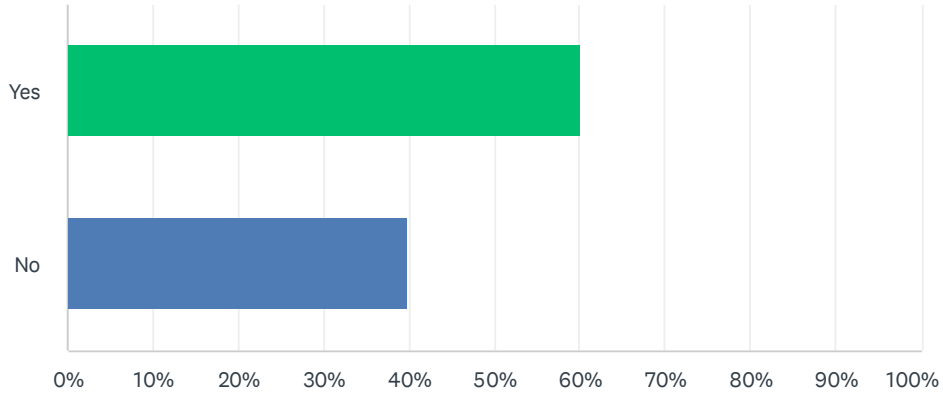
ANSWER CHOICES	RESPONSES	
Yes	83.43%	690
No	16.57%	137
TOTAL		827

Q24 Were there any concerns that your clients commonly expressed to you regarding the online-only therapy platform's privacy policy and data sharing practices? Please explain.

Answered: 671 Skipped: 1,114

Q25 Did the platform have a clear emergency plan in place for clients in crisis?

Answered: 820 Skipped: 965



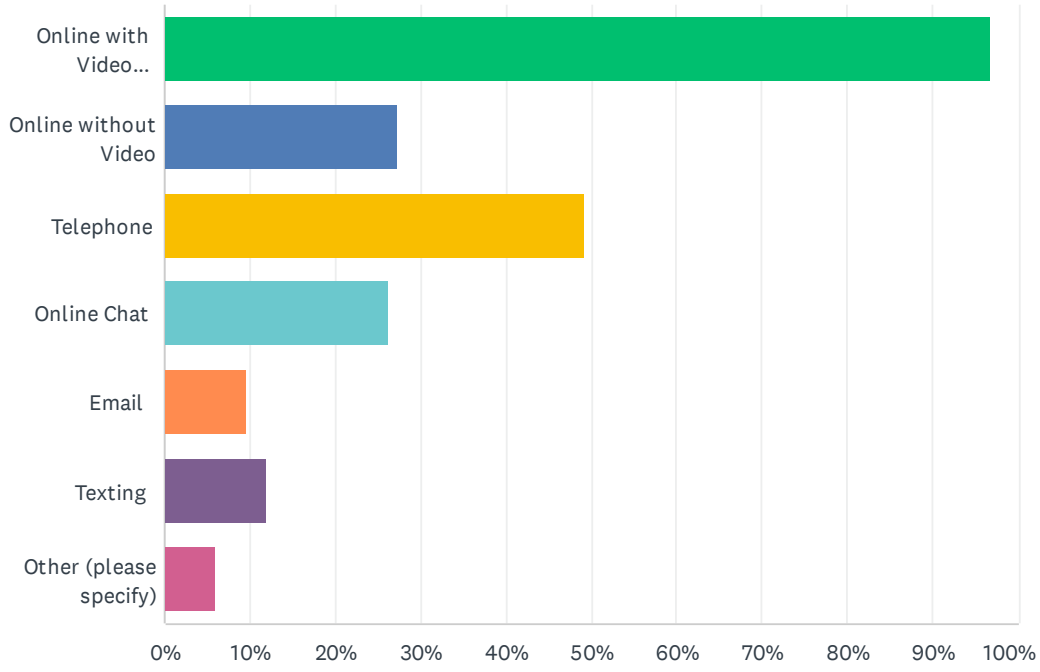
ANSWER CHOICES	RESPONSES	
Yes	60.12%	493
No	39.88%	327
TOTAL		820

Q26 Please briefly summarize the emergency plan.

Answered: 417 Skipped: 1,368

Q27 What methods did you use to provide psychotherapy services to clients when working for or contracting with the platform? Please check all that apply.

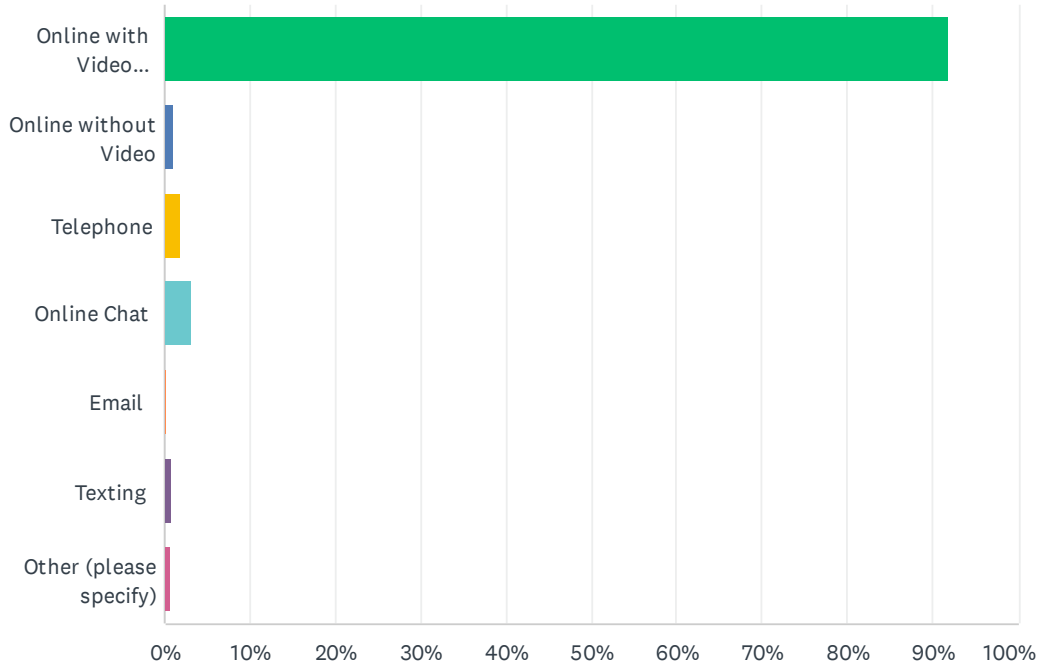
Answered: 795 Skipped: 990



ANSWER CHOICES	RESPONSES	
Online with Video (Videoconferencing)	96.86%	770
Online without Video	27.30%	217
Telephone	49.18%	391
Online Chat	26.16%	208
Email	9.56%	76
Texting	11.95%	95
Other (please specify)	5.91%	47
Total Respondents: 795		

Q28 What method did you primarily use to provide psychotherapy services to clients when working for or contracting with the platform?

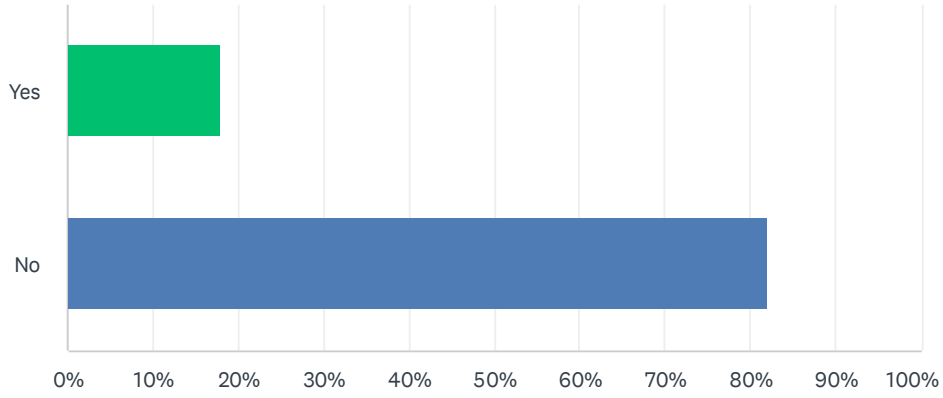
Answered: 795 Skipped: 990



ANSWER CHOICES	RESPONSES	
Online with Video (Videoconferencing)	91.95%	731
Online without Video	1.13%	9
Telephone	1.89%	15
Online Chat	3.27%	26
Email	0.25%	2
Texting	0.88%	7
Other (please specify)	0.63%	5
TOTAL		795

Q29 Did you ever use texting to provide therapy to your clients when working for or contracting with the platform?

Answered: 795 Skipped: 990



ANSWER CHOICES	RESPONSES	
Yes	17.99%	143
No	82.01%	652
TOTAL		795

Q30 Please explain how you integrated texting into therapy with your clients.

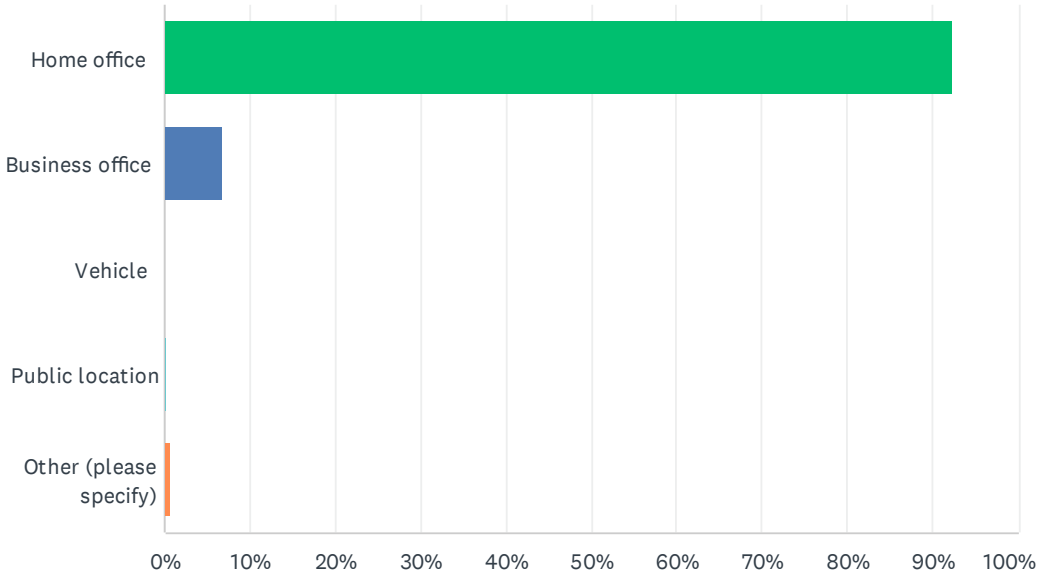
Answered: 111 Skipped: 1,674

Q31 Please explain the procedure for verifying client's identity when providing therapy via texting with them.

Answered: 112 Skipped: 1,673

Q32 Where were you primarily located when you provided therapy services on this platform?

Answered: 751 Skipped: 1,034



ANSWER CHOICES	RESPONSES	
Home office	92.28%	693
Business office	6.92%	52
Vehicle	0.00%	0
Public location	0.13%	1
Other (please specify)	0.67%	5
TOTAL		751

Q33 What confidentiality measures were taken to mitigate for the separate location of the therapist and the client?

Answered: 661 Skipped: 1,124

Q34 Did you experience any advantages to working for or contracting with an online-only therapy platform, versus working on your own or for a company with a physical site?

Answered: 687 Skipped: 1,098

Q35 Please describe any problems you encountered when working for or contracting with the online-only therapy platform.

Answered: 664 Skipped: 1,121

Q36 Do you have any other comments or concerns you would like to share related to your experience working for or contracting with an online-only therapy platform?

Answered: 576 Skipped: 1,209

ATTACHMENT C 1C

PATHWAY TO LICENSURE SURVEY 2024

Board of Behavioral Sciences

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Memo

To: Workforce Development Committee **Date:** July 29, 2024

From: Steve Sodergren
Executive Officer

Subject: **Results of the Licensure Pathway Survey**

Background

At the April 2024 committee meeting staff presented a summary of the data collected from the Board's Licensure Pathway Survey. That survey was completed on April 19, 2024 and resulted in 3,170 complete responses, including free form comments that numbered from 600 to over a thousand per question.This survey was developed to seek input from Board registrants and licensees about barriers that they are facing, or may have faced, during their pathway to licensure.

Board staff reviewed the survey, including the free form comments submitted, to identify common trends in the responses. While the survey was primarily focused on the three major milestones of education, supervision, and examinations there were a number of concerns about the licensing process.

EDUCATION

Common themes pertaining to the barriers faced during education included:

- Balancing full-time work, school, and unpaid practicum positions.
- Difficulty finding practicum placements that aligned with personal schedules.
- A perceived lack of culturally competent, trauma-informed professors and inadequate preparation for practicum.
- Lack of training provided by schools about the licensure pathway and examinations.

SUPERVISION

Common themes pertaining to the barriers faced during supervision included:

- Difficulties in finding qualified or available supervisors and the cost of supervision.

- Inadequate supervision environments that do not adequately prepare individuals for the licensing process and examinations.
- Scheduling supervision hours at convenient times while balancing other job responsibilities and personal commitments.
- The challenge of balancing supervision hours with client hours for those working part-time.
- Concerns that supervisors are not fully knowledgeable about licensing laws pertaining to the supervisee licensure pathway.
- A perception that certain agency policies and various jobs may negatively affect the ability to receive quality supervision.
- The high number of required supervision hours and the specific types of hours (e.g., children or couples) and accumulating these hours without pay.

EXAMINATIONS

Common themes pertaining to the barriers faced during the examination process included:

- The length and perceived difficulty of licensure exams. Many individuals find the exams to be exceedingly challenging, which increases anxiety and stress levels.
- Balancing professional responsibilities with exam preparation, particularly for those working full-time.
- The costs of exams and associated fees, including study materials and application fees.
- The comprehensive nature of the exams requiring extensive preparation, often beyond what is covered in standard educational programs.

LICENSING PROCESS

While the focus on the survey was on education, supervision, and examinations respondents also ideitnfied barriers associated with the licensing process. The common themes included:

- Long waiting times to get hours certified and processed.
- Administrative hurdles such as the 90-day rule for live scans for post-graduation supervised hours.
- Difficulties in navigating the licensing requirements and keeping up with changes to the requirements that may require additional coursework.
- Difficulties in understanding and tracking requirements for specific types of hours, such as those involving children or couples.

- The 6-year rule, which invalidates previously accumulated hours if not completed within six years.

OFFERED SOLUTIONS

Within the comments submitted, resondents offered possible solutions to barriers faced during the licensure process.

- Supervisors should discuss the pathway to licensure and career preparation more frequently during supervision.
- Ensure supervisors have access to up-to-date resources and tools that can assist candidates in their preparation and professional development.
- Supervisors are encouraged to be more proactive in their roles, making it a point to assist candidates more thoroughly in their journey towards licensure.
- Implementing an online supervised hours portal to replace paper-based process and reduce administrative burdens.
- Providing clear and consistent guidelines and updates on licensure requirements from the Board
- Providing clearer guidelines and expectations for both supervisors and candidates from the Board.
- Offering dedicated support channels, such as hotlines or chat services, to assist candidates with their queries and issues promptly
- Introducing financial assistance programs, such as grants or scholarships, to help cover the costs of exam fees and supervision.
- Providing comprehensive resources and workshops to help candidates navigate the licensure process effectively.
- Working with professional associations and advocacy groups to propose legislative changes that reduce unnecessary regulatory burden.

CURRENT EFFORTS

Currently, Board staff are working on improvements to the licensure process to address the barriers that were presented in the survey. These effforts are mainly focused on the the licensure process and education requirements:

- Conducting a holistic review of additional coursework requirements to increase consistency, clarity, and relevance.
- Discussion of possible amendments that would allow for early admittance to clinical examniations.

- Discussion of possible amendments to the Board's additional exam time; English as a second language regulations.
- Board staff are working to implement procedural changes that will assist in a more efficient licensing process; online applications, website updates, udpates to education materials,and administrative processes to reduce wait times.

To address identified barriers in the education process and surpvervision processes it may be beneficial for the Board to increase collaboration with education institutions as well as provide better guidance to supervisors.

Recommendation

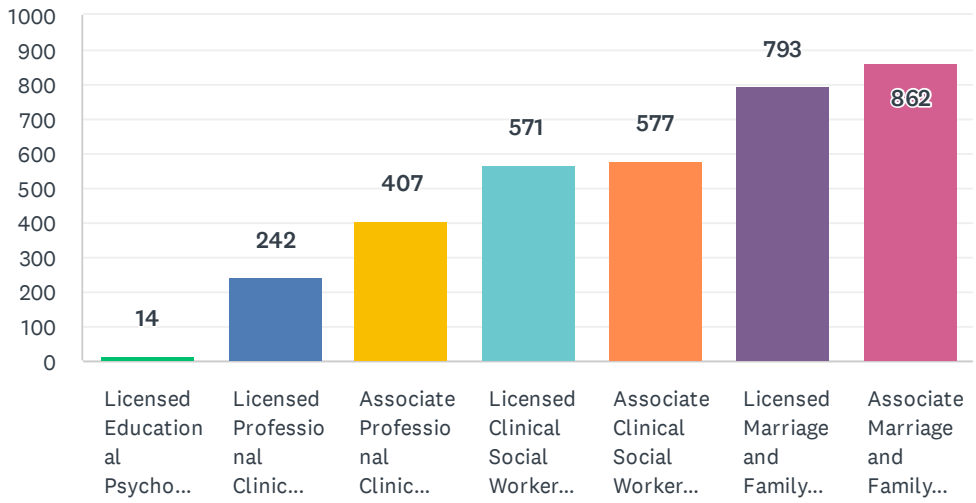
Conduct an open discussion regarding the barriers expressed in the survey and identify possible solutions to reduce those barriers.

Attachments

Attachment A: Pathway to Licensure Survey

Q1 Are you currently a registrant or licensee? (Select all that apply)

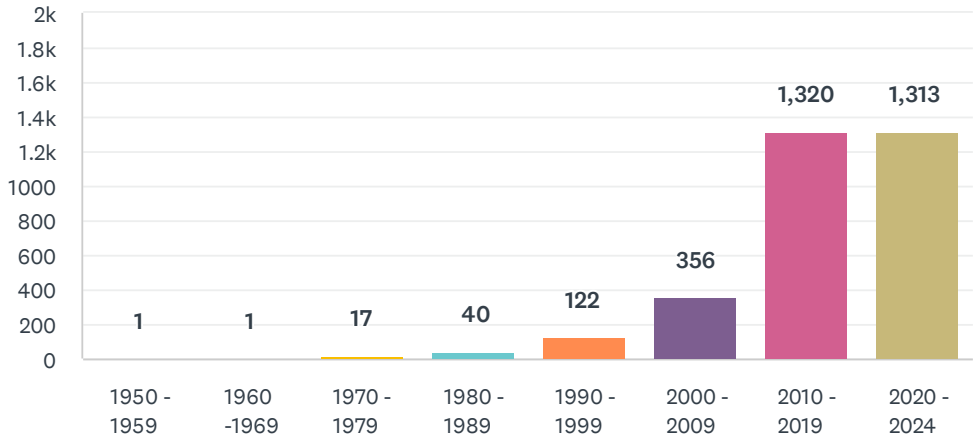
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Licensed Educational Psychologist (LEP)	0%	14
Licensed Professional Clinical Counselor (LPCC)	8%	242
Associate Professional Clinical Counselor (APCC)	13%	407
Licensed Clinical Social Worker (LCSW)	18%	571
Associate Clinical Social Worker (ASW)	18%	577
Licensed Marriage and Family Therapist (LMFT)	25%	793
Associate Marriage and Family Therapist (AMFT)	27%	862
Total Respondents: 3,170		

Q2 What year was your graduate degree conferred?

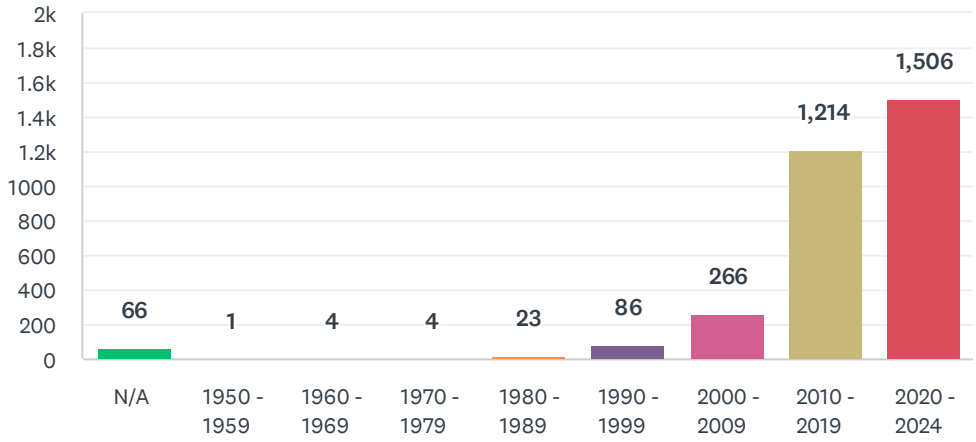
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
1950 - 1959	0%	1
1960 -1969	0%	1
1970 - 1979	1%	17
1980 - 1989	1%	40
1990 - 1999	4%	122
2000 - 2009	11%	356
2010 - 2019	42%	1,320
2020 - 2024	41%	1,313
TOTAL		3,170

Q3 What year did you obtain your registration?

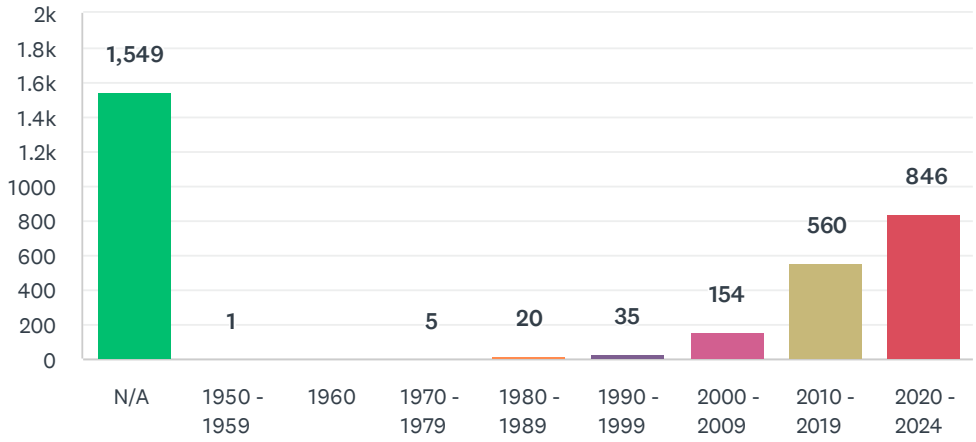
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
N/A	2%	66
1950 - 1959	0%	1
1960 - 1969	0%	4
1970 - 1979	0%	4
1980 - 1989	1%	23
1990 - 1999	3%	86
2000 - 2009	8%	266
2010 - 2019	38%	1,214
2020 - 2024	48%	1,506
TOTAL		3,170

Q4 What year did you obtain your full license?

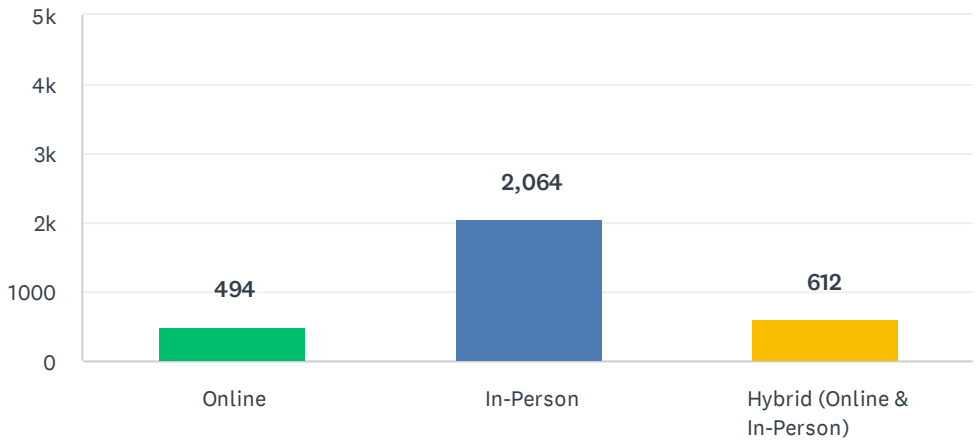
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
N/A	49%	1,549
1950 - 1959	0%	1
1960	0%	0
1970 - 1979	0%	5
1980 - 1989	1%	20
1990 - 1999	1%	35
2000 - 2009	5%	154
2010 - 2019	18%	560
2020 - 2024	27%	846
TOTAL		3,170

Q5 Was your graduate program:

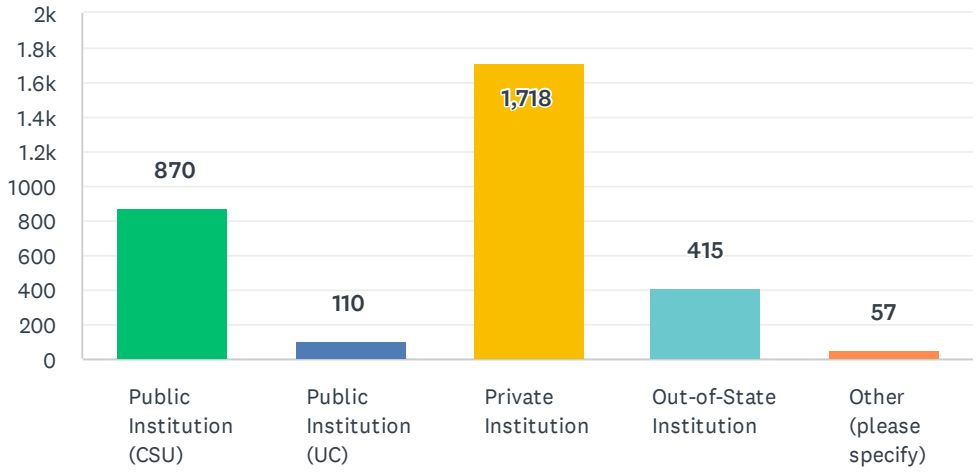
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Online	16%	494
In-Person	65%	2,064
Hybrid (Online & In-Person)	19%	612
TOTAL		3,170

Q6 Was your graduate program from a:

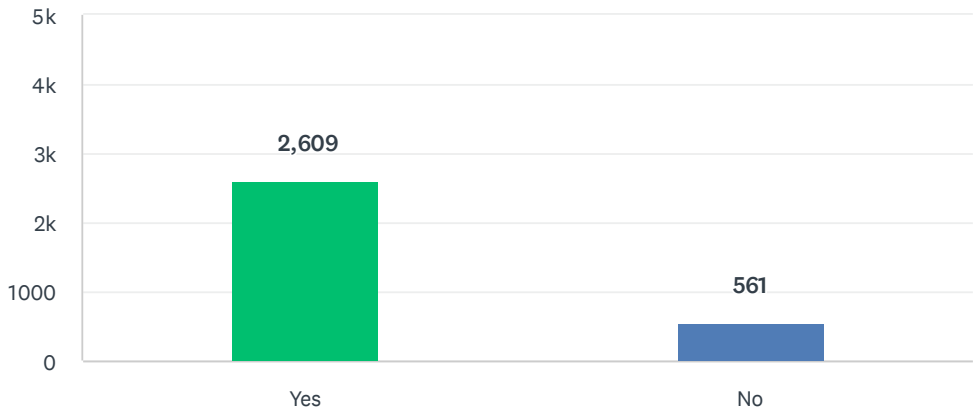
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Public Institution (CSU)	27%	870
Public Institution (UC)	3%	110
Private Institution	54%	1,718
Out-of-State Institution	13%	415
Other (please specify)	2%	57
TOTAL		3,170

Q7 Did you attend school full time during your graduate program?

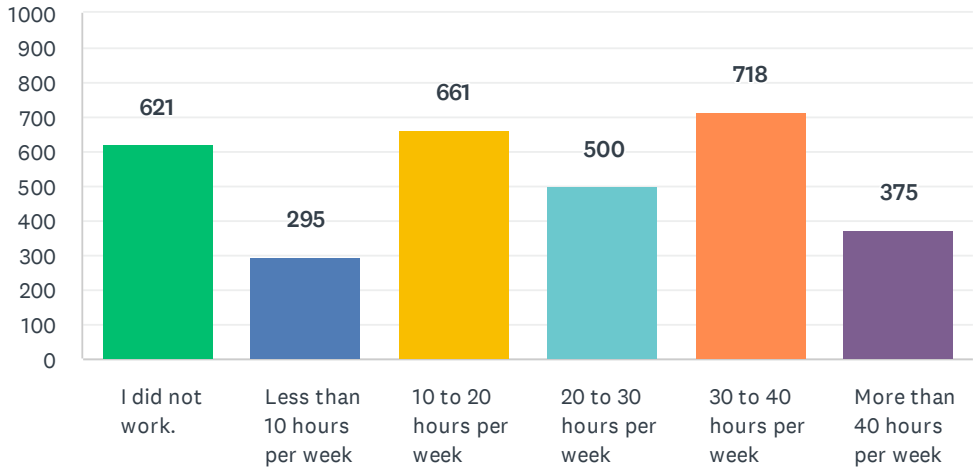
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	82%	2,609
No	18%	561
TOTAL		3,170

Q8 While attending your graduate program, in addition to practicum hours, how many hours did you work?

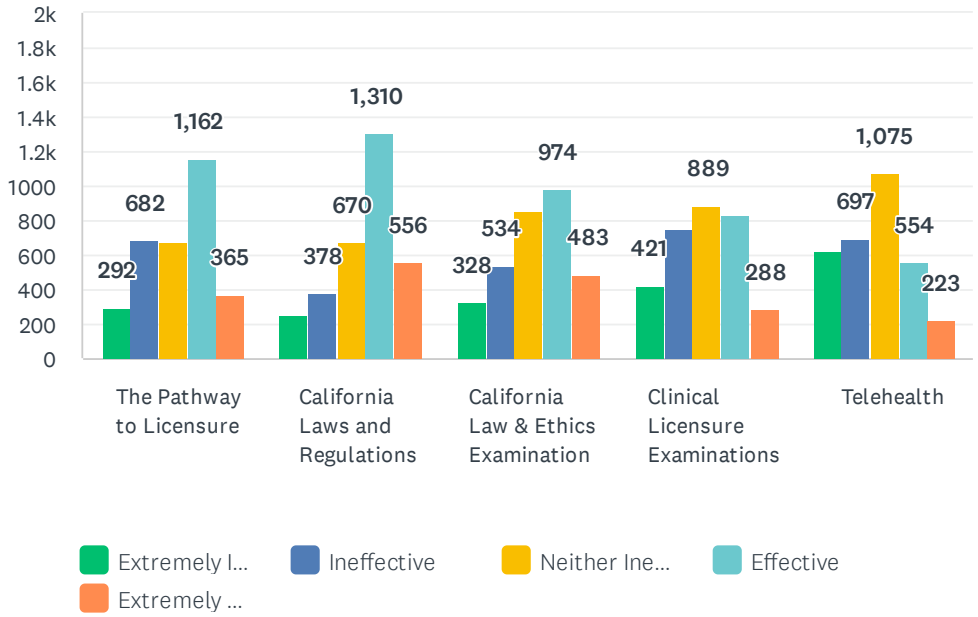
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
I did not work.	20%	621
Less than 10 hours per week	9%	295
10 to 20 hours per week	21%	661
20 to 30 hours per week	16%	500
30 to 40 hours per week	23%	718
More than 40 hours per week	12%	375
TOTAL		3,170

Q9 How effective was your school at educating you about:

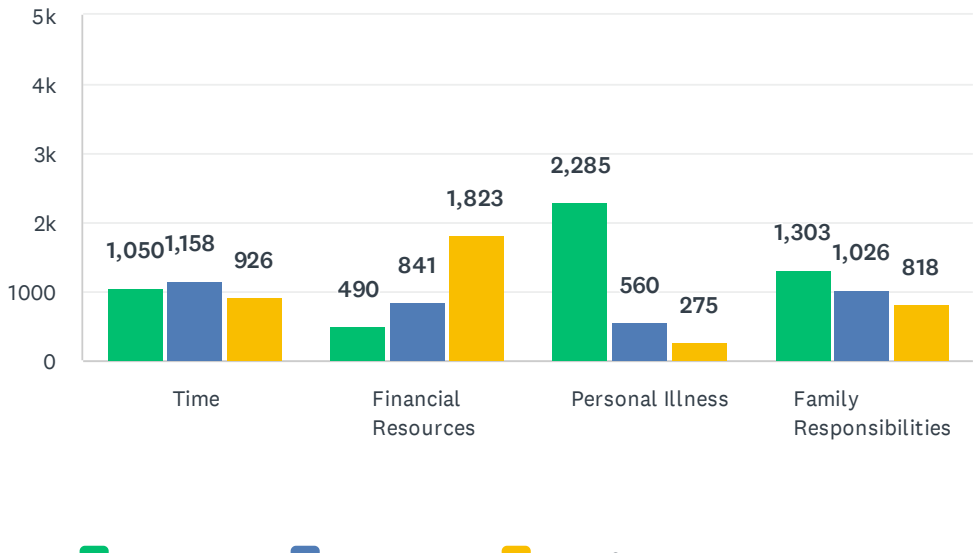
Answered: 3,170 Skipped: 0



	EXTREMELY INEFFECTIVE	INEFFECTIVE	NEITHER INEFFECTIVE OR EFFECTIVE	EFFECTIVE	EXTREMELY EFFECTIVE	TOTAL	WEIGHTED AVERAGE
The Pathway to Licensure	9% 292	22% 682	21% 669	37% 1,162	12% 365	3,170	3.20
California Laws and Regulations	8% 256	12% 378	21% 670	41% 1,310	18% 556	3,170	3.48
California Law & Ethics Examination	10% 328	17% 534	27% 851	31% 974	15% 483	3,170	3.24
Clinical Licensure Examinations	13% 421	23% 744	28% 889	26% 828	9% 288	3,170	2.94
Telehealth	20% 621	22% 697	34% 1,075	17% 554	7% 223	3,170	2.70

Q10 To what extent would you consider the following as having been a barrier to obtaining your graduate degree?

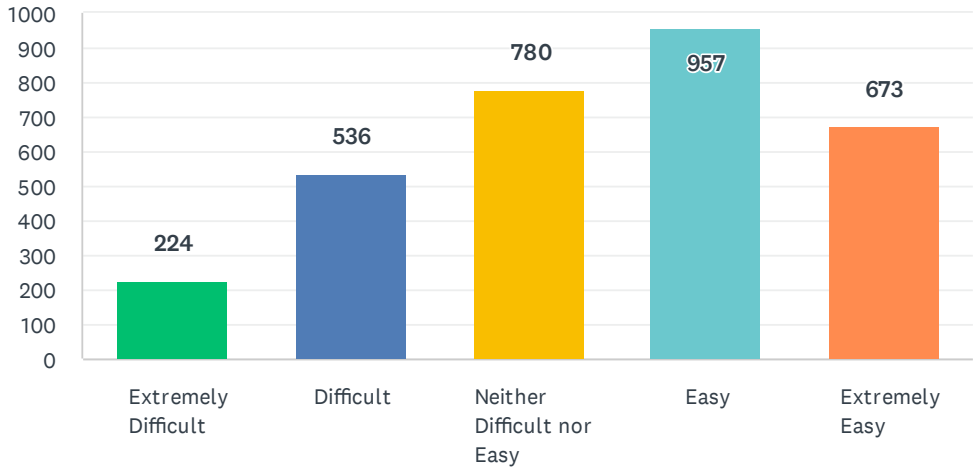
Answered: 3,168 Skipped: 2



	NOT A BARRIER	A MINOR BARRIER	A SIGNIFICANT BARRIER	TOTAL	WEIGHTED AVERAGE
Time	34% 1,050	37% 1,158	30% 926	3,134	1.96
Financial Resources	16% 490	27% 841	58% 1,823	3,154	2.42
Personal Illness	73% 2,285	18% 560	9% 275	3,120	1.36
Family Responsibilities	41% 1,303	33% 1,026	26% 818	3,147	1.85

Q11 How difficult was it for you to find a supervisor?

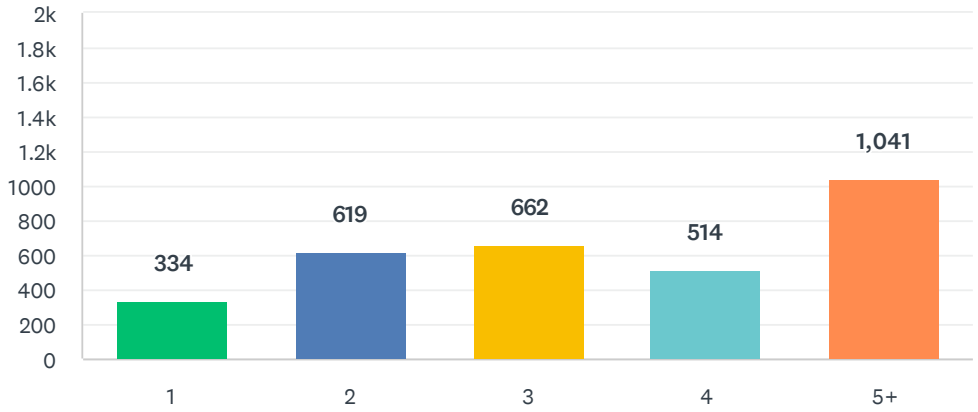
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely Difficult	7%	224
Difficult	17%	536
Neither Difficult nor Easy	25%	780
Easy	30%	957
Extremely Easy	21%	673
TOTAL		3,170

Q12 How many clinical supervisors do you/or have you had?

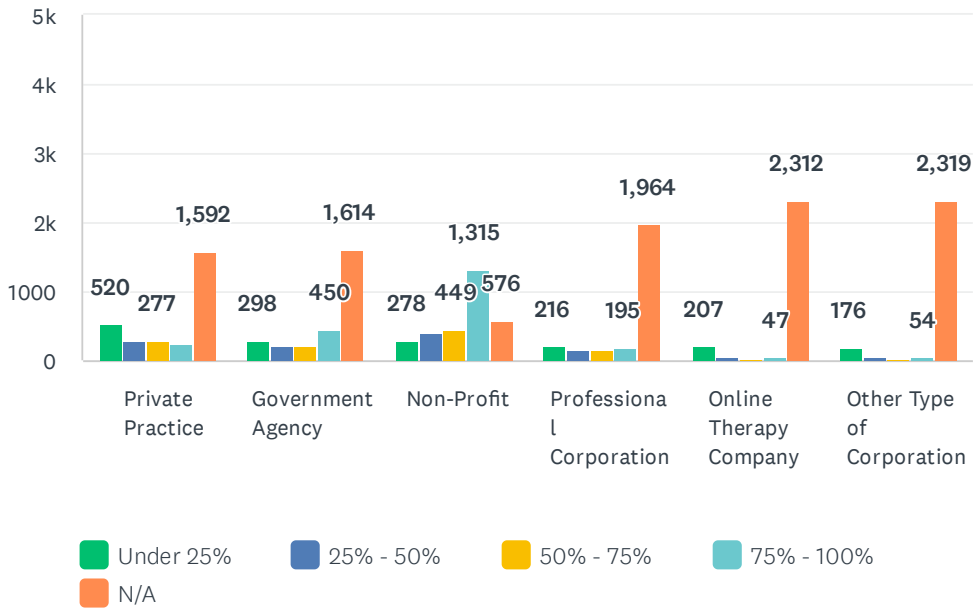
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	11%	334
2	20%	619
3	21%	662
4	16%	514
5+	33%	1,041
TOTAL		3,170

Q13 How much of your supervised experience did you gain in the following settings?

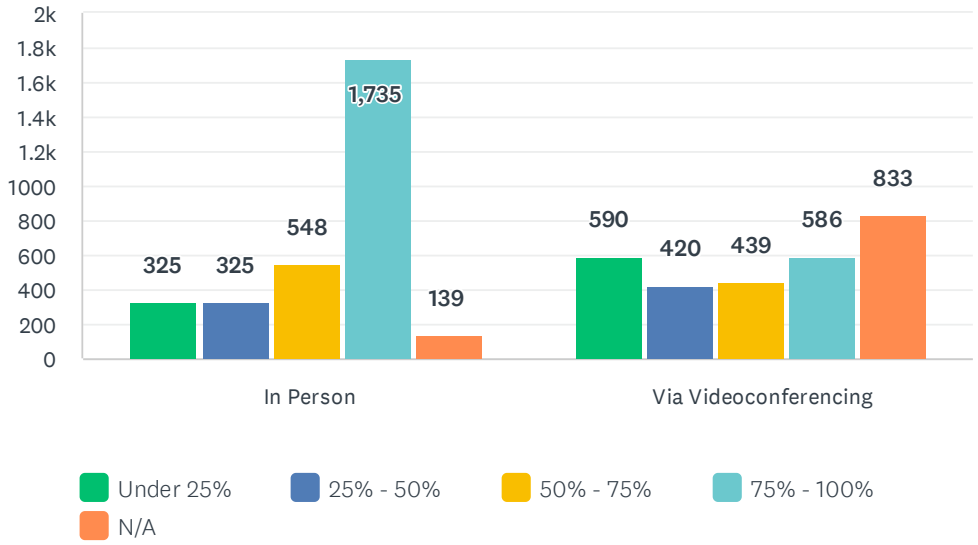
Answered: 3,170 Skipped: 0



	UNDER 25%	25% - 50%	50% - 75%	75% - 100%	N/A	TOTAL
Private Practice	18% 520	10% 295	9% 277	8% 235	55% 1,592	2,919
Government Agency	11% 298	8% 218	7% 206	16% 450	58% 1,614	2,786
Non-Profit	9% 278	13% 402	15% 449	44% 1,315	19% 576	3,020
Professional Corporation	8% 216	6% 166	6% 158	7% 195	73% 1,964	2,699
Online Therapy Company	8% 207	2% 43	1% 35	2% 47	87% 2,312	2,644
Other Type of Corporation	7% 176	2% 46	1% 29	2% 54	88% 2,319	2,624

Q14 What percentage of your supervision was the following?

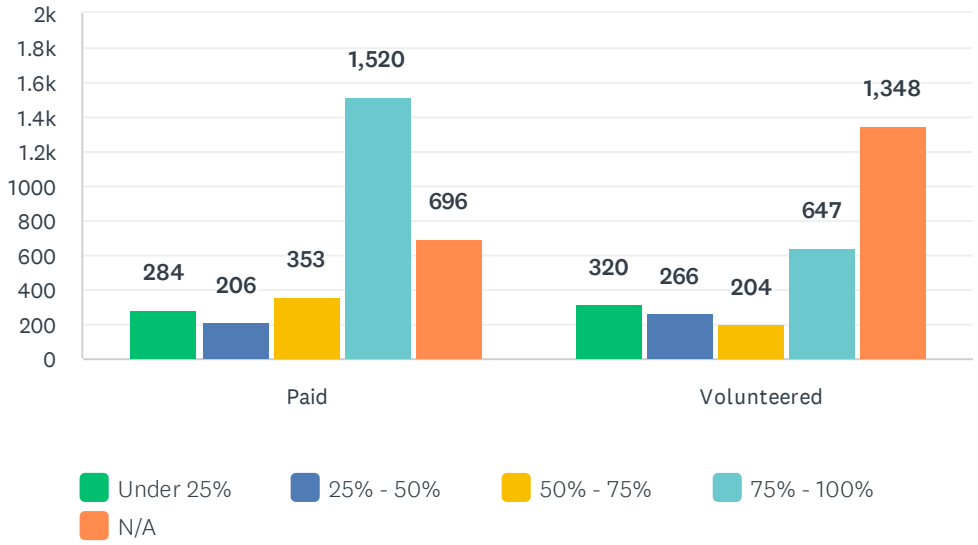
Answered: 3,170 Skipped: 0



	UNDER 25%	25% - 50%	50% - 75%	75% - 100%	N/A	TOTAL	WEIGHTED AVERAGE
In Person	11% 325	11% 325	18% 548	56% 1,735	5% 139	3,072	3.26
Via Videoconferencing	21% 590	15% 420	15% 439	20% 586	29% 833	2,868	2.50

Q15 What percentage of your supervision was?

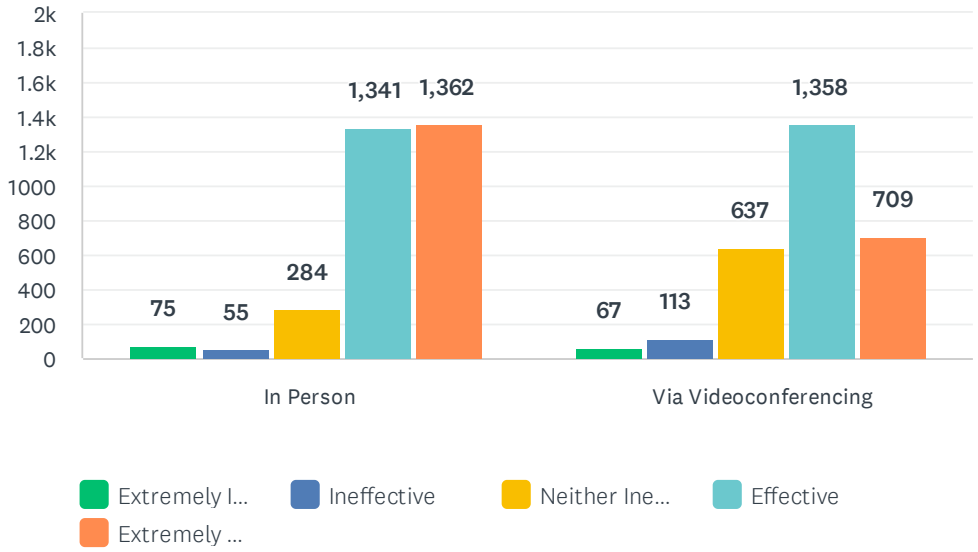
Answered: 3,170 Skipped: 0



	UNDER 25%	25% - 50%	50% - 75%	75% - 100%	N/A	TOTAL	WEIGHTED AVERAGE
Paid	9% 284	7% 206	12% 353	50% 1,520	23% 696	3,059	3.32
Volunteered	11% 320	10% 266	7% 204	23% 647	48% 1,348	2,785	2.82

Q16 How effective would you consider the types of supervision?

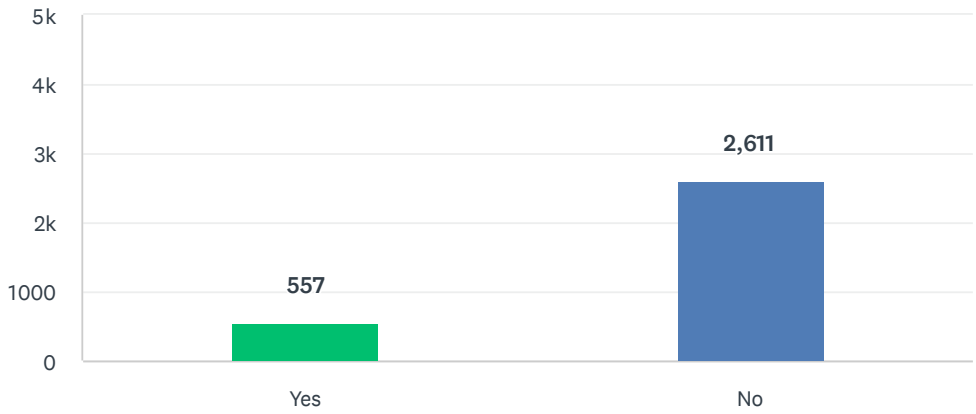
Answered: 3,170 Skipped: 0



	EXTREMELY INEFFECTIVE	INEFFECTIVE	NEITHER INEFFECTIVE OR EFFECTIVE	EFFECTIVE	EXTREMELY EFFECTIVE	TOTAL	WEIGHTED AVERAGE
In Person	2% 75	2% 55	9% 284	43% 1,341	44% 1,362	3,117	4.24
Via Videoconferencing	2% 67	4% 113	22% 637	47% 1,358	25% 709	2,884	3.88

Q17 Did you pay for supervision?

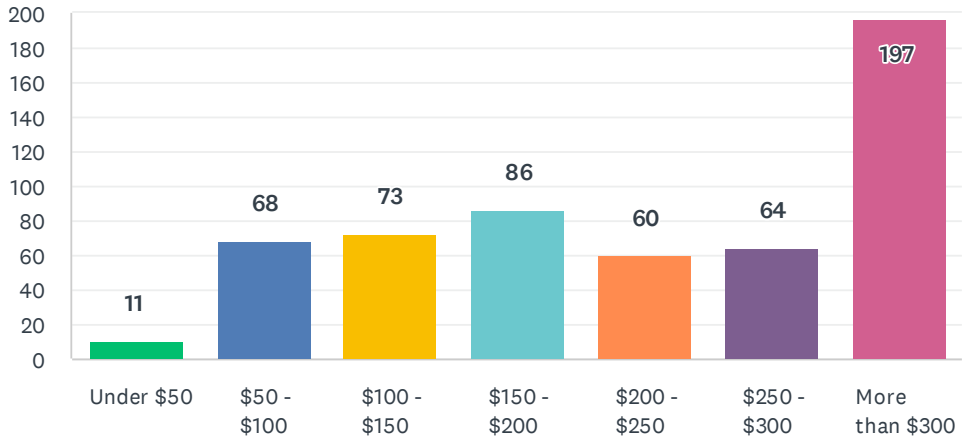
Answered: 3,168 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	18%	557
No	82%	2,611
TOTAL		3,168

Q18 How much did supervision cost you per month?

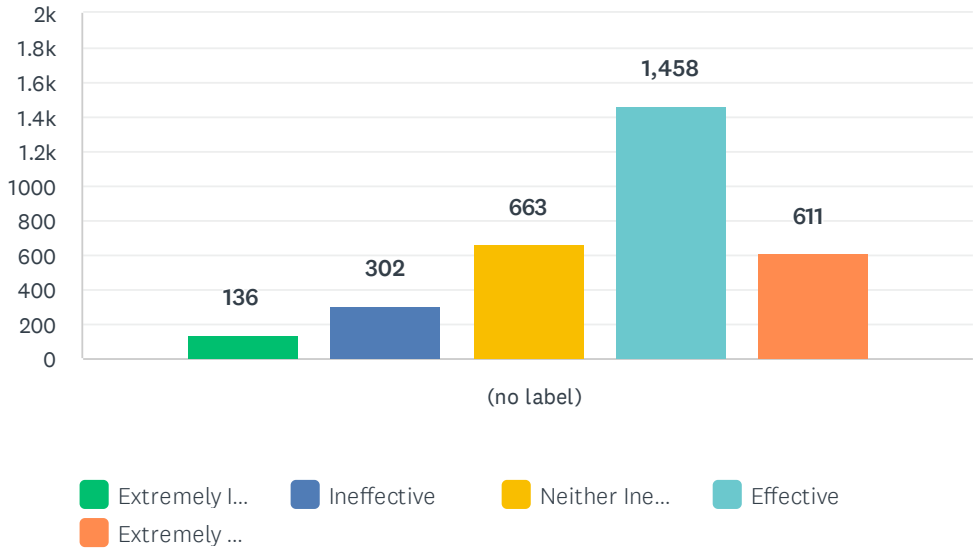
Answered: 559 Skipped: 2,611



ANSWER CHOICES	RESPONSES	
Under $50	2%	11
$50 - $100	12%	68
$100 - $150	13%	73
$150 - $200	15%	86
$200 - $250	11%	60
$250 - $300	11%	64
More than $300	35%	197
TOTAL		559

Q19 How effective was your supervision in preparing you for licensure?

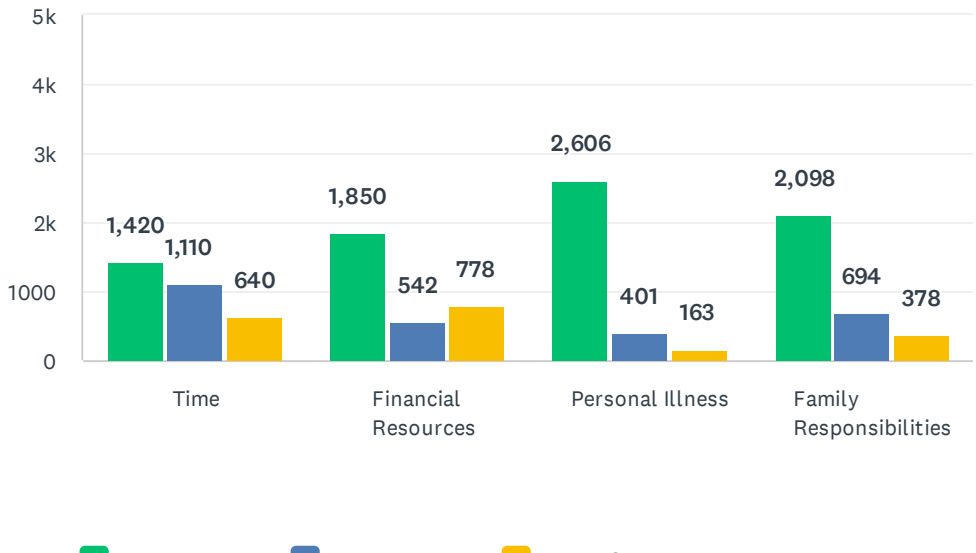
Answered: 3,170 Skipped: 0



	EXTREMELY INEFFECTIVE	INEFFECTIVE	NEITHER INEFFECTIVE OR EFFECTIVE	EFFECTIVE	EXTREMELY EFFECTIVE	TOTAL	WEIGHTED AVERAGE
(no label)	4% 136	10% 302	21% 663	46% 1,458	19% 611	3,170	3.66

Q20 To what extent would you consider the following as having been a barrier to obtaining supervision?

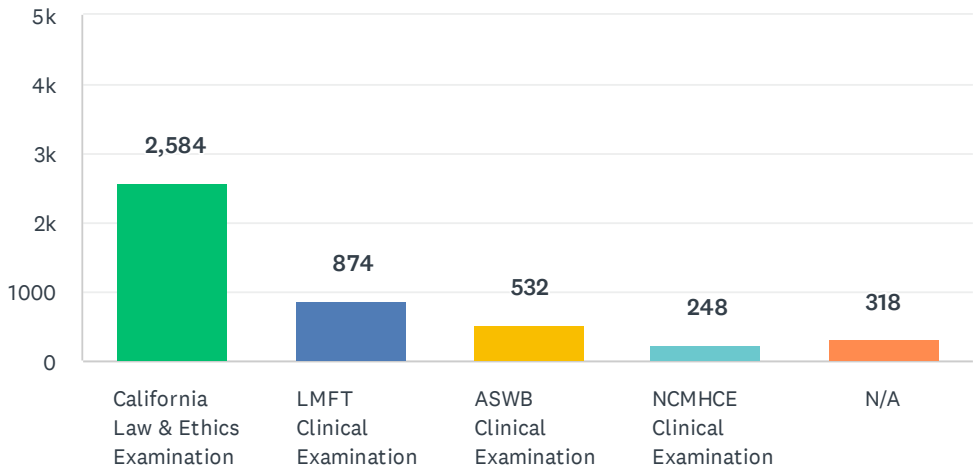
Answered: 3,170 Skipped: 0



	NOT A BARRIER	A MINOR BARRIER	A SIGNIFICANT BARRIER	TOTAL	WEIGHTED AVERAGE
Time	45% 1,420	35% 1,110	20% 640	3,170	1.75
Financial Resources	58% 1,850	17% 542	25% 778	3,170	1.66
Personal Illness	82% 2,606	13% 401	5% 163	3,170	1.23
Family Responsibilities	66% 2,098	22% 694	12% 378	3,170	1.46

Q21 Which Board examinations have you participated in?

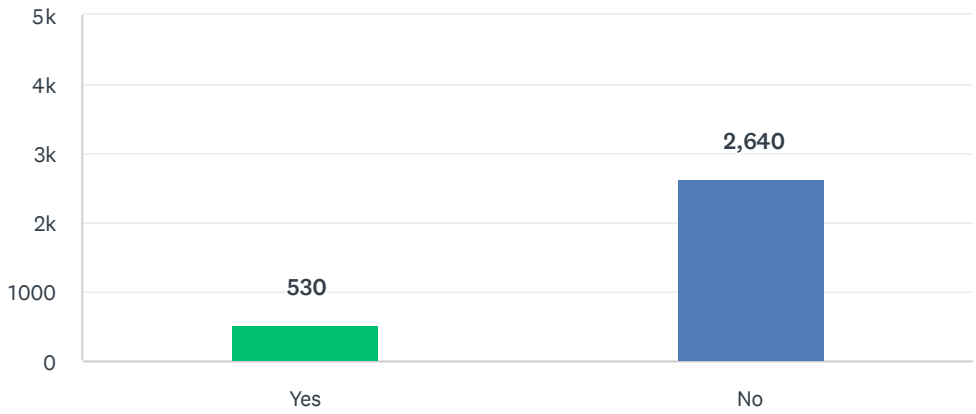
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
California Law & Ethics Examination	82%	2,584
LMFT Clinical Examination	28%	874
ASWB Clinical Examination	17%	532
NCMHCE Clinical Examination	8%	248
N/A	10%	318
Total Respondents: 3,170		

Q22 Did you have to retake the CA Law and Ethics Examination?

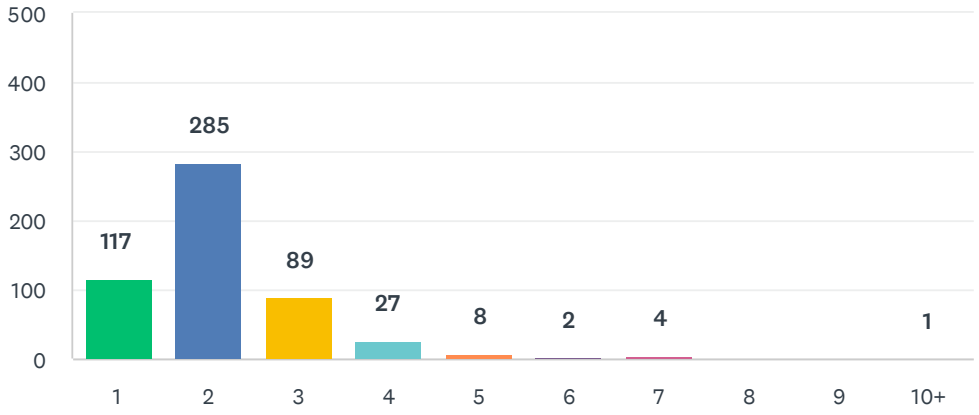
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	17%	530
No	83%	2,640
TOTAL		3,170

Q23 How many times did you take the CA Law & Ethics Examination?

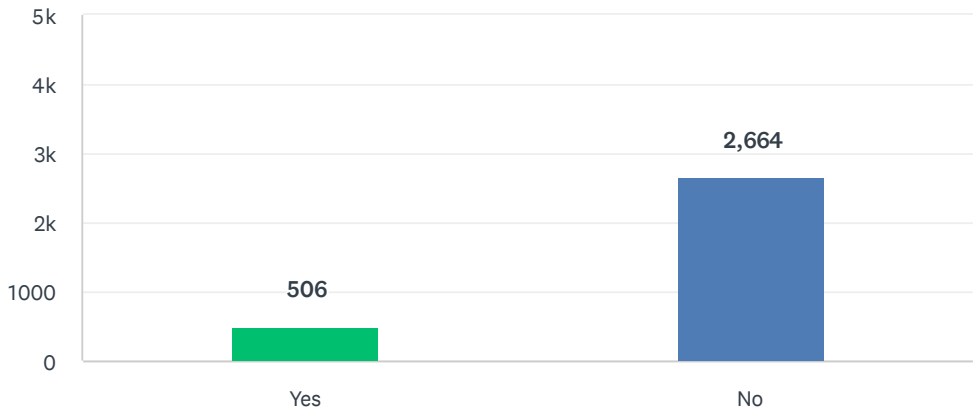
Answered: 533 Skipped: 2,637



ANSWER CHOICES	RESPONSES	
1	22%	117
2	53%	285
3	17%	89
4	5%	27
5	2%	8
6	0%	2
7	1%	4
8	0%	0
9	0%	0
10+	0%	1
TOTAL		533

Q24 Did you have to retake the clinical examination?

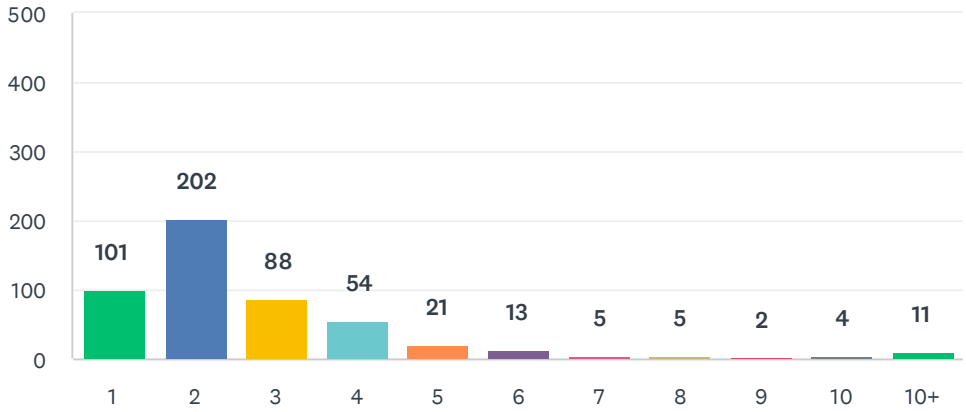
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	16%	506
No	84%	2,664
TOTAL		3,170

Q25 How many times did you take the clinical examination?

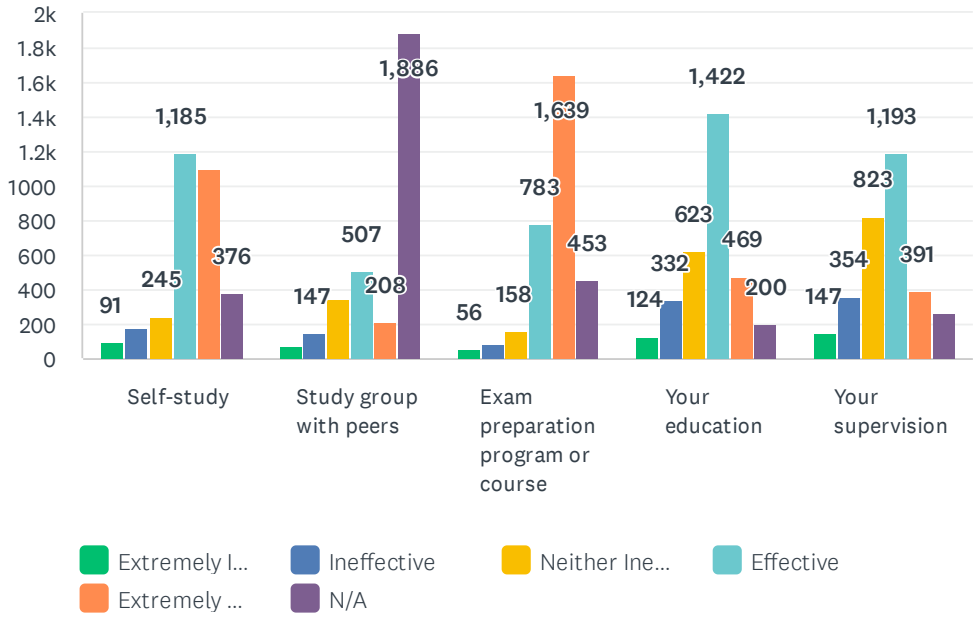
Answered: 506 Skipped: 2,664



ANSWER CHOICES	RESPONSES	
1	20%	101
2	40%	202
3	17%	88
4	11%	54
5	4%	21
6	3%	13
7	1%	5
8	1%	5
9	0%	2
10	1%	4
10+	2%	11
TOTAL		506

Q26 How effective were the following in preparing for examinations?

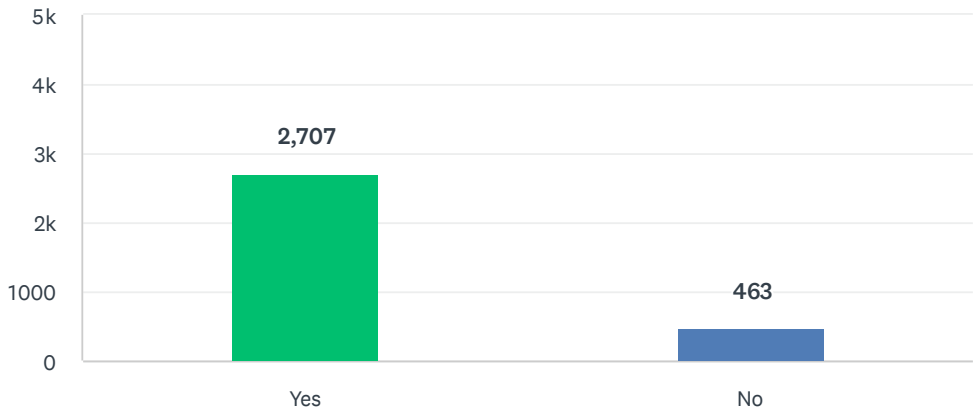
Answered: 3,170 Skipped: 0



	EXTREMELY INEFFECTIVE	INEFFECTIVE	NEITHER INEFFECTIVE OR EFFECTIVE	EFFECTIVE	EXTREMELY EFFECTIVE	N/A	TOTAL	WEIGHTED AVERAGE
Self-study	3% 91	6% 177	8% 245	37% 1,185	35% 1,096	12% 376	3,170	4.08
Study group with peers	2% 77	5% 147	11% 345	16% 507	7% 208	59% 1,886	3,170	3.48
Exam preparation program or course	2% 56	3% 81	5% 158	25% 783	52% 1,639	14% 453	3,170	4.42
Your education	4% 124	10% 332	20% 623	45% 1,422	15% 469	6% 200	3,170	3.60
Your supervision	5% 147	11% 354	26% 823	38% 1,193	12% 391	8% 262	3,170	3.46

Q27 Did you utilize an examination preparation course or program?

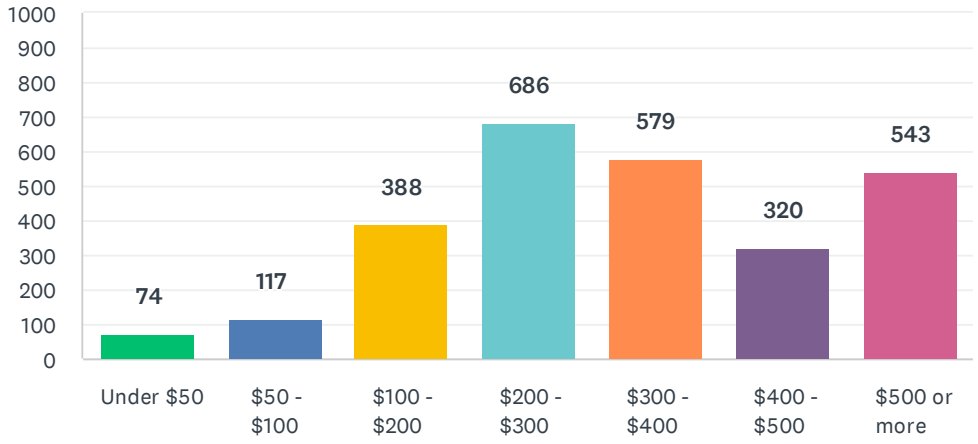
Answered: 3,170 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85%	2,707
No	15%	463
TOTAL		3,170

Q28 How much did you spend on course preparation programs or courses?

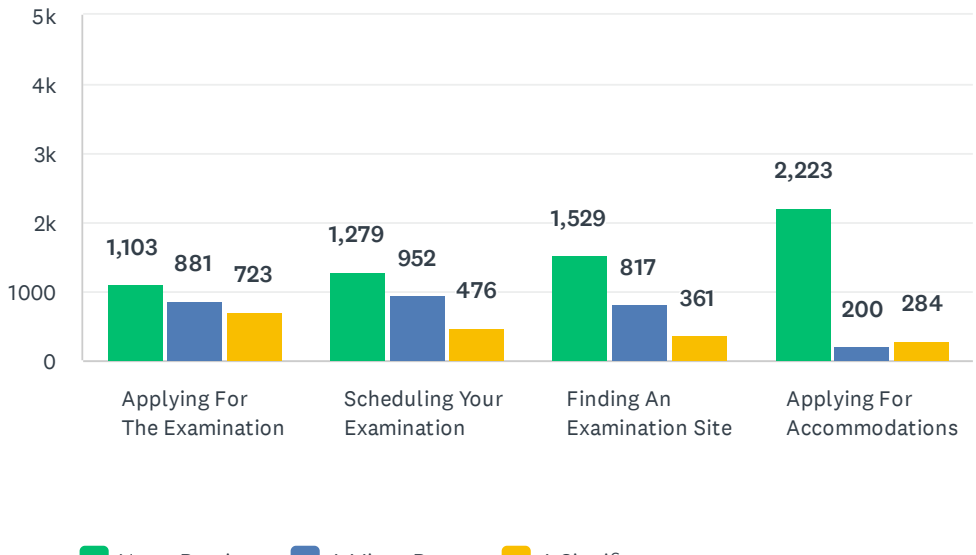
Answered: 2,707 Skipped: 463



ANSWER CHOICES	RESPONSES	
Under $50	3%	74
$50 - $100	4%	117
$100 - $200	14%	388
$200 - $300	25%	686
$300 - $400	21%	579
$400 - $500	12%	320
$500 or more	20%	543
TOTAL		2,707

Q29 To what extent would you consider the following as having been a barrier during your examination experience?

Answered: 2,707 Skipped: 463



	NOT A BARRIER	A MINOR BARRIER	A SIGNIFICANT BARRIER	TOTAL	WEIGHTED AVERAGE
Applying For The Examination	41% 1,103	33% 881	27% 723	2,707	1.86
Scheduling Your Examination	47% 1,279	35% 952	18% 476	2,707	1.70
Finding An Examination Site	56% 1,529	30% 817	13% 361	2,707	1.57
Applying For Accommodations	82% 2,223	7% 200	10% 284	2,707	1.28

Q30 Is there any additional additional comments about the pathway to licensure that you would like to share?

Answered: 1,578 Skipped: 1,592

ATTACHMENT D

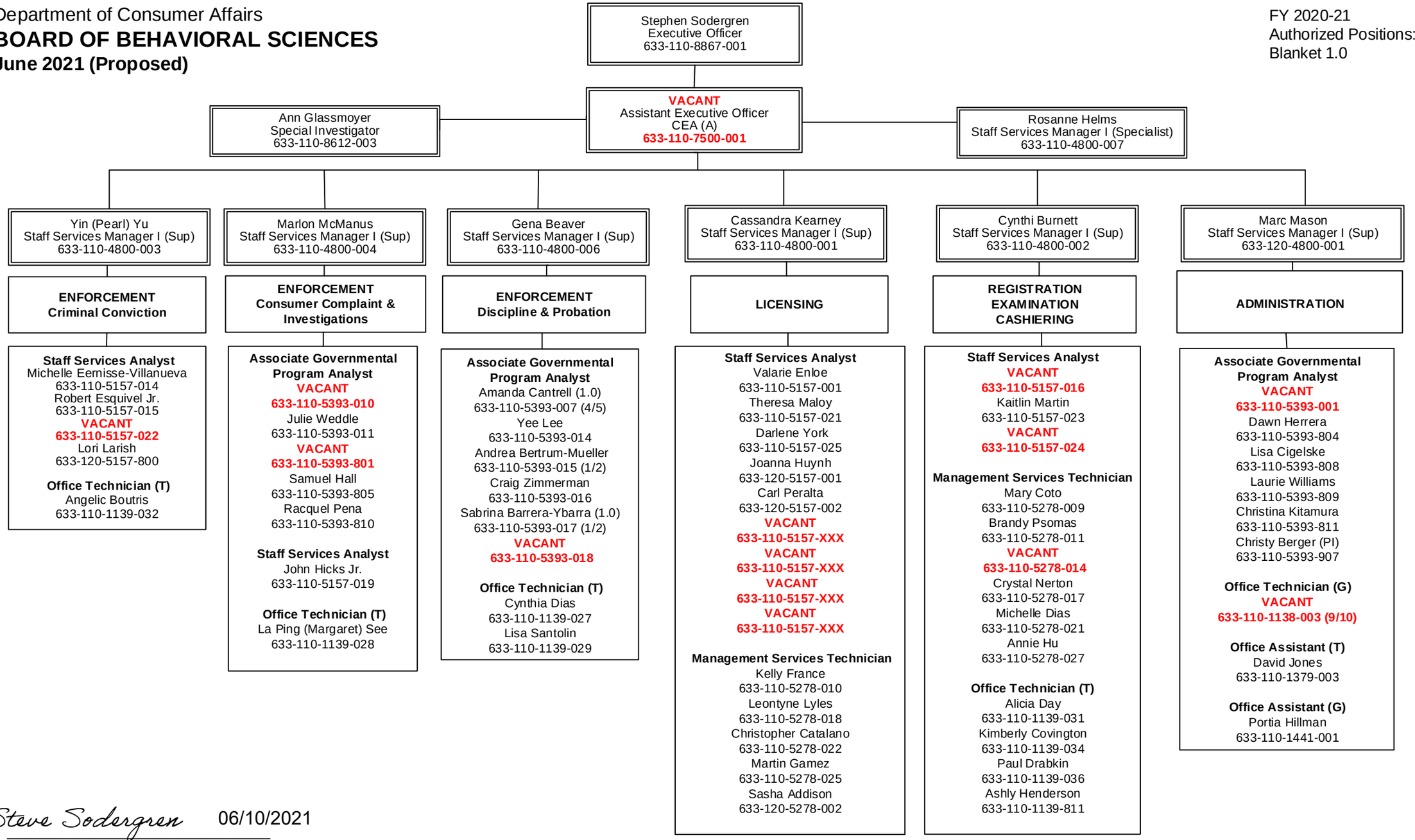
YEAR-END ORGANIZATION CHARTS FOR LAST FOUR FISCAL YEARS

Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES

June 2021 (Proposed)

FY 2020-21
Authorized Positions: 63.7
Blanket 1.0



Steve Sodergren 06/10/2021

Executive Officer Date

Personnel Analyst Date

All Positions within BBS are designated CORI positions

Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES

JUNE 2022 (Current)

FY 2021-22
Authorized Positions: 63.7
Blanket 1.0

Stephen Sodergren
Executive Officer
633-110-8867-001

Marlon McManus
Assistant Executive Officer
CEA (A)
633-110-7500-001

Ann Glassmoyer
Special Investigator
633-110-8612-003

Rosanne Helms
Staff Services Manager I (Specialist)
633-110-4800-007

Yin (Pearl) Yu
Staff Services Manager I (Sup)
633-110-4800-003

ENFORCEMENT
CRIMINAL CONVICTION

Staff Services Analyst
Michelle Eernisse-Villanueva
633-110-5157-014
Robert Esquivel Jr.
633-110-5157-015
Angelic Boutris
633-110-5157-022
Lori Larish
633-120-5157-800

Office Technician (T)
VACANT
633-110-1139-032

Samuel Hall
Staff Services Manager I (Sup)
633-110-4800-004

ENFORCEMENT
CONSUMER COMPLAINT & INVESTIGATIONS

Associate Governmental Program Analyst
Syreeta Risso
633-110-5393-010
Julie Weddle
633-110-5393-011
Alexander Juarez
633-110-5393-801
VACANT
633-110-5393-805
Racquel Pena
633-110-5393-810

Staff Services Analyst
John Hicks Jr.
633-110-5157-019

Office Technician (T)
La Ping (Margaret) See
633-110-1139-028

Gena Beaver
Staff Services Manager I (Sup)
633-110-4800-006

ENFORCEMENT
DISCIPLINE & PROBATION

Associate Governmental Program Analyst
Amanda Cantrell (1.0)
633-110-5393-007 (4/5)
Yee Lee
633-110-5393-014
Andrea Bertrum-Mueller
633-110-5393-015 (1/2)
Craig Zimmerman
633-110-5393-016
Sabrina Barrera-Ybarra (1.0)
633-110-5393-017 (1/2)
Lisa Santolin
633-110-5393-018

Office Technician (T)
Cynthia Dias
633-110-1139-027
VACANT
633-110-1139-029

Lisa Cigelske
Staff Services Manager I (Sup)
633-110-4800-001

LICENSING

Associate Governmental Program Analyst
Carl Peralta
633-110-5393-803

Staff Services Analyst
Valarie Enloe
633-110-5157-001
Christopher Catalano
633-110-5157-002
Leontyne Lyles
633-110-5157-003
Hayley Sutter
633-110-5157-004
Anthony Beasley II
633-110-5157-005
VACANT
633-110-5157-021
Sasha Addison
633-110-5157-025
VACANT
633-120-5157-001
VACANT
633-120-5157-002

Management Services Technician
Arlisha Phillips
633-110-5278-010
Kevin Sullivan
633-110-5278-018
Martin Gamez
633-110-5278-025
VACANT
633-120-5278-002

Cynthi Burnett
Staff Services Manager I (Sup)
633-110-4800-002

REGISTRATION, EXAMINATION & CASHIERING

Associate Governmental Program Analyst
Ellen-Marie Viegas
633-110-5393-802

Staff Services Analyst
Kaitlin Martin
633-110-5157-023
Roman Mikhalchuk
633-110-5157-024

Management Services Technician
Mary Coto
633-110-5278-009
Brandy Psomas
633-110-5278-011
Paul Drabkin
633-110-5278-014
Crystal Nerton
633-110-5278-017
Michelle Dias
633-110-5278-021
Annie Hu
633-110-5278-027

Office Technician (T)
VACANT
633-110-1139-031
Kimberly Covington
633-110-1139-034
VACANT
633-110-1139-036
Ashly Henderson
633-110-1139-811

Marc Mason
Staff Services Manager I (Sup)
633-120-4800-001

ADMINISTRATION

Associate Governmental Program Analyst
VACANT
633-110-5393-001
Dawn Herrera
633-110-5393-804
VACANT
633-110-5393-808
Laurie Williams
633-110-5393-809
Christina Kitamura
633-110-5393-811
Christy Berger (PI)
633-110-5393-907

Office Technician (G)
VACANT
633-110-1138-003 (9/10)

Office Assistant (T)
David Jones
633-110-1379-003

Office Assistant (G)
Portia Hillman
633-110-1441-001

All Positions within BBS are designated CORI positions

Steve Sodergren — 06/15/2022

Executive Officer — Date

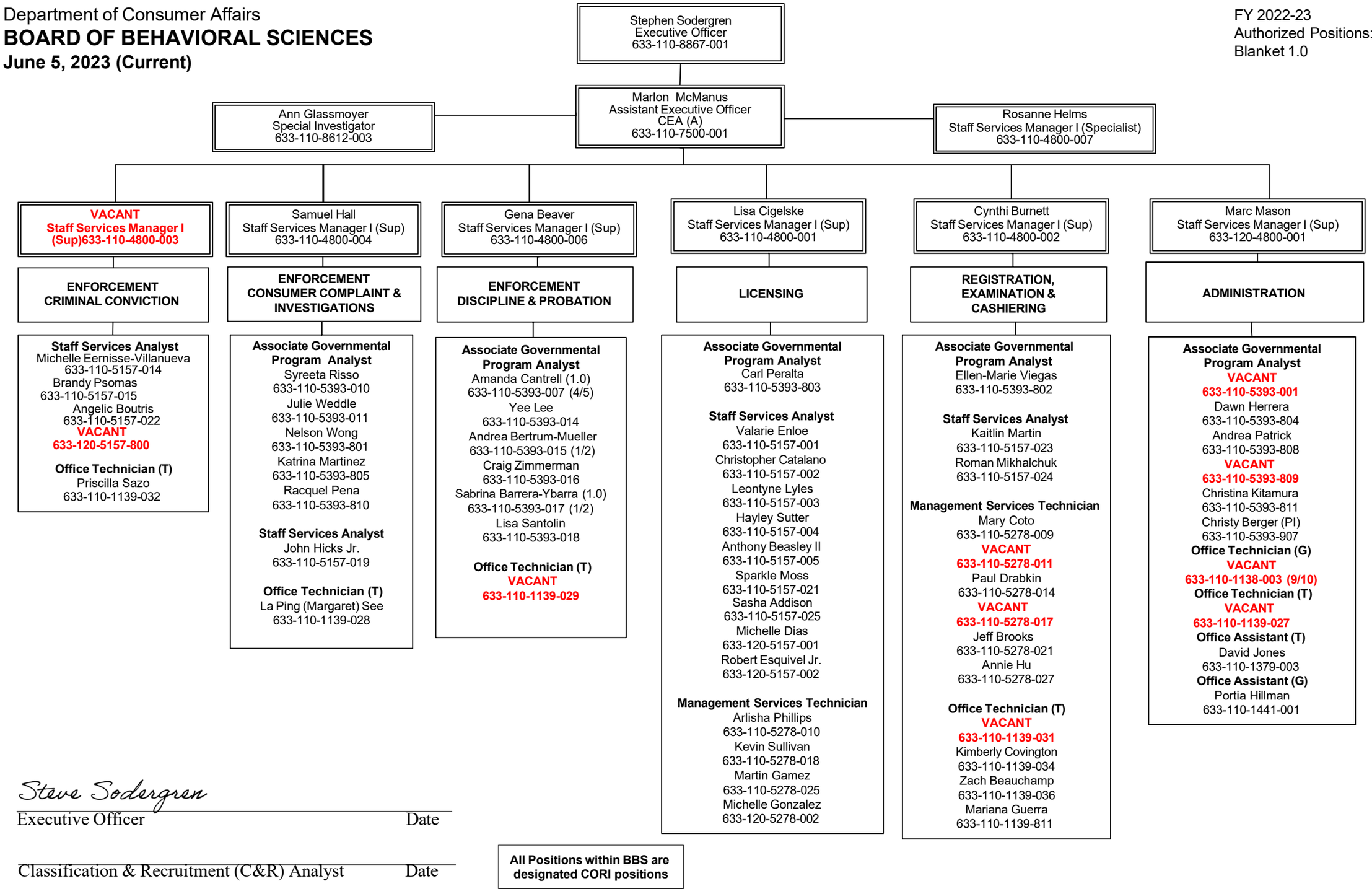
Classification & Recruitment (C&R) Analyst — Date

Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES

June 5, 2023 (Current)

FY 2022-23
Authorized Positions: 63.7
Blanket 1.0



Steve Sodergren

Executive Officer Date

Classification & Recruitment (C&R) Analyst Date

All Positions within BBS are designated CORI positions

Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES

JUNE 26, 2024

All Positions within BBS are designated CORI positions.

FY: 2023-24 Authorized Positions: 63.7 Blanket 1.0

Stephen Sodergren
Executive Officer
633-110-8867-001

Marlon McManus
Assistant Executive Officer CEA (A)
633-110-7500-001

Ann Glassmoyer
Special Investigator
633-110-8612-003

Rosanne Helms*
Staff Service Manager I (Specialist)
633-110-4800-007

Christy Berger *
Staff Services Manager I (Specialist)
633-110-4800-008

Ashley Castleberry
633-110-4800-003
Staff Services Manager I
ENFORCEMENT
CRIMINAL CONVICTION

STAFF SERVICES ANALYST

Michelle Eernisse-Villanueva
633-110-5157-014

Brandy Psomas
633-110-5157-015

John Hicks Jr
633-110-5157-019

Angelic Boutris
633-110-5157-022

OFFICE TECHNICIAN (T)

Andrea Hernandez
633-110-1139-032

Samuel Hall
633-110-4800-004
Staff Services Manager I
ENFORCEMENT
CONSUMER COMPLAINT & INVESTIGATIONS

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

VACANT (Risso) LT
633-110-5393-010

Julie Weddle
633-110-5393-011

Nelson Wong
633-110-5393-801

Katrina Martinez
633-110-5393-805

Racquel Pena
633-110-5393-810

Office Technician (T)

Priscilla Sazo
633-110-1139-028

Gena Beaver
633-110-4800-006
Staff Services Manager I
ENFORCEMENT
DISCIPLINE & PROBATION

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

Amanda Cantrell(1.0)
633-110-5393-007 (.8)

Yee Lee
633-110-5393-014

Andrea Bertrum-Mueller
633-110-5393-015 (.5)

Craig Zimmerman
633-110-5393-016

Sabrina Barrera-Ybarral (1.0)
633-110-5393-017 (.5)

Lisa Santolin
633-110-5393-018

STAFF SERVICES ANALYST

Paul Drabkin
633-110-5157-026

Lisa Cigelske
633-110-4800-001
Staff Services Manager I
LCSW & LPCC LICENSING

STAFF SERVICES ANALYST

Ashley Fryer
633-110-5157-004

Hayley Sutter
633-110-5157-021

Sasha Addison
633-110-5157-025

MANAGEMENT SERVICES TECHNICIAN

VACANT (Phillips) LT
633-110-5278-010

Kevin Sullivan
633-110-5278-018

Martin Gamez
633-110-5278-025

Andrea Patrick
633-110-4800-010
Staff Services Manager I
LMFT & LEP LICENSING

STAFF SERVICES ANALYST

Christopher Catalano
633-110-5157-002

Leontyne Lyles
633-110-5157-003

Anthony Beasley II
633-110-5157-005

Arlisha Phillips
633-110-5157-907 (LT)

Robert Esquivel Jr.
633-120-5157-002

MANAGEMENT SERVICES TECHNICIAN

Michelle Gonzalez
633-120-5278-002

Carl Peralta
633-110-4800-009
Staff Services Manager I
REGISTRATION

STAFF SERVICES ANALYST

Valarie Enloe
633-110-5157-001

Shari Brunner
633-110-5157-027

Lydia Va'a
633-120-5157-812

Michelle Dias
633-120-5157-001

MANAGEMENT SERVICES TECHNICIAN

Iskra Rodriguez
633-110-5278-011

Jordan Beasley
633-110-5278-017

Vanessa Garay
633-110-5278-021

Annie Hu
633-110-5278-027

Zach Beauchamp
633-110-5278-907 (LT)

OFFICE TECHNICIAN (T)

Kimberly Covington
633-110-1139-034

VACANT (Guerra)
633-110-1139-811

Marc Mason
633-120-4800-001
Staff Services Manager I
ADMINISTRATION

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

Dawn Herrera
633-110-5393-804

VACANT (Patrick)
633-110-5393-808

Sparkle Moss
633-110-5393-809

Christina Kitamura
633-110-5393-811

Syreeta Risso
633-110-5393-907 (LT)

OFFICE TECHNICIAN (T)

Krystal Martinez
633-110-1139-027

OFFICE ASSISTANT (T)

David Jones
633-110-1379-003

OFFICE ASSISTANT (G)

Portia Hillman
633-110-1441-001

Cynthi Burnett
633-110-4800-002
Staff Services Manager I
EXAMINATION & CASHIERING

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

Ellen-Marie Viegas
633-110-5393-802

STAFF SERVICES ANALYST

Kaitlin Martin
633-110-5157-023

Roman Mikhalchuk
633-110-5157-024

MANAGEMENT SERVICES TECHNICIAN

Mary Coto
633-110-5278-009

Office Technician (T)

Pratikshya Baral
633-110-1139-031

Bimala Rai (LT)
633-110-1139-036

Steve Sodergren

6/26/2024

Executive Officer — Date

Classification and Recruitment Analyst — Date

KEY
*= EXCEPTIONAL ALLOCATION
G=GENERAL
LT= LIMITED TERM
T=TYPING

SECTION 12

APPENDICES

APPENDIX A

BOARD OF BEHAVIORAL SCIENCES STRATEGIC PLAN 2022-2026

2024

Board of Behavioral Sciences

2022 - 2026 Amended Strategic Plan

Adopted:

SOLID PLANNING

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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Members of the Board

Christopher C. Jones, NCSP, LEP Member - Chair
Wendy Strack, Public Member - Vice Chair
Nick Boyd, LPCC Member
Susan Friedman, Public Member
Justin Huft, LMFT Member
Abigail Ortega, LCSW Member
Kelly Ranasinghe, Public Member
John Sovec, LMFT Member
Eleanor Uribe, LCSW Member
Annette Walker, Ph.D., Public Member

Gavin Newsom, Governor
Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency
Kimberly Kirchmeyer, Director, Department of Consumer Affairs
Steve Sodergren, Executive Officer, Board of Behavioral Sciences

Message from the Board President

As president of the California Board of Behavioral Sciences, it is my honor to introduce the 2022–26 Strategic Plan and to express my greatest appreciation for the work and contribution of the board members, staff, and stakeholders in developing this plan that will assist in guiding the Board during the next four years.

Events of the last few years have brought into clearer focus some of the challenges and opportunities the Board will need to consider when working toward ensuring the highest quality mental health for all Californians. The increased use of telehealth, spurred by the COVID-19 pandemic, has made it necessary to review current Board statutes and regulations to ensure consumer safety. Social unrest across California and the country has highlighted the need to ensure the Board is being equitable and inclusive in all its decision and policies. Additionally, the Board will need to explore ways in which to support the development of a culturally responsive mental health workforce that will be able to meet the increasing needs of Californians.

The 2022–26 Strategic Plan emphasizes reducing unnecessary barriers to licensure, supporting a culturally responsive workforce, increasing access through technology, and Board accountability. The ongoing effort to create an environment that is efficient, streamlined, and technologically friendly will continue. As in the previous strategic plan, the focus will continue to be on licensing, examination, enforcement, legislation, and outreach and education. The Board continues to have a strong commitment to protect and serve Californians by setting, communicating, and enforcing standards for competent mental health practice. Above all, the Board of Behavioral Sciences is dedicated to consumer protection, accountability, transparency, customer service, integrity, quality, and respect.

The Board continues to encourage the public to share and participate in this joint venture in maintaining the highest quality of mental health care for all Californians.

— Christopher Jones

About the Board

A Pioneering Beginning
In 1945, California became the first state to register social workers with the formation of the Board of Social Work Examiners. Jump ahead 18 years, to 1963, and this young regulatory agency received a new responsibility: administration of the Marriage, Family, and Child Counselor Act (later renamed the Social Worker and Marriage Counselor Act). New responsibilities meant a new name too. Appropriately, the Board was renamed the Social Worker and Marriage Counselor Qualification Board.

The 1960s proved to be a busy decade with the establishment of the Licensed Clinical Social Worker Program in 1967. Then in 1970, a licensing program for Educational Psychologists was added to the Board, inspiring a new name: the Board of Behavioral Science Examiners.

Continuing Change
The Board took its current name, the Board of Behavioral Sciences, on January 1, 1997. This name better represents the true mission and duties of the Board.

Effective July 1, 1999, the then Marriage, Family, and Child Counselor profession underwent a name change. All references in statute or regulation to "licensed marriage, family, and child counselor" or "marriage, family, and child counselor" were changed to "licensed marriage and family therapist" or "marriage and family therapist." The Board discontinued regulating MFT and LCSW corporations on January 1, 2000. However, the corporations are still required to file their articles with the California Secretary of State.

The Board Forges Ahead…
Focusing on its mission, The Board of Behavioral Sciences looks to continue its commitment to protect the consumers of California through effective enforcement, ensure credibility and high professional standards through examinations and licensing requirements, and provide excellent customer service to all its constituents.

The BBS Way
- **B**e a person of Integrity
- **B**e Professional and Dedicated
- **S**erve with Excellence

Mission, Vision, and Values

Our Mission

Protect and serve Californians by setting, communicating, and enforcing standards for safe and competent mental health practices.

Our Vision

All Californians are able to access the highest quality mental health services.

Our Values

- Accountability
- Customer Service
- Integrity
- Quality
- Respect

Goal 1: Licensing

Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.

1.1 Streamline application process with online submission to decrease processing times.

1.2 Collaborate with the Department of Consumer Affair's Organizational Improvement Office to review the application process and implement improvements to reduce processing times.

1.3 Partner with agencies, communities, and other stakeholder groups, to reduce barriers to licensure and foster the development of a diverse, culturally competent, and responsive mental health workforce.

1.4 Increase communication with applicants and licensees to reduce common application or licensing maintenance errors.

1.5 Develop accessible video presentations to increase understanding of the licensing process and the pathways to licensure.

1.6 Identify strategies to minimize financial barriers to entering the profession.

1.7 Partner with organizations to support mentoring opportunities that provide education, professional connections, and assistance with pathways to licensure to build community trust and diversify the workforce.

Goal 2: Examination

Administer fair, valid, comprehensive, and relevant licensing examinations.

2.1 Identify and implement strategies to increase the diversity of subject matter experts to ensure examinations are culturally responsive.

2.2 Improve the examination process to ensure timely and equitable access to licensure.

2.3 Review, report, and determine feasibility of adopting the use of the Association of Marital and Family Therapists Regulatory Boards (AMFTRB) national exam for the Licensed Marriage and Family Therapist (LMFT) Clinical exam.

Goal 3: Enforcement

Protect the health and safety of consumers through the enforcement of laws.

3.1 Develop and implement an effective communication process from open to close of a case to ensure applicants, complainants, and respondents are better informed about the status of their case.

3.2 Educate licensees, associates, and consumers about the enforcement process to increase awareness of the Board's enforcement role and responsibilities.

3.3 Review and make recommendations to the Board's existing enforcement statutes and regulations to ensure clarity, proportionality, cohesiveness, and equity as necessary.

3.4 Evaluate and establish internal policies and procedures related to enforcement issues to ensure an equitable process that reflects rehabilitation versus punitive measures for the purpose of consumer protection.

3.5 Identify and implement strategies to increase diversity in the pool of qualified enforcement subject matter experts to ensure equitable enforcement proceedings.

Goal 4: Legislation & Regulation

Ensure the statutes, regulations, policies, and procedures strengthen the Board's mandates and mission.

4.1 Implement statutes and regulations that comprehensively address telehealth and educate stakeholders, licensees, and consumers about telehealth.

4.2 Review current licensing requirements regarding registration, exam, and supervised experience timeframes and make recommendations for possible amendments to current statutes and regulations with an emphasis on best practices and to ensure fair and equitable processes and outcomes.

4.3 Review and update statutes and regulations related to additional coursework requirements for associates and the Continuing Education Unit requirements for licensees with consideration of social and economic impact.

4.4 Modernize and clarify statutes and regulations related to advertising to ensure they keep up with current advertisement practices.

4.5 Explore ways to reduce financial burdens that arise from supervision fees and lack of supervisee compensation to expand opportunities for entry into the profession.

Goal 5: Organizational Effectiveness

Build an excellent organization through proper Board governance, effective leadership, and responsible management.

5.1 Review the current organizational structure to ensure efficient operations and equitably nurture career mobility and development amongst staff.

5.2 Collaborate with the Department of Consumer Affair's Organizational Improvement Office to review internal processes and implement improvements to better serve the stakeholders and the Board.

5.3 Advance transition to reduce the use of paper documents to promote environmental friendliness, reduce costs, and reduce processing times.

5.4 Formalize a communication plan that will ensure quicker responses to emerging concerns from stakeholders.

5.5 Increase employee engagement and job satisfaction by creating a more inclusive approach to performance management reviews.

Goal 6: Outreach & Education

Engage stakeholders through continuous communication about the practice and regulation of the professions, and mental health care.

6.1 Create a more responsive and robust consumer and licensing education program through videos, social media campaigns, and electronic publications to ensure understanding of new changes in laws and regulations.

6.2 Collaborate with entities that work with consumers to increase equitable and inclusive outreach to diverse populations.

6.3 Increase and diversify Board engagement with schools, training programs, public events, and relevant professional organizations to raise awareness of the Board's role and activities.

6.4 Identify and implement strategies to gain increased participation in Board meetings from a wider group of stakeholders.

6.5 Increase awareness of the profession by using outreach to build relationships with underserved communities and diversify the workforce.

Strategic Planning Process

To understand the environment in which the Board operates and to identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID Planning unit (SOLID) conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- Interviews were conducted with all thirteen board members, the executive officer, and six members of board management during the month of April 2021, to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.

- Online surveys were sent to external stakeholders and board staff on March 30, 2021, and closed on April 23, 2021. In the survey, external stakeholders and board staff provided anonymous input regarding the challenges and opportunities the Board is currently facing or will face in the upcoming years. A total of eleven staff and one thousand nine hundred and seventy-six external stakeholders participated in the survey.

The most significant themes and trends identified from the environmental scan were discussed by the board members and the executive officer during two strategic planning sessions facilitated by SOLID Planning on September 9th, 2021, and October 4th, 2021. This information guided the Board in the review of its mission, vision, and values while directing the strategic goals and objectives outlined in its new strategic plan.

DEI Supplement Process

In September of 2022, Governor Gavin Newsom, through Executive Order N-16-22, strengthened the State's commitment to a "California For All" by directing state agencies and departments to take additional actions to embed equity analysis and considerations into its policies and practices, including but not limited to the strategic planning process.

SOLID conducted a new DEI focused scan and analysis during August and September of 2023. Feedback was solicited from external stakeholders, board members, and the Board's leadership and staff. This feedback was used to assist BBS in considering a diversity, equity, and inclusion perspective to its current strategic plan.

Board of Behavioral Sciences
1625 N. Market Blvd., Suite S-200
Sacramento, CA 95834
Phone: (916) 574-7830
https://www.bbs.ca.gov

Strategic plan adopted on May 17. 2024.
This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the [Full Program Name] on [Month] [Day] of [Year]. Subsequent amendments may have been made after the adoption of this plan.

Prepared by:
SOLID Planning Solutions
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834

APPENDIX B

SELF-EMPOWERMENT: HOW TO CHOOSE A MENTAL HEALTH PROFESSIONAL

SELF empowerment

How to choose a mental health professional

BBS
Board of Behavioral Sciences

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

This publication is available in 12 languages other than English, available by clicking below and also at the Board of Behavioral Sciences website, www.bbs.ca.gov, by clicking on the "Consumers" tab and scrolling down to "Publications."

Arabic
Armenian
Chinese
Farsi
French
Hindi
Japanese
Korean
Russian
Spanish
Tagalog
Vietnamese

It's your decision

Choosing a therapist

A strong relationship with your therapist is vital to successful mental health treatment. If you use mental health services in California, you should feel comfortable asking some basic questions before choosing a therapist. The Board of Behavioral Sciences has prepared this booklet to help you make an informed decision.

Questions to ask a potential therapist

You may want to interview several candidates before making your choice. Start by giving the therapist a brief description of why you are seeking mental health services. Then, ask the therapist for information such as:

- The type of license held (if not yet licensed, the name and license type of the therapist's supervisor).
- If the therapist has experience treating issues similar to yours.
- What specific training the therapist has related to your situation.
- How and when the length of treatment is determined.
- Whether the therapist practices from a particular "model" of treatment, and if so, a brief description of that treatment and what it involves.

Continued on page 2

Questions to ask a potential therapist continued from page 1

- If he or she has forensic experience (this question applies only if you need services because of a legal action, such as a child custody dispute).
- Whether the therapist takes your insurance; and if not, the cost of therapy sessions. If the cost is not affordable, you may want to ask if they offer a sliding scale.
- If medication might be needed, whether he or she can make a referral to a psychiatrist or other physician.
- If the therapist can accommodate your schedule for therapy appointments.
- What the office policies are regarding cancellations, vacation coverage, and phone calls between sessions.

The intake and assessment process

The intake and assessment process usually consists of one to three sessions in which you talk with your therapist about your current situation and needs. Your individual and family histories are also discussed at this time. The therapist should discuss insurance and fees, privacy, and the limits of confidentiality. These meetings should give you a good idea of your therapist's style and whether he or she is a good match for your background, personality, clinical needs, and goals. If you are not comfortable with the therapist's style, you may wish to search for another therapist. Feeling comfortable with your therapist is very important to the success of your treatment.

Treatment plan

At the end of the assessment process, your therapist should give you a working diagnosis and treatment plan. This plan should include a recommendation about the number of sessions and referrals for other services that you may need to effectively resolve your issues (i.e., referral for medication, testing of a child with learning problems, etc.). You and your therapist should work together on your treatment plan. Therapy is a process that requires time and effort from both you and your therapist.

Client rights

You, as a client, have a right to:

- Request and receive information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.
- Be treated with dignity and respect.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy or other services from your provider.
- Decline to answer any question or disclose any information you choose not to reveal.
- Request and receive information from the therapist about your progress toward your treatment goals.

Continued on page 4

Client rights continued from page 3

- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
- Decline a particular type of treatment, or end treatment without obligation or harassment.
- Refuse electronic recording.
- Request and (in most cases) receive a summary of your records, including the diagnosis, your progress, and the type of treatment.
- Report unethical and illegal behavior by a therapist.
- Receive a second opinion at any time about your therapy or therapist's methods.
- Have a copy of your file transferred to any therapist or agency you choose.

Mental health professionals in California

There are many different types of licensed mental health professionals. In California, they are regulated by different agencies. It's a good idea to be familiar with all of them so that you can make an informed decision.

Check the license of the mental heath professional you choose before your first visit. Here's a list of the types of mental health professionals, the agencies that license them, and their contact information:

Continued on page 5

Mental health professionals in California continued from page 4

Licensed Marriage and Family Therapists, Associate Marriage and Family Therapists

Board of Behavioral Sciences
(916) 574-7830
www.bbs.ca.gov

Licensed Clinical Social Workers, Associate Clinical Social Workers

Board of Behavioral Sciences
(916) 574-7830
www.bbs.ca.gov

Licensed Professional Clinical Counselors, Associate Professional Clinical Counselors

Board of Behavioral Sciences
(916) 574-7830
www.bbs.ca.gov

Licensed Psychologists, Psychological Assistants, Registered Psychologists

Board of Psychology
(916) 574-7720
www.psychology.ca.gov

Psychiatrists

Medical Board of California
(800) 633-2322
www.mbc.ca.gov

Psychiatric Technicians

Board of Vocational Nursing and Psychiatric Technicians
(916) 263-7800
www.bvnpt.ca.gov

Psychiatric Mental Health Nurses

Board of Registered Nursing
(916) 322-3350
www.rn.ca.gov

Licensed Educational Psychologists

Board of Behavioral Sciences
(916) 574-7830
www.bbs.ca.gov

How do I find a therapist in my area?

- Internet search engines can help you locate therapists or clinics in your area. Try searching "(your city/county low-cost mental health services)" or "(your city/county mental health therapists)".
- Dial "2-1-1" or visit www.211.org for resources and referrals.
- Visit www.namica.org and search for your local chapter of the National Alliance on Mental Illness.
- Visit Mental Health America's website at www.mentalhealthamerica.net/finding-help.

If you have health insurance, find out what mental health services (for example, inpatient, outpatient, or substance abuse) your plan covers. Many health insurance plans use some form of managed care, such as an HMO. Call your insurance company, read your Evidence of Coverage booklet, or visit your health plan's website for more information.

You can still get treatment if you do not have health insurance, or if your insurance does not cover mental health. Community-based mental health programs offer low-cost or sliding-scale (income-based) fees. You may have to do some research to find these services, however.

Telehealth (online or telephone therapy)

Mental health professionals may offer therapy sessions online, through an app, via text or over the telephone under certain conditions. While telehealth is not ideal for all situations, it makes treatment available to those who may not otherwise be able or willing to receive mental health care. Any therapist providing telehealth to a client in California must be licensed in California. The therapist is required to disclose the fee for services, how and to whom the fee will be paid, methods used to ensure confidential communications, and the risks and benefits of receiving therapy via telehealth.

Where else can I get information?

The Department of Managed Health Care, the Department of Insurance, and the Office of the Patient Advocate can answer questions about your health care plan. Visit them online for more information.

Department of Managed Health Care:
www.dmhc.ca.gov

Department of Insurance:
www.insurance.ca.gov

Office of the Patient Advocate:
www.opa.ca.gov

About the Board of Behavioral Sciences

We protect you in several ways, including:

- Ensuring high standards of licensees through education, professional experience, and examination requirements.
- Investigating consumer complaints and bringing appropriate action.
- Giving you access to valuable information and resources.

Filing a complaint

We review all complaints regarding our licensees and registrants. If you have questions about how to file a complaint, please visit our website at www.bbs.ca.gov, or call the Board's Enforcement Unit at (916) 574-7890.

Our Consumer Complaint form and instructions are available in the "Consumers" section of our website. These forms can also be sent to you upon request.

For more information

Call, write, or visit us online at:
Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

Disclaimer: The questions and recommendations contained in this brochure are for the purpose of educating consumers about typical patient experiences with mental health treatment. Every individual's experience with mental health treatment is unique. This brochure offers suggestions only and your specific treatment experience may differ from these descriptions. Differences are to be expected and do not necessarily mean that your provider is not following a responsible treatment course.

BBS

Board of Behavioral Sciences

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www.bbs.ca.gov

PDE_20-084

APPENDIX C

WHO ARE THE BOARD'S LICENSEES

BBS
Board of Behavioral Sciences

WHO ARE THE BOARD'S LICENSEES?

The Board of Behavioral Sciences licenses four types of mental health professionals:

- **Licensed Marriage and Family Therapists (LMFTs)**
- **Licensed Educational Psychologists (LEPs)**
- **Licensed Clinical Social Workers (LCSWs)**
- **Licensed Professional Clinical Counselors (LPCCs)**

Here is a brief description of what each does, and their qualifications:

LICENSED MARRIAGE AND FAMILY THERAPISTS[1]

A licensed Marriage and Family Therapist (LMFT) is a licensed mental health provider who provides psychotherapy and related services to individuals, couples, families, and groups. LMFTs are trained to evaluate, diagnose, and treat mental and emotional disorders, behavioral issues, and a wide range of relationship dynamics that disrupt interpersonal family relationships. An LMFT employs a variety of therapeutic approaches including, but not limited to, family systems theories and techniques when working with individuals, couples, families, and groups.

An LMFT in California has earned a qualifying master's or doctoral degree from an educational institution accredited by a regional or national accreditor recognized by the United States Department of Education or approved by the California Bureau for Private Postsecondary Education, or accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). In addition, LMFTs are required to complete extensive supervised experience prior to licensure. Their training and education hone the skills needed to work in various diverse settings such as private practices, government entities, and health care organizations such as hospitals, nonprofits, and educational institutions. An LMFT may provide services as a solo practitioner, or they may work as part of a team with other authorized healing arts professionals that work jointly to address a patient's needs.

The scope of practice for LMFTs is defined in California law in Business and Professions Code section **4980.02**.

LICENSED EDUCATIONAL PSYCHOLOGISTS[2]

Licensed Educational Psychologists (LEPs) focus on the intersection between mental health, learning, behavior, and educational success. They work with students and families in public schools, universities, private practice, and as consultants. At a minimum they hold a master's degree and have worked as a school psychologist with a pupil personnel services credential for at least two years. Many also hold advanced specialist or doctoral degrees. LEPs are specially trained to provide educationally related mental health services, including providing counseling for students, parents, and families; and managing crises, such as suicidal ideation and threats of violence. LEPs conduct program evaluations to assist schools, districts, and other stakeholders in assessing the effectiveness of educational programs. They also conduct individual evaluations for and diagnosis of disabilities affecting student success; develop treatment programs to ensure student success; and work with families and educators to address students' need with the ultimate goal of educational and lifelong success.

The scope of practice for LEPs is defined in California law in Business and Professions Code section **4989.14**.

[1] This description is based on information provided by the California Association of Marriage and Family Therapists (CAMFT).

[2] This description is based on information provided by the California Association of School Psychologists (CASP).

WHO ARE THE BOARD'S LICENSEES?

LICENSED CLINICAL SOCIAL WORKERS[3]

There are two types of social workers: clinical and nonclinical. The Board only licenses clinical social workers. Under current law, a license is not required to be a nonclinical social worker.

To qualify for licensure as a Licensed Clinical Social Worker (LCSW), a social worker must have a master's degree in social work from a school accredited by the Commission on Accreditation of the Council on Social Work Education. In addition, LCSWs are required to complete extensive supervised experience prior to licensure. Clinical social work is a specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Individual, group, and family therapy are common treatment modalities, though not the only ones used.

LCSWs work to improve their client's overall well-being and quality of life and are trained to identify and address social, economic, cultural, and psychological issues that affect people's lives. They are also trained to advocate for social justice and promote policies and programs that help address systemic and social inequities. LCSWs may work in a variety of settings, including schools, hospitals, mental health clinics, government agencies, community-based organizations, and private practice.

The scope of practice for LCSWs is defined in California law in Business and Professions Code section **4996.9**.

LICENSED PROFESSIONAL CLINICAL COUNSELORS[4]

Licensed Professional Clinical Counselors (LPCCs) provide care for individuals, couples, families, and groups with a variety of concerns, such as relationship concerns, life challenges, and the diagnosis and treatment of mental health and substance abuse disorders. Through therapy, counselors work with clients to develop meaningful changes, identifying goals and potential solutions to concerns in their lives. These may include improved interpersonal communication, relationships, coping skills, self-esteem, grief and loss, effecting positive changes, and promoting mental health.

The primary purpose of counseling is to empower the client to deal adequately with these life situations, reduce stress, experience personal growth, and make well-informed, rational decisions. According to the American Counseling Association, "Professional counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (American Counseling Association, 2022).

LPCCs work in a variety of settings including community behavioral health clinics, substance use treatment centers, hospitals, K-12 schools and higher educational institutions, employee assistance programs, federal agencies such as the Veterans Administration in private practice and nonprofit-based organizations (American Counseling Association, 2022).

LPCCs must have either a master's or doctorate degree in counseling or psychotherapy, and are required to complete extensive supervised experience.

The scope of practice for LPCCs is defined in California law in Business and Professions Code section **4999.20**.

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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

[3] This description is based on information provided by the National Association of Social Workers – California Chapter (NASW-CA).

[4] This description is based on information provided by the California Association for Licensed Professional Clinical Counselors (CALPCC).

APPENDIX D

TELEHEALTH PUBLICATIONS

PLANNING TO SUPERVISE VIA VIDEOCONFERENCING?

Proper supervision is an essential component to the development of future therapists and for consumer protection. While the legal requirements for supervision are similar for supervising in person or supervising via videoconferencing, extra considerations must be taken when deciding to supervise via videoconferencing.

The required individual, triadic, or group supervision must be provided via face-to-face contact. Face-to-face contact means in-person contact, contact via two-way, real-time videoconferencing, or some combination of these.

BEFORE BEGINNING SUPERVISION VIA VIDEOCONFERENCING, CONSIDER:

Do I have the necessary security-compliant software and hardware to conduct supervision via videoconferencing?

Do I understand the different types of devices that can be used for supervision via videoconferencing, and have I assessed and understand the varying levels of risk?

Do I have the proper training for telehealth counseling and remote supervision?

Do I have the skills and ability to provide effective supervision via videoconferencing?

WHEN BEGINNING SUPERVISION THAT INCLUDES VIDEOCONFERENCING:

You must assess the appropriateness of the supervisee to be supervised via videoconferencing. This must include, but is not limited to, the abilities of the supervisee, the preferences of both the supervisee and supervisor, and the privacy of the locations of the supervisee and supervisor while supervision is conducted.

As a best practice, consider conducting one or more initial in-person meetings between the supervisor and supervisee to jump-start the relationship-building process, develop the supervision agreement, and establish protocols for use of the technology.

Establish a protocol for how to handle serious and urgent crisis situations since you will not be physically present to walk the supervisee through these challenges.

Determine how you will maintain privacy during supervisory sessions. This should include how the supervisor and supervisee will conduct supervision in a confidential space without interruptions as well as how case notes will be reviewed.

Discuss how loss of internet connections will be addressed during supervision.

MONITORING THE SUPERVISEE'S PROGRESS TOWARD GOALS:

Consider incorporating at least one method to monitor the supervisee's performance, such as the supervisor reviewing video- or audio-recorded sessions of the supervisee working with a client, or on-site managers or other licensed clinicians performing ongoing documentation review and/or direct observation of the supervisee's performance. The supervisor should be aware of the quality of the supervisee's interpersonal interactions with clients.

Establish lines of communication with any other professionals who are managing the supervisee or monitoring their practice.

Continue to evaluate the effectiveness of supervising via videoconferencing for the supervisee. Focus not only on the content of sessions and interpersonal processes but also on the adequacy of technology used.

SECURITY AND CONFIDENTIALITY:

Information about protected health information including the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act should be provided to the supervisee.

Supervisors and supervisees need to monitor the location of the supervisory sessions and the auditory and visual privacy of the sessions.

Client-identifying information should be kept to a minimum, with initials or codes used to describe the client whenever possible.

When the need arises to discuss sensitive cases or when identifying information needs to be shared, the supervisor and supervisee should ideally arrange to meet in person.

Supervisors and supervisees will need to continuously monitor risks that result from technology to ensure ethically sound practice while using videoconferencing for supervision.

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RESOURCES TO ASSIST YOU IN YOUR ROLE AS A SUPERVISOR:

American Counseling Association 2014 Code of Ethics, Section H: Distance Counseling, Technology, and Social Media (**www.counseling.org**; from the "Knowledge Center" tab, click on the "Code of Ethics" link)

Association of Social Work Boards Technology and Social Work Regulations Resources (**www.aswb.org**; enter "technology and social work regulation resources" in the search box)

California Association of Marriage and Family Therapists Code of Ethics (**www.camft.org**; from the "Membership" tab drop-down menu, select "About Us," then "Association Documents," then "Code of Ethics")

National Association of Social Workers Code of Ethics (**www.socialworkers.org**; from the "About" tab, click on the "Ethics" link)

HIPAA & Telehealth: A Stepwise Guide to Compliance (National Consortium of Telehealth Resource Centers, **https://telehealthresourcecenter.org**; enter "a stepwise guide" in the search box)

HIPAA For Professionals (U.S. Department of Health and Human Services, **www.hhs.gov**; from the "A–Z Index," click on the "Health Information Privacy" link, then the "HIPAA for Professionals" box)

ARE YOU IN CALIFORNIA AND CONSIDERING RECEIVING MENTAL HEALTH SERVICES VIA TELEHEALTH?

Providers that offer mental health services via telehealth in California must hold one of the following California licenses or associate registrations through the Board of Behavioral Sciences:

Associate Marriage and Family Therapist (AMFT), Associate Social Worker (ASW), Associate Professional Clinical Counselor (APCC), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), or Licensed Educational Psychologist (LEP).

DURING YOUR FIRST SESSION, YOUR THERAPIST:

- Must provide you with their license or registration number.
- Must obtain your verbal or written consent to use telehealth when providing you services.
- Must inform you of the potential risks and limitations of receiving treatment via telehealth.
- Must ensure that they have contact information of relevant resources, including emergency services, in your geographic area.

DURING ANY ADDITIONAL SESSIONS WITH YOUR THERAPIST, YOUR THERAPIST:

- Must verify your full name and the address of your present location.
- Must consider whether the session is appropriate for telehealth.
- Must use industry best practices for telehealth to ensure your confidentiality, security of the communication medium, and your safety at all times.

You can verify if your therapist is a California licensee or registrant through our online license look up at **www.breeze.ca.gov**.

If you have concerns about the services that you have received, or believe that your therapist has engaged in unprofessional conduct related to their professional responsibility, you may submit a complaint to the Board at: **www.breeze.ca.gov**.

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OTHER RESOURCES TO ASSIST YOU ON YOUR TELEHEALTH JOURNEY:

Self Empowerment: How to Choose a Mental Health Professional (Board of Behavioral Sciences)

Telehealth Guide for Patients (U.S. Department of Health and Human Services)

Telehealth and Behavioral Health (U.S. Department of Health and Human Services)

8 Things to Know Before Your First Telehealth Visit (California Telehealth Resource Center)

Virtual Care Security Tips for Patients (California Telehealth Resource Center)

ARE YOU GOING TO PROVIDE TELEHEALTH SERVICES IN CALIFORNIA?

You must have a current and active California license to provide marriage and family therapy, educational psychology, clinical social work, and professional clinical counseling services to clients located in California.

WHEN INITIATING TELEHEALTH SERVICES WITH A CLIENT IN CALIFORNIA, YOU MUST:

- Obtain and document verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering services.
- Inform the client of the potential risks and limitations of receiving treatment via telehealth.
- Provide the client with your license or registration number.
- Document your efforts to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

DURING ANY ADDITIONAL SESSION WITH A CLIENT IN CALIFORNIA, YOU MUST:

- Verbally obtain and document the client's full name and address of present location at the beginning of each telehealth session.
- Assess whether the client and the session are appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.
- Utilize industry best practices for telehealth to ensure both client confidentiality, the security of the communication medium, and client safety.

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ADDITIONAL RESOURCES THAT MAY BE HELPFUL:

American Association for Marriage and Family Therapy Best Practices in the Online Practice of Couple and Family Therapy (**www.aamft.org**; enter "online therapy guidelines" in the keyword search box)

American Counseling Association 2014 Code of Ethics, Section H: Distance Counseling, Technology, and Social Media (**www.counseling.org**; from the "Knowledge Center" tab, click on the "Code of Ethics" link)

Association of Social Work Boards Technology and Social Work Regulations Resources (**www.aswb.org**; enter "technology and social work regulation resources" in the search box)

California Association of Marriage and Family Therapists Code of Ethics (**www.camft.org**; from the "Membership" tab drop-down menu, select "About Us," then "Association Documents," then "Code of Ethics")

National Association of Social Workers Code of Ethics (**www.socialworkers.org**; from the "About" tab, click on the "Ethics" link)

(continued on back)

Board of Behavioral Sciences

ADDITIONAL RESOURCES THAT MAY BE HELPFUL:

Telehealth: Virtual Service Delivery Updated Recommendations (National Association of School Psychologists, **www.nasponline.org**; from the "Resources & Publications" tab drop-down menu, select "Resources & Podcasts," then click on the "COVID-19 Resource Center," link, find the document under the "Special Delivery & Special Education" column)

U.S. Department of Health and Human Services Telehealth Resources for Health Care Providers (**www.telehealth.hhs.gov**; select the "For Providers" tab)

Telehealth Best Practice Guides for Providers (U.S. Department of Health and Human Services, **www.telehealth.hhs.gov**; go to the providers page)

American Psychological Association Guidelines for the Practice of Telepsychology (**www.apa.org**; enter "Guidelines for the Practice of Telepsychology" in the search box)

HIPAA & Telehealth: A Stepwise Guide to Compliance (National Consortium of Telehealth Resource Centers, **https://telehealthresourcecenter.org**; enter "a stepwise guide" in the search box)

HIPAA For Professionals (U.S. Department of Health and Human Services, **www.hhs.gov**; from the "A–Z Index," click on the "Health Information Privacy" link, then the "HIPAA for Professionals" box)

APPENDIX E

HCAI BBS RACE & ETHNICITY DATA

(JANUARY 2024)

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

Memo

To: Committee Members **Date:** December 18, 2023

From: Steve Sodergren
Executive Officer

Subject: **Review of the Department of Health Care Access and Information (HCAI) Research Data Center's Race and Ethnicity of California Health Workforce Data Set**

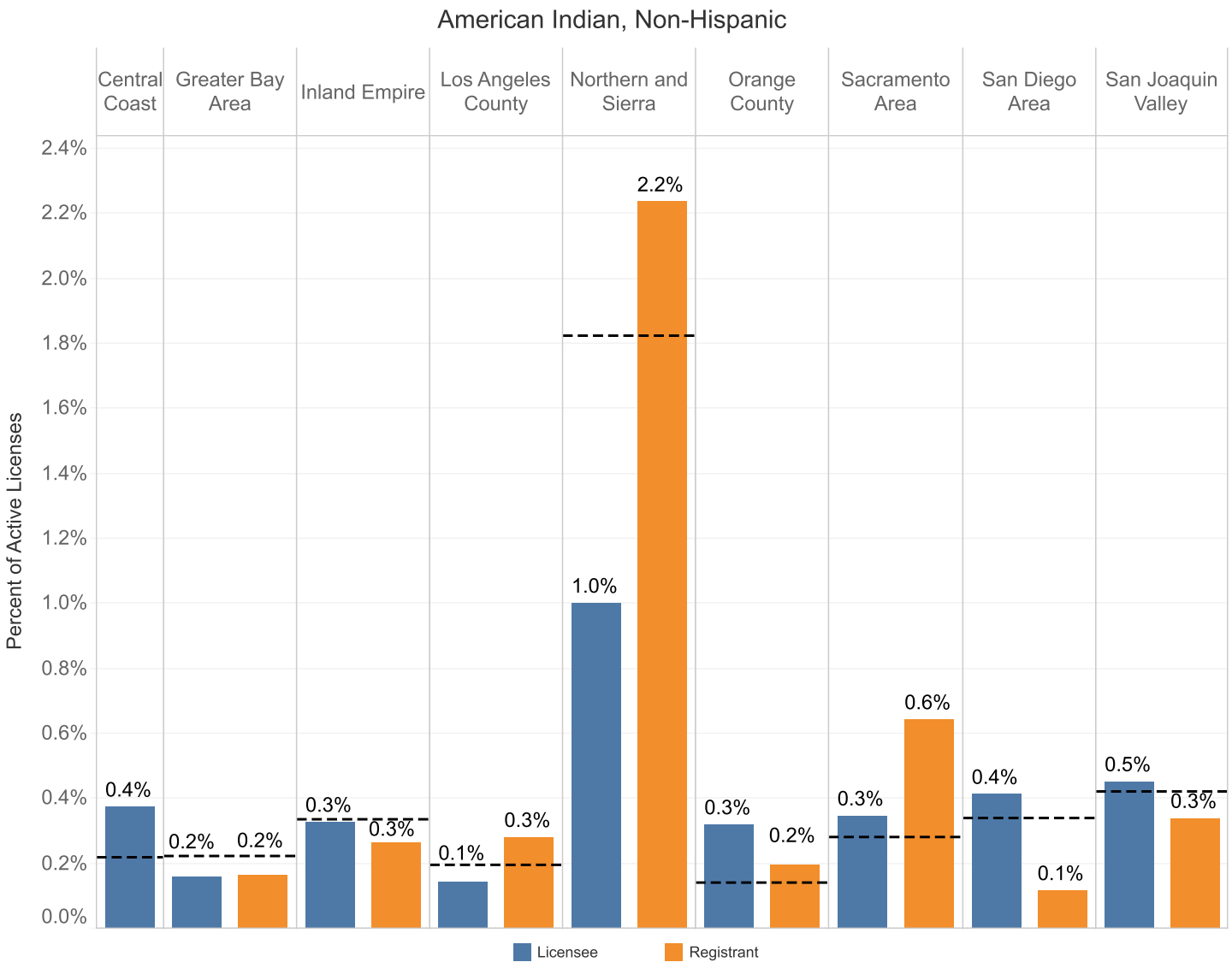
The Department of Health Care Access and Information (HCAI) Research Data Center released an online dashboard for race and ethnicity of California workforce data set. This dashboard allows a user to filter data by workforce category, license name, and region. This dashboard is available at: https://hcai.ca.gov/visualizations/race-ethnicity-of-californias-health-workforce/.

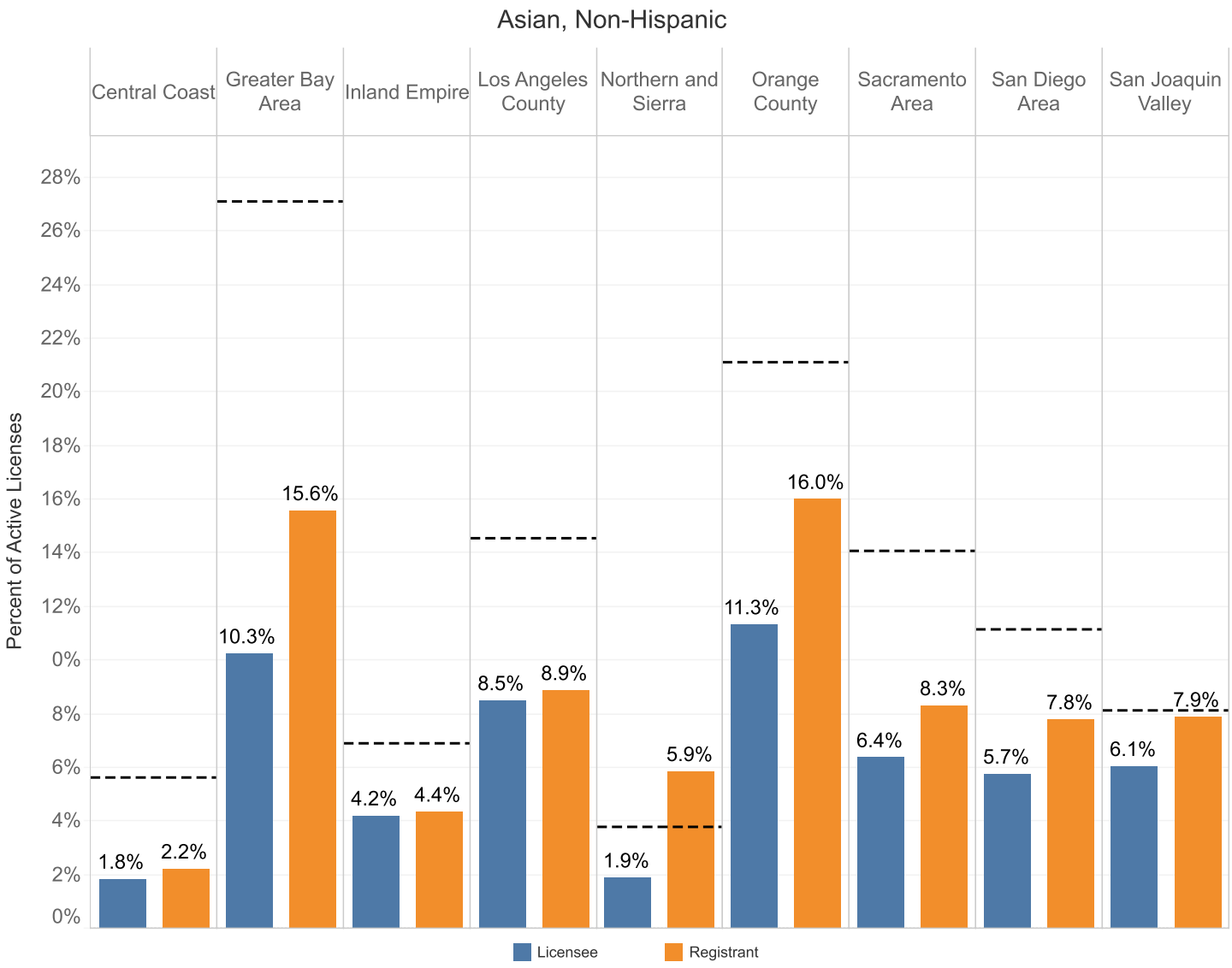
In response to a request by Board staff, HCAI representatives created a report of the Board-specific license types filtered by race and ethnicity for each geographical area of California. These reports are attached. (Attachment A). Additionally, included in the materials are HCAI's key findings and background information on the data collection method. (Attachment B).

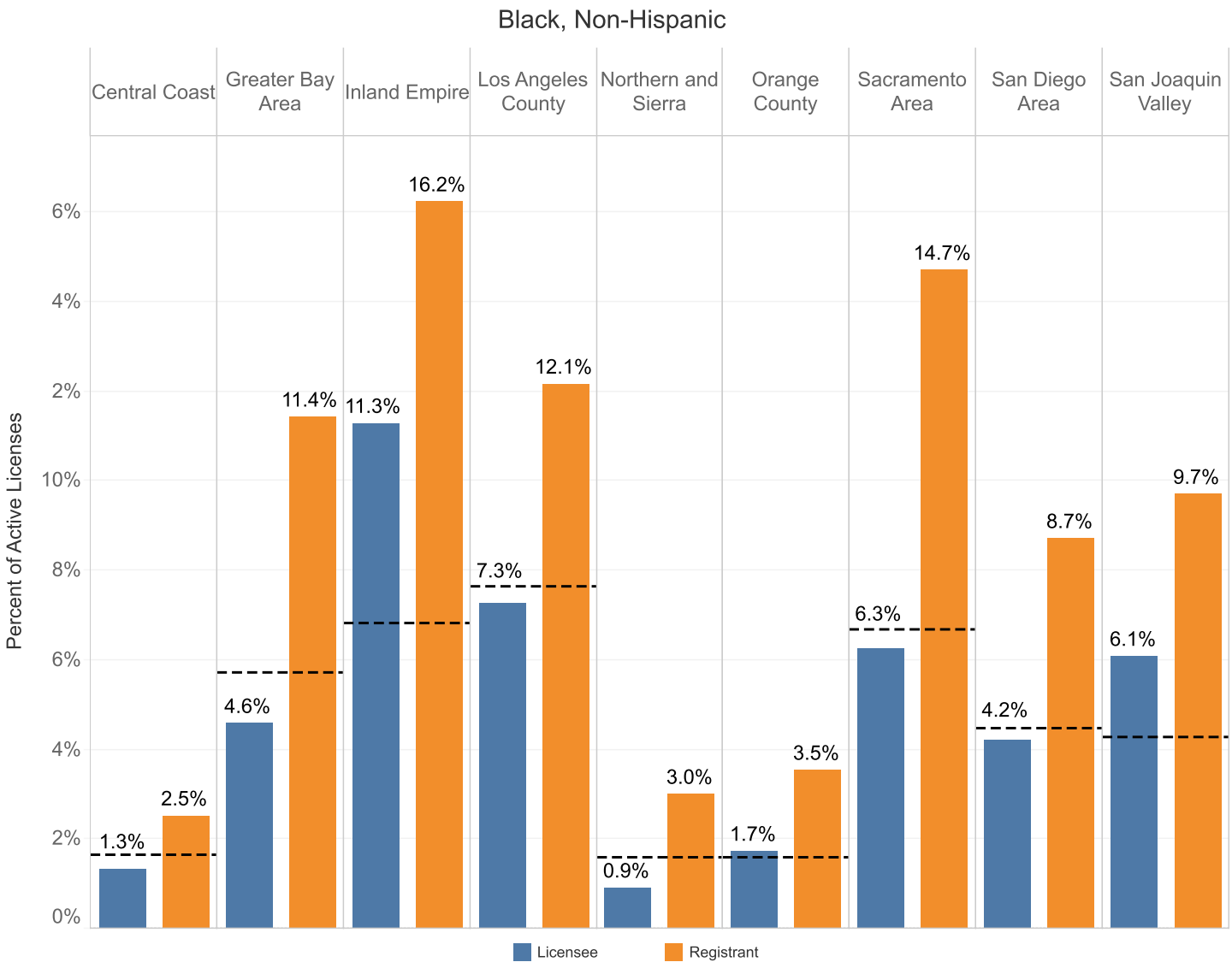
Board staff will continue to work with HCAI to identify additional data sets, reports, and studies that may assist in future committee discussions.

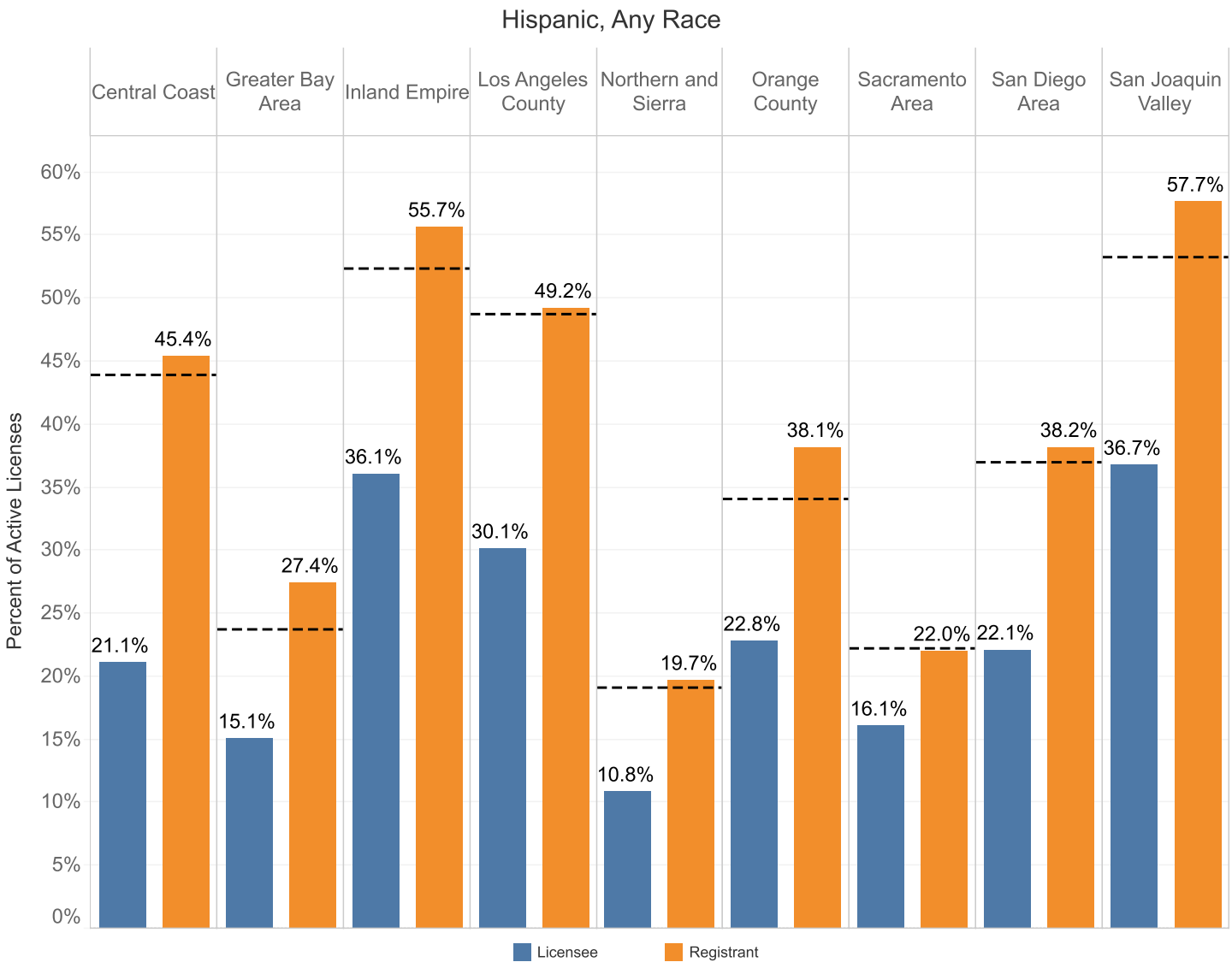
Attachments

Attachment A: Board Workforce Data Presentation
Attachment B: HCAI Race & Ethnicity Data Background


American Indian, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
2.4%
2.2%
2.0%
1.8%
1.6%
1.4%
1.2%
1.0%
0.8%
0.6%
0.4%
0.2%
0.0%
0.4%
0.2%
0.2%
0.3%
0.3%
0.1%
0.3%
1.0%
2.2%
0.3%
0.2%
0.3%
0.6%
0.4%
0.1%
0.5%
0.3%
Licensee
Registrant


Asian, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
28%
26%
24%
22%
20%
18%
16%
14%
12%
0%
8%
6%
4%
2%
0%
1.8%
2.2%
10.3%
15.6%
4.2%
4.4%
8.5%
8.9%
1.9%
5.9%
11.3%
16.0%
6.4%
8.3%
5.7%
7.8%
6.1%
7.9%
Licensee
Registrant


Black, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
0%
2%
4%
6%
8%
10%
1.3%
2.5%
4.6%
11.4%
11.3%
16.2%
7.3%
12.1%
0.9%
3.0%
1.7%
3.5%
6.3%
14.7%
4.2%
8.7%
6.1%
9.7%
Licensee
Registrant


Hispanic, Any Race
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
60%
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
21.1%
45.4%
15.1%
27.4%
36.1%
55.7%
30.1%
49.2%
10.8%
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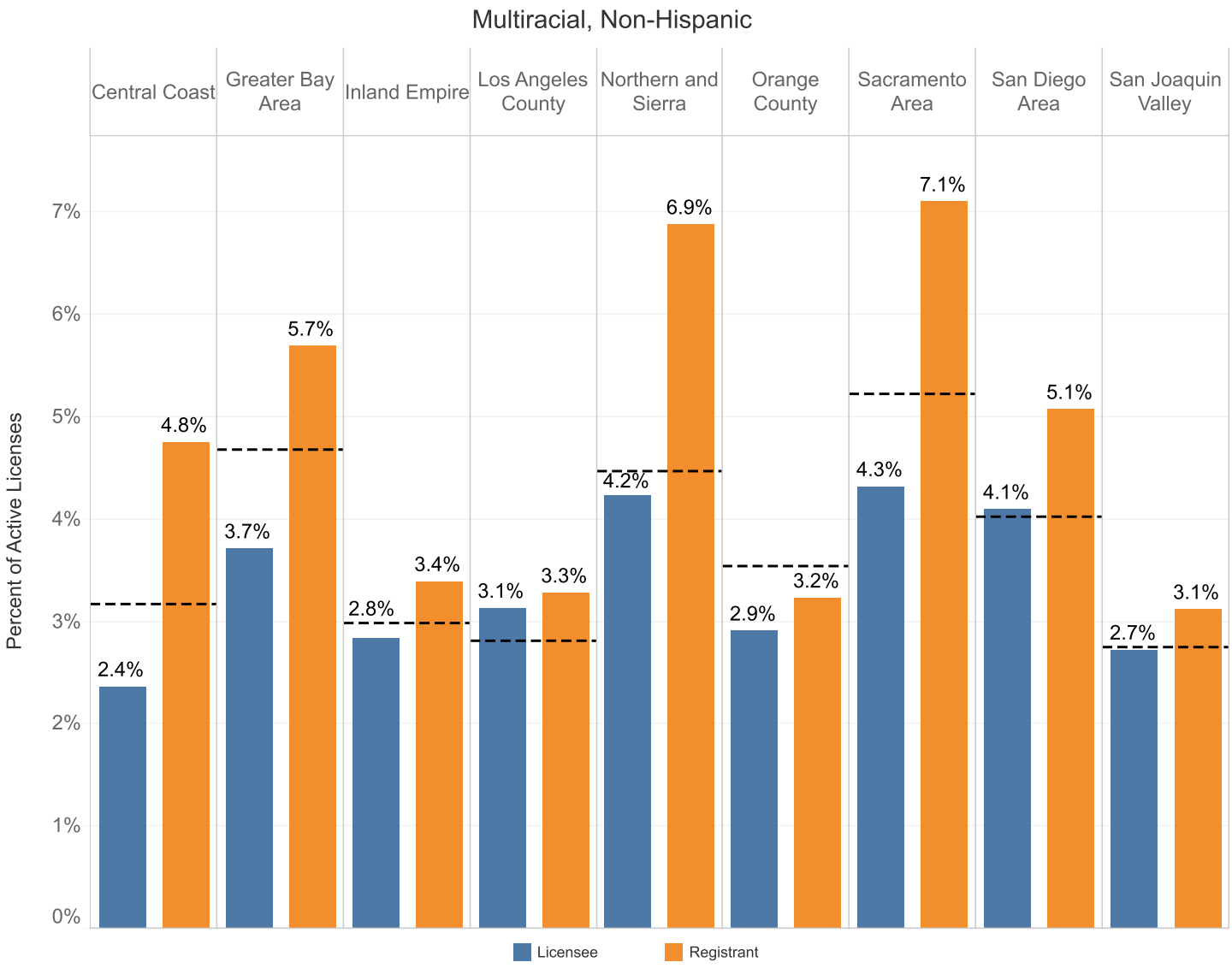
38.2%
36.7%
57.7%
Licensee
Registrant


Multiracial, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
0%
1%
2%
3%
4%
5%
6%
7%
2.4%
4.8%
3.7%
5.7%
2.8%
3.4%
3.1%
3.3%
4.2%
6.9%
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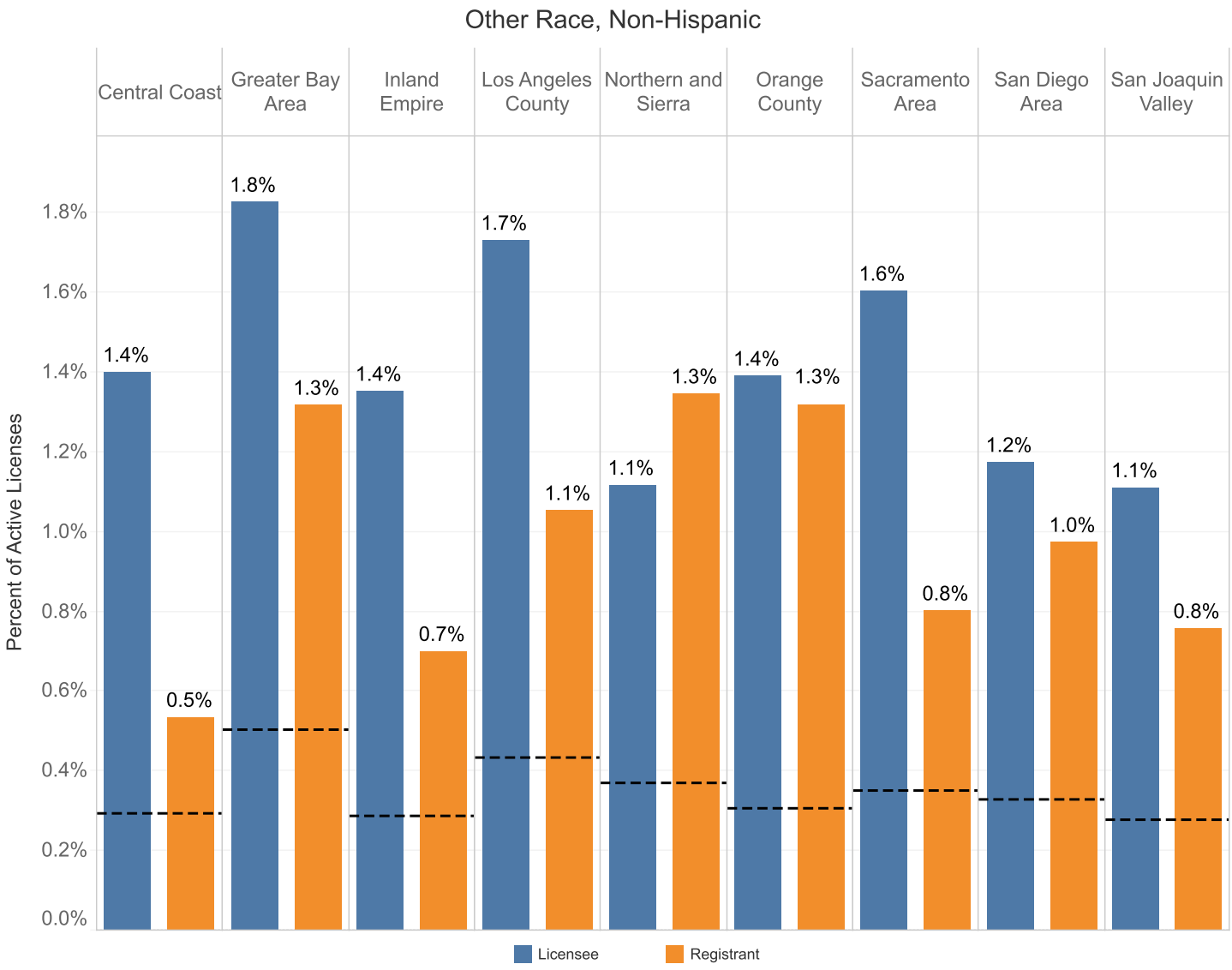
3.1%
Licensee
Registrant


Other Race, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
0.0%
0.2%
0.4%
0.6%
0.8%
1.0%
1.2%
1.4%
1.6%
1.8%
1.4%
0.5%
1.8%
1.3%
1.4%
0.7%
1.7%
1.1%
1.1%
1.3%
1.4%
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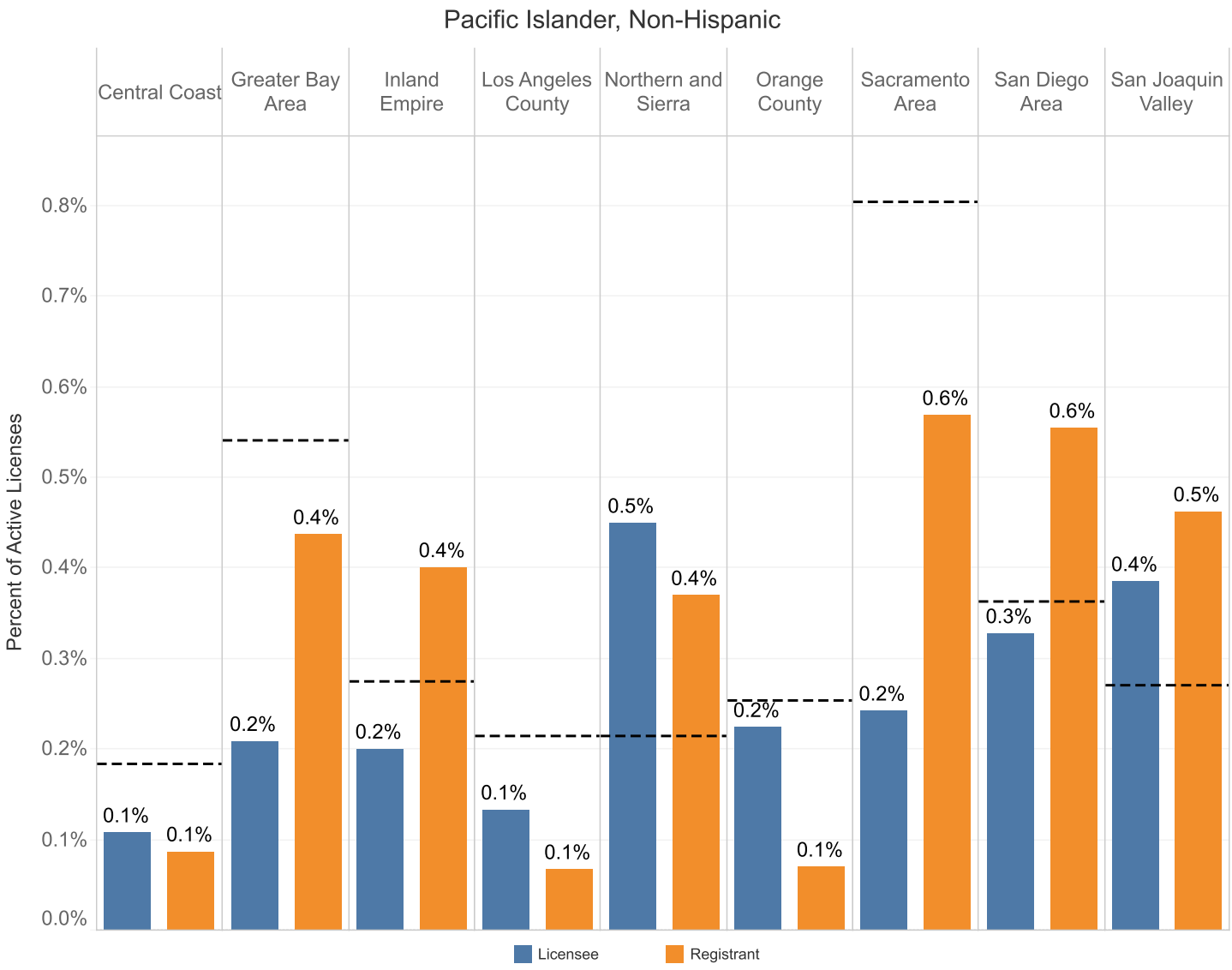
Licensee
Registrant


Pacific Islander, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
0.8%
0.7%
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%
0.1%
0.1%
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0.4%
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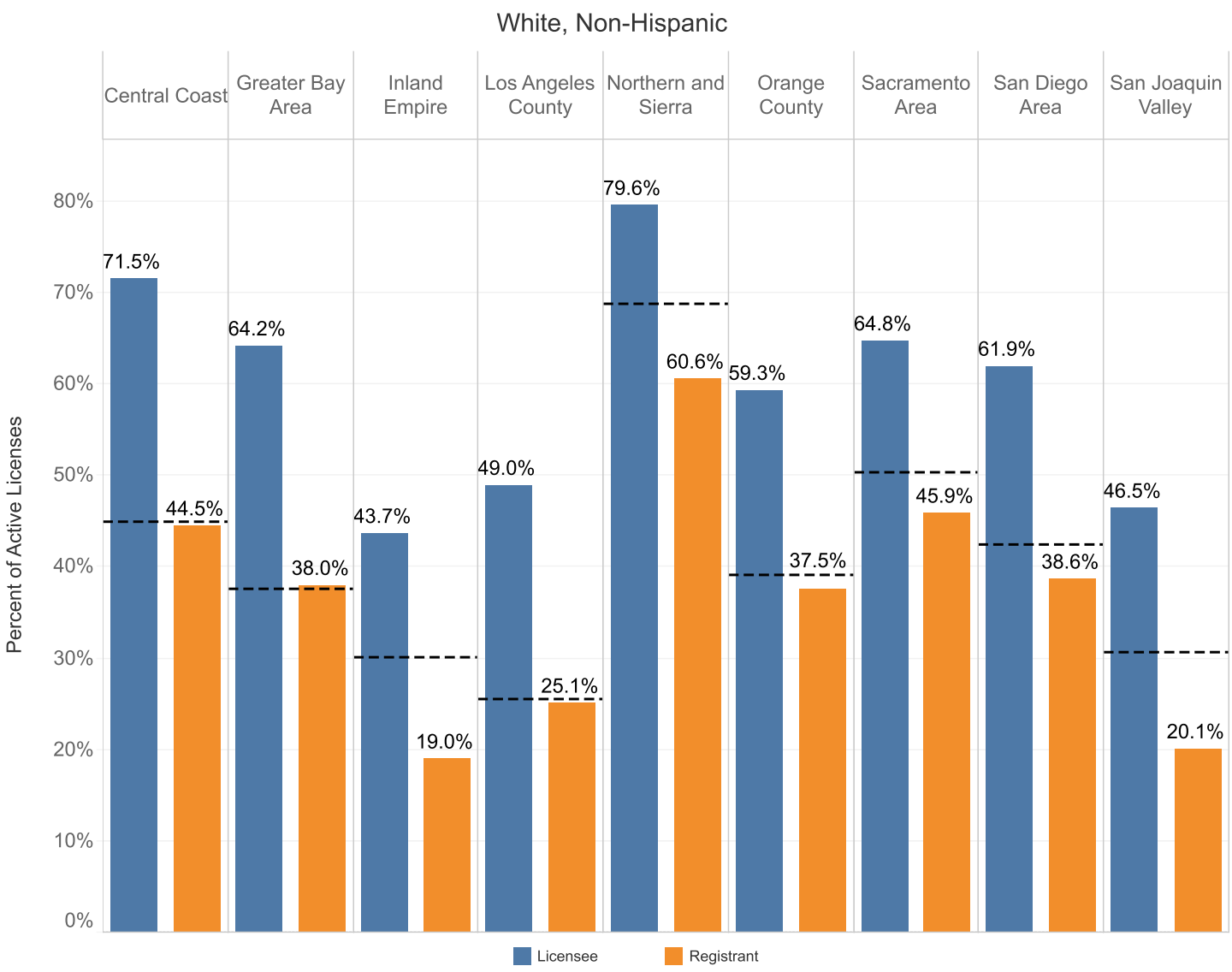
Licensee
Registrant


White, Non-Hispanic
Central Coast
Greater Bay Area
Inland Empire
Los Angeles County
Northern and Sierra
Orange County
Sacramento Area
San Diego Area
San Joaquin Valley
Percent of Active Licenses
80%
70%
60%
50%
40%
30%
20%
10%
0%
71.5%
44.5%
64.2%
38.0%
43.7%
19.0%
49.0%
25.1%
79.6%
60.6%
59.3%
37.5%
64.8%
45.9%
61.9%
38.6%
46.5%
20.1%
Licensee
Registrant

California Department of Health Care Access and Information: Race & Ethnicity of California's Health Workforce Background

Why are the Race & Ethnicity of our Health Workforce important?

Racial and ethnic representation is critical for a successful relationship between patients and their healthcare providers. Studies show that patient safety and quality of care increase when health care providers and their patients share the same race or ethnicity. By understanding the racial and ethnic makeup of our health workforce, we can better identify areas of over and under representation and improve HCAI's efforts to build a diverse and effective workforce.

Key Findings

- Hispanics are the most underrepresented group in the health workforce, at nearly 50 percent below the population average statewide. They are also underrepresented in all six workforce categories and all nine regions in California.

- Several groups in the health workforce are represented well above their population average statewide; Asians are represented at nearly twice the population average, and Pacific Islanders and Other Races at three times the population average.

- These patterns of representation are consistent across regions, but vary dramatically by workforce category and license type for all groups except Hispanics.

- The representation of Whites has decreased significantly over the last 30 years in all regions and workforce categories.

- Over the last 20 years, the Medicine workforce category has shown the least change in its Racial and Ethnic diversity.

How HCAI Created This Product

- Licensure data was collected by the Department of Consumer Affairs; all data presented represents a snapshot of the active licensee population on July 1st, 2023.

- This product is based on HCAI Health Workforce License Renewal Survey data; all data presented as of July 1st, 2023. The responses to these surveys were adjusted using cell-based weighting to create estimates of the full population. Decline to State answers were excluded from the data for each visualization. Licensees without an Issue Date were excluded from the License Issue Date visualization.

- Population data was retrieved from the US Census Bureau's DP05 ACS Demographic and Housing Estimates 2021 ACS 5 year estimate. Race & Ethnicity groups were defined using the US Census Bureau's definitions of Race and Ethnicity. These data are reported at overarching race and ethnicity

categories for accurate comparison to the Census. These groupings may mask the representation of subgroups; for example, an underrepresentation for Vietnamese as a subgroup may be masked when grouped with all Asians as a Census Race & Ethnicity group.

BBS

Board of Behavioral Sciences

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

SUNSET REVIEW REPORT 2025

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

GAVIN NEWSOM
GOVERNOR

TOMIQUIA MOSS
SECRETARY, BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

KIMBERLY KIRCHMEYER
DIRECTOR, CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

CHRISTOPHER C. JONES
CHAIR, BOARD OF BEHAVIORAL SCIENCES

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