

BBS Board Update

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Jill Epstein, JD
Executive Director

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A. Budget

The 2014/2015 budget for the Board is \$9,139,000. As of March 31, 2015, the Board has spent \$6,365,218 reflecting 68% of the total budget.

The Board is projecting an unencumbered balance of \$13,091 at the end of this fiscal year. This amount is significantly lower than in previous budget years. The lower balance is due to a miscommunication about when expenses for DCA employees re-assigned to the BBS would be paid and an increase in examination costs at the end of 2014, possibly because the DSM-5 questions began testing in 2015.

The Board's budget for fiscal year 2015/2016 will be \$9,039,000 and includes two limited term positions and full time position authority for two existing half-time positions. The Board's cost for the BreEZe system will increase significantly in 2015/2016. The increase in cost is attributed to the amended BreEZe contract. It is expected that there will be cost efficiencies as a result of the BreEZe system (i.e. a shift in the number of renewals being handled online and possibly having an online application to re-take the future law and ethics exam).

The Board is scheduled to receive a \$1.2 million General Fund Loan repayment in 2015/2016. The Board anticipates that this repayment will help to offset the increased BreEZe costs. However, despite the repayment, the Board's fund condition is projected to be a 1.1 month reserve. This figure is below the 3 month reserve that in recent years, has been considered sufficient by the Department of Finance. No statute specifies a minimum number of months that the Board must have in its reserve.

B. Operations/Personnel

MFT Intern applications were down in the 3rd quarter by 14% and MFT exam applications were down 40% in the 3rd quarter, as compared to the 2nd quarter. Exam evaluation processing times are currently less than three months.

Enforcement staff has completed its review of all Subject Matter Expert (SME) applications. Thirty-three (33) applications were approved. The Board has several SMEs for each license type encompassing a broad range of expertise. New contracts are in place for all SMEs and training has been scheduled for July 30, 2015 in the Sacramento Attorney General Office.

Recently the Board resumed its outreach activities in an effort to provide information regarding the recent and upcoming changes to Board programs. In addition to attending several MFT consortia meetings, BBS representatives presented and exhibited at the CAMFT Annual Conference in May, 2015.

A Staff Services Analyst was hired, full-time, to evaluate the more complex LMFT applications and serve as the outreach coordinator for the LMFT unit. The LMFT exam application review unit is now fully staffed.

C. Supervision Committee Update

In November 2013, the Supervision Committee was appointed to conduct a holistic review of the current requirements for supervised work experience and requirements for supervisors. The Committee anticipates submitting its recommendations to the Board in 2016. CAMFT's minutes from the meeting can be found [here](#). The next Committee meeting is scheduled for June 26, 2015.

SB 620 (Block) is the outcome of the Committee's work to streamline the "buckets" required for licensure. Some stakeholders, including CAMFT, raised the concern that the legislation removes the cap on hours that can be achieved via telehealth. The BBS retained the original bill language (that removes the cap) because they felt that stipulating a limit on the hours would be arbitrary at this time. It was noted that more research and monitoring of telehealth experience would be beneficial in order to identify future issues that may indicate a need for such a limit.

The committee discussed supervisor qualifications that staff presented based on past committee work and the supervision survey results. The following topics were discussed:

- Increasing the initial training of LMFT and LPCC supervisors to 15 hours to be consistent with the current requirements for LCSW supervisors.
- Require 6 hours of ongoing training every two years for LCSW, consistent with current LMFT and LPCC requirements. The committee is interested in the possibility of using a competency-based model rather than specifying particular content. Staff was asked to research how other entities do this.
- Initially decided supervisor training must come from an acceptable CE provider, but asked staff to survey agency directors about the potential impact.
- Considered whether to accept an advanced supervisor certification in lieu of the requirement that supervisors must be licensed for two years before supervising. The possible acceptance of AAMFT, CAMFT, American Board of Examiners in Clinical Social Work and the Center for Credentialing and Education supervisor certification was discussed.
- Whether supervisors should have to receive a pre-approval or should be required to obtain a registration from the Board. There was a consensus that while pre-approval and registration would offer some benefit, the bigger concern is greater oversight of supervisor.

The remaining areas that the committee needs to address in future meetings include:

- Supervision Requirements including supervision definitions, amount and type of weekly supervisor contact, supervision formats, monitoring/evaluating the supervisee, etc.
- Supervisor Responsibilities including the Supervisor Responsibility Statement
- Employment/Employers including registrant/trainee employment, supervisor employment, offsite supervision, temp agency employers, etc.

The next meeting of the Committee is June 26, 2015 in Southern California. BBS strongly encourages licensees and registrants to attend. CAMFT has promoted these meetings in newsletters and at presentations.

D. Exam Restructure Update

Effective January 1, 2016, the Board's Examination process will be changing. Currently, the licensing exams are taken upon completion of all other requirements for licensure which includes supervised experience hours. Under the new process, individuals who hold an ASW, MFT or PCC Intern registration will be required to take a California Law and Ethics Exam a minimum of once per renewal period, until the exam is passed.

If a registrant does not take the Law and Ethics Exam during the renewal period, they will not be permitted to renew their registration until the exam has been taken. Also, if a registrant does not pass the Law and Ethics Exam during a renewal period, they will be required to take a 12-hour continuing education course on California Law and Ethics in order to be eligible to retake the Law and Ethics Exam during their next renewal period. The Law and Ethics course is only taken once during a renewal period if it is necessary. Registrants that apply for a second subsequent intern number will now be required to pass the Law and Ethics Exam before they are issued a subsequent number.

Board staff developed informational material and FAQs regarding the examination restructure and will continue adding FAQs as they are raised. This information was posted to the Board's website on March 16, 2015. A video tutorial for the examination restructure is currently in development. Once the tutorial is completed, it will be available on the Board's website. CAMFT offered to provide suggestions to help clarify some of the FAQs.

E. Legislation

AB 85 (Wilk) – Open Meetings:

This bill would make an advisory body consisting of less than three members subject to the Bagley-Keene Open Meeting Act if a member of the state body is serving on it in his or her official capacity, and if the advisory body is supported, wholly or partially, by funds from the state body.

The Board discussed whether or not this bill would actually further the legislative intent as stated by the author.

The Board approved motion to oppose the bill.

AB 250 (Obernolte) -- Telehealth:

Business and Professions Code (BPC) §2290.5 does not specify that MFT trainees may practice telehealth. This bill would clarify that MFT interns and trainees may do this. This bill would authorize a marriage and family therapist intern and trainee to provide services via telehealth if he or she is supervised acting within the scope authorized and in accordance with any regulations governing the practice of telehealth.

CAMFT asked for BBS support.

The Board approved a motion to support the bill.

AB 333 (Melendez) – Healing Arts Continuing Education:

This bill would allow a Board licensee who takes coursework toward, and becomes a certified instructor of, cardiopulmonary resuscitation (CPR) or automated external defibrillator (AED) use, to count one unit of credit toward his or her continuing education (CE) requirement.

The bill defines a “unit” of any measure of CE, such as hours or course credits. The number of CE hours this bill intends to apply toward the CE requirements is unclear. Several nonprofit entities offer CPR and AED instructor courses, and while the programs vary, all programs appear to require many hours of training. The Board’s continuing education regulations state that one academic semester unit equals 15 hours of continuing education coursework. If the instructor training course was offered in academic units, this interpretation may apply. However, the board’s regulations also define one hour of instruction as equaling one hour of continuing education credit. If the coursework is not offered in academic units, this interpretation may apply.

The bill was subsequently amended in an attempt to clarify the bill, but it does not explicitly exclude BBS licensees.

CAMFT is not watching or participating in this bill.

The Board approved a motion to oppose unless amended to exclude BBS licensees.

AB 690 (Wood) – Medi-Cal : Federally Qualified Health Centers: Rural Health Clinics:

This bill adds marriage and family therapists (MFTs) to the list of health care professionals whose services are reimbursed through Medi-Cal on a per-visit basis to federally qualified health centers (FQHC) or rural health clinics (RHCs).

The Committee discussed the impact this bill has in creating and expanding access to behavioral health care services. The Committee agreed that MFTs are equipped to provide services to the populations and communities served by FQHC’s and RHC’s.

CAMFT asked for BBS support, as it previously supported CAMFT-sponsored AB 1775 (2012). NASW-CA noted their opposition to the bill based on an adequate number of social workers to fill the need; social workers are uniquely trained to work in FQHC; the bill would be costly; and the payment system is likely going to be changed. NASW-CA is committed to connecting graduates with FQHC opportunities.

The Board approved a motion to support the bill.

AB 796 (Nazarian) – Health Care Coverage: Autism and Pervasive Developmental Disorders:

This bill would expand the eligibility for a person to be a qualified autism service professional to include a person who possesses a bachelor of arts or science degree and meets other specified requirements, a registered psychological assistant, a registered psychologist, or an associate clinical social worker. The bill would also expand the eligibility for a person to be a qualified autism service paraprofessional to include a person with a high school diploma or equivalent and, among other things, 6 months experience working with persons with developmental disabilities.

CAMFT has opposed unless amended because LMFTs are not specifically included. NASW is neutral and CALPCC is neutral.

The bill has become a two-year bill.

The Board approved a motion to adopt a neutral position on the bill.

AB 832 (Garcia) – Child Abuse: Reportable Conduct:

This bill would specify 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, unless it is between a person age 21 or older and a minor under age 16. Per DCA opinion, CANRA does not require a mandated report for consensual sex between minors of similar age unless there is suspicion of force, coercion, or abuse.

The bill died on the Assembly Floor and is now under re-consideration. CAMFT has joined supporters to send a joint floor letter.

The Committee made a motion to support the bill, if amended to include language that the Board of Psychology has proposed.

AB 1001 (Maienschein) – Child Abuse: Reporting:

This bill would prohibit a person from impeding or interfering with the making of a report of suspected child abuse or neglect by a mandated reporter. The bill would provide that an intentional violation of these provisions is a misdemeanor and may subject the offender to liability for actual damages sustained by a victim of child abuse or neglect for any abuse or neglect that occurs after the person impeded or interfered with the report being made.

The Board approved a motion to support the bill.

AB 1279 (Holden) – Music Therapy:

This bill seeks to define music therapy in statute and to provide guidance to consumers and agencies regarding the education and training requirements of a qualified music therapist. This bill would provide that only a qualified person, defined as an individual who provides a person who provides music therapy interventions, as defined, from using the title of “Board Certified Music Therapist” unless the person has completed the education and clinical training requirements established by a specified music therapy association and who holds current board certification and an MT-BC credential from a specified certification organization, shall be permitted to perform music therapy interventions. This bill would prohibit its provisions from being construed to authorize a person engaged in music therapy to state or imply that he or she provides mental health counseling or psychotherapy for which a license is required and provide that use of music therapy shall not imply or suggest that the person is a Board Certified Music Therapist, if he or she does not meet specified criteria.

CAMFT’s concerns about the bill were addressed. CAMFT is watching this bill.

The Board approved a motion to adopt a neutral position on the bill.

SB 479 (Bates) – Healing Arts: License and Regulate Applied Behavioral Analysis:

This bill establishes licensure for behavior analysts and assistant behavior analysts under the Board of Psychology. LMFTs are included in the exemptions to the scope, but, currently, the bill does not include LCSWs and LPCCs. (Amendments to include LCSWs and LPCCs have been accepted, but these amendments are not yet in print.)

CAMFT has concerns that interns and trainees are not specifically mentioned but other unlicensed individuals are eligible. CAMFT is currently watching the bill.

The Board approved a motion to postpone discussion until the next Board meeting.

SB 531 (Bates) Board of Behavioral Sciences Enforcement Process:

This bill makes amendments to the law governing the enforcement process: Board may deny a petition without hearing if the petitioner is not in compliance with the terms of his or her probation and it clarifies that the Board has jurisdiction to investigate and take disciplinary action even if the status of a license or registration changes or if the license or registration expires.

The goal of these changes is to increase the efficiency of the enforcement process.

SB 594 (Wieckowski) Child Custody:

The Committee discussed the potential administrative impact of the bill if the Board was charged with the responsibility of investigating claims against family court mediators. The most recent version of the bill no longer requires Board investigation of mediators.

The Board took no action.

SB 614 (Leno) – Medi-Cal: Mental Health Services: Peer and Family Support Specialist Certification:

This bill requires the Department of Health Care Services (DHCS) to establish a program for certifying peer and family support specialists and to collaborate with interested stakeholders, as specified; allows DHCS to seek any federal waivers or state plan amendments to implement the certification program; and allows DHCS to implement, interpret, and make specific the certification program through available means, as specified, until regulations are adopted by July 1, 2018.

The Committee expressed concerns about the following: 1) the lack of a definition in the law regarding a peer and family support specialists scope of practice, 2) the lack of defining what "peer and family support" actually is (so as to avoid any misconception that peer support is the same as psychotherapy, 3) supervision requirements for peer support specialists, and 4) fingerprinting requirements. Generally, the primary and upmost concern is consumer protection. The Committee wants the above mentioned issues addressed.

CAMFT has concerns about the lack of a definition of scope of practice and supervision requirements and the delegation of responsibility to DHCS to establish these through regulation. CAMFT is watching this bill.

The Board approved a motion to oppose the bill unless amended.

SB 620 (Block) Board of Behavioral Sciences: Licensure Requirements

This bill streamlines the experience requirements for LMFT and LPCC applicants. It eliminates the complex assortment of minimum and maximum hours of differing types of experience required for licensure (also known as the “buckets” of experience) and instead requires 1,750 hours of the experience to be direct clinical counseling hours. The remaining required 1,250 hours may be non-clinical experience.

CAMFT supports this bill.

G. Update and Possible Action on Text of Proposed Legislation: Crime Victims: Compensation for Reimbursement of Violence Peer Counselors

Tabled until June 12, 2015 meeting.

H. Possible Action regarding Proposed Regulations for Telehealth

The proposed regulations address BBS licensees and registrants providing telehealth services to consumers within California. Such licensees and registrants could only provide telehealth services to consumers in other jurisdictions if the BBS licensee or registrant meets that jurisdiction’s requirements. Failure to follow the regulations will be considered unprofessional conduct.

There was a discussion about the sufficiency of verbal informed consent, and it was recommended that the licensee/registrant document the verbal consent in notes, with date and time.

CAMFT raised concern about the vague requirement to provide the client with written procedures to follow in an emergency situation, including contact information for emergency services near the client’s location. This is already included in the standard of care and, thus, does not need to be in the regulation. The Board responded that this requirement is not overly onerous and could help the practitioner determine if the client is appropriate for telehealth.

The Board approved a motion to direct staff to initiate the rule-making process. The Board was encouraged to establish a “best-practices” document.

I. Rulemaking Update

Uniform Standards for Substance Abuse:

This is a regulatory proposal that the Department of Consumer Affairs (DCA) and the Legislature have asked all healing arts licensing boards to pursue. It creates uniform standards for discipline that the boards must follow in cases of licensee or registrant substance abuse. The public comment period has ended, and staff has submitted the proposal to OAL for final approval.

LPCC Treating Couples and Families:

This proposal clarifies requirements for LPCCs to treat couples and families, and outlines a process by which LPCCs and PCC Interns would receive Board confirmation that they have met the requirements to treat couples and families.

The proposal was approved by the Board at its meeting in March 2014, and a minor language was discussed earlier in this May meeting. Staff will submit the proposal to OAL for publication, which will begin the 45-day public comment period.

The public comment period has now ended, and staff is preparing the file for submittal to the Department of Consumer Affairs for review.

Exam Re-Structure:

This proposal would revise Board regulations for clarity and consistency with statutory changes made by SB 704 (Chapter 387, Statutes of 2011), which restructures the examination process for LMFT, LCSW, and LPCC applicants effective January 1, 2016.

This proposal was originally approved by the Board at its meeting in February 2013, and published in its California Regulatory Notice Register on March 15, 2013. However, the proposal was withdrawn in May 2013, as staff learned of implementation conflicts with the new BreEZe database system. For this reason, the effective date of the restructure was delayed until 2016, per SB 821 (Chapter 473, Statutes of 2013).

This proposal is now under review by the Department of Consumer Affairs.

J. Update on Suicide Prevention Training

After the Governor vetoed the mandatory suicide prevention CE bill in 2014, he asked the licensing boards to evaluate the issues raised and take any needed actions. The Board wanted to determine the extent of exposure to the topics of suicide assessment, treatment, and management, for a student enrolled in a Master's degree program intended to lead to licensure. In order to assess this, the Board designed a survey for schools in California offering a degree program leading to Board licensure. Twenty-eight (28) schools responded, and the survey results indicate that schools appear to be providing training for suicide assessment, treatment, and management.

While it appears as though degree programs are already providing extensive coverage of the topic of suicide assessment, the Board discussed that some of the following solutions may be effective in addressing the treatment of suicidal individuals:

- Ensuring front-line health care professionals (such as registered and vocational nurses, physician's assistants, and unlicensed school and county mental health care or medical care workers) have adequate training in suicide assessment, treatment, and management.

- Formation of a task force among mental health educators and suicide experts to discuss the latest research in suicidology, and to develop model curriculum so that educators can ensure they are covering the latest suicide assessment techniques and concepts in their programs.
- Assessment of resources at the county mental health care level to determine if there is an adequate level of support for suicidal individuals. Consider seeking additional funding to adequately staff county mental health facilities.
- Increase public awareness through various media campaigns in an effort to reduce the stigma of seeking mental health services and to identify available local resources.

Board staff has been providing the Governor's office with technical assistance on this topic and will continue to do so as requested.

K. English as Second Language Accommodation

The Board does not currently offer special accommodations for examinees who speak English as a Second language (ESL). A growing number of Board examinees have approached the Board and requested some sort of ESL accommodation.

The Board discussed several options, including: using the prior TOEFL score used for admission to school and/or requiring proof of a diploma from non-English speaking country. The goal is to prove a need for additional time. It was noted that if everyone is given additional time, studies show that people go back and change answers to the wrong answer.

Staff was directed to develop a list of options that a registrant could submit to be considered for extra time. Board will review in August.

L. Discussion about Signatures on the Board's Licensed Wall Certificates

Board Members should discuss what signature or signatures should be on the Wall Certification. The Board decided to replace the Board Chair signature on the certificate with the Executive Officer signature to increase efficiency and accuracy.

DCA Publications Unit redesigned the Board's seal to include the requirements specified in law. Once the seal is approved, Board staff will initiate the action to replace the existing seals on the smaller license and wall certificates.

M. Sunset Review

Senate Committee on Business, Professions, and Economic Development and Assembly Committee on Business and Professions (Committee) sent notification to the Board that Committee will begin its Sunset Oversight Review in the Fall of 2015. The Board is one of ten Boards that will participate in this review. The last Sunset Review was in 2012, and the Board received the maximum 4 year approval.

The Sunset Oversight Review process affords the legislature the opportunity to review Board operations and performance as well as discuss current issues facing the Board. The purpose of the Sunset Oversight Review is to determine if the Board should continue to license and regulate LCSWs, LMFTs, LEPs, LPCCs, ASWs, MFTIs, and PCIs and for how long (maximum 4 years).

A draft report will be available at the August Board meeting for the Board members to review. A final report will be presented at the November meeting to the Board members for approval and submission to the Committee. The Board's Sunset Review Report is due December 1, 2015. The public hearing dates will be announced sometime in January.

N. Election of Board Officers for 2015-2016

Christina Wong was selected as Chair and Deborah Brown was selected as Vice Chair. These officers will start a new term at the August, 2015 Board meeting.