

BBS BOARD MEETING
November 4, 2016

By Mike Griffin, CAMFT Staff Attorney

I. Chair Report

Chair Christina Wong announced the appointment of the following BBS Board members to the new Exempt Setting Committee:

Patricia Lock-Dawson (chair)

Karen Pines

Elizabeth Connolly

Christina Wong

II. Executive Officer's Report

a. Budget Report

The Board's budget for FY 2016/2017 is \$12,679,000. As of August 31, 12% of the Board's budget had been expended.

As of April, 2016, the BBS had nearly 12 months of reserves, which includes a \$6.3 million loan repayment. The remaining balance of loan repayments is \$1.4 million.

b. Operations Report

Application volumes continue to increase, with +46% increase in MFT Intern applications and +16% MFT Examination applications. As of September 30, 2016, the Board was processing MFT Intern applications in 14 days (up from 11 days at the end of the last fiscal year) and processing MFT Examination applications in 24 days (down from 26 days at the end of the last fiscal year. As of October 1, 2016, the BBS had 107,274 licensees and registrants.

In January 2016, the Board resumed auditing licensees for compliance with the continuing education requirements. From January – September, 305 licensees were selected for the Continuing Education Audit and 78 licensees (26%) failed the audit. (Of note, 21% of LMFTs failed the audit as compared to 25% of LCSW and 22% of LPCC.) The top three reasons for failing the audit are as follows.

- Failed to take the required 6 hour Law and Ethic course within the renewal period
- Failed to complete the required 36 hours of continuing education within the renewal period.
- Failed to take Continuing Education from an approved provider.

All licensees who fail the Continuing Education Audit are referred to the Board's Enforcement Unit for issuance of a citation and fine.

The Board aims to launch a re-designed website early in 2017.

III. Policy and Advocacy Committee Recommendations

a. Supervision Committee Update

The Board's Supervision Committee met 11 times beginning in April 2014, and ending in August 2016. The Committee's work initially resulted in the 2015 legislation which streamlined the experience categories required for licensure. The Committee then worked to propose amendments to the qualifications of supervisors, supervisor responsibilities, types of supervision provided, and employment. Some of the changes being proposed are significant, and are based on the results of a survey of supervisors and supervisees, a large amount of stakeholder feedback, and supervision standards in other states. When considering proposed changes, the Committee attempted to balance any potential barriers to providing supervision with the needs expressed by stakeholders, as well as the need for public protection.

The most substantive changes include:

- Supervisors Licensed for at Least Two Years: Current law requires a supervisor to have been licensed in California for at least two years. The amendments allow a licensee to supervise only if he or she has been actively licensed in California or holds an equivalent license in any other state for at least two of the past five years immediately prior to commencing any supervision.

This would be addressed via legislation.

- Experience Required of Supervisors: In order to supervise a registrant, current regulations require a supervisor to have practiced psychotherapy or provided direct clinical supervision for 2 of the past 5 years. An amendment would clarify that supervision of LPCC trainees or social work students is acceptable as experience to qualify as a supervisor, and makes the language consistent for each of the Board's license types.

This would be addressed via legislation and regulation.

- Definition of Supervision: The definition of "supervision" has been revised to include responsibility for, and control of, the quality of services being provided. Some significant additions to the definition are as follows:
 - A statement that consultation or peer discussion is not supervision and does not qualify as supervised experience. This is consistent with what is already in LCSW and LPCC law.

- A statement about providing regular feedback to the supervisee.
- An amendment to require the supervisor to monitor for and address any countertransference, intrapsychic, and interpersonal issues that may affect the supervisory or the practitioner-patient relationship;

The final proposed language for the above amendment is: "Monitoring for and addressing clinical dynamics such as, but not limited to, countertransference, intrapsychic, interpersonal, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship."

Note: The above language was subject to considerable discussion. The issue was raised as to whether the language also implied that a supervisor was expected to self-monitor his or her own reactions, (such as countertransference) and not just those of the supervisee.

It was ultimately decided that a supervisor should in fact, monitor himself/herself on these issues, but, that expectation should be stated in a different section. This section concerns expectations for monitoring the supervisee. Accordingly, proposed language mirroring the content of this section will be added elsewhere, to be clear that it applies to the supervisor's duty to self-monitor.

- An amendment stating that the supervisor should review progress notes, process notes, and other treatment records as he or she deems appropriate, and also an amendment stating the supervisor should engage in direct observation or review of audio or video recordings, with client written consent, as the supervisor deems appropriate.

This would be addressed via legislation.

- Prohibition on Independent Contracting - Gaining Experience vs Performing Services: The Supervision Committee discussed clarifying the existing language to state that no trainees, associates, or applicants for licensure are allowed to perform services or gain experience within the defined scope of practice of the profession, as an independent contractor.

This would be addressed via legislation.

- Prohibition on Independent Contracting - Submission of 1099 Documentation: = The Supervision Committee decided that the specific \$500 limit of reimbursement for

expenses issued in a 1099 should be removed from the law since the number is arbitrary and expenses can easily exceed \$500. In addition, exception for stipends and loan repayments is also proposed to be added.

This would be addressed via legislation.

- Handling Crises and Emergencies: The American Counseling Association's Ethical Code requires supervisors to establish and communicate to supervisees procedures for contacting either the supervisor, or an alternate on-call supervisor, in a crisis. The Supervision Committee decided to adopt this requirement for all supervisors.

This would be addressed via regulation.

- Amount of Direct Supervisor Contact Required for Applicants Finished Gaining Experience Hours: Currently, the statute does not specifically define how much direct supervisor contact an associate MFT or PCC needs once he or she is finished gaining experience hours needed to count toward licensure. This amendment requires associates and applicants who have finished gaining experience hours to obtain at least one hour of supervision (one hour of individual or two hours of group supervision) per week for each setting in which direct clinical counseling is performed. Supervision for nonclinical practice would be at the supervisor's discretion.

This would be addressed via legislation.

- Definition of "One Hour of Direct Supervisor Contact"; Triadic Supervision: Triadic supervision (one supervisor meeting with two supervisees) is now included in the definition of "one hour of direct supervisor contact". Furthermore, the 52 weeks of supervision may now be individual or triadic.

This would be addressed via legislation.

- Supervision in a Group: Current statute allows group supervision to consist of up to 8 supervisees. An amendment states that the amount and degree of supervision must be appropriate for each supervisee.

This will be addressed via legislation.

- Supervision via Videoconferencing and HIPAA Compliance: The supervisor shall be responsible for ensuring compliance with state and federal laws relating to confidentiality of patient health information.

Note: Use of the proposed language "ensuring compliance with state and federal laws" in the foregoing was considered preferable to using the word "HIPAA."

This will be addressed via legislation.

- Marriage and Family Therapy Corporations: Current statute limits the number of registrants a marriage and family corporation may employ. The use of the word "employ" is intended to include both employees and volunteers. Since volunteers are not actually "employed," the language has been revised to more accurately account for this. Additionally, the language regarding limits on number of registrants working for marriage and family corporations has been separated into subsections for clarity purposes.

This will be addressed via legislation.

- Supervision in a Non-Private Practice Setting – Written Agreement: Currently, a supervisor only needs to sign a written agreement with the supervisee's employer if the supervisor is a volunteer (volunteer supervisors are not allowed in private practice settings). The purpose of the agreement is to document that the employer agrees to provide the supervisor with access to records and will not interfere with the supervisor's legal and ethical responsibilities. An amendment was made to require a written agreement when the setting is a non-private practice and the supervisor is not employed by the applicant's employer or is a volunteer. Proposed amendments would require the written agreement to contain an acknowledgement by the employer that the employer is aware the supervisor will need to provide clinical perspectives to the supervisee in order to ensure compliance with the standards of practice of the profession.

The BBS noted that a template would be provided.

Note: There was considerable discussion as to use of the proposed language: "is aware that the supervisor will be providing clinical perspectives to the supervisee..." in the above described Written Agreement. Some of the stakeholders (CAMFT included) felt that the proposed language was vague and ambiguous and failed to denote the supervisor's clinical authority. The words "clinical perspectives" had been proposed in lieu of: "provide clinical direction to the supervisee," because some stakeholders felt that such language was too strong and could potentially lead to conflict with agency policies. It was ultimately decided that BBS staff would delete the words "providing

clinical perspectives," and substitute the following proposed language: "provide clinical guidance to the supervisee to ensure compliance with standards of care."

This will be addressed via legislation.

- **Substitute Supervisors:** It is sometimes necessary for supervisees to temporarily have a substitute supervisor. This situation may happen with or without warning. The Supervision Committee has recommended language that would clarify the specific requirements and necessary documentation for a temporary substitute supervisor, based on how long the substitute will be filling in.

This would be pursued via regulation after the legislation is passed.

- **Required Training and Coursework for Supervisors**
This section applies only to BBS-licensed supervisors. This section requires supervisors commencing supervision for the first time in California, beginning January 1, 2019, to complete a 15 hour supervision course covering specified topic areas. Age limits for the course are specified, and the course can be counted as continuing education if taken from an accepted provider. Any supervisor who has not supervised in 2 of the last 5 years, must re-take a 6 hour course.

This new section also specifies that supervisors must complete 6 hours of continuing professional development (which may or may not be continuing education) in each subsequent renewal period while supervising. This can consist of a supervision course, or other professional development activities such as teaching, research, or supervision mentoring. All of these activities must be documented. This may include, but is not limited to, quantitative or qualitative research, literature reviews, peer reviewed journals or books, monographs, or academic or industry published work deemed equivalent by the Board. It shall not include personal opinion papers, editorials, or blogs. "Supervision of supervision" as continuing professional development is defined as "Collaboration with another Board licensee who also qualifies as a supervisor through use of mentoring or consultation."

An exception to the initial and ongoing training requirements is proposed for a supervisor who holds a supervision certification from one of four specified entities: The American Association for Marriage and Family Therapy (AAMFT), The American Board of Examiners in Clinical Social Work (ABECSW), The California Association of Marriage and Family Therapists (CAMFT), or The Center for Credentialing and Education (CCE). The Board also has discretion to accept certification from another entity if it believes its requirements are equivalent or greater. Such a certification exempts the supervisor

from the 15 hour coursework and 6 hour professional development requirements, and it allows them to waive the requirement that they must have been licensed and either supervising or practicing psychotherapy for two of the past five years prior to commencing any supervision. The proposed language is specifically worded so that it only applies to supervisors who are also Board licensees. Supervisors who are licensed psychologists or psychiatrists would not need to complete the supervision training and coursework, consistent with current law.

This would be addressed via regulation after legislation is passed.

- Annual Assessment: All supervisors to complete an annual assessment of the strengths and limitations of the registrant and to provide the registrant with a copy.

This would be addressed via regulation after legislation is passed.

- Supervision Agreement Form: A “Supervision Agreement” would replace both the “Supervisor Responsibility Statement” and the “Supervisory Plan” forms. The “Supervision Agreement” would be completed by both the supervisor and supervisee, and signed under penalty of perjury. It would include information about the supervisor’s qualifications, an acknowledgement of supervisor and supervisee responsibilities, and a description of the collaboratively developed goals and objectives of supervision. The original would be retained by the supervisee and submitted to the Board upon application for licensure.

This would be addressed via regulation after legislation is passed.

- Weekly Log: The “Weekly Log” form is for the purpose of tracking completed supervised experience. Proposed language that specifies the required content of the weekly log, rather than including the actual form in the regulation.

This would be addressed via regulation after legislation is passed.

- Experience Verification: Supervisors must sign off on experience hours at the completion of supervision.

This would be addressed via regulation after legislation is passed.

- Supervisor Registration: All supervisors required to register with the Board. The supervisor’s registration with the Board would be initiated by submission of a “Supervisor Self-Assessment Report,” signed under penalty of perjury. For BBS licensees

who qualify as a supervisor, a “supervisor” status will be added to the licensee’s Breeze record.

Implementation of this framework would create a significant new workload that cannot be absorbed by existing staff. In addition, there would be a fiscal impact to the Board for new positions and Breeze changes. The effective date of this requirement would be delayed to January 1, 2020 to allow time for the Breeze system to be modified so that supervisors who are BBS licensees will be searchable. New supervisors would be required to submit the “Supervisor Self-Assessment Report” within 60 days of commencing any supervision. The deadline date for existing supervisors (those supervising prior to January 1, 2020) is proposed to be December 31, 2020. This extended deadline for existing supervisors is necessary so that the workload for this new program is manageable.

This would be addressed via regulation after legislation is passed (in 1833.1 , deletes the words: "pre-existing supervisors." Substitute the words: "Individuals who acted as supervisor prior to November 1, 2020.")

- Timelines for Supervisors: The proposed regulations establish timelines to complete specified activities as follows:
 - The “Supervisor Self-Assessment Report” must be completed within 60 days of a new supervisor commencing any supervision. The effective date would be January 1, 2020. For existing supervisors, the report must be submitted by December 31, 2020.
 - The “Supervision Agreement” must be completed within 60 days of commencing supervision with any individual supervisee.
 - The initial 15 hour supervision training course must be completed by new supervisors within 2 years prior to commencing supervision (within 4 years if taken from a graduate program at an accredited or approved school), or within 60 days after commencing supervision.

This would be addressed via regulation after legislation is passed.

- Audits of Supervisors: A section has been added to allow the Board to audit a supervisor’s records to verify they meet the supervisor qualifications specified in statute and regulations. It requires supervisors to maintain records of completion of the required supervisor qualifications for seven years after the completion of supervision, (consistent with statute regarding record retention) and to make these records available

to the Board for an audit upon request. The Board would likely audit a supervisor during a continuing education audit or if a complaint was received. The “Supervisor Self-Assessment Report” would be used in such audits. Supervisors found in violation would be subject to citation and fine.

This would be addressed through legislation.

Note: The Board proposed an amendment which deletes the statutory provision applicable to clinical social workers which permits an associate social worker in private practice to have an outside supervisor, so long as there is a written agreement between the supervisor and the associate's employer. The provision which permitted such an arrangement is inconsistent with the law applicable to the other licenses.

The Board discussed the various proposals and voted to make any discussed changes and adopt language and direct staff to make any non-substantive changes and pursue a legislative proposal.

a. Proposed Omnibus Bill

Omnibus Bill:

- Amend Business and Professions Code to state that references in law or regulation to an “intern” shall be deemed a reference to an “associate”. This captures the intent of the 2016 legislation that changed the “intern” title to “associate” effective January 1, 2018. The BBS has already begun process of amending the new title into law in sections that are amended during the 2017 legislative session.
- Change references in law regarding “applying for examination eligibility” to “applying for licensure”. This updates the language to reflect the new examination structure, where interns are eligible to take an exam while they are still gaining hours.
- Amend Board statutes to require that licensees or registrant requesting a name change provide a current government issued photo ID within 30 days of the issuance of a new government issued photo ID and sign statement under penalty of perjury. This aligns with requirements in BrEZe that were added for security reasons.
- Amend Business and Professions Code to clarify that out of state licensees applying in California must have a license that is active and in good standing to qualify for waiver of a national clinical exam that is accepted by the BBS. License must be valid and in good standing to qualify for evaluation as an out-of-state licensee.

The Board voted to direct staff to make any discussed or nonsubstantive changes, and pursue a legislative proposal.

b. Incapacitated or Deceased Supervisor

The Policy and Advocacy Committee recommended language that would allow the Board, in its sole discretion, to accept specified documentation of supervised experience that has not been signed by the supervisor, if the supervisor is deceased or incapacitated.

c. Rulemaking Proposal

The Policy and Advocacy Committee discussed regulatory items to change in 2017, including:

- Delete regulations that set forth minimum and maximum application processing times since the existing metrics are antiquated. The Board has little to no impact on the length of time it takes to pass an exam. Instead, the regulations would modify the maximum time for notifying that an application is complete or deficient to reflect the Board's currently advertised processing times. The BBS is available for status checks when the application has not been processed by the minimum number of business days. Note: Kim Madsen reported that it is now possible to leave a message for the Board when calling in. There were reports of people being disconnected when calling the Board, and that problem is said to be resolved

The BBS is planning to revise the content of the BBS website, which would include addressing how to direct inquiries, timely responses, and updating processing times on a monthly basis. The BBS hopes to have a re-designed website released at the start of 2017.

Currently, all of the applications are being processed within the timeframes posted.

- Adds the use of "Registered Associate Marriage and Family Therapist" or "Registered Associate Professional Clinical Counselor" to the list of acceptable titles when advertising, effective January 1, 2018. The use of the term "intern" would sunset on December 31, 2018 to allow for a year to phase-in the change in title for interns. The recognized terms is "Registered Associate Marriage and Family Therapist". Other forms of this title (i.e. Marriage and Family Therapist Associate) are not recognized and should not be used.

The Board voted to pursue the enactment of relevant regulatory changes upon passage of the foregoing proposed legislative changes.

IV. Status of Board-sponsored Legislation and Update on Other Legislation Affecting the Board; Possible Action

- AB 1917 (Obernolte): Educational Requirements for Marriage and Family Therapists and Professional Clinical Counselor Applicants

This bill modifies the education required to become an LPCC or an LMFT as follows:

1. It amends the coursework and practicum required of LPCC applicants in order to ensure that the degree was designed to qualify the applicant to practice professional clinical counseling.

2. It amends the law to define education gained out-of-state based on the location of the school, instead of based on the residence of the applicant.

Status: This bill was signed by the Governor.

- SB 1478 (Senate Business, Professions, and Economic Development Committee): Healing Arts (Omnibus Bill) This bill proposal makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law. The proposal to change the marriage and family therapist and professional clinical counselor “intern” title to “associate,” approved by the Board at its November 20, 2015 meeting, is also included in this bill.

Status: This bill was signed by the Governor

- AB 1001 (Maienschein): Child Abuse: Reporting: Foster Family Agencies This bill seeks to address a report that social workers who work for foster family agencies are sometimes prohibited by their supervisors from making mandated reports of child abuse. Foster family agencies are licensed by the Department of Social Services. The amendments in this bill give the Department of Social Services more authority to ensure that foster family agencies follow mandated reporting requirements. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill was signed by the Governor.

- AB 1808 (Wood): Minors: Mental Health Services This bill includes marriage and family therapist trainees and clinical counselor trainees in the list of professional persons who may perform mental health treatment or residential shelter services with a consenting minor 12 years of age or older under certain defined circumstances. At its May 13, 2016 meeting, the Board took a “support” position on this bill. This bill was amended on June 2, 2016, to require a trainee to notify his or her supervisor within 24 hours of treating such a minor. If the trainee believes the minor is a danger to self or others, the trainee must notify the supervisor immediately after the counseling session.

This bill was amended to include social workers and psychologists.

Status: This bill was signed by the Governor

- AB 1863 (Wood): Medi-Cal: Federally Qualified Health Centers: Rural Health Centers This bill would allow Medi-Cal reimbursement for covered mental health services provided by a marriage and family therapist employed by a federally qualified health center or a rural health clinic. At its May 13, 2016 meeting, the Board took a “support” position on this bill, and asked that LPCCs be included as well.

Status: This bill was signed by the Governor

- AB 2083 (Chu): Interagency Child Death Review This bill would, at the discretion of the provider, allow medical and mental health information to be disclosed to an interagency child death review team. 160 At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill was signed by the Governor

- AB 2191 (Salas): Board of Behavioral Sciences This bill would extend the Board’s sunset date until January 1, 2021. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill was signed by the Governor.

- AB 2199 (Campos): Sexual Offenses Against Minors: Persons in a Position of Authority This bill would subject persons who engage in specified acts of a sexual nature with a minor to additional jail terms if they held a position of authority over the minor. Persons in a position of authority include the minor’s counselor or therapist. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill is dead

- AB 2507 (Gordon): Telehealth: Access This bill would require a health care service plan or health insurer to cover patient services provided via telehealth to the same extent as services provided in-person. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

Status: This bill is dead.

- SB 1034 (Mitchell): Health Care Coverage: Autism This bill would delete the sunset date on the law that requires health care service plans or insurance policies to provide coverage for behavioral health treatment for pervasive development disorder or autism. It would also make some relatively minor adjustments to this law in areas that have

been identified as needing further clarification. At its May 13, 2016 meeting, the Board took a “support” position on this bill. This bill has been amended since the last Board meeting. Instead of deleting the sunset date, it now sets it at January 1, 2022, and other technical changes were made to the proposed language.

Status: This bill is dead.

BOARD MONITORED THE FOLLOWING LEGISLATION:

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

This bill seeks ensure that individuals with pervasive development disorder or autism are able to receive insurance coverage for types of evidence-based behavioral health treatment other than applied behavior analysis. To accomplish this, it directs the Board of Psychology to form a committee to develop a list of acceptable behavioral health evidence-based treatment modalities. At its May 13, 2016 meeting, the Board decided to take a “neutral” position on this bill. Since the Board meeting, AB 796 has been amended. Instead of directing the Board of Psychology to form a committee, it now directs the Department of Developmental Services, with stakeholder input, to update the regulations to set standards of education, training, and experience for autism service professionals who practice behavioral health treatment other than applied behavioral analysis.

Status: This bill was signed by the Governor.

- AB 1084 (Bonilla): Social Workers: Examination This was a spot bill which contained a provision that is already included in the omnibus bill. The Board did not take a position on this bill.

Status: This bill was amended to address a topic unrelated to the Board.

- AB 1715 (Holden): Healing Arts: Behavior Analysis: Licensing This bill establishes licensure for behavior analysts and assistant behavior analysts under the Board of Psychology. In addition, it would require behavior analyst interns and behavior analyst technicians to register with the Board of Psychology. The Board decided not to take a position on this bill, but directed staff to provide technical assistance to the author regarding specified issues of concern.

Status: This bill is dead.

- AB 2606 (Grove): Crimes Against Children, Elders, Dependent Adults, and Persons with Disabilities This bill would require a law enforcement agency to inform a state

licensing agency if it receives or makes a report that one of the licensing agencies' licensees has allegedly committed certain specified crimes. At its May 13, 2016 meeting, the Board decided to remain neutral on this bill, and directed staff to contact the author's office to request technical changes. 162

Status: This bill is dead.

- AB 2649 (Jones): Marriage and Family Therapist Intern and Professional Clinical Counselor Intern: Renaming This Board is seeking these amendments in the omnibus bill. The Board did not take a position on this bill.

Status: This bill is dead.

- SB 614 (Leno): Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification This bill requires the State Department of Health Care Services to develop a peer, parent, transition-age, and family support specialist certification program. At its May 13, 2016 meeting, the Board took a "support if amended" position on this bill, asking for clarifications regarding the scope of practice of these support specialists, and asking that LPCCs be included in the list of professionals allowed to supervise them.

Status: This bill was gut and amended to address an unrelated topic.

- SB 1101 (Wieckowski): Alcohol and Drug Counselors: Regulation This bill creates the Alcohol and Drug Counseling Professional Bureau under the Department of Consumer Affairs for the purpose of licensing alcohol and drug counselors. At its May 13, 2016 meeting, the Board took a "support if amended" position on this bill, asking for clarifying amendments and language related to scope of practice.

Status: This bill is dead.

- SB 1155 (Morrell): Professions and Vocations: Licensees: Military Service This bill would require licensing Board within the Department of Consumer Affairs to grant fee waivers for the application for and issuance of a license to persons who are honorably discharged veterans. The Board did not take a position on this bill.

Status: This bill is dead.

- SB 1195 (Hill): Professions and Vocations: Board Actions: Competitive Impact This bill seeks to ensure that Boards under the Department of Consumer Affairs are in compliance with the recent Supreme Court ruling, *North Carolina State Board of Dental Examiners v. Federal Trade Commission*. This ruling stated that state licensing Boards consisting of market participants in the industry regulated by the Board can be held liable for violations of antitrust law unless their anti-competitive decision meets two 163 requirements. The anti-competitive action or decision must be based on a clearly

articulated and affirmatively expressed state policy; and the Board decision must be actively supervised by the state. At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, and asked that the definition of “competitive impact” be revised.

Status: This bill is dead.

- SB 1334 (Stone): Health Practitioners: Reports This bill would require a health care practitioner providing medical services to a patient to make a mandated report if the patient informs him or her that they are seeking treatment due to being the victim of assaultive or abusive conduct. At its May 13, 2016 meeting, the Board took an “oppose unless amended” position, and asked that the Board’s licensees be excluded from the provisions of the bill.

Status: This bill is dead

V. Status of Board Rulemaking Proposals

English as a Second Language: Additional Examination Time: Add Title 16, CCR

Section 1805.2 This proposal would allow the Board to grant time-and-a-half (1.5x) on a Board administered examination to an English as a second language (ESL) applicant, if the applicant meets specific criteria demonstrating limited English proficiency.

The final proposal was approved by the Board at its meeting in November 2015. It was published in the California Regulatory Notice Register on January 1, 2016. The 45-day public comment period has ended, and the public hearing was held on February 15, 2016.

This proposal, in its final format, is currently under review by the Business, Consumer Services and Housing Agency. Decisions are approved quarterly, so if approved in January, 2017, it will possibly have a spring, 2017, effective date.

VI. Public Comment

CAMFT noted that the Board previously indicated it would consider mitigating circumstances in determining whether to take disciplinary action per the telehealth regulations particularly with the practice outside of California with a current client who may be in distress and need immediate assistance. CAMFT requested published guidelines or Q&A with common examples like it has done historically on other complex issues, like client centered advocacy hours in 2012.

CAMFT also raised the issue that the BBS is not reimbursing Subject Matter Experts in a timely manner for workshop participation. As of November, several s have not been paid nor reimbursed for workshops going as far back as July, and some members have not been reimbursed for up to three workshops.

The meeting adjourned at approximately 2:30 PM.