

1 **BOARD MEETING MINUTES**

2  
3 **The Wright Institute**  
4 **2728 Durant Avenue, Room 109/110**  
5 **Berkeley, CA 94704**  
6 **(510) 841-9230**

7  
8 **Thursday, August 18 2016**  
9

10 Stephen Phillips, PsyD, JD, Board President, called the open session meeting to order  
11 at 9:02 a.m. A quorum was present and due notice had been sent to all interested  
12 parties.

13  
14  
15 **Members Present:**

16 Stephen Phillips, PsyD, JD, President  
17 Nicole J. Jones, Public Member, Vice-President  
18 Lucille Acquaye-Baddoo, Public Member  
19 Michael Erickson, PhD  
20 Jacqueline Horn, PhD

21  
22 **Others Present:**

23 Antonette Sorrick, Executive Officer  
24 Sandra Monterrubio, Enforcement Program Manager  
25 Cherise Burns, Central Services Manager  
26 Karen Johnson, Licensing Coordinator  
27 Jason Glasspiegel, Central Services Coordinator  
28 Jacquelin Everhart, Continuing Education/Renewals Coordinator  
29 Norine Marks, DCA Legal Counsel

30  
31 **Agenda Item #2: President's Welcome**

32  
33 Dr. Phillips welcomed those in attendance, stated the Board's statement and values,  
34 and thanked the Wright Institute for allowing the Board to use its building for its meeting.  
35 He indicated that the Board is down to five members as a result of completed terms. He  
36 indicated that Ms. Arias Bhatia ended her term early and that Ms. Alita Bernal would be  
37 joining the Board as a new public member. He said that Ms. Bernal is Managing  
38 Principal of Urban Point, LLC, a marketing and business development company, and  
39 previously worked as Director of Marketing and Business Development at Marina Del  
40 Rey Hospital and as Community Relations Director at St. Vincent Medical Center. He  
41 indicated that Ms. Bernal is a board member of Hollywood Presbyterian Medical Center  
42 Foundation and Camp Ronald McDonald and that said she is very excited to join the  
43 Board.

44  
45 **Agenda Item #3: Public Comment for Items not on the Agenda**  
46

47 Victor Ojakian said that he believes the Licensing Committee will bring forth language  
48 for the suicide prevention topic the following day. He said that he could not attend day  
49 two of the Board meeting because he will be on a Center for Disease Control project  
50 that will deal with suicide prevention. He encouraged the Board to implement the desire  
51 of the Licensing Committee to require training in suicide risk assessment and  
52 intervention. He reminded the Board that people are not blaming psychologists for the  
53 lack of training in this area. He indicated that he has done a lot of work elsewhere in  
54 order to create a fabric so everyone has a level of awareness. He said his personal goal  
55 is to save lives, and not to single out individuals. He thanked the Board for its time.

56  
57 Dr. Phillips thanked him for his comment.

58  
59 **Agenda Item #4: Approval of Minutes: May 19-20, 2016**

60  
61 It was M(Acquaye-Baddoo)/S(Erickson)/C to approve the May 19-20, 2016 Board  
62 meeting minutes as amended without changing the order of the minutes to match the  
63 order in which agenda items were heard.

64  
65 Vote: 5 aye (Acquaye-Baddoo, Erickson, Jones, Phillips, Horn,), 0 no

66  
67 Ms. Jones reported that after the meeting adjourned, the Board presented cards to the  
68 departing Board members who ended their terms in order to show its appreciation for  
69 their hard work.

70  
71 **Agenda Item #5: Approval of Minutes: July 27, 2016**

72  
73 It was M(Erickson)/S(Acquaye-Baddoo)/C to approve the July 27, 2016, Board meeting  
74 minutes as amended without changing the order of the minutes to match the order in  
75 which agenda items were heard.

76  
77 Vote: 5 aye (Acquaye-Baddoo, Erickson, Jones, Phillips, Horn,), 0 no

78  
79 **Agenda Item #6: Budget Report**

80  
81 Mr. Glasspiegel presented the Budget Report and indicated that the Board's budget for  
82 Fiscal Year 2016-17 is \$4,962,000. Dr. Phillips asked if any of the figures represented in  
83 the Analysis of Fund Condition document were dependent on the loan repayment. Mr.  
84 Glasspiegel confirmed that the figures were dependent upon the loan repayment. Dr.  
85 Phillips asked if anything would affect the loan repayment based upon the discussion of  
86 budgets in California. Mr. Glasspiegel indicated that the repayment was deferred to  
87 Fiscal Year 2018-19. Dr. Erickson asked if staff was aware of anything that warranted a  
88 discussion. Mr. Glasspiegel indicated that staff was not aware of anything at this time  
89 and that the Board' fund condition is in good shape.

90  
91 **Agenda Item #7: Enforcement Report**

92  
93 Ms. Monterrubio presented the Enforcement Report. She indicated that Denise Russell,  
94 the Board's former Special Investigator, transferred to another department effective

95 August 1, 2016, and reported that the Board has posted the Special Investigator  
96 position.

97  
98 Ms. Monterrubio reported that the Enforcement unit has implemented a one-year pilot  
99 program to allocate cases from the Health Quality Investigation Unit (HQIU) to the  
100 Division of Investigation (DOI) due to staff shortages at HQIU.

101  
102 She reported that the Board received 83 complaints since July 1, 2016, and 35 of those  
103 were submitted online. She said that there are 16 cases pending at the Attorney  
104 General's office and staff is currently monitoring 49 probationers.

105  
106 Ms. Jones stated that she appreciates staff's willingness to implement the pilot program  
107 to speed up the cases and would welcome a status report of the program before the  
108 end of the year.

109  
110 Ms. Monterrubio indicated that staff has requested quarterly meetings with David  
111 Chriss, Chief of DOI, and Kathleen Nicholls, Deputy Chief of HQIU, to see how the  
112 cases are going.

113  
114 Dr. Erickson thanked Ms. Monterrubio her for the report.

115  
116 Dr. Phillips thanked staff for its efforts to fix the ongoing problem of turnaround time for  
117 case resolution, and stated that he understands that there are many variables outside of  
118 staff's control and appreciates that staff is working on the variables that the Board can  
119 control.

## 120 121 **Agenda Item #8: Executive Officer's Report**

### 122 123 **a) Organizational Update**

124  
125 Ms. Sorrick presented the organizational update and welcomed Cherise Burns to the  
126 Board. Ms. Jones said she is excited to work with Ms. Burns. Dr. Phillips indicated that  
127 Ms. Burns is going to be the Central Services Manager and said that the Board is  
128 excited to have her.

### 129 130 **b) DCA Update**

131  
132 Ms. Sorrick presented the Department of Consumer Affairs (DCA) Update and indicated  
133 that it was for information purposes only.

## 134 135 **Agenda Item #9: Strategic Plan Update**

136  
137 Ms. Sorrick presented Strategic Plan action items that were updated as of July 2016.  
138 Dr. Phillips complimented staff on the number of items that have been completed. Ms.  
139 Jones asked staff what action has been taken for the "Implement findings from CPS  
140 Review" item, located under Goal 1: Licensing, section 1.1. Ms. Sorrick indicated that  
141 the organizational structure has been changed and Budget Change Proposals have  
142 been submitted to mirror the findings reported in the CPS report.

143

144 Ms. Jones asked if the “Review and amend statutes and regulations to facilitate a more  
145 efficient application process to become a licensed psychologist” item is still on schedule.  
146 Ms. Sorrick said that staff has made changes to Business and Professions Code  
147 sections 2913 and 2914 in addition to the verification of experience regulations. She  
148 said the Licensing Committee is still discussing pathways to licensure and she will keep  
149 the item listed as “on schedule.”

150  
151 Ms. Jones asked if the hard card pocket licenses will be ready and brought back to the  
152 Board in 2017. Ms. Sorrick said that the Board has submitted a contract to a vendor for  
153 hard card pocket licenses. She said after the contract is in place, staff will contact  
154 DCA’s Change Control Board to see if the BreZE system will be able to communicate  
155 with the vendor to produce the pocket license.

156  
157 Ms. Jones requested a more specific timeframe for items 1, 2 and 4 under Goal 3: Laws  
158 and Regulations, section 3.1. Ms. Sorrick indicated that the new student assistant will  
159 compile the stakeholder list. She said it has placed lower on the priority list due to the  
160 other demands, but does want to focus on this for the student assistant. Ms. Jones  
161 requested that the status be changed to 2017. Dr. Phillips said that this type of work is  
162 the focus of the Outreach and Education Committee, which currently only has one  
163 member; however, Dr. Horn has agreed to be a part of the committee and he said has  
164 asked Ms. Bernal if she would be interested in being on the Committee.

165  
166 Ms. Jones thanked Ms. Monterrubio for sending reminders on all of the enforcement  
167 cases.

168  
169 Dr. Phillips thanked Ms. Jones for her close attention to this agenda item, it was helpful  
170 in clarifying the timing of some very important issues.

171  
172 Ms. Acquaye-Baddoo thanked staff for its work.

173  
174 **Agenda Item #10: Communications Plan Update**

175  
176 Ms. Sorrick indicated that the communications plan was laid out as a byproduct of the  
177 strategic plan and changes as events occur throughout the year. Ms. Jones said that  
178 there should be a timetable instead of listing items “As Needed” for the email lists. Ms.  
179 Sorrick thanked her for the suggestions and said it should be quarter 2 of 2017.

180  
181 **Agenda Item #11: Social Media Update**

182  
183 Mr. Glasspiegel presented the social media update. Dr. Phillips asked Mr. Glasspiegel  
184 how well he thinks the Board is doing with the use of social media. Mr. Glasspiegel said  
185 that the Board is doing well.

186  
187 Ms. Sorrick reported that an individual had been making complaints on their Twitter  
188 account and tagged the Board. She said Board staff encouraged those who have a  
189 complaint to file it online, in person, or by mail. Ms. Jones asked if Tweets could be  
190 removed. Ms. Sorrick said the Board could not remove a Tweet that someone else has  
191 made, which tags or mentions the Board.

192

193 **Agenda Item #12: Website Update**

194

195 Mr. Glasspiegel presented the website update.

196

197 Ms. Jones asked about the newsletter and whether we send out an email to people to  
198 see if they would like to get a hard copy of the Newsletter or whether they get that  
199 already in the mail.

200

201 Ms. Sorrick said that the Board emails the Newsletters and sends it by mail to those on  
202 the mailing lists. She indicated that 250 hard copies are printed and the rest are sent  
203 electronically.

204

205 **Agenda Item #13: Update on Newsletter**

206

207 Ms. Sorrick presented a copy of the Board's Spring Journal and said that the content for  
208 the Summer Journal is due by September 20, 2016.

209

210 **Agenda Item #14: Outreach Activities Update**

211

212 Ms. Sorrick indicated that the Board has travel restrictions based upon the Governor's  
213 Executive Order. She said that the Board needs a speaking role in order to be approved  
214 to attend meetings. She indicated that the Board will be requesting her attendance at  
215 the Association of State and Provincial Licensing Boards' (ASPPB) 56<sup>th</sup> Annual Meeting  
216 in October. She stated she had been asked to present on the impact of the *North*  
217 *Carolina Dental Examiners* case and the regulatory scheme in California.

218

219 Ms. Jones asked if Ms. Marks could attend as well. Dr. Horn indicated that it is going to  
220 be one person from several different jurisdictions to speak about the case. Ms. Jones  
221 said she believes Ms. Sorrick represents the Board well, but she knows that Ms. Marks  
222 has a lot of knowledge regarding the case. Dr. Erickson asked if the Board needed to  
223 emphasize the importance of Ms. Sorrick's attendance at the meeting. Ms. Sorrick said  
224 that she would be happy to draft a reason for her attendance and give it to Dr. Phillips  
225 for review before it is sent to the DCA Executive for review. Dr. Phillips agreed that it  
226 may be helpful and indicated that he would be happy to do that. Ms. Jones said that the  
227 whole Board should be a part of the encouragement relayed in the letter.

228

229 It was M(Horn)/S(Acquaye-Baddoo)/C to accept the Outreach Activities Update and to  
230 ensure that the presentation to ASPPB includes DCA's policy on the *North Carolina*  
231 *Dental Examiners* case.

232

233 Vote: 5 aye (Acquaye-Baddoo, Erickson, Phillips, Jones, Horn), 0 no

234

235 **Agenda Item #15: Access to Mental Healthcare in the State of California**  
236 **Campaign Update**

237

238 Ms. Sorrick indicated that the Outreach and Education Committee would continue its  
239 discussion on the campaign at its next meeting on October 21, 2016.

240

241 Dr. Horn asked if there was a bill going through the legislature about the loan repayment  
242 fund.

243  
244 Ms. Sorrick indicated that SB 1204 (Hernandez), a bill supported by the Board, would  
245 have considered psychologist renewal fees to increase the funding for the loan  
246 repayment program. She said the author pulled efforts on that bill and refocused on  
247 physicians at this time, which became another bill. This year there have been no  
248 revitalized efforts relating to the Board's specific repayment program.

249

250 **Agenda Item #16: Petition Hearing**

251

252 Administrative Law Judge Michael C Cohn presided. Deputy Attorney Carlyne Evans  
253 was present and represented the people of the State of California. Peter Murphy, PhD  
254 was present and was represented by Michael Goch, A.P.C.

255

256 **Agenda Item #17: Petition Hearing**

257

258 Administrative Law Judge Michael C Cohn presided. Deputy Attorney Carlyne Evans  
259 was present and represented the people of the State of California. Christopher Barr,  
260 PhD was present.

261 **Agenda Item #18: Closed Session**

262

263 The Board met in closed session pursuant to Government Code Section 11126(c)(3) to  
264 discuss disciplinary matters including the above petitions, petitions for reconsideration,  
265 stipulations, and proposed decisions.

266

267

268

269 **Friday, August 19, 2016**

270

271 Stephen Phillips, JD, PsyD, Board President, called the open session meeting to order  
272 at 9:03 a.m. A quorum was present and due notice had been sent to all interested  
273 parties.

274

275 **Members Present:**

276 Stephen Phillips, PsyD, JD, President  
277 Nicole J. Jones, Public Member, Vice-President  
278 Lucille Acquaye-Baddoo, Public Member  
279 Michael Erickson, PhD  
280 Jacqueline Horn, PhD

281

282 **Others Present:**

283 Antonette Sorrick, Executive Officer  
284 Sandra Monterrubio, Enforcement Program Manager  
285 Cherise Burns, Central Services Manager  
286 Karen Johnson, Licensing Coordinator  
287 Jason Glasspiegel, Central Services Coordinator  
288 Jacquelin Everhart, Continuing Education/Renewals Coordinator  
289 Norine Marks, DCA Legal Counsel

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**Agenda Item #19 Presentation by Association of State and Provincial Psychology Boards**

Dr. Horn indicated that she could not participate as a Board member during the presentation because she is employed by ASPPB.

**a) Psychology Interjurisdictional Compact (PSYPACT)**

Ms. Janet Orwig, the Associate Executive Officer for Member Services for ASPPB and Dr. Alex Siegal, the Director of Professional Affairs for ASPPB, were in attendance to provide a presentation on the Psychology Interjurisdictional Compact (PSYPACT) and the EPPP Step 2.

Dr. Siegal indicated that the purpose of ASPPB is to help states, territories and provinces regulate the practice of psychology. He said that ASPPB exists to help with mobility, portability of licensure, and the examination process for people to become licensed in North America.

Ms. Orwig indicated that one of her responsibilities is to visit with the staff of the various licensing boards. She said that the most common request she receives is to help with the regulation of telepsychology. She said that the board at ASPPB created a telepsychology task force to figure out how to help the licensing board members with the regulation of telepsychology. She said ASPPB's task force joined with the American Psychological Association (APA) and Insurance Trust task force to create telepsychology guidelines in order to help psychologists manage their practice if they were going to be using telepsychology. She indicated that these guidelines addressed the needs of an individual psychologist, but did not answer the question that the licensing boards had asked, which was to help them regulate telepsychology. She said they created the E.Passport, but they did not feel that it gave enough teeth to the home jurisdiction and the jurisdiction where the client was located. To address the lack of disciplinary authority with the E.Passport, they created the interstate compact, known as PSYPACT, which would allow state licensing boards to discipline E.Passport providers. ASPPB believes that the E.Passport gives criteria that all psychologists would have to meet and PSYPACT would provide the enforcement capacity required to take disciplinary actions.

Dr. Siegal said the PSYPACT has two main points. He said if you are licensed in good standing in a PSYPACT state and you have an E.Passport, you can practice from that state electronically to any other PSYPACT state without having a license in that distant or receiving jurisdiction. He said if you are in PSYPACT state and you need to cross the border to another PSYPACT state for an emergency, you can provide service face-to-face in that state for up to 30 days in the calendar year, given that it is also a PSYPACT state. He indicated that the home jurisdiction's laws apply in an interjurisdictional practice. He said PSYPACT solves the issue of knowing when to follow which laws through patient consent and the rule that the home jurisdiction takes precedent. He said that PSYPACT requires the states to work together in adjudicating cases. He indicated

338 that the states retain control and that it is state-specific; however, where there are  
339 inconsistencies between PSYPACT and state law, PSYPACT supersedes state law.

340  
341 Dr. Siegal indicated that Arizona became the first state to adopt PSYPACT. He said that  
342 Rhode Island and Nevada have introduced bills, Utah has a legislative sponsor, Hawaii  
343 and New Mexico are interested, Maine is active in the process, North Dakota is  
344 interested in doing something in 2017, and Missouri is going to introduce a bill. He said  
345 he was informed by the Executive Director of the Texas Psychological Association that  
346 PSYPACT is on its legislative agenda for 2017. He indicated that PSYPACT becomes  
347 effective once seven states have signed up and once this happens, a commission will  
348 be formed. He said the commission is an independent agency made up of one member  
349 from each PSYPACT state that will create the regulations to implement PSYPACT. He  
350 said that these regulations cannot go beyond the scope of practice. He said that a  
351 licensee cannot practice into a jurisdiction beyond its scope of practice.

352  
353 Ms. Orwig said she could provide a link to the legislative testimonies from the Arizona  
354 Board members.

355  
356 Dr. Phillips indicated that he wanted to hear the second presentation before the Board  
357 Members made any comments and reminded everyone that since the Board did not  
358 have a quorum, no action could be taken on this agenda item.

359  
360 b) EPPP Step 2

361  
362 Dr. Siegal indicated that the Examination for Professional Practice of Psychology  
363 (EPPP) is a knowledge-based examination that everyone in the United States and  
364 Canada, with the exception of Quebec, are required to take for licensure. He said that  
365 ASPPB wants to ensure that psychologists have the requisite competency of knowledge  
366 and skills to be able to provide services so that the public will not be harmed from  
367 incompetent practice. He said they have relied on ratings from supervisors to rate the  
368 level of values, skills and abilities of applicants for years. He said the problem with this  
369 is there are good supervisors and there are bad supervisors, producing too much  
370 variability. He said that we need to have a standardized method for assessing the skills,  
371 values and abilities of the individuals. He indicated that psychology is the only  
372 profession that does not have a skills portion to its examination. He said they are  
373 looking at the EPPP Step 2 as the last examination before licensure.

374  
375 Dr. Segal said that the examination is called EPPP Step 2 because statutes require  
376 applicants to take the EPPP, but the law does not specify singular or plural. He said he  
377 hopes it will be out by January 2019 for boards to consider and adopt.

378  
379 Ms. Acquaye-Baddoo asked what law would take precedent if the PSYPACT laws  
380 supersede the state laws. Dr. Siegal said that it would only supersede the laws that  
381 pertain to the interjurisdictional practice of psychology.

382  
383 Dr. Erickson said that the presentation was very informative and said he had a question  
384 about the PSYPACT superseding state laws pertaining to psychology. Dr. Siegal  
385 explained that the PSYPACT would only supersede interjurisdictional state laws and  
386 that licensees could not provide services outside the scope of practice where the

387 services are being rendered. He said that the PSYPACT is a hub and spoke model. He  
388 said that if he was a psychologist licensed in California and California was a PSYPACT  
389 state, and one of his patients went to Colorado, which was also a PSYPACT state, to  
390 ski, he could provide services electronically . He then explained that if a California  
391 psychologist went on vacation to Colorado, Colorado would not then become his or her  
392 spoke. He said that the psychologist would not be permitted to provide services to  
393 someone in Georgia or even in California.

394  
395 Dr. Phillips asked if future students would be paying a second fee for the EPPP Step 2.  
396 Dr. Siegal said that they would need to pay another fee. He said they do not know what  
397 the cost will be, but they are going to try to keep it as low as they can.

398  
399 Dr. Phillips indicated that psychologists licensed in New York are not required to take  
400 continuing education. He said that a New York licensee could then provide services to a  
401 California resident where continuing education is believed to be important for the  
402 maintenance of competence. He said this might be a hesitation for some people. Dr.  
403 Siegal confirmed that New York is the only state in this country that does not require  
404 CE.

405  
406 Dr. Phillips explained that California requires applicants to take the California  
407 Psychology Laws and Ethics Examination (CPLÉE) and does not see how the EPPP  
408 Step 2 will eliminate the need for California licensees to take the CPLÉE. Dr. Siegal  
409 stated that if the Board is looking to have an examination more specific to California  
410 laws, the CPLÉE might still be needed,

411  
412 Dr. Phillips said that if someone practices interjurisdictional, they would not know the  
413 California laws and regulations. Ms. Orwig indicated that anyone signing up for the  
414 E.Passport must attest that they know the laws and regulations of any state they will be  
415 practicing in, but they would not be required to take a test.

416  
417 Dr. Siegal indicated that ASPPB is looking into the differences in the laws between  
418 states to identify any potential issues. He said a psychologist who signs up for the  
419 E.Passport will be under contract, and if they violate the contract of the E.Passport or  
420 PSYPACT, their privileges under the E.Passport and PSYPACT would be revoked. He  
421 said they would lose privileges with all of the states. He said that the state could then  
422 use the violation to file a complaint against the psychologist for practicing  
423 inappropriately. He said if the licensee loses the E.Passport, they would still be able to  
424 apply for a license in that state where the violation took place.

425  
426 Dr. Phillips asked if the funds received from the E. Passport would be allocated to the  
427 states. Dr. Siegal said they would first need to determine the costs. He said once the  
428 costs are determined, the funds could be used for facilitating the adjudications.

429  
430 Dr. Phillips asked if the funds would be used to reimburse the state's enforcement staff  
431 for doing investigations or proceeding with the licensing complaints. Dr. Siegal said that  
432 the funds would not be used to reimburse the state's enforcement staff.

433

434 Dr. Phillips asked if the commission would only be made up of one representative from  
435 the first seven states that join PSYPACT. Ms. Orwig said that each state in PSYPACT  
436 would have a representative on the Commission.

437  
438 Ms. Jones said she appreciated the presentation and asked Ms. Marks how far the  
439 conversation could go considering the Board does not have a quorum. Ms. Marks said  
440 she would prefer the agenda item to remain as a presentation. She said it is better to  
441 have a quorum so that the Board could have the kind of discussion to lead the Board to  
442 make a decision.

443  
444 Dr. Siegal said if the California Legislature and the Governor chose to sign a bill  
445 authorizing PSYPACT, the language could not be modified because it is the same  
446 across all jurisdictions. He said it is an up or down vote.

447  
448 Ms. Jones asked if there have been conversations with the California Legislature  
449 regarding this bill. Dr. Siegal said no, he has not had those conversations.

450  
451 Dr. Phillips requested that the Board only gather information based upon the  
452 presentation so that they do not begin to deliberate on the subject.

453  
454 Ms. Acquaye-Baddoo asked if there are specific criteria for the members of the  
455 commission.

456  
457 Dr. Siegal said that, off the top of his head, the commissioner must be a board member,  
458 the Executive Director of the licensing board, or a designee. He said it is not someone  
459 outside of the governance of the regulation of the practice of psychology within the  
460 applicable jurisdiction. Ms. Acquaye-Baddoo thanked him for the work.

461  
462 Dr. Siegal said if PSYPACT is going to happen, it will happen by 2018. He said it has  
463 received a lot of endorsement from various organizations.

464  
465 Dr. Gilbert Newman, the Dean and Director of Clinical Training of the Wright Institute,  
466 said that as a member of the commission on accreditation, he thinks a lot about the  
467 necessity of professional judgement in determining competency. He said that it seems  
468 like the EPPP Step 2 is an attack on professional judgement. He said it requires the  
469 program to submit students to another hurdle where the Wright Institute, through five  
470 years of graduate training, has already been measuring each student's competency  
471 against very specific minimum levels of achievement. He asked what deficiencies have  
472 been identified that suggested the need for this exam. Dr. Siegal said there were no  
473 deficiencies and they have not seen an uptick in disciplinary action taken by boards. He  
474 said supervision is still essential in the practice of psychology, but there is still variability  
475 and inconsistency in the measures that are used currently. He said if you visit the  
476 ASPPB website and go to the students section, you could view each program and see  
477 the aggregate number of students who have passed the EPPP. He said you could see  
478 that some of the programs have a 100 percent pass rate on the EPPP, while some of  
479 the APA-accredited schools have a 13 percent pass rate. He said there is too much  
480 variability in the process. Dr. Newman said that test taking is a skill itself. He said the  
481 test may be testing a skill that has not been taught in graduate programs. He asked why  
482 the exam could not just be administered to those who did not go to an APA-accredited

483 program. Dr. Siegal said there is a lot of variability within the APA accreditation process,  
484 which is formally known as the Commission on Accreditation. He said that it is a  
485 wonderful and robust organization that has done a lot to advance the skills, knowledge  
486 and consistency of training, however, each licensing board looks at the individual and  
487 not the program.  
488

489 Dr. Jo Linder-Crow asked if each jurisdiction will have the choice to implement or not  
490 implement the EPPP Step 2. Dr. Siegal said yes it is a state action and ASPPB  
491 considers it as an entry examination and not for someone who has been practicing for  
492 10-15 years.  
493

494 Dr. Melodie Schaefer from the California Psychological Association (CPA) asked if any  
495 data been collected to support the belief that the EPPP Step 2 will help protect the  
496 public. Dr. Siegal said examinations for licensure are content validity as opposed to  
497 predictive validity. He stated that the selection score is what is considered. He said most  
498 of the people are going to be around the 500 pass point, which is the recommended  
499 number. He said the fact that someone scores 800 versus 500 does not mean that they  
500 are more knowledgeable than the person scoring 500 because it is a selection content  
501 validity exam. He said it is difficult to do examinations for predictive validity. He said in  
502 order to do a study, the board would need to give a license to someone who is  
503 competent and has passed the EPPP in addition to someone who is incompetent and  
504 has failed the EPPP and reexamine them in five years to see where they are in the  
505 process. He stated that this is unethical. He said the EPPP has a practice analysis  
506 every eight to ten years where they interview practicing psychologists, students in  
507 training, and people in training counsels in order to know what the field considers the  
508 essential aspects of the practice of psychology. He said at the conclusion of the  
509 analysis, the eight domains of the exam are tweaked a little bit based upon where the  
510 profession is. He said they are currently conducting a practice analysis to see how that  
511 will evolve into the skills needed for the entry-level practice for the field. He said they  
512 hope to have the analysis completed within the year and said that they will begin writing  
513 questions next year for the examination process.  
514

515 Ms. Orwig indicated that there is a link to the job task analysis survey on  
516 [www.asppb.net](http://www.asppb.net).  
517

518 Dr. Phillips thanked Ms. Orwig and Dr. Siegal for their presentation and said that  
519 agenda item #21 would be the next item for discussion.  
520

521 Ms. Jones said she appreciated the presentation and that it was challenging that the  
522 Board could not have a strong conversation about the information they received due to  
523 not having a quorum.

524 Dr. Phillips said that the Board wanted to be sensitive to Dr. Siegal and Ms. Orwig who  
525 traveled a long way to give their presentation.  
526

527 **Agenda Item #21: Discussion of Implementation of AB X2-15 – The End of Life**  
528 **Option Act – Effective 6/9/16**  
529

530 Ms. Sorrick indicated that the Board received a public comment at its May Board  
531 meeting regarding the End of Life Options Act. She said this bill would implement

532 changes to the end of life options for individuals who met certain criteria. She said staff  
533 invited the California Medical Board to speak about this bill and introduced Kim  
534 Kirchmeyer, Executive Director of the Medical Board of California (MBC), and Jennifer  
535 Simoes, Chief of Legislation of the MBC.

536  
537 Ms. Kirchmeyer thanked Ms. Sorrick and the Board for having them. She said they  
538 would provide questions that the Medical Board had received and a copy of their  
539 PowerPoint presentation.

540  
541 Ms. Simoes said that the bill would allow an adult resident of California who has been  
542 diagnosed with a terminal disease and who has the mental capacity to make a medical  
543 decision, to make a request to receive a prescription for an aid-in-dying drug from their  
544 physician for the purposes of ending his or her life.

545  
546 Ms. Kirchmeyer said she had never seen a bill so prescriptive, which makes it easier for  
547 boards to implement. She said the request needed to be made both orally and in writing  
548 in addition to completing a form. She said that the attending physician needs to  
549 determine that the patient has the mental capacity to make the decision. She said the  
550 Medical Board is not making any changes to the forms required in the bill, but if they  
551 find necessary changes, they will make them through legislation.

552  
553 Dr. Horn asked what would happen if the patient is unable to speak or write in order to  
554 request the end of life option. Ms. Kirchmeyer said they have not run in to that, but for  
555 the most part, the patient would have to be the one to take the drug. She said no one  
556 could give it to them. She said that, in her opinion, the patient would need to be able to  
557 fill out the forms.

558  
559 Dr. Erickson said he read an article in the Sacramento Bee that said the drug could cost  
560 \$3,000 and may not be covered by all plans. He asked what would happen to those  
561 people who could not afford it. Ms. Kirchmeyer said this issue has not come up, but it  
562 would not be within the Medical Board's jurisdiction.

563  
564 Dr. Horn said she appreciated the Legislature's thoroughness and was hopeful that the  
565 various questions could be answered over time. Ms. Kirchmeyer said she could post  
566 frequently asked questions on the Medical Board's website once it gets more  
567 information.

568  
569 Dr. Linder-Crow thanked Ms. Kirchmeyer and Ms. Simoes for their presentation. She  
570 said CPA has worked hard on the front end of this bill to ensure that psychologists were  
571 included. She said psychologists were not included in the original language. She said  
572 CPA would help its members think this bill through. She asked if the person providing  
573 the assessment needed to meet specific requirements. Dr. Phillips said California has  
574 competency standards and the individual would need to have competency in order to  
575 partake in the End of Life Option Act. Dr. Horn thanked CPA for its work and said that  
576 UC Davis is currently looking at this bill to establish requirements.

577  
578 Dr. Phillips thanked Ms. Kirchmeyer and Ms. Simoes for their presentation. He said it  
579 appears that this is being handled in a very thoughtful way and appreciates the light  
580 they are able to shed on this issue.

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**Agenda Item #22: Health Professions Education Foundation Presentation on Licensed Mental Health Services Provider Education Program (LMHSPEP) and Mental Health Loan Assumption Program (MHLAP)**

Dr. Phillips introduced Tino Raya and LaNia Bussey, both program officers from the Health Professions Education Foundation (HPEF).

Mr. Raya thanked the Board for having them and said that they were going to give an overview of the two mental health programs that HPEF has to offer. He said they have 13 scholarship and loan repayment programs administered across the State of California and they have awarded over 12,000 individuals. He indicated that the Mental Health Loan Assumption Program (MHLAP) is funded through the Mental Health Services Act (MHSA) and that applicants can receive up to \$10,000 in exchange for a 12-month service obligation working for a Public Mental Health System. He said it was established to assist County Public Health Systems in hiring and retaining mental health professionals and each county has its own requirements.

Ms. Bussey provided an overview on the Licensed Mental Health Services Provider Education Program (LMHSPEP). She said it was designed to award mental health professionals who provide direct patient care in a mental health professional shortage area or a qualified facility in California. She said the program is funded through renewal fees from the Board of Behavioral Sciences and the Board of Psychology in addition to a one-time grant from the California Endowment. She said there is a Selection Committee that reviews and scores the applications. She said \$64,503 was awarded to psychologists for Fiscal Year 2015-16 and a total of 76 psychologists were awarded funds. She indicated that the application cycle is open and they are accepting applications for the Selection Committee.

Dr. Horn asked how the funds are distributed per psychologist. Ms. Bussey explained that the funds from the Board of Psychology are only used to award psychologists; however, the awardees could also be split-funded because the California Endowment grant is awarded based upon the setting.

Dr. Phillips asked what the average award amount was. Mr. Raya indicated that the average award granted was \$12,000.

Ms. Acquaye-Baddoo thanked them for attending and said she was looking forward to the upcoming application for the Selection Committee.

Dr. Horn asked if someone can apply for multiple years. Ms. Bussey said an applicant can be awarded for up to two years and can apply as many times as possible as long as they have not been awarded more than two times.

Ms. Sorrick indicated that the Board has an insert in its license renewal application packets that tells licensees how to apply for funding and how to contribute additional funds. She said she is hopeful that licensees will take advantage of both sides of the insert.

630 Dr. Linder-Crow asked why there was a huge discrepancy in the amount of funds  
631 awarded to psychologists versus licensed professionals with the Board of Behavioral  
632 Sciences (BBS). Mr. Raya explained that the funds are based upon renewal fees for  
633 those professions. He said there was not as high a number of psychologists renewing  
634 as BBS licensees, which resulted in less funding.  
635

636 Dr. Phillips thanked Mr. Raya and Ms. Bussey for their presentation.  
637

638 **Agenda Item #20: Policy and Advocacy Committee Report and Consideration of**  
639 **Committee Recommendations on Board Positions**  
640

641 Legislation Update  
642

643 Ms. Jones said she appreciated the matrix staff created for the legislative bills.  
644

645 a) AB 796 (Nazarian) Health Care Coverage: Autism and Pervasive Developmental  
646 Disorders  
647

648 Ms. Jones said the Board submitted an opposition letter on July 28, 2016, and  
649 requested that staff strike sentence one in the background section of the memo to  
650 reflect the amendments to the bill since the Board's last meeting.  
651

652 Mr. Glasspiegel indicated that this bill would require the State Department of  
653 Developmental Services, no later than July 1, 2018, with input from stakeholders, to  
654 update regulations to set forth the minimum standards of education, training, and  
655 professional experience for qualified autism service professionals and  
656 paraprofessionals. He also stated that this bill would repeal the sunset provision in the  
657 requirement for health care service plans to provide health coverage for behavioral  
658 health treatment for pervasive development disorder or autism. Ms. Sorrick said the bill  
659 previously included requirements for educational and training standards developed in  
660 regulations and these have since been removed from the bill.  
661

662 Dr. Horn asked if the Board needed to change its reasons for opposition to the bill. Ms.  
663 Jones said the opposition letter states that the bill falls short of the Board's  
664 recommendations, which is still true. Dr. Phillips indicated that the Board is still  
665 concerned with the fact that the individuals providing the services are being reimbursed  
666 without being licensed or regulated.  
667

668 Ms. Jones acknowledged staff's hard work and the amount of detail in the opposition  
669 letter.  
670

671 Dr. Phillips thanked Ms. Sorrick and Mr. Glasspiegel for the quick turnaround with the  
672 opposition letter after the Teleconference Board meeting.  
673

674 Ms. Jones indicated that no action is needed at this time.  
675

676 b) AB 1715 (Holden) Healing Arts: ABA  
677

678 Ms. Jones said this item is for informational purposes only since the author has pulled  
679 the bill.

680

681 Dr. Phillips asked if there will be any further action in the future on the bill. Mr.  
682 Glasspiegel indicated that it is possible for this issue to return in the future.

683

684 c) AB 1835 (Holden) Private Postsecondary Education: Exemptions

685

686 Ms. Jones said that AB 1835 was enrolled.

687

688 Mr. Glasspiegel explained that it will now go to the Governor for a decision.

689

690 Ms. Jones said no action is needed.

691

692 d) AB 2017 (McCarty) College Mental Health Services Program

693

694 Mr. Glasspiegel said this item is for information purposes only. He indicated that the  
695 amount of money identified for appropriation was taken out of the bill. Dr. Erickson  
696 asked why the amount was amended out. Mr. Glasspiegel said he was not sure why the  
697 amount was removed. Ms. Jones indicated that the amendment does not change the  
698 Board's "Support" position because it took this position before there was an amount in  
699 the bill.

700

701 e) AB 2086 (Cooley) Workers Compensation: Neuropsychologists

702

703 Ms. Jones indicated that the Board had a robust discussion on AB 2086 at its July  
704 Board meeting and said that the bill has been in its third reading since August 15, 2016.

705

706 Mr. Glasspiegel said that no changes have been made to the bill that would affect  
707 neuropsychologists. He reported that the Board's proposed changes have not been  
708 made and said that the Board may want to consider changing its "Support if Amended"  
709 position.

710

711 Dr. Erickson said it is important to get neuropsychology back in the worker's  
712 compensation process. He said the overall purpose is to help this bill move forward  
713 even though the Board's proposed amendments were not included. He said he would  
714 like the Board to take a "Support" position. Dr. Phillips agreed and wanted to ensure that  
715 this specialty is represented in the system.

716

717 Ms. Sorrick reported that staff sent a floor alert to the Senate on Wednesday, August  
718 17, 2016, and they have until the end of August to hear the bill on the floor. She  
719 indicated that the bill would then go back to the originating house for concurrence. She  
720 said the Board may want to change its position to "Support", but still provide its  
721 proposed amendments. Dr. Horn said she liked Ms. Sorrick's suggestion and agreed  
722 with Dr. Phillips and Dr. Erickson that the most important part is getting  
723 neuropsychologists back on the panel. Dr. Phillips said he liked Ms. Sorrick's  
724 suggestion as well and asked what a floor alert was. Mr. Glasspiegel said he put the  
725 position letters for every bill the Board had a position on in a memo format, abbreviated

726 them if necessary, and took them to the Capitol to drop them in every Senate and  
727 Assembly member's inbox that he could.

728  
729 Dr. Linder-Crow said she appreciated the Board's discussion on the bill. She said CPA  
730 is a co-sponsor of this bill and that this is the second year for the bill to come forward.  
731 She said CPA's lobbyist, Amanda Levy, had been in extended conversations with the  
732 Division of Workers' Compensation about the little progress this bill has made. She said  
733 the Division had attached projected costs to the bill that CPA did not agree with. She  
734 said it was not in CPA's purview to take the Board's proposed amendments and the  
735 Division has not indicated whether or not it would accept the Board's amendments. She  
736 said it would be helpful if the Board took a "Support" position. She said she does not  
737 anticipate any problems with this bill in the legislature.

738  
739 Dr. Erickson asked if an explanation of all of the discussions and hard work that has  
740 gone into this bill go to the Governor. Dr. Linder-Crow said she was not sure.

741  
742 Ms. Sorrick asked the Board if it would like staff to create a timeline of what the Board  
743 has done in response to the Governor's veto message.

744  
745 Dr. Phillips said there would need to be two motions: one for taking a "Support" position  
746 and one to draft a letter to convey the discussions the Board has had.

747  
748 Dr. Erickson asked if the Division is in support of the bill. Mr. Glasspiegel said that he  
749 had not heard of a position.

750  
751 Ms. Sorrick asked staff to draft a letter regarding the Board's support and to provide the  
752 letter to Dr. Erickson for review so that it may go to the Governor. Ms. Jones requested  
753 that the letter be sent to the Policy and Advocacy Committee for review.

754  
755 It was M(Horn)/S(Erickson)/C to take a "Support" position and include the Board's  
756 proposed changes in the position letter with the inclusion of the Board's efforts and  
757 emphasis on the delay in care that this has caused.

758  
759 Vote: 5 yes (Acquaye-Baddoo, Erickson, Phillips, Jones, Horn), 0 no

760  
761 f) AB 2443 (Baker) Improving Mental Health Access for Students

762  
763 Mr. Glasspiegel reported that AB 2443 was held in the Assembly Appropriations  
764 Committee.

765  
766 Ms. Jones said this item was for informational purposes only and staff will continue to  
767 watch this bill.

768  
769 g) AB 2507 (Gordon) Telehealth: Access

770  
771 Ms. Jones reported that AB 2507 was held in the Assembly Appropriations Committee.  
772 Dr. Erickson asked why it was held. Mr. Glasspiegel said he did not know, but he said  
773 he assumed there was fiscal impact to implement it.

774

775 Dr. Melodie Schaefer indicated that there are health care service plans reimbursing for  
776 telehealth services. She said that Blue Shield is one of them, but she could not  
777 remember the other two. She said she would let the Board know what the other carriers  
778 were when she found out.

779  
780 Ms. Jones indicated that staff would continue to watch this bill and wait to hear what the  
781 Telepsychology Committee recommends.

782  
783 h) AB 2859 (Low) Professions and Vocations; Retired Category

784  
785 Ms. Jones indicated that AB 2859 had its third reading as of August 15 and staff will  
786 continue to watch it.

787  
788 i) SB 1033 (Hill) Medical Board: Disclosure of Probationary Status

789  
790 Ms. Jones indicated that SB 1033 was placed in the inactive file so no action was  
791 needed. She said staff will continue to watch it.

792  
793 j) SB 1034 (Mitchell) Health Care Coverage: Autism

794  
795 Ms. Jones indicated that the Board sent an “Oppose” letter after its July Board meeting  
796 to express the Board’s concern with the lack of consumer protection due to no licensure  
797 requirements. She said that no action is needed.

798  
799 k) SB 1101 (Wieckowski) Alcohol and Drug Counselors: Regulation

800  
801 Ms. Jones indicated that SB 1101 is in the Senate Appropriations Committee. She said  
802 no action is needed and staff would continue to watch it.

803  
804 l) SB 1155 (Morrell) Professions and Vocations: Licenses: Military

805  
806 Ms. Jones indicated that SB 1155 was held in the Assembly Appropriations Committee  
807 as of August 11, 2016. She said no action was needed.

808  
809 m) SB 1193 (Hill) Psychology: Board of Psychology: Personnel

810  
811 Mr. Glasspiegel indicated that SB 1193 became the Board’s Sunset Extension bill as of  
812 August 19, 2016. He said the Board was in the same bill as the Board of Pharmacy and  
813 the Veterinary Medical Board. He said it is in its third reading on the Assembly floor as  
814 of August 18, 2016.

815  
816 Ms. Sorrick reported that the Board considered some language at its July  
817 Teleconference Board meeting that would allow for recognition of someone who was  
818 certified through the American College of Osteopathic Board of Neurology and  
819 Psychiatry as someone who could supervise a psychological assistant. She said there  
820 was also some language about an organization that provided coursework for continued  
821 professional development. She said the final change was to include a provision that  
822 anyone enrolled in doctoral program in psychology, educational psychology, or  
823 education with a field of specialization in counseling psychology or educational

824 psychology at a nationally accredited or approved institution on or before December 31,  
825 2016 would still meet the requirements for licensure after January 1, 2020.

826

827 Ms. Jones asked if the Board needed to take another position since the bill number had  
828 changed. Ms. Marks said it was not necessary for the Board to take another position  
829 since the bill contains the same substance as the other bill.

830

831 n) SB 1194 (Hill) Professions and Vocations: Board: Competitive Impact

832

833 Mr. Glasspiegel indicated that the language in SB 1194 is still in SB 1195, but would be  
834 amended into SB 1194.

835

836 Ms. Jones said that staff will continue to watch this bill.

837

838 o) SB 1204 (Hernandez) Health Professions Development: Loan Repayment

839

840 Ms. Jones indicated that SB 1204 would not be moving forward and that the hearing  
841 was cancelled by the author. She said this item was for informational purposes only and  
842 staff would continue to watch this bill.

843

844 Ms. Sorrick said that between Assembly Member Gordon's bill and this bill, the Board  
845 may want to consider sending a letter at the end of the legislative session to encourage  
846 or promote further clarification of the law. She said that this could be placed on the  
847 November agenda.

848

849 The Board members agreed to bring this back to at the November Board meeting.

850

851 p) SB 1217 (Stone) Healing Arts: Reporting Requirements: Liability

852

853 Ms. Jones indicated that the author is no longer pursuing SB 1217.

854

855 q) SB 1334 (Stone) Crime Reporting: Health Practitioners: Trafficking

856

857 Ms. Jones indicated that SB 1334 was in the Senate Appropriations Committee. She  
858 said no action is required and staff would continue to watch this bill.

859

860 Mr. Glasspiegel reported that this bill was held in the Senate Appropriations Committee  
861 and had little chance of moving.

862

863 r) Legislative Items for Future Meeting

864

865 Ms. Jones stated that it was already suggested to include as future agenda items the  
866 loan repayment and loan funding issue.

867

868 s) Update Regarding the California Child Abuse and Neglect Reporting Act (CANRA)  
869 and Mandated Reporting – Penal Code Sections 261.5, 288, and 11165.1

870

871 Mr. Glasspiegel indicated that the Board's request for an opinion from the Attorney  
872 General's (AG) office was canceled in June 2016 and that Ms. Sorrick is attempting to  
873 receive clarification on why the request was canceled.

874  
875 Ms. Jones requested that this item be kept on the agenda and thanked staff for its  
876 efforts.

877  
878 Ms. Sorrick said the disciplinary guidelines were approved and would be added  
879 November agenda.

880  
881 Ms. Jones asked if today was the last day for legislation. Ms. Burns indicated that today  
882 was the last day the committees could meet and for bills to be amended on the floor.

883  
884 Ms. Jones requested that staff send the floor alerts to the Board members so they could  
885 stay in the loop of the policy and advocacy actions. She thanked staff for all of the work.

886  
887 Dr. Phillips thanked the Policy and Advocacy Committee for providing updates to the  
888 Board.

889  
890 **Agenda Item #22: Telepsychology Committee Report and Consideration of**  
891 **Committee Recommendations**

892  
893 **a) Proposed Additions to California Code of Regulations, Title 16, to Address Standards**  
894 **of Practice for Telehealth**

895  
896 Dr. Erickson indicated that the State Legislature asked the Board in 2011 if legislative or  
897 regulative changes needed to be addressed regarding telehealth and online practice.  
898 He said that in its report back to the Legislature, the Board said it was researching and  
899 analyzing the use of telehealth for the practice. He said in 2016, the Board committed to  
900 the following in its report to the State Legislature: developing telepsychology regulations  
901 that would instruct licensees on how to provide telehealth to Californians, giving  
902 psychologists additional opportunities to provide care to underserved populations. He  
903 said the Telepsychology Committee has had four meetings and has drafted language  
904 for guidance.

905  
906 Dr. Phillips said that a number of hours have gone into creating this language. He said it  
907 is clarifying, but not too specific.

908  
909 Dr. Horn thanked the Committee for its hard work. She asked if these guidelines would  
910 pertain to people who are licensed psychologists, but are not practicing telehealth, such  
911 as those who are organizational consultants. Ms. Marks said the Board has jurisdiction  
912 over the practice of psychology, people licensed with the Board, and those who are  
913 engaging in activities in which licensure is required. She said she is not sure that the  
914 Board has any jurisdiction if licensure is not required.

915  
916 Dr. Phillips asked if the statute that prompted the Board to promulgate these regulations  
917 was specific to telehealth or telepsychology. Ms. Marks said she would look up the  
918 statute and get back to Dr. Phillips.

919

920 Ms. Jones asked if the Committee discussed how to determine if someone is competent  
921 in the delivery of telehealth. Dr. Erickson said the Committee did not address this but  
922 would treat this as the same for other competency issues. Dr. Phillips said there are  
923 many factors that are considered when deciding if someone is competent enough to  
924 provide services in specific areas. Ms. Jones asked if there would be enough experts to  
925 review complaints based on the use of telepsychology. Dr. Horn said the Board could  
926 require an attestation under penalty of perjury that the person is competent to provide  
927 telehealth services. She said that no one should be practicing in an area in which they  
928 are not competent. Ms. Jones said she was more concerned with whether or not there  
929 was a process in place to ensure that people have the skills to use telehealth properly.  
930 Dr. Horn asked if these guidelines would be regulations. Dr. Phillips said yes, they  
931 would be proposed regulations. Ms. Jones suggested that the Board look at disciplinary  
932 actions related to the use of telehealth. She said unprofessional conduct might need to  
933 be specified in the guidelines.

934  
935 Dr. Horn said she would like to revisit her question of what practice areas would these  
936 regulations apply other than the delivery of mental health services. Ms. Marks said as  
937 she understands it, these guidelines would apply to those licensed with the Board  
938 practicing under their license regardless if it is considered direct mental health. She said  
939 Business and Professions Code section 2904.5 states that a psychologist licensed  
940 under this chapter is a licentiate for purposes of section 805 and thus is a health care  
941 provider subject to the provisions of 2290.5, which is the telehealth section. She said  
942 she does not think that it differentiates what the licensed psychologist is doing. She said  
943 a psychologist practicing as a psychologist would be subject to these regulations.

944  
945 Dr. Erickson asked if the term “telepsychology” would be better than using the term  
946 “telehealth.” Dr. Horn said she is not sure the Board can call it telepsychology if the  
947 statute references telehealth. Ms. Marks stated that her concern was with whether or  
948 not the regulations being promulgated pursuant to section 2290.5, which refers to  
949 telehealth, are functionally related to those people providing health services. She said  
950 the statute does talk about telehealth, and the Psychology Licensing Law states that a  
951 psychologist licensed pursuant to this chapter is a health care provider. She said she  
952 believes this would mean that the psychologist is subject to the regulations that are  
953 being promulgated pursuant to 2290.5. Dr. Phillips said he believes that section 2290.5  
954 applies to the healthcare aspect of psychology as opposed to the broader functions that  
955 psychologists take on. Dr. Horn said she agreed with Dr. Phillips understanding of  
956 section 2290.5.

957  
958 Dr. Phillips said the Committee’s proposed regulations would be insufficient if the Board  
959 said that telehealth included all telepsychological services because they focus more on  
960 the healthcare aspect. He said they did not discuss other variables a licensee would  
961 need to consider if they were doing consultative services. He said he does not believe  
962 this is necessary because he does think this was the intention of the statute. He said he  
963 does not believe all psychologists are providing health care services.

964  
965 Ms. Marks asked if the Board members if they thought these regulations were too  
966 restrictive to apply to a psychologist who is providing something other than health  
967 services. She asked if there is a reason why these regulations should not apply to those  
968 individuals. She asked if the Board wanted to consider pursuing clarification legislation,

969 if necessary, or taking another look at the regulations. Dr. Phillips said he thinks the  
970 proposed regulations would provide accurate guidelines to someone practicing outside  
971 of traditional healthcare telepsychology.

972  
973 Dr. Erickson said these regulations were created with HIPAA in mind. He said he does  
974 not think organizational psychologists think of HIPAA when they do team building by  
975 telephone from one site to another. Dr. Phillips said if HIPAA was not applicable to a  
976 specific situation because it did not involve protective health information, the individual  
977 did not need to consider that particular regulation.

978  
979 Dr. Horn said she does not think the regulations would constrain someone who was not  
980 providing traditional healthcare services.

981  
982 Dr. Phillips said the Board could encourage people from other areas of psychology to  
983 review the regulations to see if they think they would be impeded by any of the  
984 language if the language goes out for a rulemaking package.

985  
986 Ms. Jones asked if these regulations would only apply to California residents  
987 temporarily out of state and what types of comments the public has provided at the  
988 Committee meetings. Dr. Phillips said the Committee has always been comprised of two  
989 Board members. He said they wanted to move relatively fluidly in order to finish the  
990 language. He said they have not had the opportunity to receive input from some of the  
991 Board's stakeholders. He said that in response to Ms. Jones first question, the language  
992 also encompasses those clients who reside in California. Ms. Jones stated that she  
993 does not believe there should be two-person committees because the Board is missing  
994 the opportunity to receive public comment. Ms. Marks explained that even if the work is  
995 done in a two-person committee that is not noticed, there is still time for a public  
996 discussion at the time of the Board meeting. Ms. Jones said that moving fast through  
997 the work should never be the Board's intention. Ms. Sorrick said that, from a staff's  
998 perspective, the purpose of the two-person committee was to allow staff to first draft  
999 language with legal counsel and consult with the sub-committee to address clarifying  
1000 questions before it went before the Board. Ms. Jones said it is important to have public  
1001 communication at all times. Dr. Phillips suggested that the Board discuss the two-  
1002 person committee at the November Board meeting and said he was interested in  
1003 hearing public comment to see if something was overlooked.

1004  
1005 Ms. Marks asked Dr. Horn if she thought it was more appropriate for the practice of  
1006 psychology and what is contained in the telehealth statute to indicate in the proposed  
1007 language that the standards apply to those licensees engaging in psychotherapy, which  
1008 is separately defined in the practice of psychology. Dr. Horn said the language would fit  
1009 the delivery of psychotherapy services. She said her quick answer would be yes. Ms.  
1010 Marks asked the Board to consider if the regulations need to apply to other  
1011 psychological services outside of psychotherapy.

1012  
1013 Ms. Jones said the Committee needed to have another fully noticed meeting to receive  
1014 public comment in order for the Board to move forward with a rulemaking package. Dr.  
1015 Erickson said he agrees that this is an important issue and valued her input.

1016

1017 Dr. Phillips said the Committee had access to other draft guidelines and documents that  
1018 suggested how telepsychology should be addressed. He said he did not want people to  
1019 think that the Committee did not consider the issues raised by other stakeholder groups  
1020 in the context of creating these draft regulations. He said the regulations were not  
1021 drafted with the intention of excluding public participation. He said the public might not  
1022 feel like they had enough time to review the proposed language in order to provide  
1023 public comment. Ms. Marks said the two-person committee allows Board members to  
1024 be more facile when scheduling the meetings. Ms. Jones said she was more concerned  
1025 with the reason that was conveyed for having the two-person committee, which was to  
1026 move the process along more quickly. Dr. Phillips said the Committee wanted to be  
1027 more facile in the way the Committee reacted to this issue to be able to schedule  
1028 meetings more quickly. He said he does not think two-person committees prevent  
1029 people from providing public comment and would like to restrict the public comment to  
1030 the proposed regulations and to whether they felt like they had enough opportunity to  
1031 comment on the language. He said the Board will have a discussion at another meeting  
1032 about the propriety of a two-person and three-person committee.  
1033

1034 Dr. Schaefer said that she was going to use the term “telepsychology” instead of  
1035 telehealth because medicine is calling it “telemedicine.” She said psychologists need to  
1036 own their profession. She said telepsychology has been going on for decades. She said  
1037 the issue is around the appropriate use of technology for the protection of the  
1038 information of the patient they are serving. She asked how a psychologist would import  
1039 a text message into a client’s file to show documentation of the conversation. She asked  
1040 if emails need to be encrypted and said these are the issues that need to be spoken  
1041 about. She said the Board needs language that addresses in-state and out-of-state and  
1042 said they should be separate. She said it is confusing for the constituencies if you do  
1043 not separate them. She said the term “temporarily” that is used in the proposed  
1044 language could be defined in many ways. She said guidance needs to be available  
1045 soon. She said telemedicine has been going on for years and psychologists are the last  
1046 to get on the bandwagon. She said it is important to provide the language to different  
1047 groups in order to get feedback. Dr. Phillips said that the Board is using the term  
1048 “telehealth” because it is used in the statute implemented by the Legislature. Dr.  
1049 Schaefer asked if the Board could push back on the use of the term “telehealth.” Dr.  
1050 Phillips said the Board would need to seek a legislative change and would need  
1051 regulations. Dr. Schaefer asked if the Board does not do it now, then who will do it and  
1052 when. Dr. Phillips said he wanted to address another one of her questions regarding  
1053 telemedicine. He said that they do not have regulations in the State of California. Dr.  
1054 Phillips said the Board can regulate what a California psychologist can do in California  
1055 and what they do with a California resident who is out-of-state. He said the Board  
1056 cannot regulate what a California psychologist does with a resident in New York  
1057 because they are, or may be, subject to that state’s licensing laws. Dr. Schaefer  
1058 suggested that the Board add additional language to clarify that it does not have  
1059 jurisdiction in Dr. Phillips’ scenario and that the psychologist would need to contact the  
1060 state in which they are providing services to get more information on its laws. She said  
1061 people might think the language could be projected onto out-of-state patients if this  
1062 clarification is not included. Dr. Erickson thanked Dr. Schaefer for her comments. Ms.  
1063 Jones said it is important for the Board to consider the questions asked by Dr. Schaefer.  
1064 Dr. Schaefer said that the American Psychological Association and the California  
1065 Psychological Association (CPA) have talked about the fact that they do not know how

1066 to market what psychologists are so that the consumer knows the difference between  
1067 their profession and others. She said the Board has an opportunity to help with this  
1068 clarification.

1069  
1070 Dr. Linder-Crow said she understands that the Board cannot be as flexible as CPA can  
1071 be because the Board is bound by certain laws and regulations. She said she did not  
1072 feel the public received enough notice to review the language prior to the Board  
1073 meeting. She said CPA was not aware of the Committee meeting and did not have a  
1074 chance to provide public comment. She said this is such a critical issue and CPA has  
1075 been pushing for these guidelines. She said she understands the dilemma of wanting to  
1076 move quickly to get things done. She said the comments that CPA would provide at the  
1077 Board meeting could have been provided at the Committee level, which might have  
1078 made it possible for the Board to move forward with the language.

1079  
1080 Dr. Phillips said the materials were included at the May Board meeting. Dr. Linder-Crow  
1081 said CPA provided comments at the July Teleconference Board meeting. She said she  
1082 did not see that their comments were reflected in the proposed language. She said CPA  
1083 has been present for the opportunities to provide public comment. Dr. Phillips said the  
1084 Committee facilitated the process the way that it did because they felt that the Board  
1085 has been laboring over this issue for such an extended period of time without giving  
1086 adequate guidance to its licensees. He said the Committee was trying to be responsive  
1087 and perhaps it was overzealous in its attempt to be responsive. Dr. Linder-Crow said  
1088 she was not questioning if the Board's committee process was appropriate, but she did  
1089 want to respond to the question of how the process looked to the public. Dr. Phillips said  
1090 as a result of this discussion he did feel that they could have done a better job reaching  
1091 out to stakeholders earlier in the process to get whatever feedback they could.

1092  
1093 Dr. Elizabeth Winkelman, Director of Professional Affairs of CPA, thanked the Board  
1094 and the Committee for the work it has done on this issue. She suggested that the Board  
1095 provide the documentation to the public in advance so that the public may provide  
1096 useful comments. She said her main concern lies with the interjurisdictional aspect that  
1097 is referenced in section (a) of the proposed language. She said she believes the  
1098 Board's intent is to talk about what is going to happen with the client who is physically  
1099 located in California or a client who is a resident of California, but is located somewhere  
1100 else at the time services are rendered. She said there are two aspects that are  
1101 problematic. She said all of the other documentation she has read about  
1102 interjurisdictional practice talks about the physical location of the patient and not their  
1103 residency. She said it is very confusing to identify the location where the person is a  
1104 resident versus where they are physically located. She said the guidance she has read  
1105 talks about when a psychologist can provide services to a patient who is physically  
1106 located in another place. She said her other concern is with the interjurisdictional  
1107 aspect. She said most of the questions that CPA receives are about interjurisdictional  
1108 practice. She said the regulations should address both in-state and out-of-state  
1109 telepsychology practice. She suggested that the Board clarify that both a licensee and  
1110 someone who is under supervision of a licensee can provide telepsychological services,  
1111 if that is what the Board intends. She said it is important to clarify if the language is  
1112 intended for health services or for all services. She said the reference of "any other  
1113 issues" in sections b(2) and b(3) is problematic. She suggested using the phrase  
1114 "including, but not limited to." She said the phrase "any benefits, risks, or constraints

1115 posed by the patient or client's physical location" in section (b)(3)(d) is also problematic.  
1116 She said she recently discovered the Board of Behavioral Science's (BBS) Standards of  
1117 Practice for Telehealth that went into effect on July 1, 2016 and suggested that the  
1118 Board review the language because it is clear. She said it addresses the  
1119 interjurisdictional and in-state settings and specifically states what it wants the  
1120 practitioner to do, such as ascertain the address of the present location at the beginning  
1121 of each telehealth session.  
1122

1123 Dr. Phillips said there was one comment Dr. Winkelman made that he believes is  
1124 problematic to the statute that allowed the Board to draft these regulations. He said it  
1125 does have to be a licensee to practice telehealth. He said the statute might need to be  
1126 amended in order to include interns and post-doctoral students. He said her comments  
1127 were very helpful. He said the Committee did review BBS's regulations and said it might  
1128 be worth reviewing again to ensure that the Board is being thorough. He said the  
1129 question of whether the Board is just focusing on telehealth or also considering other  
1130 areas of practice is important to consider. He suggested that the Committee not put a  
1131 rulemaking package forward at this point and have another meeting and provide active  
1132 outreach to the stakeholders.  
1133

1134 Dr. Erickson said the Committee should have a noticed meeting and craft a revised set  
1135 of regulations. Dr. Phillips suggested that the Committee focus on what the law allows  
1136 the Board to do.  
1137

1138 Dr. Winkelman said that the BBS regulations state the following: "A licensee or  
1139 registrant in this state may provide telehealth services to a client located in another  
1140 jurisdiction only if the California licensee or registrant meets the requirements to lawfully  
1141 provide services in that jurisdiction and delivery of services via telehealth is allowed by  
1142 that jurisdiction." She said this statement is clear and is consistent with other guidelines  
1143 that she has read. She said until the PSYPACT is implemented, a psychologist is  
1144 probably going to need a license or the permission to practice temporarily in another  
1145 state. Dr. Phillips said being explicit would be helpful to the licensee.  
1146

1147 Ms. Jones said she supports the recommendation to have another Telepsychology  
1148 Committee meeting. She said it is important for the Committee to address the use of the  
1149 term "telepsychology." She said the Board was unable to have a discussion after the  
1150 PSYPACT presentation because they did not have quorum, but she thinks that  
1151 PSYPACT should first be discussed by the Committee and then the Board.  
1152

1153 Dr. Erickson suggested that the Committee invite Dr. Segal to its next meeting.  
1154

1155 Dr. Schaefer informed the Board that APA-sites have interns who have been providing  
1156 services via telehealth for years. She said the Board needs to address it if it is a legal  
1157 issue. Dr. Phillips said this issue is important and asked if CPA could also take a look at  
1158 it.  
1159

1160 Dr. Linder-Crow said telehealth is defined as the mode of delivery. She said it is  
1161 important to keep this in mind during future discussions. She said telehealth is not  
1162 something different from the practice of psychology.  
1163

1164 Ms. Marks said section 2904.5 states that a licensed psychologist is a healthcare  
1165 provider pursuant to 2290.5. She said this might indicate that it has to be a licensee.  
1166 She said this could capture a registrant, but it did not identify a psychological trainee as  
1167 it identified a marriage family therapist intern. She said the two-person committee could  
1168 notice a meeting without meeting the 10-day notice rule because it is not required to be  
1169 noticed.

1170  
1171 The Committee agreed to have another Telepsychology Committee meeting.  
1172

### 1173 **Agenda Item #23: Licensing Report**

1174  
1175 Ms. Karen Johnson presented the Licensing Report and said the processing time for  
1176 applications was less than two weeks. She reported that Stephanie Cheung was the  
1177 new Licensing Manager for the Licensing Unit and would be starting Monday, August,  
1178 23. She said she would be involved with policy and regulation. She said the regulation  
1179 of the 72-month limitation to the registration of psychological assistants went into effect  
1180 on October 23, 2010 and the Board is coming up on the six-year mark. She said the  
1181 regulation limits psychological assistant registrations to a cumulative total of six-years.  
1182 She said staff has been working closely with the BreEZe team to figure out each  
1183 registrant's cumulative total of registration, and they have experienced some hurdles.  
1184 She said much of the data that was in the Board's legacy system was not talking to the  
1185 new BreEZe system that was implemented in 2013. She said that staff's solution was to  
1186 assign everyone a genesis date, which would be October 23, 2011. She said it would be  
1187 a one-time adjustment to account for those people with a registration prior to October  
1188 23, 2010. She said the worst case is that some people would get extra time. She said  
1189 staff has sent individual letters to those who received a registration prior to October 23,  
1190 2010.

1191  
1192 Dr. Horn said staff's solution is fair.  
1193

1194 Ms. Johnson reported that the Licensing Committee is still reviewing the pathways to  
1195 licensure and there are pending regulation changes to section 1387 and 1387.1. She  
1196 said there would be a change in how the Board would receive documents. She said the  
1197 trainee would be able to submit their verification of experience form directly to the Board  
1198 with their application for licensure in an envelope signed by the supervisor. She said the  
1199 Board would also no longer be requiring pre-approval of a plan for a psychological  
1200 assistant in a private practice setting.

1201  
1202 Ms. Acquaye-Baddoo thanked Ms. Johnson for her presentation.  
1203

### 1204 **Agenda Item #24: Continuing Education Report**

1205  
1206 Ms. Jacquelin Everhart presented the Continuing Education Report. She said she has  
1207 been sending email notifications to let licensees know they have been selected for audit  
1208 and will receive a follow-up letter via their address of record. She indicated that this has  
1209 helped with people who are not sure if their address of record is current.

1210  
1211 **Agenda Item #25: Licensing Committee Report and Consideration of Committee**  
1212 **Recommendations**

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a) Review Checklist that Supervisors May Use to Ensure Compliance with the Statutes and Regulations

Dr. Horn said people applying for licensure have been failing because they are not being informed of the laws and regulations. She said staff created a checklist to ensure that they are advising their trainees appropriately.

Ms. Johnson said the checklist would be added to the Board's website and would be provided as a link in the Licensing Unit's signature blocks.

Ms. Marks requested that the language be reviewed for grammatical changes.

It was M(Jones)/S(Acquaye-Baddoo)/C to approve the Supervision Checklist as amended and allow staff and legal counsel to make those changes.

Vote: 5 yes (Acquaye-Baddoo, Erickson, Phillips, Jones, Horn), 0 no

b) Review of Pathways to Licensure Flowchart

Dr. Horn reported that Dr. Phillips requested staff to create a flowchart to show the different pathways to licensure, which staff has provided. She said the plan is to have the flowchart attached to the applications for licensure.

It was M(Erickson)/S(Jones)/C to approve the Pathways to Licensure Flowchart.

Vote: 5 aye (Acquaye-Baddoo, Erickson, Phillips, Jones, Horn), 0 no

c) Review and Consideration of Draft Policy for Delegation to Licensing Committee to Decide Closed Session Items

Dr. Horn said the draft policy would allow the Licensing Committee to make the final decisions for extension requests. She said at the last Committee meeting, Ms. Marks stated she did not think the Committee could have the delegated authority and still go into closed session to discuss the requests, but she would do some research and report back to the Board. Dr. Horn said Ms. Marks found this to be true. She said the synopsis of the Committee's discussion was in the Board's materials. She said the Committee wanted to maintain the confidentiality of the person submitting the request.

Ms. Jones said it is important that the Board members make the decisions together.

Dr. Horn said since the Committee does not wish to move forward, this item is for information purposes only.

d) Review of Proposed New Statutory Language Regarding Coursework in Suicide Risk Assessment and Intervention

1260 Dr. Horn said staff was asked to look at other one-time requirements to see how they  
1261 were written and to bring a recommendation to the Committee at its September  
1262 meeting.

1263  
1264 e) Review and Assessment of Current Licensing Requirements, Recommendation to  
1265 Stakeholders for Consideration: Proposed Amendments to Existing Sections of Title 16,  
1266 California Code of Regulations: 1381, 1381.1, & 1381.2 (Applications); 1381.4 (Failure  
1267 to Appear for an Examination); 1381.5 (Failure to Pay Initial License Fee); 1387  
1268 (Supervised Professional Experience); 1387.1 & 1387.2 (Qualifications of Primary and  
1269 Delegated Supervisors); 1387.3 (Non-Mental Health Services); 1387.4 (Out-of-State  
1270 Experience); 1387.5 (SPE Log); 1388, 1388.6, 1389 & 1389.1 (Examinations-  
1271 Waiver/Reconsideration); 1387.7, 1390, 1390.1, 1390.2, & 1390.3 (Registered  
1272 Psychologists); 1387.6, 1391, 1391.1, 1391.2, 1391.3, 1391.4, 1391.5, 1391.6, 1391.7,  
1273 1391.8, 1391.10, 1391.11, & 1391.12 (Psychological Assistants)

1274  
1275 Dr. Horn said she believes the Committee will finish its review at the September  
1276 Committee meeting.

1277  
1278 f) Discussion, Review and Consideration of the Proposed Revisions to Title 16 of the  
1279 California Code of Regulations; Sections 1397.60, 1397.61, 1397.62, 1397.69, 1397.70  
1280 (CE/CPD)

1281  
1282 Dr. Horn said the Committee is still reviewing the language to ensure clarity and is  
1283 hoping it will finish at the September Committee meeting.

1284  
1285 Ms. Jones said after the Committee's review is completed the language will go to the  
1286 stakeholders for feedback.

1287  
1288 g) Consider Committee's Recommendation Regarding Request for an Extension to the  
1289 Limit of a Cumulative 72 Months to Renew a Psychological Assistant Registration  
1290 Pursuant to Section 1391.1(b) of the California Code of Regulations

1291  
1292 Dr. Horn reported that #1 requested a three to four year extension to the 72 months to  
1293 renew a psychological assistant registration. She said the Committee's recommendation  
1294 is to deny the request.

1295  
1296 Dr. Phillips said she had been a psychological assistant since 1994 it appeared that she  
1297 wanted to be one for the rest of her career.

1298  
1299 It was M(Jones)/S(Erickson)/C to accept the Committee's recommendation to deny #1's  
1300 request.

1301  
1302 Vote: 4 aye (Erickson, Phillips, Jones, Horn), 1 no (Acquaye-Baddoo)

1303  
1304 **Agenda Item #26: Use of Social Media – Guidelines for Appropriate Use of Social**  
1305 **Media**

1306  
1307 Ms. Sorrick presented a copy of the presentation by Amigo Wade at the Association of  
1308 State and Provincial Psychology Boards (ASPPB).

1309  
1310 Dr. Horn said she attended ASPPB's Midyear Meeting where the social media  
1311 presentation was held. She said one of the presenters showed clips of psychologists  
1312 behaving badly that were broadcasted on social media. She said an intern was in the  
1313 middle of her intern year when she got drunk and fought on the street. Dr. Horn said this  
1314 was caught on camera and was fired by her internship. She suggested that the  
1315 Outreach and Education Committee look at this issue to provide education and outreach  
1316 to stakeholders.

1317  
1318 **Agenda Item #27: President's Report**

1319  
1320 **a) 2016 and 2017 Meeting Calendar and Locations**

1321  
1322 Dr. Phillips presented the 2017 Board meeting dates.

1323  
1324 **b) Committee Updates**

1325  
1326 Dr. Phillips reported that the Licensing Committee meeting is scheduled for September  
1327 19, 2016. He said Ms. Alita Bernal is considering joining the Outreach and Education  
1328 Committee and said he would consult with the Board members to see what committees  
1329 they would like to be on.

1330  
1331 **c) Review and Consideration of Draft Committee Delegation to be included in the**  
1332 **Administrative Procedures Manual**

1333  
1334 Dr. Phillips said these guidelines would give authority to the Policy and Advocacy  
1335 Committee Chair and the Executive Officer to take action if something changes with a  
1336 bill that affects the Psychology Licensing Law. He said the Committee Chair and  
1337 Executive Officer could develop a response to the issue that arose and report back to  
1338 the Board president.

1339  
1340 Ms. Jones asked if there was a provision that allowed meetings to occur if a 10-day  
1341 notice was not achievable. Ms. Marks said the Open Meetings Act allows the Board to  
1342 have a special meeting to address legislation, but it does require a 48-hour notice. Ms.  
1343 Jones said she was not sure if this policy is needed.

1344  
1345 Ms. Sorrick said the delegation would give the Executive Officer and Committee Chair  
1346 the ability to act quickly in case the Board was not able to obtain quorum. She said it  
1347 would allow them to change the Board's position at the last minute. Dr. Phillips said that  
1348 the delegation states, "The Board shall be notified of such action as soon as possible."  
1349 He said he believes that the Board needs the ability to act in a rapid fashion in  
1350 emergencies.

1351  
1352 Ms. Acquaye-Baddoo suggested that the delegation be given a timeline so that the  
1353 Board could return to it later. Ms. Sorrick suggested that the delegation be a pilot  
1354 program. Dr. Horn said she would like it to be a pilot program. She said she would only  
1355 want this to be used in extraordinary situations.

1356

1357 Ms. Jones asked if there was a time that the Board was impeded and if there were other  
1358 boards that do this. Ms. Marks said she does know of one other board. Ms. Sorrick said  
1359 the Board has had more board meetings this year than last year so the issue has not  
1360 been too prevalent. She said the Board took an "Oppose Unless Amended" position on  
1361 AB 1715 and then the amendments the Board requested were implemented. She said  
1362 she felt that she had the implicit authority to change the Board's position since the  
1363 amendments were made, but the delegation would codify that authority. Ms. Jones  
1364 thanked Ms. Sorrick for her comment and said she was able to change the Board's  
1365 position because it was granted through a motion the Board had moved. She said the  
1366 Board should schedule a teleconference Board meeting every year and then cancel it if  
1367 it is not needed. She requested that Ms. Marks provide a report of the different boards  
1368 that have this delegation.

1369  
1370 Ms. Sorrick suggested the following changes to the language: replace "may delegate"  
1371 with "hereby delegate", add "Policy and Advocacy" to the term "chair", add "or quorum"  
1372 after "time" and add the term "it" between "as pertains".  
1373

1374 It was M(Erickson)/S(Horn)/C to accept the draft committee guidelines as amended for  
1375 inclusion in the Administrative Procedures Manual through the third regularly scheduled  
1376 quarterly meeting in 2017.

1377  
1378 Vote: 4 aye (Acquaye-Baddoo, Erickson, Phillips, Jones, Horn), 1 no (Jones)

1379  
1380 **Agenda Item #28: Recommendations for Agenda Items for Future Board Meetings**

1381  
1382 Ms. Everhart provided the recommendations as made by the Board members  
1383 throughout the meeting.

1384  
1385 **Agenda Item #29: Adjournment**

1386  
1387 The Board adjourned at 5:54 p.m.  
1388