Thursday, August 18, 2016

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

Members Present:
Stephen Phillips, PsyD, JD, President
Nicole J. Jones, Public Member, Vice-President
Lucille Acquaye-Baddoo, Public Member
Michael Erickson, PhD
Jacqueline Horn, PhD

Others Present:
Antonette Sorrick, Executive Officer
Sandra Monterrubio, Enforcement Program Manager
Cherise Burns, Central Services Manager
Karen Johnson, Licensing Coordinator
Jason Glasspiegel, Central Services Coordinator
Jacquelin Everhart, Continuing Education/Renewals Coordinator
Norine Marks, DCA Legal Counsel

Agenda Item #2: President's Welcome

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

Agenda Item #3: Public Comment for Items not on the Agenda

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

Dr. Phillips thanked him for his comments.

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

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

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

Ms. Jones reported that after the meeting adjourned, the Board presented cards to the departing Board members, Dr. Miguel Gallardo, Dr. Andrew Harlem, and Ms. Linda Starr, who ended their terms in order to show its appreciation for their hard work.

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

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

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

**Agenda Item #6: Budget Report**

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

**Agenda Item #7: Enforcement Report**
Ms. Monterrubio presented the Enforcement Report. She indicated that Denise Russell, the Board's former Special Investigator, transferred to another department effective August 1, 2016, and reported that the Board has posted the Special Investigator position.

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

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

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

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

Dr. Erickson thanked Ms. Monterrubio for her report.

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

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

**a) Organizational Update**

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

**b) DCA Update**

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

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

Ms. Sorrick presented Strategic Plan action items that were updated as of July 2016. Dr. Phillips complimented staff on the number of items that have been completed. Ms. Jones asked staff what action has been taken for the "Implement findings from CPS
Ms. Sorrick indicated that the organizational structure has been changed and Budget Change Proposals have been submitted to mirror the findings reported in the CPS report.

Ms. Sorrick said that staff has made changes to Business and Professions Code sections 2913 and 2914 in addition to the verification of experience regulations. She said the Licensing Committee is still discussing pathways to licensure and she will keep the item listed as "on schedule."

Ms. Sorrick said that the Board has submitted a contract to a vendor for hard card pocket licenses. She said after the contract is in place, staff will contact DCA's Change Control Board to see if the BreEZe system will be able to communicate with the vendor to produce the pocket license.

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

Mr. Glasspiegel presented the social media update. Dr. Phillips asked Mr. Glasspiegel how well he thinks the Board is doing with the use of social media. Mr. Glasspiegel said that the Board is doing well.
Ms. Sorrick reported that an individual had been making complaints on their Twitter account and tagged the Board. She said Board staff encouraged those who have a complaint to file it online, in person, or by mail. Ms. Jones asked if Tweets could be removed. Ms. Sorrick said the Board could not remove a Tweet that someone else has made, which tags or mentions the Board.

**Agenda Item #12: Website Update**

Mr. Glasspiegel presented the website update.

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

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

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

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

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

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

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

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

Vote: 5 aye (Acquaye-Baddoo, Erickson, Phillips, Jones, Horn), 0 no
Agenda Item #15: Access to Mental Healthcare in the State of California
Campaign Update

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

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

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

Agenda Item #16: Petition Hearing

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

Agenda Item #17: Petition Hearing

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

Agenda Item #18: Closed Session

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

Friday, August 19, 2016

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

Members Present:
Stephen Phillips, PsyD, JD, President
Nicole J. Jones, Public Member, Vice-President
Lucille Acquaye-Baddoo, Public Member
Michael Erickson, PhD
Jacqueline Horn, PhD
Others Present:
Antonette Sorrick, Executive Officer
Sandra Monterrubio, Enforcement Program Manager
Cherise Burns, Central Services Manager
Karen Johnson, Licensing Coordinator
Jason Glasspiegel, Central Services Coordinator
Jacquelin Everhart, Continuing Education/Renewals Coordinator
Norine Marks, DCA Legal Counsel

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

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

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

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

b) EPPP Step 2

Dr. Siegel indicated that the Examination for Professional Practice of Psychology (EPPP) is a knowledge-based examination that everyone in the United States and Canada, with the exception of Quebec, are required to take for licensure. He said that ASPPB wants to ensure that psychologists have the requisite competency of knowledge and skills to be able to provide services so that the public will not be harmed from incompetent practice. He said they have relied on ratings from supervisors to rate the level of values, skills and abilities of applicants for years. He said the problem with this is there are good supervisors and there are bad supervisors, producing too much variability. He said that we need to have a standardized method for assessing the skills, values and abilities of the individuals. He indicated that psychology is the only profession that does not have a skills portion to its examination. He said they are looking at the EPPP Step 2 as the last examination before licensure.
Dr. Siegel said that the examination is called EPPP Step 2 because statutes require applicants to take the EPPP, but the law does not specify singular or plural. He said he hopes it will be out by January 2019 for boards to consider and adopt.

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

Dr. Erickson said that the presentation was very informative and said he had a question about the PSYPACT superseding state laws pertaining to psychology. Dr. Siegel explained that the PSYPACT would only supersede interjurisdictional state laws and that licensees could not provide services outside the scope of practice where the services are being rendered. He said that the PSYPACT is a hub and spoke model. He said that if he was a psychologist licensed in California and California was a PSYPACT state, and one of his patients went to Colorado, which was also a PSYPACT state, to ski, he could provide services electronically. He then explained that if a California psychologist went on vacation to Colorado, Colorado would not then become his or her spoke. He said that the psychologist would not be permitted to provide services to someone in Georgia or even in California.

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

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

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

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

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

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

Dr. Phillips asked if the funds would be used to reimburse the state’s enforcement staff for doing investigations or proceeding with the licensing complaints. Dr. Siegel said that the funds would not be used to reimburse the state’s enforcement staff.

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

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

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

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

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

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

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

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

Dr. Gilbert Newman, the Dean and Director of Clinical Training of the Wright Institute, said that as a member of the commission on accreditation, he thinks a lot about the necessity of professional judgement in determining competency. He said that it seems like the EPPP Step 2 is an attack on professional judgement. He said it requires the
program to submit students to another hurdle where the Wright Institute, through five years of graduate training, has already been measuring each student's competency against very specific minimum levels of achievement. He asked what deficiencies have been identified that suggested the need for this exam. Dr. Siegel said there were no deficiencies and they have not seen an uptick in disciplinary action taken by boards. He said supervision is still essential in the practice of psychology, but there is still variability and inconsistency in the measures that are used currently. He said if you visit the ASPPB website and go to the students section, you could view each program and see the aggregate number of students who have passed the EPPP. He said you could see that some of the programs have a 100 percent pass rate on the EPPP, while some of the APA-accredited schools have a 13 percent pass rate. He said there is too much variability in the process. Dr. Newman said that test taking is a skill itself. He said the test may be testing a skill that has not been taught in graduate programs. He asked why the exam could not just be administered to those who did not go to an APA-accredited program. Dr. Siegel said there is a lot of variability within the APA accreditation process, which is formally known as the Commission on Accreditation. He said that it is a wonderful and robust organization that has done a lot to advance the skills, knowledge and consistency of training, however, each licensing board looks at the individual and not the program.

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

Dr. Melodie Schaefer from the California Psychological Association (CPA) asked if any data been collected to support the belief that the EPPP Step 2 will help protect the public.

Dr. Siegel said examinations for licensure are based upon content validity as opposed to predictive validity. He stated that the selection score is what is considered. He said most of the people are going to be around the 500 pass point, which is the recommended number. He said the fact that someone scores 800 versus 500 does not mean that they are more knowledgeable than the person scoring 500 because it is a selection criterion exam. He said it is difficult to do examinations for predictive validity. He said in order to do a study, the board would need to give a license to someone who is competent and has passed the EPPP in addition to someone who is incompetent and has failed the EPPP and reexamine them in five years to see where they are in the process. He stated that this is unethical. He said the EPPP has a practice analysis every eight to ten years where they interview practicing psychologists, students in training, and people in training counsels in order to know what the field considers the essential aspects of the practice of psychology. He said at the conclusion of the analysis, the eight domains of the exam are tweaked a little bit based upon where the profession is. He said they are currently conducting a practice analysis to see how that will evolve into the skills needed for the entry-level practice for the field. He said they hope to have the analysis completed within the year and said that they will begin writing questions next year for the examination process.
Ms. Orwig indicated that there is a link to the job task analysis survey on www.asppb.net.

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

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

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

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

Ms. Sorrick indicated that the Board received a public comment at its May Board meeting regarding the End of Life Options Act. She said this bill would implement changes to the end of life options for individuals who met certain criteria. She said staff invited the California Medical Board to speak about this bill and introduced Kim Kirchmeyer, Executive Director of the Medical Board of California (MBC), and Jennifer Simoes, Chief of Legislation of the MBC.

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

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

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

Dr. Horn asked what would happen if the patient is unable to speak or write in order to request the end of life option. Ms. Kirchmeyer said they have not run in to that, but for the most part, the patient would have to be the one to take the drug. She said no one could give it to them. She said that, in her opinion, the patient would need to be able to fill out the forms.
Dr. Erickson said he read an article in the Sacramento Bee that said the drug could cost $3,000 and may not be covered by all plans. He asked what would happen to those people who could not afford it. Ms. Kirchmeyer said this issue has not come up, but it would not be within the Medical Board’s jurisdiction.

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

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

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

**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.

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

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

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

**Legislation Update**

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

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

Ms. Jones said the Board submitted an opposition letter on July 28, 2016, and requested that staff strike sentence one in the background section of the memo to reflect the amendments to the bill since the Board's last meeting.
Mr. Glasspiegel indicated that this bill would require the State Department of Developmental Services, no later than July 1, 2018, with input from stakeholders, to update regulations to set forth the minimum standards of education, training, and professional experience for qualified autism service professionals and paraprofessionals. He also stated that this bill would repeal the sunset provision in the requirement for health care service plans to provide health coverage for behavioral health treatment for pervasive development disorder or autism. Ms. Sorrick said the bill previously included requirements for educational and training standards developed in regulations and these have since been removed from the bill.

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

Ms. Jones acknowledged staff’s hard work and the amount of detail in the opposition letter.

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

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

b) AB 1715 (Holden) Healing Arts: ABA

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

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

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

Ms. Jones said that AB 1835 was enrolled.

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

Ms. Jones said no action is needed.

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

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

e) AB 2086 (Cooley) Workers Compensation: Neuropsychologists

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

Mr. Glasspiegel said that no changes have been made to the bill that would affect neuropsychologists. He reported that the Board’s proposed changes have not been made and said that the Board may want to consider changing its “Support if Amended” position.

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

Ms. Sorrick reported that staff sent a floor alert to the Senate on Wednesday, August 17, 2016, and they have until the end of August to hear the bill on the floor. She indicated that the bill would then go back to the originating house for concurrence. She said the Board may want to change its position to “Support”, but still provide its proposed amendments. Dr. Horn said she liked Ms. Sorrick’s suggestion and agreed with Dr. Phillips and Dr. Erickson that the most important part is getting neuropsychologists back on the panel. Dr. Phillips said he liked Ms. Sorrick’s suggestion as well and asked what a floor alert was. Mr. Glasspiegel said he put the position letters for every bill the Board had a position on in a memo format, abbreviated them if necessary, and took them to the Capitol to drop them in every Senate and Assembly member’s inbox that he could.

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

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

Ms. Sorrick asked the Board if it would like staff to create a timeline of what the Board has done in response to the Governor’s veto message.
Dr. Phillips said there would need to be two motions: one for taking a “Support” position and one to draft a letter to convey the discussions the Board has had.

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

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

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

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

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

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

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

g) AB 2507 (Gordon) Telehealth: Access

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

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

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

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

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

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

Ms. Jones indicated that SB 1033 was placed in the inactive file so no action was needed. She said staff will continue to watch it.
Ms. Jones indicated that the Board sent an “Oppose” letter after its July Board meeting to express the Board’s concern with the lack of consumer protection due to no licensure requirements. She said that no action is needed.

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

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

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

Ms. Sorrick reported that the Board considered some language at its July Teleconference Board meeting that would allow for recognition of someone who was certified through the American College of Osteopathic Board of Neurology and Psychiatry as someone who could supervise a psychological assistant. She said there was also some language about an organization that provided coursework for continued professional development. She said the final change was to include a provision that anyone enrolled in doctoral program in psychology, educational psychology, or education with a field of specialization in counseling psychology or educational psychology at a nationally accredited or approved institution on or before December 31, 2016 would still meet the requirements for licensure after January 1, 2020.

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

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

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

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

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

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

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

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

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

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

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

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

r) Legislative Items for Future Meeting

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

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

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

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

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

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

Ms. Jones requested that staff send the floor alerts to the Board members so they could stay in the loop of the policy and advocacy actions. She thanked staff for all of the work.
Dr. Phillips thanked the Policy and Advocacy Committee for providing updates to the Board.

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

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

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

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

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

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

Ms. Jones asked if the Committee discussed how to determine if someone is competent in the delivery of telehealth. Dr. Erickson said the Committee did not address this but would treat this as the same for other competency issues. Dr. Phillips said there are many factors that are considered when deciding if someone is competent enough to provide services in specific areas. Ms. Jones asked if there would be enough experts to review complaints based on the use of telepsychology. Dr. Horn said the Board could require an attestation under penalty of perjury that the person is competent to provide telehealth services. She said that no one should be practicing in an area in which they are not competent. Ms. Jones said she was more concerned with whether or not there was a process in place to ensure that people have the skills to use telehealth properly. Dr. Horn asked if these guidelines would be regulations. Dr. Phillips said yes, they would be proposed regulations. Ms. Jones suggested that the Board look at disciplinary actions related to the use of telehealth. She said unprofessional conduct might need to be specified in the guidelines.
Dr. Horn said she would like to revisit her question of what practice areas would these regulations apply other than the delivery of mental health services. Ms. Marks said as she understands it, these guidelines would apply to those licensed with the Board practicing under their license regardless if it is considered direct mental health. She said Business and Professions Code section 2904.5 states that a psychologist licensed under this chapter is a licentiate for purposes of section 805 and thus is a health care provider subject to the provisions of 2290.5, which is the telehealth section. She said she does not think that it differentiates what the licensed psychologist is doing. She said a psychologist practicing as a psychologist would be subject to these regulations.

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

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

Ms. Marks asked if the Board members if they thought these regulations were too restrictive to apply to a psychologist who is providing something other than health services. She asked if there is a reason why these regulations should not apply to those individuals. She asked if the Board wanted to consider pursuing clarification legislation, if necessary, or taking another look at the regulations. Dr. Phillips said he thinks the proposed regulations would provide accurate guidelines to someone practicing outside of traditional healthcare telepsychology.

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

Dr. Horn said she does not think the regulations would constrain someone who was not providing traditional healthcare services.
Dr. Phillips said the Board could encourage people from other areas of psychology to review the regulations to see if they think they would be impeded by any of the language if the language goes out for a rulemaking package.

Ms. Jones asked if these regulations would only apply to California residents temporarily out of state and what types of comments the public has provided at the Committee meetings.

Dr. Phillips said the Committee has always been comprised of two Board members. He said they wanted to move relatively fluidly in order to finish the language. He said they have not had the opportunity to receive input from some of the Board’s stakeholders. He said that in response to Ms. Jones first question, the language also encompasses those clients who reside in California.

Ms. Jones stated that she does not believe there should be two-person committees because the Board is missing the opportunity to receive public comment.

Ms. Marks explained that even if the work is done in a two-person committee that is not noticed, there is still time for a public discussion at the time of the Board meeting.

Ms. Jones said that moving fast through the work should never be the Board’s only goal, especially in light of the Board’s value of transparency.

Ms. Sorrick said that, from a staff’s perspective, the purpose of the two-person committee was to allow staff to first draft language with legal counsel and consult with the sub-committee to address clarifying questions before it went before the Board. Ms. Jones said it is important to have public communication at all times. Dr. Phillips suggested that the Board discuss the two-person committee at the November Board meeting and said he was interested in hearing public comment to see if something was overlooked.

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

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

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

Dr. Schaefer said that she was going to use the term “telepsychology” instead of
telehealth because medicine is calling it “telemedicine.” She said psychologists need to
own their profession. She said telepsychology has been going on for decades. She said
the issue is around the appropriate use of technology for the protection of the
information of the patient they are serving. She asked how a psychologist would import
a text message into a client’s file to show documentation of the conversation. She asked
if emails need to be encrypted and said these are the issues that need to be spoken
about. She said the Board needs language that addresses in-state and out-of-state and
said they should be separate. She said it is confusing for the constituencies if you do
not separate them. She said the term “temporarily” that is used in the proposed
language could be defined in many ways. She said guidance needs to be available
soon. She said telemedicine has been going on for years and psychologists are the last
to get on the bandwagon. She said it is important to provide the language to different
groups in order to get feedback.

Dr. Phillips said that the Board is using the term “telehealth” because it is used in the
statute implemented by the Legislature.

Dr. Schaefer asked if the Board could push back on the use of the term “telehealth.”

Dr. Phillips said the Board would need to seek a legislative change and would need
regulations.

Dr. Schaefer asked if the Board does not do it now, then who will do it and when.

Dr. Phillips said he wanted to address another one of her questions regarding
telemedicine. He said that they do not have regulations in the State of California. Dr.
Phillips said the Board can regulate what a California psychologist can do in California
and what they do with a California resident who is out-of-state. He said the Board
cannot regulate what a California psychologist does with a resident in New York
because they are, or may be, subject to that state’s licensing laws.

Dr. Schaefer suggested that the Board add additional language to clarify that it does not
have jurisdiction in Dr. Phillips’ scenario and that the psychologist would need to contact
the state in which they are providing services to get more information on its laws. She said people might think the language could be projected onto out-of-state patients if this clarification is not included.

Dr. Erickson thanked Dr. Schaefer for her comments.

Ms. Jones said it is important for the Board to consider the questions asked by Dr. Schaefer.

Dr. Schaefer said that the American Psychological Association and the California Psychological Association (CPA) have talked about the fact that they do not know how to market what psychologists are so that the consumer knows the difference between their profession and others. She said the Board has an opportunity to help with this clarification.

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

Dr. Phillips said the materials were included at the May Board meeting.

Dr. Linder-Crow said CPA provided comments at the July Teleconference Board meeting. She said she did not see that their comments were reflected in the proposed language. She said CPA has been present for the opportunities to provide public comment.

Dr. Phillips said the Committee facilitated the process the way that it did because they felt that the Board has been laboring over this issue for such an extended period of time without giving adequate guidance to its licensees. He said the Committee was trying to be responsive and perhaps it was overzealous in its attempt to be responsive.

Dr. Linder-Crow said she was not questioning if the Board's committee process was appropriate, but she did want to respond to the question of how the process looked to the public.

Dr. Phillips said as a result of this discussion he did feel that they could have done a better job reaching out to stakeholders earlier in the process to get whatever feedback they could.

Dr. Elizabeth Winkelman, Director of Professional Affairs of CPA, thanked the Board and the Committee for the work it has done on this issue. She suggested that the Board
provide the documentation to the public in advance so that the public may provide useful comments. She said her main concern lies with the interjurisdictional aspect that is referenced in section (a) of the proposed language. She said she believes the Board's intent is to talk about what is going to happen with the client who is physically located in California or a client who is a resident of California, but is located somewhere else at the time services are rendered. She said there are two aspects that are problematic. She said all of the other documentation she has read about interjurisdictional practice talks about the physical location of the patient and not their residency. She said it is very confusing to identify the location where the person is a resident versus where they are physically located. She said the guidance she has read talks about when a psychologist can provide services to a patient who is physically located in another place. She said her other concern is with the interjurisdictional aspect. She said most of the questions that CPA receives are about interjurisdictional practice. She said the regulations should address both in-state and out-of-state telepsychology practice. She suggested that the Board clarify that both a licensee and someone who is under supervision of a licensee can provide telepsychological services, if that is what the Board intends. She said it is important to clarify if the language is intended for health services or for all services. She said the reference of “any other issues” in sections b(2) and b(3) is problematic. She suggested using the phrase including, but not limited to.” She said the phrase “any benefits, risks, or constraints posed by the patient or client's physical location” in section (b)(3)(d) is also problematic. She said she recently discovered the Board of Behavioral Science's (BBS) Standards of Practice for Telehealth that went into effect on July 1, 2016 and suggested that the Board review the language because it is clear. She said it addresses the interjurisdictional and in-state settings and specifically states what it wants the practitioner to do, such as ascertain the address of the present location at the beginning of each telehealth session.

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

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

Dr. Winkelman said that the BBS regulations state the following: “A licensee or registrant in this state may provide telehealth services to a client located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction and delivery of services via telehealth is allowed by
that jurisdiction." She said this statement is clear and is consistent with other guidelines that she has read. She said until the PSYPACT is implemented, a psychologist is probably going to need a license or the permission to practice temporarily in another state.

Dr. Phillips said being explicit would be helpful to the licensee.

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

Dr. Erickson suggested that the Committee invite Dr. Siegel to its next meeting.

Dr. Schaefer informed the Board that APA-sites have interns who have been providing services via telehealth for years. She said the Board needs to address it if it is a legal issue.

Dr. Phillips said this issue is important and asked if CPA could also take a look at it.

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

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

The Committee agreed to have another Telepsychology Committee meeting.

**Agenda Item #23: Licensing Report**

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

Dr. Horn said staff’s solution is fair.

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

Ms. Acquaye-Baddoo thanked Ms. Johnson for her presentation.

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

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

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

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

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

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

Dr. Horn said she believes the Committee will finish its review at the September Committee meeting.
f) Discussion, Review and Consideration of the Proposed Revisions to Title 16 of the California Code of Regulations; Sections 1397.60, 1397.61, 1397.62, 1397.69, 1397.70 (CE/CPD)

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

Ms. Jones said after the Committee’s review is completed the language will go to the stakeholders for feedback.

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

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

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

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

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

Agenda Item #26: Use of Social Media – Guidelines for Appropriate Use of Social Media

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

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

Agenda Item #27: President’s Report

a) 2016 and 2017 Meeting Calendar and Locations

Dr. Phillips presented the 2017 Board meeting dates.

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

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

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

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

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

Ms. Acquaye-Baddoo suggested that the delegation be given a timeline so that the Board could return to it later.

Ms. Sorrick suggested that the delegation be a pilot program.

Dr. Horn said she would like it to be a pilot program. She said she would only want this to be used in extraordinary situations.

Ms. Jones asked if there was a time that the Board was impeded and if there were other boards that do this.

Ms. Marks said she does know of one other board.

Ms. Sorrick said the Board has had more board meetings this year than last year so the issue has not been too prevalent. She said the Board took an “Oppose Unless Amended” position on AB 1715 and then the amendments the Board requested were implemented. She said she felt that she had the implicit authority to change the Board’s position since the amendments were made, but the delegation would codify that authority.
Ms. Jones thanked Ms. Sorrick for her comment and said she was able to change the Board's position because it was granted through a motion the Board had moved. She said the Board should schedule a teleconference Board meeting every year and then cancel it if it is not needed. She requested that Ms. Marks provide a report of the different boards that have this delegation.

Ms. Sorrick suggested the following changes to the language: replace “may delegate” with “hereby delegate”, add “Policy and Advocacy” to the term “chair”, add “or quorum” after “time” and add the term “it” between “as pertains”.

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

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

Agenda Item #28: Recommendations for Agenda Items for Future Board Meetings

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

Agenda Item #29: Adjournment

The Board adjourned at 5:54 p.m.

President

Date 2/16/16