Thursday, November 17, 2016

Stephen Phillips, PsyD, JD, Board President, called the open session meeting to order at 9:11 am. A quorum was present and due notice had been sent to all interested parties. Ms. Acquaye-Baddoo arrived at 9:50 a.m.

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

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

Agenda Item #2: President’s Welcome

Dr. Stephen Phillips welcomed the attendees to the Board’s final quarterly meeting of the year, and read the Board’s mission statement. He welcomed Ms. Alita Bernal as the new public member of the Board and swore her in.

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

Dr. Jo Linder-Crow, CEO of the California Psychological Association, asked about the Board’s policy of using social media for publishing actions against psychologists. She said she was not sure what agenda item would be most appropriate for her question.

Dr. Phillips said Dr. Linder-Crow could ask her question when the Board reached agenda item # 9(b) Social Media Update.
**Agenda Item #4: Approval of Minutes: April 4, 2016**

Ms. Jacquelin Everhart explained that strikethroughs in the April Board meeting minutes would be removed for the final posting.

It was M(Erickson)/S(Jones)/C to approve the April 4, 2016 minutes as amended.

Vote: 5 aye (Erickson, Jones, Phillips, Horn, Bernal) 0 no

**Agenda Item #6: Budget Report**

Ms. Cherise Burns presented the Board’s budget report and stated that the Board had a budget of $4,962,000. She said the Board was doing well and the budget analyst did not have any concerns. She reported that the loan repayment had been moved to fiscal year 2018-19 because the Board’s reserve was healthy.

Dr. Erickson asked what indicators reflected a healthy fund.

Ms. Burns explained that the Department of Consumer Affairs does bottom line budgeting, which means that they focus on the “ending balance” rather than each line item or category. She said money could be moved around between categories in order to make up any shortfalls.

Dr. Phillips asked if the budget analyst would be attending the February Board meeting.

Ms. Burns said “yes”.

**Agenda Item #7: Enforcement Report**

Ms. Sandra Monterrubio reported that the Board’s Enforcement Unit hired Ms. Barbara Tanner as the special investigator, leaving the probation monitor position vacant. She said Ms. Tanner would be responsible for investigating the most complex cases, collecting arrest and conviction documents, interviewing witnesses, and testifying at hearings. She said the one-year pilot program with the Department of Consumer Affairs’ Division of Investigation was going well and she hoped that investigations would be completed within 12 months. She said the Health Quality Investigative Unit still handles the Board’s sexual misconduct cases. Since July 1, 2016, the Board has issued 12 enforcement citations and referred 18 cases to the Office of the Attorney General for formal discipline. She said that staff is currently monitoring 52 probationers, none of whom is out of compliance. She said staff sends the Board members snapshots of pending items every Monday at 2:00 p.m. She reported that there are five - ten enforcement cases per month, which need to be voted on by the Board.

Dr. Erickson asked what the fine range was for citations and what would happen if those fines were not paid.
Ms. Monterrubio said fines could go up to $5,000, but they are usually between $500 and $2,500. She said the Board could place a hold on someone's license renewal and could send him or her to the Franchise Tax Board to put a lien on the person in question.

Dr. Erickson thanked her for the explanation.

Dr. Horn said she wanted to discuss the mail ballot process, “adopt” versus “non-adopt” and the Board’s mail ballot and “hold for discussion” policy. She also said that the Board sometimes receives more complaints in one month than the number of total licensees in another state. She said the Enforcement Unit does a great job.

Ms. Jones asked if cases could be batched together so that Board members could vote on multiple cases at once.

Ms. Monterrubio said the Enforcement Unit receives cases at different times so it would not be possible to batch them.

Dr. Phillips thanked Ms. Monterrubio for her report.

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

Ms. Antonette Sorrick presented the following items and thanked Ms. Christine Lally, the Deputy Director of Board and Bureau Relations, for the DCA Update provided in her report.

a) Organization Update

Ms. Sorrick reported that the Board recently hired Mr. Konnor Leitzell as a Student Assistant, Kisha Braxton as the Central Services Office Technician, and Sharon Perera as a Licensing Analyst. She said Barbara Tanner was promoted to Special Investigator, Marjean Dupree was transitioned from permanent “intermittent” status to permanent “full time” status, and Chris Siepert was made a permanent Licensing Analyst. She said Karen Johnson would be retiring in December and the only Board vacancy was the Probation Monitor position. She said there were great new staff members in the office.

b) DCA Update

Ms. Sorrick said this item was for informational purposes only.

c) DCA Annual Report

Ms. Sorrick said DCA’s Annual report in the Board materials was in draft form, and that it had not yet been finalized by DCA. She explained that the Board collects data every year and submits the collective data to DCA. Once all of the boards and bureaus submit their data, they are provided to the State Legislature.
Agenda Item #9: Outreach and Education Committee Report and Consideration and Possible Action on Committee Recommendations

Ms. Bernal said this was her first meeting as Chair and the Committee had a lot to cover.

a) Strategic Plan Update

Ms. Sorrick said this item is updated at each Committee and Board meeting. She said the chart lists the Board's goals and status updates on each goal over time. She explained that sometimes timelines are moved due to statutory or regulatory changes.

Dr. Horn asked when the Strategic Plan was created.

Ms. Sorrick said the Board approved the five-year plan in 2014.

Ms. Jones asked how the Board was achieving its outreach to stakeholders.

Ms. Sorrick said that Mr. Leitzell has been drafting a targeted stakeholders list so that the Board could reach them in the future.

Ms. Burns said staff is looking to create multiple LISTSERVS based upon the interests of individual stakeholders. She said Mr. Leitzell has been researching organizations that deal with mental health and advocate for consumers.

Ms. Jones thanked her for the update and welcomed Mr. Leitzell to the Board.

b) Communications Plan Update

Ms. Sorrick explained that the Board would have a much better outreach in this area once the stakeholders list was developed.

c) Social Media Update

Ms. Burns presented the Board's social media statistics. She said the August Board meeting webcast had 1,074 views and she was not sure what caused the increase; however, it was possible that it was due to the petition hearings, the presentation from the Associate State and Provincial Psychology Boards, or to the End of Life Options Act presentation from the Medical Board. She said the informational videos on the Board's website would be updated as the sunset provisions were implemented.

Dr. Horn asked if the YouTube videos would be removed once the new videos were created.

Ms. Sorrick said the old videos would be taken down as of January 1, 2017.
e) Report on SOLID's Presentation Regarding Focus Group on User-Friendliness of Board Website

Ms. Bernal said Dennis Zanchi, Planning Manager from the Department of Consumer Affairs' SOLID Training and Planning Solutions Unit, attended the Committee's meeting on October 4 to discuss options to help the Board evaluate the user friendliness of its website.

Ms. Burns said Mr. Zanchi would work with staff to use Google Analytics to determine the most frequented areas of the website. She said he would collaborate with Board staff to establish benchmarks for success and would host two stakeholder focus groups in Northern and Southern California in 2017 to obtain feedback on the level of user-friendliness of the Board’s website.

d) Website Update

Ms. Burns said Board staff has always reported on the top five most visited web pages. She said this was useful, but it may not capture what the Board is interested in. She said she would be changing how this item was reported in the future.

Ms. Jones said it would be great to track the views on the Board’s Newsletter. She said she would also like to know how easily accessible the Newsletter is on the Board’s website.

f) Update on Newsletter

Ms. Sorrick said the Board’s Fall Newsletter would be released on December 20.

Ms. Marks said she had suggested that disciplinary actions be more descriptive in the Board’s Newsletters and asked the Board for its feedback.

Dr. Horn said she liked the inclusion of the descriptions of the discipline actions and seeing what the violations were. She said she liked including the Board’s positions and reasons for those positions on various bills. She said this information humanizes the Board.

Ms. Jones asked staff if they had received any feedback on the inclusion of descriptions in the disciplinary actions in the Newsletter.

Ms. Monterrubio said she had not received feedback from the public.

Dr. Phillips said he also receives emails about Board accusations.

Dr. Horn said the Newsletter now provides more education on the Board’s process.

g) Outreach Activities Update
Ms. Sorrick said this item was for informational purposes only.

h) Access to Mental Healthcare in the State of California Campaign Update

Ms. Sorrick said the Board voted to engage in a two-year campaign in February 2015 and presented a synopsis of the Board’s actions to date.

Ms. Jones said she liked the list of what actions had been taken by the Board through the campaign.

1) Review and Possible Action on Draft Outreach Plan for High Schools, Community Colleges, and State and University System to Increase Licensing Population – Access to Mental Healthcare Campaign

Ms. Burns said the Committee reviewed the Draft Outreach Plan at the October meeting and noted that the Plan focused more on clinical psychology than any other areas of professional psychology such as industrial and environmental. She said the Committee also suggested that the Plan be expanded to include younger students, such as middle school aged students and second career adults. She reported that staff was asked to work with Dr. Horn to include more of specialty areas in the Plan. She said the attached Plan included other specialties and called for a phased implementation. She said staff would implement a pilot program to attend fairs and various school events. She said staff was interested in partnering with other boards and agencies to create promotional resources such as handouts and videos. She said the Board could tackle the middle school population once they had communicated to high schools and community colleges.

Ms. Bernal asked if the Board is ever invited to seminars.

Ms. Sorrick said not to her knowledge, but the Board would have to be mindful when leveraging partnerships. She said the Board would need to consider different resources and promotional tools. She said if the Board were presented with an invite to attend an event, staff would just need to go through the request process.

Ms. Acquaye-Baddoo said the Plan was exhaustive and covered all of the bases.

Ms. Sorrick thanked Ms. Acquaye-Baddoo for bringing this topic to the Board’s attention and inspiring the efforts that staff had put forward.

Ms. Jones said this was a fantastic plan. She suggested that the Board also collaborate with other psychologists and professional associations. She said the Board could create volunteer panels where psychologists are given the opportunity to share their experiences.
Dr. Philips said this was a great opportunity for the Board to work with the professional associations; however, he was hesitant about institutionalizing a volunteer panel because they would become public representatives of the Board that regulates their practice.

Ms. Burns clarified that staff’s suggestion was to create a toolkit with various resources that licensees could use in their community. She said the psychologists would only represent themselves and not the Board.

Dr. Phillips said the American Psychological Association had already done this and he did not want to reinvent the wheel. He said it would be a time intensive process and was not sure the Board should use its time to implement the toolkit.

Ms. Jones said creating a curriculum would take a lot of time. She said staff could look at other groups to see what they have already created.

Dr. Horn said the Board is a regulatory body and not a professional guild. She said the Board should implement any Plan from a regulatory standpoint.

Dr. Phillips said it was important to help people consider the profession of psychology, but to leave the content of the profession to the professional associations.

Ms. Sorrick said staff wanted to provide reasons why people should be interested in the profession, and to inform people of the general educational costs, application timeframes, and typical salaries, etc. She said staff would like to work with the California Psychological Association (CPA) to promote the Plan.

Dr. Phillips said he appreciated her clarification.

Ms. Acquaye-Baddoo said there are many students who major in psychology, but do not know what the degree can offer. She thanked Ms. Bernal for her report.

Dr. Linder-Crow said she appreciated the comments about the professional associations. She said the Plan included pieces that are already part of CPA’s mission statement. She said there are many efforts underway from the professional associations to educate people about the profession. She said she liked the list and might take a few items from it. She said CPA stands ready to be a resource for the Plan, even if it is just to let the Board know what was already being done. She said she hoped that the Board would consider collaborating with CPA if it is allowable in the future.

Dr. Phillips said the Board’s objective is to promote the profession for access to mental health care while CPA is trying to promote the profession for the benefit of the licensees.
Dr. Linder-Crow said CPA's mission is two-fold, and access to mental health care is one of their goals.

Dr. Phillips thanked her for the clarification and for offering to be a resource.

Ms. Sorrick said the Board and CPA could bring their own stances to the campaign.

It was M(Acquaye-Baddoo)/S(Horn)/C to accept the Draft Outreach Plan while looking at partnering with psychological associations using the current model.

Vote: 6 aye (Phillips, Erickson, Horn, Jones, Bernal, Acquaye-Baddoo) 0 no

2) Report on Discussion of Lack of Third Party Payer Reimbursement for Telehealth Services – Access to Mental Healthcare Campaign (DMHC, DHCS)

Ms. Burns said the Committee had a robust discussion with representatives from the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) at its October meeting on this topic. The representative from DMHC was Elizabeth Spring, an attorney from the Office of Plan Licensing, and the representatives from DHCS included Tyrone L Adams, MD, Medical Consultant and subject matter expert, and Raquel Sanchez, Research Analyst. Ms. Burns reported that Dr. Adams and Ms. Sanchez said patients with Medi-Cal must receive services in a location where a healthcare provider is present and can document that services were provided in the patient's record in order for the healthcare provider to be reimbursed for using live-interactive audio video technology.

Ms. Burns said that Dr. Horn had questioned the practicality of Medi-Cal reimbursable telehealth services in emergencies when real-time interactive audio video communication is unavailable, and why Medi-Cal does not reimburse for telephone calls or electronic messages.

Ms. Burns said Ms. Spring informed the Committee that the purpose of DMHC is to ensure that coverage is being offered by a health maintenance organization (HMO) or other service plans, and that the healthcare is consistent with federal law as stated in the Knox-Keen Act. Ms. Spring said there is no mandate for healthcare providers to offer telehealth services, and informed the Committee that Magellan, Blue Cross and Health Net offer telehealth reimbursement. Ms. Spring went on to say that there are 23 other states that have laws that require full parity for telehealth services.

Dr. Erickson said based upon the conversation with DMHC and DHCS, it seems that there is almost no possibility that psychologists would be reimbursed if the individual requiring services was a Medi-Cal patient.
Dr. Horn said DMHC's definition of telehealth was very restrictive. She said it was defined under the guise of a medical model. She said the type of emergency a psychologist would experience is very different from the type that a medical doctor would experience.

Dr. Erickson said many of the HMOs have a contracted rate for providers that is less than their normal rate. He said the telehealth rate through the HMO might be less than the contracted rate, which is unfortunate. He said the HMOs might want to consider looking into a parity law.

Ms. Burns said the attorney from DMHC had mentioned this. She said that, if the law required parity, DMHC would be looking for it in their contracts. She said the legislature controls the policy for Medi-Cal and dictates what DMHC will look at in the contracts they receive. She said if law requires it, DMHC would enforce it.

Dr. Erickson said the Center for Connected Heath Policy is a resource for reimbursement and their website is www.cchpca.org. He said they have reimbursement policies for telehealth for each of the 50 states. He said it is not the final answer, but it may be helpful as the issue evolves.

Dr. Phillips said part of the reason the Board was concerned with this particular issue is because psychologists need to be able to provide access to care, especially to those living in rural areas. He said psychologists want to be able to provide services and continuity of care when people are in emergencies and need to be able to speak to their psychologist as part of their treatment. He said he felt that this issue was consonant with the Board's mission statement.

Ms. Sorrick said she had heard from a few psychologists that they were not being reimbursed for telehealth services. She said the Board’s website had a link to the agency that processes complaints for lack of reimbursement if there was a contested denial. She said the conversation between the Committee, DMHC and DHCS was enlightening and she was grateful for their presentations. She said staff would include an article in the Board's Newsletter to discuss reimbursement rates and reimbursement codes, and to provide information on the two agencies and their respective roles in Medi-Cal and HMOs.

Ms. Bernal said she was not sure they should provide the codes in the article because it might not be the Board's place.

Dr. Phillips said they needed to be cautious about including Current Procedural Terminology (CPT) codes because they are copyrighted.

Ms. Burns clarified that staff would only include information publicly available on DHCS's website. She said the Board would not publish information that was not already available to the public.
Ms. Bernal suggested that staff use the Center for Connected Health Policy’s website as a resource for drafting the article.

i) Use of Social Media – Guidelines for Appropriate Use of Social Media

Ms. Sorrick reported that at the August Board meeting Dr. Horn provided a synopsis of the social media presentation given at the Association of State and Provincial Psychology Boards (ASPBB) meeting. She said the Board considered preparing guidelines to address the social media issue; however, the Board wanted to be careful not to create underground regulations. She said the Board is currently looking to leverage partnerships with stakeholders and said staff had reached out to the American Psychological Association to inquire about republishing its recent article on the social media issue. She said she hoped to have it in the Board’s Fall Newsletter.

Dr. Linder-Crow inquired about the Board’s policy on distributing actions taken against psychologists. She said she recently saw on the Board’s website an article on a psychologist who had been arrested, but it did not say the psychologist had been convicted. She asked if it was necessary to publish the article using social media. She said she understood that the Board is required to publish disciplinary action on its website. She asked how the Board decides to publish these stories using social media.

Ms. Sorrick said it was incumbent for boards and bureaus that deal with consumer protection issues to publish those stories in print media to show they are providing consumer protection. She said the purpose of sharing these articles is to show that the Board has initiated the enforcement process.

Ms. Monterrubio said arrests might be published in a press release or on its social media. She said the Board works with the Attorney General’s office and Investigative Unit to determine what information is going to be released. She said the Board also works with its public affairs office and legal counsel to determine what is going to be posted and it all depends on the type of story.

Dr. Linder-Crow said posts can be forwarded, reposted and commented on, and she thinks it would be good if we are all careful. She said she thinks that social media might be viewed as an extension of a press release. She said social media allows for wide distribution of material, but she fears that it may generate inaccurate information. She reiterated that it was an arrest and not a conviction. She said this type of posting would be considered a risk management issue in her job.

Dr. Phillips said the Board does not post an article every time criminal charges are brought against a licensee. He said the Board made the determination that this story warranted a post.

Ms. Monterrubio said the Board is a consumer protection agency and it is important to notify consumers about particular cases.

Dr. Erickson asked if the post showed where the story came from.
Dr. Linder-Crow said it was a link back to the Board’s website.

Dr. Phillips thanked her for the comment.

It was M(Bernal)/S(Horn)/C to accept the Outreach and Education Committee report.

Vote: 6 aye (Phillips, Horn, Erickson, Bernal, Jones, Acquaye-Baddoo) 0 no

**Agenda Item #10: Discussion Regarding Composition and Use of Subcommittee; Applicable Notice Requirements**

Ms. Sorrick reported that at the August Board meeting Ms. Jones requested that the Board discuss the use of subcommittees and those that only have two members.

Ms. Jones thanked staff for providing the applicable materials in the Board meeting packet, but said the materials were missing a synopsis of the Board’s Telepsychology discussion. She said she wanted to discuss the Board’s value of transparency because the term used during the Telepsychology conversation at the August Board meeting was “expediency” She said the Board misses the opportunity to field public comments if it uses expediency as a strategy to draft language. She said it is helpful to realize that there is a tradeoff when using a two-member committee. She said it was helpful to know that there are subcommittees within the Department of Consumer Affairs that notice their agendas.

Dr. Phillips said he wanted to comment that all of the information discussed during a two-member committee is brought back to the full Board for discussion and opportunity for public comment. He said the Telepsychology Guidelines were brought back to the full Board for discussion and the Board had received helpful feedback to consider. He said the Board might create unintended consequences if it required that every two-member committee be noticed.

Ms. Jones said that Board members were aware when the Board had a two-member Sunset review committee that was not noticed, but she did not feel she was notified that the Telepsychology Committee meetings were not being noticed. She said the Telepsychology Guidelines were a hand carry at the August Board meeting. She said it is not her intention to be inflexible, but the Board should keep in mind its value of transparency, especially given the work done over a two year period.

Dr. Phillips said it is important to determine when a two-member committee needs to be noticed; however, he does not think it needs to be a Board policy.

Dr. Erickson said he did not believe there was an attempt to exclude public input, but rather an attempt to work as a two-member committee. He said it is incumbent for him to receive public input throughout the process before he makes a presentation to the Board for consideration.
Dr. Phillips said he wanted to emphasize that he thinks the Board is very open to public comment and believes that the Board has become more aware of the importance of this over the last several years. He said he does not think there was any attempt to hide the process.

Dr. Horn said she agreed with the suggestion that whenever a two-member committee is appointed, the Board should consider whether it needs to be noticed.

Ms. Jones said she did not think anyone was trying to hide anything, but that it might have been perceived that way given the public's feedback at the August Board meeting. She said she assumed that the Telepsychology Guidelines had already been posted prior to the Board meeting and was surprised to discover that they were a hand carry item. She said she just wants the Board to keep the perception of their actions in mind.

Ms. Sorrick said she wanted to highlight that the Board did hold two public Board meetings that allowed for public comment on the language for the Telepsychology Guidelines.

**Agenda Item #12: Closed Session**

The Board met in closed session pursuant to Government Code Section 11126(c)(3) to discuss disciplinary matters.

**Agenda Item #11: Petition Hearing**

Administrative Law Judge James Ahler presided. Deputy Attorney Giovanni Mejia was present and represented the people of the State of California. Charles Stockton, PhD was present.

**Agenda Item #5: Approval of Minutes: August 18-19, 2016**

It was M(Acquaye-Baddoo)/S(Bernal)/C to approve the August 18-19, 2016 minutes as amended without changing the order of the minutes.

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

**Agenda Item #12: Closed Session**

The Board resumed closed session pursuant to Government Code Section 11126(c)(3) to discuss disciplinary matters including the above petition, petitions for reconsideration, stipulations, and proposed decisions.
Friday, November 18, 2016

Stephen Phillips, JD, PsyD, Board President, called the open session meeting to order at 9:07 a.m. A quorum was present and due notice had been sent to all interested parties.

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

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

Agenda Item #13: Closed Session

The Board met in closed session pursuant to Government Code Section 11126(a)(1) to conduct its annual evaluation of the Executive Officer.

Returned to Open Session

Agenda Item #20: President’s Report

Ms. Jones requested that the Board first discuss agenda items 20 and 21 due to a scheduling conflict.

a) 2016 and 2017 Meeting Calendar and Locations

Dr. Phillips presented the 2016 and 2017 meeting calendar.

Ms. Sorrick said staff had spoken to Dr. Phillips about scheduling legislative office visits to discuss policy issues and legislative items. She said staff would like to schedule the visits for the afternoon on Wednesday, February 8, 2017, and then have the Board meeting the following two days on Thursday and Friday. She said last year the legislative visits were scheduled to be the morning of the Board meeting and some of the legislators were not available.
Dr. Phillips thanked Ms. Sorrick for the information.

b) Committee Updates

Ms. Jones said that Dr. Miguel Gallardo, a former licensed member of the Board, had asked the Board to consider the effectiveness of scheduling committee meetings separate from the Board meetings. She said the committee meetings used to take place during the Board meetings and now that they are separate, the committee members have to sit through the presentations twice. She thanked Dr. Gallardo for presenting this question and asked the Board members what they thought about the current process.

Dr. Phillips said not much was accomplished when committees met concurrently in the same room during the Board meeting because oftentimes members would not be able to attend those committee meetings. He said when Ms. Sorrick started with the Board she initially delegated day one of the Board meeting to committee meetings. He said the committee members would then report to the full Board that day or the following day. He said this process was redundant and ineffectual. He said he believed the Board’s current system of scheduling the committee meetings separate from the Board meetings works really well. He said it is an inconvenience to have additional responsibilities and to attend meetings on different days; however, the Board’s goal is to move its agenda forward. He said he believed that this was the most effective process. He said it would be difficult to do what the Licensing Committee does in a Board meeting considering that the next two Licensing Committee meetings would be two-day meetings.

Ms. Acquaye-Baddoo said she liked the current scheduling best. She said having separate meetings afforded the members time to ponder the issues with a small group. She said the current process was valuable and deliberative.

Ms. Bernal said that as a new Board member she did not understand the effectiveness of the former process. She said the summaries provided from the Committee meetings are very thorough and asked what benefits the previous process offered.

Ms. Jones said the benefit of the former process was the ability for the public members to hear the issues firsthand and to hear directly from the person who raised each issue. She said she was not sure this was effective, but the Board members were able to hear the issues as they were being reported.

Ms. Acquaye-Baddoo said the former process was redundant and the issues could have been flushed out more. She said there was not enough time to consider various decisions. She said the current process was more powerful because the Board could spend more time pondering the issues at hand. She said that previously people were torn if they were following both Licensing and Enforcement discussions, for example.

Ms. Bernal asked if there was more participation from other professional associations using the former process.
Ms. Acquaye-Baddoo said the participation was there, but there was not enough time to address the issues fully. She said the participation pool had expanded with the new system because if someone could not attend the committee meeting, they could review what was discussed at the committee meeting and have time to create thoughtful comments to present at the Board meeting.

Dr. Erickson said he liked the current system much better and did not think the former system made sense. He said the old system was like a convention with multiple sessions where you did not know which sessions to attend.

Ms. Jones said the Board could now request staff to pull additional data for the Board meetings. She said this could not have been done using the old system.

Ms. Bernal said it seemed the Board would have had difficulty getting the public to attend. She said she liked the process the way it was.

Dr. Phillips said it appeared that the Board was comfortable with the current system.

Dr. Horn said the current method provided a more thoughtful and deliberative process. She said the public is able to participate through webcasts and teleconferences. She said she had noticed an increase in written comments prior to the meetings.

Ms. Jones said she did not have an opinion on the subject, but wanted to discuss the topic and said she felt that it had been discussed. She said she also noticed an increase in written comments prior to the meetings. She said the current process was more thoughtful and participatory in an in-depth way.

Dr. Phillips said no motion was needed since the tenor of the conversation was to maintain the current process.

**Agenda Item #21: Election of Officers**

Dr. Phillips said the election was for the upcoming year, 2017.

Ms. Marks said voting for one officer at a time would be the best process.

Ms. Jones nominated Dr. Phillips as President.

No other nominations were received.

Ms. Jones said that a former Board member had suggested that the Board look at how its members were serving the Board and consider implementing an alternating rotation where public and licensed members took positions in turn. She said she did not have a position on this suggestion, but wanted to share this concern that was forwarded to the Board members.
Ms. Acquaye-Baddoo said she supported Dr. Phillips as candidate for President as there had been great changes made to the Board.

Ms. Marks said the motion was to have Dr. Phillips as Board President for the 2017 calendar year.

Vote: 6 aye (Bernal, Horn, Phillips, Jones, Erickson, Acquaye-Baddoo) 0 no

Dr. Horn nominated Ms. Jones as Vice President.

No other nominations were received.

Dr. Horn said Ms. Jones had done a great job as Vice President of the Board. She said the combination of a public member and licensed member was always good. She said it would remind the Board that all perspectives and voices were important.

Ms. Acquaye-Baddoo said Ms. Jones and Dr. Phillips were a good team.

Ms. Marks said the motion was to have Ms. Jones as Board Vice President for the 2017 calendar year.

Vote: 6 aye (Bernal, Horn, Phillips, Jones, Erickson, Acquaye-Baddoo) 0 no

Agenda Item #14: Legislation Update

c) Legislative Proposals for the 2017 Legislative Session

3) Suicide Risk Assessment and Intervention Coursework Requirements —
Addition of BPC Section 2915.4 (Coursework in Suicide Risk Assessment and Intervention)

Ms. Sorrick reported that the language the Licensing Committee agreed on was shared with Assembly Member Levine’s office with the caveat that the Board would review the draft proposal at its November meeting.

Ms. Jones said the language was drafted in response to Governor Brown’s veto message. She said some of the Board members previously mentioned that including a Continuing Professional Development (CPD) requirement in the language was adding extra work for licensees. She said the Licensing Committee members revisited the language at its September meeting and had a great discussion about the intent and context of adding a suicide risk assessment and intervention requirement. She said she wanted the Board to have a robust discussion about the language and to address all of the members’ concerns.

Dr. Horn said the language had been presented to the Licensing Committee a few times. She said the Committee did not want to create an extra burden for potential or current licensees; however, the Committee did want to respond to the
Governor’s veto message and recognized that suicide is a very important issue. She said the Committee understood that many people who commit suicide or who are suicidal do not visit a psychologist prior to committing or attempting suicide; however, the Committee felt that it was important to acknowledge the Governor’s issues and voice that this is an important issue.

Dr. Phillips said that, given the amount of deliberation during the Licensing Committee meetings, they did not want this language to be sent back to the Committee. He said the members have reviewed and exhausted the possibilities from their points of view and really need Board action.

Ms. Jones said that the Policy and Advocacy Committee had not yet reviewed the language and encourage the Committee members to offer feedback. She said staff’s recommendation was to approve the language and asked for Board discussion.

Dr. Phillips said he had asked some post-doctoral students if they had received this training. He reported that some said they received it during their post-doctoral training, some said they received it at their work site and others said they had received very little training. He said it was important for those coming in to the field to be able to deal with a suicidal situation or to know when they are over their heads. He said the experience of the people in the field varies depending on the setting they are in. He said it was very important that all professionals in the field have this training.

Ms. Sorrick said that Assembly Member Levine had submitted placeholder language to Legislative Counsel. She said that the Board would consider the language to move it forward to Sponsor the bill.

Dr. Phillips asked how consistent the placeholder language was with the proposed language.

Ms. Burns said the language was very consistent and only clarified the requirements in two different areas. She said it was consistent with SB 1193 because it referenced the language that would go into effect January 1, 2017.

Ms. Jones thanked Ms. Burns for the clarification.

Ms. Acquaye-Baddoo asked if there was a sense of how schools and professionals felt about this additional training requirement.

Ms. Jones said that Jonathan Burke had surveyed schools to see if they were offering training in suicide risk assessment and intervention. She said the results showed that this training was being provided. She said including a one-time Continuing Professional Development (CPD) requirement ensures that the entire field is covered.
Dr. Phillips said that the proposed training requirement might encourage educational institutions to focus on offering specific content related to this issue. He said that sometimes the training is spread out over various courses, especially in the larger programs. He said he did think a lot of good training was being offered in the area, but believed that the Board needed to ensure consistency.

Ms. Acquaye-Baddoo asked if the proposal was an attempt to ensure that this training would eventually become a part of the schools' training curriculum.

Dr. Horn said "no". She said there are plenty of other opportunities for trainees to obtain this type of training. She said the Board was not requiring that it must be obtained during graduate training. She said it might not even be an actual course on suicide prevention, but rather a course on a broader topic, such as crisis intervention. She said the Board wants someone to confirm that the student had received the training, or alternatively, the coursework.

Ms. Sorrick asked Ms. Marks if the Board needed to make a motion to allow staff to begin working with Assembly Member Levine’s office on the language.

Ms. Marks said she thought a motion would be a good idea. She then asked the Board members if they wanted to add the term “required” after “curriculum” in the following sentence: "...stating that the coursework required by this section is included within the institution’s curriculum for graduation...” She said if the Board is going to require certification that the student has completed the training, the language should specify that the training must be part of the required curriculum. She said she is not sure if adding the term “required” is necessary because she is not sure how curricula is generally organized. She said she does not know if curriculum includes everything that is required for graduation plus any potential electives.

Dr. Horn suggested that the sentence "...that the coursework required by this section is included within the institution’s curriculum for graduation, or within the coursework that was completed by the applicant" be replaced with "...that the coursework required by this section is either required for graduation or within the coursework that was completed by the applicant."

Ms. Jones said she believed Dr. Horn’s suggestion captured the spirit of the conversation during the Licensing Committee meeting in September.

Dr. Phillips said he did not want to manage the training curriculum, but did want to make sure that this training had been obtained.

Dr. Horn said the training does not have to be obtained in a classroom. She said it could be obtained through applied experience, in a practicum setting, an internship, through supervised professional experience, etc.
Ms. Jones said it was important that the Board did not mandate additional curriculum; however, the proposed language could possibly impact policy and the way things are done. She said she was not sure what the training institutions would do, but the Board’s proposal would help bring this issue to light.

Dr. Erickson said he was thankful to those who were persistent on this issue and to the Committee for all of its hard work. He said he was appreciative to the stakeholders who took time to write letters and provide comments to the Board.

Dr. Melodie Schaefer from Division II of CPA said she was concerned with section one of the proposed language in terms of academic programming. She said schools would not be able to have a separate, stand-alone class because it was hard enough for them to meet the mandates. She said the Board was asking the schools to provide certification to whatever piecemeal elements students received in suicide prevention. She said suicidality training could occur over many courses. She said it would be much cleaner if the Board required this training as a pre-licensure course so that they could have more control over the content. She said suicide prevention training is commonly interwoven in crisis intervention, interviewing, or in assessment skills, and is not typically presented in the robust nature that she believes the Board is seeking. She said requiring applicants to obtain this training as a pre-licensure course could provide the attestation the Board was looking for.

Dr. Horn thanked Dr. Schaefer for her comment and said the Committee had already discussed what she suggested. She said the language does allow applicants to take a pre-licensure course to meet this requirement. She said the Board did not want to create an extra burden if someone was able to provide proof that they had previously obtained this training.

Dr. Schaefer thanked Dr. Horn for her clarification. She suggested that the Board replace the term “coursework” because most people define it as a stand-alone course. She said it might be better for the Board to explain that the collective course content within the doctoral program could fulfill the training requirement.

Ms. Jones thanked her for her comment.

Dr. Elizabeth Winkelman from CPA thanked the Board for the opportunity to provide public comment. She said the option to obtain this training through applied experience was unclear because the Board used the term “coursework.” She requested that the Board consider using the terms practicum and experience to clarify.

Dr. Horn said this was what Dr. Schaefer brought up as well. She said she agreed that people would think coursework meant a class and that the Board would like to focus on the experience and content of the training, not that it occurred as a class.
Mr. Che Hernandez, the Board Chair of the American Foundation for Suicide Prevention, San Diego Chapter, said he was in favor of adopting the proposed language and thanked the Board for its hard work. He said he lost his nephew to suicide seven years ago and said that this type of legislation could make a difference in people's lives. He said he had assumed that all mental health professionals have some sort of mastery in suicide prevention, but he recently learned that this was not the case. He said that he believed that the underlying sentiment was that more could be done. He said that adopting this language would be a step in the right direction and would send the message of empowerment to psychologists. He said that this proposal showed that this issue is important. He said that adopting this language would show leadership to other states. He said that not adopting this language would send the message that everything was working and was fine the way it was. He said that the Board could take a small action today that would have a large impact later. He thanked the Board for its consideration.

Ms. Jones thanked Mr. Hernandez for his comment and said that the Board had also received two letters of support from Mr. Victor Ojakian and Mr. Craig Lomax.

Mr. David Bond, licensed clinical social worker (LCSW) and Vice President of Programs for the Trevor Project, said the Trevor Project was the nation’s leading organization that provided crisis intervention and suicide prevention services to lesbian, gay bisexual, transgender and questioning youth under the age of 25. He said that 40% of people who die by suicide have seen their primary care physician within a month of their death. He said 25% of mental health providers and 50% of psychiatrists will have a client who dies by suicide. He said of all the training psychologists, social workers, and marriage and family therapists receive over years of formal education and clinical practice, nothing would actually save more lives than a comprehensive suicide assessment and intervention training. He said when his classmates discussed issues of diversity in graduate school they would go through ethnic minorities, religious minorities and socioeconomic status differences. He said LGBT issues would get the last 5-10 minutes of the class, if there was still time, because teachers did not know how to discuss these issues. He said his anxiety with allowing crisis training to cover suicide is that suicide would get that last 5-10 minutes of the class as well. He said he had never received adequate training in suicide assessment and intervention training in all of his years going through graduate school and clinical practice. He said it was not until he joined the suicide prevention community that he realized that doing a contract for suicide safety is the most “ridiculous thing a clinician could do” because it does not have any impact. He said he agreed with Dr. Schaefer that the Board should require a pre-licensure course so that the Board could have more control over the content. He said the intense anxiety and fear clinicians have when a client becomes suicidal or expresses suicidal thoughts was another issue that should be addressed in graduate school training, rather than in post-graduate work. He said that we need to reduce the stigma of disclosing suicidal thoughts and feelings. He said we also need to teach clinicians that “referring suicidal clients out” is not the right thing to do and that
clinicians could be the primary source of support for those people. He said that clinicians need to stop fearing liability and start caring for and accepting those clients for who they are and what they are going through.

Ms. Jones thanked Mr. Bond for his comments.

Mr. Stan Collins said he worked on a variety of county and state efforts throughout California on suicide prevention. He said he became involved with suicide prevention after he lost a friend to suicide in high school. He said he just wanted to thank the Board for bringing this issue to light. He said the National Strategy for Suicide Prevention was first published in 2001, which meant that national conversations on suicide prevention had only been happening for 15 years. He said he spent five years working as an EMT and as a lifeguard for the San Diego Fire Rescue Department and he relied on his licensing board to require him to have the skills to be efficient at his job. He said it was also important to trust that his peers had the same skills to be efficient at their jobs. He thanked the Board for having this conversation.

Ms. Jones thanked Mr. Collins for his comments.

Ms. Patricia Speelman, licensed marriage family therapist (LMFT), thanked the Board for the opportunity to provide comments. She said she was a representative of Didi Hirsch Mental Health Services and the Didi Hirsch Suicide Prevention Center. She said she was currently the Division Director of the Suicide Prevention Center and in that capacity was representing all of the clients and patients who have survived a suicide attempt or lost someone to suicide. She said she was also speaking as a licensed MFT who received no training in suicide risk assessment and prevention during her coursework and practice and as someone who lost her grandfather to suicide. She said she was happy that the Board was considering language and encouraged the Board to move forward with the proposal. She said training saves lives, not enough action is being taken to identify and treat those who are suicidal. She said suicide was the tenth leading cause of death in the United States. She said it was twice as high as death by homicide and almost twice as high as drug-induced deaths. She said it was the second leading cause of death in teens and young adults and the figures in California follow these national trends. She said one third of people who die from suicide have had previous contact with mental health services within one year of their death. She said 20% of these individuals have had mental health contact within the last month of their life. She said it was possible that for every 10 clients a mental health professional saw, two might die by suicide. She said psychologists currently must have coursework and training in spousal or partner abuse assessment and detection and treatment of alcohol or other substances and neither of these issues have a death rate as high as suicide. She said 76% of graduate program directors want to include more specific suicide training. She said suicide training would aid the competency and confidence of mental health professionals. She said they would not feel like they were working outside of their scope or feel the need to refer these patients to other professionals. She said
suicide training would aid in due diligence because legally if someone dies by suicide, the professional is more at risk if they did not perform an assessment or did not provide an adequate assessment than if they provided a thorough assessment. She said suicide training would aid in increased awareness of the national health concern and increase links to resources. She said this training would help with the limited resources for those seeking therapy after losing someone to suicide, those who are at high risk for suicide, those seeking therapy after a failed attempt and those with chronic suicidal ideation. She said California was a very proactive, forward-thinking state and often takes the initiative to address mental health and social concerns. She said there were already 10 others states that required this training and she did not want California to fall behind. She said she wanted California to become a nationally recognized leader in suicide risk assessment and suicide prevention.

Ms. Acquaye-Baddoo asked Ms. Speelman if she could repeat her comment on graduate program directors.

Ms. Speelman said 76% of graduate program directors want to include more suicide-specific coursework. She said this data came from a task force of the American Association of Suicidology. She said their report addressed serious gaps in US mental health training and could be located in the journal titled “Suicide and Life Threatening Behavior”, which was the journal of the American Association of Suicidology.

Ms. Sorrick asked Ms. Speelman if she could send the link to the journal so that she could forward it along to staff and Board members.

Dr. Linder-Crow said she wanted to acknowledge that suicide was a crisis in the United States and wanted to make it clear that CPA recognized this. She said she had lost a 14-year-old family member to suicide in the last year. She said she appreciated the nature of this challenge and asked the Board if the proposed statutory language was the answer. She said the Governor did not say he wanted legislation in his veto message. She said that in fact, he said the opposite. She said the Governor wanted the state licensing boards to determine the best solution. She said the Board conducted a survey of training programs in psychology where the results showed that this training was being offered. She said she appreciated that Ms. Speelman said she did not receive any suicide training as an MFT, but said this was not true in psychology. She said the Board’s survey showed that a high percentage of training programs do include training in suicide risk assessment and intervention. She said people could always say that someone needs to know more in a specific area. She said not everyone is going to be an expert in this area and that implying that psychologists are not well trained was a misnomer. She said there would always be variability among training programs and said she was not sure that one course could correct this variability. She said CPA was concerned with the former bill because it only targeted psychologists. She said she admired the Board for taking action on this issue. She said she is distressed because out of all the
mental health professionals and physicians, psychologists were the ones being required to take additional training when they have had the most training. She said psychologists engage in a variety of work and some psychologists do not engage in psychotherapy. She said the language was a one size fits all, which she understood was the easiest method; however, it was a concern of hers. She questioned the process of presenting the proposed language to the Legislator prior to Board-approval and asked if the Board would be the Sponsor of the proposed legislation.

Ms. Jones said the Board would be the Sponsor if the proposal was adopted by the Board based upon staff’s recommendation.

Dr. Linder-Crow said she was concerned with the consistency of the language and said it would need much more work if it became legislation.

Ms. Jones explained that the Board motion would allow staff to continue working on the language with Assembly Member Levine’s office.

Dr. Linder-Crow said she understood the motion. She said section one of the language was confusing. She said the Board did not want to be burdensome, yet they are requiring that every licensee obtain this training as a one-time renewal requirement.

Ms. Jones said the Board previously discussed the burdensome issue, but decided to move forward with the one-time renewal requirement.

Dr. Horn explained that licensees did not have to take a course for their renewal if they had proof that they obtained it in a different way as specified in subsection (a).

Dr. Linder-Crow thanked Dr. Horn for her clarification. She said it might be difficult for licensees who had been practicing for a while to obtain certification of this training from their training director or registrar. She said that previously Dr. Andrew Harlem, a former licensed member of the Board, suggested that the Board consider eliminating some of the other one-time training requirements if it decided to require training in suicide risk assessment and intervention. She asked if the training would just be an addition to the existing courses.

Ms. Jones said the Committee considered all of their conversations when they drafted the proposed language. She said the Committee had voted on different items over time, which brought them to this point. She said they had experienced many challenges including changes in Board composition and multiple conversations in different settings. She said the Committee concluded that this issue was important enough to require training, just like the other one-time training requirements. She said the Committee did their best to recollect the many different conversations that both the Committee and the Board has had on
this issue. She said the chronology provided in the Board materials reminded the
--Board-Members of the previous discussions.--

Dr. Horn said she agreed with Ms. Jones. She said the Committee is still going
through Pathways to Licensure and reviewing the Continuing Professional
Development (CPD) language.

Dr. Linder-Crow thanked them for the clarification. She said the Governor stated
in his veto message that there were measures in place to ensure that people in
the healing arts are qualified to do their job. She said the Governor did not ask
for legislation on this issue. She urged the Board to consider broadening the
language to include other mental health professionals and physicians. She said
she realized her suggestion would be difficult, but their current solution was
requiring the best-trained professionals in this area to obtain more training. She
said it was excluding those who could really get the community to a better place.
She said CPA is always looking at this issue and offers different courses on this
topic. She asked the Board to determine the rationale for requiring additional
training in light of their surveys.

Ms. Jones thanked Dr. Linder-Crow for her comment. She said in his veto
message, the Governor requested "licensing boards to address the issues which
this bill raises and take whatever actions are needed." She said there was not a
requirement to take action, but the Board wanted to take the issue seriously. She
said this had been an interesting path since February 2014. She said she
appreciated all of the public comment.

Dr. Phillips said he believed the Governor wanted each board to consider their
own licensees and registrants to determine how to approach this issue. He said
psychologists in many ways were some of the best trained in this area. He said
he believed that psychiatrists were also well trained, but primary care physicians
were not. He said the Board was trying to be responsive to the Governor’s veto
message within the area it regulates. He said it is up to each licensing board
whether they want to join this legislation or propose other legislation.

Dr. Horn asked how the Board should consider the public comments.

Ms. Jones said the motion was to allow staff to continue to work with the author’s
office. She said the Board received comments on three different areas of the
language, including subsections (a)(1) and (a)(2). She said the bill language was
not final because there was no bill. She said the language would come back to
the Board if it became a bill.

Ms. Sorrick said staff could amend the language to address the concerns and
bring it back to the February Board meeting. She said bill introductions do not
start until February and the Board has a teleconference meeting scheduled in
April. She said there was still additional time to work on the language.
Dr. Erickson asked why the Board would not consider six hours of training in suicide risk assessment and intervention. He said it would be clear and everyone would know what they needed to do.

Dr. Phillips said he believed the current proposal gives more flexibility to licensees.

Ms. Acquaye-Baddoo asked Ms. Marks how the Board could broaden the language to include other mental health professionals.

Ms. Marks explained options for amending the general Business and Professions Code or amending multiple practice acts in one bill. She said the process to change another board's practice act would be beyond her expertise with respect to the Legislative Process. She said she was not sure if there was a model the Board could use to meet with other licensing boards and was not sure if the Board would want to tackle this.

Ms. Acquaye-Baddoo asked if it was possible to indicate that the Board wishes to make others aware of the need for this training.

Ms. Jones said she was not sure it was in the Board's purview to require this of other boards.

Ms. Burns said the Board could include intent language that would be in the bill, but not the Code. She said it would describe what the Board's intentions were.

Dr. Phillips said including intent language was a great idea so that the Board could encourage other boards to look at this issue as well.

It was M(Erickson)/S(Acquaye-Baddoo)/C move forward with the legislative proposal with Assembly Member Levine's Office.

Vote: 6 aye (Horn, Bernal, Phillips, Jones, Erickson, Acquaye-Baddoo) 0 no

**c) Legislative Proposals for the 2017 Legislative Session**

2) Enforcement Proposal – Amendments to BPC Section 2962, Regarding Disclosure of Records (Denial, Suspension, and Revocation)

Ms. Jones said no action was needed because this issue had been referred to the Enforcement Committee.

1) Omnibus Proposal – Amendments to Business and Professions Code Section 2290.5

Ms. Burns said that this proposal was to clean up the Practice Act. She said the Board had included language in its Sunset bill that would allow psychological...
assistants to register themselves; however, the primary supervisor was still required to pay the fee. She said the proposal would allow them to pay their own fees.

Dr. Schaefer asked if the training sites in which psychological assistants were placed would only need to submit one description of their training program for the Board to review and approve. Ms. Johnson said the Board was no longer going to require pre-approval of the plan prior to the commencement of the experience. She said psychological assistants would still need to complete the supervision agreement form and plan, but they would not need to submit it until they were ready to submit verification of their hours.

Dr. Schaefer asked if the California Psychology Internship Council (CAPIC) needed to provide attestation to the Board that a particular post-doctoral training had been approved by CAPIC.

Ms. Johnson said the Board does not require an attestation. She said staff checks CAPIC's website to verify that a site has been approved.

Ms. Stephanie Cheung said staff had amended the psychological assistant application form so that psychological assistants could fill it out. She said there would be only one registration for psychological assistants. She said staff also created a form for psychological assistants to submit to the Board whenever there was a change in supervisors.

It was M(Phillips)/S(Acquaye-Baddoo)/C to support the proposal to suggest language for purposes of the Omnibus bill.

Vote: 6 aye (Acquaye-Baddoo, Jones, Erickson, Bernal, Phillips, Horn) 0 no

**Agenda Item #14: Legislation Update**

Ms. Burns said the legislative session ended on August 31, 2016, and the Governor had until September 30, 2016 to sign or veto all legislation.

**a) Bills with Positions**

1) Chaptered.

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

Ms. Burns said AB 796 repealed the sunset provision and extended indefinitely the requirement for health care service plans to cover behavioral health treatment for pervasive development disorders or autism. She said the Board sent an “Oppose” letter and then sent a letter
urging the Governor to veto the bill. She said the Governor signed the bill on September 23, 2016. She said that Board members could relay their concerns about this bill during their legislative visits in February.

Dr. Phillips said this was an area of concern because autism providers are not certified, registered or licensed and do not receive background checks. He said they work with one of the most vulnerable populations and receive insurance reimbursements from the state for the services they provide without any regulatory scheme in place.

B) SB 1193 (Hill) Psychology: Board of Psychology: Personnel

Ms. Burns said this bill included the Board’s sunset extension and said staff had created an implementation plan for each section.

Dr. Horn asked if the Licensing Committee would be redefining the practice of psychology in its Pathways to Licensure discussion.

Ms. Sorrick said the Board had already changed the definition of the practice of psychology in 2015 and the definition provided in the Board materials was no longer in statute.

Ms. Burns said the text Dr. Horn was referring to was the Legislative Counsel Digest, which could sometimes be inaccurate.

2) Vetoed

A) AB 2017 (McCarty) College Mental Health Care Services Program

Ms. Burns apologized for some of the errors in the material. She said this bill was supported by the Board and vetoed by the Governor because it “commits to a particular program structure without specifying the amount or source of funding.”

B) AB 2086 (Cooley) Workers Compensation: Neuropsychologists

Ms. Burns said this bill would have authorized a licensed clinical psychologist meeting specified requirements to be appointed as a qualified medical evaluator in neuropsychology. She said the Board took a “Support if Amended” position at its May Board meeting and then took a full “Support” position at its August Board meeting. She said the Governor vetoed the bill on September 30, 2016 because it would create a lower standard for certain providers. Ms. Burns said staff called the author’s office and they said they were unsure about moving forward with this bill in the future.
Dr. Phillips asked Ms. Burns if she got the impression that people were confused by the Governor's veto message. Ms. Burns said she did not get this impression.

Dr. Phillips said he was not sure the Board did an adequate job to help the Governor understand the purpose of the bill. He said he hoped the Board would revisit this issue in the future and suggested that the educational efforts be doubled.

Ms. Burns said it would be a good issue to discuss during the Board's legislative visits in February.

Dr. Erickson said he was perplexed by the Governor's veto message. He said the Governor might have had more information than what the Board received. He said that in order for someone to be treated for a neuropsychological condition, the person must be diagnosed. He said in order to be diagnosed the person must see a Qualified Medical Evaluator typically in neuropsychology. He said the bill was not just about evaluators wanting to get more business; it was about the injured worker who needs treatment. He said this was an important issue and was hopeful that the Board could find the answer.

Ms. Burns said Dr. Erickson's explanation of the bill provided her more clarity. She said the Board might want to consider additional educational efforts to help explain the bill in a way that Dr. Erickson did.

Dr. Erickson said he would offer what he could contribute to the educational material.

3) Failed Passage

Ms. Burns said these bills had Board positions, but died along the way.

A) AB 1715 (Holden) Healing Arts: ABA

Ms. Burns said the author pulled this bill from consideration and was not sure he would pursue it during the next Legislative session. She said the Board members could talk about this bill during their Legislative visits.

B) AB 2443 (Baker) Local Control and Accountability Plans (Improving Mental Health Access for Students)

Ms. Burns said this bill was held by the Assembly Committee on Appropriations in the Suspense file due to potential significant costs to the General Fund.
C) SB 1034 (Mitchell) Health Care Coverage – Autism

Ms. Burns said SB 1034 was the other health care bill on autism. She said the author’s office was unsure whether it wanted to pursue similar legislation and would be discussing it at their January meeting. She said staff would follow up with Mitchell’s office once they had their meeting.

Dr. Linder-Crow said she had a comment on AB 2086. She said this bill was co-sponsored by CPA and the California Society of Industrial Medicine and Surgery (CSIMS). She said they felt the Governor’s message was confusing and did not reflect the intent of the bill. She said it was perhaps a matter of not understanding the range or nuances of the legal evaluations versus the medical evaluations. She said CPA and CSIMS might need to consider whether it is productive to put the bill forward again. She said they appreciated the Board’s full support of the bill and they would be reassessing it as they moved into the new year. She said it was a complicated issue and felt that the Governor may not have gotten complete information on some of the bill’s aspects.

Dr. Phillips thanked Dr. Linder-Crow for her comment.

b) Watched Bills

Ms. Burns said the following items were watch bills that the Board did not want to take a position on.

1) Chaptered

A) AB 2859 (Low) Professions and Vocations: Retired Category

Ms. Burns said this bill applied to all boards within the Department of Consumer Affairs. She said the Board’s Sunset bill already included similar language. She said the Governor signed the bill on September 22, 2016.

2) Vetoed

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

Ms. Burns said this bill would have added additional accreditation exemption criteria to the Bureau for Private Postsecondary Education Act of 2009 (ACT) for psychoanalytical degree granting institutions. She said the Governor vetoed this bill on September 28, 2016 because “he was not convinced that conferring special treatment on this one subset of professionals is warranted, when other means exist to comply with state law.”
3) Failed Passage

Ms. Burns said the following items were watch bills that died along the way.

A) AB 2507 (Gordon) Telehealth: Access

Ms. Burns said this bill would have added video and telephone communications to the definition of telehealth. She said this was something the Board members and Board staff should address during their Legislative visits.

Dr. Erickson said reimbursement was a big part of this bill. He said the insurance industry might have questioned whether they wanted it to go through. He said he would like to see this bill move forward.

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

Ms. Burns said this bill would have required the Medical Board of California, the Osteopathic Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, the Naturopathic Medicine Committee, and the Acupuncture Board by July 1, 2018 to develop a standardized format for listing specified information related to the probation of a licensee. She said this information would have needed to be provided to an inquiring member of the public, on any documents informing the public of probation orders, and on a specified Internet Web page of each licensee subject to probation. She said staff reached out to Senator Hill’s office and the Business and Professions Committee to see if this bill would be pursued again next year. She said both were unsure and said they would discuss it in the beginning of the next legislative year.

C) SB 1101 (Wieckowski) Alcohol and Drug Counselors: Regulation

Ms. Burns said this bill would have prohibited any person from using the title of licensed alcohol and drug counselor unless the person had applied for and obtained a license from the Department of Consumer Affairs (DCA). She said this bill died and was held in the Senate Appropriations Committee in the Suspense File. She said Senator Wieckowski’s office expressed no desire to pursue the bill again next year on the bases that it had been tried before, and still had not gotten very far in the committee process.

D) SB 1155 (Morrell) Professions and Vocations: Licenses: Military

Ms. Burns said this bill would have required each board within DCA to grant a fee waiver for the application for and the issuance of an initial license to an applicant who supplied satisfactory evidence, as defined, to the board that the applicant had served as an active duty member of the
California National Guard or the United States Armed Forces and was honorably discharged. She said Senator Morrell’s office would decide whether they wanted to pursue this bill at their January meeting.

E) SB 1194 (Hill) Professions and Vocations: Competitive Impact
Ms. Burns said this bill was originally the Board’s Sunset bill, but was amended to cover the North Carolina Dental Board court decision relating to anti-competitive board actions. She said this bill was pulled by the author, but expected that the Board would be dealing with this issue in the future.

F) SB 1204 (Hernandez) Health Professions Development: Loan Repayment
Ms. Burns said this bill would have done a variety of things to impact the loan reimbursement grants. She said Senator Hernandez stopped pursuing this bill during the Legislative session and started to pursue SB 1471, which applied to physicians, surgeons and psychiatrists, which died on the Assembly Suspense File. She said she hoped the Board would revisit the loan repayment discussion.

G) SB 1217 (Stone) Healing Arts: Reporting Requirements
Ms. Burns said this bill would have required licensing boards to store judgements and settlements with damage over $10,000 instead of the current $3,000 limit. She said this bill died in the Senate Committee on Business, Professions and Economic Development and Senator Stone’s office confirmed that they would not be pursuing this bill next year.

H) SB 1334 (Stone) Crime Reporting: Health Practitioners: Trafficking
Ms. Burns said this bill would have required health care practitioners who provide medical services to a patient who discloses that he or she is seeking treatment due to being the victim of assaultive or abusive conduct, to make a report to a law enforcement agency. She said this bill died and was held in the Senate Committee on Appropriations due to cost.

d) Legislative Items for Future Meeting
Ms. Sorrick said staff did not have any additional legislative issues or proposals to bring to the Board’s attention.

e) Update Regarding the California Child Abuse and Neglect Reporting Act (CANRA) and Mandated Reporting – Penal Code Sections 261.5, 288, and 11165.1
Ms. Burns said this agenda item has had little movement because it was in the Court of Appeals. She said the hearing for oral arguments was held on November 17 and that it
would be another six months or longer before any results were given. She said staff was
trying to meet with Assembly Member Garcia’s office who initiated the request.

Dr. Erickson asked if the Board could hear about the nature of the litigation and the
basis for the appeal.

Ms. Burns said there had been no update on the nature of the litigation or the basis for
the appeal. She said the most updated and detailed information was provided at the
August Board meeting, but she could provide a more exhaustive brief at the February
Board meeting.

Dr. Phillips said the Board had asked for an opinion from the Attorney General’s office
and that derailed the process. He said this request had been dropped off of the AG’s list
of items for which they have to issue an opinion and hoped it would be added back if the
litigation did not provide clarification.

Dr. Erickson said the information provided was sufficient for him.

**Agenda Item #15: Regulatory Update and Review: Possible Action**

**a) Review and Consideration of Changes to 16 CCR Sections 1391.1, 1391.2, 1391.5,**
**1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Assistants**

Ms. Burns said the changes to this regulatory package would implement the statutory
changes relating to psychological assistants, which were established by the Board’s
Sunset bill. She said these changes were reviewed and approved by the Licensing
Committee at their September meeting. She said staff was requesting that the Board
review the language and the draft rulemaking file and move to accept the language to
notice for hearing and to grant the Executive Officer discretionary authority to make any
necessary changes to the regulatory package.

Dr. Horn requested that “supervisee” be changed to “psychological assistant” in section
1398.6 Supervisor’s Responsibility. She suggested changing “client or patient’s chart” to
“client or patient’s record” in the same section. Dr. Horn said she noticed that there was
no form name provided in section 1391.11 Change of Primary Supervisor or Location.

Ms. Sorrick said a form name would be inserted once staff selected a name.

Dr. Horn asked when the form would be named.

Ms. Cheung said she checked with Public Affairs to see if the Board had the authority to
name forms. She said they confirmed that the Board could assign it a number. She said
staff would be selecting a form number that made sense and would be easily
identifiable.

The Board’s changes were implemented in the regulatory language below:
§1391.1. Registration; Limitation of Registration Period.

(a) Any person who meets the requirements of section 2913 of the Code desiring to supervise may apply for registration as a psychological assistant by submitting an application on a form 15-303 (rev. 9/16), which is hereby incorporated by reference provided by the Board. If applying for a registration with more than one supervisor, the person shall also submit form [______].

(b) Registration as a psychological assistant shall be limited to a cumulative total of six years (72 months). Each registration shall be subject to annual renewal pursuant to section 1391.12. For any psychological assistant registered prior to the effective date of this subdivision, subsequent renewals or registrations shall be limited to a cumulative total of six years (72 months) from the date of the psychological assistant’s next registration or renewal, whichever occurs first.

Upon showing of good cause as determined by the Board, these specified time limitations may be reasonably modified.


§ 1391.2. Withdrawal of Applications.

Applications for registration which have not been completed within ninety (90) days after additional information has been requested by the Board shall be deemed to be withdrawn.


§ 1391.5. Statement of Purpose; Supervision Required.

(a) A psychological assistant shall be under the direction and supervision of a licensed psychologist or board-certified psychiatrist who is employed in the same setting in which the psychological assistant is employed. A licensed psychologist who is supervising psychological assistants must comply with the supervision course requirements set forth in section 1387.1.

(b) The supervisor shall provide a minimum of one (1) hour per week of individual supervision to the psychological assistant, unless more such supervision is required under Section 1387 or by the nature of the psychological functions performed by the psychological assistant.

(c) A registered psychological assistant employed by one of the organizations specified in section 2913 of the Code may receive delegated supervision pursuant to section 1387(c) from a qualified psychologist or a board certified psychiatrist other than the primary supervisor to whom he/she is registered if the delegated supervisor is also employed within the same organization. Otherwise, supervision may not be delegated under a psychological assistant registration.

(a) Every supervisor of a psychological assistant shall have responsibility for
supervising the psychological functions performed by the psychological assistant and
ensuring that the education, training and experience in the areas of psychological
practice for which they will supervise, and shall be responsible for supervising the
psychological functions performed by the psychological assistant extent, kind and
quality of the psychological functions performed by the assistant are consistent with the
supervisor's training and experience; and ensure that the psychological assistant
complies with the provisions of the code, the Board's regulations, and the ethical
standards established by the American Psychological Association.

(b) The supervisor shall inform, ensure that each client or patient is informed, prior to the
rendering of services by the psychological assistant, that the psychological assistant is
unlicensed and is under the direction and supervision of the supervisor, as an employee.
Each client or patient shall also be informed, and that the supervisor shall have access
to the client or patient's chart in fulfilling his or her supervisory duties.

(c) The supervisor shall be available to the psychological assistant 100% of the time the
psychological assistant is performing psychological functions. The availability can be in­
person, by telephone, by pager or by other appropriate technology.

(d) The supervisor shall ensure that a plan is in place to protect the client or patient or
client in the event a client or patient crisis or emergency occurs during any time
the supervisor is not physically present at the established site at which the supervisee is
working. The supervisor shall ensure that the supervisee thoroughly understands the
plan in the event a client or patient crisis or emergency occurs.

Note: Authority cited: Section 2930, Business and Professions Code. Reference:
Section 2913, Business and Professions Code.

§ 1391.8. Employer Supervisor-Employee Psychological Assistant Business
Relationship.

(a) No supervisor or employer of a psychological assistant may charge, pay a fee,
monetary or otherwise, require monetary payment in consideration for the employment
or supervision provided. The supervisor or employer shall supply all provisions necessary to function as a psychological assistant.

(b) The psychological assistant shall have no proprietary interest in the business of the
supervisor or the employer.

(c) The psychological assistant shall not rent, lease, sublease, or lease-purchase office
space from any entity for purposes of functioning as a psychological assistant.
§ 1391.10. Annual Reports Update.

One year after the effective date of the psychological assistant registration and annually thereafter, every psychological assistant shall submit to the Board, on or before the expiration of a registration, every supervisor of a psychological assistant shall submit to the Board an update for the registration that is completed by the supervisor, and signed by the psychological assistant on a form provided by the Board, a report for the registration period showing: Such update shall include the following:

(a) The nature of the psychological functions performed by the psychological assistant being supervised. Name and registration number of the psychological assistant.
(b) Name and license number of all primary supervisors since the effective date of the registration or the last update.
(c) Certification of employment. Address of all locations where psychological services are currently being provided.
(d) The functions primarily being provided by the psychological assistant.
(e) The period of supervision.
(f) The type and amount of supervision received.
(g) The locations at which the psychological assistant provided the psychological functions and the type, extent and amount of supervision.
(h) A certification an attestation from all current primary supervisors that during the period supervised, the psychological functions performed by the psychological assistant has demonstrated an overall performance at or above the level of competence expected for his or her level of education, training and experience, and were performed at a level satisfactory to ensure safety to the public.

Failure to submit a completed annual update shall render the registration ineligible for renewal.


§ 1391.11. Notification of Termination, Change of Primary Supervisor or Location

Within thirty (30) days after the termination of the employment, any change or addition of a primary supervisor or in the location where services are being rendered by the psychological assistant, the employer psychological assistant shall notify the Board in writing of such termination, on form [_____], setting forth the date thereof. If a change of supervisor has occurred and the psychological assistant is accruing Supervised Professional Experience, a new supervision agreement, pursuant to section 1387, is required.

§ 1391.12. Psychological Assistant Renewals.

(a) A new registration shall expire one year after issuance. The registration of a psychological assistant shall be renewed by the employer annually, on or before its expiration on a form provided by the board. Such form shall include the following:

(i) Name, registration number, registration expiration date, and renewal amount of the psychological assistant;

(ii) Disclosure of whether the psychological assistant has been convicted or has had a license or registration discipline since their last renewal;

(iii) Disclosure of whether the psychological assistant has complied with the fingerprint requirements and submitted a full set of fingerprints to the Department of Justice;

(iv) Phone number and email of the psychological assistant; and

(v) A signed declaration under penalty of perjury that the information provided is true and correct.

(b) A registration renewed 30 days after its expiration must be accompanied by the delinquency fee required in section 1392.1 in order to be renewed.

(c) A psychological assistant who has been registered with the Board but whose registration has expired and has not been renewed by the employer shall not function as a psychological assistant.

(d) A psychological assistant employed and registered by more than one employer shall have his or her registration renewed by each employer.

(e) A registration not renewed within 60 days after its expiration shall become void and cancel, and a new application for registration shall be submitted by the employer will be required for a registration to issue.


§ 1392.1. Psychological Assistant Fees.

(a) The application fee for registration as a psychological assistant which is payable by the supervisor is $40.00.

(b) The annual renewal fee for registration of a psychological assistant is $40.00.

(c) The delinquency fee for a psychological assistant is $20.00.

Note: Authority cited: Section 2930 and 2940, Business and Professions Code. Reference: Sections 26882948 and 26882987, Business and Professions Code.

It was M(Acquaye-Baddoo)/S(Bernal)/C to approve the language as amended for noticing and to set for hearing, and to grant authority to staff to make any necessary changes to proceed with the rulemaking.

Vote: 6 aye (Bernal, Horn, Phillips, Erickson, Acquaye-Baddoo, Horn) 0 no
Ms. Burns said this rulemaking file was noticed for the initial 45-day comment period on April 1, 2016. She said the hearing took place at the May Board meeting and the final regulatory package was completed by staff and submitted to the Department of Consumer Affairs to review on June 2, 2016. She said the regulatory package was approved by the Business, Consumer Services and Housing Agency on October 24, 2016 and would be sent next to the Department of Finance for review.

**Agenda Item #16: Telepsychology Committee Report and Consideration and Possible Action on Committee Recommendations**

Dr. Erickson said the report provided to the Board members pertained to the latest iteration of the proposed telehealth regulations. He said the goal was to review the draft language with the intent to approve it as written and proceed with a rulemaking file. He said the Committee met on October 14, 2016 and created the current draft proposal. He said the Committee addressed what would happen when a California client is out of state and needs service. He said the Committee questioned if the client’s physical location should determine the jurisdiction or should California still have jurisdiction granted that it does not interfere with the other state laws. He said the Committee considered the question of whether the Board should call it telehealth or telepsychology and said the statute used the term “telehealth.” He said there had also been input on the fact that they needed to own their profession; however, he said it was probably best to adhere to the statue rather than try to forge a separate name. He said the Board materials included the marked and unmarked versions of the draft Standards of Practice for Telehealth regulation.

Dr. Phillips said Dr. Erickson has been the moving force behind this topic. He said the California Psychological Association (CPA) asked what would happen if someone attending a California school is a non-resident of California and has a therapist in California and then leaves the state for a short period. He asked if the statute would allow this type of interjurisdictional practice.

Ms. Bernal said she had not been present when the Board started discussing telehealth and wanted to know if there was a consensus from the professionals of whether they preferred telehealth or telepsychology. She said she wanted to point out that insurance is attached to the individual even when they leave the state and wanted to know if the Board had considered this.

Dr. Phillips said he had heard from other psychologists that their insurance was reluctant to pay for telehealth services. He said he believed the profession would prefer to use the term “telepsychology”, but said the statute used the term “telehealth.” He said he had a discussion with a large liability carrier who told him that as long as the Board permits the practice, psychologists would be covered by their professional liability carrier.
Dr. Horn said the Board's regulations should only pertain to psychologists who are health service providers because the statute referenced telehealth. She asked if this distinction should be made within the proposed language.

Ms. Marks said the statute defined telehealth as the mode of delivering health care services, but then defined health care providers as someone licensed under this division, which would include psychologists. She said there was a bit of disconnect in the statute with respect to the psychology profession. She said the Committee might want to discuss using the term "telepsychology" to cover licensees who are not engaged in the direct delivery of mental health services.

Dr. Phillips said there was some discussion on this issue during the Committee meetings. He said the proposed language does require that the psychologist be competent in the delivery of psychological services via telehealth.

Dr. Horn said psychological services are broader than health care services. She said much of what general applied psychologists do is through telepsychological means versus telehealth means. She said she would not want these individuals to be penalized because the Board's statute focuses on health service psychology.

Ms. Marks asked Dr. Horn if she wanted to make it clear that the regulation does not necessarily limit providing psychological services in a non-health capacity. Ms. Marks said the conditions provided in subsection (b) of the language apply to those providing health services.

Dr. Horn agreed with Ms. Marks.

Dr. Phillips said they could add the provision of health care-related services to the language.

Ms. Sorrick asked the Board if they would not want the same criteria considered for a psychologist providing telepsychology. She said it was her understanding that the Board's formal legal counsel interpreted the proposed language as covering all areas of psychological services. She said the Committee used the terms "patient" and "client" in the language to cover both a health care and non-health care setting.

Dr. Horn said the proposed language focused on the delivery of health care.

Dr. Erickson asked if the Board wanted to draft the language in a way that would tell psychologists doing business consultation they needed to comply or would they want to draft it in a way that would tell them they did not need to comply.

Dr. Horn said this was her original thinking because the language focuses on the delivery of healthcare services.
Dr. Phillips said the language could not apply to psychologists in the delivery of non-health care services because the statute addressed health care services. He said he wanted to make it clear that the proposed language was intended for psychologists delivering health care services.

Ms. Marks asked if the Board wanted to use the phrase “psychological health care services.”

The Board agreed to add “psychological health care” to the term “services.”

Dr. Elizabeth Winkelman from the California Psychological Association (CPA) said she appreciated the Board’s clarification on the type of psychology for which the language was intended. She said subsection (a) that discusses the resident was unclear and could potentially be unrestrictive. She said she understood the intention of allowing residents in California to be treated while they are away temporarily. She said it made sense from the patient and psychologist perspective, but she said she had concerns with the way it was worded. She said other authorities and states consider the physical location rather than the residency of the patient when discussing telehealth services, and it would be confusing if the Board did the opposite. She said if a patient lived in New York and then attended college and received psychological services in California, the proposed language would not allow that person to continue receiving services from the California psychologist if that patient went home for vacation. She said the language would not cover a patient residing outside of California who discovers a psychologist in California with an expertise in an area of psychology that the patient cannot locate in his or her own state.

Dr. Phillips said he appreciated her comments. He said he was less concerned if the regulations were consistent with language used by other states. He said the policy question is how permissive the Board is being about interjurisdictional practice. He said there is a limit to the amount of interjurisdictional practice they want to allow. He said it was less about servicing residents of California and more about providing interjurisdictional services. He said the Board is required to regulate people within the State of California, but said he did understand her point in terms of continuity of care.

Dr. Erickson thanked Dr. Winkelman for her thoughtful input. He said one of the reasons the Committee did not use the physical location of the patient was because they wanted to express their belief that they owe something to existing patients, in terms of continuity of care and preserving the treatment relationship, that have to be out of state for short periods of time. He said they could not regulate what happens in other states.

Dr. Phillips said the Committee could possibly draft additional language to address situations where the service was initiated in California and then the patient left. He said he did not want to give licensees permission to continue to see a patient for an indefinite period if they left the state and had no intention of returning.

Ms. Bernal asked if the Board was discussing reimbursement for telehealth because health insurance follows the patient.
Dr. Winkelman said she saw Ms. Bernal’s inquiry as a separate conversation. She said the concern from a patient perspective is access to care while out of town.

Dr. Phillips said the proposed regulations would not solve Ms. Bernal’s questions, but said they did need to be addressed.

Dr. Horn said she believed the Board could address Dr. Winkelman’s example of someone who is temporarily residing in California, initiates psychological services in California and then returns to their home state; however, it would be more complex to address a consultant using telehealth methods to communicate with someone who is a resident outside of the state because it would be limited. She said this might not relate to what the Board is trying to address in its proposed regulations. Dr. Phillips said Dr. Horn’s example related to interjurisdictional practice where the psychologist would need to consider the psychology licensing law of that state.

Dr. Winkelman said anything that is not included in the Board’s telehealth regulations would arguably be excluded. She said if the regulations stated that a psychologist could deliver telehealth services to a patient who initiated treatment in California, would that exclude patients who did not initiate services in California.

Dr. Phillips said the people initiating care in California are his primary concern. He said he has had patients who permanently moved out of the state who were originally California residents. He said they eventually became residents of the other states and he would assist them in locating a new psychologist.

Dr. Erickson asked Dr. Winkelman if the Board could revise the language to say that psychologists have to start with a patient in California and if that person travels out of state the psychologist could still provide services as long as they comply with the jurisdiction of the state in which the patient is located.

Dr. Phillips said he also wanted to include patients who initiate services in California and move to a different location within California.

Dr. Winkelman suggested that the Board change “to a patient or client who is a resident of California who is temporarily located outside of this State” to “a patient or client who is located outside of this State.”

Ms. Sorrick suggested the following language to be included after the definition of resident: “A licensee may also provide psychological health care services to a patient or client who has initiated services from a licensee who is temporarily located outside of this State.”

Dr. Horn suggested that Ms. Sorrick edit her language to say, “…who may not be a resident of this State, but has initiated services with a licensed psychologist within this State.”
Ms. Marks said the proposal was not a prohibition. She said the statute and proposal are permissive and simply outline the conditions under which health services could be provided. She said if the Board tried to address each potential situation, it might make psychologists feel like they could not do something if it is not included in the language. She said the more the Board tries to cover all variations the more it looks like the Board is trying to regulate interjurisdictional practice.

Dr. Linder-Crow said Ms. Marks had a good point; however, licensees still need guidance from the Board. She asked what type of guidance the Board would give to licensees practicing under their license but not in a health care setting. She said she wondered how the Board could avoid interjurisdictional practice. She said addressing a specific group of psychologists in these regulations would leave a big segment of licensees who do not know what kind of guidance the Board is giving. Dr. Phillips said he is sympathetic to Dr. Linder-Crow’s concerns; however, the Board could only develop regulations based upon statutory language.

Dr. Linder-Crow asked if the Board could give guidance outside of regulations.

Ms. Marks said it would not be enforceable.

Dr. Linder-Crow asked if the Board could provide guidelines, even if they were not enforceable.

Ms. Marks said the Board is discussing guidance with a caveat that the Board could not determine what happens in other states.

Dr. Phillips said the Board could direct licensees to their professional association for guidance outside of the regulations.

Dr. Linder-Crow said CPA has done and could do that.

Dr. Phillips said the Board could only do what is permissible in statute. He said the Board should consider a legislative proposal to include additional areas of psychology after these regulations have been implemented.

Dr. Horn said it was clear that the statute is about health care. She said the Board could tell licensees what to consider outside of the regulations.

Dr. Phillips said he did not want to mislead licensees into thinking that if they think about those things, they have covered all of the bases. He said he would rather not say anything, but would be open to providing resources to help them consider different aspects.

Ms. Sorrick said the Legislature had asked what the Board has done about telepsychology rather than telehealth at the Board’s last two Sunset reviews. She said she does not know what they consider telehealth versus telepsychology, but the Committee might want to discuss the use of telepsychology in other applied areas.
Dr. Schaefer asked why the Board was not considering something with a more global perspective for those who want to use telepsychology. She asked why the Board could not say that psychologists are required to ensure they are in compliance with the laws of the state in which they are providing services.

Dr. Horn said currently if you want to practice in another state, you must obtain a license. She said most states allow temporary practice, but they all have different rules. She said there is nothing right now to allow psychologists to practice interjurisdictionally.

Dr. Schaefer asked if the Board had investigated telehealth companies run by people with degrees in mental health that are providing national mental health services.

Dr. Phillips questioned whether these companies might be running afoul of the licensing laws in this and other jurisdictions, particularly in states where there are no provisions for temporary practice or specific strictures on interjurisdictional telepsychology services.

Dr. Schaefer asked how the profession could create job opportunities to students coming out of school with other areas of mental health dwindling. She said she did not want the Board to be the last one out of the gate.

Ms. Burns suggested adding “initiates services in this State” after “to a patient or client” in subsection (a).

The Board members agreed to her language.

Dr. Phillips said he believed the Board was very sympathetic to moving psychology forward in a way that would allow better access to care, but said they needed to be cognizant of what they could regulate. He said he believed psychology was one of the more principled professions and they take ethics more seriously than most professions. He said he believed that they have over-developed consciences.

Ms. Marks said she was not sure Ms. Burns’ language addressed those who temporarily go outside of the state. She said this is not a type of service, but rather a mode to deliver services. She said she was not sure it was the time to define every variation in the language. She said the proposal was to provide guidance to what a licensee should be looking at when delivering services using this mode. She said she was not sure the Board could answer all of the questions raised at this time.

Ms. Acquaye-Baddoo asked if the Board could define “temporary” in the proposed language.

Dr. Erickson said he does not think they should define temporary because states define temporary differently.

Dr. Horn said the language needed to account for people who initiate services in this State who are temporarily in California and then leave to another state.
Dr. Erickson said he was leaning back towards the client’s physical location since the Board did not want to start regulating interjurisdictional practice. He said the language could state that the telehealth must initiate in California regardless of whether the patient is just visiting for the holidays. He said if the patient travels outside of the state, the psychologist must abide by that state’s regulations.

Ms. Sorrick asked Ms. Marks if the language prohibited continuity of care for a patient who initiates services in California and temporarily leaves the State.

Ms. Marks said she did not think the language prohibits this, but does think the Board could get in to interjurisdictional practice the more it tries to cover other variations. She said the more the Board lists different scenarios, the more it looks like situations not listed were excluded on purpose.

Dr. Phillips suggested that the Committee address the issues in another meeting.

**Agenda Item #17: Licensing Report**

Ms. Johnson said Ms. Audrey Watkins left the Board staff for a promotion. She said she was a great Licensing Analyst who helped the processing timelines for applications for licensure to stay down. She said the timelines have gone up recently, but said she foresees it going down once the Licensing Unit is fully staffed next month.

Ms. Cheung said Ms. Johnson would be retiring from state service on December 16, 2016. She said she had been a state employee since 1979 and had been with the Board since 1992. She said over the years Ms. Johnson had demonstrated compassion, commitment, and dedication through her work, had been the lead in numerous projects, and had made a tremendous impact on the Licensing Unit. She said she would be greatly missed and the Board wished her happiness, success, and good health as she began her new adventure.

Ms. Johnson said she respected the psychology profession very much and would miss everyone. She reported that the Licensing Unit was processing applications within three weeks. She said Ms. Kelli Okuma and Ms. Mary Lynn Ferreira were able to keep the Board’s processing times down because they process applications for registration within a few days of receipt. She said Ms. Sharon Perera was the Board’s new Licensing Analyst who would start on November 28, 2016 and Mr. Chris Siepert was made a permanent Licensing Analyst. She said staff was still trying to notify people of the genesis date for the 72-month registration limitation for psychological assistants and said the notice was on the Board’s website. She said the Licensing Committee would continue its Pathways to Licensure review at its January meeting and would host a stakeholders meeting once they completed their review. She said the performance measures show the time it takes a Licensing Analyst to process an application, but does not include the time it takes an applicant to provide additional documentation if needed. She said the satisfaction surveys included in the Board materials looked great and reflected staff’s ability to respond to applicants quickly.

Dr. Erickson asked if anyone had questioned why there are fewer psychologists as the populations gets bigger.
Ms. Johnson said this had not been discussed.

Ms. Bernal asked if mailed-in documentation ever gets lost.

Ms. Johnson said she does not believe so.

Ms. Bernal said the high number of mailed-in applications was impressive.

Ms. Johnson said she thought the online application would be used more and more once people discovered that it is an option.

Dr. Phillips said he got his renewal done in two days. He said the online process is much better because you do not have to wait for your mail to be delivered to the Board. He thanked Ms. Johnson for her report and said the Board would miss her.

**Agenda Item #18: Continuing Education Report**

Ms. Everhart presented the continuing education report. She said out of the total people audited, 766 (or 86.5%) passed and 119 (or 13.45%) failed. She said the most common reason for failure was being short total hours. She said an average of 876.1 psychologist renewal applications and an average of 73.6 psychological assistant applications were processed per month in the last 10 months.

**Agenda Item #19: Licensing Committee Report and Consideration of Committee Recommendations**

Dr. Horn said she appreciated Ms. Johnson's efforts in turning the licensing process around in the last couple of years and would miss her a lot.

a) Discussion of Requests for Extensions to Accrue Continuing Education and Exceptions to the CE Requirements

Dr. Horn said the Committee asked staff to look at this issue. She said staff provided a list of pros and cons and the Committee agreed that the negatives of providing extensions and exceptions outweighed the positives. She said the Committee did not want to send the message that two years was not enough time to obtain the required number of CE hours.

b) Review of and Discussion on Proposed New Statutory Language Regarding Coursework in Suicide Risk Assessment and Intervention

Dr. Horn said this item was already discussed under agenda item #14(c)(3).

c) 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
Dr. Horn said the Committee was still reviewing the Pathways to Licensure. She said the Committee might finish its discussion at its January meeting, which would be a two-day meeting to discuss Pathways and the Continuing Professional Development (CPD) model.

d) Discussion, Review and Consideration of the Proposed Revisions to Title 16 of the California Code of Regulations; Sections 1397.60, 1397.61, 1397.62, 1397.67, 1397.69, 1397.70 (CE/CPD)

Dr. Horn said the Committee was still discussing the proposed CPD model. She said she wanted to note that it was still not the time for people to submit comments because there are no regulations in place. She said their discussion would continue at its January 26-27, 2017 meeting.

Ms. Sorrick said the meeting would not be webcasted, but it would be teleconferenced.

Dr. Phillips said staff had been receiving comments on a regulatory package that is no longer active.

It was M(Acquaye-Baddoo)/S(Erickson)/C to approve the Licensing Committee report.

Vote: 5 ayes (Acquaye-Baddoo, Erickson, Horn, Phillips, Bernal) 0 no

Agenda Item #22: Recommendations for Agenda Items for Future Board Meetings

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

Adjournment

The Board adjourned at 5:16 p.m.