

NOTICE OF UPDATED TELECONFERENCE BOARD MEETING

The Board of Psychology will hold a Board Meeting via WebEx

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, neither Board member locations nor a public meeting location are provided. Public participation may be through the WebEx link as provided below. If you have trouble getting on the call to listen or participate, please call 916-574-7720.

Important Notice to the Public: The Board of Psychology will hold a public meeting via WebEx Events. To participate in the WebEx meeting, please log on to this website the day of the meeting:

Thursday, November 19th, 2020: <https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=eca191694a05254a704b6c7a51c60ad38>

Friday, November 20th, 2020: <https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=ea0da0a53f4c108e9f21edebfd783eaae>

Instructions to connect to the meeting can be found at the end of this agenda. Members of the public may but are not obligated to provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Due to potential technical difficulties, please consider submitting written comments by November 17, 2020, to bopmail@dca.ca.gov for consideration.

Thursday, November 19, 2020

Board Members

Seyron Foo, President
Mary Harb Sheets, PhD, Vice-President
Sheryll Casuga, PsyD
Marisela Cervantes
Julie Nystrom
Stephen Phillips, JD, PsyD
Ana Rescate
Shacunda Rodgers, PhD
Lea Tate, PsyD

Legal Counsel

Norine Marks
Will Maguire
Clay Jackson

Board Staff

Antonette Sorrick, Executive Officer
Stephanie Cheung, Licensing Manager
Jason Glasspiegel, Central Services Manager
Sandra Monterrubio, Enforcement Program
Manager

Thursday, November 19, 2020

AGENDA

10:00 a.m. – 4:00 p.m. or until Completion of Business

Unless noticed for a specific time, items may be heard at any time during the period of the Board meeting.

The Board welcomes and encourages public participation at its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment.

1. Call to Order/Roll Call/Establishment of a Quorum
2. President's Welcome
3. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].
4. Coronavirus (COVID-19) Update Including but not Limited to Updates on Waivers (A. Sorrick)
5. President's Report (S. Foo)
 - a) Dates and Locations of 2021 Board and Committee Meetings
 - b) Committee Updates
 - a. Telepsychology Ad Hoc Committee
 - i. 2021 PSYPACT Analysis

6. Discussion and Possible Approval of the Board Meeting Minutes: July 9-10, 2020
7. Outreach and Communications Committee Report and Consideration of and Possible Action on Committee Recommendations (Tate – Chairperson, Bernal, Rodgers)
 - a) Strategic Plan Action Plan Update
 - b) Update on Website Focus Group Follow Up
 - c) Board’s Social Media Update
 - d) Board’s Website Statistics Update
 - e) Newsletter Update
 - f) Outreach Activities Update
 - g) Updates on Communications and/or Activities of the Association of State and Provincial Psychology Boards (ASPPB)
 - h) Plan to Update “For Your Peace of Mind – A Consumer’s Guide to Psychological Services”
 - i) Addressing Cultural Diversity and Access to Psychological Services in California
 - 1) Update on Continued Professional Development Regulations: Implementation Plan to Produce Written Materials including Cultural Diversity and Social Justice Requirement
 - 2) Increase Stakeholder Engagement
 - 3) Engage Department of Healthcare Services (DHCS) Regarding Medi-Cal Reimbursement Rates
 - 4) Engage Substance Abuse and Mental Health Services (SAMHSA) Regarding Federal Initiatives Addressing Equity
 - 5) Digital Divide – How Does the Digital Divide Impact Access to Telehealth
8. Review and Consideration of and Possible Action on Changes to the Board’s Administrative Procedures Manual
9. Legislative and Regulatory Affairs Updates (Foo – Chairperson, Casuga, Phillips)
 - a) Review of Status of Proposed Legislation
 - 1) Review Status of Bills with Active Positions Taken by the Board; Determine if Action Necessary
 - A. AB 1145 (Garcia) Child abuse: reportable conduct.
 - B. AB 1263 (Low) Contracts: consumer services: consumer complaints.
 - C. AB 2112 (Ramos) Suicide prevention.
 - D. AB 2164 (Rivas, Robert) Telehealth
 - E. AB 2253 (Low) Professional licensure.
 - F. AB 2360 (Maienschein) Telehealth: mental health.
 - G. AB 2630 (Flora) Criminal history information: subsequent arrest notification.
 - H. AB 2704 (Ting) Healing arts: licensees: data collection.
 - I. AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses.
 - J. SB 53 (Wilk) Open meetings.

- K. SB 66 (Atkins) Medi-Cal: federally qualified health center and rural health clinic services.
- L. SB 1474 (Committee on Business, Professions and Economic Development) Professions and Vocations.

2) Status of Watch Bills

- A. AB 499 (Mayes) Personal information: social security numbers: state agencies.
- B. AB 613 (Low) Professions and vocations: regulatory fees.
- C. AB 798 (Cervantes) Maternal mental health.
- D. AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions.
- E. AB 1911 (Maienschein) State agencies: veterans.
- F. AB 2028 (Aguiar-Curry) State agencies: meetings.
- G. AB 2093 (Gloria) Public records: writing transmitted by electronic mail: retention.
- H. AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing.
- I. AB 2138 (Chau) California Public Records Act.
- J. AB 2164 (Rivas, Robert) Telehealth.
- K. AB 2185 (Patterson) Professions and vocations: applicants licensed in other states: reciprocity.
- L. AB 2438 (Chau) California Public Records Act: conforming revisions.
- M. AB 2476 (Diep) Healing arts licensees.
- N. AB 2549 (Salas) Department of Consumer Affairs: temporary licenses.
- O. AB 2631 (Cunningham) License fees: military partners and spouses.
- P. AB 2856 (Committee on Business and Professions) Board of Psychology.
- Q. AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses.
- R. SB 806 (Grove) Worker status: employees: independent contractors.
- S. SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times.

b) Legislative Items for Future Meeting. The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code Section 11125.4

- 10. Enforcement Unit Report (S. Monterrubio)
- 11. Licensing Unit Report (S. Cheung)
- 12. Continuing Education and Renewals Program Report (J. Glasspiegel)

13. **1:30 p.m. – Regulatory Hearing**

Regulatory Hearing, Division 13.1 of Title 16, of the California Code of Regulations sections 1381.9, 1397.60, 1397.61, 1397.62, and 1397.67 – Continuing Education/Professional Development

14. Consideration of Adopting Amendments to 1381.9, 1397.60, 1397.61, 1397.62, and 1397.67, and adding sections 1397.60, 1397.61, 1397.62, and 1397.67, of Division 13.1 of Title 16 of the California Code of Regulations – Continuing Education/Professional Development

15. Consideration of Adding section 1396.8, to Division 13.1 of Title 16 of the California Code of Regulations – Standards of Practice for Telehealth

16. Regulatory Update, Review, and Consideration of Additional Changes (S. Foo)

- a) 16 CCR Sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Assistants
- b) 16 CCR Sections 1381.9, 1381.10, 1392 – Retired License, Renewal of Expired License, Psychologist Fees
- c) 16 CCR Sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 – Continuing Professional Development
- d) 16 CCR Sections 1391.13, and 1391.14 – Inactive Psychological Assistant Registration and Reactivating a Psychological Assistant Registration
- e) 16 CCR Section 1394 – Substantial Relationship Criteria;
Section 1395 – Rehabilitation Criteria for Denials and Reinstatements;
Section 1395.1 – Rehabilitation Criteria for Denials Suspensions or Revocations

17. **CLOSED SESSION**

The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulations, Petitions for Reinstatement or Modification of Penalty, Petitions for Reconsideration, and Remands.

Recess for the day.

Friday, November 20, 2020

10:00 a.m. – 4:00 p.m. or until Completion of Business

18. Call to Order/Roll Call/Establishment of a Quorum

CLOSED SESSION

19. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Conduct its Annual Evaluation of its Executive Officer.

CLOSED SESSION

20. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.

RETURN TO OPEN SESSION

21. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].

22. Review and Possible Approval of Sunset Report

23. Enforcement Committee Report and Consideration of and Possible Action on Committee Recommendations (Phillips – Chairperson, Cervantes)

- a) Child Custody Stakeholder Meeting-Implementation Plan Update
 - 1) Statutory Discussion Regarding Proposed Exception to Psychotherapist-Patient Privilege for Board Investigations
- b) Statutory and Regulatory Update, Review, and Consideration of Additional Changes
 - 1) 16 CCR Section 1380.6 – Display of License Number
 - 2) 16 CCR Sections 1393 – Requirements for Psychologists on Probation
 - 3) 16 CCR Sections 1396 – Competence; 1396.1 – Interpersonal Relations; 1396.2 – Misrepresentation; 1396.3 – Test Security; 1396.4 – Professional Identification; 1396.5 – Consumer Information; 1397 – Advertising; 1397.1 – Child Abuse Reporting requirements; 1397.2 – Other Actions Constituting Unprofessional Conduct
 - 4) 16 CCR Sections 1397.30 – Citation; 1397.36 – Requirements for Professional Corporations; 1397.37 – Shares: Ownership and Transfer; 1397.39 – Corporate Activities; 1397.40 – Trusts
 - 5) 16 CCR Sections 1397.50 – Citations and Fines; 1397.51 – Amount of Fines; 1397.52 – Compliance with Orders of Abatement; 1397.53 – Citations for Unlicensed Practice; 1397.54 – Contest of Citations; 1397.55 – Disconnection of Telephone Service
 - 6) BPC Sections 2902 – Definitions; 2903 – Licensure requirement; Practice of psychology; Psychotherapy; 2903.1 – Biofeedback instruments; 2908 – Exemption of other professions; 2912 – Temporary practice by licensees of other state or foreign country
 - 7) BPC Section 2934.1 – Posting of license status on Web site
 - 8) BPC 2936 – Consumer and professional education in matters relevant to ethical practice; Standards of ethical conduct; Notice
 - 9) BPC Sections 2960 – Grounds for action; 2960 (a)-(r) (o); 2960.05 – Limitations period for filing accusation against licensee; 2960.1 – Sexual

contact with patient; Revocation; 2960.2 – Licensee’s physical, emotional and mental condition evaluated; 2960.5 – Mental illness or chemical dependency; 2960.6 – Actions by other states; 2961 – Scope of action; 2962 – Petition for reinstatement or modification of penalty; 2963 – Matters deemed conviction; 2964 – Report of license revocation or restoration; 2964.3 – Persons required to register as sex offender; 2964.5 – Conditions of probation or suspension; 2964.6 – Payment of probationary costs; 2965 – Conduct of proceedings; 2966 – Suspension during incarceration for felony conviction; Determination of substantial relationship of felony to functions of psychologist; Discipline or denial of license; 2969 – Penalties for failure to provide medical records; Failure to comply with court order; Multiple acts

- 10) BPC Sections 2970 – Violation of chapter as misdemeanor; 2971 – Injunctions
- 11) BPC 2985 – Renewal of suspended licenses; Reinstatement of revoked licenses, 2986 – Effect of failure to renew within prescribed time
- 12) BPC Section 2995 – Psychological corporation, 2996 – Violation of unprofessional conduct, 2996.1 – Conduct of practice, 2996.2 – Accrual of income to shareholder while disqualified prohibited, 2997 – Shareholders, directors and officers to be licensees, 2998 – Name, 2999 – Regulation by committee

24. Emergency Preparedness Ad Hoc Committee Report and Consideration of and Possible Action on Committee Recommendations (Cervantes – Chairperson, Rodgers)

- a) Consideration of Statutory Proposal to Address Emergency Waiver Authority
- b) Consideration of Recommendation for Committee Chair and Executive Officer to Contact Business and Professions Committee Staff to Discuss COVID-Related Questions in Sunset Review

25. Election of Officers

26. Recommendations for Agenda Items for Future Board Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised During This Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

ADJOURNMENT

Due to technological limitations, adjournment will not be broadcast. Adjournment will immediately follow closed session, and there will be no other items of business discussed or transacted.

The meeting may be canceled without notice. For verification, please check the Board’s Web site at www.psychology.ca.gov, or call (916) 574-7720. Action may be taken on any item on the agenda. To accommodate speakers, or to maintain a quorum, items

may be taken out of order, tabled or held over to a subsequent meeting, and items scheduled to be heard on Thursday may be held over to Friday, or if scheduled to be heard on Friday may be moved up to Thursday.

In the event a quorum of the Board is unable to attend the meeting, or the Board is unable to maintain a quorum once the meeting is called to order, the president may, at his discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code section 11125(c)].

Meetings of the Board of Psychology are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard, but the President may, at his discretion, apportion available time among those who wish to speak.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Antonette Sorricks, Executive Officer, at (916) 574-7720 or email bopmail@dca.ca.gov or send a written request addressed to 1625 N. Market Boulevard, Suite N-215, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

The Board of Psychology protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

MEMORANDUM

DATE	October 2, 2020
TO	Psychology Board Members
FROM	Antonette Sorrick Executive Officer
SUBJECT	Agenda Item #4 – Coronavirus (COVID-19) Update

Background:

COVID-19 – DCA Activities and Updates

DCA is maintaining ongoing updates pertaining to COVID-19, including the waivers, on its website [here](#).

Waivers:

You can read the full waivers and see a list of current waivers on the [DCA website](#).

Other important information:

- Individuals with a current/active out-of-state license who want to assist with COVID-19 in California should email Emergency Medical Services Authority (EMSA) at: Covid19@emsa.ca.gov
- The Department of Health Care Services issued a bulletin, [Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019 \(COVID-19\)](#), for the attention of all licensed health care workers. DCA healing arts boards are requested to provide this information to all health care licensees.
- On March 31, 2020, the Governor put out a call to action asking those licensed in California to join the fight in battling the COVID-19 pandemic. In addition, he launched the [California Health Corps](#) where individuals can go to sign up to be deployed to assist providing care to those in need. Please encourage those around you to sign up to help!
- Additional COVID-19 Update information can be found on the Board's website at <https://www.psychology.ca.gov/covid/index.shtml>
- Attached is the status update list for current Board of Psychology waivers as of 10/30/20

Action Requested:

No further action is needed.

Attachments:

Waivers as of 10/30/20

Waiver Topic	Code Section(s) Waived	Summary	Submission Date	Approval Status	Submitted By	Waiver Status
Face to Face Supervision	California Code of Regulations Sections 1387(b)(4) and 1391.5(b)	This waiver would allow the Board to relax the requirement of face-to-face supervision to a psychological trainee by allowing the one hour face-to-face, direct, individual supervision to be conducted via HIPAA-compliant means from March 16, 2020, until June 30, 2020, or when the state declaration of emergency is lifted, whichever is sooner. The Board would still require that the trainee indicate the type of supervision on the required weekly log and the primary supervisor should verify this information. This waiver would help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Approved by DCA on 5/6/20. Waiver extended on 7/1/20 to 9/3/20. Waiver extended again on 8/27/20 to 11/3/30. Waiver extended on 10/22/20. This waiver now expires on December 31, 2020.	Board of Psychology	Active
CE Extra Six Months	All DCA Boards	Accordingly, for individuals whose active licenses expire between March 31, 2020, and June 30, 2020, the Director temporarily waives: 1. any statutory or regulatory requirement that individuals renewing a license pursuant to Division 2 of the Code take and pass an examination in order to renew a license; and, 2. any statutory or regulatory requirement that an individual renewing a license pursuant to Division 2 of the Code complete, or demonstrate compliance with, any continuing education requirements in order to renew a license. These temporary waivers do not apply to any continuing education, training, or examination required pursuant to a disciplinary order against a license. Licensees must satisfy any waived renewal requirements within six months of this order, unless further extended.	N/A	Published by DCA on 3/4/20. Waiver extended on 7/1/20 allowing for an additional 6 months from the 7/1/20 waiver. Waiver extended again on 8/27/20. All licensees with an expiration of 3/31/20-10/31/20 have until 2/28/21 to get their 36 hours of CE. Waiver extended again on 10/22/20. All licensees with an expiration of 3/31/20-12/31/20 have until 4/22/21 to get their 36 hours of CE.	DCA	Active
CPLIE for Restoration of License	Business and Professions Code Section 2986 California Code of Regulation Section 1397.67(b)	This waiver would allow the board to restore licenses of psychologists whose California licenses have cancelled without requiring the board's law and ethics examination (CPLIE). This waiver would become effective 3/4/20 until 6/30/20, or when the declaration of emergency is lifted. This would be consistent with the DCA Waiver DCA-20-02 Reinstatement of Licensure. This waiver would help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Referred to the Board for Delegation. Approved by Board on 4/17/20	Board of Psychology	Active
SPE Time Limitation	California Code of Regulations Section 1387(a)	The regulation allows a psychological trainee to request that the Board extend the time limitations of 30/60 consecutive months to accrue their pre-doctoral and post-doctoral hours of supervised professional experience (respectively) required for licensure. The waiver requested would be to allow applicants who reach the 30/60 month limitations between 3/4/20 and 6/30/20 up to an additional 6 months, or when the declaration of emergency is lifted, whichever is sooner, to accrue their hours. This waiver would help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Referred to the Board for Delegation. Approved by Board on 4/17/20	Board of Psychology	Active
Psych Asst 72 month Limit	California Code of Regulations Section 1391.1(b)	This waiver would allow a psychological assistant to continue their registration, beyond the 72 months limit upon request, and to provide services to clients for up to six months from the expiration date, or when the state of emergency ceases to exist, whichever is sooner. A psychological assistant who has reached the registration limit between 3/4/2020 and 6/30/2020 will qualify for the waiver and can request for such waiver during the state of emergency. This will help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Referred to the Board for Delegation. Approved by Board on 4/17/20	Board of Psychology	Active
Reinstatement of Inactive or Canceled License	All DCA Boards	Accordingly, the Director temporarily waives any statutory or regulatory requirement that an individual seeking to reactivate or restore a license originally issued pursuant to Division 2 of the Code: * Complete, or demonstrate compliance with, any continuing education requirements in order to reactivate or restore a retired, inactive, or canceled license; and * Pay any fees in order to reactivate or restore a retired, inactive, or canceled license (including renewal, delinquency, penalty, or late fees, or any other statutory or regulatory fees). These waivers apply only to an individual's license that: (1) is in a retired, inactive, or canceled status, and (2) has been in such status no longer than five years. These waivers do not apply to any license that was surrendered or revoked pursuant to disciplinary proceedings or any individual who entered a retired, inactive, or canceled status following initiation of a disciplinary proceeding. A license reactivated or restored pursuant to these waivers is valid for a maximum of six months, or when the State of Emergency ceases to exist, whichever is sooner.	N/A	Published by DCA on 3/31/20	DCA	Waiver effective through January 1, 2021 or until the completion of the Declaration of emergency which ever is sooner, for all who are granted the waiver.
Waive Live CE Course Requirement	California Code of Regulations Section 1397.60(e)	This waiver would allow a psychologist to complete all of their required continuing education hours online and waive the in-person requirement. Currently the regulation requires 9 hours of the required 36 hours be taken in-person. Given the lack of availability of conferences where most licensees accrue their live hours, the Board would like to waive this requirement. This waiver is requested to run concurrently with DCA Waiver DCA-20-01 Continuing Education.	Submitted to Director Kirchmeyer on 4/9/2020	Denied on 4/16/20	Board of Psychology	N/A
Fingerprints and Exams for Applicants of BBS and Board of Psychology	Business and Professions Code section 144 & 2941		Unknown	Denied on 5/20/20	California Council of Community Behavioral Health Agencies	N/A
Temporary Practice	Business and Professions Code section 2912	BPC §2912 - This waiver request would extend this section of law from 30 days to a temporary 6 months. Additionally, this waiver request would extend this section to an out of state trainee and supervisor that is not in a training program or school to still be able to provide services to a CA resident.	5/12/2020	Denied on 6/11/20	DCA	N/A
SPE All Trainees	California Code of Regulations Section 1387(a)	For trainees who were accruing supervised professional experience hours at any point during the declared emergency, the Board grants six additional months to accrue their pre-doctoral and/or post-doctoral hours of supervised professional experience (respectively) required for licensure.	Submitted to Director Kirchmeyer on 4/22/20	Denied on 7/17/20	Board of Psychology	N/A
Psych Asst Extend Time for All	California Code of Regulations Section 1391.1(b)	For psychological assistants who were registered at any time during the declared emergency, the Board allows for the registration to be effective an additional six months.	Submitted to Director Kirchmeyer on 4/22/20	Denied on 7/17/20	Board of Psychology	N/A
Waive Discipline solely for practicing out of state	Cal. Bus. & Prof. Code §§ 2052, 2290.5, and 2305; and 16 CCR 1815.5	A waiver, or at least formal guidance, issued by DCA, providing clarity to providers employed by colleges and universities located in California that neither DCA nor any individual health professions board will initiate or pursue disciplinary action based solely on interstate practice during the pandemic related to the care of a currently enrolled student. Any guidance could be clear that California of course can make no promises regarding the actions of other state boards; and that disciplinary action may be imposed for conduct that is otherwise inconsistent with the applicable standard of care, individual board regulations, or professional standards of ethical conduct.	Submitted to Director Kirchmeyer on 6/16/20	Denied on 7/9/20	University of California	N/A
Withdraw Application	California Code of Regulations Section 1381.4	This waiver extends the eligibility period for candidates to take or re-take an examination from 12 to 18 months prior to their application is deemed withdrawn by the Board due to failing to appear for, take, or re-take the examination. This waiver applies to psychologist applicants whose applications are deemed to be withdrawn between March 31, 2020 and November 30, 2020, but does not retroactively apply to withdrawn applications within the said period where applicants have already reapplied.	Submitted to Director Kirchmeyer on 4/10/2020	Approved by DCA on 9/30/2020.	Board of Psychology	Active
Fingerprint Inactive/Canceled	Business and Professions Code Section 144(b)(20) Business and Professions Code Section 2986 California Code of Regulations Section 1397.67(b)	This waiver would allow the board to restore licenses of psychologists whose California licenses have canceled without requiring submission of fingerprints for a period of six months, or until the declaration of emergency is lifted, whichever is sooner. This would be consistent with the DCA waiver DCA-20-02 Reinstatement of Licensure. This waiver would help with the workforce surge by increasing the licensed population.	Submitted to Director Kirchmeyer on 4/10/2020	Withdrawn due to duplicative nature with existing global waiver. On COVID-19 Info Page on Board Website.	Board of Psychology	N/A
180 Day Limitation for Out of State Applicants	Business and Professions Code section 2946	For individuals who have applied to the Board for a license and are unable to take the examination or complete the pre-licensure coursework during the emergency, the Board grants six additional months to perform activities and services of a psychological nature.	Submitted to Director Kirchmeyer on 4/22/20		Board of Psychology	N/A


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2020 Board Meeting/Event Calendar

Board Meeting

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	Rescheduled to February 27-28, 2020	Sacramento, CA	Agenda Materials	Minutes	Feb 27 Webcast Feb 28 Webcast (Part 1) Feb 28 Webcast (Part 2)
Board Meeting	April 17, 2020	Teleconference	Agenda Materials	Minutes	
Board Meeting	Rescheduled to July 9-10, 2020	Teleconference	Agenda Materials		July 9 Webcast (Part 1) July 9 Webcast (Part 2) July 10 Webcast
Board Meeting	November 19-20, 2020	Teleconference	Agenda		
Board Meeting	February 18-19, 2021	Webex			
Board Meeting	May 21, 2021	Webex			
Board Meeting	August 27, 2021	Webex			
Board Meeting	November 18-19, 2021	Sacramento			

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	June 12, 2020	Teleconference	Agenda		Webcast Audio
Legislative and Regulatory Affairs Committee	March 26, 2021	Webex			
Legislative and Regulatory Affairs Committee	June 11, 2021	Webex			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	February 27, 2020	Sacramento, CA	Agenda		
Licensure Committee Meeting	May 15, 2020	Teleconference	Agenda Materials		
Licensure Committee Meeting	January 7, 2021	Webex			
Licensure Committee Meeting	July 16, 2021	Webex			

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 25, 2020	Teleconference	Agenda Materials		Webex
Outreach and Communications Committee Meeting	September 23, 2021	Webex			

Outside Board Events

Event	Date	Location	Agenda/Materials	Minutes	Webcast
CPA Convention	Cancelled	Newport Beach, CA			
ASPPB Mid-Year Meeting	Cancelled	Montreal, Quebec			
APA Convention	August 6-9, 2020	Virtual Convention			
ASPPB Annual Meeting	October 14-18, 2020	New York, NY			

[Previous Years Board Meeting/Event Calendars](#)

Board of Psychology Committee Assignments 2020

Committee	Chairperson	Members
Standing Committees		
Licensure Committee	Mary Harb Sheets, PhD	Seyron Foo Lea Tate, PsyD
Outreach and Communications Committee	Lea Tate, PsyD	Shacunda Rodgers, PhD
Legislative and Regulatory Affairs Committee	Seyron Foo	Sheryll Casuga, PsyD, Stephen Phillips, JD/PsyD
Ad hoc Committees		
Emergency Preparedness Committee	Marisela Cervantes	Shacunda Rodgers, PhD
Enforcement Committee	Stephen Phillips, JD, PsyD	Marisela Cervantes
Sunset Review Committee	Stephen Phillips, JD/PsyD	Seyron Foo
Telepsychology Committee	Stephen Phillips, JD/PsyD	Michael Erickson, PhD

MEMORANDUM

DATE	October 30, 2020
TO	Board of Psychology
FROM	Evan Gage Special Projects Analyst
SUBJECT	Agenda Item # 6 – Discussion and Possible Approval of the Board Meeting Minutes: July 9-10, 2020

Background:

Attached are the draft minutes of the July 9-10, 2020 Board Meeting.

Action Requested:

Review and approve the minutes of the July 9-10, 2020 Board Meeting.

BOARD MEETING TELECONFERENCE

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NOTE: Pursuant to the provisions of Governor Gavin Newsom’s Executive Order N-29-20, dated March 17, 2020, neither Board member locations nor a public meeting location were provided.

Thursday, July 9, 2020

Members Present

- Seyron Foo, President
- Mary Harb Sheets, PhD, Vice-President
- Sheryll Casuga, PsyD
- Marisela Cervantes
- Stephen Phillips, JD, PsyD
- Lea Tate, PsyD

Members Absent

- Alita Bernal
- Shacunda Rodgers, PhD

Legal Counsel

- Norine Marks

Others Present

- Antonette Sorrick, Executive Officer
- Jeffrey Thomas, Assistant Executive Officer
- Stephanie Cheung, Licensing Program Manager
- Sandra Monterrubio, Enforcement Program Manager
- Evan Gage, Special Projects Analyst

Thursday, July 9, 2020

Agenda Item #1: Call to Order/Roll Call/Establishment of a Quorum

Seyron Foo, Board President, called the open session meeting to order at 10:03 a.m. A quorum was present and due notice had been sent to all interested parties.

Agenda Item #2: President’s Welcome

Mr. Foo acknowledged the reappointments of Drs. Phillips and Harb Sheets to the Board in June 2020. Dr. Phillips commented on Mr. Foo’s reappointment as well.

No public comment offered.

44 **Agenda Item #3: Public Comment for Items Not on the Agenda. Note: The Board**
45 **May Not Discuss or Take Action on Any Matter Raised during this Public**
46 **Comment Section, Except to Decide Whether to Place the Matter on the Agenda**
47 **of a Future Meeting [Government Code sections 11125 and 11125.7(a)].**

48

49 Mr. Foo called for public comment.

50

51 Public comment included requests that the Board discuss PSYPACT at a future
52 meeting, as well as rules regarding training hours obtained outside the country.
53 No further public or Board comment offered.

54

55 **Agenda Item #4: Coronavirus (COVID-19) Update Including but not Limited to**
56 **Updates on Waivers**

57

58 Ms. Sorrick provided this update.

59

60 At the April meeting, the Board approved two waivers to extend the time for PSBs who
61 were running out of time to accrue SPE in certain training areas. The face-to-face
62 requirement waiver has been extended to September 3, 2020 to allow for
63 telesupervision. There have been no changes to the examination requirement due to
64 the pandemic.

65

66 Mr. Foo called for Board comment.

67

68 Ms. Sorrick explained the waiver process in response to a Board question.

69

70 Mr. Foo called for public comment.

71

72 Public comments questioned the authority of the Board and of DCA to authorize
73 waivers. Ms. Marks replied that the Board could act on its own authority where allowed
74 by regulation.

75

76 Board discussion ensued regarding how to address specific situations such as
77 extension requests, that may arise that would have to wait until Licensure Committee
78 convened again.

79

80 Ms. Sorrick confirmed that Licensure Committee could convene sooner if there were
81 significant numbers of people needing special consideration, but Ms. Cheung
82 commented that the actual number of people that do not fall under the discussed waiver
83 was very limited.

84

85 Mr. Foo invited further public comment.

86

87 Public comment referred to the potential lack of testing availability during the pandemic
88 and whether there were enough slots available to accommodate all candidates.

89
90 Ms. Cheung commented that a few exam candidates were having trouble accessing
91 testing and that these instances were dealt with as they arose.

92
93 Mr. Foo requested that Ms. Sorrick research whether vendors were already at capacity.

94
95 No further Board or public comment.

96
97 **Agenda Item #5: President's Report**

98
99 Mr. Foo commented that in-person meeting dates are hopeful at this point, but that
100 WebEx may be the norm for the near future as the pandemic continues. Mr. Foo
101 indicated that there have been no Committee changes.

102
103 Dr. Harb Sheets commented that the ASPPB convention will be virtual.

104
105 Staff was directed to update these dates and details on the website.

106
107 No public comment offered and no further Board discussion.

108
109 **Agenda Item #6: Discussion and Possible Approval of the Board Meeting**
110 **Minutes: April 17, 2020**

111
112 It was M(Tate)/S(Casuga)/C to approve the minutes as presented.

113
114 No public or Board comment were given.

115
116 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

117
118 **Agenda Item #7: Budget Report**

119
120 Ms. Sorrick introduced this report and deferred to Paul McDermott of the Budget Office
121 to go into greater detail.

122
123 The fiscal year that ended June 30, 2020 saw the Board coming in just under budget.
124 Mr. McDermott commented that augmentations for expenditures toward Office of
125 Administrative Hearings (OAH) and Office of the Attorney General (OAG) were
126 approved, although Board expenditures to these two entities and to Subject Matter
127 Experts did not slow down.

128
129 No public comment offered.

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Agenda Item #8: Public Comment Request: ASPPB’s Guidelines for the Use of Social Media by Legislative and Regulatory Affairs Committee in Practice and by Psychology Regulatory Bodies

Mr. Thomas provided the update on this item.

In April 2020, ASPPB released their draft guidelines. The Board was asked to provide feedback to these guidelines.

Discussion ensued.

It was (M)Phillips/(S)Casuga/C to delegate staff to work with Dr. Casuga on a letter to ASPPB expressing the Board’s gratitude for creating the guidelines and requesting an acknowledgement to discuss the disparity of equitable access to technology and social media.

Mr. Foo called for public comment.

No further public comment offered and no further Board discussion.

Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

Agenda Item #9: Licensure Committee Report and Consideration of Committee Recommendations

Dr. Harb Sheets provided this report.

a)

PSB# 1

No public comment offered

It was (M)Phillips/(S)Tate/C to approve the Licensure Committee’s recommendation to deny the request for an extension of the 72-month limitation for the psychological assistant registration.

Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

PSB #2

172 It was (M)Foo/(S)Casuga/C to approve the Licensure Committee’s recommendation to
173 grant the 6-month extension request of the 72-month limitation for the psychological
174 assistant registration.

175

176 No public comment offered.

177

178 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

179

180 **PSB #3**

181

182 It was (M)Foo/(S)Casuga/C to approve the Licensure Committee’s recommendation to
183 grant the 18-month extension request of the 72-month limitation for the psychological
184 assistant registration.

185

186 No public comment offered.

187

188 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

189

190 **PSB #4**

191

192 It was (M)Cervantes/(S)Foo/C to approve the Licensure Committee’s recommendation
193 to grant a 6-month, instead of 6-year, extension request of the 72-month limitation for
194 the psychological assistant registration.

195

196 No public comment offered.

197

198 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

199

200 **PSB #5**

201

202 It was (M)Tate/(S)Phillips/C to approve the Licensure Committee’s recommendation to
203 deny the 2-year extension request of the 72-month limitation for the psychological
204 assistant registration.

205

206 No public comment offered.

207

208 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

209

210 **PSB #6**

211

212 It was (M)Phillips/(S)Casuga/C to approve the Licensure Committee’s recommendation
213 to deny the 12-month extension request of the 72-month limitation for the psychological
214 assistant registration.

215

216 No public comment offered.

217

218 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

219

220 **PSB #7**

221

222 It was (M)Tate/(S)Phillips/C to approve the Licensure Committee's recommendation to
223 grant the 18-month extension request of the 72-month limitation for the psychological
224 assistant registration.

225

226 No public comment offered.

227

228 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

229

230 **b)**

231

232 **PSY #1**

233

234 It was (M)Tate/(S)Casuga/C to approve the Licensure Committee's recommendation to
235 grant the 10-month extension request to the 30-consecutive month limitation to accrue
236 post-doctoral SPE.

237

238 No public comment offered.

239

240 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

241

242 **PSY #2**

243

244 It was (M)Cervantes/(S)Phillips/C to approve the Licensure Committee's
245 recommendation to grant the 7-week extension request to the 30-consecutive month
246 limitation to accrue post-doctoral SPE.

247

248 Board discussion ensued about situations where an extension might be requested for a
249 medical reason, whether supporting documentation should be submitted to the full
250 Board.

251

252 Dr. Harb Sheets said that Licensure Committee will develop guidelines to determine
253 what documentation should be shared with the full Board.

254

255 No public comment offered.

256

257 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

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PSY #3

It was (M)Tate/(S)Foo/C to approve the Licensure Committee's recommendation to grant the 17-month extension request to the 30-consecutive month limitation to accrue post-doctoral SPE.

No public comment offered.

Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

c)

PSY #1

It was (M)Foo/(S)Tate/C to approve the Licensure Committee's recommendation to grant the alternate plan for supervised professional experience in non-mental health area.

Dr. Phillips commented that PSY #1 would be doing mostly academic emphasis. Does the Board consider this applicant's alternate plan to be unrelated to mental health?

Discussion ensued.

It was (M)Foo/(S)Tate/C to amend the motion and approve the non-mental health portion of the supervision plan provided.

No public comment offered.

Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

d)

It was (M)Cervantes/(S)Phillips/C to approve the Licensure Committee's recommendation to deny the CE exception request.

No public comment offered.

Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

Agenda Item #10: Review and Consideration of Changes to the Board's Administrative Procedure Manual

301 This item was tabled and will be reintroduced at a future Board meeting.

302

303 **Agenda Item #11: Legislative and Regulatory Affairs Report and Consideration of**
304 **Committee Recommendations**

305

306 **11(a)(1): Pathways to Licensure Statutory Revisions – Amendments to Sections**
307 **27, 2909, 2909.5, 2910, 2911, 2913, 2914, 2915, 2915.5, 2915.7, 2940, 2942, 2943,**
308 **2946, and 2960 of the Business and Professions Code, and Section 1010 of the**
309 **Evidence Code.**

310

311 Pathways is moved to next year.

312

313 **11(a)(2): SB 275 (Pan) Board of Psychology: disciplinary action: sexual contact or**
314 **sexual behavior with a client or former client**

315

316 SB 275 will be pursued next year.

317

318 Mr. Foo suggested it be pulled from future agendas as it is a gut and amend and called
319 for public comment.

320

321 No public comment was offered.

322

323 **11(b)(1)(A): AB 1145 (Garcia) Child abuse: reportable conduct.**

324

325 The Board took a support position. The bill is currently in Senate Public Safety
326 Committee, but the hearing date is postponed.

327

328 **11(b)(1)(B): SB 53 (Wilk) Open meetings.**

329

330 The Board opposes this bill and it is not expected to advance.

331

332 **11(b)(1)(C): SB 66 (Atkins) Medi-Cal: federally qualified health center and rural**
333 **health clinic services.**

334

335 The Board supports this bill; however, the author is not moving forward currently.

336

337 Mr. Foo called for public comment.

338

339 No public comment offered.

340

341 **11(b)(2)(A): AB 1263 (Low) Contracts: consumer services: consumer complaints.**

342

343 Legislative and Regulatory Affairs Committee recommends a support position.
344
345 It was (M)Phillips/(S)Harb Sheets/C to approve the Legislative and Regulatory Affairs
346 Committee's recommendation to adopt a support position on AB 1263.
347
348 No public comment offered.
349
350 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes
351
352 **11(b)(2)(B): AB 2112 (Ramos) Suicide prevention.**
353
354 Legislative and Regulatory Affairs Committee recommends a support position.
355
356 It was (M)Harb Sheets/(S)Tate/C to approve the Legislative and Regulatory Affairs
357 Committee's recommendation to adopt a support position on AB 2112.
358
359 Mr. Foo asked Dr. Winkelman to comment, and she replied that California Psychological
360 Association (CPA) supports the bill as it is currently written. CPA asked for Board
361 support of the bill.
362
363 No further public comments.
364
365 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes
366
367 **11(b)(2)(C): AB 2164 (Rivas, Robert) Telehealth.**
368
369 Legislative and Regulatory Affairs Committee recommends a support position.
370
371 Ms. Sorrick provided this update and asked Dr. Winkelman to comment.
372
373 CPA supports this bill and requests the Board do the same in order to improve access
374 to care.
375
376 It was (M)Casuga/(S)Harb Sheets/C to approve the Legislative and Regulatory Affairs
377 Committee's recommendation to adopt a support position on AB 2164.
378
379 Mr. Foo called for public comment.
380
381 No public comment offered.
382
383 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes
384

385 **11(b)(2)(D): AB 2185 (Patterson) Professions and vocations: applicants licensed**
386 **in other states: reciprocity.**

387
388 Informational item only.

389
390 **11(b)(2)(E): AB 2549 (Salas) Department of Consumer Affairs: temporary licenses.**

391
392 Informational item only.

393
394 **11(b)(2)(F): AB 2630 (Flora) Criminal history information: subsequent arrest**
395 **notification.**

396
397 Legislative and Regulatory Affairs Committee recommends a support position.

398
399 It was (M)Phillips/(S)Harb Sheets/C to approve Legislative and Regulatory Affairs
400 Committee's recommendation to adopt a support position of AB 2630.

401
402 Mr. Foo called for public comment.

403
404 No public comment offered.

405
406 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

407
408 **11(b)(2)(G): AB 2856 (Committee on Business and Professions) Board of**
409 **Psychology.**

410
411 Informational item only.

412
413 **11(b)(2)(H): AB 3045 (Gray) Department of Consumer Affairs: boards: veterans:**
414 **military spouses: licenses.**

415
416 Legislative and Regulatory Affairs Committee recommends an oppose position.

417
418 It was (M)Harb Sheets/(S)Casuga/C to approve Legislative and Regulatory Affairs
419 Committee's recommendation to adopt an oppose position on AB 3045.

420
421 Mr. Foo called for public comment.

422
423 No public comment offered.

424
425 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

426

427 **11(b)(2)(I): SB 1474 (Committee on Business, Professions and Economic**
428 **Development) Professions and Vocations**

429
430 Legislative and Regulatory Affairs Committee recommends a support position.

431
432 It was (M)Phillips/(S)/Casuga/C to approve Legislative and Regulatory Affairs
433 Committee's recommendation to adopt a support position on SB 1474.

434
435 Mr. Foo called for public comment on items 11(b)(2)(D), (E), and (G)

436
437 No public comment offered.

438
439 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

440
441 **11(b)(3): Review of Watch Bills**

442
443 **11(b)(3)(F): AB 2028 (Aguiar-Curry) State agencies: meetings.**

444
445 Ms. Sorrick provided an update on this bill.

446
447 This bill would, except for closed sessions, require that this notice include all writings or
448 materials provided for the noticed meeting to a member of the state body by staff of a
449 state agency, board, or commission, or another member of the state body, that are in
450 connection with a matter subject to discussion or consideration at the meeting. The bill
451 would require these writings and materials to be made available on the internet website,
452 and to people who so request in writing, on the same day as they are provided to
453 members of the state body or at least 48 hours in advance of the meeting, whichever is
454 earlier.

455
456 Previously, materials were required to be made available to the public no later than ten
457 days before a noticed meeting.

458
459 Staff had concerns that this will challenge transparency if they are unable to present
460 last-minute changes and materials. ADA requirements further challenge staff's ability to
461 post materials timely since they don't have control over the website.

462
463 Dr. Phillips agreed that the Board should share our concerns with the author,
464 commenting that materials are sometimes provided at the last minute by a petitioner.

465
466 It was (M)Phillips/(S)Tate to adopt an oppose position on AB 2028.

467
468 No public comment offered.

469

470 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

471

472 **11(b)(3)(J): AB 2253 (Low) Professional licensure.**

473

474 Ms. Sorrick provided the update on this item.

475

476 No Board comment offered.

477

478 Dr. Pacheco spoke to the high number of unlicensed California Department of
479 Corrections and Rehabilitation (CDCR) staff who are terminated because they are
480 unable to accrue hours towards licensure in time to take the examinations.

481

482 Public commenters requested that the Board adopt a support position of this bill to
483 improve continuity of care for patients within CDCR.

484

485 It was (M)Harb Sheets/(S)Cervantes/C to adopt a support position on AB 2253.

486

487 Dr. Phillips asked Ms. Sorrick to comment on the matter.

488

489 Ms. Sorrick replied that the bill had more to do with employment issues in exempt
490 settings and as such was not a Board issue per se. Further, the bill did not provide a
491 clear connection to the Board's vision and mission.

492

493 Board discussion ensued.

494

495 Vote: 4 ayes (Casuga, Cervantes, Foo, Harb Sheets), 2 noes (Phillips, Tate)

496

497 **11(b)(3)(K): AB 2360 (Maienschein) Telehealth: mental health.**

498

499 Ms. Sorrick provided this update.

500

501 Dr. Casuga asked whether staff reached out to the authors to gauge interest in including
502 psychologists. Ms. Sorrick replied that the bill does not include psychologists, but the
503 Board could decide to support if amended to add psychologists into the language.

504

505 Dr. Winkelman asked that staff request that psychologists be added by the authors to
506 this bill.

507

508 Dr. Casuga commented that she would move to support this bill if amended to include
509 psychologists in the bill's language.

510

511 It was (M)Casuga/(S)Harb Sheets/C to adopt a support position on AB 2360.

512

513 Mr. Foo called for public comment.
514
515 No further public comment offered.
516
517 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes
518

519 **11(b)(3)(O): AB 2704 (Ting) Healing arts: licensees: data collection.**

520
521 Mr. Foo provided the update on this bill.
522
523 Board discussion ensued that the bill is a move in the right direction but is limited.
524
525 It was (M)Cervantes/(S)Harb Sheets/C to adopt a support position on this bill.
526

527 Mr. Foo called for public comment.
528
529 No public comment offered.
530

531 Dr. Phillips commented that while providing race information was optional, gender and
532 gender identity would be hard to ask for and might cause discomfort in impacted
533 communities.
534

535 Ms. Sorrick asked for clarification from Ms. Marks regarding concerns about collecting
536 demographic information prior to application for a license, such that demographic
537 information could have the appearance of influencing the Board's licensing decision.
538

539 This motion is held over to Day 2.
540

Friday, July 10, 2020

541

542 **Members Present**

543 Seyron Foo, President
544 Mary Harb Sheets, PhD, Vice-President
545 Sheryll Casuga, PsyD
546 Marisela Cervantes
547 Stephen Phillips, JD, PsyD
548 Lea Tate, PsyD
549

550 **Members Absent**

551 Alita Bernal
552 Shacunda Rodgers, PhD
553

554 **Legal Counsel**

555 Norine Marks

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Others Present

Antonette Sorrick, Executive Officer
Jeffrey Thomas, Assistant Executive Officer
Stephanie Cheung, Licensing Program Manager
Sandra Monterrubio, Enforcement Program Manager
Evan Gage, Special Projects Analyst

Agenda Item #17: Call to Order/Roll Call/Establishment of a Quorum

Seyron Foo, Board President, called the open session meeting to order at 10:05 a.m. A quorum was present and due notice had been sent to all interested parties.

Agenda Item #18: Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].

No public comment offered.

Agenda Item #11(b)(3)(O): AB 2704 (Ting) Healing Arts: licensees: data collection

This item was carried over from Day 1.

Mr. Foo called for Board comment.

Board discussion ensued regarding the safety of licensees who identify themselves in non-binary terms, since compilation of such information could lead to them being subjected to abuse, although such identifying markers are separated from the individual.

Ms. Cervantes commented that the intent of the bill is to report demographic data in the aggregate to anticipate workforce needs.

Dr. Phillips commented that he suggests requesting additional data be collected to make the information more comprehensive and useful to that purpose.

Mr. Foo suggested not changing the Board’s position to support if amended, but instead could support while expressing concerns in the support letter.

Dr. Phillips would like ‘disability’ or ‘different’ ability added, also age. He suggested the author could include a variety of aspects of data, a list of ‘including, but not limited to.’

Ms. Marks commented that the bill says the data may be collected at the time of application but may be collected at the time of licensure to facilitate removing identifying

600 markers at the time of collection. As to other data points, regulations could be
601 promulgated to collect additional data points, since the bill points to a minimum amount
602 of data collection.

603

604 Dr. Phillips commented that if the bill allowed including more data points than is
605 provided for in the list, then a simple support position would be enough.

606

607 Mr. Foo called for public comment.

608

609 No public comment offered.

610

611 Mr. Foo called for staff comment.

612

613 Ms. Sorrick commented that she and Ms. Cervantes had a discussion with Office of
614 Statewide Health Planning and Development (OSHDP). OSHDP currently collects
615 certain data points, but the Board was not on the list that provides the volunteer data to
616 the workforce study. This bill would give the Board the ability to participate in that
617 program so that OSHDP could then, if they do share that data, even in the aggregate,
618 be able to share that data with the Board if this bill passes.

619

620 It was (M)Cervantes/(S)Harb Sheets/C to adopt a support position on this bill, conveying
621 to the author several other different information pieces that should be included.

622

623 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

624

625 **11(b)(3)(P): SB 806 (Grove) Worker status: employees: independent contractors.**

626

627 Ms. Sorrick provided the update on this bill, which removes several exemptions from
628 current law.

629

630 Dr. Harb Sheets commented that this bill would provide a more liberal test to see who
631 was and independent contractor instead of employee. Those categories exempted
632 under AB 5 would no longer be relevant, having been superseded by SB 806.

633

634 Ms. Sorrick replied that staff has been watching this bill. This is a direct employment
635 issue and staff wanted to watch where this bill went.

636

637 Mr. Foo called for public comment.

638

639 Dr. Winkelman commented that psychologists are already exempt from the current
640 version of the law, and that this bill would not change that. CPA does not have a
641 position on the bill.

642

643 Dr. Harb Sheets commented that any previous exemptions could disappear in favor of a
644 more liberal list of exemptions, and that this could hurt access to care for consumers.

645
646 Dr. Winkelman commented that CPA has been watching this bill and echoes Dr. Harb
647 Sheets' concerns.

648
649 Mr. Foo stated that this bill will remain a Watch item until November.

650
651 Mr. Foo called for public comment.

652
653 No public comment offered.

654
655 **Agenda Item #12: Legislative Items for Future Meeting. The Board May Discuss**
656 **Other Items of Legislation in Sufficient Detail to Determine Whether Such Items**
657 **Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special**
658 **Meeting of the Board to Discuss Such Items Pursuant to Government Code**
659 **Section 11125.4.**

660
661 Dr. Casuga suggested tracking SB 855 (Wiener) and possibly supporting it.

662
663 No further Board suggestions.

664
665 Mr. Foo suggested adding it to the Watch list and that staff can advise whether it should
666 go on the agenda for Legislative and Regulatory Affairs Committee before year end.

667
668 Mr. Foo called for public comment.

669
670 No public comment offered.

671
672 **Agenda Item #13: Enforcement Report**

673
674 Ms. Monterrubio provided the report on this item.

675
676 Dr. Casuga asked whether the complaints received were unique or pertaining in some
677 instances to a single Subject more than once.

678
679 Ms. Monterrubio replied that there were multiple complaints against the same Subject(s)
680 by multiple Complainants.

681
682 Dr. Harb Sheets asked whether it would be possible to sort out the multiple complaints
683 against the same licensee.

684

685 Ms. Monterrubio replied that she could have those statistics available for the November
686 2020 Board meeting.

687
688 Mr. Foo called for public comment.

689
690 Public comment ensued regarding what the average time for complaints to go through
691 and whether the Board was behind in this regard.

692
693 Ms. Monterrubio replied that timeframes have not improved, and that cases can take a
694 significant amount of time. She reminded the public that staff open all complaints within
695 ten days, and work with OAH, OAG, and Division of Investigation.

696
697 Mr. Foo invited Deputy Attorney General Josh Templet to comment on Ms.
698 Monterrubio's remarks.

699
700 Mr. Templet confirmed that OAG has emergency tools, such as interim license
701 suspension, which can be used within tight timelines.

702
703 No further public offered and no further Board questions.

704
705 **Agenda Item #14: Licensing Report**

706
707 Ms. Cheung provided this update.

708
709 Mr. Foo asked for Board questions.

710
711 No Board questions offered.

712
713 Mr. Foo called for public comment.

714
715 No public comment offered.

716
717 **Agenda Item #15: Continuing Education and Renewals Report**

718
719 Mr. Thomas provided this report.

720
721 Mr. Foo asked for Board questions.

722
723 No Board questions offered.

724
725 Mr. Foo called for public comment.

726
727 No public comment offered.

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770

Agenda Item #16: Regulatory Update, Review, and Consideration of Additional Changes

Ms. Sorrick provided this update.

Mr. Foo called for Board comments.

No Board comments.

Mr. Foo called for public comment.

No public comment offered.

CLOSED SESSION

Agenda Item #22: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulations, Petitions for Reconsideration, and Remands.

OPEN SESSION

Agenda Item #19: Enforcement Committee Report

a) Child Custody Stakeholder Meeting-Implementation Plan Update

Dr. Phillips provided this update and called for public comment.

No public comment offered.

b) Proposed Amendments to 16 CCR Sections 1394 – Substantial Relationship Criteria; 1395 – Rehabilitation Criteria for Denials and Reinstatements; 1395.1 – Rehabilitation Criteria for Suspensions or Revocations; 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees

Ms. Monterrubio provided the update on this item and asked for approval of highlighted areas:

II. DISCIPLINARY GUIDELINES

A. GENERAL CONSIDERATIONS

Lines 211-298:

771
772 ~~Factors to be considered~~— In determining whether revocation, suspension, or probation
773 is to be imposed in a given case, ~~factors such as the following should be considered~~the
774 Board must consider the following:

775
776 **Substantial Relationship Criteria** set forth in 16 CCR section 1394:

- 777
778 1. ~~Nature and severity of the act(s), offense(s), or crime(s) under consideration.~~
779 2. ~~Actual or potential harm to any consumer, client, or the public.~~
780 3. ~~Prior record of discipline or citations.~~
781 4. ~~Number and/or variety of current violations.~~
782 5. ~~Mitigation and aggravation evidence.~~
783 6. ~~Rehabilitation evidence.~~
784 7. ~~In the case of a criminal conviction, compliance with terms of sentence and/or~~
785 ~~court-ordered probation.~~
786 8. ~~Overall criminal record.~~
787 9. ~~Time passed since the act(s) or offense(s) occurred.~~
788 10. ~~Whether or not the respondent cooperated with the Board's investigation, other~~
789 ~~law enforcement or regulatory agencies, and/or the injured parties.~~
790 11. ~~Recognition by respondent of his or her wrongdoing and demonstration of~~
791 ~~corrective action to prevent recurrence.~~

792
793 (a) For the purposes of denial, suspension, or revocation of a license or registration
794 pursuant to section 141, or Division 1.5 (commencing with section 475) of the Code, or
795 sections 2960 or 2960.6 of the Code, a crime, professional misconduct, or act shall be
796 considered to be substantially related to the qualifications, functions or duties of a
797 person holding a license or registration under the Psychology Licensing Law (Chapter
798 6.6 of Division 2 of the Code), if to a substantial degree it evidences present or potential
799 unfitness of a person holding a license or registration to perform the functions
800 authorized by the license or registration, or in a manner consistent with the public
801 health, safety, or welfare.

802
803 (b) In making the substantial relationship determination required under subdivision (a)
804 for a crime, the board shall consider the following criteria:

- 805 (1) The nature and gravity of the offense;
806 (2) The number of years elapsed since the date of the offense; and
807 (3) The nature and duties of the profession in which the applicant seeks licensure or in
808 which the licensee is licensed.

809
810 (c) For purposes of subdivision (a), substantially related crimes, professional
811 misconduct, or acts shall include, but are not limited to, the following:

- 812 (1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
813 violation of or conspiring to violate any provision or term of the Psychology Licensing
814 Law.
815 (2) Conviction or act involving fiscal dishonesty.
816 (3) Conviction or act involving child abuse.

817 (4) A conviction requiring a person to register as a sex offender pursuant to section 290
818 of the Penal Code.

819 (5) Conviction or act involving lewd conduct or sexual impropriety.

820 (6) Conviction or act involving assault, battery, or other violence.

821 (7) Conviction or act involving the use of drugs or alcohol to an extent or in a manner
822 dangerous to the individual or the public.

823 (8) Conviction or act involving harassment, trespass, or stalking.

824

825 **Rehabilitation Criteria for Suspensions or Revocations as set forth in 16 CCR**
826 **section 1395.1:**

827

828 When considering the suspension or revocation of a license or registration of a person
829 holding a license or registration under the Psychology Licensing Law (chapter 6.6 of
830 division 2 of the Code), the Board will evaluate whether the licensee or registrant has
831 made a showing of rehabilitation and is presently fit for a license or registration.

832 (a) Where the basis for discipline is the conviction of a crime, the Board shall consider
833 whether the licensee or registrant has made a showing of rehabilitation if the person
834 completed the criminal sentence without a violation of parole or probation. In making
835 this determination, the Board shall use the following criteria in (1) through (5), as
836 available. If there is a violation of parole or probation or no showing of rehabilitation
837 based on these criteria, the Board shall evaluate rehabilitation under subdivision (b).

838 (1) Nature and gravity of the crime(s).

839 (2) The reason for granting and the length(s) of the applicable parole or probation
840 period(s).

841 (3) The extent to which the applicable parole or probation period was shortened or
842 lengthened, and the reason(s) the period was modified.

843 (4) The terms or conditions of parole or probation and the extent to which they bear on
844 the licensee's or registrant's rehabilitation.

845 (5) The extent to which the terms or conditions of parole or probation were modified,
846 and the reason(s) for modification.

847

848 (b) Where the basis for discipline is not based on a conviction, or was based upon
849 professional misconduct, or unprofessional conduct under 2960 or 2960.6, or the Board
850 determines that the licensee or registrant did not make a showing of rehabilitation based
851 on subdivision (a), the Board shall apply the following criteria in evaluating the
852 licensee's or registrant's rehabilitation:

853 (1) Total criminal record and/or record of discipline or other enforcement action,
854 including the nature and gravity of the acts underlying the discipline or enforcement
855 action.

856 (2) The time that has elapsed since commission of the act(s) or crime(s).

857 (3) Whether the licensee or registrant has complied with any terms of parole, probation,
858 restitution or any other sanctions lawfully imposed against such person.

859 (4) If applicable, evidence of dismissal proceedings pursuant to section 1203.4 of the
860 Penal Code.

861 (5) The criteria in subdivision (a)(1)-(5), as applicable.

862 (6) Evidence, if any, of rehabilitation submitted by the licensee or registrant
863 demonstrating that he or she has a mature, measured appreciation of the gravity of the
864 misconduct, and remorse for the harm caused, and showing a demonstrated course of
865 conduct by the licensee or registrant that convinces and assures the Board that the
866 public will be safe if the person is permitted to remain licensed or registered to practice
867 psychology.

868

869 Term 11, Lines 1115-1119:

870

871 • **LICENSED SUPERVISION DURING PRACTICE**

872

873 A board may reduce testing frequency to a minimum of 24 times per year
874 for any person who is a practicing licensee if the licensee receives a
875 minimum of 50% supervision per day by a supervisor licensed by the
876 board.

877

878 **V. REHABILITATION CRITERIA FOR REINSTATEMENT/PENALTY DISCIPLINE**
879 **RELIEF HEARINGS**

880

881 **Lines 1610-1659:**

882

883 The Board will consider, pursuant to 16 CCR §section 1395, the following criteria of
884 rehabilitation for Denials and Reinstatements:

885

886 (1) The nature and severity of the act(s) or crime(s) under consideration as grounds
887 for denial.

888 (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under
889 consideration as grounds for denial which also could be considered as grounds
890 for denial under section 480 of the Code.

891 (3) The time that has elapsed since commission of the act(s) of crime(s) referred to
892 in subdivision (1) or (2).

893 (4) The extent to which the applicant has complied with any terms of parole,
894 probation, restitution, or any other sanctions lawfully imposed against the
895 applicant.

896 (5) Evidence, if any, of rehabilitation submitted by the applicant.

897

898 When considering the denial of a license or registration under sections 141, 480, 2960,
899 or 2960.6 of the Code, or a petition for reinstatement or modification of penalty under
900 section 2962 of the Code, the Board will evaluate whether the applicant or petitioner has
901 made a showing of rehabilitation and has established present fitness for a license or
902 registration.

903 (a) Where the denial is, or the surrender or revocation was, in part on the ground(s) that
904 the applicant or petitioner has been convicted of a crime, the Board shall consider
905 whether the applicant or petitioner made a showing of rehabilitation if the person
906 completed the criminal sentence without a violation of parole or probation. In making
907 this determination, the Board shall use the following criteria in (1) through (5), as

908 available. If there is a violation of parole or probation, or no showing of rehabilitation
909 based on these criteria, the Board shall evaluate rehabilitation under subdivision (b).
910 (1) The nature and gravity of the crime(s).
911 (2) The reason for granting and the length(s) of the applicable parole or probation
912 period(s).
913 (3) The extent to which the applicable parole or probation period was shortened or
914 lengthened, and the reason(s) the period was modified.
915 (4) The terms or conditions of parole or probation and the extent to which they bear on
916 the applicant's or petitioner's rehabilitation.
917 (5) The extent to which the terms or conditions of parole or probation were modified,
918 and the reason(s) for modification.

919
920 (b) Where the denial is not or the surrender or revocation was not based on a
921 conviction, or was based upon professional misconduct, or unprofessional conduct
922 under 2960 or 2960.6, or the Board determines that the applicant or petitioner did not
923 make a showing of rehabilitation based on subdivision (a), the Board shall apply the
924 following criteria in evaluating an applicant's or petitioner's rehabilitation:

925 (1) Evidence of any act(s) committed subsequent to the act(s) or crime(s) that are
926 grounds for denial, or that were grounds for surrender or revocation, which also could
927 be considered as grounds for denial under sections 141, 480, 2960, or 2960.6 of the

928
929
930 parole, probation, restitution, or any other sanctions lawfully imposed against the
931 applicant or petitioner.

932 (3) The criteria in subdivision (a)(1)-(5), as applicable.

933 (4) Evidence, if any, of rehabilitation submitted by the applicant or petitioner
934 demonstrating that he or she has a mature, measured appreciation of the gravity of the
935 misconduct, and remorse for the harm caused, and showing a course of conduct that
936 convinces and assures the Board that the public will be safe if the person is permitted to
937 be licensed or registered to practice psychology.

938 939 **DRUG TESTING STANDARDS [Uniform Standard # 9]:**

940
941 Lines 1974-1975:

942
943 6. Prior to vacation or absence, any alternative to the licensee's alcohol or drug
944 testing location(s) requirements (including frequency) must be approved by the
945 Board.

946
947 It was (M)Foo/(S)Tate/C to amend the CCR sections and Uniform Standards language
948 as highlighted in the Enforcement Committee Report materials.

949
950 Dr. Phillips called for public comment.

951
952 No public comment offered and no further Board discussion.

953

954 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

955

956 **c) Review and Consideration of the Goal and Name of the Enforcement**
957 **Committee**

958

959 Dr. Phillips provided the update on this item and drew attention to new underscored
960 language in materials.

961

962 It was (M)Harb Sheets/(S)Casuga/C to adopt the change requested by Enforcement
963 Committee to add new language to their Goal to read as follows:

964

965 “The goal of this Committee is to protect the health and safety of consumers of
966 psychological services through the active enforcement of the statutes and regulations
967 governing the safe practice of psychology in California. The Committee reviews the
968 Board’s Disciplinary Guidelines and enforcement statutes and regulations and submits
969 recommended amendments to the full Board for consideration. This Committee also
970 provides feedback for the Expert Reviewer Program.”

971

972 Dr. Phillips called for Board discussion.

973

974 No further Board discussion.

975

976 Dr. Phillips called for public comment.

977

978 No public comment offered.

979

980 Vote: 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Tate), 0 noes

981

982 **d) Statutory and Regulatory Update, Review, and Consideration of Additional**
983 **Changes**

984

985 Dr. Phillips provided the update on this item and called for Board discussion.

986

987 No Board discussion offered.

988

989 Dr. Phillips called for public comment.

990

991 Public commenters shared concerns that several of the metrics included in this report
992 show a lack of transparency and a failure to act, and that the actions of the Enforcement
993 Stakeholder Meeting are not reflected in the Board’s disciplinary actions.

994

995 No further public comment offered.

996

997 **Agenda Item #20: Update on Telehealth Guidance**

998

999 Ms. Sorrick provided this update.

1000

1001 This item is informational only and follows up on the April meeting.

1002

1003 Mr. Foo asked Ms. Sorrick to send Dr. Rodgers all this information and maybe carry this
1004 item over to the November meeting.

1005

1006 Mr. Foo called for Board discussion.

1007

1008 No Board discussion.

1009

1010 Mr. Foo called for public comment.

1011

1012 No public comment offered.

1013

1014 **Agenda Item #19(a)(1): Enforcement Committee Report: Child Custody**
1015 **Stakeholder – Implementation Plan Update: Statutory Discussion Regarding**
1016 **Proposed Exception to Psychotherapist-Patient Privilege for Board Investigations**

1017

1018 Mr. Foo asked Ms. Monterrubio to recap 19(a)(1) for the benefit of those members of
1019 the public who missed it.

1020

1021 Ms. Monterrubio state that Items 1-4 were implemented. Item 5 will be discussed at the
1022 September Enforcement Committee. No action is required.

1023

1024 Mr. Foo called for public comment on 19(a)(1).

1025

1026 Public comment ensued regarding the distinction being made between parental
1027 alienation and parental alienation syndrome and that a future Stakeholder Meeting
1028 might be the proper forum for continuing that discussion.

1029

1030 No further public comment offered.

1031

1032 Dr. Phillips commented that the primary focus of the Enforcement Committee is
1033 parental alienation 'syndrome.' The intent in adding this word was to provide clarity and
1034 the answer open-ended for the Board to be better able to solicit more information
1035 regarding potential experts' attitudes. Nothing binding is decided in Enforcement
1036 Committee – it all comes back to the full Board in an open meeting for action.

1037

1038 **Agenda Item #21: Recommendations for Agenda Items for Future Board**
1039 **Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised**

1040 **During This Public Comment Section, Except to Decide Whether to Place the**
1041 **Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and**
1042 **11125.7(a)].**

1043
1044 No Board recommendations made for future agenda items.

1045
1046 **ADJOURNMENT**

1047
1048 The meeting adjourned at 2:32 p.m.

DRAFT

MEMORANDUM

DATE	October 2, 2020
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Strategic Plan Action Plan Update: Agenda Item 7(a)

Background:

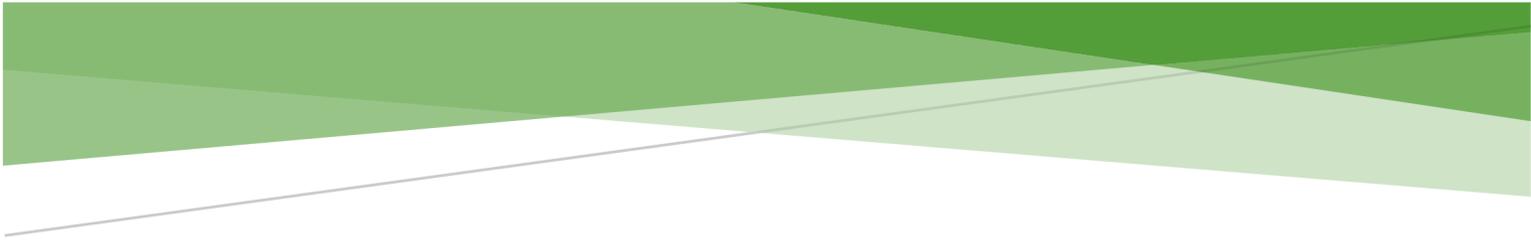
The Board convened for Strategic Planning on December 3-4, 2018. The Board ratified the 2019-2023 Strategic Plan (Plan) at the February 2019 Board Meeting.

Attachment:

Strategic Plan Action Plan

Action Requested:

No action required.



BOARD OF PSYCHOLOGY

Action Plan 2019-2023



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Board of Psychology of California Members

Stephen Phillips, JD, PsyD (President)

Seyron Foo, Public Member (Vice President)

Lucille Acquaye-Baddoo, Public Member

Alita Bernal, Public Member

Sheryll Casuga, PsyD

Jacqueline Horn, PhD

Nicole Jones

Mary Harb Sheets, PhD

Lea Tate, PsyD

Gavin Newsom, Governor

Alexis Podesta, Secretary, Business, Consumer Services, and Housing Agency

Chris Shultz, Chief Deputy Director, Department of Consumer Affairs

Antonette Sorrick, Executive Officer

Jeffrey Thomas, Assistant Executive Officer

About the Board

The California Board of Psychology dates back to 1958 when the first psychologists were certified in the state. The Board of Psychology is one of 30 regulatory entities which fall under the organizational structure of the Department of Consumer Affairs. Historically, the Board has been closely affiliated with the Medical Board of California.

The Board consists of nine members (five licensed psychologists and four public members) who are appointed to the Board for four-year terms. Each member may serve a maximum of two terms. The five licensed members and two public members are appointed by the Governor. One public member is appointed by the Senate Rules Committee, and one public member is appointed by the Speaker of the Assembly. Public members cannot be licensed by the Board of Psychology or by any other Department of Consumer Affairs healing arts board.

The Board's executive officer is appointed by the Board to ensure that the Board functions efficiently and serves solely in the interests of the consumers of psychological services in the State of California.

The Board of Psychology is funded totally through license, application, and examination fees. The Board receives absolutely no tax money from the general Revenue Fund of the State of California.

The Board of Psychology exists solely to serve the public by:

- Protecting the health, safety, and welfare of consumers of psychological services with integrity honesty, and efficiency;
- Advocating the highest principles of professional psychological practice;
- Empowering the consumer through education on licensee/registrant disciplinary actions and through providing the best available information on current trends in psychological service options.

Who Does the Board Regulate?

- Licensed psychologists may practice independently in any private or public setting.
- Psychological assistants must possess a qualifying master's degree and are registered to a licensed psychologist or to a board-certified psychiatrist as employees who may provide limited psychological services to the public under the direct supervision of the psychologist or psychiatrist to whom they are registered.
- Registered psychologists must possess a doctoral degree which meets licensure requirements and possess at least 1,500 hours of qualifying supervised professional experience.

- Registered psychologists are registered to engage in psychological activities at nonprofit community agencies that receive a minimum of 25% of their funding from some governmental source. Registered psychologists may not engage in psychological activities outside the approved nonprofit community agency where they are registered.

How Does the Board Accomplish Its Mission?

The Board accomplishes its mission by working to ensure that psychologists provide consumers appropriate and ethical psychological services and do not exploit consumers by abusing the power advantage inherent in any psychotherapeutic relationship. The Board also works to ensure that:

- Those entering the profession of psychology possess minimal competency to practice psychology independently and safely. This is achieved by requiring candidates for a license to possess an appropriate doctorate degree from an approved or accredited university and by requiring the completion of a minimum of 3,000 hours of supervised professional experience. Each license applicant must also pass a national written examination and a California examination. In addition, in order to renew a license, a psychologist must complete 36 hours of approved continuing education every two years.
- The Board's enforcement efforts are focused on protecting a vulnerable consumer population from exploitative, unscrupulous, and/or otherwise incompetent licensed psychologists.

Mission, Vision, and Values

Mission

The Board of Psychology protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

Vision

A healthy California where our diverse communities enjoy the benefits of the highest standard of psychological services.

Values

Transparency

Integrity

Fairness

Responsiveness

Professionalism

Strategic Goal Areas

Goal 1: Licensing

The Board of Psychology (Board) establishes pathways to obtain and maintain a license to provide psychological services in California.

Goal 2: Continuing Professional Development

The Board ensures that licensees maintain competency to practice psychology in California.

Goal 3: Policy and Advocacy

The Board advocates for statutes and develops regulations that provide for the protection of consumer health and safety.

Goal 4: Enforcement

The Board investigates complaints and enforces the laws governing the practice of psychology in California.

Goal 5: Outreach and Education

The Board engages, informs, and educates consumers, licensees, students, and other stakeholders about the practice of psychology and the laws that govern it.

Goal 6: Board Operations

The Board Members and Staff work together to maintain the resources necessary to implement the Board's mission and meet its goals.

Acronyms

AEO – Assistant Executive Officer

CE – Continuing Education

CERC – Continuing Education and Renewals Coordinator

CPD – Continuing Professional Development

CSC – Central Services Coordinator

CSM – Central Services Manager

DCA – Department of Consumer Affairs

DOI – Department of Investigation

EO – Executive Officer

EPM – Enforcement Program Manager

LBC – Licensing and BreEZe Coordinator

LM – Licensing Manager

OAG – Office of the Attorney General

OAH – Office of Administrative Hearings

OCM – Organizational Change Management

OEC – Outreach and Education Committee

Goal 1: Licensing

1.1 Implement electronic submission of application and renewal processes to reduce paper and administrative costs.

Start Date: Q2 2019		End Date: Q4 2023	
Success Measure: Increase percentage of applications received online.			
Major Tasks	Responsible Party	Completion Date	Status
Conduct organizational change management process to review application and renewal procedures for paper lite in both Central Services and Licensing Units.	CSM and LM	Q2 2019	Q2 2019
Implement recommendations from OCM.*	LBC and CERC	Q2 2020	Q4 2021
Outreach and education regarding paper lite processes.	All Staff	Q2 2020 (ongoing)	Q4 2021

1.2 Examine reliability and accuracy of license application and renewal data to reduce unnecessary and duplicative requests to licensees.

Start Date: Q2 2019		End Date: Q1 2021	
Success Measure: Decrease unnecessary and duplicative requests.			
Major Tasks	Responsible Party	Completion Date	Status
Collaborate with OCM to address issue.	CSM and LM	Q2 2019	Q4 2021
Implement recommendations from OCM.*	BC and CERC	Q1 2021	Q4 2019

*Implementation includes training

1.3 Implement the “Pathways to Licensure” as approved by the Board to reduce barriers to licensure, eliminate confusion, and streamline the process.

Start Date: Q4 2019		End Date: Q3 2023	
Success Measure: Decrease in phone calls and emails regarding the licensure process and processing times.			
Major Tasks	Responsible Party	Completion Date	Status
Draft legislative proposals 1 Substantive changes	CSM	Q4 2019	Q1 2021

2 Non-substantive changes			
Create advisories to applicants, licensees and supervisors regarding statutory changes.	CSC and LBC	Q1 2021	Q4 2021
Implement statutory changes.*	CSC and LBC	Q1 2021	Q1 2022
Draft regulatory proposal.	LM and AEO	Q3 2021	Q1 2022
Create advisories to applicants, licensees and supervisors regarding regulatory changes.	CSC and LBC	Q3 2023	Q3 2023
Implement regulatory changes.*	CSC and LBC	Q3 2023	Q3 2023

1.4 Create an online system to check application process for applicants to easily check their application or renewal status.

Start Date: Q1 2022		End Date: Q1 2023 (ongoing)	
Success Measure: Increase applicant and licensee autonomy regarding the application status.			
Major Tasks	Responsible Party	Completion Date	Status
Identify BreEZe enhancements.	LBC and CERC	Q1 2022	On Schedule
Request BreEZe enhancements.	LBC and CERC	Q2 2022	On Schedule
Educate licensees and applicants regarding new functionality.	Licensing and Central Services Staff	Q1 2023 (ongoing)	On Schedule

1.5 Establish and implement a plan to improve responsiveness to address stakeholder concerns.

Start Date: Q2 2019		End Date: Q3 2023	
Success Measure: Improved accessibility to staff and customer service for stakeholders.			
Major Tasks	Responsible Party	Completion Date	Status
Process improvement through OCM, Pathways to Licensure, and BreEZe enhancements to make staff more accessible to stakeholders.	All Staff	Q3 2023 (ongoing)	On Schedule

1.6 Implement retired status regulations and ensure Board staff and licensees are educated about the new requirements to provide licensees an additional option.

Start Date: Q2 2021		End Date: Q4 2021	
Success Measure: The number of licensees using the retired status option.			
Major Tasks	Responsible Party	Completion Date	Status
Identify and request BreEZe enhancements.	LBC and CSC	Q2 2021	On Schedule
Implement retired status regulations.*	CSM	Q4 2021	On Schedule
Train Central Services staff on new regulations.	CSM	Q4 2021	On Schedule
Outreach and education to licensees regarding the new status.	Central Services Staff	Q4 2021	On Schedule

Goal 2: Continuing Professional Development

2.1 Implement licensed Board member Continuing Professional Development (CPD) audits each license renewal cycle for transparency.

Start Date: Q1 2019		End Date: Q4 2023	
Success Measure: Increased transparency for Board member CPD compliance.			
Major Tasks	Responsible Party	Completion Date	Status
Conduct audits for Board members.*	CERC	Ongoing	On Schedule

*Add this to New Board Member orientation

2.2 Create a media presentation for Continuing Education/Continuing Professional Development process to improve clarity, reduce confusion, and increase stakeholder satisfaction.

Start Date: Q4 2020		End Date: Q1 2021	
Success Measure: Number of YouTube views.			
Major Tasks	Responsible Party	Completion Date	Status
Create presentation.	CERC and AEO	Q4 2020	Q4 2021
Post presentation on YouTube.	CERC	Q1 2021	Q1 2022

2.3 Create a web page that links to American Psychological Association, California Psychological Association, Accreditation Council for Continuing Medical Education, Association of Black Psychologists, and their approved providers to assist licensees in selecting available CE courses.

Start Date: Q2 2019		End Date: Q2 2019	
Success Measure: Links are accessible to licensees on Board's website.			
Major Tasks	Responsible Party	Completion Date	Status
Create and maintain web page.	CERC	Q2 2019	Completed
Outreach and education to licensees regarding the new web page.	CERC	Q2 2019 (ongoing)	Completed

2.4 Implement Continuing Professional Development regulations and ensure Board staff and licensees are educated about the new requirements to broaden licensees' opportunities to maintain professional competence.

Start Date: Q1 2020		End Date: Q1 2021	
Success Measure: Additional opportunities to maintain competence.			
Major Tasks	Responsible Party	Completion Date	Status
Identify and request BreEZe enhancements.	LBC and CERC	Q1 2020	Q4 2021
Implement CPD regulations.	CERC	Q1 2021	Q4 2021
Train Central Services staff on new regulations.	CERC	Q4 2020	Q4 2021
Outreach and education to licensees regarding the new CPD regulations.	Central Services Staff	Q4 2020	Q4 2021

Goal 3: Policy and Advocacy

3.1 Conduct landscape analysis of potential partners for legislative advocacy to implement the Board's mission and meet its goals.

Start Date: Q4 2021		End Date: Q1 2022	
Success Measure: More effective advocacy for legislative goals.			
Major Tasks	Responsible Party	Completion Date	Status
Conduct analysis to identify groups in various areas of interest.	EO and CSM	Q4 2021	On Schedule
Utilize partnerships to assist the Board in meeting its legislative goals.	CSM and CSC	Q1 2022	On Schedule

3.2 Increase the effectiveness of communication regarding the Board's legislative efforts to help stakeholders understand the policy priorities of the Board.

Start Date: Q3 2022		End Date: Q1 2023	
Success Measure: Additional communication tools put in place.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate current communication modalities.	EO and CSM	Q3 2022	On Schedule
Identify more effective communication tools.	EO and CSM	Q4 2022	On Schedule
Implement identified communication tools.	CSC	Q1 2023	On Schedule

3.3 Implement telepsychology regulations and ensure Board staff and licensees are educated about the new regulations to allow licensees to incorporate technology into their practices.

Start Date: Q2 2020		End Date: Q2 2020	
Success Measure: The availability of information on the new regulations to staff and licensees.			
Major Tasks	Responsible Party	Completion Date	Status
Train all staff on new regulations.	AEO	Q2 2020	Q4 2021
Outreach and education to licensees regarding the new regulations.	All Staff	Q2 2020	Q4 2021
Create advisory for licensees	CSC/CERC	Q2 2020	Q4 2021

Goal 4: Enforcement

4.1 Develop and implement effective communication process from open to close of a case to better inform complainants and respondents.

Start Date: Q2 2021		End Date: Q4 2021	
Success Measure: More effective communication.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate current communication tools to complainants and respondents.	Enforcement Staff	Q2 2021	On Schedule
Identify more effective communication tools.	Enforcement Staff	Q3 2021	On Schedule
Implement identified communication tools.*	Enforcement Staff	Q4 2021	On Schedule

* Communication tools include acknowledgement, subject letter, and flow chart

4.2 Educate licensees and consumers about the enforcement process to clarify for stakeholders the roles and responsibilities in the decision-making process.

Start Date: Q1 2022		End Date: Q3 2022	
Success Measure: The availability of information on the enforcement process to stakeholders.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate the enforcement page on the Board's website.	Enforcement Staff	Q1 2022	On Schedule
Identify areas for improvement.	EPM	Q2 2022	On Schedule
Develop and publish a fact sheet regarding roles and responsibilities of the different government entities* involved in the decision-making process.	EPM	Q3 2022	On Schedule

*Government entities include the Board, DCA, DOI, OAG, and OAH

4.3 Support DCA's efforts to recruit and maintain investigative staff and resources to reduce investigative timeframes.

Start Date: Q1 2019		End Date: Q1 2019	
Success Measure: Additional investigative staff.			
Major Tasks	Responsible Party	Completion Date	Status
Advocate for additional investigative staff.	EO	Q1 2019	Completed

4.4 Complete review of the Board’s existing and proposed enforcement statutes and regulations for clarity, cohesiveness, and effectiveness.

Start Date: Q4 2019		End Date: Q4 2023	
Success Measure: Enforcement laws are more clear, cohesive and effective.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate existing statutes and regulations.	Enforcement Staff	Q4 2019	Completed
Identify amendments and additions to statues and regulations.	Enforcement Staff	Q2 2020	Q4 2020
Draft legislative proposal.	EPM and CSM	Q4 2020	Q4 2021
Create advisories to stakeholders regarding statutory changes.	CSC and EPM	Q1 2022	Q1 2022
Implement statutory changes.	Enforcement Staff	Q1 2022	Q1 2022
Draft regulatory proposal.	EPM	Q2 2022	On Schedule
Create advisories to stakeholders regarding regulatory changes.	CSC and EPM	Q4 2023	On Schedule
Implement regulatory changes.	Enforcement Staff	Q4 2023	On Schedule

4.5 Evaluate internal policies and procedures related to evolving enforcement issues, such as child custody evaluations, to ensure a fair and equitable process.

Start Date: Q3 2019		End Date: Q2 2021	
Success Measure: Enforcement processes evaluated.			
Major Tasks	Responsible Party	Completion Date	Status
Collaborate with OCM to evaluate current processes.	Enforcement Staff	Q3 2019	Q2 2021
Implement recommendations from OCM.	Enforcement Staff	Q2 2021	Q3 2021

4.6 Increase pool of qualified enforcement subject matter experts to ensure effective and fair enforcement proceedings.

Start Date: Q3 2020		End Date: Q1 2021	
Success Measure: Larger pool of qualified experts.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate recruitment tools for subject matter experts.	EO and EPM	Q3 2020	Q3 2021
Identify more effective recruitment tools.	EO and EPM	Q4 2020	Q1 2022

Implement identified recruitment tools.	Enforcement Staff	Q1 2021	Q2 2022
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Goal 5: Outreach and Education

5.1 Expand current communication plan and collaborate with entities that work with consumers to increase community outreach.

Start Date: Q2 2022		End Date: Q4 2023	
Success Measure: More effective communication plan.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate current plan.	EO and CSM	Q2 2022	On Schedule
Identify entities that work with consumers.	EO and CSM	Q3 2022	On Schedule
Identify necessary amendments to plan.	EO and CSM	Q3 2023	On Schedule
Implement new plan.	CSM	Q4 2023	On Schedule

5.2 Update instructional videos regarding licensing application to better inform stakeholders.

Start Date: Q1 2020		End Date: Q3 2021	
Success Measure: Availability of instructional videos.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate current videos.	Licensing Staff	Q1 2020	On Schedule
Identify need for updating existing videos.	Licensing Staff	Q1 2020	On Schedule
Identify need for additional videos.	LM	Q2 2020	On Schedule
Work with Office of Public Affairs to produce videos.	LM	Q4 2020	On Schedule
Outreach and education regarding availability of videos.	Licensing Staff	Q3 2021	On Schedule

5.3 Increase Board engagement with schools, training programs, public events, and relevant professional organizations to raise awareness of the Board's activities.

Start Date: Q1 2019		End Date: Q4 2023 (ongoing)	
Success Measure: Increase in number of outreach events attended.			
Major Tasks	Responsible Party	Completion Date	Status

Identify opportunities for outreach and education.	EO, AEO, CSM, LM, EPM	Q1 2019 (ongoing)	On Schedule
Participate in outreach activities.	All Staff	Ongoing	On Schedule

5.4 Analyze resources allocated to outreach and education to maximize outreach and education efforts.

Start Date: Q4 2019		End Date: Q4 2020	
Success Measure: Resource allocation analyzed.			
Major Tasks	Responsible Party	Completion Date	Status
Collaborate with OCM to address issue.	CSM	Q4 2019	BCP for Position Denied
Implement recommendations from OCM.	CSM	Q4 2020	N/A

5.5 Improve communication of the Board's activities to interested parties list to expand understanding of the Board's actions.

Start Date: Q4 2021		End Date: Q1 2023	
Success Measure: More effective communication of Board activities.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate current communication tools.	EO and CSM	Q4 2021	On Schedule
Identify need for additional communication tools.	EO, AEO, CSM, and CSC	Q4 2022	On Schedule
Implement necessary communication tools.	All Staff	Q1 2023	On Schedule

5.6 Review, update, and create informational publications to foster effective communication and reduce stakeholder confusion.

Start Date: Q1 2019		End Date: Q3 2023	
Success Measure: Relevant publications available to stakeholders.			
Major Tasks	Responsible Party	Completion Date	Status
Evaluate current publications.	All Staff	Q1 2019 (ongoing)	On Schedule
Identify need for updating existing publications.	All Staff	Q1 2022	On Schedule
Identify need for additional publications.	All Staff	Q2 2022	On Schedule
Work with Office of Publications, Design, & Editing to produce publications.	EO	Q3 2023	On Schedule
Outreach and education regarding availability of publications.	All Staff	Q3 2023	On Schedule

5.7 Develop campaign(s) to communicate what the Board is and what it does to promote a better understanding to specific stakeholders of the purpose, activities, and processes of the Board.

Start Date: Q2 2022		End Date: Q2 2023	
Success Measure: Increased stakeholder awareness of the Board.			
Major Tasks	Responsible Party	Completion Date	Status
Develop a campaign plan with the Outreach and Education Committee (OEC).	EO, AEO, CSM, and OEC	Q2 2022	On Schedule
Implement plan.	All Staff	Q2 2023	On Schedule

Goal 6: Board Operations

6.1 Strengthen internal culture of customer service to respond to consumers, applicants, and licensees of the Board.

Start Date: Q3 2019		End Date: Q3 2020	
Success Measure: Improved customer service.			
Major Tasks	Responsible Party	Completion Date	Status
Conduct analysis.	AEO	Q3 2019	Q1 2021
Utilize SOLID to implement changes identified by analysis to improve customer service.	EO, AEO, CSM, LM, and EPM	Q3 2020	Q1 2021

6.2 Collaborate with DCA to review internal processes and implement recommended improvements to better serve the stakeholders of the Board.

Start Date: Q1 2020		End Date: Q4 2023	
Success Measure: More effective and efficient internal processes.			
Major Tasks	Responsible Party	Completion Date	Status
Collaborate with OCM to review internal processes.	All Staff	Q1 2020	Q2 2021
Implement recommendations from OCM.	All Staff	Q4 2023	On Schedule

6.3 Advance transition to reduce the use of paper documents to promote environmental friendliness and reduce costs over time.

Start Date: Q1 2020		End Date: Q4 2023	
Success Measure: Reduction in the use of paper documents.			
Major Tasks	Responsible Party	Completion Date	Status
Collaborate with OCM to reduce paper processes.	All Staff	Q1 2020	On Schedule
Implement recommendations from OCM.*	All Staff	Q4 2023	On Schedule

MEMORANDUM

DATE	October 19, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #7(b) – Update on Website Focus Group Follow-up

Background:

At its October 2016 meeting, the Outreach and Education Committee (Committee) directed Board staff to work with the Department of Consumer Affairs' SOLID Training and Planning Solutions Unit (SOLID) to evaluate the user friendliness of the Board's website through the use of website data and facilitated focus groups of licensees, applicants, and the public. Due to workload needs of the Board and SOLID, the user-friendliness website focus group had to be delayed until 2018 to complete stakeholder work needed for the Pathways to Licensure regulatory revisions.

In 2018, Board staff worked with SOLID to analyze the most frequented areas of the website by utilizing Google Analytics. After collecting and analyzing this preliminary information, SOLID worked with Board staff to plan two focus groups, one in northern/central California and one in southern California, that would discuss specifically the who, what, where, when and why for what stakeholders want to see on the Board's website. Board staff sent out email invitations to a broad array of stakeholders and received interest in participating from licensees, students, graduate school program representatives, other government agency representatives, and mental health organizations.

The two focus group meetings were scheduled in February and March of 2019. Both groups had commitments from 20 people each but, due to scheduling issues, ended up with five (5) participants at each meeting. Despite their small size, both meetings were extremely informative for both staff and the participants. Participants were highly engaged, provided excellent feedback about the website and the Board's customer service, and provided insight from a variety of perspectives. SOLID facilitated both focus groups and provided Board staff with the notes from the focus groups, which are provided for the Committee's review in the attachment.

Upon review of the focus group notes, staff believes the input received fall into the following categories:

1. Immediately implementable items (such as moving the search and translate buttons)
2. Items for implementation as part of larger 2020 restructuring of website
 - a. Structural/Organizational changes to website (such as renaming, adding, or moving heading categories)
 - b. Creation of new content and webpages (such as creating a supervision page, renewals page, and verifications and file transfer page)
 - c. Enhancing current content and resources (such as adding expected timelines on licensing flowcharts or making the Publications page include all publications and forms in an indexed fashion)
 - d. Aesthetic changes to website (such as more icons and buttons and reducing the amount of text). Note: these must be weighed against statutory ADA requirements for the Board's website.
 - e. Creation of internal policies to make website more user-friendly (such as ensuring all pages, documents, and forms have identified keywords to make them more easily searchable)
3. Design items that require DCA's Internet Team input on feasibility (i.e. creation of interactive flowcharts)

Throughout 2019, Board staff worked to implement the immediately implementable items. Due to the COVID-19 pandemic, staff have had to wait to address the items for the larger 2020 restructuring, and will begin once all staff return to the office in-person and vacancies are filled.

Action Requested:

This item is for informational purposes only. No action is required.

MEMORANDUM

DATE	October 28, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #7(c): Social Media Update

Background:

- a) **Facebook:** <https://www.facebook.com/BoardofPsychology>

Total “Likes”: 746 (**For “Likes” over time, please see attached chart**)

Most popular post of 2020 so far:

1/8/2020 – Congratulations Dr. Shacunda Rodgers and welcome to the Board of Psychology. – 542 views, 20 “Post Clicks”, 24 “Likes”.

- b) **Twitter:** <https://twitter.com/CABDofPsych>

Followers: 446 (**For Followers over time, please see attached chart**)

Following: 643

Total Tweets: 1,067

- c) **Board/Committee Meeting Webcast:**

2020

Board Meetings

February 27th – 120 views

February 28th part 1 – 107 views

February 28th part 2 – 58 views

2019

Board Meetings

October 3rd part 1 – 72 views

October 3rd part 2 – 65 views

October 4th – 88 views

August 15th – 107 views
August 16th – 92 views

April 24th – 141 Views
April 25th – 107 Views
April 26th – 231 Views

February 7th – 148 Views
February 8th part 1 – 67 Views
February 8th part 2 – 23 views

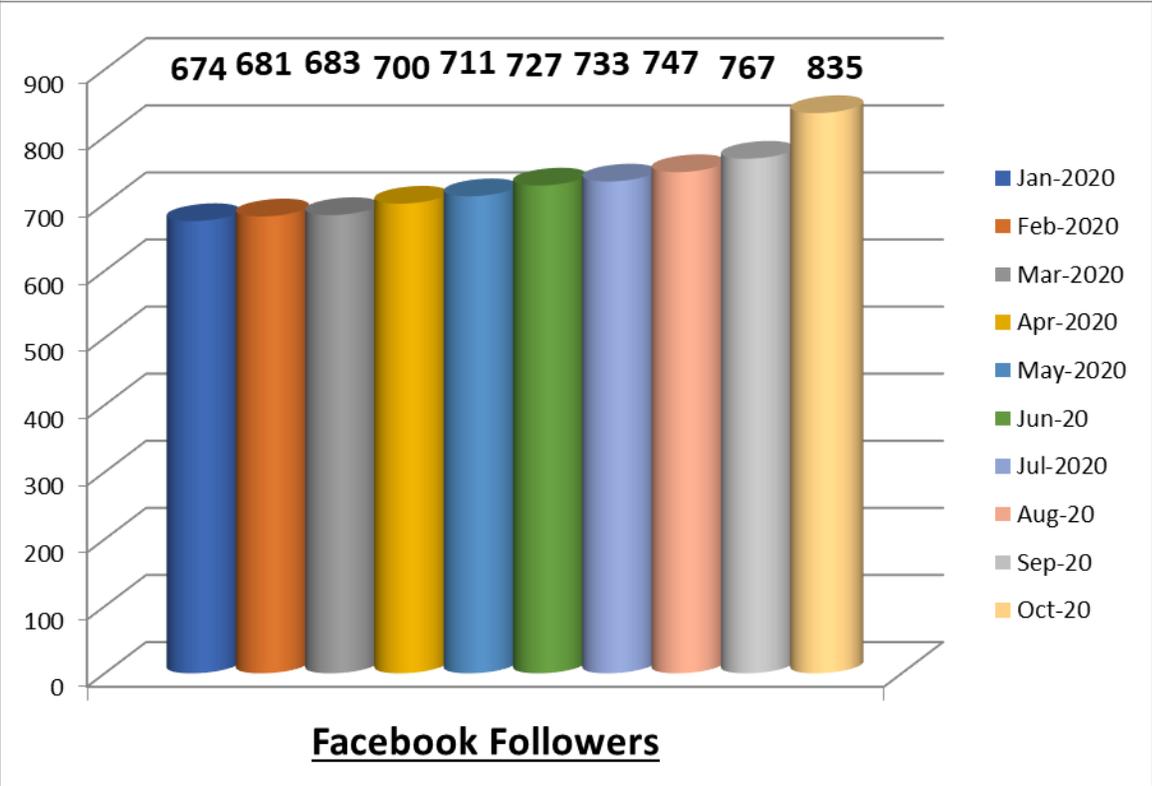
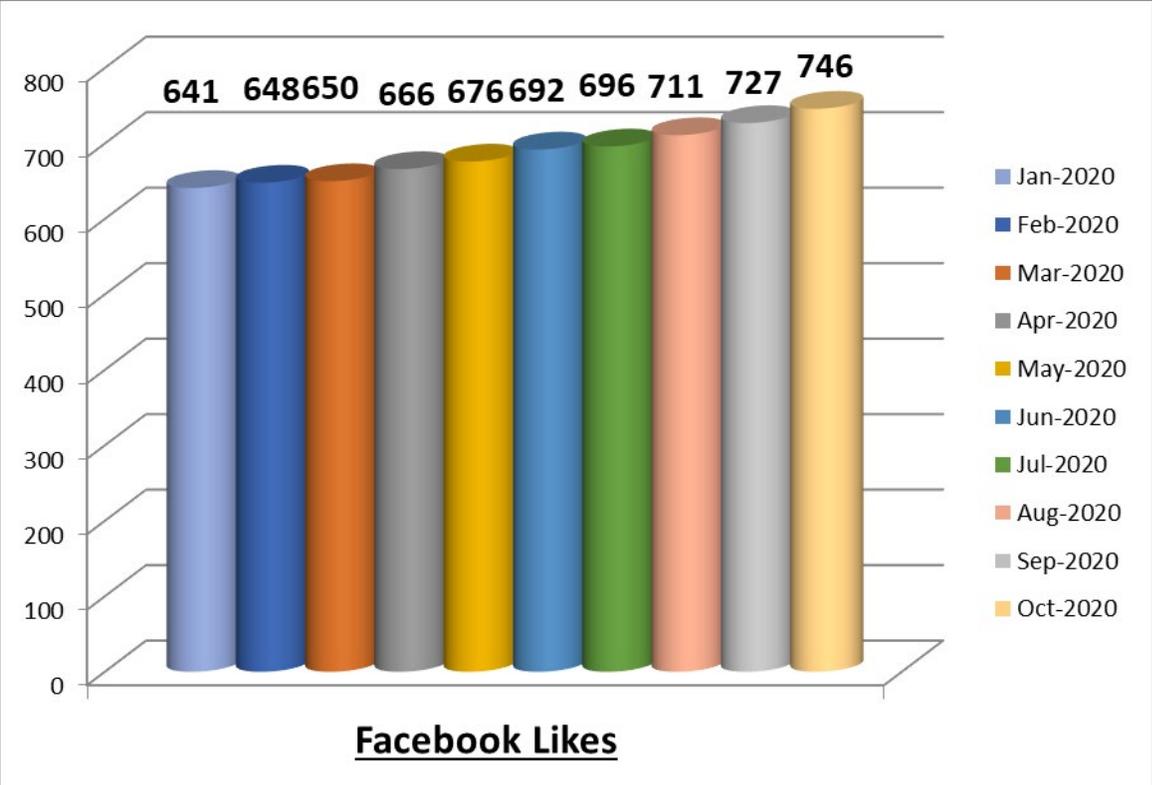
Licensure Committee

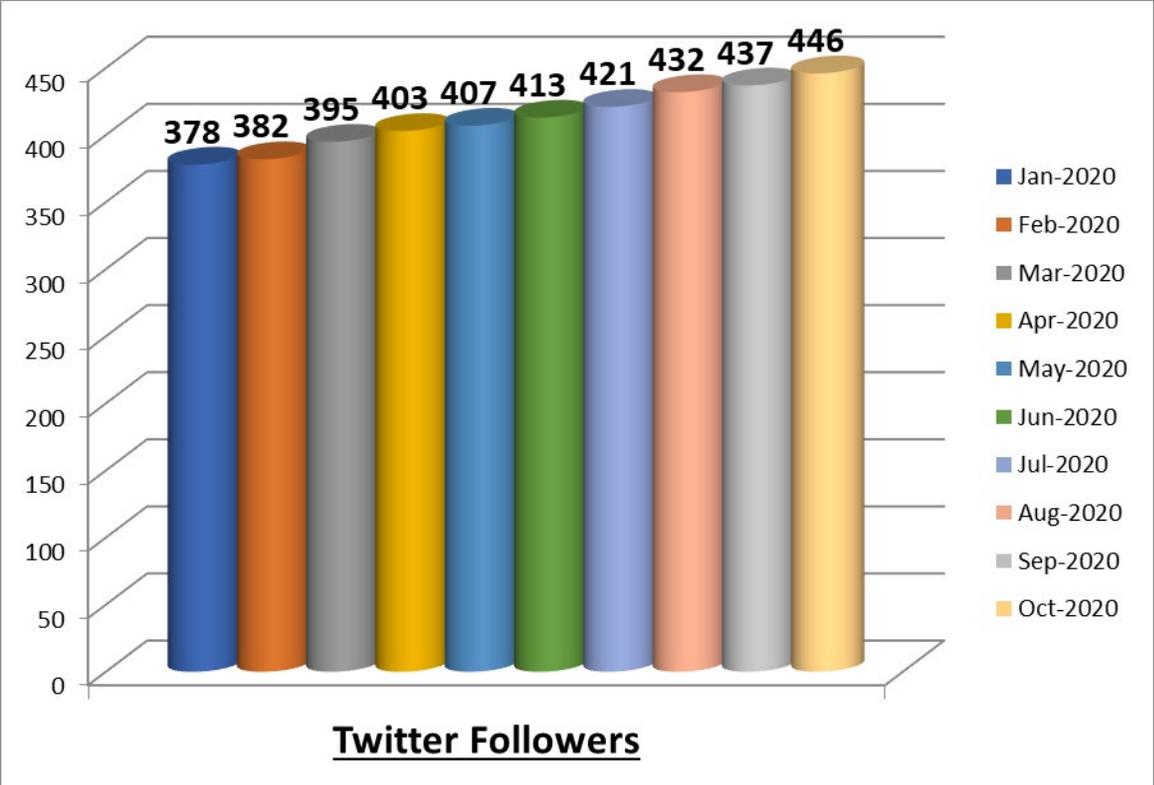
June 13th – 114 views

September 12th part 1 – 279 views
September 12th part 2 – 63 views
September 13th – 72 views

Action Requested:

This item is for informational purposes only. No action is required.





MEMORANDUM

DATE	October 28, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #7(d): Website Update

Website Background:

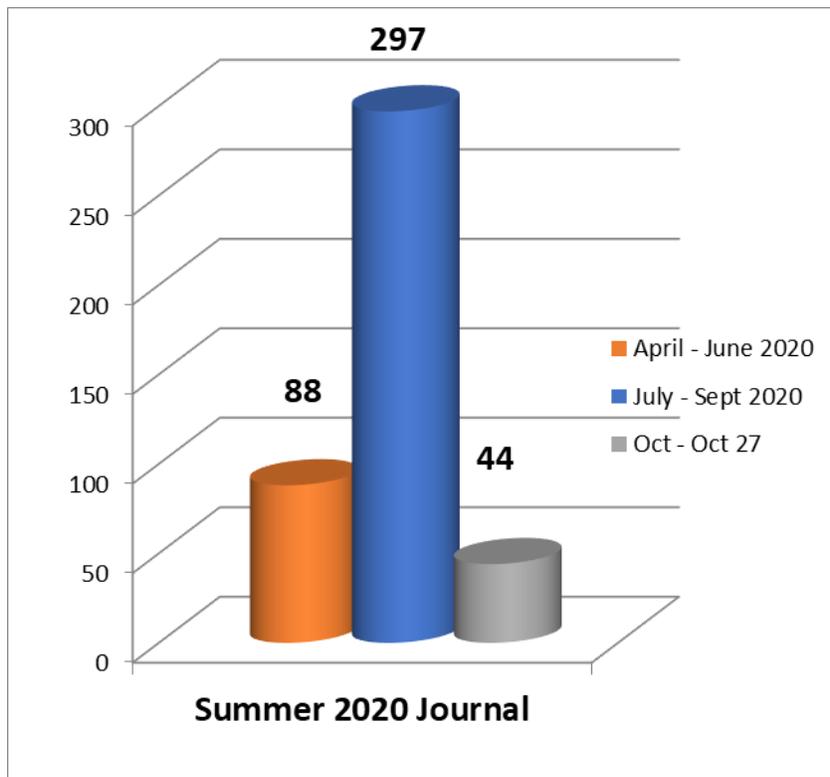
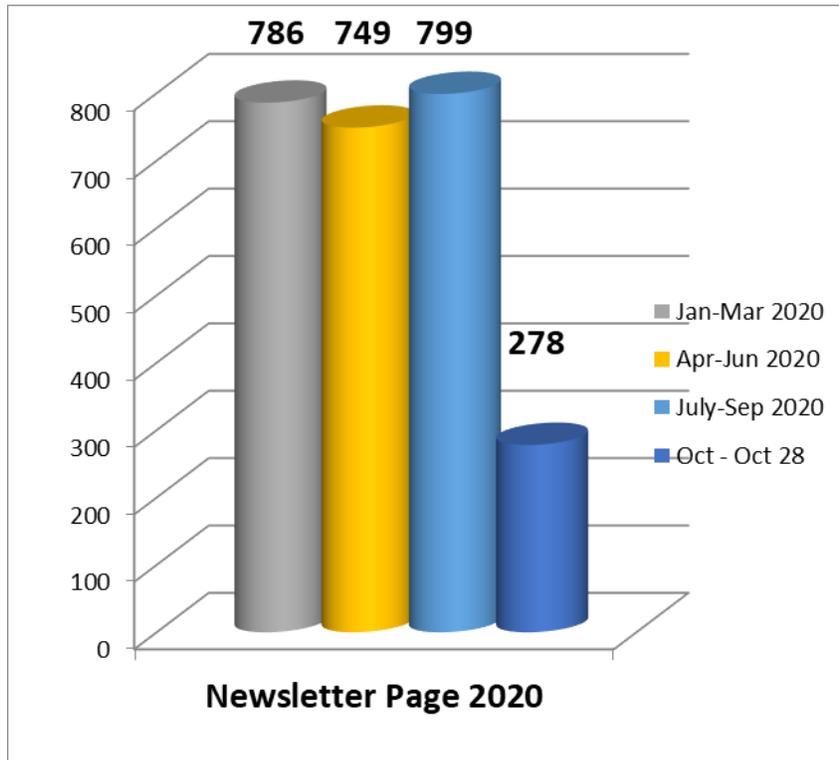
Website: www.psychology.ca.gov

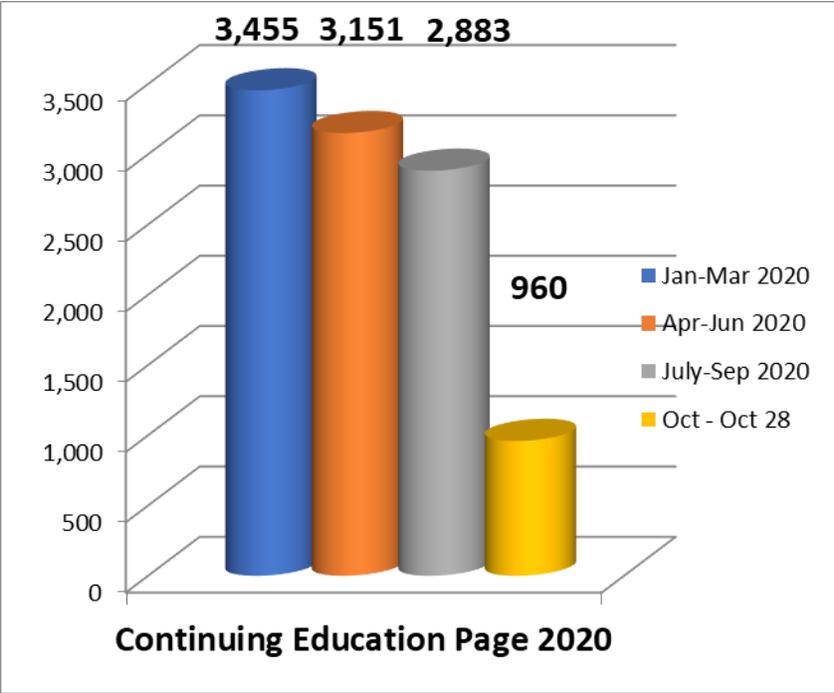
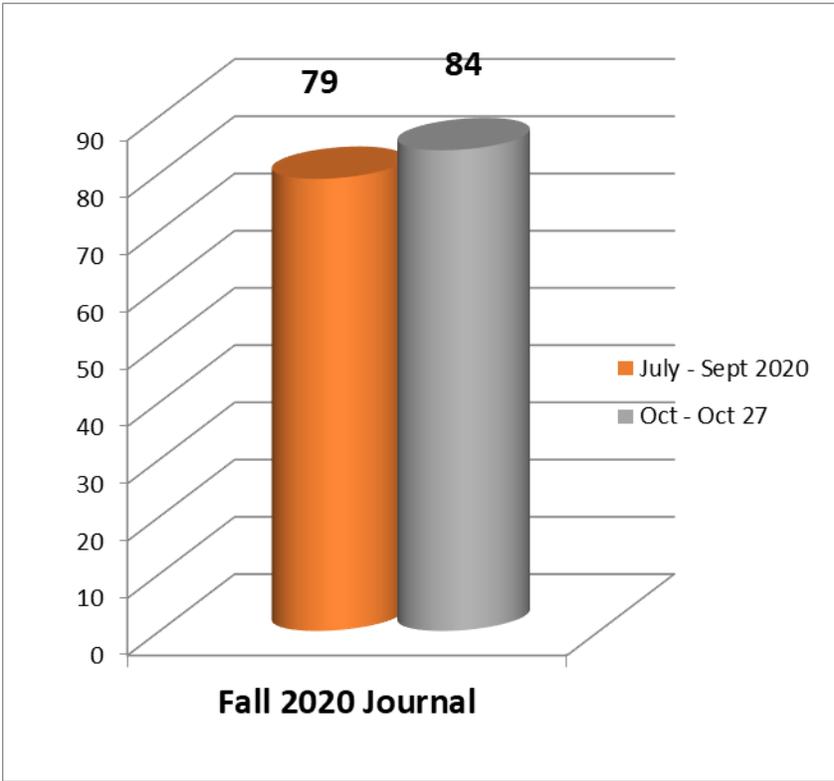
Below and on the following pages please find the top five web pages viewed between January 1, 2020 and October 27, 2020.

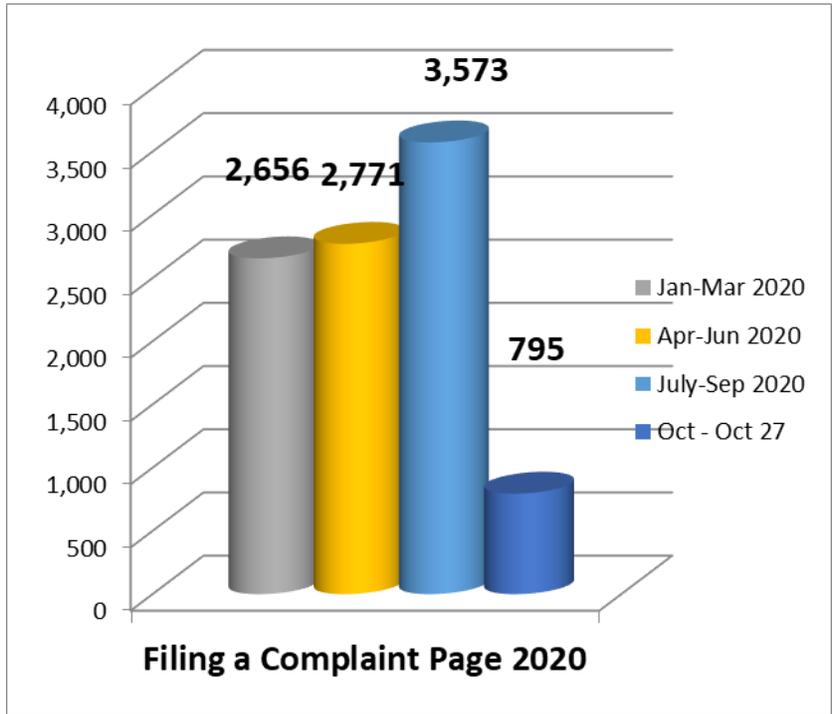
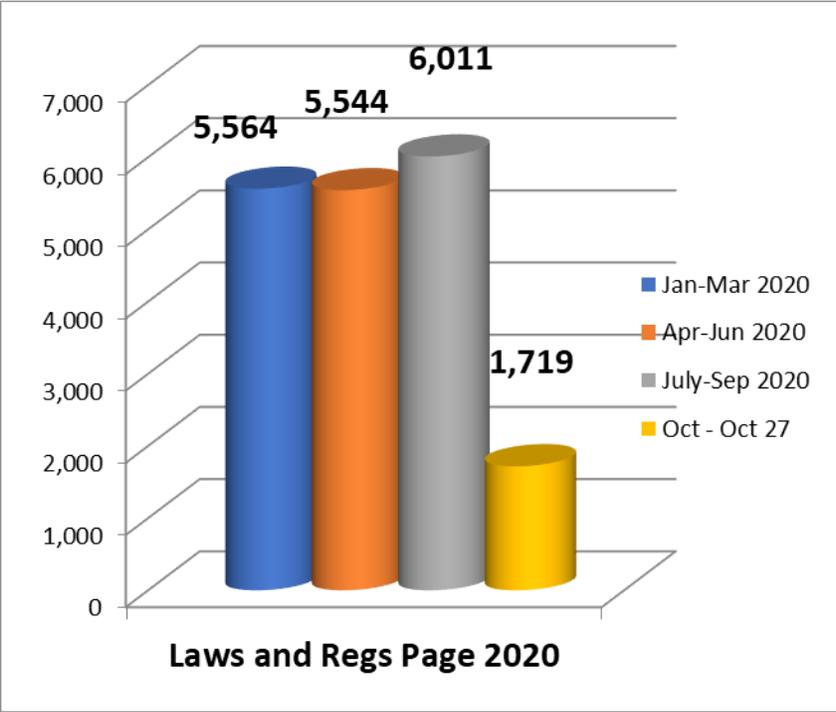
TOP FIVE PAGES	# OF VIEWS	CONTENT
/licensees/index.shtml	39,796	Licensee and Registrant Information Page
/applicants/psychologist.shtml	36,057	Psychologist Applicant Page
/about_us/breeze.shtml	30,292	BreEZe Online Services – First Time User Instructions
/applicants/index.shtml	25,959	Applicant Information Page
/applicants/covid_19.shtml	24,453	FAQ's Related to Coronavirus Disease 2019 (COVID-19)

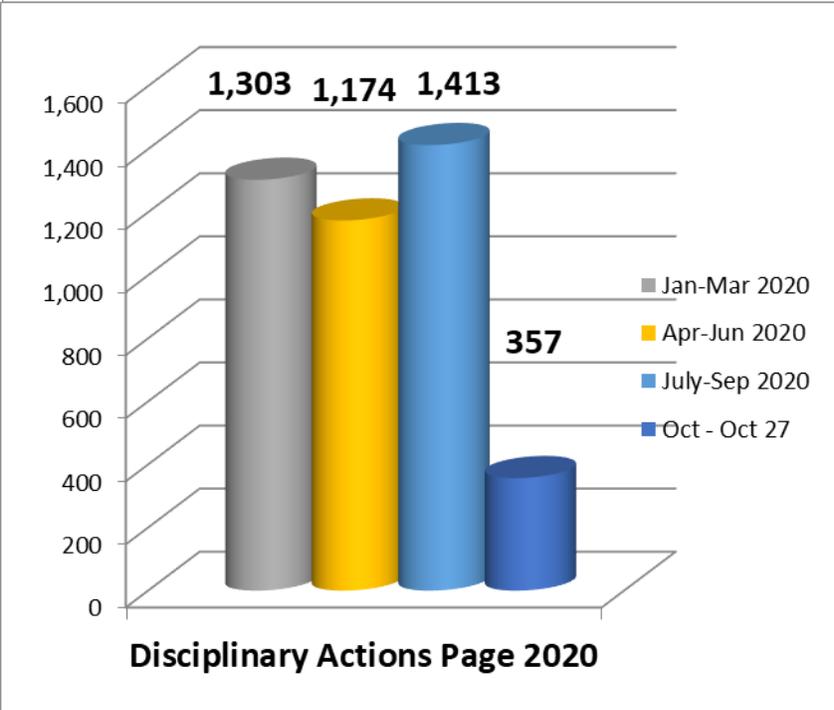
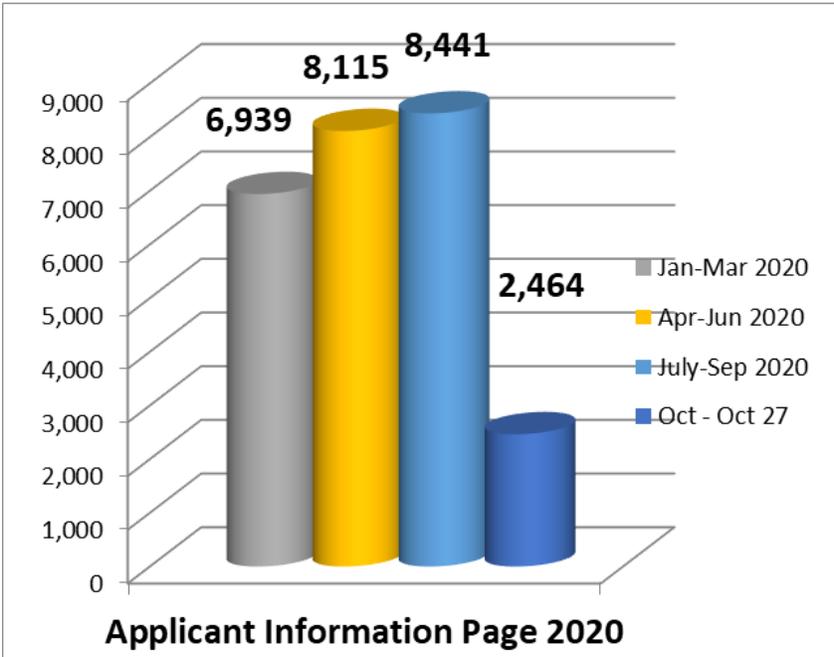
Below please find the 2019 viewings for the following pages by quarter (through October 27, 2020):

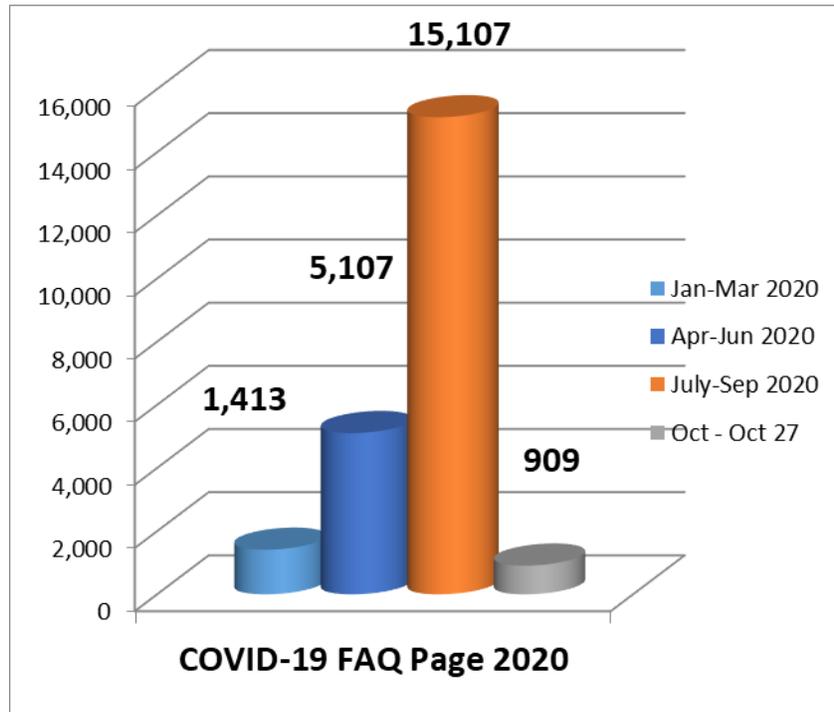
- Newsletter page
- Most Recent Newsletter
- Continuing Education Page
- Laws and Regulations Page
- Filing a Complaint Page
- Applicant Information Page
- Disciplinary Actions Page
- COVID-19 FAQ Page











Regulatory and Legislative Advisories

Views to Date

AB 89 (Levine) – Psychologists: Suicide Prevention Training	16,417
AB 282 (Jones-Sawyer) – Aiding, Advising, or Encouraging Suicide	160
AB 1076 (Ting) – Criminal Records: Automatic Relief	151
AB 2138 (Chiu) – Licensing Boards: Denial of Application	289
AB 2968 (Levine) – Psychotherapist-Client Relationship	421
SB 425 (Hill) Probationary Physician's and Surgeon's: Unprofessional Conduct.	90
SB 547 (HILL) – Omnibus (Delinquent Fee Change)	4,220
SB 786 (BP&ED) – Healing Arts.	61
Verification of Experience Regulation	26,075

Action Requested:

This item is for informational purposes only. No action is required.

MEMORANDUM

DATE	October 19, 2020
TO	Board of Psychology
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Agenda Item 7(e): Newsletter Update

Background:

Attached is the Board's *Fall Journal*. The *Winter Journal* will go out in December 2020.

Action Requested:

This item is for informational purposes only. No action is required.

Journal

***** The California Department of Consumer Affairs, Board of Psychology Newsletter *****

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President's Message



SEYRON FOO, PRESIDENT

Seyron Foo, Board of Psychology

Our fall “Journal” is the Board's last newsletter for 2020, closing a chapter on a difficult year as we continue to tackle the challenges of a worldwide pandemic that has tested our spirits, resolve, and health systems. I've been inspired by the stories of perseverance, community spirit, and creativity that are the hallmarks of our state.

Throughout the pandemic, the Board has continued its mission of protecting consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. We have also done this recognizing the need to facilitate the continued provision of care to individuals affected by coronavirus, including examining and requesting temporary waivers to existing regulations in light of the need for physical distancing to successfully slow the spread of COVID-19. This included requesting nine waivers to the Department of Consumer Affairs, covering topics such as waiving the live continuing education course requirement and requesting additional time for supervised professional experience for psychological assistants (regardless of their time on the 72-month limitation).

The Department approved our request for some waivers, including the Board's request to relax the requirement of face-to-face supervision to virtual means for a psychological trainee. The Board also took action to allow for the restoration of licenses of psychologists whose licenses were cancelled without requiring the Board's law and ethics exam, as well as the ability of a psychological trainee to request an extension on time limits to accrue pre-doctoral and post-doctoral hours. You can view the status of waivers on our website at: www.psychology.ca.gov/covid/index.shtml.

The Board continues to review and identify obstacles to consumer protection and the provision of care in consideration of the evolving nature of state and local public health orders issued to protect the health and safety of Californians. We are able to do so with an almost-full complement of Board members and we are grateful to the Governor's Office for its attentiveness in recognizing the importance

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www.psychology.ca.gov



www.facebook.com/BoardofPsychology



twitter.com/BDofPsychology
Twitter handle: @BDofPsychology



To verify a license: www.breeze.ca.gov

To update address of record or email address: www.breeze.ca.gov

Contact us: bopmail@dca.ca.gov

Sign up for our email list:
www.psychology.ca.gov





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of the Board's ability to conduct business. On June 15, Governor Gavin Newsom reappointed Dr. Mary Harb Sheets, vice president of the Board, and Dr. Stephen Phillips, president emeritus of the Board. I am also immensely grateful to the governor for my re-appointment to the Board, joining Dr. Harb Sheets and Dr. Phillips for a four-year term.

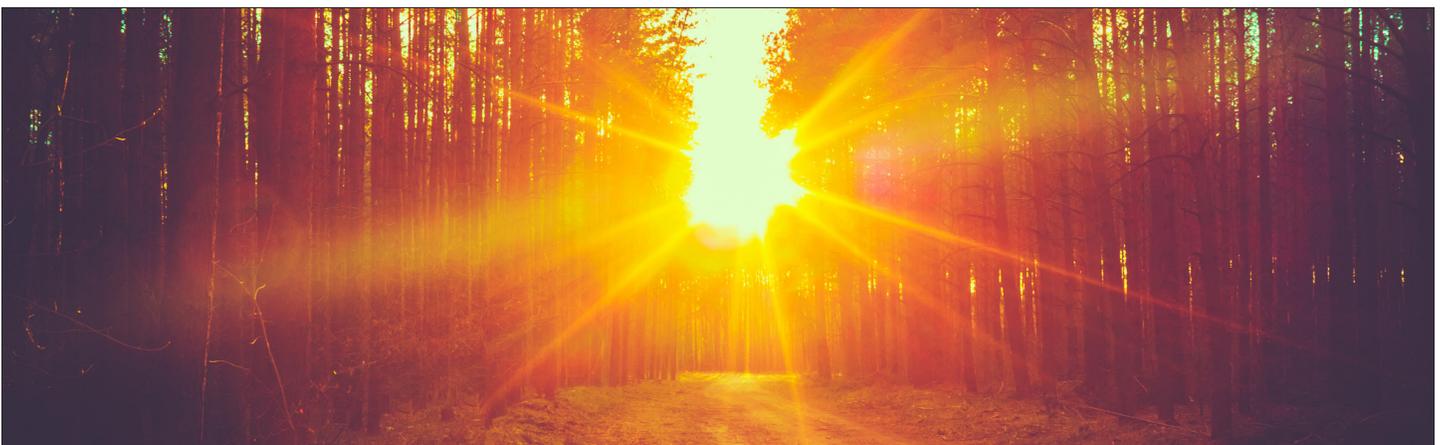
Dr. Harb Sheets is a psychologist in private practice and a senior consultant and staff psychologist at Workplace Guardians, Inc. In addition to her vice presidency on the Board, Dr. Harb Sheets chairs the Licensure Committee, which creates and maintains a clear and efficient framework for licensure, examination processes, and continuing professional development through the Board's statutes and regulations to ensure licensees meet the qualifications necessary to practice safely and ethically. She has also shared her expertise by teaching courses in advanced law and ethics at the California School of Professional Psychology at Alliant International University in San Diego. An engaged member of the profession, she is the former chair of the Ethics Committee of the California Psychological Association. Dr. Harb Sheets earned a Master of Science degree and Doctor of Philosophy degree in clinical psychology from the California School of Professional Psychology.

Dr. Phillips is a clinical and forensic psychologist. On the Board, he chairs the Enforcement Committee, which protects the health and safety of consumers of psychological services through the active

enforcement of the statutes and regulations governing the safe practice of psychology. Dr. Phillips also brings his experience as Board president emeritus and the longest-serving member on the Board for the Sunset Review Committee and the Telepsychology Committee. In addition to his practice, Dr. Phillips has been a faculty member at the Wright Institute Los Angeles and Alliant International University. Prior to his Board service, Dr. Phillips served as the president of the Los Angeles County Psychological Association. He earned a Juris Doctor degree from the University of Chicago Law School and a Doctor of Psychology degree in clinical psychology from Alliant International University, California School of Professional Psychology.

We invite you to participate in our Board meetings, held virtually through the duration of "stay-at-home" health orders. You may learn more about our Board and committee meetings on our website by clicking on "Meeting Calendar" under the "About Us" tab.

Finally, on behalf of the Board, I applaud and commend our fantastic staff members, led by Executive Officer Antonette Sorrick, and our affiliates in the Department of Consumer Affairs' Legal Affairs Division, SOLID Training and Planning Solutions, and other partners that enable the Board to carry out its mission of consumer protection. Despite these difficult environs, Board staff and associates continue to answer the calls of innovation, comity, and public service.





How to Update Your Address of Record

Diana Brown, Central Services Technician, Board of Psychology

Along with checking the batteries in your smoke detectors and other devices to make sure they are in top working order, you may want to check your address of record that you have on file with the Board. For our licensees and registrants, an important aspect of maintaining their licensure is to inform the Board of any change of their address of record as this is the address to which the Board will send important documents or letters.

California Code of Regulations section 1380.5

Each person holding a license as a psychologist shall file with the Board his or her address of record, which shall be used as the mailing address for the licensee and shall be disclosable to the public. The licensee may provide a post office box number or other alternate address as his or her address of record; however, the licensee shall also provide a physical address or residential address for the Board's internal administrative use and not for disclosure to the public. Each applicant and licensee who has an electronic mail address shall provide to the Board that electronic mail address and shall maintain a current electronic mail address, if any, with the Board. Within **30 days after** a change any address above, the applicant or licensee shall report to the Board any and all changes, giving both his or her old and new address(es). **Failure to comply with the requirements of this section may subject the licensee to an enforcement action.**

The Board utilizes the address of record for all communications with its licensees and registrants; therefore, it is very important to keep your address of record current with the Board. The United States Postal Service does not forward government mail, such as the Board's correspondences, to forwarding addresses. So even if you have submitted the forwarding notice at the Post Office, any correspondence from the Board will not be forwarded to you. You will need to contact the Board directly to submit an address change.

As a psychologist, there are two ways that you can update your address with the Board:

- You can update your address yourself using the BreEZe online system.
- You can complete and submit the fillable change of address form located on the Board's website at www.psychology.ca.gov/licensees/change_address.pdf.

Note: Psychological assistants and registered psychologists must use the fillable form and submit it to the Board.

To change your address in the BreEZe online system, you will need to log in to your BreEZe account and select the "Manage Information" section to make your address change.

How to access BreEZe:

- 1) Access the BreEZe website at www.breeze.ca.gov.
- 2) If you are new to BreEZe, click on "BreEZe Registration" under "New Users." If you are a returning user, sign in to BreEZe.
- 3) Once logged in, go to the "Manage Information" section to update your address of record.

Please note: A new pocket license is NOT automatically generated when these changes are put into the system. The replacement pocket license can be ordered by utilizing the BreEZe system or by completing the "Application for Duplicate Wall Certificate and/or Pocket Card" form on the Board's website. Please follow the instructions completely and submit the form or online order with the processing fee. Orders placed without providing payment will not be filled until payment is received.

Additional tutorials for BreEZe can be found here: www.psychology.ca.gov/about_us/breeze.shtml.



Child Custody Implementation Plan Update

Stephen C. Phillips, J.D./Psy.D., Chair, Enforcement Committee, Board of Psychology, and Sandra Monterrubio, Enforcement Program Manager, Board of Psychology

In recent years, issues have been raised by the Center for Judicial Excellence and others regarding the handling of child custody matters and the role of child custody evaluators. Subsequently, in September 2018, the Board of Psychology and the Board of Behavioral Sciences held a Child Custody Stakeholder meeting in Sacramento. Stakeholders were invited to participate in the meeting to discuss concerns from the Center for Judicial Excellence.

In attendance were the Board of Psychology, Board of Behavioral Sciences, Department of Consumer Affairs' Executive Office, Department of Consumer Affairs' Legal Office, Judicial Council of Family Law, Senate Judiciary Committee, Assembly Business and Professions Committee, Office of the Attorney General, and Center for Judicial Excellence.

At the Stakeholder meeting, attendees discussed and triaged issues raised by the Center for Judicial Excellence and determined under which attending office's jurisdiction each issued resided. After the meeting, the Board met and reviewed the issues that reside within the Board's jurisdiction. Below is the Child Custody Implementation Plan that has been reviewed and approved by the Board at its July 10 board meeting.

ITEM	ACTION ITEMS	HOW TO IMPLEMENT	TIMEFRAME
1	Mandate Child Abuse/ Domestic Violence Education for Subject Matter Experts	Child Custody Subject Matter Experts will be required to take 6 hours of continuing education in child abuse and 6 hours in domestic violence every 3 years (contract term for experts).	2020/2021
2	Screen Child Custody Subject Matter Experts Who Subscribe to Parental Alienation Syndrome	The Expert Application will include the following question: "Do you believe parental alienation syndrome should be included in the Diagnostic and Statistical Manual? Why or why not?" Depending on the answer given, further review will be undertaken on a case-by-case basis.	2020/2021
3	Educate Public on the Clear and Convincing Evidence Standard	A definition of clear and convincing evidence is provided on the Complaint Fact Sheet, which will be posted on the Board's website. In addition, the Board will post a link to Senior Assistant Attorney General Gloria Castro's presentation on clear and convincing evidence.	2019
4	Create a Complaint Fact Sheet	The committee amended the Complaint Fact Sheet, which will be posted on the Board's website by early November.	2019
5	Review and Consider Statutory Language Related to Documentation Considered for Child Custody Complaints	This item is on the agenda for the Enforcement Committee and will be presented at a future Board meeting.	2021

(continued on page 5)



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The five items addressed in the table represent an important aspect of the Board's commitment to its continued mission to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

In response to the concerns raised by stakeholders regarding the responsiveness of the Board to complaints filed in child custody matters while

maintaining the fairness of the system for all concerned, the Board has implemented procedural and informational changes to increase the Board's efficacy in investigating and, where appropriate, prosecuting complaints if sufficient, credible evidence exists to satisfy the clear and convincing evidence standard of proof. The Board appreciates the tireless efforts of child custody reform advocates to raise their concerns with the Board.





Responding to the Pandemic—California Health Corps

Mary Harb Sheets, Ph.D., Vice President, Board of Psychology

On March 31, Governor Gavin Newsom announced a request for California licensed health care workers to help the state address the mental health impacts from the pandemic. To assist in this need, he established the California Health Corps (<https://covid19.ca.gov/healthcorps/>). This program is an opportunity for licensed health care providers

to help our fellow Californians. Registrants are paid and provided with malpractice insurance coverage. As of mid-June, 1,191 psychologists, approximately 6% of California's current licensed psychologists, had signed up to participate in the program. To apply or find additional information, please visit the Health Corps website.

Jeffrey K. Thomas— In Memoriam

In August, the Board of Psychology lost Assistant Executive Officer Jeffrey K. Thomas. Mr. Thomas worked for the Board for 33 years. To those that crossed paths with him, Mr. Thomas was a wealth of historical knowledge, a kind and patient leader, and a man with a great sense of humor. He is survived by his beloved Scottish terrier Roscoe as he joins the love of his life, Mitchell L. Putman. The staff, the Board, and all those associated with Mr. Thomas join in mourning his loss.



COVID-19 Updates

Antonette Sorrick, Executive Officer, Board of Psychology

On March 4, the Board of Psychology began operations under the state's declared emergency. Board staff transitioned to telework and seamlessly processed applications, renewals, and complaints via secure cloud-based systems. Board meetings have been held by teleconference and WebEx, and the Board's office alternated between being open and closed to the public. In response to inquiries regarding challenges meeting the statutory and regulatory mandates for training and licensure, the Board submitted several waivers. Some additional waivers have been initiated by both the Department of Consumer Affairs as well as outside organizations. For a current list of waivers, see the links provided:

Board of Psychology Waivers

www.psychology.ca.gov/covid/waivers.shtml

Department of Consumer Affairs Waivers

www.dca.ca.gov/licensees/dca_waivers.shtml

The Emergency Preparedness Ad Hoc Committee also looked at additional ways to improve communications with stakeholders, reviewed statutory authority for future emergencies, and discussed considerations for Board meetings during an emergency. All measures taken by the Board during this time have been done in the context of the Board's values: transparency, integrity, fairness, responsiveness, and professionalism.



Explanation of Disciplinary Language and Actions

Gross negligence: An extreme departure from the standard of care.

Incompetence: Lack of knowledge or skills in discharging professional obligations.

Public letter of reproof: Formal discipline that consists of a reprimand of a licensee that is a matter of public record for conduct in violation of the law.

Accusation: A formal, written statement of charges.

Stipulated settlement of decision: The case is formally negotiated and settled prior to hearing.

Surrender: To resolve a disciplinary action, the licensee has given up his or her license, subject to acceptance by the Board of Psychology.

Suspension from practice: The licensee is prohibited from practicing or offering to provide psychological services during the term of suspension.

Revoked: The right to practice has ended due to disciplinary action.

Revocation stayed, probation with terms and conditions: “Stayed” means the revocation is postponed. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of any term of probation may result in the revocation that was postponed.



Administrative Citations:

April 1 to June 30, 2020

Bryna Susan Siegel, Ph.D.
Unlicensed, Redwood City

On May 27, a citation containing an order of abatement and fine in the amount of \$5,000 was issued to Bryna Susan Siegel for engaging in the unlicensed practice of psychology by conducting exams that are psychological in nature, offering psychological expert opinions, making conclusions regarding diagnoses of autism, and misrepresenting herself as a “psychologist” in writing, advertising, and in her own personal statements, when she was never licensed by the Board.

Disciplinary Actions:

April 1 to June 30, 2020

SURRENDER

Gareth Charles Houghton, Ph.D.
Psychologist License No. PSY 10624, Sanger

Dr. Houghton stipulated to the surrender of his license after an Accusation was filed alleging he committed gross negligence by failing to provide informed consent to a patient, and in the manner in which he administered hypnosis to a patient. The surrender took effect April 2.

Emma J. McManus, Psy.D.
Psychological Assistant
Registration No. PSB 94020275,
Sacramento

Dr. McManus stipulated to the surrender of her registration after an Accusation was filed alleging she engaged in false advertising during her care and treatment of a patient by allowing marketing materials to be made that failed to indicate her status as a registered psychological assistant; practiced outside her scope of qualifications and abilities by providing medication instructions for a patient who was detoxing from alcohol; provided psychological services without appropriate supervision; collected referral fees from an inpatient drug treatment program; failed to obtain informed consent that she would not provide therapy at the inpatient treatment facility unless her professional fees were paid separately; and attempted to engage in an exploitative financial relationship when she offered a \$10,000 loan to cover a patient’s inpatient treatment fee. The surrender took effect April 25.

REVOCATION

Senia Lynae Vitale, Ph.D.
Psychologist License No. PSY 14809, Solana Beach

Dr. Vitale’s license was revoked after a decision was entered following the filing of an Accusation and Petition to Revoke Probation that alleged she failed to comply with the conditions of probation and committed

acts warranting further license discipline. The decision and order took effect May 7.

PROBATION

Angie Maez, Ph.D.
Psychologist License No. PSY 12363, Santa Barbara

Dr. Maez’s license was placed on probation for one year, with a 10-day suspension, after a decision was entered following the filing of a First Amended Petition to Revoke Probation that alleged she failed to comply with the terms and conditions of probation including that she failed to call in for possible testing; failed to notify the Board that she had ceased practicing; and failed to notify the Board of an arrest within 72 hours. The decision and order took effect April 10.

PUBLIC LETTER OF REPROVAL

Leyla T. Brusatori, Ph.D.
Psychologist License No. PSY 23080, Lodi

Dr. Brusatori stipulated to the issuance of a public letter of reproof against her license, with terms, after an Accusation was filed that alleged she violated the regulations duly adopted when she failed to provide proof of completion of continuing education attendance certificates to the Board upon request for an audit. The order took effect April 8.



Legislative/Regulatory Update

*Jason Glasspiegel, Central Services Manager,
Board of Psychology*

REGULATORY UPDATE

Below are the Board's pending regulatory changes, and their status in the formal rulemaking process.

1. Title 16, California Code of Regulations (CCR) sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1—Psychological Assistants

Status: Initial review phase. This phase includes reviews by the Department of Consumer Affairs and Business, Consumer Services and Housing Agency before formal Notice of Proposed Regulatory Action with the Office of Administrative Law (OAL).

This regulatory package does the following:

Conforms the California Code of Regulations to statutory changes made in Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016), which requires psychological assistants to obtain a single registration with the Board of Psychology,

to be renewed annually. This registration will be independent from their supervisor(s) or employer(s) but does not remove the requirement that psychological assistants practice only under supervision. Additionally, the proposed regulatory language is to avoid duplication as to who pays the psychological assistant registration fee, as this is already specified in statute.

2. Title 16, CCR section 1396.8—Standards of Practice for Telehealth

Status: Notice with OAL and hearing.

This regulatory package does the following:

Establishes standards of practice for telehealth by licensed California psychologists and psychology trainees to an originating site in this state, to a patient or client who is a resident of California temporarily located outside of this state, and to clients or patients who initiate psychological health care services while in this state but who may not be a resident of this state, to improve access to psychological care for underserved populations and to support clients or patients between regularly scheduled office visits or while they are temporarily located outside of this state.

(continued on page 10)



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3. Title 16 CCR sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67—Continuing Professional Development

Status: Initial review phase. This phase includes reviews by the Department of Consumer Affairs and Business, Consumer Services and Housing Agency before formal Notice of Proposed Regulatory Action with the Office of Administrative Law.

This regulatory package does the following:

Changes the continuing education guidelines and requirements that must be completed by licensed psychologists from the continuing education (CE) model to the broader continuing professional development (CPD) model.

4. Title 16 CCR sections 1381.9, 1381.10, 1392—Retired License, Renewal of Expired License, Psychologist Fees

Status: Initial review phase. This phase includes reviews by the Department of Consumer Affairs, and Business, Consumer Services and Housing Agency before formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

Adopts section 1381.10 in Division 13.1 in the Board of Psychology’s regulations to be titled “Retired Status,” and amends the other sections cited. This proposal would allow a licensee to apply to have their license placed in a retired status.

5. Title 16 CCR sections 1394, 1395, 1395.1, 1392—Substantial Relationship Criteria, Rehabilitation Criteria for Denials and Reinstatements, Rehabilitation Criteria for Suspensions and Revocations

Status: Final departmental review. This phase includes submitting the completed regulatory package to the Department of Consumer Affairs, the Business, Consumer Services and Housing Agency, and the Department of Finance for their review and approval, before the package is filed with the Office of Administrative Law for final review.

This regulatory package does the following:

Brings the Board into compliance with the changes to the law and, to the extent possible, maintains adequate consumer protections by ensuring Board licensees are fit to practice independently with potentially vulnerable consumer populations.

LEGISLATIVE UPDATE

For up-to-date bill status information, visit the Board’s website at www.psychology.ca.gov/laws_regs/legislation.shtml.

SPONSORED LEGISLATION

SB 275 (Pan)—Psychologist: prohibition against sexual behavior

As originally introduced, this bill would add sexual behavior to the offenses in Business and Professions Code (BPC) section 2960.1 that require a proposed decision to contain an order of revocation when the finding of facts prove that there were acts of sexual behavior between a psychologist and their client or former client. As a result of changes in the legislative schedule, this bill was amended on June 17, 2020, and now relates to the Health Care and Essential Workers Protection Act: personal protective equipment. The Board is no longer a sponsor of the bill.

LEGISLATION WITH ACTIVE POSITIONS

The Board takes positions on legislation after review by its Legislative and Regulatory Affairs Committee and at its Board meetings.

SB 53 (Wilk)—Open meetings

This bill modifies the Bagley-Keene Open Meeting Act (Bagley-Keene) to require two-member advisory committees of a “state body” to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body, and the advisory committee is supported, in whole or in part, by funds provided by the state body.

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This bill would require the Board's two-person committee meetings to be noticed, public meetings. This structure is utilized in a limited number of circumstances when necessary. This structure may be used due to concerns for employee safety, for a collaborative discussion of confidential information that could not be discussed in depth during a public meeting, or for collaborative working group meetings of limited duration and scope where the committee's task is drafting iterative versions of legislatively mandated reports, drafting letters, or providing expert analysis.

The Board is also concerned that SB 53 would curb the Board's ability to effectively perform advocacy activities and limit Board outreach and education activities. Specifically, each year the Board organizes meetings with some or all members of the Assembly Business and Professions Committee and the Senate Business, Professions and Economic Development Committee to inform legislators and legislative staff on issues impacting consumer protection, Board operations, and the profession of psychology. The Board does not believe that it is the intent of the bill to impact activities outside of committee meetings,

but this bill would create additional barriers to effective advocacy and outreach activities intended to enhance consumer protection and educate the public.

Board Position: Oppose

SB 66 (Atkins)—Medi-Cal: federally qualified health center and rural health clinic services

This bill would allow Medi-Cal reimbursement for a patient receiving both medical and mental health services at a federally qualified health center (FQHC) or rural health clinic (RHC) on the same day.

Board Position: Support

Assembly Bill 1145 (Garcia, Christina)—Child abuse: reportable conduct

For the purposes of the Child Abuse Neglect Reporting Act (CANRA), this bill revises the definition of sexual assault to no longer include any acts under Penal Code sections 286 (sodomy), 287 or former section 288a (oral copulation), and section 289 (sexual penetration), if committed voluntarily and if there are no indicators of abuse, unless the conduct is between a person 21 years of age or older and a minor who is under 16 years of age.

Board Position: Support

(continued on page 12)



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**AB 1263 (Low)—Contracts: consumer services:
consumer complaints**

This bill would prohibit a contract or proposed contract involving the provision of a consumer service by a licensee regulated by a licensing board from including a provision limiting the consumer's ability to file a complaint with that board or to participate in the board's investigation into the licensee. The bill would specify that a waiver of these provisions is contrary to public policy and is void and unenforceable. The bill would provide that a violation of these provisions by a licensee constitutes unprofessional conduct subject to discipline by the licensee's regulatory board.

Board Position: Support

AB 2028 (Aguiar-Curry)—State agencies: meetings

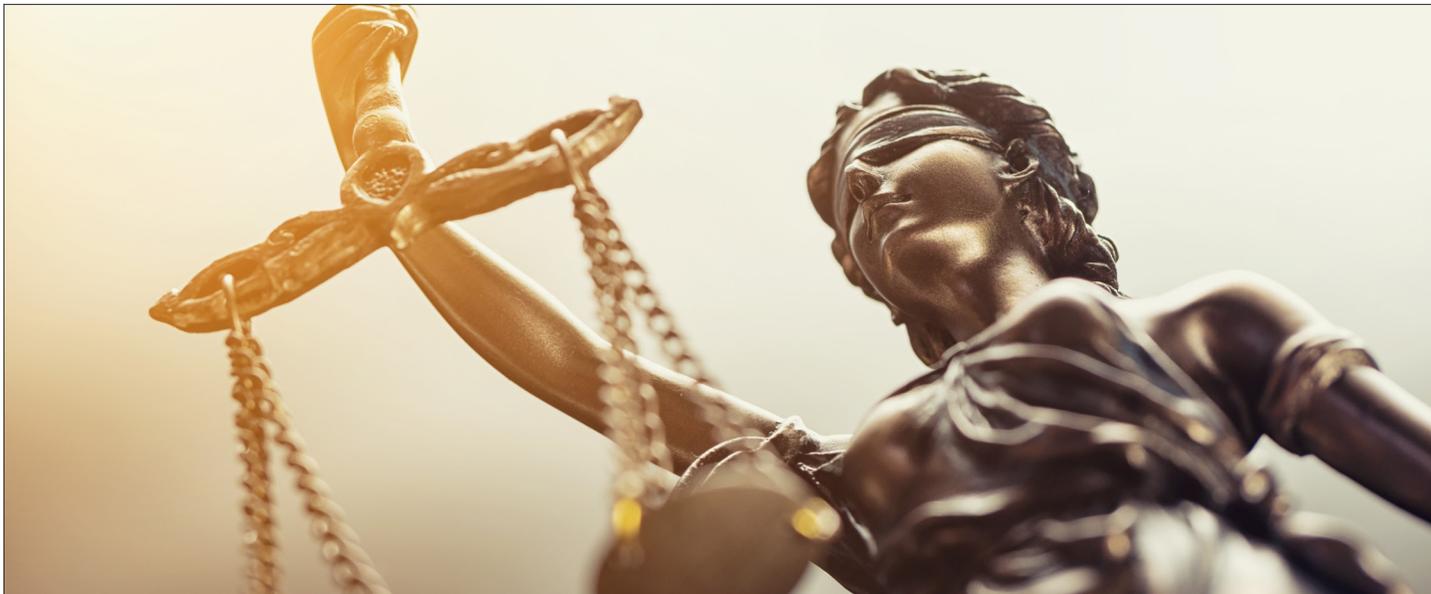
This bill would, except for closed sessions, require that meetings noticed pursuant to the Bagley-Keene Open Meeting Act include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting. The bill

would prescribe requirements to be satisfied in order for these writings or materials to be distributed or discussed by the members of the state body. The bill would generally require that these writings and materials be made available on the body's website no later than the first business day after they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier, and to be provided to members of the public immediately upon written request. If the writings or materials are provided to the members of the state body by another state body after this 48-hour deadline, the bill would require that they be posted on the body's website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body, and made available immediately upon written request. The bill would except writings or materials relating to matters to be discussed in a closed session and state financial materials, as defined, that put the treasurer at a competitive disadvantage in financial transactions from its requirements. The bill would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, and changing financial market conditions as they become available, as

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specified. Upon receipt of a written request, the bill would require that these writings or materials be provided immediately.

In practice, the bill would severely affect the ability of the Board to conduct its consumer protection mission in a fair and equitable way. The Board understands and agrees with the importance of transparency. Currently, the Board will make available documents that the Board has received the same day to stakeholders in attendance so that attendees have access to this information. However, this bill unintentionally harms the ability of the Board to protect consumers of California and lacks understanding of basic operations.

Board Position: Oppose

AB 2112 (Ramos)—Suicide prevention

This bill would authorize the state Department of Public Health to establish the Office of Suicide Prevention within the Department and would specify authorized responsibilities of the office if established, including, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The bill would authorize the office to apply for and use federal grants.

Board Position: Support

AB 2253 (Low)—Professional licensure

This bill would clarify that experience that constitutes qualifying experience for licensure, or experience required for licensure, as applicable, is determined by reference to the act regulating the profession.

Board Position: Support

AB 2360 (Mainschein)—Telehealth: mental health

This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require the consultation to be done by phone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence-based treatment options, including psychotherapy. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill

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would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions.

Board Position: Support

AB 2630 (Flora)—Criminal history information: subsequent arrest notification

This bill would provide that the department is authorized to submit fingerprints to the Federal Bureau of Investigation (FBI), where they will be retained for the purpose of being searched against future submissions to the FBI, as specified. This bill would authorize the department to search latent fingerprint images against all retained fingerprint submissions. This bill would also authorize the department to collect fees for federal subsequent notification services and remit the fees to the FBI.

Board Position: Support

AB 2704 (Ting) Healing arts: licensees: data collection

This bill would require all boards that oversee healing arts licensees to collect at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information and to post the information on the websites that they each maintain. The bill would also require each board, or the Department of Consumer Affairs on its behalf, beginning on July 1, 2021, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and to only release information in aggregate form.

Board Position: Support

AB 3045 (Gray)—Department of Consumer Affairs: boards: veterans: military spouses: licenses

This bill would require boards not subject to the temporary licensing provisions in Business and Professions Code section 115.6 to issue licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is an honorably discharged veteran of the armed forces of the United States or is married to, or in a domestic partnership or other legal union with, an active-duty member of the armed forces of the United States, as provided. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license.

Based on the language, it is unclear whether the verification is to be created and provided by the licensed state or the applicant. It is unreasonable to assume that either the licensed state or the applicant is qualified to determine whether other states standards required for licensure are similar to California. In addition, while the legislative digest for this bill does reference the payment of fees, the bill language is absent any specific mention of fees being remitted for the Board for the issuance of the license.

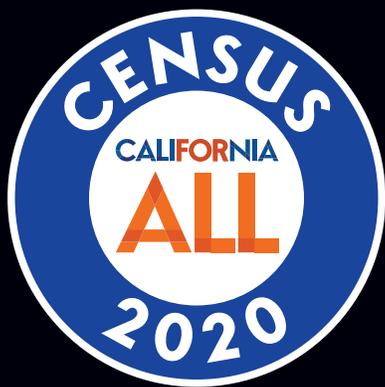
Board Position: Oppose

SB 1474—Business, Professions, and Economic Development Committee

Relative to the Board of Psychology, existing law provides for the January 1, 2021, repeal of provisions creating the Board of Psychology.

This bill would extend the operation of those provisions to January 1, 2022, and make conforming changes relating to the appointment of an executive officer, as applicable.

Board Position: Support



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CENSUS TODAY!**

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CALIFORNIACENSUS.ORG

Board Members

- Seyron Foo (President)
- Mary Harb Sheets, Ph.D. (Vice President)
- Alita Bernal
- Sheryll Casuga, Psy.D.
- Marisela Cervantes
- Stephen Phillips, J.D., Psy.D.
- Shacunda Rodgers, Ph.D.
- Lea Tate, Psy.D.

Meeting Calendar

2020 Board Meetings

November 20 Sacramento



MEMORANDUM

DATE	November 13, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel, Central Services Manager
SUBJECT	Agenda Item 7(f): Outreach Activities

BOARD OR DCA APPROVED OUTREACH

Seyron Foo, Dr. Mary Harb Sheets, Dr. Sheryll Casuga, Antonette Sorrick, Jason Glasspiegel, and William Maguire attended the ASPPB Annual Meeting held virtually from 10/16-17/2020.

OTHER OUTREACH

- 10/22/2020 – Dr. Harb Sheet attended the virtual ASPPB Board Chairs Meeting. This meeting included a recap on the ASPPB Annual Meeting, COVID updates, and social justice issues.
- 9/18/2020 – Dr. Harb Sheets spoke with interns at the San Bernardino County: Department of Behavioral Health about her career path and her general experience being a Board member.

REQUESTS

- None

FUTURE REQUESTS

- None

Action Requested:

This item is for informational purposes only. No action is required.

MEMORANDUM

DATE	November 13, 2020
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Updates on Communications and/or Activities of the Association of State and Provincial Psychology Boards (ASPPB): Agenda Item 7(g)

The Association of State and Provincial Psychology Boards conducts two large member meetings per year (a mid-year meeting, and an annual meeting). This year's annual meeting was held virtually on October 16-17, 2020. The Board was approved to send the following to attend the meeting:

Seyron Foo
Mary Harb Sheets, PhD
Sheryll Casuga, PsyD
Antonette Sorrick
Jason Glasspiegel
Will Maguire

Action Requested:

This item is for informational purposes only. No action is required.

MEMORANDUM

DATE	October 19, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel, Central Services Manager
SUBJECT	Agenda Item 7(h): "For Your Peace of Mind – A Consumer's Guide to Psychological Services"

Background:

In 2008, the Board created the publication "For Your Peace of Mind – A Consumer's Guide to Psychological Services." In 2018, the English version of the brochure was updated to include the Board's new URL and address.

Action Requested:

Due to limitations on in-person meetings and staff vacancies, this project will be postponed until 2021.

MEMORANDUM

DATE	October 2, 2020
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Addressing Cultural Diversity and Access to Psychological Services in California: Agenda Item 7(i)

Background:

In 2020, a pandemic and nationwide protests regarding racial inequities have highlighted the need for the Board of Psychology to consider how it conducts business and how that impacts the profession of psychology and access to psychological services. As such, Board President Seyron Foo and Committee Chair Dr. Lea Tate agreed on the following areas of focus:

- a. Update on Continued Professional Development Regulations: Implementation Plan to Produce Written Materials including Cultural Diversity and Social Justice Requirement
- b. Increase Stakeholder Engagement
- c. Engage Department of Healthcare Services (DHCS) Regarding Medi-Cal Reimbursement Rates
- d. Engage Substance Abuse and Mental Health Services (SAMHSA) Regarding Federal Initiatives Addressing Equity
- e. Digital Divide – How Does the Digital Divide Impact Access to Telehealth

Action Requested:

The Outreach and Communications Committee recommends the Board delegate to the Committee the development of a survey to stakeholders (consumer groups, licensees, non-profit organizations, training programs, and schools) to assess what the issues are surrounding the digital divide that impact delivery of psychological services via telehealth.

MEMORANDUM

DATE	October 15, 2020
TO	Board of Psychology
FROM	Evan Gage Special Projects Analyst
SUBJECT	Agenda Item # 8 – Discussion and Possible Approval of the Board Administrative Procedure Manual

Background:

Attached is the draft of the Administrative Procedure Manual.

Revisions previously recommended by the Board have been highlighted in yellow with underlining or strikethrough provided for clarity.

Additionally, Board Counsel, Ms. Marks provided several suggestions of her own, which have been incorporated and notated.

Action Requested:

Review and approve the draft of the Administrative Procedure Manual.

Board of Psychology Administrative Procedure Manual

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DRAFT

CHAPTER 1: INTRODUCTION

Mission

The Board of Psychology (Board) protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

Vision

A healthy California where our diverse communities enjoy the benefits of the highest standard of psychological services.

Overview

The California Board of Psychology dates back to 1958, when the first psychologists were certified in the state. The Board of Psychology is one of 30 37 regulatory entities which that fall under the organizational structure of the Department of Consumer Affairs. The Board of Psychology exists solely to serve the public by:

- Protecting the health, safety, and welfare of consumers of psychological services with integrity honesty, and efficiency;
- Advocating the highest principles of professional psychological practice;
- Empowering the consumer through education on licensee/registrant disciplinary actions, and through providing the best available information on current trends in psychological service options.

The Board:

- Licenses and renews licenses of individual psychologists,
- Registers and renews registrations of psychological assistants,
- Registers registered psychologists,
- Investigates complaints and takes disciplinary action against licensees for violation of Board statutes and regulations,
- Monitors licensees on probation, and
- Monitors compliance with continuing education requirements.

Composition

Business and Professions Code Sections 103, 2920, 2921, and 2922, and 2923

The Board consists of nine members (five licensed psychologists and four public members) who are appointed to the Board for four-year terms. Each member may serve a maximum of two terms. The five licensed members and two public members are appointed by the Governor. One public member is appointed by the Senate Rules Committee, and one public member is appointed by the Speaker of the Assembly. Public members cannot be licensed by the Board of Psychology or by any other Department of Consumer Affairs healing arts board.

The Board's Executive Officer is appointed by the Board to ensure that the Board functions efficiently and serves solely in the interests of the consumers of psychological services in the State of California.

The Board is funded totally through license, application, and examination fees. This procedure manual is updated as necessary and provided to Board members as a ready reference of important laws, regulations, Department policies, and Board policies. It is designed to help guide the actions of the Board members and to ensure effectiveness and efficiency.

CHAPTER 2: MANDATORY BOARD MEMBER TRAINING

Ethics Training (Every Odd Year)

Government Code Section 11146 et seq.

Board members are required to receive an ethics orientation within the first six months of their appointment and every two years thereafter. To comply with that directive, members may either complete the interactive training on the website of the Office of the Attorney General or view an interactive video available upon request. A Board administrative team member will coordinate with each Board member to ensure timely compliance.

Sexual Harassment Prevention Training (Every Odd Year)

Department Policy EEO 12-01

Sexual harassment prevention training for all Board members will be accomplished in accordance with Departmental procedures.

Defensive Driving Training (Every Four Years)

SAM 0752

To be completed by state employees who frequently drive state vehicles, vehicles rented by the state or drive personal vehicles for state business.

Information Security and Privacy Protection Awareness (Annually)

SAM 5300.3

All DCA Staff (including students)

Board Member Orientation Training

Business and Professions Code Section 453

Every newly appointed Board member shall, within one year of assuming office, complete the training and orientation program offered by the Department regarding, among other things, his or her functions, responsibilities, and obligations as a Board member.

Objectives of the program are for Board members to be able to:

- Explain their role in the protection of California consumers
- List the key provisions of the Open Meeting Act and how it applies to them
- Define "Ex Parte" communications and differentiate between acceptable and unacceptable communications with others, and be able to prevent unacceptable contact
- List the parts of the Administrative Record and be able to review it with regard to a proposed board decision

- Explain the ethical issues that arise from the quasi-judicial nature of the board member role
- Understand the different conflict of interest laws such as the Political Reform Act, Incompatible Activities, and Government Code Section 1090's prohibition against self-contract

Non-Discrimination Acknowledgement

To be signed annually

Sexual Harassment Acknowledgement

To be signed every odd year in conjunction with the mandatory odd-year training

CHAPTER 3: BOARD MEETING PROCEDURES

Frequency of Meetings

Business and Professions Code Sections 2926

The Board typically meets four times annually to make policy decisions, make decisions on disciplinary matters, and review committee recommendations. **Special Additional** meetings may be called at any time by the President of the Board or at the written request of any two members of the Board.

The Board endeavors to hold meetings in different geographic locations throughout the State when possible as a convenience to the attending public and licensees.

Board Member Attendance at Board Meetings

Board Policy B-95-01

Board members are expected to attend each Board meeting. If a member is unable to attend, he or she is asked to contact the Board President or the Executive Officer and ask to be excused from the meeting for a specific reason. All Board members are expected to attend all committee meetings for each committee to which the Board member has been assigned. All Board members shall attend the entirety of any Board or committee meeting unless excused by the President. The entirety of a meeting shall mean from the date and time of the beginning of the meeting as set forth on the official agenda for said meeting until the official adjournment of the meeting.

Board Member Participation

Board Policy B-95-01

The Board President may contact a member who has missed three consecutive meetings to determine the reason he or she has been absent and whether or not the member is able to continue serving as an active Board member. The President may suggest that the member consider resigning if, in the opinion of the President, the absences lack good cause.

The Board, by resolution, may request in writing to the appointing authority that a member be replaced. The member shall be notified in writing of such proposed action and be given the opportunity to present to the Board his or her written or oral arguments against such action prior to the Board adopting the resolution.

Public Notice/Information at Board Meetings

Government Code Section 11120 et seq.; Business and Professions Code Section 2927.5

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of state bodies. It specifies meeting notice and agenda requirements and prohibits discussing or taking action on matters not included in the agenda. Any general discussion of examinations or disciplinary procedures shall be held in public.

See Appendix A.

~~The Board may meet in closed session to discuss examinations, deliberate on enforcement cases, discuss pending litigation, and review personnel issues. If the agenda contains matters that, on advice of legal counsel, are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.~~

The Board may meet in closed session during a noticed meeting to discuss examinations, deliberate on enforcement cases, discuss pending litigation, and consider the appointment, employment, evaluation of performance, or dismissal of the executive officer. If the agenda contains matters that are appropriate for closed session, the agenda shall cite the applicable statutory section authorizing each closed session item. To comply with the Bagley-Keene Open Meeting Act, the president should announce in open session prior to convening the closed session the general nature of the items to be discussed in closed session.

Commented [GE1]: Added by NM

Quorum

Business and Professions Code Section 2927

Five members of the Board constitute a quorum for transaction of business at any meeting of the Board. At a meeting duly held at which a quorum of five members is present, a concurrence of three members of the Board present shall be necessary to constitute an act or decision of the Board.

Board agendas provide notice of the policy to continue if the event of a failure to obtain or maintain a quorum: "In the event a quorum of the Board [Committee] is unable to attend the meeting, or the Board [Committee] is unable to maintain a quorum once the meeting is called to order, the president [chair] may, at his or her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code section 11125(c)]."

Commented [MN2]: I thought adding this would memorialize the process as a policy of the board. But note that Ryan may be casting doubt on this process in the near future.

Agenda Items

Board Policy

Agenda items are generally discussed and agreed upon at a full Board meeting. Additional agenda items for a Board meeting from any source, including Board members, must be submitted to the Executive Officer at least 30 days prior to the scheduled meeting. The Executive Officer may confer with the Board President prior to adding items to the meeting agenda.

Notice of Meetings

Government Code Section 11120 et seq.

As mandated by the Bagley-Keene Open Meeting Act, meeting notices (including agendas for Board meetings) must be sent to persons who have requested to receive such notices and posted on the Board's website at least 10 calendar days in advance of the meeting. The notice must include a staff person's name, work address, and work telephone number to provide further information prior to the meeting.

Record of Board Meetings

Board Policy

The minutes are a summary of each Board meeting, not a transcript. Board minutes are approved at the next scheduled Board meeting. Once approved, the minutes serve as the official record of the meeting.

Webcasting

The Board will webcast the Board meetings when webcasting staff is available from the Department of Consumer Affairs is available to do so. The webcast will be posted on the Board's website.

Meeting Rules

Board Policy

The Board will be guided by, but not bound, by Robert's Rules of Order when conducting Board meetings, except to the extent where it conflicts with State law (e.g., Bagley-Keene Open Meeting Act).

CHAPTER 3: TRAVEL AND SALARY POLICIES/PROCEDURES

Travel Approval

Board Policy

Executive Order B-06-11

Board members must receive prior approval from the Board President for all travel except for mission critical travel, such as to regularly scheduled Board and committee meetings to which the Board member is assigned, or to statutorily-mandated training, such as Board Member Orientation. Out-of-state travel requires Department of Finance and Governor approvals.

Non-mission critical travel might include:

- Conference attendance
- Networking opportunities
- Professional development courses
- CE classes and seminars
- Non-essential meetings that could be conducted via phone or video conference
- Events for the sole purpose of making a presentation unless explicitly approved by the DCA Director.

The Board President and the Executive Officer must use the Board's annual budget and *Department of Consumer Affairs' Travel Guide* when considering travel requests.

See Appendix B.

Travel Arrangements

Board Policy

Board members shall work with Board staff to make travel arrangements, including airfare, lodging, and ground transportation, when appropriate. The Department of Consumer Affairs (Department) provides instructions for Board members to establish a State travel account under "CalATERS" (California Automated Travel Expense Reimbursement System) to use when making all Board-related airfare arrangements.

Out-of-State Travel

SAM Section 700 et seq.

All out-of-state travel for persons representing the Board must be approved by the Board President and Executive Officer, and is ultimately controlled and approved by the Governor. Once approved for out-of-state travel, Board members will be reimbursed actual lodging expenses, supported by receipts, and will be reimbursed for meal and supplemental expenses according to current reimbursement rates. Travel prior to approval by the Governor restricts the member's ability to represent the Board, and is at the individual Board member's own risk, and reimbursement may be denied.

Travel Claims

SAM section 700 et seq.

All expenses are claimed using CalATERS. Each Board member will work with a designated member of the administrative team to set up a CalATERS account and designate a specified member of the administrative team as an authorized "preparer."

The Board member shall provide travel-related receipts and other necessary documentation to said preparer within 60 days of travel and/or work.

The Department's travel unit uses standard mileage reimbursement. If travel includes side trips other than traveling directly from one point to another and returning, each stop must be itemized and an address included.

See Appendix C.

Per Diem

Business and Professions Code Sections 103 and 2935

Pursuant to Business and Professions Code Section 103, Board members shall receive a per diem of one hundred dollars (\$100) for each day actually spent in the discharge of official duties, and shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.

No public officer or employee shall receive per diem salary compensation for serving on those Boards, commissions, committees, or the Consumer Advisory Council on any day when the officer or employee also received compensation for his or her regular public employment.²

See Appendix D

DRAFT

Travel Reimbursement and Payment of Per Diem

Board Policy B-95-01

The following general guidelines must be adhered to in the payment of per diem or reimbursement for travel:

~~Attendance at events such as hearings, conferences, or meetings other than official Board or committee meetings are to be approved in advance by the Board President and the Executive Officer. Board members attending meetings or events to perform a substantial official service are paid per diem and reimbursed for travel-related expenses.~~

Commented [GE3]: NM recommends striking first sentence as well. Second sentence was already struck.

The term, "day actually spent in the discharge of official duties," means such time as is expended from the commencement of a Board meeting or committee meeting to the conclusion of that meeting. If it is necessary for a Board member to leave early from a meeting, the Board President shall determine if the member has provided a substantial service during the meeting and, if so, shall authorize payment of per diem and reimbursement for travel-related expenses.

Unless it is an emergency, Board members must get prior approval from the Board President to leave a meeting early. Because the Board only meets a few times a year, Board members are expected to stay for the duration of the meeting.

For Board-specified work, Board members are compensated for actual time spent performing work authorized by the Board President. That work includes, but is not limited to, authorized attendance at events, meetings, hearings, or conferences, and enforcement case review. Preparation time for Board or committee meetings is compensated when eight hours are accrued. Attendance at events such as hearings, conferences, or meetings other than official Board or committee meetings are to be approved in advance by the Board President and the Executive Officer.

Commented [GE4]: NM recommends adding this new language and striking the following language.

Board members attending meetings or events to perform a substantial official service are paid per diem and reimbursed for travel-related expenses. Members must submit timesheet summary forms for actual work performed outside a Board meeting in order to be compensated.

Commented [GE5]: NM recommends striking this new language.

CHAPTER 4: OTHER POLICIES/PROCEDURES

Appointment of Executive Officer

Business and Professions Code Sections 107 and 2933

The Board of Psychology (Board) may employ a person as an Executive Officer exempt from civil service.

Specific instructions for the Executive Officer from the Board members regarding implementing policy matters shall be coordinated through the Board President.

Strategic Plan

Board Policy B-94-01

The Board meets to review, evaluate, and update its strategic plan. The strategic plan shall include a mission statement, a vision statement, and strategies to achieve goals, objectives, and critical success factors for each Board program.

See Appendix E.

Improper/Unprofessional Board Member Conduct

A member may be censured by the Board if the Board determines that he or she has acted in an inappropriate manner while conducting Board business.

Removal of Board Members

Board Policy

The Board, by resolution, may **submit a written** request **in writing** to the appointing authority that a member be replaced. The member shall be notified in writing of such proposed action and be given the opportunity to present to the Board his or her written or oral arguments against such action prior to the Board adopting the resolution.

Commented [GE6]: EO recommends removing this section because B&P grants authority for removal of Members.

Business and Professions Code Sections 106 and 2924

The Governor has power to remove from office any member of the Board for neglect of any required duty, for incompetency, or for unprofessional conduct.

Business and Professions Code Section 106.5

The Governor may also remove from office a Board member who directly or indirectly discloses examination questions to an applicant for examination for licensure, which may also constitute a misdemeanor.

Resignation of Board Members

Government Code Section 1750

In the event that it becomes necessary for a Board member to resign, a letter shall be sent by the resigning member to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by

State law. A copy of this letter shall also be sent to the ~~e~~Director of the Department of Consumer Affairs, the Board President, and the Executive Officer.

Officers of the Board

Business and Professions Code Section 2925; ~~Government Code Section 1750~~

The Board shall elect annually a President and Vice-President from among its members.

Election of Officers

Board Policy

Elections for the offices of President and Vice-President shall be conducted at the last scheduled Board meeting of the year. The newly elected President and Vice-President shall assume duties effective January 1 following the election.

Officer Vacancies

Board Policy

If the office of the President becomes vacant, the Vice-President assumes the office of the President on an interim basis and until election of officers at the next scheduled Board meeting.

Access to Board Files and Records

Board Policy

No Board member may access a licensee, applicant, or complaint file without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records must not be removed from the Board's office.

Communications with Other Organizations/Individuals

Board Policy

The Executive Officer, his or her designee, or the Board President shall serve as spokesperson to the media or to any individual or organization on Board actions, policies, or any communication that is deemed sensitive or controversial. Any Board member who is contacted by any of the above should terminate the contact and inform the Executive Officer or the Board President.

Board Staff

Board Policy

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, all authority and responsibility for management of the civil service staff is delegated to the Executive Officer. Individual Board members should not intervene or become involved in specific day-to-day Board office operations. However, the Board must hold the Executive Officer accountable for supervising all day-to-day operations.

Board Administration

Board members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer under the supervision of the Board President.

Examination Preparation

Board Policy

Board members shall not perform any function of examination development for the Board or the Department during their term as Board members.

Correspondence

Board Policy

Originals of any correspondence received by Board members regarding official Board business must be given to the Executive Officer and maintained in the Board's office files.

Statement of Economic Interest

Government Code Section 81000 et.seq.

The Political Reform Act requires appointed Board members to publicly disclose their personal assets and income. The Fair Political Practices Commission (FPPC) is the agency responsible for maintaining the Statement of Economic Interests Form 700. Board members must complete a Statement of Economic Interest when appointed, annually and upon leaving office. The Form 700 must be filed annually on or before April 1, or risk sanctioning by the FPPC.

See Appendix F.

Sexual Harassment Prevention Policy

It is the policy of the Department of Consumer Affairs (DCA) that all employees and nonemployees assume responsibility for maintaining a work environment free from all forms of sexually harassing conduct and/or behavior.

See Appendix G.

Contact with Licensees

Board Policy

Board members must not intervene on behalf of a licensee for any reason. All contacts or inquiries must be forwarded to the Executive Officer or Board staff.

Contact with Complainant/Respondent

Board members must not directly participate in complaint handling and resolution or investigations. To do so would subject the Board member to disqualification in any future disciplinary action against the

licensee. If a Board member is contacted by a complainant/respondent or his or her attorney, he or she should refer the individual to the Executive Officer or Board staff.

Gifts from Applicants, Registrants, or Licensees of the Board

Board Policy

Gifts of any kind to Board members from applicants, registrants, or licensees of the Board are not permitted.

The Political Reform Act¹ (the “Act”) imposes limits on gifts, prohibits honoraria payments², and imposes limits and other restrictions on the receipt of travel payments and personal loans by the following state officials:

- Elected state officers, candidates for elective state office, and other state officials specified in Section 87200 of the Government Code (GC);³
- Members of state boards and commissions; and
- Designated employees of state agencies (i.e., officials and employees of state agencies who file statements of economic interests (Form 700) under their agency’s conflict of interest code).

Elected state officers, candidates for elective state office, and other state agency officials and employees are subject to two gift limits:

1. \$10 Lobbyist Gift Limit. Elected state officers, candidates for elective state office, and most legislative employees may not accept gifts aggregating to more than \$10 in a calendar month either from or arranged by any single registered state lobbyist or lobbying firm. State agency officials, including board⁴ Board and commission⁵ Commission members, officials who manage public investments, and employees, may not accept gifts aggregating to more than \$10 in a calendar month either from or arranged by a single registered state lobbyist or lobbying firm if the lobbyist or firm is registered to lobby the official or employee’s agency. (GC Sections 86201-86204.)
2. \$500 Gift Limit. Gifts from any other single source may not exceed \$500 (2019-2020 limit) in a calendar year. For officials and employees who file statements of economic interests (Form 700) under a state agency’s conflict of interest code (“designated employees”), this limit applies only if the official or employee would be required to report income or gifts from that source on the Form 700, as outlined in the “disclosure category” portion of the agency’s conflict of interest code. (GC Section 89503.)

A “gift” is any payment or other benefit that confers a personal benefit for which a public official does not provide payment or services of equal or greater value. A gift includes a rebate or discount in the price of anything of value unless the rebate or discount is made in the regular course of business to members of the public. (Government Code GC Section 82028.) (2 CCR § 18946 See FPPC Regulation 18946 for valuation guidelines.) A public official has “received” or “accepted” a gift when he or she has actual possession of the gift or when he or she takes any action exercising direction or control over the gift, including discarding the gift or turning it over to another person. This includes gifts that are

accepted by someone else on the official's behalf and gifts made to others at the direction of the official. (2 CCR § FPPC Regulation 18941.)

Failure to comply with the laws related to gifts, honoraria, loans, and travel payments may, depending on the violation, result in criminal prosecution and substantial fines, or in administrative or civil monetary penalties for as much as \$5,000 per violation or three times the amount illegally obtained. (See GC Sections 83116, 89520, 89521, 91000, 91004 and 91005.5.)

Conflict of Interest

Government Code Section 87100

No Board member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Board member who has a financial interest shall disqualify himself or herself from making or attempting to use his or her official position to influence the decision. Any Board member who feels he or she is entering into a situation where there is a potential conflict of interest should immediately consult the Executive Officer or Board President.

Board Policy B-96-02

It is a conflict of interest for a Board member to seek office in a professional association or to actively sponsor or support others seeking office in such associations, use his or her position as a Board member to further their own personal interests, discuss confidential Board business with anyone except other Board members and Board staff, or publicly espouse opinions on behalf of the Board without specific Board approval to do so.

CHAPTER 5: DUTIES OF THE BOARD PRESIDENT AND VICE-PRESIDENT

Board President

Board Policy

The President does at least the following:

- Preside at open/closed session Board meetings and official regulation hearings.
- Meet with Board management and legal counsel in advance of each quarterly Board meeting to review the agenda book, any anticipated issues, and management/staff concerns as to the agenda items.
- Assure that agenda timeframes are followed and that meeting proceed in an orderly and effective fashion.
- Appoint chairpersons of all committees, define the responsibilities of the chairpersons, and make committee appointments.
- Assure that all Board Members adhere to all Board policies, including attendance at Board and committee meetings and voting on enforcement matters.

- Serve as delegate or alternate delegate to state and national associations or appoint another Board Member to serve in such capacity.
- Represent the Board in communications relating to Board actions or policy or designate another Board Member to represent him/her if necessary, including attending legislative hearings or meetings.
- Review, revise and sign correspondence to legislative officers and the Governor's office regarding Board decisions, bill positions taken by the Board, and upcoming Board activities.
- Approve or disapprove Board members' travel other than regularly scheduled Board or committee meetings.
- Make decisions respecting emergency or urgent matters between meetings of the Board.
- Sign decisions, orders and rulings of the Board and Board minutes after approval by the Board and making oneself readily available to review, sign and expeditiously transmit to Board staff.
- Serve as liaison between the Board and Department's Deputy Director of Board and Bureau Services.
- Serve as immediate supervisor of the Executive Officer. Approve time off requests, sign monthly time sheets, and approve travel expenses. Regular meetings and communications as to Board operations, the agendas for upcoming meetings, and external affairs. Lead the performance evaluation of the Executive Officer, including soliciting comments from all Board members, preparing the evaluation, meeting with the Executive Officer to review the evaluation, and act as representative of Board in recommending salary adjustments.
- Chair the Sunset Review Committee which includes the Vice President and key staff. Meet with staff to review draft reports to the Senate and Assembly Business and Professions committees and testify before the legislature.
- Drafts quarterly column for the Board's Journal and reviews and provides comments as to the publication as a whole.
- Coordinate with and maintains regular communication with the Vice President as to issues relevant to Board meetings, Board policy, and operational concerns.
- Assume responsibilities usually vested in or customarily incident to the office of President and otherwise prescribed provided by law.

See Appendix H.

Vice-President

The Vice President does at least the following:

- If the President is temporarily unable or unwilling to perform assigned duties as President, the Vice President shall perform all of the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon, the President.
- Serve on the Sunset Review Committee with the Board President and key staff. Meet with staff to review draft reports to the Senate and Assembly Business and Professions committees and testify before the legislature.
- Coordinates with and maintains regular communications with the President as to regarding issues relevant to Board meetings, Board policy, and operational concerns.
- Aids and advises the President in preparing for and in the orderly conduct of quarterly Board meetings and issues as they present themselves throughout the year.

CHAPTER 6: EXECUTIVE OFFICER

Appointment

The Board appoints an Executive Officer who is exempt from civil service and serves at the pleasure of the Board.

Role

The Executive Officer implements the policies developed by the Board.

Recruitment

The Board may institute an open recruitment plan to obtain a pool of qualified Executive Officer candidates. It may also utilize departmental personnel recruitment procedures.

Selection

A qualified candidate for Executive Officer must demonstrate the ability to supervise employees and handle conflict resolution and complaint mediation. The Executive Officer must also demonstrate effective written and verbal communication skills and have knowledge and expertise in the areas of legislation, regulations, administration, examination, licensing, enforcement, and budgets.

The selection of a new Executive Officer is included as an item of business, which must be included in a written agenda and transacted at a public meeting.

Performance Appraisal of the Executive Officer

Memo OHR 2/14/13, Government Code Section 11126(a), and Board Policy P-97-02

The Board evaluates its Executive Officer on an annual basis. Approximately two months before the meeting, the Department's Office of Human Resources will direct that all Board members receive a copy of the evaluation form with instruction to complete their evaluations individually and forward them directly to the Board President. The Board President will review all evaluations and collate the ratings and comments for submission to the Department.

See Appendix I.

Each year, the matter of the Executive Officer evaluation will be placed on the agenda. The Board members will meet first in closed session to determine what action, if any, needs to be taken. The Board members will then meet with the Executive Officer to discuss the appraisal. Further actions will be taken in accordance with the Open Meetings Act.

The Board evaluates its Executive Officer on an annual basis. Approximately two months before the final in-person Board meeting of the year, the President contacts the Department's Board & Bureau Services to obtain the current Executive Officer evaluation form and then distributes it to all Board members with instructions to complete their evaluations individually and forward them directly to the Board President. The President follows up as the meeting draws nearer to obtain any outstanding Board member responses to the extent possible. The Board member's individual evaluations are then collated by the President into a master summary for discussion at the last in-person Board meeting of the year by all of the Board members. At that time, the President solicits any additional input or comments. The Executive Officer then joins the meeting in closed session, unless otherwise dictated by law or regulation, to receive feedback and to solicit the Executive Officer's response, if any. Following the Board meeting, the Board President will create a final written summary of the ratings and comments for an in-person discussion with the Executive Officer, execution by the Executive Officer and the President, and submission to the Department.

Government Code Section 11126

Matters relating to the performance of the Executive Officer are discussed by the Board in closed session unless the Executive Officer requests that ~~it be discussed in open session~~ matters related to complaints or to discuss termination be discussed in open session.

Commented [GE7]: NM recommends this wording.

CHAPTER 7: BOARD COMMITTEES

Standing Committees

The Board of Psychology (Board) has three standing committees:

- Outreach and Communications Committee
- Legislative and Regulatory Affairs Committee
- Licensure Committee

Ad Hoc Committees (Active)

The Board has three active ad hoc committees:

- Emergency Preparedness Committee
- Enforcement Committee
- Sunset Review Committee
- Telepsychology Committee

Commented [GE8]: Added June 25, 2020

Ad Hoc Committees (Inactive)

The Board has two inactive ad hoc committees:

- Applied Behavioral Analysis (ABA) Task Force
- EPPP2 Task Force

Internal organization of each committee is at the President's discretion.

Committee Appointments

The Board President determines committee composition, whether standing or ad hoc; however, committee members may make recommendations for new members.

Ad hoc committees will be established by the Board as needed. Members and the chairperson will be appointed by the President. Ad hoc committees may include the appointment of non-Board members.

Report of Committee Meetings

Each committee chair provides a report to the full Board at its regularly scheduled Board meeting. The Board can approve the committee report with any and all of the recommendations contained in the report, or approve a portion of the report, and discuss certain items and vote on them separately.

Outreach and Communications Committee

The goal of this committee is to provide critical information to all Californians regarding the evolving practice of psychology, relevant and emerging issues in the field of psychology, and the work of the Board.

Legislative and Regulatory Affairs Committee

The goal of this committee is to advocate and promote legislation that advances the ethical and competent practice of psychology to protect consumers of psychological services. The committee reviews and tracks legislation that affects the Board, consumers, and the profession of psychology, and recommends positions on legislation for consideration by the Board.

See Appendix J.

Licensure Committee

The goal of this committee is to ensure valid licensing policies and procedures, making recommendations on changes as appropriate. The committee will also ensure a valid and reliable examination process to assess professional knowledge, as well as the laws and ethics governing the profession, working with such entities as the Association of State and Provincial Psychology Boards (ASPPB) and the Department's Office of Professional Examination Services.

Enforcement Committee

The goal of this committee is to protect the health and safety of consumers of psychological services through the active enforcement of the statutes and regulations governing the safe practice of psychology in California. The Committee reviews the Board's Disciplinary Guidelines and enforcement statutes and regulations and submits recommended amendments to the full Board for consideration.

Sunset Review Committee

The goal of this committee is to review staff's responses to the questions asked by the Assembly Business and Professions and the Senate Business, Professions and Economic Development Committees. The Committee formulates and reviews the responses before submission to the full Board.

Telepsychology Committee

The goal of this committee is to develop regulatory language for the practice of psychology that is conducted remotely within the State of California and interstate practice that is conducted remotely. This is a rapidly developing area of the profession, and technology has outpaced the current guidelines.

Applied Behavioral Analysis (ABA) Task Force

This committee is comprised of two Board Members and relevant stakeholders.

EPPP2 Task Force

This committee is comprised of two Board Members and relevant stakeholders.

Commented [GE9]: It has been suggested to add descriptions of what each of these Task Forces do, in order to be consistent with the previous sections about the various committees and the roles they serve. Language will be written at a later date.

CHAPTER 8: BOARD DELEGATIONS

PILOT LEGISLATIVE COMMITTEE GUIDELINE

The Board committees are advisory and may recommend actions to the Board. Recommendations and reports of committees shall be submitted to the full Board for consideration and approval. However, the Board hereby delegates to the Executive Officer and the Legislative and Regulatory Affairs Committee Chair the authority to take action – only in the event that time constraints or quorum preclude Board action – on legislation that changes the Psychology Licensing Law, impacts a previously-established Board policy, or affects the public's health, safety or welfare as it pertains to the Mission of the Board. Before taking a position on legislation, the Executive Officer or Legislative and Regulatory Affairs Committee Chair shall consult with the Board President. The Board shall be notified of such action as soon as possible.

Submission and Review Guidelines for Extension Requests

Requests may be submitted to extend the following time limitation pursuant to the California Code of Regulations Sections 1391.1(b) and 1387(a):

- 72-month limitation for psychological assistant registration;
- 30-month limit to accrue 1,500 hours of pre or post-doctoral supervised professional experience (SPE); or
- 60-month limit to accrue 3,000 hours of post-doctoral SPE.

Commented [GE10]: NM questions why Guidelines are included at all.

Submission Guidelines

To submit an extension request, please provide the following information to the Board for review via email at boplicensing@dca.ca.gov:

- In the subject line, indicate the type of extension request by stating whether it is for an extension to the 72-month registration limitation period of a psychological assistant registration or the 30- or 60-month time limitation in accruing SPE.
- The length of the extension.
- The reason for the extension request.
- Attach any documents (e.g., medical letter, birth/death certificates, timeline, etc.) that support the stated reason(s) for the extension request.

Review Guidelines

Commented [GE11]: NM comments that these are not board decisions and questions why this section is included.

The following information serves as guidelines to assist Board staff in the preliminary review of straightforward requests for extension. Please note that requests made based on the following listed reason(s) do not indicate an automatic approval, as they will be reviewed on a case-by-case basis. Requests submitted may still be subject to the review of the Licensure Committee at its future scheduled meeting prior to a final determination is made.

Reasons for Extension	Parameters	Length of Extension
Disability under the ADA*	Unable to practice	1-year or less
Care of family member		
Injury or accident		
Parental leave		

The intent of a psychological assistant registration is to allow an individual to accrue the necessary SPE required for licensure as a psychologist. An extension to a registration beyond the 72-month limitation is unnecessary if the individual has successfully accrued all required experience.

*ADA - Americans with Disabilities Act

CHAPTER 9: ASSOCIATION MEMBERSHIP

Association of State and Provincial Psychology Boards

The Board maintains membership in the Association of State and Provincial Psychology Boards (ASPPB). This organization is the alliance of state, provincial, and territorial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. ASPPB is the owner and developer of the national examination for licensure and certification in psychology. A national database of regulatory actions taken against licensed psychologists is maintained by ASPPB. Membership in the association aids the Board in staying current with relevant and emerging issues on a national level.

Council on Licensure, Enforcement and Regulation (CLEAR)

CLEAR is an association of individuals, agencies and organizations that comprise the international community of professional and occupational regulation, providing This association provides a forum for improving both the quality and understanding of regulation to enhance public protection. The Board's membership is part of a Department of Consumer Affairs (DCA) organizational membership and does comes with voting privileges represented by a single organization vote.

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APPENDICES

Appendix A

Bagley-Keene Open Meeting Act:

www.dca.ca.gov/publications/bagleykeene_meetingact.pdf

Appendix B

Department of Consumer Affairs (DCA) Travel Guide:

inside.dca.ca.gov/offices/oas/accounting/travel_guide.pdf

Appendix C

Department of Human Resources 2014 2020 Mileage Reimbursement Rate

<https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>

Appendix D

Travel and Expense Per Diem Form

Appendix E

2019-2023 Strategic Plan

Appendix F

Form 700:

<http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/Form%20700/2019-2020/Form%20700%202019.2020%20IA.pdf>

Appendix G

Department Policy EEO 12-01:

https://inside.dca.ca.gov/documents/eeo_1201.pdf

Appendix H

Board President Supervisory Expectations

Appendix I

DCA Executive Officer Performance Evaluation Guide

www.dpa.ca.gov/pv_obj_cache/pv_obj_id_EFF6E9241108A87DBEFCEFAF204DEC8F41C10700/filename/executive-officer-performance-evaluation-guide-dca.pdf

Appendix J

Overview of Legislative and Rulemaking Processes

www.oal.ca.gov/res/docs/pdf/howtoparticipate.pdf
senweb03.sen.ca.gov/ebrochure/SD34/SD34-Government-Life%20Cycle%20of%20Legislation.pdf

MEMORANDUM

DATE	October 19, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a): Legislative and Regulatory Update – Review Status of Proposed Legislation

Below is summary of the bills the Board has a formal position on, and watching without a formal position. The bills had no major changes since the Board saw them Board saw them, other than the status of the bill. A traditional memo for each bill can be found after this summary.

SUMMARY: BOARD POSITION ON BILLS			
<u>Agenda Item</u>	<u>Bill</u>	<u>Board Position</u>	<u>Status</u>
9(a)(1)(A)	AB 1145 (Garcia) Child abuse: reportable conduct	Support	Chaptered
9(a)(1)(B)	AB 1263 (Low) Contracts: consumer services: consumer complaints	Support	Failed
9(a)(1)(C)	AB 2112 (Ramos) Suicide prevention	Support	Chaptered
9(a)(1)(D)	AB 2164 (Rivas, Robert) Telehealth	Support	Vetoed
9(a)(1)(E)	AB 2253 (Low) Professional licensure	Support	Chaptered
9(a)(1)(F)	AB 2360 (Maienschein) Telehealth: mental health	Support	Vetoed
9(a)(1)(G)	AB 2630 (Flora) Criminal history information: subsequent arrest notification	Support	Failed
9(a)(1)(H)	AB 2704 (Ting) Healing arts: licensees: data collection	Support	Failed
9(a)(1)(I)	AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses	Oppose	Failed
9(a)(1)(J)	SB 53 (Wilk) Open meetings	Oppose	Failed
9(a)(1)(K)	SB 66 (Atkins) Medi-Cal: federally qualified health center and rural health clinic services	Support	Failed

9(a)(1)(L)	SB 1474 (Committee on Business, Professions and Economic Development) Professions and Vocations	Support	Chaptered
*For bills that were vetoed, please refer to agenda item for veto message			

SUMMARY: WATCH BILLS			
<u>Agenda Item</u>	<u>BILL</u>	<u>Board Position</u>	<u>Status</u>
9(a)(2)(A)	AB 499 (Mayes) Personal information: social security numbers: state agencies.	Watch	Chaptered
9(a)(2)(B)	AB 613 (Low) Professions and vocations: regulatory fees	Watch	Failed
9(a)(2)(C)	AB 798 (Cervantes) Maternal mental health	Watch	Failed
9(a)(2)(D)	AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions	Watch	Failed
9(a)(2)(E)	AB 1911 (Maienschein) State agencies: veterans	Watch	Failed
9(a)(2)(F)	AB 2028 (Aguiar-Curry) State agencies: meetings	Watch	Failed
9(a)(2)(G)	AB 2093 (Gloria) Public records: writing transmitted by electronic mail: retention	Watch	Failed
9(a)(2)(H)	AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing	Watch	Chaptered
9(a)(2)(I)	AB 2138 (Chau) California Public Records Act	Watch	Failed
9(a)(2)(J)	AB 2164 (Rivas, Robert) Telehealth	Watch	Vetoed
9(a)(2)(K)	AB 2185 (Patterson) Professions and vocations: applicants licensed in other states: reciprocity	Watch	Failed
9(a)(2)(L)	AB 2438 (Chau) California Public Records Act: conforming revisions	Watch	Failed
9(a)(2)(M)	AB 2476 (Diep) Healing arts licensees	Watch	Failed
9(a)(2)(N)	AB 2549 (Salas) Department of Consumer Affairs: temporary licenses	Watch	Failed
9(a)(2)(O)	AB 2631 (Cunningham) License fees: military partners and spouses	Watch	Failed

9(a)(2)(P)	AB 2856 (Committee on Business and Professions) Board of Psychology	Watch	Failed
9(a)(2)(Q)	AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses	Watch	Failed
9(a)(2)(R)	SB 806 (Grove) Worker status: employees: independent contractors	Watch	Failed
9(a)(2)(S)	SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times	Watch	Chaptered
<i>*For bills that were vetoed, please refer to agenda item for veto message</i>			

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(A) – AB 1145 (Garcia, Christina) Child abuse: reportable conduct

Background:

For the purposes of the Child Abuse Neglect Reporting Act (CANRA), this bill would revise the definition of sexual assault to no longer include any acts under Penal Code Sections 286 (sodomy), 287 or former Section 288a (oral copulation), and Section 289 (sexual penetration), if committed voluntarily and if there are no indicators of abuse, unless the conduct is between a person 21 years of age or older and a minor who is under 16 years of age.

This bill provides for equal treatment of consenting minors under the law regardless of the type of consensual sexual activities they engage in and provides clarity on the requirements of mandatory reporters under CANRA in these situations.

At the April 24-26 2019, Board Meeting, the Board took a **Support** position on AB 1145 (Garcia, Christina).

Location: Secretary of State

Status: 9/26/2020 Chaptered by Secretary of State - Chapter 180, Statutes of 2020.

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(1)(B): AB 1263 (Low) Contracts: consumer services: consumer complaints

Background:

This bill would prohibit a contract or proposed contract involving the provision of a consumer service by a licensee regulated by a licensing board from including a provision limiting the consumer's ability to file a complaint with that board or to participate in the board's investigation into the licensee. The bill would specify that a waiver of these provisions is contrary to public policy and is void and unenforceable. The bill would provide that a violation of these provisions by a licensee constitutes unprofessional conduct subject to discipline by the licensee's regulatory board.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 1263 (Low).

Location: Senate Committee on Business Professions and Economic Development

Status: Failed deadline.

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(C) – AB 2112 (Ramos) Suicide prevention

Background:

This bill would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department and would specify authorized responsibilities of the office if established, including, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The bill would authorize the office to apply for and use federal grants.

This bill is consistent with the Board's previous advocacy addressing suicide prevention efforts. AB 89 (Levine, Chapter 182, Statutes of 2017) was a Board-sponsored bill which required psychologists to obtain or provide verification of six hours of training in suicide assessment and intervention.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 2112 (Ramos).

Location: Secretary of State

Status: 9/25/2020 Chaptered by Secretary of State - Chapter 142, Statutes of 2020..

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item a(a)(1)(D): AB 2164 (Robert Rivas) Telehealth

Background:

This bill would provide that an Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.

Section 174132.100(g)(1) of the Welfare and Institutions Code defines “visit” as:

An FQHC or RHC “visit” means a face-to-face encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, or a visiting nurse.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 2164 (Robert Rivas).

Location: Assembly

Status: 9/26/20 Vetoed by the Governor

Veto Message:

To the Members of the California State Assembly:

I am returning Assembly Bill 2164 without my signature.

This bill would authorize a Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) to establish a relationship with a patient who is located within their service area by synchronous or asynchronous (store-and-forward) telehealth. AB 2164 would

sunset 180 days after the COVID-19 Public Health Emergency has been terminated by the state of California.

While I am supportive of utilizing telehealth to increase access to primary and specialty care services, the Department of Health Care Services is currently in the process of evaluating its global telehealth policy to determine what temporary flexibilities should be extended beyond the COVID-19 pandemic. Changes to FQHC and RHC telehealth is better considered within the context of a global assessment around telehealth in the state of California. Further, the cost of these changes is also more appropriately considered alongside other policy changes in the budget process next year.

Sincerely,

Gavin Newsom

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(1)(E): AB 2253 (Low) Professional Licensure

Background:

This bill would clarify that, in an exempt setting, experience that constitutes qualifying experience for licensure, or experience required for licensure, as applicable, is determined by reference to the act regulating the profession.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 2253 (Low).

Location: Secretary of State

Status: 9/29/20 Chaptered by Secretary of State - Chapter 279, Statutes of 2020.

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(1)(F): AB 2360 (Maienschein) Telehealth: mental health

Background:

This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require the consultation to be done by telephone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence-based treatment options, including psychotherapy. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 2360 (Maienschein).

Location: Assembly

Status: 9/26/20 Vetoed by Governor

Veto Message:

To the Members of the California State Assembly:

I am returning Assembly Bill 2360 without my signature.

This bill would require health care service plans, including Knox-Keene licensed Medi-Cal managed care health plans, to provide access to a provider-to-provider telehealth

consultation program for providers who treat children and pregnant and postpartum persons.

While I appreciate the author's intent to expand mental health services for children and pregnant and postpartum persons, the bill would create costs that would be more appropriately addressed through the annual budget process.

Sincerely,

Gavin Newsom

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(G) – AB 2630 (Flora) Criminal history information: subsequent arrest notification

Background:

This bill would provide that the Department of Justice (DOJ) is authorized to submit fingerprints to the Federal Bureau of Investigation (FBI) where they will be retained for the purpose of being searched against future submissions to the FBI. This bill would authorize the DOJ to search latent fingerprint images against all retained fingerprint submissions. This bill would also authorize the DOJ to collect fees for federal subsequent notification services and remit the fees to the FBI.

From correspondence from the DOJ, “What we learned as we planned for the implementation of AB 2461 [Flora, Chapter 300, Statutes of 2018] was that for the DOJ to participate in the federal Rap Back program (enabling the DOJ to provide subsequent federal arrest and disposition information to applicant agencies,) the FBI required explicit authority in California law to allow them to retain fingerprints for this purpose.”

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 2630 (Flora).

Location: Assembly Committee on Public Safety

Status: Failed deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	June 23, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(1)(H): AB 2704 (Ting) Healing arts: licensees: data collection

Background:

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of healing arts within their respective jurisdictions and to, among other things, collect and report specific demographic data relating to their licensees, subject to a licensee's discretion to report their race or ethnicity, to the Office of Statewide Health Planning and Development. Existing law requires these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license. Existing law also authorizes the Board of Registered Nursing to expend \$145,000 to implement these provisions.

This bill would repeal the provisions applicable only to the licensees of those boards and, instead, would require all boards that oversee healing arts licensees to collect at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information and to post the information on the internet websites that they each maintain. The bill would also require each board, or the Department of Consumer Affairs on its behalf, beginning on July 1, 2021, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and to only release information in aggregate form, as specified.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position for AB 2704 (Ting).

Location: Assembly Committee on Business and Professions

Status: Failed deadline

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(I) – AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses

Background:

This bill would require boards not subject to the temporary licensing provisions described in Business and Professions Code Section 115.6, to issue a license to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the Board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license.

At the July 9-10, 2020, Board meeting, the Board adopted an **Oppose** position on AB 3045 (Gray).

Location: Senate Committee on Business, Professions, and Economic Development

Status: Failed deadline

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(J) – SB 53 (Wilk) Open meetings

Background:

This bill would modify the Bagley-Keene Open Meeting Act (Bagley-Keene) to require two-member advisory committees of a “state body” to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body, and the advisory committee is supported, in whole or in part, by funds provided by the state body.

All items that are created or modified during two-member advisory committees are brought to the Board in an open meeting for discussion and approval. The Board of Psychology only utilizes a two-person committee structure when necessary due to concerns for employee safety and the necessity for a collaborative discussion of confidential information which could not be discussed in depth during a public meeting.

At the April 24-26, 2019 Board Meeting, the Board adopted an **Oppose** position on SB 53 (Wilk).

Location: 7/11/2019 Assembly Committee on Appropriations

Status: Failed deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(K) – SB 66 (Atkins) Medi-Cal: federally qualified health center and rural health clinic services

Background:

This bill would have allowed Medi-Cal reimbursement for a patient receiving both medical and mental health services at a federally qualified health center (FQHC) or rural health clinic (RHC) on the same day.

At the April 24-26, 2019 Board Meeting, the Board adopted a **Support** position on SB 66 (Atkins).

Location: 9/1/2019 Assembly Floor

Status: Failed deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 21, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(1)(L) – SB 1474 (Committee on Business Professions and Economic Development) Business and Professions

Background:

This bill would modify the Board's Sunset date to January 1, 2022.

At the July 9-10, 2020, Board meeting, the Board adopted a **Support** position on SB 1474 (Committee on Business, Professions, and Economic Development).

Location: Secretary of State

Status: 9/29/2020 Chaptered by Secretary of State. Chapter 312, Statutes of 2020.

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(A): AB 499 (Mayes) Personal information: social security numbers: state agencies

Background:

This bill would prohibit a state agency from sending any outgoing mail that contains an individual's full social security number unless, under the particular circumstances, federal law requires inclusion of the full social security number. The bill would require each state agency, on or before September 1, 2021, to report to the Legislature when and why it mails documents that contain individuals' full social security numbers. The bill would require a state agency that, in its own estimation, is unable to comply with the prohibition to submit an annual corrective action plan to the Legislature until it is in compliance. The bill would require a state agency that is not in compliance with the prohibition to offer to provide appropriate identity theft prevention and mitigation services to any individual, at no cost to the individual, to whom it sent outgoing United States mail that contained the individual's full social security number, as specified.

Location: Secretary of State

Status: 9/25/2020: Chaptered by Secretary of State - Chapter 155, Statutes of 2020.

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(B): AB 613 (Low) Professions and vocations: regulatory fees

Background:

This bill would authorize each board within the department to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation.

Location: Senate Committee on Business, Professions, and Economic Development

Status: Failed Deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(C): AB 798 (Cervantes) Maternal mental health

Background:

This bill would declare the intent of the Legislature to address the shortage of treatment options for women suffering from maternal mental health disorders, including postpartum depression and anxiety disorders. This bill would create a pilot program, in the 10 largest counties by population, designed to increase the capacity of health care providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program would be coordinated by the State Department of Public Health and be privately funded. The bill would require the department to submit a report to the Legislature regarding the pilot program 6 months after the results of the pilot program are reported, as specified. The bill would repeal these provisions on January 1, 2025. Because the bill would require the 10 largest counties by population to participate in the program, the bill would impose a state-mandated local program.

Location: Senate Committee on Appropriations

Status: Failed Deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(D): AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions.

Background:

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime to, within 6 months of receiving the expungement order for the underlying offense from the person, post notification of the expungement order and the date thereof on the board's internet website if the person applies for licensure or is relicensed, or remove the initial posting on its internet website that the person's license was revoked if the person is not currently licensed and does not reapply for licensure, as specified. The bill would require a person to pay a fee, to be determined by the department, to the board for the cost of administering the bill's provisions.

Location: Senate Committee on Business, Professions, and Economic Development

Status: Failed Deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(E): AB 1911 (Maienschein) State agencies: veterans.

Background:

Existing law requires, as of July 1, 2014, every state agency that requests on any written form or written publication, or through its internet website, whether a person is a veteran, to request that information in a specified manner.

This bill would delete the above-described provisions and instead would require each state agency, among other things, to include questions on its intake forms to determine whether an applicant is affiliated with the United States Armed Forces. The bill would require the state agency, through the intake form, to request permission from that person to transmit their contact information to the Department of Veterans Affairs so that the person may be notified of potential eligibility to receive state and federal veterans benefits.

The bill would require each state agency to electronically transmit to the Department of Veterans Affairs specified information regarding each applicant who has identified that they or a family member has served in the United States Armed Forces and has consented to be contacted about military, veterans, family member, or survivor benefits.

Location: Assembly Committee on Veterans Affairs

Status: Failed deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(F): AB 2028 (Aguiar-Curry) State agencies: meetings.

Background:

This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require these writings and materials to be made available on the internet website, and to people who so request in writing, on the same day as they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier. The bill would provide that a state body may only distribute or discuss these writings or materials at a meeting of the state body if it has complied with these requirements. The bill would except writings or materials relating to matters to be discussed in a closed session from its requirements and would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, as they become available, after the prescribed deadlines. The bill would specify that its provisions do not authorize a state body to remove writings and materials from an internet website.

Existing law requires that a state body provide an opportunity for members of the public to directly address the body on each agenda item. Existing law exempts from this requirement, among other things, an agenda item that has already been considered by a committee composed exclusively of members of the state body at a public meeting where members of the public were afforded an opportunity to address the committee on the item.

This bill would delete this exception, thereby making the requirement to provide an opportunity to address the state body applicable to an agenda item for which the public had an opportunity to address it at a public meeting of a committee of the state body.

Location: Senate Floor

Status: Failed deadline.

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(G): AB 2093 (Gloria) Public records: writing transmitted by electronic mail: retention.

Background:

This bill would, unless a longer retention period is required by statute or regulation, or established by the Secretary of State pursuant to the State Records Management Act, require a public agency, for purposes of the California Public Records Act, to retain and preserve for at least 2 years every public record, as defined, that is transmitted by electronic mail.

Location: Assembly Committee on Appropriations

Status: Failed deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(H): AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing

Background:

This bill, notwithstanding any other law, would require a board within the department to expedite, and authorize it to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are a refugee, have been granted political asylum, or have a special immigrant visa, as specified. Nothing in this section shall be construed as changing existing licensure requirements. A person applying for expedited licensure under this bill shall meet all applicable statutory and regulatory licensure requirements. The bill would authorize a board to adopt regulations necessary to administer these provisions.

Location: Secretary of State

Status: 9/27/20 Chaptered by Secretary of State - Chapter 186, Statutes of 2020.

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(I): AB 2138 (Chau) California Public Records Act

Background:

This bill would recodify and reorganize the provisions of the Public Records Act. The bill would include provisions to govern the effect of recodification and state that the bill is intended to be entirely non-substantive in effect. The bill would contain related legislative findings and declarations. The bill would become operative on January 1, 2022.

Location: Assembly Committee on Judiciary

Status: Failed Deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(2)(K)– AB 2185 (Patterson and Gallagher) Professions and vocations: applicants licensed in other states: reciprocity

Background:

This bill would require the California Board of Psychology (Board) to issue a license for the practice of psychology, to a person that is married to, or is in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, who is assigned to a duty station in California, and licensed in another state, subject to additional requirements.

Board staff was advised that Assembly Member Patterson will not be pursuing this bill.

Location: Assembly Committee on Business and Professions

Status: Failed deadline

Action Requested:

No Action is requested at this time. This is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(L): AB 2438 (Chau) California Public Records Act: conforming revisions.

Background:

This bill would enact various conforming and technical changes related to another bill that recodifies and reorganizes the California Public Records Act. The bill would only become operative if the related bill recodifying the act is enacted and becomes operative on January 1, 2022. The bill would also specify that any other bill enacted by the Legislature during the 2020 calendar year that takes effect on or before January 1, 2022, and that affects a provision of this bill shall prevail over this act, except as specified.

Location: Assembly Committee on Judiciary

Status: Failed deadline

Action Requested:

No action is required at this time. This item is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(M): AB 2476 (Diep) Healing arts licensees

Background:

Existing law relating to health care practitioners requires a board, as defined, to report to the State Department of Health Care Services the name and license number of a person whose license has been revoked, suspended, surrendered, made inactive by the licensee, or placed in another category that prohibits the licensee from practicing the licensee's profession, to prevent reimbursement by the state for Medi-Cal and Denti-Cal services provided after the cancellation of a provider's professional license.

This bill would make non-substantive changes to that reporting provision.

Location: Assembly

Status: Failed deadline

Action Requested:

No action is required at this time. This is for informational purposes only.

MEMORANDUM

DATE	October 22, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(N): AB 2549 (Salas) Department of Consumer Affairs: temporary licenses

Background:

This bill would expand the requirement in Business and Professions Code section 115.6, which relates to issuing temporary licenses for individuals married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders, to include licenses issued by the Veterinary Medical Board, the Dental Board, the Dental Hygiene Board, the Board of Pharmacy, the Board of Barbering and Cosmetology, the Board of Psychology, the Board of Occupational Therapy, the Physical Therapy Board, and the Board of Accountancy. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation.

The bill would require a board to submit to the department for approval draft regulations necessary to administer these provisions by January 1, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year.

Location: Senate Committee on Business, Professions, and Economic Development

Status: Failed deadline

Action Requested:

No action is required at this time. This is for informational purposes only

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(O): AB 2631 (Cunningham) License fees: military partners and spouses

Background:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would prohibit a board from charging an initial or original license fee to an applicant who meets these expedited licensing requirements.

Location: Assembly Committee on Business and Professions

Status: Failed deadline.

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item # 9(a)(2)(P) – AB 2856 (Committee on Business and Professions) Board of Psychology

Background:

This is the original Sunset extension bill for the Board of Psychology.

As currently written this bill would specify that each appointing authority has the authority to remove from office at any time any member of the Board appointed by that authority. The bill would make other changes to the provisions requiring the board to enforce and administer the law and authorizing the board to make expenditures to carry out the law, including that authorized expenditures be necessary to carry out those provisions.

Due to COVID-19, the Board will receive a one-year extension to our sunset provision. This change was reflected in SB 1474 (Committee on Business Professions and Economic Development).

Location: Assembly Committee on Business and Professions

Status: Failed deadline

Action Requested:

No action is requested at this time. This is for informational purposes only.

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #9(a)(2)(Q) – AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses

Background:

This bill would require boards not subject to the temporary licensing provisions described in Business and Professions Code Section 115.6, to issue a license to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the Board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license.

At the July 9-10, 2020, Board meeting, the Board adopted an **Oppose** position on AB 2045.

Location: Senate Committee on Business, Professions, and Economic Development

Status: Failed deadline

Action Requested:

No action is required at this time. This is for informational purposes only.

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(R): SB 806 (Grove) Worker status: employees: independent contractors

Background:

Existing law exempts specified occupations and business relationships from the application of Dynamex and these provisions. Existing law instead provides that these exempt relationships are governed by the test adopted in *S. G. Borello & Sons, Inc. v. Department of Industrial Relations* (1989) 48 Cal.3d 341.

This bill would repeal these statutory provisions. The bill would, instead, establish a new test that, for purposes of specific provisions of the Labor Code governing the relationship of employer and employees, a person providing labor or services for remuneration is considered an employee rather than an independent contractor, unless the hiring entity demonstrates that the person is (1) free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact, determined by a preponderance of factors, with no single factor of control being determinative, and either that (2) the person performs work that is outside the usual course of the hiring entity's business, or the work performed is outside the place of business of the hiring entity, or the worker is responsible for the costs of the place of the business where the work is performed, or that (3) the person is customarily engaged in an independently established trade, occupation, or business of the same nature as that involved in the work performed. The bill would apply the new test to all pending claims, whether in civil court or as an administrative action, filed on or after January 1, 2018, that relate to the classification of workers in this state.

Location: Senate Committee on Labor, Public Employment, and Retirement

Status: Failed deadline

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item 9(a)(2)(S): SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times

Background:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

This bill, beginning July 1, 2021, would require each board within the department that issues licenses, on at least a quarterly basis, to prominently display on its internet website either the current average timeframes for processing initial and renewal license applications or the combined current average timeframe for processing both initial and renewal license applications. The bill would also require each board to prominently display on its internet website either the current average timeframes for processing each license type that the board administers or the combined current average timeframe for processing all license types that the board administers.

Location: Secretary of State

Status: 9/24/20 Signed by the Governor.

Action Requested:

This is for informational purposes only. No action is required at this time.

MEMORANDUM

DATE	October 29, 2020
TO	Board Members
FROM	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda item #10, Enforcement Board Report

Please find attached the Overview of Enforcement Activity displaying complaint, investigation, and discipline statistics for the previous five fiscal years, and the current fiscal year to date.

Complaint Program

Since July 1, 2020, the Board has received 358 complaints. All complaints received are opened and assigned to an enforcement analyst.

The Board of Psychology (Board) reviews complaints in the order received. Every complaint that is received is opened within ten (10) days and a letter is sent to the complainant, if known, acknowledging receipt of the complaint. The matter is then assigned to an Enforcement Analyst, who performs a deeper review of the complaint to establish the basis of the allegations. If additional complaints are received against any one licensee, the complaint is assigned to a separate analyst to decrease any chance of bias against a licensee.

At our July Board Meeting, the Enforcement Program Manager was asked if it would be possible to sort out the multiple complaints against the same licensee. The Enforcement Unit compiled complaint data for the last three (3) years to see how many licensees had multiple complaints filed against them.

The Board currently licenses 22,017 psychologists, 1,348 Psychological Assistants, and 111 Registered Psychologists. Since July 1, 2018, there have been 226 licensed psychologists, 22 Psychological Assistants and 1 Registered Psychologist with multiple complaints. There were 651 multiple complaints filed, which includes complaints against both licensees and unlicensed individuals. The total may also include multiple complaints filed against a subject for the same incident. For example, if there is an incident posted on social media, the Board may receive multiple complaints regarding that incident.

The fact that the Board may receive multiple complaints against a single licensee does not on its own result in discipline, because each separate complaint must be reviewed on its own merits. Similarly, the receipt of multiple complaints does not automatically result in a prioritization of those complaints over others currently under review.

Citation Program

Since July 1, 2020, the Board has issued 7 enforcement citations. Citation and fines are issued for minor violations.

Discipline Program

Since July 1, 2020, the Board has referred 21 cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 43 probationers. Of the 43 probationers, one is out of compliance. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:

Overview of Enforcement Activity

Action Requested

This item is for informational purposes only.

BOARD OF PSYCHOLOGY

Overview of Enforcement Activity

License & Registration	15/16	16/17	17/18	18/19	19/20	*20/21
Psychologist (active)	20,024	20,596	20,977	21,329	18,763	22,017
Registered Psychologist	278	249	188	162	127	111
Psychological Assistant	1,466	1,442	1,350	1,475	1,392	1,348
Cases Opened	15/16	16/17	17/18	18/19	19/20	*20/21
Complaints Received	798	1,042	1,097	1,093	1,092	358
Arrest Reports**	50	39	53	40	43	12
Investigations Opened	602	771	805	862	829	266
Cases referred to DA	0	0	0	0	0	1
Cases referred to AG	33	45	70	56	75	21
Filings	15/16	16/17	17/18	18/19	19/20	*20/21
Accusations	23	27	15	31	47	13
Statement of Issues	5	7	6	4	10	0
Petition to Revoke Probation	3	1	6	3	2	1
Petitions to Compel Psych. Exam	1	0	0	0	2	0
Petitions for Penalty Relief	0	3	6	5	4	5
Petition for Reinstatement	0	2	1	5	3	3
Petitions for Reconsideration	0	0	2	0	0	0
Filing Withdrawals/Dismissals	15/16	16/17	17/18	18/19	19/20	*20/21
Accusations Withdrawn	5	0	0	3	1	0
Accusations Dismissed	4	1	0	4	0	0
Statement of Issues Withdrawn	0	1	3	0	3	0
Citations	15/16	16/17	17/18	18/19	19/20	*20/21
Citations Ordered	27	32	46	47	35	7
Disciplinary Decisions	15/16	16/17	17/18	18/19	19/20	*20/21
Revocations	4	2	9	1	9	1
Revocation, Stayed, Probation	24	16	7	11	16	1
Revoked, Stayed, Probation, Susp.	0	0	0	0	0	0
Surrender	12	26	11	9	12	6
Reprovals	3	3	4	1	2	4
ISO/TRO/PC23 Ordered	2	1	2	1	2	0
Statement of Issues-License Denied	0	0	0	0	0	1
Total Disciplinary Decisions	45	48	33	23	41	13
Other Decisions	15/16	16/17	17/18	18/19	19/20	*20/21
Statement of Issues-License Granted	1	0	0	3	0	0
Petitions for Penalty Relief Denied	0	2	4	7	3	0
Petitions for Penalty Relief Granted	0	1	2	3	2	0
Petition for Reinstatement Granted	0	0	0	1	0	0
Petition for Reinstatement Denied	0	2	1	1	1	0
Reconsiderations Denied	1	0	2	0	0	0
Reconsiderations Granted	0	0	0	0	0	0
Orders Compelling Psych. Evaluation	0	0	3	0	2	0
Total Other Decisions	2	5	12	15	8	0
Violation Types	15/16	16/17	17/18	18/19	19/20	*20/21
Gross Negligence/Incompetence	23	29	20	20	28	5
Improper Supervision	1	0	1	0	0	0
Repeated Negligent Acts	22	31	21	13	15	2
Self-Abuse of Drugs or Alcohol	7	15	7	3	1	0
Dishonest/Corrupt/Fraudulent Act	6	8	9	6	10	0
Mental Illness	4	5	2	2	1	0
Aiding Unlicensed Practice	1	0	0	0	0	0
General Unprofessional Conduct	5	2	13	8	25	2
Probation Violation	3	26	29	12	6	1
Sexual Misconduct	6	14	2	3	4	3
Conviction of a Crime	18	23	1	8	7	0
Discipline by Another State Board	5	5	2	0	0	1
Misrepresentation of License Status	1	1	1	0	3	0

*Enforcement data pulled on October 19, 2020

MEMORANDUM

DATE	October 23, 2020
TO	Board Members
FROM	Mai Xiong Licensing and BreEZe Coordinator
SUBJECT	Agenda Item 11 Licensing Report

License/Registration Data by Fiscal Year:

License & Registration	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20**
Psychologist*	21,527	22,020	22,688	***	20,575	20,227	20,024	20,580	21,116	22,017
Psychological Assistant	1,507	1,635	1,727	***	1,701	1,580	1,446	1,446	1,361	1,348
Registered Psychologist	312	320	349	***	280	272	278	250	129	111

*Current and Current Inactive

**As of October 23, 2020

***Statistics unavailable

Please refer to the Licensing Population Report (Attachment A) for statistics on the different license statuses across the three types of license and registration.

Application Workload Reports:

The attached reports provide statistics from April 2020 thru September 2020 on the application status by month for each of the license and registration types (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of transactions and the meaning of the transaction status are explained below for the Board's reference.

Psychologist Application Workload Report

“Exam Eligible for EPPP” (Examination for Professional Practice in Psychology) is the first step towards licensure. In this step, an applicant has applied to take the EPPP. An application with an “open” status means it is deficient or pending initial review.

“Exam Eligible for CPLEE” (California Psychology Law and Ethics Exam) is the second step towards licensure. In this step, the applicant has successfully passed the EPPP and has applied to take the CPLEE. An application with an “open” status means it is deficient or pending review.

“CPLEE Retake Transaction” is a process for applicants who need to retake the CPLEE due to an unsuccessful attempt. This process is also created for licensees who are

required to take the CPLEE due to probation. An application with an “open” status means it is deficient, pending review, or an applicant is waiting for approval to re-take the examination when the new form becomes available in the next quarter.

“Initial App for Psychology Licensure” is the last step of licensure. This transaction captures the number of licenses that are issued if the status is “approved” or pending additional information when it has an “open” status.

The Association of State and Provincial Psychology Boards (ASPPB) recently transitioned to a new Registration portal hosted by Certemy to schedule to sit for the EPPP. In order to provide an accurate and smooth transition, there was a blackout period from September 24, 2020 thru October 16, 2020. During this period, no new EPPP application or eligibility was approved. The temporary delay in approving eligibility for new candidates may have had an impact on the increased volume for the EPPP applications in September.

Psychological Assistant Application Workload Report

Psychological Assistant registration application is a single-step process. The “Initial Application” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

Since all psychological assistants hold a single registration number, an additional mechanism, the “Change of Supervisor” transaction, is created to facilitate the process for psychological assistants who wishes to practice with more than one primary supervisor or to change primary supervisors. A change is processed when all information is received, thus there is no open status for this transaction type.

Registered Psychologist Application Workload Report

Registered Psychologist registration application is also a single-step process. The “Initial Application” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

Attachments:

- A. Licensing Population Report as of October 23, 2020
- B. Application Workload Reports April 2020 – September 2020 as of October 23, 2020
- C. Applications and Notifications Received October 2019 – September 2020 as of October 23, 2020
- D. Examination Statistics April 2019 – March 2020

Action:

This item is for informational purposes only. No action is required.



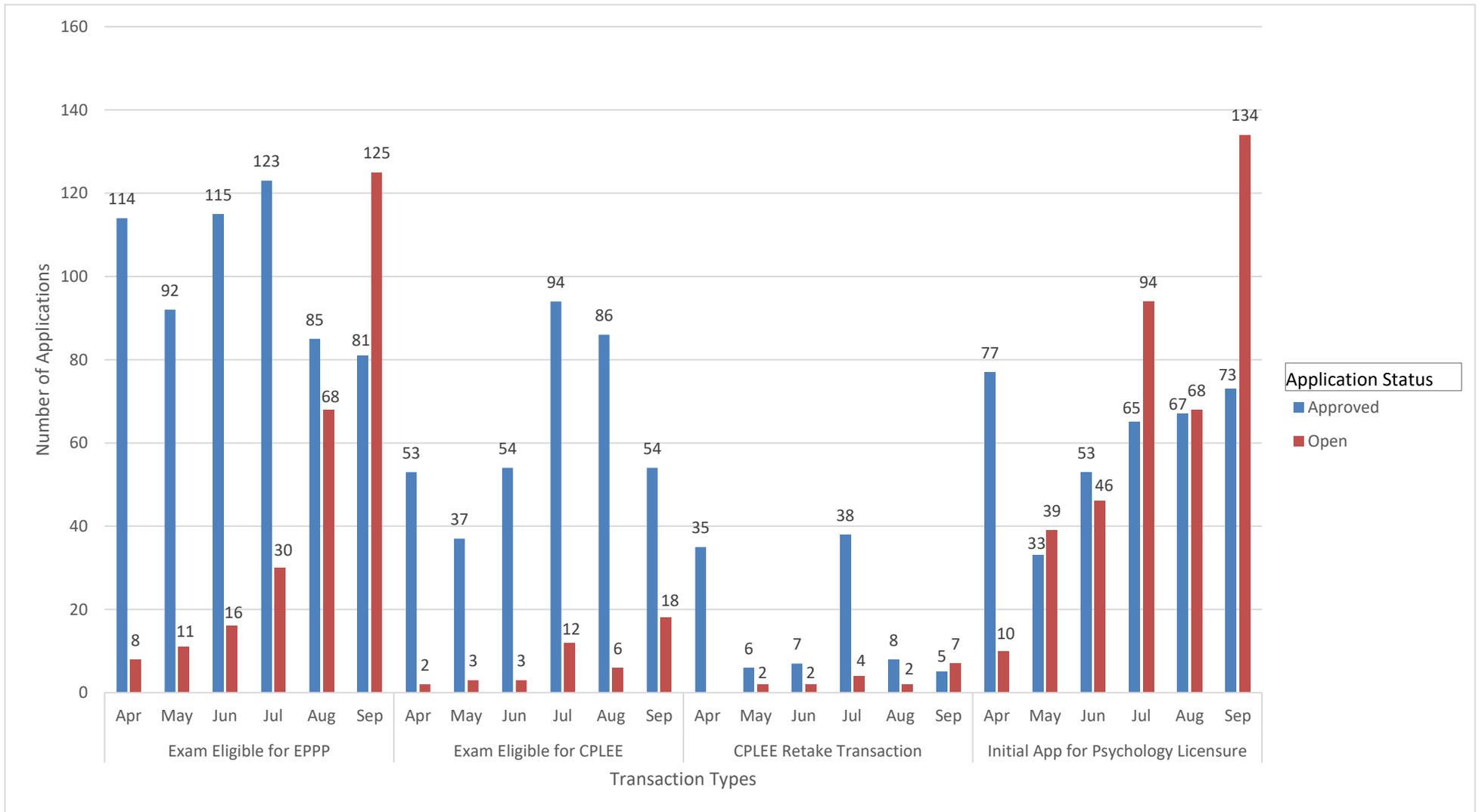
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



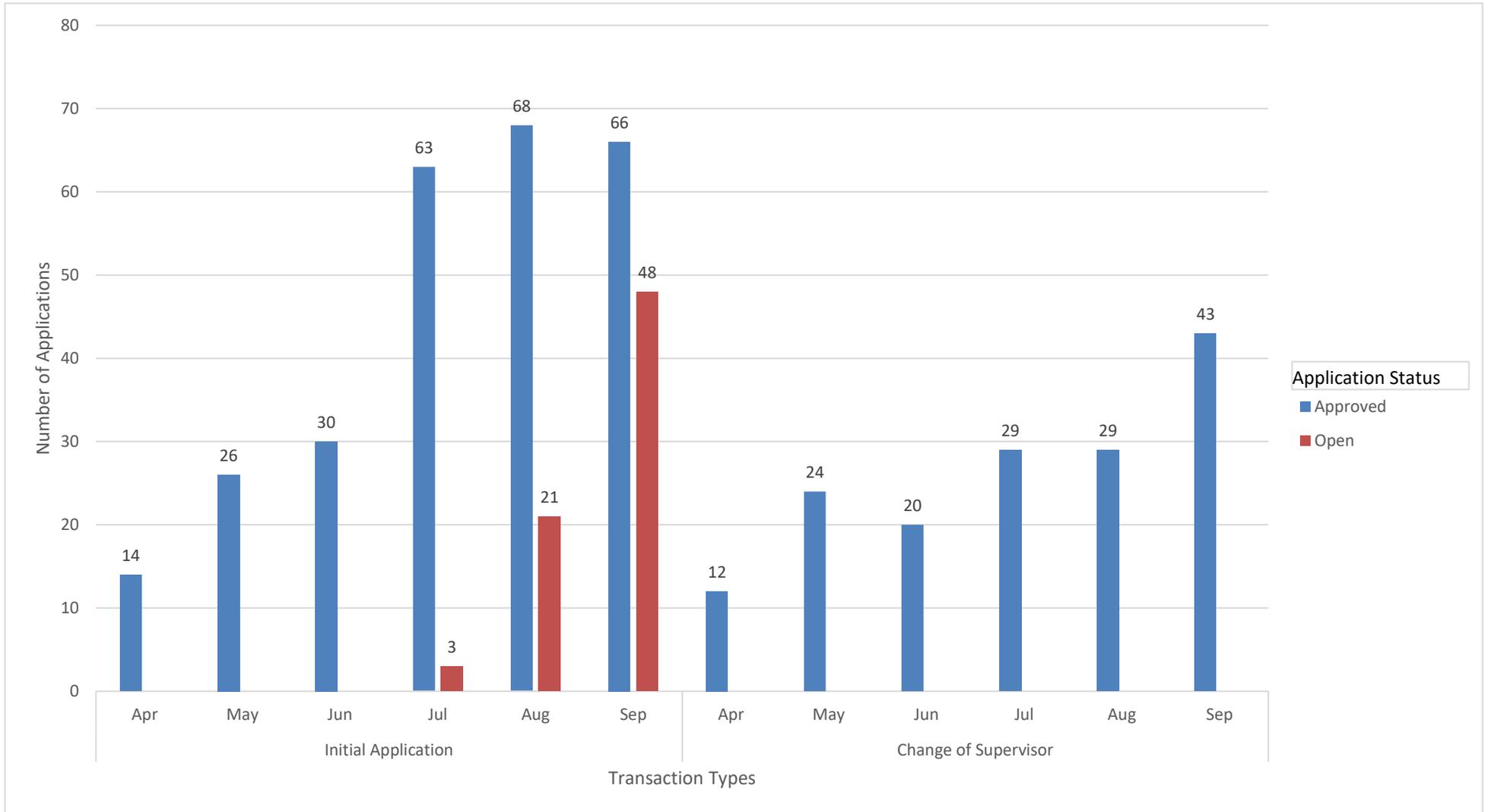
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 10/23/2020

License Type	License Status							Total
	Licensing					Enforcement		
	Current	Inactive	Delinquent	Cancelled	Deceased	Surrendered	Revoked	
Psychologist	19,242	2,775	1,433	6,540	1,017	231	155	31,393
Psychological Assistant	1,348	0	135	22,036	8	11	8	23,546
Registered Psychologist	111	0	0	4,577	1	0	0	4,689
Total	20,701	2,775	1,568	33,153	1,026	242	163	59,628

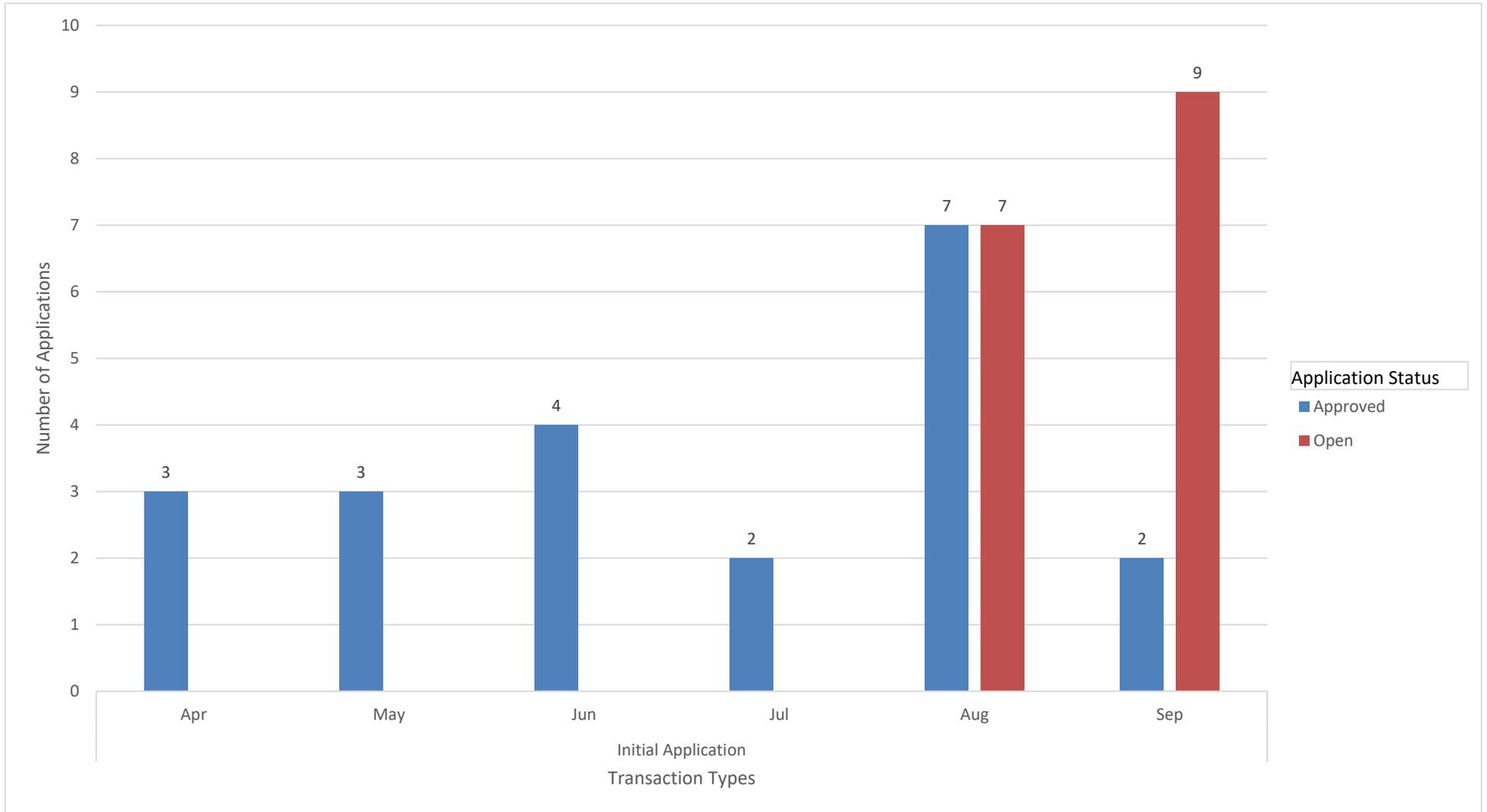
Psychologist Application Workload Report April 2020 to September 2020 As of October 23, 2020



Psychological Assistant Application Workload Report April 2020 to September 2020 As of October 23, 2020



Registered Psychologist Application Workload Report April 2020 to September 2020 As of October 23, 2020



**Examination Statistics October 2019 – September 2020
As of October 23, 2020**

2019/2020 Monthly EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
October 2019	137	69	50.36	60	40	66.67
November 2019	130	63	48.46	65	43	66.15
December 2019	186	64	34.41	79	45	56.96
January 2020	107	54	47.66	64	37	57.81
February 2020	103	45	43.69	45	31	68.89
March 2020	89	46	51.69	53	36	67.92
April 2020	23	11	47.83	17	10	58.82
May 2020	127	68	53.54	76	56	73.68
June 2020	117	56	47.86	66	44	66.67
July 2020	175	82	46.86	94	59	62.77
August 2020	124	60	48.39	72	47	65.28
September 2020	134	54	40.3	55	31	56.36
Total	1452	672	46.75	746	479	64.00

2019/2020 Monthly CPLEE Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
October 2019	83	62	74.7	56	47	83.93
November 2019	90	73	81.11	57	48	84.21
December 2019	108	78	72.22	84	61	72.62
January 2020	58	45	77.59	41	31	75.61
February 2020	72	53	73.61	54	40	74.07
March 2020	64	50	78.13	51	41	80.39
April 2020	26	18	69.23	18	13	72.22
May 2020	93	74	79.57	76	56	73.68
June 2020	106	82	77.36	80	64	80
July 2020	106	84	79.25	76	60	78.95
August 2020	110	92	83.64	91	78	85.71
September 2020	126	98	77.78	107	84	78.5
Total	1042	809	77.02	791	623	78.32

MEMORANDUM

DATE	October 28, 2020
TO	Board of Psychology
FROM	Liezel McCockran Continuing Education and Renewals Coordinator
SUBJECT	Agenda Item #12 – Continuing Education and Renewals Report

Attached please find the following Continuing Education (CE) Audit/Renewals statistics for Psychologists and Psychological Assistants:

- A. CE Audit 2019 (January – September)
- B. Reasons for Not Passing CE Audit
- C. Psychologist and Psychological Assistant Renewal Applications Processed:
January 2020 – October 27, 2020
- D. Online vs. Mailed In Renewals Processed
- E. Pass and Fail Rate 2014-2017
- F. Pass and Fail Rate 2018-2019
- G. Pass and Fail Rates for 2nd Audits

The current pass rate for CE audits is 43 percent. Audits for April 2019 through September 2019 were sent out on September 1, 2020. The due date for those audits is October 31, 2020.

For January 2020 through October 27, 2020, an average of 954 renewal applications were processed per month, with 87 percent of Psychologists renewing as Active. Approximately 84 percent of Psychologists and Psychological Assistants renewed their license online using BreZE per month. The pass rate from 2014-2017 has been consistently over 80 percent. The pass rate for 2nd audits has risen from 68 percent in 2016 to 84 percent in 2018.

The Continuing Professional Development (CPD) goal from the Strategic Plan 2019-2023 to implement licensed Board member CPD audits each license renewal cycle for transparency purposes began with the January 1, 2019 audit cycle. The following Board members have had their continuing education courses audited for their 2019 renewal and passed:

Stephen Phillips, JD, PsyD
Sheryll Casuga, PsyD
Lea Tate, PsyD
Shacunda Rodgers, PhD

Action Requested:

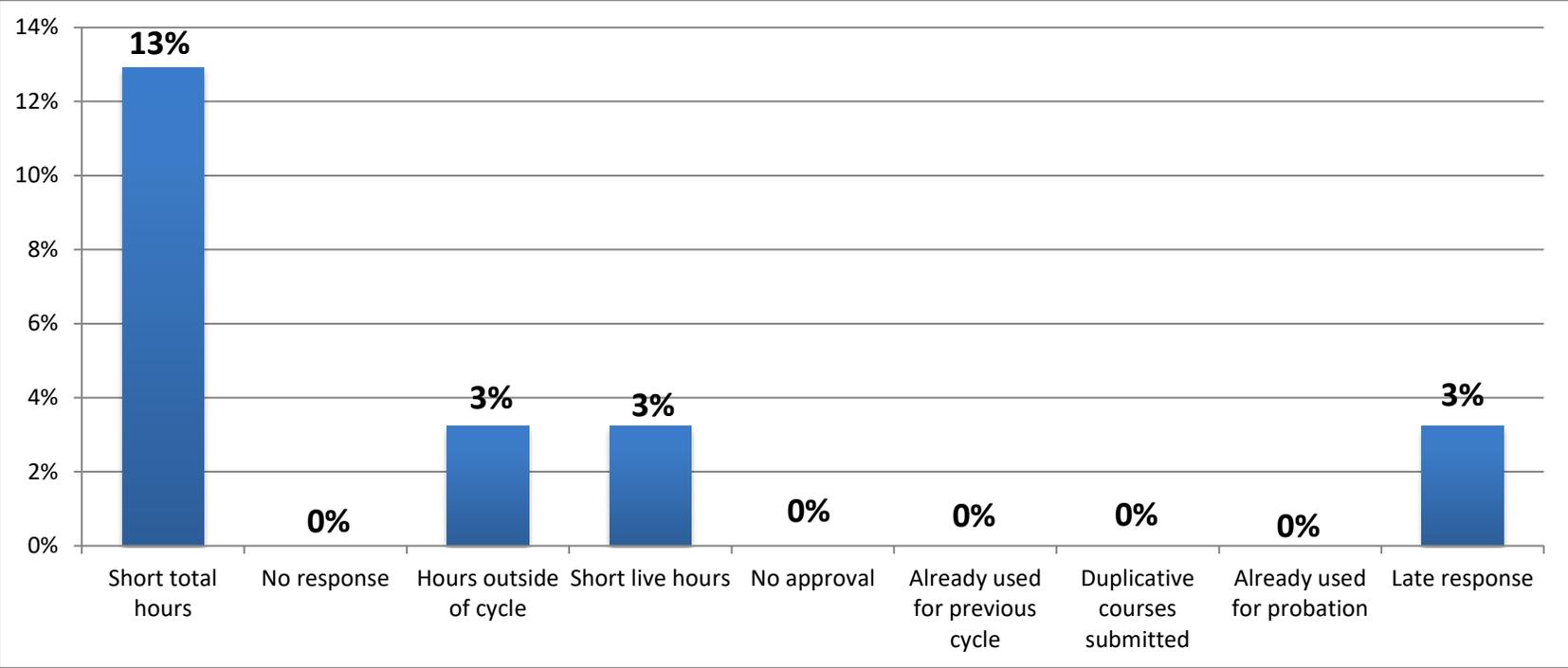
These items are for information purposes only. No action requested

Continuing Education Audits January 2019 - September 2019

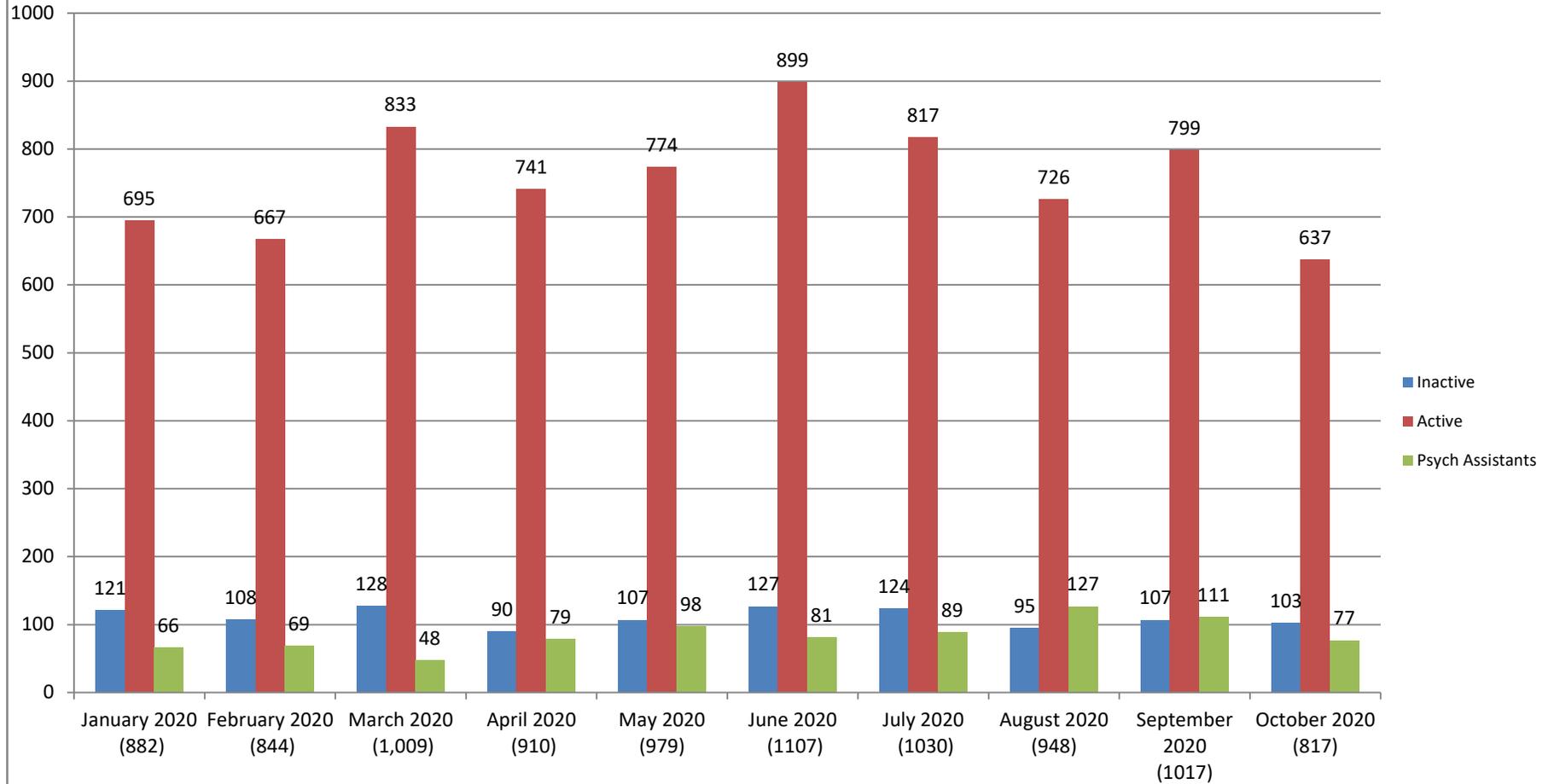
Month	Total # of Licensees Selected for Audit:	# Passed:	% Passed:	# Pending:	% Pending:	# Failed: (Referred to Citation & Fine Program)	% Failed:
January	15	14	93%	1	7%	0	0%
February	15	9	60%	0	0%	6	40%
March	17	15	88%	1	6%	1	6%
April	17	7	41%	10	59%	0	0%
May	20	4	20%	16	80%	0	0%
June	16	5	31%	11	69%	0	0%
July	16	4	25%	12	75%	0	0%
August	21	4	19%	17	81%	0	0%
September	23	7	30%	16	70%	0	0%
Totals:	160	69	43%	84	53%	7	4%

Total Audited	Total Passed	Total Failed	Total Pending	Total Upheld
160	69	7	84	0
	43%	4%	53%	0%

Reasons for Not Passing CE Audit January 2019 - September 2019

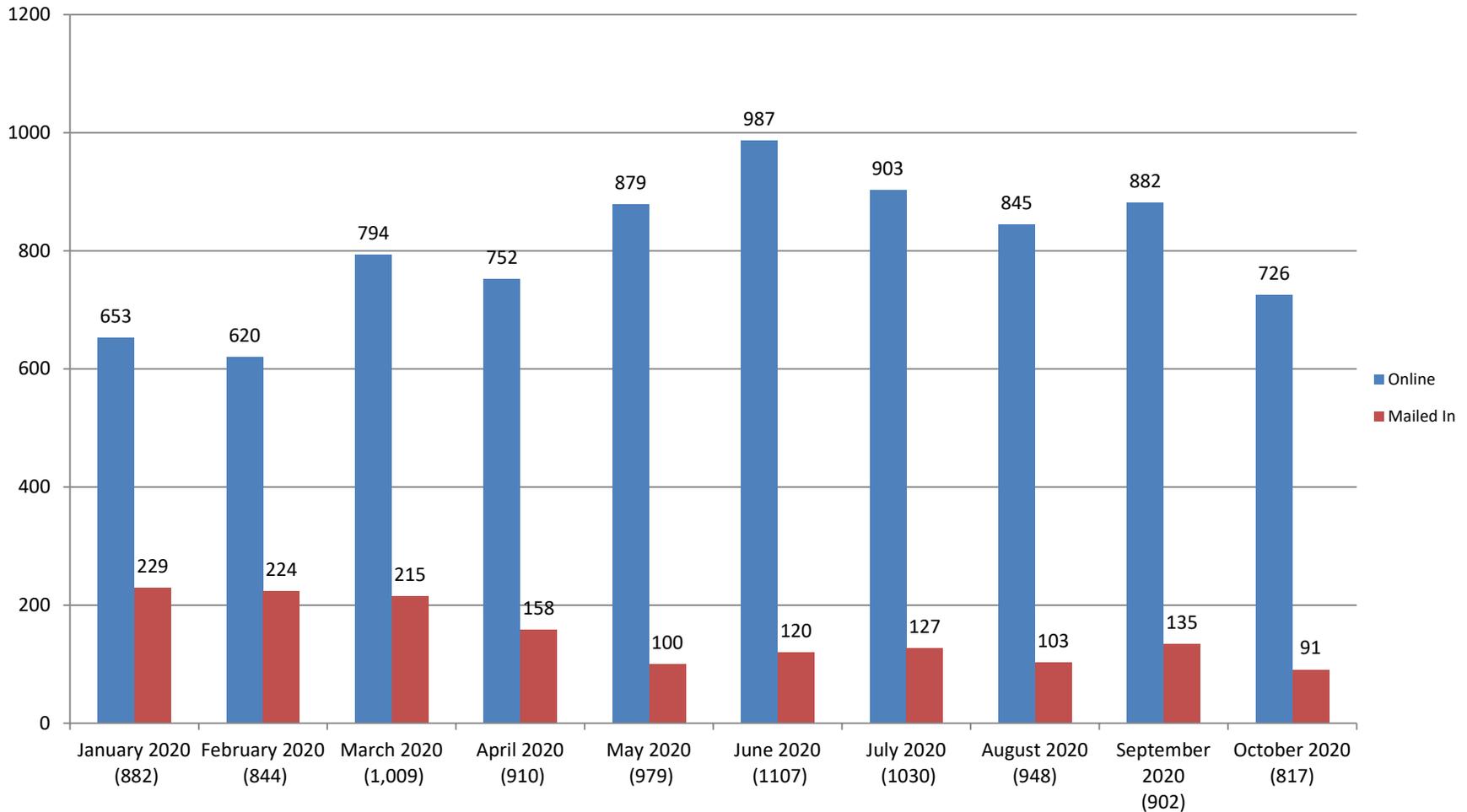


Psychologist and Psychological Assistant Renewal January 2020 - October 27, 2020



An average of 954 renewal applications were processed each month, with an average of 759 Psychologists renewing as Active, and an average of 111 Psychologists renewing as Inactive. Additionally, an average of 84 Psychological Assistant renewal applications were processed each month.

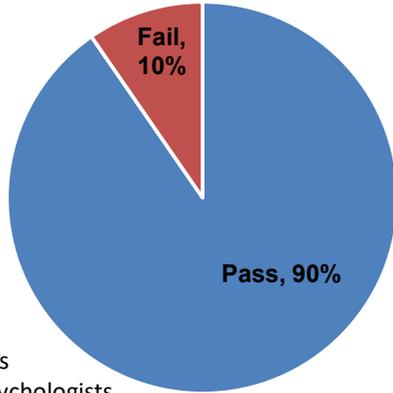
Online vs. Mailed In Renewals Processed January 2020 - October 27, 2020



On average, 804 renewals were renewed online using BreEZe and an average 150 renewals were mailed in.

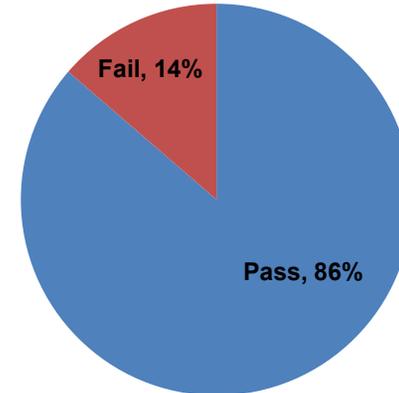
Pass and Fail Rate 2014 - 2017

2014



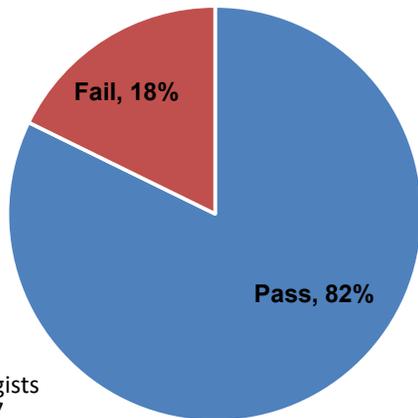
Of the 956 psychologists audited in 2014, 864 psychologists passed and 92 failed.

2015



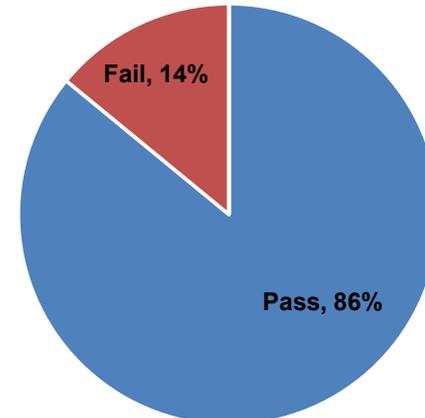
Of the 841 psychologists audited in 2015, 726 passed and 115 failed.

2016



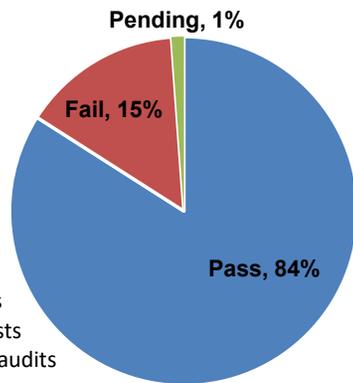
Of the 507 psychologists audited in 2016, 417 passed and 90 failed.

2017



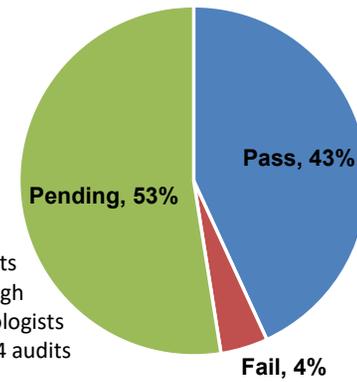
Of the 377 psychologists audited in 2017, 324 passed and 53 failed.

Pass and Fail Rate 2018



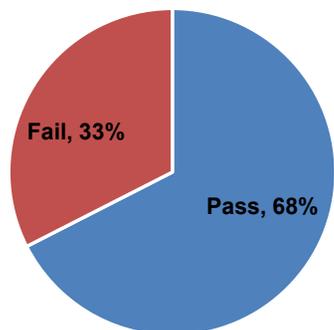
Of the 263 psychologists audited, 221 psychologists passed, 39 failed, and 3 audits are pending.

Pass and Fail Rate 2019



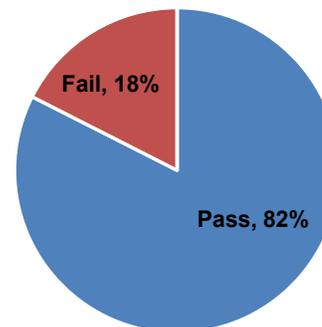
Of the 160 psychologists audited (January through September), 69 psychologists passed, 7 failed, and 84 audits are pending.

**Pass and Fail Rate for 2nd Audits
2016**



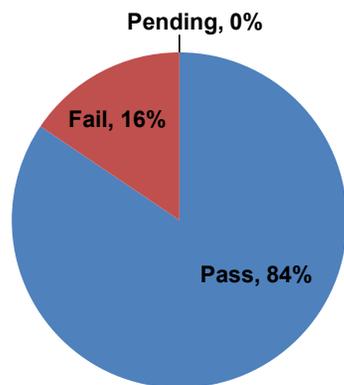
Of the 80 psychologists who had been audited for the second time, 54 passed and 26 failed.

**Pass and Fail Rates for 2nd Audits
2017**



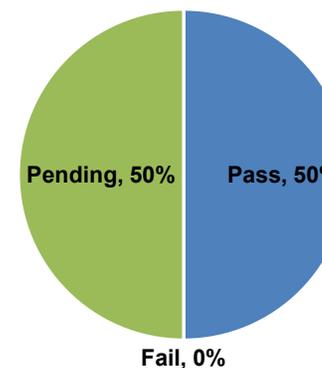
Of the 97 psychologists who had been audited for the second time, 80 passed and 17 failed.

**Pass and Fail Rate for 2nd Audits
2018**



Of the 45 psychologists who had been audited for the second time, 38 passed and 7 failed.

**Pass and Fail Rate for 2nd Audits
2019**



Of the 12 psychologists who had been audited for the second time (January through September), 6 passed and 6 are pending.

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #13 and #14 – Regulatory Hearing and Consideration of Adopting Amendments - Title 16, CCR Sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 – Continuing Education/Professional Development

The California Board of Psychology (Board) is seeking to change the continuing education guidelines and requirements that must be completed by licensed psychologists when renewing, reactivating, or reinstating their license. The Board would like to move from the existing Continuing Education (CE) model to a broader Continuing Professional Development (CPD) model.

SB 1193 (Hill Chapter 484, Statutes of 2016) modified existing law specifying that the Bboard shall issue a renewal license only to an applicant who has completed 36 hours of approved continuing professional development in the preceding two years.

This bill also defined continuing professional development (CPD) as certain continuing education learning activities approved in four different categories:

- (1) Professional.
- (2) Academic.
- (3) Sponsored continuing education coursework.
- (4) Board certification from the American Board of Professional Psychology.

This rulemaking file brings the Board in compliance with the changes enacted by SB 1193 (Hill Chapter 484, Statutes of 2016).

This package was noticed for the initial 45-day comment period on October 2, 2020. The comment period for this rulemaking file ended on November 17, 2020.

The regulatory hearing is noticed for this meeting at 1:30 p.m.

Action Requested:

Staff requests the Board conduct the regulatory hearing for this package. After the hearing, staff requests the Board consider the verbal and written comments received during the hearing and the 45-day comment period, and provide feedback as to whether the comments should be rejected, or accepted and any requested modification to the

text be made by the Board. Once the language is agreed upon, delegate to the Executive Officer authority to adopt the modified text in the absence of any negative comments and continue with the process to finalize the regulatory package, including making any non-substantive changes.

Attachment A: Notice of Proposed Rulemaking

Attachment B: Initial Statement of Reasons

Attachment C: Noticed Regulatory Language

Attachment D: Comments received during the 45-day comment period (Hand Carry)

Attachment E: Staff Recommendations Regarding Public Comment (Hand Carry)

**TITLE 16. BOARD OF PSYCHOLOGY
Continuing Professional Development**

NOTICE IS HEREBY GIVEN that the Board of Psychology (hereinafter “Board”) is proposing to take the action described in the Informative Digest.

PUBLIC HEARING

Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held via a Webex event at:

To participate via Computer/Tablet/Smart Phone:

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=eca191694a05254a704b6c7a51c60ad38>

To participate via Phone Call-in:

(415) 655-0001

Access code: 146 644 6661

During hearing use *3 to raise/lower hand

Date and Time

November 19, 2020 at 1:30 p.m.

Written comments, including those sent by mail, facsimile, or email to the addresses listed under Contact Person in this Notice, must be received by the Board at its office not later than 5:00 p.m. on **November 17, 2020**, or must be received by the Board at the hearing.

The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by sections 2915(c) and (g), 2930, and 2982 of the Business and Professions Code, and to implement, interpret or make specific sections 29, 32, 114.3, 118, 480, 2915, 2915.7, 2984, 2986, 2988 of said Code, and 11105(b)(10) of the Penal Code, the Board is considering changes to sections 1381.9, 1397.60, 1397.61, 1397.62, and 1397.67, and adding sections 1397.60, 1397.61, 1397.62, and 1397.67, of Division 13.1 of Title 16 of the California Code of Regulations as follows:

A. INFORMATIVE DIGEST

The California Board of Psychology (Board) is seeking to change the continuing education guidelines and requirements that must be completed by licensed psychologists when renewing, reactivating or reinstating their license. The Board would like to move from the existing Continuing Education (CE) model to a broader Continuing Professional Development (CPD) model of ensuring continued competence.

In psychology, the traditional way of defining ongoing professional development has been solely in terms of CE, which usually refers to one-time formal learning activities conducted in classroom or workshop settings. Current regulations reflect this approach. CPD is a broader concept that includes CE, but also encompasses ongoing development of multi-faceted competencies needed for quality professional performance in one's area of practice through a variety of different learning and professional activities.

One of the Board's responsibilities entails ensuring psychologists maintain competency so that they provide psychological services in a safe and ethical manner. Consequently, appropriate CPD would encompass more than training in ethics and laws; it would also address the knowledge, skills, and aptitudes necessary to maintain and enhance competent practice. Lastly, exemptions from the requirements have been limited.

To ensure the safe and ethical practice of psychology, the Board requires psychologists to continue to update their knowledge, skills, and abilities throughout their professional career. Further, it is anticipated that psychologists will maintain their competence based on published advances in theory, practice, and empirical research. Participation in CE is one way that psychologists maintain and enhance their knowledge and skills, but research has shown that the typical one-time CE workshop/experience, or didactic experience, does not necessarily demonstrate effectiveness in maintaining competence and enhancing skills.

This is a change that has been recommended by the Association of State and Provincial Psychology Boards (ASPPB) as reported in their "*ASPPB Guidelines for Continuing Professional Development*" (*ASPPB Guidelines*).

B. POLICY STATEMENT OVERVIEW/ANTICIPATED BENEFITS OF PROPOSAL

Under these regulations, licensees will benefit from more varied choices for obtaining the 36 hours of CPD required for renewal. The benefit for California consumers is that licensed psychologists will be required to participate in more varied professional development activities that address the knowledge and skills necessary to maintain and enhance competent practice.

Additional benefits from the creation of the criteria for Board approval of CPD approving entities (entities that approve CPD providers) are that more entities, associations, and organizations will be eligible to approve providers to provide CPD coursework. This will lead to different perspectives and new specialties and focus areas relative to the practice of psychology to be accepted by the Board as part of the 36 hours of CPD.

C. Consistency and Compatibility with Existing State Regulations

During the process of developing these regulations and amendments, the Board has conducted a search of any similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

INCORPORATION BY REFERENCE

N/A

BUSINESS REPORTING REQUIREMENTS

The regulatory action does not require businesses to file a report with the Board.

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State:

The proposed language changes the Board's CE guidelines and requirements that must be completed by a licensee. The Board anticipates the current CE workload will shift to the CPD workload and does not anticipate any additional costs or savings related to the amended changes.

Nondiscretionary Costs/Savings to Local Agencies:

None

Local Mandate:

None

Cost to any local agency or school district which must be reimbursed in accordance with Government Code Sections 17500 – 17630:

None

Business Impact:

This regulation may have the following economic impact on businesses. The Board anticipates some CE providers may have fewer attendees and lower revenues, which would be offset by an increase in CPD participation and revenues. As a result, the proposed regulations are estimated to have a net-zero economic impact to the state, and therefore will not have a significant statewide adverse economic impact directly affecting businesses, including their ability to compete.

Because the Board does not approve providers of CE, it has no information regarding the number of providers who would be defined as small businesses. In addition, the regulation may positively impact current providers should they chose to provide or facilitate categories of CPD other than “traditional” CE. Moreover, the new CPD regulations detail ways in which additional businesses can become approved CE sponsors.

Cost Impact on Representative Private Person or Business:

The cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action and that are known to The Board of Psychology are as follows:

The Board has determined that representative private person or business in reasonable compliance with the proposed action would incur a minor cost impact for the following reasons:

The change from the CE model to the CPD model will have a minor/negligible financial impact on the individual licensees as the 36-hour CPD requirement will remain the same. There will now be more ways in which the hours can be accrued, so the costs for the licensee should be largely consistent with the current costs, or even less. The highest cost impact will be to licensees who maximize their usage of Practice Outcome Monitoring and Peer Consultation, as those items have no associated cost, and will therefore spend less to complete the remainder of the CPD activities.

Licensed psychologists already engage in activities that will be included in the new regulations. Peer review, conference attendance, Board Meeting attendance, and teaching are activities that are actively encouraged by professional associations, and the employers of psychologists, and will now count towards the 36-hour continuing education renewal requirement.

A licensed psychologist who is not currently engaging in any of the above activities could incur an increase in conference fees, travel and accommodation costs, and enrollment fees; however, the Board is of the opinion that such actions are necessary to reduce professional isolation and increase the competence of

the licensing population

Effect on Housing Costs: None

EFFECT ON SMALL BUSINESS

The Board has determined that the proposed regulations may affect small businesses. California small businesses may be affected by the proposed regulatory change if they solely provide “traditional” CE courses to Board of Psychology licensees, as the new CPD guidelines reduce the traditional CE courses allowable for license renewal by 25% (from 36 to 27 hours). However, the new activities that are required will be beneficial to organizations and entities that offer graduate level courses, conferences, or other categories that now will count towards the 36 hour continuing education requirements. In addition, licensees can still take as many traditional CE courses as they like, but not all can count toward licensure renewal.

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS:

Impact on Jobs/Businesses:

The Board of Psychology has determined that this regulatory proposal will not have a significant impact on the creation of jobs or new businesses, the elimination of jobs or existing businesses, or the expansion of businesses in the State of California.

Benefits of the Regulation to the Health and Welfare of California Residents, Worker Safety, and the State’s Environment:

The Board has determined that this regulatory proposal will benefit the health and welfare of California residents by ensuring mental health practitioners are maintaining both subject matter competence and legal and ethical requirements. Additionally, the regulatory proposal may have a positive impact on the state’s environment, as it eliminates the on-site requirement of the former CE model, which may lead to a reduction in the state’s carbon footprint due to travel and paper printing.

CONSIDERATION OF ALTERNATIVES

The Board of Psychology must determine that no reasonable alternative considered by the Board or that has otherwise been identified and brought to the attention of the Board would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Board has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the person designated in the Notice under Contact Person or by accessing the Board's website, www.psychology.ca.gov

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below. You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the website listed below.

CONTACT PERSON:

Any inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Jason Glasspiegel
Address: 1625 North Market Blvd., Suite N215
Sacramento, CA 95834
Telephone No.: (916) 574-7137
Fax No.: (916) 574-8672
E-Mail Address: Jason.Glasspiegel@dca.ca.gov

The backup contact person is:
Name: Antonette Sorrick
Address: 1625 North Market Blvd., Suite N215
Sacramento, CA 95834
Telephone No.: (916) 574-7113
Fax No.: (916) 574-8672
E-Mail Address: Antonette.Sorrick@dca.ca.gov

Website Access: Materials regarding this proposal can be found at:
http://www.psychology.ca.gov/laws_regs/regulations.shtml

**BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS**

**INITIAL STATEMENT OF REASONS
Continuing Professional Development**

Hearing Date: November 19, 2020

Subject Matter of Proposed Regulations: Definitions, Continuing Education Requirements, Continuing Professional Development Requirements, Continuing Education Exemptions and Exceptions, Renewal after Inactive or Delinquent Status, Continuing Professional Development Requirements for Reactivation, Renewal of Expired License: Reissuance of Cancelled License

Section(s) Affected: Title 16, California Code of Regulations amend Sections 1381.9, 1397.60, 1397.61, 1397.62, and 1397.67, and add Sections 1397.60, 1397.61, 1397.62, and 1397.67.

Introduction

The California Board of Psychology (Board) is seeking to change the continuing education guidelines and requirements that must be completed by a licensee as a condition of renewal or reactivation of their license. The Board is moving from the traditional Continuing Education (CE) model to the broader Continuing Professional Development (CPD) model of ensuring continued competence.

One of the Board's responsibilities entails ensuring psychologists maintain competency to provide psychological services in a safe and ethical manner. Consequently, appropriate CPD encompasses more than training in ethics and laws; it also should address the knowledge, skills, and attitudes necessary to maintain and enhance competent practice.

Ensuring the safe and ethical practice of psychology requires that psychologists continue to update their knowledge and skills throughout their professional career. It is expected that psychologists maintain their competence based on advances in theory, practice, and empirical research. Participation in CE is one way that psychologists maintain and enhance their knowledge and skills, but research has shown that the typical one-time CE workshop/experience, or didactic experience, does not necessarily demonstrate effectiveness in maintaining competence and enhancing skills.

In psychology, the traditional way of defining ongoing professional development has been solely in terms of CE, which usually refers to one-time formal learning activities conducted in classroom or workshop settings. CPD is a broader concept that includes

CE, but also encompasses ongoing development of multi-faceted competencies needed for quality professional performance in one's area of practice through a variety of different learning and professional activities. Effective in 2017, section 2915 of the Business and Professions Code (Code) was amended to reflect that and identified four categories of activities in which continuing education could be accrued, thus leading to continuing professional development: professional; academic; sponsored continuing education coursework; and board certification from the American Board of Professional Psychology (ABPP).

This is a change that has been recommended by the Association of State and Provincial Psychology Boards (ASPPB) as reported in their "*ASPPB Guidelines for Continuing Professional Development*" (*ASPPB Guidelines*).

Specific Purpose of each Adoption, Amendment or Repeal:

Amend Section 1381.9 – Renewal of Expired License

Title 16 CCR Section 1381.9 will be amended and the proposed language and will be titled "Renewal of Expired License; Reapplication After Cancelled License".

Problem: The current language does not address the change to the status of licenses after they have been expired for three or more years.

Anticipated Benefit: The new language in this section clarifies that a license that is expired for three or more years automatically cancels, and then outlines the process by which that person with a cancelled license may obtain a new license, and will be a better reflection of the language in BPC Sections 2984 and 2986.

Factual Basis/Rationale:

§ 1381.9(a): The language in this section was designated subsection (a), but the language was not amended.

§ 1381.9(b): This section outlines the requirements a person whose license has been cancelled due to the provisions set forth in BPC Sections 2984 and 2986, must complete to regain licensure. It is important to determine that the person still has the knowledge and skills necessary for competent and ethical practice. Subsections (b)(1) through (b)(4) require a license reapplicant to demonstrate such competence by meeting specific requirements that are also required of an initial applicant to establish competence, as well as the CPD requirements that must be demonstrated upon

renewal. This should provide clear information and limit confusion while harmonizing these provisions with other relevant statutes and regulations.

Amend Section 1397.60 - Definitions

The Board seeks to reorganize and revise the current CE model and replace this model with a newer and broader CPD model. This change would help ensure the ongoing competence and professional development of licensees. Title 16 of the California Code of Regulations (CCR), Section 1397.60 as it currently exists will be repealed in its entirety and replaced with the proposed modified language effective January 1, 2021. Accordingly, there are two separate sections numbered 1397.60: the current one, which would be effective only for a license that expires, or is reissued or reinstated through December 31, 2020, and the new one that would replace it for a license that expires, or is renewed, reactivated, or reinstated on or after January 1, 2021. The proposed changes will add an inoperative and repeal date to the existing version of section 1397.60, which is necessary to ensure a clear and smooth transition between the current and proposed versions of this section.

Add Section 1397.60 - Definitions

Problem: The current definitions provided only cover a limited number of CE activities, and current research has indicated that such types of learning activities, while effective at maintaining knowledge, have not been demonstrated to be very effective in maintaining the other aspects of competence. Accordingly, they are being replaced with a broader variety and number of CPD activities as the Board transitions to the CPD model. The new definitions outline specific activities in each of the four acceptable categories of learning activities that count towards CPD, and reflect those activities outlined in the ASPPB guidelines.

Anticipated Benefit: These new categories implement the expectations of the new CPD model by describing to licensees and others, such as providers, the type and variety of CPD activities available to licensees in each category that the Board accepts to maintain competence. The requirements for the minimum and maximum hours for each category are set out in section 1397.61.

Factual Basis/Rationale: The expansion of the ways in which a licensee may obtain the necessary 36 hours of CPD is explained below. Currently, psychologists may accrue 36 hours only through traditional CE courses, unless otherwise specified in 16 CCR Section 1397.62(b). The new CPD model has four ways a psychologist may complete the CPD requirements for license renewal: (1) Professional (which includes the activities

of Peer Consultation, Practice Outcome Monitoring (POM), Professional Services, Conferences/Convention Attendance, Examination Functions, Expert Review/Consultation, Attendance at a California Board of Psychology Meeting); (2) Academic (which includes Academic Coursework, Academic/Sponsor-Approved CE Instruction, Supervision, Publications, Self-Directed Learning); (3) Sponsored Continuing Education Coursework (including Independent/Online Learning); and (4) Board Certification (specifically, American Board of Professional Psychology (ABPP) Board Certification, “Senior Option” ABPP Board Certification). The newly included CPD activities are designed to make use of what research indicates contributes to increased learning and maintenance of competence. Activities will include a variety of modes in which learning can occur, continue over extended periods of time, and promote peer interaction and feedback, which allows professionals to incorporate new knowledge and skills into their practices.

§ 1397.60: This section establishes the operative date of January 1, 2021. This section also identifies the four categories of acceptable CPD as specified in 2915 of the Code and further enumerated in subsections (a) through (d). While there is minor duplication of that definition from what is contained in section 2915 of the Code, it allows the regulatory scheme to include all of what a licensee needs to know about CPD.

§ 1397.60(a): This section describes the specific allowable activities under the first category of “Professional Activities.”

§ 1397.60 (a)(1): Defines “Peer Consultation” as an allowable Professional activity, and describes it as structured and organized interaction, in person or electronically mediated, with colleagues in research groups, reading groups, and/or individual or group case consultations, which is designed to broaden professional knowledge. This definition serves the goal of broadening the ways CPD hours may be earned, and will allow the accrual of the required hours for activities that some licensees may be engaged in already. In addition, it reduces professional isolation by encouraging discussion in pairs or in groups about one’s practice, and seeking the feedback or suggestions of other licensees engaged in a similar or relatable practice of psychology. Peer Consultation does not include “Supervision” as it is a separate CPD learning activity under a different category.

§ 1397.60 (a)(2): Defines “Practice Outcome Monitoring (POM)” as another allowable Professional activity, and describes it as the application of various research tools and models to assess the efficacy of one’s own practice and approach to psychological services. POM can help assess whether a licensee’s own theories and modes of practice are effective in providing psychological services and whether that effectiveness

can be enhanced. POM aids the psychologist in updating his or her practice and assessing the impact of those updates, and therefore advances the goals of maintaining and enhancing ongoing competence.

§ 1397.60 (a)(3): Defines “Professional Services” as another allowable Professional activity, and describes it as ongoing participation in the field of psychology by serving on the boards or committees of professional associations, peer reviewed journals, scientific grant review teams, regulatory bodies, etc. This helps ensure that the public service work of the profession is supported, and reduces professional isolation by encouraging interactive communications with other licensees and professionals related to the field. In order to specify that these activities are to be outside of or in addition to the licensee’s regular provision of psychological services, this provision excludes fee-for-service activities.

§ 1397.60 (a)(4): Defines “Conference/Convention Attendance” as another allowable Professional activity, and describes it as attending professional gatherings where multiple concurrent and sequential presentations occur, and the licensee interacts with colleagues. Because the goal is to encourage participation in these gatherings and reduce professional isolation, the attendance in and of itself is different and separate from hours that may be earned for attending specific CE sessions at the same conference or convention.

§ 1397.60 (a)(5): Defines “Examination Functions” as serving in any examination development process of the Board or for the national exam, the EPPP. For the State examination, the Board helps the Department of Consumer Affairs’ Office of Professional Examination Services (OPES) determine which topics and knowledge to include in the California-specific law and ethics examination required for licensure. Psychologists involved in the development process of the EPPP work with ASPPB to develop the content of the examination.

Psychologists who help develop the examinations are designated as subject matter experts (SMEs). Involvement in the examination development process expands the SMEs’ knowledge base, including their knowledge of the laws and ethics governing psychology. Participation in this process counts towards the current CE requirements and would continue to count towards CPD requirements.

In addition, every five years, the Board of Psychology in coordination with OPES conducts an occupation analysis (OA) survey of the licensees to inform the analysis for both exams. Completing an OA survey advances a licensee’s understanding of the practice of psychology, or enhances the licensee’s practice, by inviting the licensee to

carefully consider all aspects of their practice and how their individual practice of psychology fits in with the larger practice of psychology as a whole. Licensees who complete the survey will spend up to two hours completing the questionnaire giving thoughtful consideration about how frequently they perform tasks, how important those tasks are, and how important the knowledge is that is needed to perform those tasks.

§ 1397.60 (a)(6): Defines “Expert Review/Consultation” as serving in any expert capacity for the Board. The Board recruits psychologists to serve as SMEs for its Enforcement Program. SMEs review case materials, prepare written opinions, and testify at administrative hearings. In order to serve as SMEs for the Board, psychologists must be up-to-date in their knowledge and application of the law and the standards of care in the community to determine whether there has been a departure from that standard. As a result of their service as an SME for the Enforcement Program, psychologists will broaden and deepen their knowledge base, including knowledge of the laws and ethics governing psychology, which makes this activity appropriate to include for CPD acceptance.

§ 1397.60 (a)(7): Defines “Attendance at a California Board of Psychology Meeting” as physical attendance at a full day Board meeting or physical attendance at a separately noticed Committee meeting of the Board. The Board determined that attending a Board meeting or Committee meeting would involve interaction with other professionals and participation in discussions of ethical, legal, and professional matters. This activity is designed to promote knowledge of current issues before the Board and encourages public participation in the regulatory process, which also makes this activity appropriate to include for CPD approval.

§ 1397.60 (b): This section defines the specific allowable activities under the second category of “Academic.”

§ 1397.60 (b)(1): Defines “Academic Coursework” as the taking, for credit, of a graduate level course in psychology or in a psychology-related topic. The coursework must be offered by an institution that meets criteria in section 2914 of the Code. The proposed language restricts the coursework to those institutions whose degrees qualify an applicant for licensure, setting a known and trusted educational standard. The benefits of this are that graduate-level study at that caliber on such topics contributes to and increases the knowledge base of the licensee, furthering the professional development and competency of the licensee.

§ 1397.60 (b)(2): Defines “Academic/Sponsor-Approved CE Instruction” as another allowable Academic activity, and describes it as teaching a semester-long graduate-

level psychology course in a degree program at an institution which degree meets the criteria in section 2914 of the Code, or to teach a CE course that relates to the practice of psychology. To effectively deliver course content, the psychologist must be up-to-date on significant theories and current research in the area being taught, and they must incorporate this into the curriculum, making this appropriate to include for CPD acceptance.

§ 1397.60 (b)(3): Defines “Supervision” as another allowable Academic activity, and describes it as overseeing trainees, pre- or postdoctoral, who are accruing hours towards licensure, also known as Supervised Professional Experience. A supervisor is required to ensure the trainee’s compliance with the provisions of the law, monitor the performance and professional development of the trainee, and have education, training, and experience in the practice areas being supervised. To do that adequately and competently, then, the supervisor must keep abreast of developments and research in the areas of psychology that he or she is supervising. Accordingly, undertaking supervision of a trainee ultimately requires that the supervisor maintain competence.

§ 1397.60 (b)(4): Defines “Publications” as another allowable Academic activity, and describes it as authoring books or book chapters, editing or co-editing a book, authoring peer-reviewed articles, or editing or co-editing a peer-reviewed journal. To effectively contribute to the current knowledge base and advance theory and empirical research, psychologists must learn and understand significant new or emerging theories and research, making this appropriate to include for CPD acceptance.

§ 1397.60 (b)(5): Defines “Self-Directed Learning” as another allowable Academic activity, and describes it as independent educational activities such as reading books or peer-reviewed journal articles, listening to podcasts, watching videos and webcasts, attending a webinar that is not sponsor-approved for CE credit, taking academic coursework provided by institutions that do not meet the requirements in section 1397.60 (b)(1), or conference/convention attendance that does not meet the requirements of 1397.60 (a)(4). This would allow psychologists to receive credit for learning activities that deepen or broaden their knowledge or skills in specific areas of practice, making this appropriate to include for CPD acceptance.

§ 1397.60 (c): This section defines what is allowable under the third category of “Sponsored Continuing Education.” It is an activity of structured learning conducted in person or online. This section defines “Course” or “presentation” as a sponsor-approved systematic learning experience. This section also defines a “provider” as an organization, institution, association, university, or other person or entity assuming full responsibility for the CE program offered, and whose courses are accepted for credit

pursuant to section 1397.61(k). This section maintains the long-standing acceptance of traditional CE courses, which contribute to and enhance the professional knowledge base.

§ 1397.60 (d): This section defines what is allowable under the fourth category of “Board Certification.” It is the initial earning of a certification in approximately 15 specialty areas of psychology from the American Board of Professional Psychology (ABPP). ABPP certification requires psychologists to demonstrate to the satisfaction of experienced peers, through a structured and well-formulated process, that they are competent to practice in their specialty areas. Psychologists must demonstrate that they are competent in eight (8) foundational areas and eight (8) functional areas of the specialty in which they want to earn certification. Additionally, psychologists are examined on ethical and legal issues, scientific bases for their services, supervision/teaching/management, interpersonal interactions, individual and cultural diversity, and professional identification. The certification process itself requires the licensee to use multiple modes of CPD, making this appropriate to include for CPD acceptance.

Amend Section 1397.61 – Continuing Education Requirements

Title 16 of the California Code of Regulations (CCR), Section 1397.61, as it currently exists, will be repealed in its entirety and replaced with the proposed modified language effective January 1, 2021, as discussed below. The proposed changes will add an inoperative and repeal date to the existing version of section 1397.61, which is necessary to ensure a smooth transition between the current and proposed versions of this section.

Add Section 1397.61 Continuing Professional Development Requirements

Problem: The change from the CE to the CPD model requires the Board to specify different methods for accruing and verifying that psychologists meet the requirements of the 36-hour CPD format.

Anticipated Benefits: The proposed text details how CPD hours may be accrued, offers a concise description for licensees on how CPD requirements can be satisfied, and describes the documentation the Board will require to show that CPD requirements have been met.

Factual Basis/Rationale:

§ 1397.61(a): This section requires psychologists to certify on the application for license renewal or reactivation that the CPD requirement has been completed. It also provides that if the psychologist makes false claims on the form, or if he or she is unable to provide proof of the hours completed, he or she will be subject to disciplinary action and such action renders his or her license ineligible for renewal. Imposing the possibility of discipline, ineligibility of renewal, and possibility of penalty of perjury makes CPD enforceable and ensures truthful responses, both of which are critically important. This section does not substantively amend the current language, except that it removes outdated requirements related to prorating requirements for first time renewals and references to CE hours.

§ 1397.61(b): This section requires psychologists to certify on the application for license renewal or reactivation that they have completed a minimum of four (4) hours of training on the subject of laws and ethics each renewal period. The new CPD language, like the current language, provides an explanation of the laws and ethics requirement, but also provides a specific hour requirement, which can be met by using any combination of the four (4) CPD categories. The expectation that psychologists complete training in laws and ethics is beneficial to both California consumers and the psychologist as it keeps psychologists up-to-date on how to practice in a legal and ethical manner. The new requirement will require licensees to complete a minimum of four (4) hours of training in the subject of laws and ethics, which not only provides better guidance to the licensees of what is expected of them, but is a sufficient minimum amount of time to refresh and update a licensee's competency in the areas of laws and ethics. Fewer hours would not allow for adequate learning, and requiring more hours would potentially take away time from other opportunities for CPD.

§ 1397.61(c): This section requires licensees to have completed a minimum of four (4) hours of training for each license renewal cycle about Cultural Diversity and/or Social Justice issues as they apply to the practice of psychology in California. Cultural Diversity pertains to differences in age, race, culture, ethnicity, nationality, immigration status, gender, gender identity, sexual orientation, socioeconomic status, religion/spirituality, and physical ability. Social Justice pertains to the historical, social and political inequities in the treatment of people from non-dominant groups, while addressing the various injustices and different types of oppression that contribute to individual, family and community psychological concerns. This requirement has been added because California is a large and diverse state with many minority populations who have been historically underserved by the psychological profession. Increasing

access to psychological services for all Californians is a priority for the Board and requiring that all psychologists complete four (4) hours of CPD in these areas will expose more professionals to these important topics as well as increase the knowledge base of licensees when providing services to California's diverse population. Fewer hours would not allow for adequate learning, and requiring more hours would potentially take away time from other opportunities for CPD. This requirement can be met by using any combination of the four (4) CPD categories. The psychologist will indicate on his or her documentation which CPD activities are being used to fulfill the requirement.

§ 1397.61(d): This section requires that acceptable CPD activities must be relevant and pertinent to the practice of psychology. The purpose of the CPD model is to deepen and expand the competence and subject mastery of the licensee in the field of psychology. CPD activities not pertinent to the practice of psychology do not further this goal and will not be counted toward the 36 hours renewal or reactivation requirement. For example, a course in neurology may be appropriate for a licensee who practices health psychology; however, a course in general medical techniques may not be appropriate.

§ 1397.61(e): This section requires that a licensee shall accrue hours during each renewal period from at least two (2) of the four (4) CPD categories: (1) Professional (Peer Consultation, Practice Outcome Monitoring (POM), Professional Services, Conferences/Convention Attendance, Examination Functions, Expert Review/Consultation and Attendance at a California Board of Psychology Meeting); (2) Academic (Academic Coursework, Academic/Sponsor-Approved CE Instruction, Supervision, Publications and Self-Directed Learning); (3) Sponsored Continuing Education; and (4) Board Certification, except that Board Certification may be used to fulfill 100% of the CPD requirement in a biennial renewal cycle. The reason for this is that Board Certification requires psychologists to demonstrate to the satisfaction of experienced peers, through a structured and well-formulated process, that they are competent in intervention, assessment, and consultation in their area of practice. The certification process itself requires the licensee to use multiple modes of CPD and has a level of examination and scrutiny that accounts for full completion of the CPD requirements in the renewal cycle in which the Board Certification was attained.

Except as described above, licensees must accrue hours in more than one (1) category because research has established that different modes of learning ensure better retention and changes in behavior and practice. The reason for requiring two (2) categories is that this ensures adequate breadth and is consistent with research but will not disadvantage psychologists who may have difficulty or limitations in participating in more than two (2) categories.

§ 1397.61(f): This section outlines the parameters for credit accrual and documentation required by the Board if a licensee accrues CPD under the category of “Professional Activities.”

§ 1397.61(f)(1): For “Peer Consultation,” licensees can apply a maximum of 18 hours toward the CPD required for license renewal or reactivation. Psychologists can accrue up to half of their CPD hours using “Peer Consultation” because research shows that peer consultation is one of the best ways to ensure implementation of new techniques or previously learned subject matter into practice. Additionally, “Peer Consultation” allows follow-up on individual cases, legal or ethical questions, and reduces professional isolation. Peer Consultation is limited to up to 18 hours to ensure that multiple modes of CPD are utilized by licensees. Documentation of this activity must include: date(s), type of activity, and total number of hours. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. These requirements were established so that verifiable written documentation could be submitted to the Board to satisfy audit requirements.

§ 1397.61(f)(2): For “Practice Outcome Monitoring (POM),” licensees can apply a maximum of nine (9) hours toward the CPD required for license renewal or reactivation. While POM allows for assessment and subsequent evolution of one’s practice based on feedback from clients, this activity is not widely practiced, and the Board is including this in order to encourage licensees to incorporate POM into their practices. Because POM is considered part of the provision of psychological services for which the licensee is being paid, POM is not an additional activity outside of the provision of services and is being limited to nine (9) hours. Documentation of this activity must include: date(s) of monitoring, client identifier, and how outcomes were measured. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. These requirements were established so that verifiable written documentation could be submitted to the Board to satisfy audit requirements.

§ 1397.61(f)(3): For “Professional Service”, licensees can apply a minimum of 4.5 hours and a maximum of 12 hours toward the CPD required for license renewal or reactivation. Participation in services related to the field of psychology or other related disciplines for one (1) year equals nine (9) hours credited, and six (6) months equals 4.5 hours credited. This is a service to the profession and will help the licensee to stay current on issues impacting the field. Licensees, however, must commit to a minimum of six (6) months to make this activity meaningful. While this activity will increase knowledge and is a service to the profession, no more than one-third of total CPD hours accrued will be allowed in this activity to ensure that licensees participate in other CPD

activities that will directly impact their practice competence. Documentation of this activity must include: board or program name, role of licensee, date(s) of service, and term of service. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. These requirements were established so that verifiable written documentation could be submitted to the Board to satisfy audit requirements.

§ 1397.61(f)(4): For “Conference/Convention Attendance”, licensees can apply a maximum of six (6) hours toward the CPD required for license renewal or reactivation. One full conference/convention day attendance equals one (1) hour credited. Conference and convention attendance is an allowable CPD activity since attendance encourages interaction with peers and with experts in the field and reduces professional isolation. This activity is indirect and non-structured learning by nature, and therefore is limited to six (6) hours of credit. Documentation of this activity must include: name of conference/convention attended, proof of registration, and date(s) of conference/convention attended. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. These requirements were established so that verifiable written documentation could be submitted to the Board to satisfy audit requirements.

§ 1397.61(f)(5): For “Examination Functions,” licensees can apply a maximum of 12 hours toward the CPD required for license renewal or reactivation. One hour of service equals one (1) hour of credit. This activity increases a licensee’s knowledge of psychological principles, test development, and laws and ethics so it is appropriate for inclusion as a CPD activity. While this activity will increase knowledge and is a service to the profession, a maximum of 12 hours can be accrued in this activity to ensure that licensees participate in other CPD activities that will directly impact their practice competence. Documentation of this activity must include: name of exam, dates of service, and number of hours. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. These requirements were established so that verifiable written documentation could be submitted to the Board to satisfy audit requirements.

§ 1397.61(f)(6): For “Expert Review/Consultation”, licensees can apply a maximum of 12 hours toward the CPD required for license renewal or reactivation. One hour of service in an expert capacity equals one (1) hour of credit. This activity requires a licensee to be knowledgeable in the ethics required of psychologists, the laws governing psychology in this State, and the standard of care in the field of psychology. Service as an expert reviewer or consultant will maintain their knowledge base in the above areas

and therefore is appropriate for inclusion as a CPD activity. While this activity will increase knowledge and is a service to consumers of psychological services, a maximum of 12 hours can be accrued in this activity to ensure that licensees participate in other CPD activities that will directly impact their practice competence. Record of activity includes: date(s) of service and number of hours. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. These requirements were established so that verifiable written documentation could be submitted to the Board to satisfy audit requirements.

§ 1397.61(f)(7): For “Attendance at a California Board of Psychology Meeting”, licensees can apply a maximum of eight (8) hours toward the CPD required for license renewal or reactivation. Attendance for one (1) day of Board or Committee meeting equals six (6) hours of credit. Board Meetings typically have closed session items on the agenda; therefore, the credit distribution reflects the time spent on open session agenda items. Attendance at a Board or Committee meeting for three (3) hours or less will be credited on an hour for hour basis. Documentation of this activity must include: date(s) of meeting attendance, name of meeting (Board or Committee meeting), and number of hours attended. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit. A licensee requesting CPD in this category shall have signed in and out on an attendance sheet provided by the Board at the meeting. These requirements were established so that verifiable written documentation could be submitted to the Board. This activity keeps licensees abreast of laws and regulations affecting the practice of psychology and emerging issues affecting consumers of psychological services and the practice of psychology, expands licensees’ knowledge about the role of the Board and its processes, and helps licensees understand the nuances of ethical and practice violations discussed during disciplinary proceedings. For these reasons, attendance at Board meetings is appropriate for inclusion as a CPD activity. This activity is indirect and non-structured learning by nature, and therefore is limited to eight (8) hours of credit.

§ 1397.61(g): This section outlines the credit accrual and documentation required by the Board to show that the licensee satisfied the requirement for activities under “Academic.”

§ 1397.61(g)(1): For “Academic Coursework,” licensees can apply a maximum of 18 hours toward the CPD required for license renewal or reactivation. A single course can only be taken once for each renewal period, each semester unit earned equals six (6) hours of CPD credit and each quarter unit earned equals 4.5 hours of CPD credit (e.g. a

three (3) unit semester course counts for 18 hours, and a four (4) unit quarter course counts for 18 hours). Up to half of the CPD credits are allowed for this activity because course content is based on new and emerging research, and course completion will directly impact a licensee's practice. To receive credit in this category, the licensee must submit a transcript with evidence of a passing grade, which will serve as verifiable documentation for the Board. A grade of C or higher (or "pass") is required to ensure adequate learning and comprehension of the course material.

§ 1397.61(g)(2)(A): For "Academic Instruction," licensees can apply a maximum of 18 hours toward the CPD required for license renewal or reactivation. Each course taught counts only once for each renewal period, a term-long (quarter or semester) course equals 18 hours of credit. Up to half of the CPD credits are allowed for this activity because it requires the licensee to prepare and instruct at a level sufficient for inclusion as part of a degree program that meets the requirements for licensure, which requires the licensee to stay current on research and major psychological theories that impact the field. Therefore, this is appropriate as a CPD activity. Documentation of this activity must include: title of course, course syllabus, name of institution, and dates of instruction. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(g)(2)(B): For "Sponsor-Approved CE Instruction," licensees can apply a maximum of 18 hours toward the CPD required for license renewal or reactivation. Each course taught counts only once for each renewal period, one (1) hour of instruction equals 1.5 hours of credit. The additional half-hour credit accounts for time preparing to teach the course. Up to half of the CPD credits are allowed for this activity because it requires the licensee to prepare and instruct at a level sufficient for sponsor approval and to present current or emerging research, psychological theories or practice information that impact the field. Therefore, this is appropriate as a CPD activity. Documentation of this activity must include: title of course, course syllabus, dates of instruction, number of hours taught, and name of sponsoring entity. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(g)(3): For "Supervision," licensees can apply a maximum of 18 hours toward the CPD required for license renewal or reactivation. One (1) hour of supervision equals one (1) hour of credit. Up to half of the CPD credits are allowed for this activity because it requires the licensee to stay up-to-date in the areas of practice supervised, and to socialize trainees into the profession. Supervising solidifies the knowledge and skills required for the provision of psychological services and therefore is appropriate as a

CPD activity. Documentation of this activity must include: dates of supervision and a trainee identifier (e.g., name or registration number, if any). A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(g)(4): For “Publications,” licensees can apply a maximum of nine (9) hours toward the CPD required for license renewal or reactivation. One (1) publication equals nine (9) hours of credit. Up to nine (9) hours can be counted toward this CPD activity because authoring or co-authoring journal articles, book chapters, or books that have been peer-reviewed requires the licensee to have generated new information or conducted original research in the field that meets the standard required to be accepted for publication. Editing or co-editing a book can be counted toward this CPD activity because it requires the licensee to organize a series of written works around a certain topic area and assemble them in a way that provides a cohesive and accessible tool to be used by others in the field. Documentation of this activity must include either a letter of acceptance for publication or proof of publication with publication date in the renewal period for which it is being submitted. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(g)(5): For “Self-Directed Learning,” licensees can apply a maximum of six (6) hours toward the CPD required for license renewal or reactivation. One (1) hour of activity equals one (1) hour of credit. Licensees can accrue up to six (6) hours, as this activity enhances their knowledge and skills in particular areas of interest that may not be available through other means of CPD. This activity is also more easily accessible for licensees with geographic or financial challenges, or disabilities. This activity is either self-directed or unapproved through other CPD activities (meaning it lacks the evaluation and standards that sponsor-approved CE webinars, online academic coursework, or conference/convention attendance that relates or applies to psychological practice must meet), and therefore is limited to six (6) hours of credit. Documentation of this activity must include: date(s), medium (e.g., book or webinar), topic or title, and total number of hours. A record of this activity must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(h): This section outlines the credit distribution and documentation required by the Board to show that the licensee satisfied the requirement for activities under “Sponsored Continuing Education.” Licensees can apply a maximum of 27 hours toward the CPD required for license renewal or reactivation. One (1) hour of sponsored continuing education equals one (1) hour of credit and each course taken can only be granted credit once during a renewal cycle. Currently, the Board accepts sponsored

continuing education as the only means to fulfill the Board's renewal requirements. Limiting this activity to a maximum of 27 hours allows licensees an effective way to meet renewal requirements for those who need a gradual transition to the new CPD model. Documentation of this activity must be the proof of attendance that is provided by the sponsor of the continuing education (e.g., certificate(s) of completion). Documentation must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(i): This section outlines the credit accrual and documentation required by the Board to show that the licensee satisfied the requirement for activities under "Board Certification."

§ 1397.61(i)(1): For "ABPP Board Certification," licensees may use their certification to satisfy all 36 hours of required CPD toward their upcoming renewal or reactivation application for the current licensure period in which the certification is awarded. All 36 hours of CPD can be credited for this activity because it requires licensees to commit to a 2-year examination and certification process for licensed psychologists engaged in specialty practice. The examination and certification process include participation in several CPD activity categories (e.g., peer consultation, self-directed learning, supervision) and requires the demonstration of competence in a number of practice areas. Documentation of this activity must be the proof of specialty certification that is provided by ABPP. Documentation must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(i)(2): For "Senior Option ABPP Board Certification," licensees may use their certification to apply a maximum of 18 hours of required CPD toward their upcoming renewal or reactivation application for the current licensure period in which the certification is awarded. Up to 18 hours of CPD can be credited for this activity because it is not the same time commitment and does not require video demonstrations of case examples as with full "ABPP Certification," yet it still requires the licensee to commit to an examination and certification process in the same required competency areas. Documentation of this activity must be the proof of specialty certification that is provided by ABPP. Documentation must be maintained by the licensee as documentation of compliance to be verified by the Board upon audit.

§ 1397.61(j): This section implements 2915 (e) and (f) to outline how CE approvers and CE providers can be authorized by the board. There is a minor repetition regarding organizations previously approved by the Board still being deemed recognized to allow for all requirements to be in one place. These organizations are the American Psychological Association, the California Psychological Association, the Association of

Black Psychologists, the California Medical Association, and the Accreditation Council for Continuing Medical Education. These organizations, and the organizations approved pursuant to 1397.61(j)(1), are also authorized to provide continuing education themselves.

§ 1397.61(j)(1): This section implements criteria for organizations seeking the authority to approve providers of continuing education that will count towards the required CPD hours. The Board is not seeking to approve individual courses, but rather to approve the organizations or entities that will approve providers or provide CE courses and activities themselves. This replaces and expands the current regulations in which the Board lists specific organizations that are approved. The Board believes the current system is too limiting and needlessly excludes organizations that could serve as approvers of CE courses. This expansion will better serve psychologists and the consumers of psychological services by creating more diversity among CE approvers in order to broaden the possibility that CE will be provided by more organizations on a wider variety of topics and specialty areas. This section includes the criteria that organizations must meet to be recognized as approved sponsors and ensures that these organizations demonstrate that they have an established program for reviewing and approving CE providers and that they have an effective system to establish criteria for the evaluation of CE providers and the programs they offer. Specifically:

Subsection (j)(1)(A) - (B) contain minor duplications from the statute in order for this subsection to have all requirements in one place.

Subsection (j)(1)(C) requires approving organizations who approve providers as well as provide courses themselves, avoid conflicts in order to insure the integrity of the courses that they are providing and approving.

Subsection (j)(1)(D) requires the approving organization to ensure that the providers they are approving are providing courses that are relevant and up to date in the profession of psychology.

Subsection (j)(1)(E) requires the approving organization to conduct periodic reviews to ensure that the providers they have approved are providing the courses that they were approved for and that the courses have remained relevant and up to date in the profession of psychology.

Subsection (j)(1)(F) requires the approving organization to establish a procedure for their approval process, which ensures that all courses and providers applying for their approval are reviewed in a standardized and consistent manner.

Subsection (j)(1)(G) requires the approving organization to establish a process to respond to complaints about the providers and courses they have approved. Having a complaint response process ensures that the approving organization consistently reviews and responds to complaints in order to address whether the course is consistent with what was approved and meets the standards under this section.

§ 1397.61(j)(2): This section outlines the program and content criteria that a CE provider must meet in order to obtain and maintain approval by an approving organization. The elements for approval of CE programs have been developed to ensure that courses are relevant to psychological practice, and allow psychologists to maintain, develop, broaden, and increase competencies in order to improve services to the public. The programs must be regularly evaluated by attendees and updated by providers to ensure that CE programs meet minimum standards. Specifically:

Subsection (j)(2)(A) – (B) requires the approving organization to ensure that the providers offer content at a post-licensure level in psychology, thus furthering professional competencies by requiring that the programs are intended to benefit a currently practicing psychologist. The providers do this by demonstrating that the programs are designed to focus on proven or relevant areas of practice.

Subsection (j)(2)(C) – (D) requires the approving organization to ensure that the providers programs are consistent by standardizing their determination on program effectiveness and improved as a result of that determination.

Subsection (j)(2)(E) requires the approving organization to ensure that the credit given is offered on a consistent basis across all providers.

Subsection (j)(2)(F) requires the approving organization to ensure that the providers verifications issued to participants include consistent information and that that information is sufficient to allow for a standardized review and verification by the Board.

Subsection (j)(2)(G) requires the approving organization to ensure that the providers not discriminate against practitioners who enroll in their classes, the benefits of which are self-explanatory.

Subsection (j)(2)(H) requires the approving organization to ensure that the providers advertise their programs accurately so practitioners can make the best informed decision about what courses are best for them.

§ 1397.61(j)(3): This section authorizes the Board to revoke the approved status from organizations that do not fulfill their obligations under sections 1397.61(f)(1) and 1397.61(f)(2), and the required measure of due process to do so. If those obligations

are not met, the Board must have a method for revoking that status in order to protect licensees, the recipients of psychological services, and ensure a fair marketplace for CE providers. This provision also requires due process in the form of notice, a hearing, and formal Board action, and ensures that authorization will only be revoked for good cause. Prior to the Board's revoking the authorization of an approving organization, procedural due process is required and this language informs approving organizations of their rights and the good cause standard that must be met prior to that revocation.

§ 1397.61(k)(1): This section requires a licensee applying for license renewal to maintain CPD records for four (4) years following the renewal period that they utilized the credit for. This corresponds to two (2) renewal periods after the certification was made. This requirement will allow for a seamless audit and help ensure proof of the psychologist's adequate completion of the CPD required for license renewal. This requirement does not change the current CE model standard.

§ 1397.61(k)(2): This section requires a licensee applying to reactivate or a person applying to reinstate a license to maintain CPD records for four (4) years. This corresponds to two (2) renewal periods after the certification was made. This requirement will allow for a seamless audit and help ensure proof of the psychologist's adequate completion of the CPD required for license reactivation or reinstatement. This requirement does not change the current CE model standard.

§ 1397.61(l): This section establishes that no CPD activity may be claimed for credit in more than one CPD category. This ensures that psychologists are obtaining all their hours without "double counting," and are engaging in a breadth of activities to better expand their knowledge base and increase their competencies, rather than focusing on one type of activity.

§ 1397.61(m): Psychologists whose renewal cycle overlaps with the new CPD regulations becoming effective can complete the requirement using either the existing regulations or the new regulations. This allows more flexibility to adjust to the new regulations during the transition period.

Amend Section 1397.62 – Continuing Education Exemptions and Exceptions

Title 16 of the California Code of Regulations (CCR), Section 1397.62 as it currently exists will be repealed in its entirety and replaced with the proposed new language effective January 1, 2021. The proposed changes will add an inoperative and repeal date to the existing version of section 1397.62, which is necessary to ensure a smooth transition between the current and proposed versions of this section.

Add Section 1397.62 - Continuing Education Exemptions

Problem: The current CE model makes it more difficult for individuals with disabilities or who are caretakers of those with disabilities to fully participate in the requirements. Therefore, exemptions are currently allowed for reasons of health or physical or mental disability of the licensee or a family member for whom they are caring; however, the Board is aware that individuals seeking exemptions are engaging in the full practice of psychology and are not being held to the same standard as other licensees. Additionally, existing regulations allow for a licensee to take courses from unapproved providers if the licensee is providing services in non-mental health areas of psychology. Existing regulations also allow for an exemption from the on-site participation requirement for psychologists requiring reasonable accommodations according to the Americans with Disabilities Act.

Anticipated Benefit: These provisions hold all licensees to the same standard. The remaining exemption is a limited active duty military exemption while a licensee is deployed. This section, then, still complies with BPC section 114.3, which requires, among other things, that the Board waive CE requirements for active duty military personnel.

Factual Basis/Rationale:

§ 1397.62(a): Allowance for an exemption due to a mental or physical disability on the part of the licensee or an immediate family member is being eliminated as the Board allows licensees who are unable to complete CPD requirements to place their license on inactive status. Additionally, there will be less need for exemptions since the CPD model makes it easier for licensees to comply with the requirements. The allowance for licensees who are not engaged in the direct delivery of mental health services to accrue CE courses from non-approved sponsors is being eliminated since the CPD model provides these licensees multiple ways to complete the requirements. The allowance for an exemption from the onsite participation requirement is being removed since the CPD model provides multiple ways to complete the requirements that do not require onsite participation.

BPC section 114.3 requires the allowance of an active duty military exemption from CE/CPD requirements. This section describes how active duty personnel can obtain an exemption from CPD requirements and the requirements that must be met upon their first renewal after discharge from active duty. The request for exemption must be submitted to the Board at least 30 days prior to submission of a renewal application.

The advance request is necessary to allow time for staff to timely determine exemption eligibility.

Upon the first renewal after discharge, required CPD is calculated at a rate equivalent to 1.5 hours per month, or portion of a month (which is the average number of hours per month that a licensee must complete over a 2-year renewal cycle), beginning 60 days after the discharge date until the expiration date of the license. Such licensees must complete, at a minimum, four (4) hours of training in laws and ethics and four (4) hours of training in cultural diversity and/or social justice issues. The Board has identified these areas as sufficiently important to the practice of psychology to require them of every licensee for each renewal cycle.

The following scenarios help illustrate the application of the above requirements:

- The licensee is discharged April 1st with a license expiration on the last day of April of the same year. The licensee in this scenario would not be required to complete any CPD hours, including the four (4) hours of training in laws and ethics and four (4) hours of training in cultural diversity and/or social justice issues.
- The licensee is discharged April 1st with a license expiration on the last day of August of the same year. The CPD prorated calculation begins June 1st (60 days after the discharge date). The licensee in this scenario would be required to complete 4.5 hours of CPD (1.5 hours x 3 months); however, this licensee would still be required to complete the four (4) hours of training in laws and ethics and four (4) hours of training in cultural diversity and/or social justice issues.
- The licensee is discharged April 1st with a license expiration on the last day of May of the following year. The CPD prorated calculation begins June 1st (60 days after the discharge date). The licensee in this scenario would be required to complete 18 hours of CPD (1.5 hours x 12 months), including the four (4) hours of training in laws and ethics and four (4) hours of training in cultural diversity and/or social justice issues.

§ 1397.62(b): Subdivision (a) requires that the request for the exemption be submitted 30 days prior to the request for renewal so that the request can be processed prior to the time the license expires. This section provides that if an applicant's request for an exemption is denied, he or she has 120 days from when the notification is issued to complete the necessary CPD requirements. This timeframe holds the licensee to CPD requirements while providing ample time for the activities to be completed.

Amend Section 1397.67 – Renewal After Inactive or Delinquent Status

Title 16 CCR Section 1397.67 as it currently exists will be repealed in its entirety and replaced with the proposed new language, which will be titled “Continued Professional Development Requirements for Reactivation” effective January 1, 2021. The proposed changes will add an inoperative and repeal date to the existing version of section 1397.67, which is necessary to ensure a smooth transition between the current and proposed versions of this section.

Add Section 1397.67 – Renewal After Inactive or Expired Status

Problem: The current language refers to licenses that have not been renewed as “delinquent.” The Board has determined that “expired” is a better description of the status of these psychologists’ licenses. The term “delinquent” confuses psychologists and consumers because of its different interpretations and negative connotations. The provisions relating to the automatic cancellation of a license after failure to renew for three (3) years is currently in an inappropriate section. This section also currently uses the term CE, which is not in alignment with the statutory terminology.

Anticipated Benefit: Changing “delinquent” to “expired” reflects the true meaning that the psychologist’s license has not been renewed and reflects more accurately the psychologist’s license status. Moving the provisions related to automatic cancellation of a license to section 1381.9 is more appropriate since that section deals with license expiration and cancellation. The benefit of using CPD instead of CE is that it aligns with statutory terminology and more accurately reflects the new model.

Factual Basis/Rationale:

§ 1397.67(a): The new language makes no substantive changes to the language of the existing version of section 1397.67(a), and only makes non-substantive grammatical changes. Additionally, the phrase “continuing education courses” is updated to CPD.

§ 1397.67(b): The new language uses the term “expired” rather than “delinquent,” as this is a better reflection of the language in BPC Section 2984, which references “expired licenses” and “delinquency fees.” Additionally, the phrase “continuing education courses” is updated to CPD.

Underlying Data

1. Minutes of the June 15-16, 2017, Board of Psychology Board Meeting
2. Minutes of November 16-17, 2017, Board of Psychology Board Meeting
3. Minutes of August 15-16, 2019, Board of Psychology Board Meeting
4. Minutes of March 16-17, 2017, Board of Psychology Licensing Committee
5. The Association of State and Provincial Psychology Boards' *Maintenance of Competence for Licensure (MOCL) White Paper*
6. The Association of State and Provincial Psychology Boards' *Guidelines for Continuing Professional Development*

Business Impact

This regulation may have the following economic impact on businesses. It might negatively impact current continuing education (CE) providers, who can potentially be small businesses. Because the Board does not approve providers of CE, it has no information regarding the number of providers who would be defined as small businesses. In addition, the regulation may positively impact current providers should they chose to provide or facilitate categories of CPD other than “traditional” CE. Moreover, the new CPD regulations detail ways in which additional businesses can become approved CE sponsors.

Economic Impact Assessment

The regulatory proposal will have the following effects:

This regulatory proposal may have an unquantifiable impact on jobs/businesses in the State of California, including the creation or elimination of jobs or businesses, or the expansion of new businesses. There may be minor losses in some employment areas related to the former CE framework, but those losses may be mitigated by the expansion of new business opportunities under the new CPD framework.

Twenty-seven (27) of the 36 required CPD hours may still be accrued through what is considered the “traditional” type of CE course. As a result, most of the courses offered by CE providers will still be attended by licensees and other licensed professionals.

The requirement to accrue CPD hours in more than one category may result in some providers experiencing a decline in attendance in some courses. With a new hourly requirement in law and ethics and a new requirement for training in cultural diversity and/or social justice, as well as other CPD learning activities, new opportunities will likely emerge for the benefit of jobs and businesses in the State of California.

The Board anticipates some CE providers may have fewer attendees and lower revenues, which would be offset by an increase in CPD participation and revenues. As a result, the proposed regulations are estimated to have a net-zero economic impact to the state.

This regulatory proposal benefits the health and welfare of California residents because it will continue to protect the consumers by assuring those providing psychological services are receiving a broad range of education to maintain and retain competency.

This regulatory proposal would not affect worker safety, because it does not address any current state laws impacting worker safety, e.g., OSHA requirements.

This regulatory proposal may have a positive impact on the state's environment because the proposed regulations may reduce the carbon footprint due to the elimination of the onsite requirement of the previous CE model. Potential reductions may also include a reduction in travel and the printing of paper certificates.

Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected:

1. Not adopt the regulations. This alternative was rejected because the Board has identified areas of concerns regarding its current CE program and, as a result, the authorizing statute was amended. These concerns include the narrow and limited ways that psychologists are currently able to obtain CE. It was decided that in order to maintain and effectively enhance the skills of psychologists, continuing education had to move away from a didactic type of learning only to a broader, more flexible and diverse model for enhancing psychologists' competence.

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF PSYCHOLOGY

PROPOSED REGULATORY LANGUAGE
Continuing Professional Development

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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§ 1381.9. Renewal of Expired License; Reapplication After Cancelled License.

(a) In the event a licensee does not renew his or her license as provided in section 2982 of the Code, the license expires. In addition to any other requirements, a licensee renewing pursuant to section 2984 of the Code shall furnish a full set of fingerprints as required by and set out in section 1381.7(b) as a condition of renewal.

(b) After a license has been expired for three years, the license is automatically cancelled, and a new license must be obtained in order to provide psychological services. A person whose license has been cancelled may obtain a new license pursuant to the requirements in section 2986 of the Code, and providing the person:

- (1) submits a complete licensing application pursuant to section 1381;
- (2) meets all current licensing requirements;
- (3) successfully passes the examination pursuant to section 1388.6;
- (4) provides evidence of continuing professional development taken pursuant to section 1397.67(b), and no fact, circumstance, or condition exists that would be grounds for denial of licensure under sections 480 or Division/ Chapter/ Article 4 of the Code.

NOTE: Authority cited: Sections 2930 and 2982, Business and Professions Code. Reference: Sections 118, 480, 2984 and 2986, Business and Professions Code; and Section 11105(b)(10), Penal Code.

§ 1397.60. Definitions. [Effective until December 31, 2020.]

This section is inoperative January 1, 2021, and repealed on December 31, 2021.

As used in this article:

(a) “Conference” means a course consisting of multiple concurrent or sequential free-standing presentations. Acceptable presentations must meet the requirements of section 1397.61(c).

(b) “Continuing education” (CE) means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, seminars, workshops, grand rounds, in-service training programs, video conferencing, and independent learning technologies.

(c) “Course” or “presentation” means an approved systematic learning experience of at least one hour in length. One hour shall consist of 60 minutes of actual instruction. Courses or presentations less than one hour in duration shall not be acceptable.

(d) “Grand rounds” or “in-service training program” means a course consisting of sequential, free-standing presentations designed to meet the internal educational needs of the staff or members of an organization and is not marketed, advertised or promoted to professionals outside of the organization. Acceptable presentations must meet the requirements of section 1397.61(c).

(e) “Independent learning” means the variety of forms of organized and directed learning experiences that occur when the instructor and the student are not in direct visual or auditory contact. These include, but are not limited to, courses delivered via the Internet, CD-ROM, satellite downlink, correspondence and home study. Self-initiated, independent study programs that do not meet the requirements of section 1397.61(c) are not acceptable for continuing education. Except for qualified individuals with a disability who apply to and are approved by the Board pursuant to section 1397.62(c), independent learning can be used to meet no more than 75% (27 hours) of the continuing education required in each renewal cycle. Independent learning courses must meet the requirements of section 1397.61(c).

(f) “Provider” means an organization, institution, association, university, or other person or entity assuming full responsibility for the course offered, whose courses are accepted for credit pursuant to section 1397.61(c)(1).

Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

§ 1397.60. Definitions. [Effective January 1, 2021.]

This section shall be applicable to a license that expires on or after, or is renewed, reactivated, or reinstated on or after, January 1, 2021.

Continuing Professional Development (CPD) means required learning activities approved for the purpose of license renewal. CPD shall be met in the following four categories: Professional Activities; Academic; Sponsored Continuing Education; and Board Certification.

(a) Acceptable CPD learning activities under “Professional Activities” include:

(1) “Peer Consultation”

(A) “Peer Consultation” means structured and organized interaction, in person or electronically mediated, with professional colleagues designed to broaden professional knowledge and expertise, reduce professional isolation, and directly inform the work of the psychologist. CPD pursuant to this section may only be obtained through individual or group case consultation, reading groups, or research groups. These activities must be focused on maintaining, developing, or increasing conceptual and applied competencies that are relevant to psychological practice, education, or science.

(B) “Peer Consultation” does not include “Supervision” as defined in section (b)(3).

(2) “Practice Outcome Monitoring” (POM)

“Practice Outcome Monitoring” (POM) means the application of outcome assessment protocols with clients/patients, in order to monitor one’s own practice process and outcomes, with the goal of assessing effectiveness. All outcome measures must be sensitive to cultural and diversity issues.

(3) “Professional Services”

“Professional Services” means ongoing participation in services related to the field of psychology, or other related disciplines, including but not limited to, serving on psychological association boards or committees, editorial boards of peer reviewed journals related to psychology or other related disciplines, scientific grant review teams, boards of regulatory bodies, program development and/or evaluation activities, separate and apart from a fee for service arrangement.

(4) “Conference/Convention Attendance”

“Conference/Convention Attendance” means attending a professional gathering that consists of multiple concurrent or sequential free-standing presentations related to the practice of psychology, or that may be applied to psychological practice, where the licensee interacts with professional colleagues and participates in the social, interpersonal, professional, and scientific activities that are part of the environment of those gatherings. CPD credit may be

accrued for “Conference/Convention Attendance” separate from credit earned for completing sponsored CE coursework or sessions at the same conference/convention.

(5) “Examination Functions”

“Examination Functions” means serving in any function related to examination development for the Board or for the development of the EPPP.

(6) “Expert Review/Consultation”

“Expert Review/Consultation” means serving in any expert capacity for the Board.

(7) “Attendance at a California Board of Psychology Meeting”

“Attendance at a California Board of Psychology Meeting” means physical attendance at a full-day Board meeting or physical attendance at a separately noticed Committee meeting of the Board.

(b) Acceptable CPD learning activities under “Academic” include:

(1) “Academic Coursework”

“Academic Coursework” means completing and earning academic credit for a graduate-level course related to psychology from an institution whose degree meets the requirements of section 2914 of the Code.

(2) “Academic/Sponsor-Approved Continuing Education (CE) Instruction”

(A) “Academic Instruction” means teaching a graduate-level course that is part of a degree program which degree meets the requirements of section 2914(c) of the Code.

(B) “Sponsor-Approved CE Instruction” means teaching a sponsored CE course that relates to the practice of psychology as defined in section 1397.60(c).

(3) “Supervision”

“Supervision” means overseeing the professional experience of a trainee who is accruing hours toward licensure as a Psychologist, Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Educational Psychologist, or Physician and Surgeon.

(4) “Publications”

“Publications” means authoring or co-authoring peer-reviewed journal articles, book chapters, or books, or editing or co-editing a book, related to psychology or related discipline.

(5) “Self-Directed Learning”

“Self-Directed Learning” means independent educational activities focused on maintaining, developing, or increasing conceptual and applied competencies that are relevant to psychological practice, education, or science, such as reading books or peer-reviewed journal articles, watching videos or webcasts, or listening to podcasts.

(c) Acceptable CPD learning activities under “Sponsored Continuing Education” means Sponsor-Approved Continuing Education, which includes any approved structured, sequenced learning activity, whether conducted in-person or online. “Course” or “presentation” means a sponsor-approved systematic learning experience. “Provider” means an organization, institution, association, university, or other person or entity assuming full responsibility for the CE program offered, and whose courses are accepted for credit pursuant to section 1397.61(k).

(d) Acceptable CPD learning activities under “Board Certification” are defined as the initial earning of a specialty certification in an area of psychology from the American Board of Professional Psychology (ABPP).

Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

§ 1397.61. Continuing Education Requirements. [Effective until December 31, 2020.]

This section is inoperative January 1, 2021, and repealed on December 31, 2021.

(a) Except as provided in section 2915(e) of the Business and Professions Code and section 1397.62 of these regulations, each licensed psychologist shall certify on the application for license renewal that he or she has completed the continuing education requirements set forth in section 2915 of the Code. A licensee who renews his or her license for the first time after the initial issuance of the license is only required to accrue continuing education for the number of months that the license was in effect, including the month the license was issued, at the rate of 1.5 hours of approved continuing education per month. Continuing education earned via independent learning pursuant to section 1397.60(e) shall be accrued at no more than 75% of the continuing education required for the first time renewal. The required hours of continuing education may not be accrued prior to the effective date of the initial issuance of the license. A licensee who falsifies or makes a material misrepresentation of fact on a renewal application or who cannot verify completion of continuing education by producing verification of

attendance certificates, whenever requested to do so by the Board, is subject to disciplinary action under section 2960 of the Code.

(b) Any person renewing or reactivating his or her license shall certify under penalty of perjury to the Board of Psychology as requested on the application for license renewal, that he or she has obtained training in the subject of laws and ethics as they apply to the practice of psychology in California. The training shall include recent changes/updates on the laws and regulations related to the practice of psychology; recent changes/updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association; accepted standards of practice; and other applications of laws and ethics as they affect the licensee's ability to practice psychology with safety to the public. Training pursuant to this section may be obtained in one or more of the following ways:

- (1) Formal coursework in laws and ethics taken from an accredited educational institution;
- (2) Approved continuing education course in laws and ethics;
- (3) Workshops in laws and ethics;
- (4) Other experience which provide direction and education in laws and ethics including, but not limited to, grand rounds or professional association presentation.

If the licensee chooses to apply a specific continuing education course on the topic of laws and ethics to meet the foregoing requirement, such a course must meet the content requirements named above, must comply with section 1397.60(c), and may be applied to the 36 hours of approved continuing education required in Business and Professions Code section 2915(a).

(c) The Board recognizes and accepts for continuing education credit courses pursuant to this section. A licensee will earn one hour continuing education credit for each hour of approved instruction.

- (1) Continuing education courses shall be:
 - (A) provided by American Psychological Association (APA), or its approved sponsors;
 - (B) Continuing Medical Education (CME) courses specifically applicable and pertinent to the practice of psychology and that are accredited by the California Medical Association (CMA) or the Accreditation Council for Continuing Medical Education (ACCME);
 - or
 - (C) provided by the California Psychological Association, or its approved sponsors.
 - (D) approved by an accrediting agency for continuing education courses taken prior to January 1, 2013, pursuant to this section as it existed prior to January 1, 2013.

(2) Topics and subject matter for all continuing education shall be pertinent to the practice of psychology. Course or learning material must have a relevance or direct application to a consumer of psychological services.

(3) No course may be taken and claimed more than once during a renewal period, nor during any twelve (12) month period, for continuing education credit.

(4) An instructor may claim the course for his/her own credit only one time that he/she teaches the acceptable course during a renewal cycle, or during any twelve (12) month period, receiving the same credit hours as the participant.

(d) Examination Functions. A licensee who serves the Board as a selected participant in any examination development related function will receive one hour of continuing education credit for each hour served. Selected Board experts will receive one hour of continuing education credit for each hour attending Board sponsored Expert Training Seminars. A licensee who receives approved continuing education credit as set forth in this paragraph shall maintain a record of hours served for submission to the Board pursuant to section 1397.61(e).

(e) A licensee shall maintain documentation of completion of continuing education requirements for four (4) years following the renewal period, and shall submit verification of completion to the Board upon request. Documentation shall contain the minimum information for review by the Board: name of provider and evidence that provider meets the requirements of section 1397.61(c)(1); topic and subject matter; number of hours or units; and a syllabus or course description. The Board shall make the final determination as to whether the continuing education submitted for credit meets the requirements of this article.

(f) Failure to provide all of the information required by this section renders any application for renewal incomplete and not eligible for renewal.

Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29, 32, 2915 and 2915.7, Business and Professions Code.

§ 1397.61. Continuing Professional Development Requirements. [Effective January 1, 2021.]

This section shall be applicable to a license that expires on or after, or is renewed, reactivated, or reinstated on or after, January 1, 2021.

(a) Except as provided in section 2915(e) of the Business and Professions Code and section 1397.62 of these regulations, a psychologist shall certify under penalty of perjury to the Board on the application for license renewal that he or

she has completed the CPD requirements set forth in this Article and section 2915 of the Code. Failing to do so, or falsifying or making a material misrepresentation of fact on a renewal application, or failing to provide documentation verifying compliance whenever requested to do so by the Board, shall be considered unprofessional conduct and subject the licensee to disciplinary action and render his or her license ineligible for renewal.

(b) A psychologist renewing his or her license shall certify under penalty of perjury on the application for license renewal that he or she has engaged in a minimum of four (4) hours of training in the subject of laws and ethics, as they apply to the practice of psychology in California for each renewal period. This includes recent changes or updates on the laws and regulations related to the practice of psychology; recent changes or updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association; accepted standards of practice; and other applications of laws and ethics as they affect the licensee's ability to practice psychology safely. This requirement shall be met using any combination of the four (4) CPD categories, and the licensee shall indicate on his or her documentation which of the CPD activities are being used to fulfill this requirement. The four (4) hours shall be considered part of the 36 hour CPD requirement.

(c) A psychologist renewing his or her license shall certify under penalty of perjury on the application for license renewal that he or she has engaged in a minimum of four (4) hours of training for each renewal period pertinent to Cultural Diversity and/or Social Justice issues as they apply to the practice of psychology in California. Cultural Diversity pertains to differences in age, race, culture, ethnicity, nationality, immigration status, gender, gender identity, sexual orientation, socioeconomic status, religion/spirituality, and physical ability. Social Justice pertains to the historical, social and political inequities in the treatment of people from non-dominant groups, while addressing the various injustices and different types of oppression that contribute to individual, family and community psychological concerns. This requirement shall be met using any combination of the four (4) CPD categories and the licensee shall indicate on his or her documentation which of the CPD activities are being used to fulfill this requirement. The four (4) hours shall be considered part of the 36 hour CPD requirement.

(d) Topics and subject matter for all CPD activities shall be pertinent to the practice of psychology.

(e) The Board recognizes and accepts CPD hours that meet the description of the activities set forth in section 1397.60. With the exception of 100% ABPP Board Certification, a licensee shall accrue hours during each renewal period from at least two (2) of the four (4) CPD activity categories: Professional Activities; Academic; Sponsored Continuing Education; and Board Certification.

Unless otherwise specified, for any activity for which the licensee wishes to claim credit, no less than one (1) hour credit may be claimed and no more than the maximum number of allowable hours, as set forth in subsection (f), may be claimed for each renewal period.

(f) Acceptable CPD learning activities under “Professional Activities” include:

(1) “Peer Consultation”

(A) A maximum of 18 hours shall be credited in “Peer Consultation”.

(B) One (1) hour of activity in “Peer Consultation” equals one (1) hour of credit.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: date(s), type of activity, and total number of hours.

(2) “Practice Outcome Monitoring” (POM)

(A) A maximum of nine (9) hours shall be credited in “POM”.

(B) “POM” for one (1) patient/client equals one (1) hour credited.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: date(s) of monitoring, client identifier, and how outcomes were measured.

(3) “Professional Service”

(A) A minimum of 4.5 hours and a maximum of 12 hours shall be credited in “Professional Service”.

(B) One (1) year of “Professional Service” for a particular activity equals nine (9) hours credited and six (6) months equals 4.5 hours credited.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: board or program name, role of licensee, dates of service, and term of service (six months or one year).

(4) “Conference/Convention Attendance”

(A) A maximum of six (6) hours shall be credited in “Conference/Convention Attendance”.

(B) One (1) full conference/convention day attendance equals one (1) hour credited.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: name of conference/convention attended, proof of registration, and date(s) of conference/convention attended.

(5) “Examination Functions”

(A) A maximum of 12 hours shall be credited in “Examination Functions”.

(B) One (1) hour of service equals one (1) hour of credit.
(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: name of exam, dates of service, and number of hours.

(6) “Expert Review/Consultation”

(A) A maximum of 12 hours shall be credited in “Expert Review/Consultation”.

(B) One (1) hour of service in an expert capacity equals one (1) hour of credit.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: dates of service and number of hours.

(7) “Attendance at a California Board of Psychology Meeting”

(A) A maximum of eight (8) hours shall be credited in “Attendance at a California Board of Psychology Meeting”.

(B) Attendance for one (1) day Board or Committee meeting equals six (6) hours of credit. For Board or Committee meetings that are three (3) hours or less, one (1) hour of attendance equals one (1) hour of credit.

(C) The licensee shall maintain a record of hours as documentation of compliance. This record shall include: date of meeting, name of meeting, and number of hours attended. A psychologist requesting CPD credit pursuant to this subdivision shall have signed in and out on an attendance sheet providing his or her first and last name, license number, time of arrival and time of departure from the meeting.

(g) Acceptable CPD learning activities under “Academic” include:

(1) “Academic Coursework”

(A) A maximum of 18 hours shall be credited in “Academic Coursework”.

(B) Each course taken counts only once for each renewal period and may only be submitted for credit once the course is completed.

(C) Each one (1) semester unit earned equals six (6) hours of credit and each one (1) quarter unit earned equals 4.5 hours of credit.

(D) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include a transcript with evidence of a passing grade (C or higher or “pass”).

(2) “Academic/Sponsor-Approved CE Instruction”

(A) “Academic Instruction”

(i) A maximum of 18 hours shall be credited in “Academic Instruction”.

- (ii) Each course taught counts only once for each renewal period and may only be submitted for credit once the course is completed.
- (iii) A term-long (quarter or semester) academic course equals 18 hours of credit.
- (iv) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: course syllabus, title of course, name of institution, and dates of instruction.

(B) "Sponsor-Approved CE Instruction"

- (i) A maximum of 18 hours shall be used in "Sponsor-Approved CE Instruction".
- (ii) Each course taught counts only once for each renewal period and may only be submitted for credit once the course is completed.
- (iii) One (1) hour of instruction equals 1.5 hours of credit.
- (iv) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: course syllabus, title of course, dates of instruction, name of sponsoring entity, and number of hours taught.

(3) "Supervision"

- (A) A maximum of 18 hours shall be credited in "Supervision".
- (B) One (1) hour of supervision equals one (1) hour of credit.
- (C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: dates of supervision and a trainee identifier.

(4) "Publications"

- (A) A maximum of nine (9) hours shall be credited in "Publications".
- (B) One (1) publication equals nine (9) hours of credit.
- (C) A publication may only be counted once.
- (D) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: either a letter of acceptance for publication, or proof of publication with publication date in the renewal period for which it is being submitted.

(5) "Self-Directed Learning"

- (A) A maximum of six (6) hours shall be credited in "Self-Directed Learning".
- (B) One (1) hour of activity in "Self-Directed Learning" equals one (1) hour of credit.
- (C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: date(s), medium (e.g. webinar), topic or title, and total number of hours.

(h) Acceptable “Sponsored Continuing Education” includes:

(1) A maximum of 27 hours shall be credited in “Sponsored Continuing Education”.

(2) Credit may be granted only once during a renewal cycle for each course taken.

(3) One (1) hour of sponsored continuing education equals one (1) hour of credit.

(4) The licensee shall maintain proof of attendance provided by the sponsor of the continuing education as documentation of compliance.

(i) Acceptable CPD learning activities under “Board Certification” include:

(1) ABPP Board Certification

(A) ABPP Board Certification may count for 100% (36 hours) of required CPD in the renewal cycle in which the certification is awarded.

(B) The licensee shall maintain proof of specialty certification as documentation of compliance.

(2) “Senior Option” ABPP Board Certification

(A) “Senior Option” ABPP Board Certification may count for 50% (18 hours) of required CPD in the renewal cycle in which the certification is awarded.

(B) The licensee shall maintain proof of specialty certification as documentation of compliance.

(j) To satisfy the requirements of section 2915 of the Code, an organization seeking the authority to approve a provider of continuing education shall meet the following requirements. An organization authorized pursuant to this section may also provide continuing education. An organization previously approved by the Board to approve providers of CE are deemed authorized under this section.

(1) The approving organization must:

(A) have a 10-year history of providing educational programming for psychologists,

(B) have documented procedures for maintaining a continuing education approval program, including, but not limited to:

(i) maintaining and managing records and data related to approved CE programs, and

(ii) monitoring and approving CE providers and courses

(C) have policies in place to avoid a conflict of interest between its provider and approval functions,

(D) evaluate each CE provider seeking approval, including itself, according to current evidence as to what constitutes an appropriate program in terms of content and level of presentation, as set out in subsection (j)(2),

- (E) conduct periodic reviews of courses offered by providers approved by the organization, as well as its own courses, to determine compliance with the organization's requirements and the requirements of the Board,
- (F) establish a procedure for determining if an approved provider meets regulatory criteria as established in this subsection, and
- (G) have a process to respond to complaints from the Board, providers, or from licensees concerning activities of any of its approved providers or their courses.

- (2) The approving organization shall ensure that approved providers:
- (A) offer content at post-licensure level in psychology that is designed to maintain, develop, broaden, and/or increase professional competencies,
 - (B) demonstrate that the information and programs presented are intended to maintain, develop, and increase conceptual and applied competencies that are relevant to psychological practice, education, or science, and have a direct consumer application in at least one of the following ways:
 - (i) programs include content related to well-established psychological principles,
 - (ii) programs are based on content that extends current theory, methods or research, or informs current practice,
 - (iii) programs provide information related to ethical, legal, statutory, or regulatory guidelines and standards that impact the practice of psychology, and/or
 - (iv) programs' content focuses on non-traditional or emerging practice or theory and can demonstrate relevance to practice.
 - (C) use a formal (written) evaluation tool to assess program effectiveness (what was learned) and assess how well each of the educational goals was achieved (this is separate from assessing attendee satisfaction with the CE program),
 - (D) use results of the evaluation process to improve and plan future programs,
 - (E) provide CE credit on the basis of one hour of credit will be earned for each hour of approved instruction,
 - (F) provide attendance verification to CE attendees that includes the name of the licensee, the name of the course, the date of the course, the number of credit hours earned, and the approving agency,
 - (G) provide services to all licensees without discrimination, and
 - (H) ensure that advertisements for CE courses include language that accurately reflects the approval status of the provider.

(3) Failure of the approving organization to meet the provisions of this section shall constitute cause for revocation of authorization by the Board.

Authorization shall be revoked only by a formal Board action, after notice and hearing, and for good cause.

(k)(1) Each person who applies to renew his or her license shall certify under penalty of perjury that he or she has complied with all the requirements of this section within the licensure period they are currently in, shall maintain proof of compliance for four (4) years from the effective date of the renewal, and shall submit such proof to the Board upon request.

(k)(2) Each person who applies to reactivate or reinstate his or her license shall certify under penalty of perjury that he or she has complied with all the requirements of this section within the 24 month period prior to the request to reactive or reinstate, shall maintain proof of compliance for four (4) years from the date of the reactivation or reinstatement, and shall submit such proof to the Board upon request.

(l) No activity may be claimed for credit in more than one CPD category.

(m) For a license that renews or is reactivated between January 1, 2021, and December 31, 2021, the hours accrued will qualify for renewal if they meet either the requirements of this section as it existed prior to January 1, 2021 or as it exists after January 1, 2021.

Note: Authority cited: Sections 2915 and 2930, Business and Professions Code. Reference: Sections 29, 32, 2915 and 2915.7, Business and Professions Code.

§ 1397.62. Continuing Education Exemptions and Exceptions. [Effective until December 31, 2020.]

This section is inoperative January 1, 2021, and repealed on December 31, 2021.

At the time of making application for renewal of a license, a psychologist may as provided in this section request an exemption or an exception from all or part of the continuing education requirements.

(a) The Board shall grant an exemption only if the psychologist verifies in writing that, during the two year period immediately prior to the expiration date of the license, he or she:

(1) Has been engaged in active military service reasonably preventing completion of the continuing education requirements, except that a licensee granted an exemption pursuant to this section shall still be required to fulfill the laws and ethics requirement set forth in section 1397.61(b); or

- (2) Has been prevented from completing the continuing education requirements for reasons of health or other good cause which includes:
- (A) Total physical and/or mental disability of the psychologist for at least one year; or
 - (B) Total physical and/or mental disability of an immediate family member for at least one year where the psychologist has total responsibility for the care of that family member.

Verification of a physical disability under subsection (a)(2) shall be by a licensed physician and surgeon or, in the case of a mental disability, by a licensed psychologist or a board certified or board eligible psychiatrist.

(b) An exception to the requirements of Business and Professions Code section 2915(d) may be granted to licensed psychologists who are not engaged in the direct delivery of mental health services for whom there is an absence of available continuing education courses relevant to their specific area of practice.

- (1) An exception granted pursuant to this subsection means that the Board will accept continuing education courses that are not acceptable pursuant to section 1397.61(c) provided that they are directly related to the licensee's specific area of practice and offered by recognized professional organizations. The Board will review the licensee's area of practice, the subject matter of the course, and the provider on a case-by-case basis. This exception does not mean the licensee is exempt from completing the continuing education required by Business and Professions Code section 2915 and this article. (2) Licensees seeking this exception shall provide all necessary information to enable the Board to determine the lack of available approved continuing education and the relevance of each course to the continuing competence of the licensee.

Such a request shall be submitted in writing and must include a clear statement as to the relevance of the course to the practice of psychology and the following information:

- (A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course), particularly as it relates to the practice of psychology.
- (B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held and length of experience and expertise in the relevant subject matter), particularly as it relates to the practice of psychology.
- (C) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience and similar courses previously

offered by the provider), particularly as it relates to the practice of psychology.

(3) This subsection does not apply to licensees engaged in the direct delivery of mental health services.

(c) Psychologists requiring reasonable accommodation according to the Americans with Disabilities Act may be granted an exemption from the on-site participation requirement and may substitute all or part of their continuing education requirement with an American Psychological Association or accreditation agency approved independent learning continuing education program. A qualified individual with a disability must apply to the Board to receive this exemption.

(d) Any licensee who submits a request for an exemption or exception that is denied by the Board shall complete any continuing education requirements within 120 days of the notification that the request was denied.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.62. Continuing Education Exemptions. [Effective January 1, 2021]

This section shall be applicable to a license that expires on or after, or is renewed, reactivated, reinstated on or after, January 1, 2021.

(a) To be granted an exemption from all or part of the CPD requirements, a licensee must certify in writing that he or she has met the requirement of section 114.3 of the Code that during the two year period immediately preceding the expiration of the license, he or she was on active military duty. The request for exemption must be submitted no less than thirty (30) days prior to the submission of an application for the renewal of the license. For the first renewal after discharge from active military service, he or she shall be exempt from the CPD renewal requirements, except that he or she must accrue, as a condition of renewal, 1.5 hours per month (or portion of month) remaining in the renewal cycle post-discharge, calculated 60 days after discharge date. The licensee shall then, at a minimum, fulfill the Laws and Ethics requirement set out in section 1397.61(b), and the Cultural Diversity and/or Social Justice requirement set out in section 1397.61(c).

(b) Any licensee who submits a request for an exemption that is denied, in whole or in part, by the Board shall complete any CPD requirements within 120 days of the notification that the request was denied.

NOTE: Authority cited: Sections 114.3, 2915(g), and 2930, Business and Professions Code. Reference: Sections 114.3 and 2915, Business and Professions Code.

§ 1397.67. Renewal After Inactive or Delinquent Expired Status. [Effective until December 31, 2020.]

This section is inoperative January 1, 2021, and repealed on December 31, 2021.

(a) To activate a license which has been placed on inactive status pursuant to section 2988 of the Code, the licensee must submit evidence of completion of the requisite 36 hours of qualifying continuing education courses for the two-year period prior to establishing the license as active.

(b) For the renewal of a delinquent psychologist license within three years of the date of expiration, the applicant for renewal shall provide evidence of completion of 36 hours of qualifying continuing education courses for the two-year period prior to renewing the license.

After a license has been delinquent for three years, the license is automatically cancelled and the applicant must submit a complete licensing application, meet all current licensing requirements, and successfully pass the licensing examination just as for the initial licensing application unless the board grants a waiver of the examination pursuant to section 2946 of the Code.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, 2984, and 2988, Business and Professions Code.

§ 1397.67. Continued Professional Development Requirements for Reactivation. [Effective January 1, 2021.]

This section shall be applicable to a license that expires on or after, or is renewed, reactivated, or reinstated on or after, January 1, 2021.

(a) To activate a license that has been placed on inactive status pursuant to section 2988 of the Code, the licensee shall submit evidence of completion of the requisite 36 hours of qualifying CPD for the two-year period prior to reactivating the license.

(b) For the renewal of an expired psychologist license within three years of the date of expiration, the applicant for renewal shall provide evidence of completion of 36 hours of qualifying CPD for the two-year period prior to renewing the license.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, 2984, and 2988, Business and Professions Code.

MEMORANDUM

DATE	October 27, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #15 –Consideration of Adding Section 1396.8 to Title 16, CCR – Standards of Practice for Telehealth

In 2011, as part of the Board's Sunset Review, the Legislature asked the Board if legislative or regulatory changes need to be made to address telehealth or online practice. In its report back to the Legislature, the Board stated it was researching and analyzing the use of telehealth as a mode for the practice of psychology and what impact this newer mode of psychotherapy delivery will have on the consumer of psychological services.

In 2016, as part of its next Sunset Review, the Board committed to developing telepsychology regulations that would instruct licensees how to provide telehealth to Californians, and give additional opportunities to provide care to underserved populations. In its efforts to meet its commitment, the Board established the ad hoc Telepsychology Committee (Committee).

The Committee considered the American Psychological Association Guidelines (APA Guidelines) for the Practice of Telepsychology and the Association of State and Provincial Psychology Board (ASPPB) Telepsychology Task Force Principles and Standards when developing draft regulatory language.

This package was noticed for the initial 45-day comment period on August 14, 2020. This comment period ended on September 29, 2020. Staff conducted a hearing on September 30, 2020.

While this package was in review by the Department of Consumer Affairs (DCA), the Telepsychology Committee met and developed potential amendments to the package in review by DCA, with the intention of introducing these amendments after the initial comment period.

After reviewing the public comments received during the noticed comment period, staff made additional modifications to the Telepsychology Committee amendments to address these comments.

Action Requested:

Staff requests the Board consider the written comments received during the 45-day comment period and provide feedback as to whether the comments should be rejected, or accepted and any requested modification to the text. After this review, the Board should delegate to the Executive Officer authority to adopt the modified text in the absence of any negative comments and continue with the process to finalize the regulatory package, including making any non-substantive changes.

Attachment A: Notice of Proposed Regulatory Changes

Attachment B: Initial Statement of Reasons

Attachment C: Noticed Regulatory Text

Attachment D: Comments received during the 45-day comment period

Attachment E: Staff Recommendations Regarding Public Comment

Attachment F: Telepsychology Committee and Staff Draft Modified Text with color coding.

Attachment G: Modified Text from attachment F in Order of Adoption version

**TITLE 16. BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS**

NOTICE IS HEREBY GIVEN that the Board of Psychology (hereinafter “Board”) is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at:

Wednesday September 30, 2020, 1:00 p.m. – 2:00 p.m.
Department of Consumer Affairs
El Dorado Room #220
1625 N Market Blvd
Sacramento, CA 95834

Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Board at its office no later than 5:00 p.m. on Tuesday, September 29, 2020, or must be received by the Board at the hearing. The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Section 2930 of the Business and Professions Code, and to implement, interpret or make specific Sections 686, 2290.5, 2904.5 and 2960 of said Code, the Board is considering changes to Division 13.1 of Title 16 of the California Code of Regulations as follows:

INFORMATIVE DIGEST

A. Informative Digest

Business and Professions Code (Code) section 2930 authorizes the Board of Psychology to adopt rules and regulations as may be necessary. Sections 2290.5 and 2904.5 of the Code allow licensees of the Board to provide psychological health care services via telehealth. Section 2290.5 defines “originating site.”

The Board proposes to add Section 1396.8 to Title 16 of the California Code of Regulations to do the following:

Subdivision (a) states that licensed California psychologists, registrants, and psychology trainees may provide psychological health care services via telehealth to an originating site in this State, or to a client who is domiciled or resides in California, but who is temporarily located outside of this State. It also defines “resident” and “domicile.”

Subdivision (b) sets out the conditions for the provision of services via telehealth, including:

- holding a valid and current license issued by the board;
- obtaining informed consent covering the unique concerns related to telehealth;
- determining that the provision of services via telehealth is appropriate after considering the various factors, as well as whether providing telehealth is within the scope of competence of a trainee who may be providing such services;
- possessing the appropriate knowledge, skills, and abilities relating to the delivery of and technology used to provide telehealth services;
- ensuring the appropriate security of any transmitted client data; and
- complying with all other provisions of the Psychology Licensing Law and all other applicable provisions of law and standards of care in this and the other relevant jurisdiction.

Subdivision (c) states that failure to follow these provisions, as well as provisions of another state, constitutes unprofessional conduct.

B. Policy Statement Overview/Anticipated Benefits of Proposal

Adoption of this proposal will benefit licensed California psychologists and psychology trainees who provide psychological services via telehealth by providing guidance to and establishing standards for such services. Telehealth services benefit consumers who live in remote areas or who, due to illness or mobility problems, cannot leave home by increasing their access to care. Telehealth services also provide psychological support to clients between regularly scheduled office visits or while they are temporarily located outside of this State. Overall consumer protection is advanced because the informed consent must address the uniqueness of receiving telehealth services, making for a more educated consumer who is more able to determine whether receipt of services in this manner is right for him or her. Additionally, the licensee is likewise required to take into account the circumstances unique to each client, as well as his or her own competence, before engaging in telehealth services. It requires that licensees take reasonable steps to ensure that confidential information is securely transmitted and that patients are notified of any breaches. By ensuring that both provider and client have

considered the ramifications of services via telehealth, consumer protection is advanced. Lastly, it informs providers of possible consequences for failing to meet these minimum standards.

C. Consistency and Compatibility with Existing State Regulations

During the process of developing these regulations and amendments, the Board has conducted a search of similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

INCORPORATION BY REFERENCE

N/A

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State:

None

Nondiscretionary Costs/Savings to Local Agencies:

None

Local Mandate:

None

Cost to any local agency or school district which must be reimbursed in accordance with Government Code Sections 17500 – 17630:

None

Business Impact:

The Board has made an initial determination that the adoption of this regulation would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

Cost Impact on Representative Private Person or Business:

Although the proposed regulations require the licensee to take reasonable steps to ensure that the data is transmitted securely, licensees may be separately required to follow more prescriptive guidelines under the Health Insurance Portability and Accountability Act (HIPAA). Compliance with HIPAA may impact representative private persons or businesses, due to the potential cost regarding the use of a secure system, but the Board is unable to quantify the specific cost. In addition, current law does not prohibit the use of telehealth, but lacks clarity in regulations regarding Board's specific requirement for its licensees. Any licensees that are currently practicing telehealth should already be in compliance with HIPAA, and already be utilizing a secure system.

Effect on Housing Costs:

None

EFFECT ON SMALL BUSINESS

The Board has determined that the proposed regulations would not affect small businesses, as it does not increase reporting or administrative burdens on small private practices.

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS:

Impact on Jobs/Businesses:

The Board has determined that this regulatory proposal will not have any impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California.

Benefits of Regulation:

The Board has determined that this regulatory proposal will benefit the health and welfare of California residents, worker safety, and the state's environment as it establishes guidelines for licensed California psychologists and psychology

trainees for providing telehealth services to residents of California both in California, and those who are temporarily located outside of California.

CONSIDERATION OF ALTERNATIVES

The Board must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposal described in this Notice, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Board has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the person designated in the Notice under Contact Person, or by accessing the Board's website, www.psychology.ca.gov.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons, once it has been prepared, by making a written request to the contact person named below or by accessing the website listed below.

CONTACT PERSON

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Jason Glasspiegel
Address: 1625 North Market Blvd., Suite N215
Sacramento, CA 95834
Telephone No.: (916) 574-7137
Fax No.: (916) 574-8672
E-Mail Address: Jason.Glasspiegel@dca.ca.gov

The backup contact person is:

Name: Jeffrey Thomas
Address: 1625 North Market Blvd., Suite N215
Sacramento, CA 95834
Telephone No.: (916) 574-7116
Fax No.: (916) 574-8672
E-Mail Address: Jeffrey.Thomas@dca.ca.gov

Website Access:

Materials regarding this proposal can be found under "Proposed Regulations" at www.psychology.ca.gov/laws_regs/index.shtml.

**BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS**

INITIAL STATEMENT OF REASONS

HEARING DATE: Wednesday, September 30, 2020

Subject Matter of Proposed Regulations:

Standards of Practice for Telehealth

Section Added:

Title 16, California Code of Regulations (CCR) Section 1396.8

Problem Being Addressed:

The Board of Psychology (Board) regulates licensed psychologists, registered psychological assistants, and registered psychologists, all of whom are entitled to provide psychological services in California. California Business and Professions Code (Code) section 2920.1 states that protection of the public shall be the highest priority for the Board in exercising its licensing, regulatory, and disciplinary functions. Sections 2290.5 and 2904.5 of the Code allow licensees of the Board to provide psychological health care services via telehealth. Section 2930 of the Code authorizes the Board to adopt regulations as may be necessary to enable the Board to effectuate the Psychology Licensing Law. Specifically, the Board is proposing to add section 1396.8 to Title 16 of the California Code of Regulations to establish standards of practice for providing services via telehealth by licensed California psychologists and psychology trainees.

In 2011, as part of the Board's Sunset Review, the Legislature asked the Board if legislative or regulatory changes need to be made to address telehealth or online practice. In its report back to the Legislature, the Board stated it was researching and analyzing the use of telehealth as a mode for the practice of psychology and what impact this newer mode of psychotherapy delivery will have on the consumer of psychological services. In 2016, as part of its next Sunset Review, the Board committed to developing telepsychology regulations that would instruct licensees how to provide telehealth to Californians, and give additional opportunities to provide care to underserved populations. In its efforts to meet its commitment, the Board established the ad hoc Telepsychology Committee (Committee). The Committee considered the American Psychological Association Guidelines (APA Guidelines) for the Practice of Telepsychology and the Association of State and Provincial Psychology Board (ASPPB)

Telepsychology Task Force Principles and Standards when developing draft regulatory language.

The provision of psychological services, maybe more than almost any healing art, lends itself to being delivered via telehealth. Licensed psychologists have probably been delivering services through various technologies for years. The advent of new and changing technologies have left psychologists in need of guidance about the parameters of providing telehealth services. Although sections 2290.5 and 2904.5 authorize licensees of the Board to provide psychological health care services via telehealth, they do not provide any specific guidelines for the provision of services in this manner. Additionally, although the APA Guidelines provide some guidance regarding the provision of services via telehealth, they do not codify for California licensees accepted standards of practice for providing services via telehealth. Now the standard of practice is clear, which will make it easier for the Board to establish any violation if it receives a complaint related to the provision of services via telehealth.

Specific Purpose of Each Adoption, Amendment, or Repeal, Factual Basis/Rationale, and Anticipated Benefits:

Specifically, the Board is proposing the following changes:

Add Section 1396.8, subd. (a) to Title 16 of the California Code of Regulations:

This proposed subdivision clarifies when a licensee is permitted to provide psychological health care services via telehealth and defines the terms “resident” and “domicile.”

Factual Basis/Rationale and Anticipated Benefits:

This proposal clarifies how a licensee can provide psychological health care services via telehealth to an originating site in this State, as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the state where the client or licensee is located. The regulation governs four types of telehealth transactions:

1. A California licensee providing telehealth services to clients located in California;
2. A California licensee providing telehealth services to clients that are California residents, but who are temporarily located out-of-state, subject to the laws of the other state;
3. A California licensee located out-of-state providing services to the clients that are located in California, subject to the laws of the other state; and,

4. A California licensee located out-of-state providing services to clients that are California residents, but who are temporarily located out of state, subject to the laws of the other state.

The definition of resident includes one who is domiciled in the state to cover services that are provided to consumers whose permanent home is in California, as well as consumers who reside in California, but whose permanent home is in another state. It is necessary to establish a residency requirement because California law governs the provision of services by California licensees to Californians. Business and Professions Code section 2290.5 could conceivably cover the provision of telehealth services to nonresidents, but the Board believes that the proper scope and focus of services should be California residents. The definitions of residence and domicile are found in well-established state law. (See 27B Cal.Jur.3d Domicile § 2)

Telehealth is not a type of service provided by licensees, rather it is a mode of delivery of psychological services. This proposal would improve access to psychological care to individuals who live in remote areas who, due to illness or mobility issues, cannot leave their homes, or who require additional support between regularly scheduled office visits. Additionally, licensees and clients benefit by addressing the issue of providing services via telehealth across state lines, which has been a source of confusion. Questions have arisen regarding clients who are domiciled in California, but are outside the state for reasons such as school, vacation, or business travel, or who possibly reside in another state for some portion of the year. There have also been questions, however, regarding people residing in California, but who are domiciled in another state. For example, a student lives in California during the academic school year, but may return to his or her home state during breaks; or a person may split his or her time between California and another state that is the permanent domicile, for example, a person who spends winters in a warmer climate. Consumer protection and continuity of care dictate that such residents who may receive services in California initially, should be allowed to receive services via telehealth after returning to the state where they are domiciled. Accordingly, the language clarifies that licensees may provide services via telehealth to their clients while the clients are temporarily located outside of this State. The proposed language clarifies that the provision of these service interstate are subject to the laws and regulations of the other state because the Board cannot dictate that it is allowable for either the licensee or client to deliver and receive services in that other state, even though such services would not violate California's laws and regulations, provided all other conditions are met. It would also afford additional opportunities to provide psychological care to underserved populations by providing access to those who may have transportation issues, or who live in areas with few licensees.

Add Section 1396.8, subd. (b) to Title 16 of the California Code of Regulations:

This regulatory proposal establishes the conditions under which the provision of psychological health care services via telehealth must be provided.

This proposal requires that licensees hold a valid and current license issued by the Board in order to provide psychological health care services via telehealth. It also requires that licensees obtain informed consent from the client specific to the considerations unique to the receipt of such services via telehealth. Additionally, it requires that licensees are competent to deliver such services, determine that the delivery of services via telehealth is appropriate for each client, take reasonable steps to ensure that electronic data is transmitted securely, and comply with all other provisions of the Psychology Licensing Law and its attendant regulations.

Factual Basis/Rationale and Anticipated Benefits:

This proposal helps ensure consumer protection by requiring that licensees meet specific criteria and are competent to provide psychological health care services via telehealth prior to the provision of such services.

(b)(1) First, to provide services to a consumer in California, either because the psychologist or the client is present in California, the psychologist must be licensed by the Board (Business and Professions Code section 2903.), which is necessary to ensure the services are lawful.

(b)(2) Next, Business and Professions Code section 2290.5 requires a licensee to obtain a patient's informed consent to use telehealth, including the risks to confidentiality and data security, potential for connection disruption, insurance issues, and other ways in which telehealth differs from in-person health care services. This is necessary to advance consumer protection because the informed consent must address the uniqueness of receiving telehealth services, making for a more educated consumer who is more able to determine whether receipt of services in this manner is right for him or her.

(b)(3) Additionally, the licensee is likewise required to evaluate whether services can be appropriately provided to a client, taking into account the client's needs, preferences, risks/benefits, and physical location and circumstances. This is necessary to advance consumer protection because the licensee must consider whether or not the individual client's needs and safety will be met by telehealth.

(b)(4) The regulation further requires that the provision of telehealth be within the licensee's (or trainee's) own competence including the information technology chosen for the delivery of telehealth, before engaging in telehealth services. Consumer

protection requires that the licensee be competent to provide services through telehealth because of the different nature of this modality, which also requires familiarity with the available platforms and their appropriate use. (b)(5) It would further require that licensees take reasonable steps under the circumstances to ensure that the data is securely transmitted, and that clients are informed of data breaches. This is necessary because confidentiality of data, HIPAA compliance, and client privacy are bedrock ethical and legal concerns of the practice of psychology.

(b)(6) Lastly, it would require the licensee to comply with all provisions of the Psychology Licensing Law and attendant regulations, as well as any laws or standards of care in California and any other jurisdiction state, if any, where either the licensee or the client is located. This is necessary to inform licensees that providing services via telehealth does not release them from their other legal and ethical responsibilities in their practice of psychology. Telepsychology is not a type of psychological service but a mode of delivery for the services provided, and subject to all the standards otherwise applicable to the services being rendered.

Add Section 1396.8(c) to Title 16 of the California Code of Regulations:

This regulatory proposal establishes that a failure to comply with the standards of practice for telehealth or with the laws and regulations relating to telehealth of a jurisdiction outside of this State constitutes unprofessional conduct.

The language clarifies that the license

Factual Basis/Rationale and Anticipated Benefits:

Clarifying that a failure to comply with the applicable telehealth standards is unprofessional conduct gives licensees notice regarding the possible consequences.

The APA Guidelines provide some guidance regarding the provision of services via telehealth. They do not grant authority to the Board, however, to take action against licensees who fail to follow the guidelines. This proposal is necessary because it clarifies that failure to comply with the regulations is unprofessional conduct, allowing the Board to take enforcement action against non-compliant licensees. In addition, it clarifies that licensees are required to be in compliance with the laws and regulations of another state, if either they or their client are located in that other state as states may have laws that apply to psychological services being provided or received within their jurisdiction. This enhances fairness by giving licensees notice of the expectations and consequences, and consumer protection by having enforcement mechanisms of the

standards set. It is also merely a restatement of Business and Professions Code section 2996, which provides that it is unprofessional conduct to violate Board regulations.

Underlying Data

- American Psychological Association Guidelines for the Practice of Telepsychology (<http://www.apapracticecentral.org/ce/guidelines/telepsychology-guidelines.pdf>)
- ASPPB Telepsychology Task Force Principles and Standards (https://c.ymcdn.com/sites/asppb.site-ym.com/resource/resmgr/PSYPACT_Docs/ASPPB_TELEPSYCH_PRINCIPLES.pdf)
- 2016 Sunset Review Report
- Board Meeting Minutes
 - August 18-19, 2016
 - November 17-18, 2016
 - February 9-10, 2017

Business Impact

This regulation will not have a significant adverse economic impact on businesses. This initial determination is based upon the fact that this proposal establishes guidelines for licensed California psychologists and psychology trainees for providing psychological services via telehealth in California, including to residents who are temporarily located outside of California. Telehealth services have long been provided at the discretion of the licensee, and requires no new fees or business investment. In addition, it will not reduce, and may actually increase, a licensee's ability to provide services.

Economic Impact Assessment

This regulatory proposal will have the following effects:

- It will not create or eliminate jobs within the State of California because the proposed regulatory action establishes standards for the practice of psychology via telehealth by currently licensed psychologists and psychology trainees.
- It will not create new businesses or eliminate existing businesses within the State of California because the proposed regulatory action establishes standards for the practice of psychology via telehealth by psychologists currently licensed by the Board and psychology trainees.
- It will not affect the expansion of businesses currently doing business within the State of California because the proposed regulatory action establishes standards for the practice of psychology via telehealth by psychologists currently licensed by the Board and psychology trainees.
- This regulatory proposal benefits the health and welfare of California residents, because it provides guidance to and establishes standards for licensed California

psychologists and psychology trainees who provide psychological services via telehealth and affords additional opportunities for the provision of psychological care to underserved populations.

- This regulatory proposal does not affect worker safety because the proposed regulations are not relative to workers' safety.
- This regulatory proposal may benefit the State's environment because the proposed regulations may reduce transportation related emissions, which is a benefit to the State's environment.

The Board indicates because the proposed regulations do not require licensees to provide telehealth services, they do not result in additional costs. However, to the extent a licensee without a current information technology (IT) system capable of providing telemedicine services opts to begin providing these services, start-up IT costs are estimated to be \$200 per facility and less than \$1,000 per year ongoing thereafter.

Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment. Technologies used to provide services via telehealth, however, must be in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect the confidentiality of the services being provided.

Consideration of Alternatives

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulations in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives that were considered and the reasons each alternative was rejected:

- Not adopt the amendments. This alternative was rejected because this regulatory proposal establishes standards and provides guidance for licensed California psychologists and psychology trainees who provide psychological health care services to clients via telehealth, an issue about which the Board has received many questions.
- Joining the Association of State and Provincial Psychology Board's (ASPPB) Telepsychology Compact (Compact). The Board formed a Telepsychology Task Force (Task Force) at its November 21, 2014, meeting to discuss and analyze the Compact. The Task Force's first meeting took place on December 16, 2014. The Task Force agreed with ASPPB that it is important to increase license

portability and consumer access to psychological services. However, the Task Force's initial review raised a number of fundamental concerns:

- Article IX addresses the creation of the "Interjurisdictional Telepsychology Compact Commission" (Commission). The Compact States would pay for the operations of the Commission via (as yet unspecified) fees through a currently unspecified formula. There will be costs associated with reporting to a database and additional administrative costs to the Board while all fees paid by licensees and state contributions to the administration of the Commission, under the proposed scheme, will go to ASPPB and the Commission.
- The Commission would also have the ability to promulgate regulations which would have the force of law in Compact States.
- Article X of the Compact grants the Commission authority to make "emergency rules." The definition and implementation of the clause is vague and the Compact grants unnecessary regulatory authority to the Commission.
- Article XIII of the Compact addresses the "Coordinated Licensure Information Exchange." States would be forced to rely on a complex national database for licensing, complaint, and discipline information exchange. The system, which is not yet developed, would be owned and operated by a nongovernmental agency. It is also unclear at this time who will be the "administrator" of the database.
- The current Compact language does not require any Continuing Education (CE) of Home State licensees. Licensees from jurisdictions that do not require CE (e.g., New York) would be able to practice on California consumers with only three hours of CE per year in the area of technology and psychological practice.
- The Compact would also place responsibilities on the Board to report information regarding California licensees and possibly even complainants, which would typically be considered confidential under California law.

This alternative was rejected based on the foregoing concerns.

Fiscal Impact Assessment

The Board receives approximately five to ten complaints related to telehealth services per year. The Board does not anticipate an increase in complaints following adoption of this regulation. Because the Board currently receives so few complaints related to telehealth per year, any increase in the number of complaints received annually will likely be minimal. The Board therefore anticipates no fiscal impact.

Title 16. Board of Psychology

PROPOSED LANGUAGE

All new language is underlined

Add Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1396.8. Standards of Practice for Telehealth Services

- (a) A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located.
- (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California.
- (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.
- (b) The provision of psychological health care services under subdivision (a) are subject to the following conditions:
- (1) The licensee holds a valid and current license issued by the Board.
- (2) The licensee obtains and documents informed consent for the provision of psychological health care services via telehealth from the client. Such consent shall cover concerns unique to the receipt of psychological health care services via telehealth, including risks to confidentiality and security, data storage policies and procedures specific to telehealth, the possibility of disruption and/or interruption of service due to technological failure, insurance coverage considerations, and other issues that the licensee can reasonably anticipate regarding the non-comparability between psychological health care services delivered in person and those delivered via telehealth.
- (3) The licensee determines that delivery of psychological health care services via telehealth is appropriate after considering at least the following factors:
- (A) The client's diagnosis, symptoms, and medical/psychological history;
- (B) The client's preference for receiving psychological health care services via telehealth;

- (C) The nature of the psychological health care services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth;
- (D) The benefits, risks, or constraints posed by the client's physical location. These include the availability of appropriate physical space for the receipt of psychological health care services via telehealth, accessibility of local emergency psychological health care services, and other considerations related to the client's diagnosis, symptoms, or condition.
- (E) The provision of telehealth services is within the scope of competency of a psychology trainee who provides psychological health care services under the supervision of the licensee.
- (4) The licensee is competent to deliver such services based upon whether he or she possesses the appropriate knowledge, skills, and abilities relating to delivery of psychological health care services via telehealth, the information technology chosen for the delivery of telehealth services, and how such services might differ from those delivered in person.
- (5) The licensee takes reasonable steps to ensure that electronic data is transmitted securely, and informs the client immediately of any known data breach or unauthorized dissemination of data.
- (6) The licensee complies with all other provisions of the Psychology Licensing Law and its attendant regulations, and all other applicable provisions of law and standards of care in this state and the other state, if any, where either the licensee or the client is located.
- (c) Failure to comply with these regulations or the laws and regulations relating to telehealth of the other state, if any, where either the licensee or the client is located constitutes unprofessional conduct.

Authority: 2930 Business and Professions Code

Reference: Business and Profession Code sections 686, 2290.5, 2904.5, 2960

From: [Michael Donner](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: §1396.8. Standards of Practice for Telehealth Services
Date: Sunday, September 27, 2020 5:55:07 PM

[EXTERNAL]: 

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Dear Mr. Glasspiegel,

I am writing in response to the proposed regulations regarding telehealth. I have several concerns.

While I understand that the Board is trying to determine when a California licensed psychologist may provide telehealth services to a person outside of California, there are too many situations where the definitions used would create many headaches, not the least of which is it would require psychologists to confirm residency, something that is really outside the scope of everyday practice. The regulations would shift the burden to the psychologist and require ongoing verification in order to determine whether a client is or continues to be a resident of California (as described in the regulations).

I am also concerned about the confusing language regarding trainees and licensees. It appears contradictory to me, and I am concerned that trainees would be restricted from providing telehealth services. Rather than including trainees embedded in 3(e), perhaps a separate section for trainees would be appropriate.

Thank you,

Michael B. Donner, PhD
Licensed Psychologist
PSY13166



From: [GARY BUCK](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: BOP Proposed regulations regarding telepsychotherapy
Date: Friday, September 25, 2020 11:54:41 AM

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Dear Jason,

I am writing to give input to the B of P's proposed regulations regarding the practice of telepsychotherapy. I have serious concerns about several aspects of the proposed regulations. My first concern involves the requirement of state residency for clients receiving therapy from CA licensed psychologists. I have reviewed the California Psychological Association's list of scenarios where this limitation would be problematic. I can say that I have experienced several of these circumstances personally in my own practice and can vouch for the negative effects this limitation would have regarding the provision of the best mental health services to my clients. So I strongly recommend removing this restriction from the regulations.

Secondly, as someone who only completed my own internship about 6 years ago, I am acutely aware of how restricting interns from practicing telepsychotherapy would effect the ongoing training of new psychologists, particularly at this time of Covid-19. This restriction would have three negative consequences:

1. At present when most psychotherapy is being conducted online, there would be few cases for interns to serve. The hardship on those who have gone into debt to pursue this career who would now be unable to complete the process by finishing their internship hours would be devastating to many.
2. Secondly, those who are in that untenable position would feel pressure to actually see clients who want in-office visits or to encourage clients to come in for office appointments at a time when this is unsafe for both the client and the clinician.
3. Thirdly, as it seems clear that teletherapy will for various reasons become a larger part of the psychotherapy profession in the years to come, interns will miss out on the opportunity to get training, supervision, and experience in how to effectively conduct psychotherapy online.

For all these reasons, I urge you to remove the residency requirements for clients and the portions of the proposed regulations that restrict interns from providing teletherapy services.

Sincerely,

Gary Buck, PhD, PSY27298



From: [Dr. Brian S. Sedgeley](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: BOP Proposed Telehealth Regulations
Date: Friday, September 25, 2020 10:00:48 AM
Attachments: [image_1.png](#)
[signature.asc](#)

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

I'm writing to express my concern about the BOP Proposed Telehealth Regulations.

- I am concerned about the focus on the term "resident" in the proposed regulations, and I continue to worry that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California.

I work with a lot of Cal students who for various reasons decide not to be CA residents despite going to school here. This regulation would bar me from working with them.

Kindly,

Brian S. Sedgeley, Psy.D.
[Bay Psychology Group Inc.](#)
President and Founder
Licensed Psychologist (PSY27612)

[REDACTED]

[REDACTED]



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From: [David Aronson](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: BoP Telehealth Guidelines
Date: Sunday, September 27, 2020 5:16:10 PM

[EXTERNAL]: [REDACTED]

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.....

I wish to strongly advocate for the broad protection of Telehealth services WITHOUT RESTRICTION.

The current "resident" access restrictions would prohibit young adults in my telehealth practice who are insured under their parents insurance policies but are attending college out of state and thus in an inter jurisdictional telehealth service.

During the covid pandemic it has become clear how crucial telehealth services are and how effective their use has become.

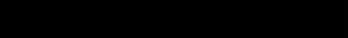
Sincerely,

David Aronson, Ph.D

[REDACTED]

[REDACTED]

From: [Dr. Amir Ramezani](#)
To: Glasspiegel, Jason@DCA
Subject: Change the Proposed Telehealth Guidelines
Date: Friday, September 25, 2020 10:07:25 AM
Attachments: [CPA comments Proposed Telehe.pdf](#)

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Dear Mr. Jason Glasspiegel,

I am a psychologist and would like to request the proposed changes to BOP Telehealth Guidelines as outlined by the California Psychology Association. See attached document.

Amir

Amir Ramezani, PhD

CA Psychologist



September 22, 2020

Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

Re: Proposed Regulations on the Standards of Practice for Telehealth

Members of the Board of Psychology:

The California Psychological Association (CPA) appreciates the Board of Psychology's (Board's) work in developing standards of practice for the provision of psychological services via telehealth. Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. We also note that individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas may particularly benefit from robust access to telehealth services.

Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal. However, we have serious concerns about the potential implications of some of the language in the current proposal. **Specifically, the current language appears to restrict access to interjurisdictional telehealth services and does not clearly allow for the provision of telehealth services by students and trainees.**

We respectfully offer the following comments and suggested changes for your consideration and urge you to modify the regulations to address our concerns.

- 1. We have expressed our concern previously about the focus on the term "resident" in the proposed regulations, and we continue to believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California.**

Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment."

This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state

students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. We see no compelling reason for limiting interjurisdictional services to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, we firmly believe that residency should have no bearing on access to telehealth services, and we certainly do not think psychologists should be required to determine the residency status of their clients.

As far as we know, **no other state has implemented laws or regulations that consider the legal residency status of clients in determining the appropriateness of telehealth services.** Typically, rules regarding interjurisdictional telehealth are based on the physical locations of the psychologist and the client when services are provided. For example, if a psychologist in Los Angeles and wants to provide a telehealth psychotherapy session to a client in Boston, the psychologist should be licensed or legally authorized to practice in both California and Massachusetts.

Here are several scenarios of potential negative impacts of the proposed regulations:

- A college student moves from Colorado to California to go to UCLA. The student maintains residency in Colorado. The student has been seeing a psychologist in California for 9 months for anxiety while at UCLA and goes home for the summer. The client would like to continue treatment via telehealth while in Colorado, but this is not possible because she is not a resident of California.
- A Silicon Valley employee is a citizen of India and has been working in California for two years on an H1-B visa. He is being treated by a psychologist for depression for the past year. The client must go home to India for several weeks to visit his ailing father and would like to continue treatment via telehealth while in India, but this is not possible because he is not a resident of California.
- An undocumented immigrant in Fresno seeks treatment with a psychologist at a clinic in California for PTSD. The psychologist asks about the client's residency status and the client is reluctant to provide any information. The client fears that seeking treatment may be risky and does not return for a second appointment.
- A Black woman living in another state whose son has been killed is suffering from PTSD. She has heard of a prominent Black, female psychologist who teaches at USC and is an expert in treating PTSD. She would like to be treated by the USC psychologist via telehealth but would not be able to access services because she is not a California resident, even if the laws in her own state would allow the psychologist to provide such services under lenient temporary practice provisions.

These problems could be avoided by modifying subdivision (a) to remove the references to residency status. In addition, "other state" should be changed to "other jurisdiction" to allow for services when the client in another country, as in the example in the second bullet point above.

Here are some suggested edits for your consideration: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client ~~who is a resident of California~~ who is temporarily located

outside of this State, subject to the laws and regulations of the other state jurisdiction where either the licensee or the client is located. ~~(1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.~~

2. The text of the proposed regulation states in the first sentence that a “licensee” is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth.

We do not believe it is the Board’s intention to cut off trainees’ ability to provide telehealth services. The Board’s Regulation Notice and Statement of Reasons both clearly state that the proposed regulations are intended to establish standards of practice for both licensed psychologists and trainees who provide services via telehealth.

The main problem with the proposed language is in subdivision (a). According to the Regulation Notice: “Subdivision (a) states that *licensed California psychologists, registrants, and psychology trainees* may provide psychological health care services via telehealth...” However, this is inconsistent with the *actual* language of the proposed regulation, which states in subdivision (a): “A *licensee* is permitted to provide psychological health care services via telehealth...”

This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees.

For example, *subdivision (a) and subparagraph (b)(3)(E) could be modified as follows: “(a) A licensee, psychology trainee, or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code is permitted to provide psychological health care services via telehealth.... (b)(3)(E) The provision of telehealth services is within the scope of competency of a psychology trainee or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code who provides psychological health care services under the supervision of the licensee.”*

We realize that the current language of subparagraph (b)(3)(E) could be interpreted as allowing trainees to continue to provide telehealth services. However, given the importance of this issue, we believe that the regulation should clearly and specifically authorize trainees to use telehealth as a mode of service delivery. Continuing to allow trainees to provide services via telehealth is crucial in order to maintain opportunities for gaining supervised experience, to provide access to and continuity of care for clients, and to promote workforce development, especially during the COVID epidemic.

In conclusion, we are seriously concerned that the proposed regulations would disrupt continuity of care and decrease access to care at a time when the use of telehealth has increased dramatically nationwide as a result of COVID. We are also concerned that the proposed regulations could severely impact trainees and their clients. We urge you to address these concerns before finalizing these proposed regulations. CPA representatives will be present at the next Board of Directors’ meeting and look

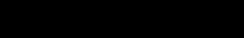
forward to the opportunity to discuss these issues then. In the meantime, please let us know if we can provide any additional information or assistance.

Sincerely,

A handwritten signature in black ink that reads "Jo Linder-Crow, PhD". The signature is written in a cursive, flowing style.

Jo Linder-Crow, PhD
Chief Executive Officer

From: [ed howard](#)
To: Glasspiegel, Jason@DCA
Subject: Comment from the Children's Advocacy Institute regarding proposed telehealth regulations
Date: Tuesday, September 29, 2020 4:25:51 PM
Attachments: [final board of psychology comment re telehealth regs.docx](#)

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Mr. Glasspiege, please see the attached. Thank you.

Council For Children
Gary F. Redenbacher, Chair
Gary Richwald, M.D., M.P.H., Vice-Chair
Bill Bentley
Denise Moreno Ducheny
Anne Fragasso
John M. Goldenring, M.D., M.P.H., J.D.
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Paul A. Peterson
Blair L. Sadler
Alan Shumacher, M.D.
Owen Smith

Executive Director
Robert C. Fellmeth *Price Professor of Public Interest Law, USD School of Law*



Children's Advocacy Institute



University of San Diego School of Law
5998 Alcalá Park / San Diego, CA 92110
(619) 260-4806 / (619) 260-4753 (Fax)

2751 Kroy Way
Sacramento, CA 95817 / (916) 844-5646

727 15th Street, NW, 12th Floor
Washington, DC 20005 / (917) 371-5191

Reply to: San Diego Sacramento Washington
info@caichildlaw.org / www.caichildlaw.org

September 29, 2020

Mr. Jason Glasspiegel
Board of Psychology
1625 North Market Blvd., Suite N215
Sacramento, CA 95834
Jason.Glasspiegel@dca.ca.gov

RE: COMMENT UPON AND PARTIAL OPPOSITION TO ADDING SECTION 1396.8 TO TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS

The Children's Advocacy Institute at the University of San Diego School of Law, which for 30 years has worked to improve the well-being of children in California through regulatory, legislative, and judicial advocacy, respectfully opposes the promulgation of the above-referenced proposed regulations. One portion of these regulations may unwittingly, unlawfully, and unwisely cause fewer California resident students taking classes remotely from another state due to the pandemic to obtain mental health services from their California psychologists; services that are needed more now than any time in our nation's recent history.

DISCUSSION

A. The Proposed Regulations Unlawfully Subordinate California Law To The Laws Of Other States When Applied To California Psychologists And California Residents.

The proposed regulation at section 1396.8 (a) laudably clarifies that a licensee may lawfully provide mental health services to a California resident who is out of state. Subdivisions (1) and (2) likewise appropriately acknowledge that the legal concepts of being a "resident" and being "domiciled" are distinct. However, with emphases supplied, the Board proposes to promulgate the following:

(a) A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located outside of this State, *subject to the laws and regulations of the other state where either the licensee or the client is located.* ...

(c) Failure to comply with these regulations or the laws and regulations relating to telehealth of the other state, if any, *where either the licensee or the client is located* constitutes unprofessional conduct.

Read together, the proposed regulation forbids California licensed psychologists from providing services to California residents temporarily outside California *even if such practice is permitted by California law*, if the law of another state prohibits such practice. This means not only that California allows another state's law to trump the relationship *between a California resident and a California licensee, but California then takes the further step of deeming such conduct illegal under California law regardless of whether another state actually takes a similar view and brings an action against the California licensee, and even if, as discussed below, the federal constitution would prevent another state from taking action against the California licensee.* Thus, this part of the proposed regulation seeks to subordinate California's laws permitting a California licensee to provide -- and a California student-resident to receive -- psychological services to the possibly over-riding laws of another state *and* seeks to enforce the laws of other states even when another state would not enforce its own laws against the licensee and even when it would be unconstitutional for the other state to do so.

B. The Board Does Not Have The Discretion To Prohibit Its California Licensees From Temporarily Offering Services To Out-of-state California Residents.

Even if the laws of another state might strangely subject a California licensee to discipline for treating a California resident temporarily in another state in a manner consistent with California law, California law does not automatically yield to that other state's unwise and likely unlawful exercise of its jurisdiction over two nonresidents.

First, such a law of another state is terrible policy and California should not, through these regulations, yield to it knowing that will cause the California resident to be cut off from possibly life-saving therapies. As the ISOR correctly states, at p. 3, "[c]onsumer protection and continuity of care dictate that ... residents who may receive services in California

initially, should be allowed to receive services via telehealth after returning to the state where they are domiciled.”

Second, there is no authority found in California law and none relied upon as authority for the proposed regulations that shows any legislative intent to subordinate California’s laws governing California licensed psychologists and California residents to those of another state. The pandemic is not the first time the issue of a California resident being outside California has arisen. Californians travel all the time, including psychologists and their patients, and yet no caveat has been enacted in California law limiting the ability of a licensed psychologist to provide services to California residents *who lawfully meet the legal definition of resident* but are temporarily located outside California’s borders. Without such statutory authority, the proposed regulations that would prohibit the otherwise lawful ability of a California licensee to provide services to a California resident are outside the Board’s discretion.

The italicized language underscores the foundational flaw in how the proposed regulations approach the issue of a psychologist or patient being outside of California temporarily. Currently, California law entitles a California licensed psychologist to treat California residents. There is no categorical exception to this cited or found. Therefore, the Board does not have the legal authority to prohibit services to California residents *because residency is a legal word – a legal status and conclusion. To describe someone as a California resident under current law is ipso facto to describe someone to whom the services of a California psychologist may without qualification be offered by a California licensed psychologist.* And, absent any legislative intent to caveat what a California licensed psychologist may provide to a California resident, any categorical regulation that would limit services between the California licensee and resident is unlawful.

The other foundational flaw in the way the proposed regulations address a California resident being temporarily outside California is that it presumes that the laws of other states should and must apply when the licensee or patient is outside California. The proposed regulation admits no “wobble room.” If a licensee “fails to comply” with the telehealth laws of the other state, they commit unprofessional conduct and this is true *even if the law of the other state should have no lawful application to the licensee; even if the California licensee would prevail in their defense that the other state has no power over them; even if the other state declines to pursue an action because its own reading of its own laws differs from that of the Board.*

In order for a licensee to be subject to personal jurisdiction in a state that is not their domicile, the licensee’s activities must both fit under the ambit of the state's "long-arm"

statute and be a valid exercise of the state's reach under the Due Process Clause of the Fourteenth Amendment.

Not all states' long arm statutes grant the power to assert jurisdiction over nonresidents to the full amount permitted by the Constitution. "States' long-arm statutes vary, some states have long-arm statutes which allow their courts to exercise jurisdictional power to the full extent allowed under the Due Process Clause of the Constitution. Other states have statutory restrictions that specify enumerated situations when courts may exercise personal jurisdiction over an out-of-state defendant. Some limits are placed on the particular cause of action, while other limits are based on the activities of the defendant." 3 Suffolk J. Trial & App. Adv. 93, 96 (1998). The proposed regulation, in unwelcome contrast, makes no distinction between the long-arm laws of other states and therefore possibly subjects a California licensee to discipline even if the other state would itself be unable under its own laws to punish the conduct.

Additionally, even when a state's long-arm statute might validly reach conduct temporarily occurring between a California licensee and a California resident patient, that does not mean the California licensee would inevitably under every scenario actually be subject to the laws of the other state. The United States Supreme Court set the standard for constitutional exercise of jurisdiction of one state over those in another state in *International Shoe Co. v. Washington* (1945) 326 U.S. 310. Pursuant to the Due Process Clause, a nonresident defendant may not be haled into the jurisdiction of another state's courts unless the state has first established sufficient "minimum contacts with [the forum] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Id.* at 316. As well, the nonresident's "conduct and connection with the forum [must be] such that he should reasonably anticipate being haled into court there." *World-Wide Volkswagen Corp. v. Woodson* (1980) 444 U.S. 286, 297.¹ Moreover, there exists an entire body of law called the "Conflicts of Law" that would be applied by a court in another state to determine whether a licensing board in another state had the power to enforce its laws against a California licensee temporarily providing psychological services to a California resident briefly in another state.²

¹ See, also, the Privileges and Immunities Clause: "It was undoubtedly the object of the clause in question to place the citizens of each State upon the same footing with citizens of other States, so far as the advantages resulting from citizenship in those States are concerned. It relieves them from the disabilities of alien-age in other States; it inhibits discriminating legislation against them by other States; it gives them the right of free ingress into other States, and egress from them; it insures to them in other States the same freedom possessed by the citizens of those States in the acquisition and enjoyment of property and in the pursuit of happiness; and it secures to them in other States the equal protection of their laws." *Paul v. Virginia* (1869) 75 U.S. 168, 180.

² The Second Restatement on Conflicts of Laws, § 6. Choice-Of-Law Principles, reads: "(1) A court, subject to constitutional restrictions, will follow a statutory directive of its own state on choice of law. (2) When there is no such directive, the factors relevant to the choice of the applicable rule of law include (a) the needs of the interstate and international systems, (b) the relevant policies of the forum, (c) the relevant policies of other interested states and the relative interests of those states in the determination of the particular issue, (d) the protection of justified expectations, (e) the basic policies underlying the

At best, whether under both the Constitution and Conflicts of Laws principles the question of whether another states' laws could lawfully apply is uncertain and fact-intensive; something unacknowledged by the binary prohibition in the proposed regulations against violating another states' laws even if those laws could not actually lawfully apply to the California licensee.

Respectfully, and in sum, observe that the proposed regulations would oddly subject a California licensee to discipline by the California Board for disobeying the telehealth laws of another state *even if the application of the other state's laws by the other state to the licensee would be unconstitutional* and, thus, *even when the licensing authority of the other state might decline to take action against the California licensee for that very reason*. The proposed regulation thus -- to the detriment of California resident-patients such as students temporarily stranded out-of-state – oddly *gives more automatic weight and binding effect to the telehealth laws of the other states than those other states may themselves give it*.

Third and finally, for the reasons discussed above, the proposed regulation would irrationally and therefore unlawfully discriminate between classes of mentally ill legal California residents both of whom who have exactly the same residency status and the exact same entitlement to psychological services under current California law and, even, under the long-arm laws of some other states. Particular care in drawing lines between kinds of residents must be taken here because some of those California residents affected and denied services will meet the legal definitions of those with disabilities and thus enjoy protections of the Unruh Act, the Americans With Disabilities Act, and other statutes. (See, for broad example, <https://www.dfeh.ca.gov/peoplewithdisabilities/>, and Government Code section 1294(a) “It shall be unlawful for a licensing board to ... establish any other qualification for licensing that has an adverse impact on any class by virtue of its race, creed, color, national origin or ancestry, sex, gender, gender identity, gender expression, age, medical condition, genetic information, physical disability, mental disability, or sexual orientation, unless the practice can be demonstrated to be job related.”)

particular field of law, (f) certainty, predictability and uniformity of result, and (g) ease in the determination and application of the law to be applied.” The Comment regarding Section 2 here is particularly instructive: “When there are no adequate directives in the statute or in the case law [about which state's laws apply], the court will take account of the factors listed in this Subsection [2] in determining the state whose local law will be applied to determine the issue at hand. It is not suggested that this list of factors is exclusive. Undoubtedly, a court will on occasion give consideration to other factors in deciding a question of choice of law. Also it is not suggested that the factors mentioned are listed in the order of their relative importance. Varying weight will be given to a particular factor, or to a group of factors, in different areas of choice of law. ... At least some of the factors mentioned in this Subsection will point in different directions in all but the simplest case. Hence any rule of choice of law, like any other common law rule, represents an accommodation of conflicting values.”

PROPOSED AMENDMENT

CAI supports telehealth as something beneficial to California resident students during the pandemic and supports the aim of the proposed regulations which is to facilitate its use by offering clarity to licensees as to how it may be used. However, for the reasons discussed above, CAI fears that many licensees will be discouraged by the proposed regulations making California Board discipline mandatory if the laws of other states are violated; again, even if California law is not and even if application of the other states' laws would itself be unconstitutional.

A simple change to the regulations fixes the problem while preserving for the Board the ability properly to take action against a licensee who aggressively violates the laws of other states:

Amend proposed subdivision (c) as follows:

(1) Failure to comply with these regulations ~~or the laws and regulations relating to telehealth of the other state, if any, where either the licensee or the client is located~~ constitutes unprofessional conduct.

(2) Failure to comply with a lawful order from another state prohibiting or conditioning a licensee from providing psychological services through telehealth constitutes unprofessional conduct.

These amendments are premised on the sister state only electing to bring an action if it believes that its long-arm statute permits it to do so and if application of the statute in the opinion of the sister state would be constitutional to the facts at-hand. The amendments thus have three advantages:

(1) They ensure that California does not yield to every state's laws and prevent a California psychologist from offering services to a California resident even when (for example) the long-arm statute of the other state would not on its face ever permit the other state to reach the specific conduct of the California licensee.

(2) They ensure that California does not yield to every state's laws and prevent a California psychologist from offering services to a California resident when the long-arm statute of the other state might reach the conduct but the other state fails to bring an action because the long-arm statute may not be constitutional in its application.

(3) They ensure that licensees do not have to act as amateur lawyers trying to figure out what the laws of 49 other states say and whether they would lawfully apply to the conduct between a California licensee and a California resident.

CONCLUSION

In these anguishing times, it would be tragic if the Board's praiseworthy effort to encourage telehealth ends-up discouraging it because its licensees are afraid of losing their California license for violating other states' laws our licensees will not be aware of or will not know if they lawfully apply to them.

Respectfully submitted:

A handwritten signature in black ink, appearing to read "Ed Howard", written in a cursive style.

Ed Howard, CAI Senior Counsel

From: [Epstein, Bert](#)
To: [Glasspiegel, Jason@DCA](#)
Subject: comment on BOP telehealth guideline change
Date: Friday, September 25, 2020 1:59:21 PM

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Hello,

I coordinate mental health services at Santa Rosa Junior College. Virtually all direct therapy for students are provided by trainees under supervision of licensed psychologists. The current language proposed by the board for telehealth does not fully include trainees. If interpreted as such, we would need to eliminate our therapy services, and thousands of students would go without therapy during the pandemic when all therapy is being provided remotely. The situation would be similar at many other colleges and universities in the state, who depend on trainees for good percentage of service delivery. Recent studies showing that 25% of those age 17-24 have been feeling suicidal. This is not the time to restrict therapy in California.

Thank you for your time,

From: [Marie Dumas](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comment re: Telehealth Regulation
Date: Friday, August 14, 2020 2:17:57 AM

[EXTERNAL]: 

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Dear Jason,

I am writing to respond to the proposed changes to the rules and regulations concerning telehealth. As a California Licensed Psychologist with a certification and specialty in telehealth who has had to put my license on inactive status due to residing outside of California, this matter directly impacts my ability to exercise my profession, and has a direct financial impact on my potential earnings.

I agree with most of the proposed changes and applaud the effort. I would suggest that there be maximum flexibility in the wording of the originating site of the provider. Right now, the text reads, "state" but it is also possible that the provider originates the service in another locality. I strongly suggest a wording change to "state or locality" or simply to "locality" to allow for more flexibility to provide services when a provider is outside of the U.S. or in a "district", while still retaining all of the same responsibilities to make sure that we are being compliant with both the laws of the California consumer (resident or temporary non-resident), and the locality where we are originating services.

In the end, it is the adherence to ethics and the licensing laws that is of highest importance. Any provider, regardless of location, would be subject to the laws of practice in the originating site, and the locality of the client, and could have their license sanctioned or revoked if there are problems. I do not feel that changing the wording to locality would in any way compromise the protection of clients in the State of California. It would however, give significant flexibility for the provider to continue to work with clients who could benefit greatly from their expertise and support, as well as continuity of care during absences outside of the state.

The world is increasingly inclined to telework and global movement, and the Board has a responsibility to ensure that the proposed regulations protect consumers, and also regulate the profession in a forward-thinking manner.

If you have further questions on my comment, please let me know.

Sincerely,
Marie C. Dumas, Psy.D.
PSY24081 (Inactive)

From: [Angus Strachan](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comment: Sections 1396.8 of Title 16
Date: Saturday, August 29, 2020 3:54:33 PM

[EXTERNAL]: [REDACTED]

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Dear Sirs and Madams:

I wish to comment on the changes in regulations for the action fo psychologists across state lines. this isa good first step but does not address two glaring problems with psychologists who work across state lines:

1. I work with divorced and separated couples about the issues to do with the custody of their children. I do mediation, co-parenting therapy and conduct custody evaluations which often involve parents who live in different states. In order to help them, I am required to get temporary licensing in the other state as well as California. This is sometimes possible; sometimes not, depending on the state. Children would be better served if I could speak to both parents in this situation.

2. Organizational consulting. When I have done such projects with large companies, it usually involves my talking to people in multiple states. I need temporary permission to speak to all members of a team I am working with.

These regulations need to be expanded. In my experience, the laws and regulations are often ignored because they are so antiquated.

Angus Strachan, Ph.D.

Clinical and Family Psychologist, www.LundStrachan.com

Team and Organizational Consulting, www.Strachanconsulting123.com

Assistant Clinical Professor of Psychiatry, Max Gray Child and Adolescent Mood Disorders Program, Semel Institute for Neuroscience and Human Behavior, UCLA Department of Child & Adolescent Psychiatry

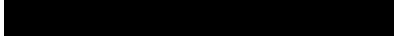
[REDACTED]

[REDACTED]

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From: [Cari Anderson](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comments New Regulations on Telehealth Services
Date: Tuesday, September 29, 2020 9:33:54 AM

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Dear Board of Psychology,

As a licensed psychologist, I have a few comments on the **Proposed Regulations on the Standards of Practice for Telehealth**.

I have several specific concerns, based on the patients that I currently see in my practice.

1. I am concerned about the term "resident" of California, as some of my patients are college students from a local university, who are legally still residents of other states. It sounds like this requirement would preclude me from seeing them via while they are out of state, for example for summers at home. Removing the requirement of "resident" from the regulations would solve this. Residency status doesn't matter for in-person services. Why should it matter for telehealth?
2. I am also concerned about the term "resident" in terms of how it might affect undocumented persons and DACA recipients.
3. I believe that trainees and supervisees should also be allowed to provide services via telehealth, with appropriate supervision. I want to be sure that the language of the regulations continues to support this.

Thank you,
Carolyn Anderson

Carolyn Anderson, Ph.D.
PSY#14244



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From: [Christie Schueler](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comments on proposed Standards of Practice for Telehealth
Date: Friday, September 25, 2020 10:02:27 AM

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Good morning,

I am a psychologist located in Los Angeles, and I am writing to provide comments on the Board of Psychology's proposed Standards of Practice for Telehealth. I am grateful to the board for putting together standards in this area, which is particularly important at this time. However, I have a few concerns. First, the language seems a bit unclear regarding whether or not trainees are permitted to provide telehealth services. I would recommend making that language clearer. As a psychologist working in the training department at a large community-mental health center, it is important to me that we continue to be able to offer training opportunities for students and pre-doctoral interns in the field. In order to protect the health of our staff and the public, we are only offering remote services via telehealth, and any restrictions on provision of telehealth by trainees would greatly impede their training experience and reduce access to services for the public. Second, I am concerned about the language regarding resident status. Some of the clients served by my agency are undocumented, and may be put off by questions regarding legal residence.

Thank you very much for your time and consideration.

Sincerely,

Christie Schueler, Ph.D.



From: [Tiffany Sickler](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comments on Proposed Telehealth Regulations
Date: Friday, September 25, 2020 5:20:34 PM

[EXTERNAL]: [REDACTED]

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Board of Psychology
1625 North Market Blvd. Suite N-215
Sacramento, CA 95834
Re: Proposed Regulations on the Standards of Practice for Telehealth

Members of the Board:

I am writing to share my concerns with some of the proposed regulations surrounding telehealth in CA. My first concern is regarding the well-being of CA college students and their ability to receive needed mental health services while living here to attend school (while their legal residence remains in another state). Young adults are under a tremendous amount of pressure already, and now with the added burden of restrictions related to Covid, many are isolated and depressed. I feel it is our responsibility to ensure the greatest access to services as possible, for their safety and the safety of other students. The "legal residency" requirement is prohibitive and unnecessary, in my opinion.

I also feel that trainees should be allowed to provide services via telehealth as long as they are under the appropriate supervision. This is another scenario that seems prohibitive, when we should be seeking ways to serve as many people as need our support as possible.

Thank you for the work you do,

Tiffany Sickler
PSY30322

Tiffany Sickler, PhD | Program Director (Southern Region)
Foster Family Agency, Adoption and Mental Health
[REDACTED]

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From: [MARC SCHOEN, Ph.D.](#)
To: [Glasspiegel, Jason@DCA](#); [jeffrey.thomas@dca.ca.gov](#)
Subject: Comments on Telehealth Regulations
Date: Sunday, September 27, 2020 5:33:59 PM

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Dear Sirs

Thank you for taking up the Telehealth issue and proposing regulations and clarifications.

Please consider changing the use of the term "resident" in your regulations since it significantly impacts a number of the students and athletes I treat or manage at UCLA. For example, I work with students and athletes that are not legal residents of California. In particular, there are athletes I manage who travel out of state for games. Some occasions I can travel with the team, but often I cannot. Some of these athletes are quite fragile, and at times, it is significantly important for them to have some contact with me or for me to be available to them while they travel. A similar situation occurs with students who are not athletes who go home for Spring or Winter Break.

Additionally, this situation arises with business men/women who come to California for an extended assignment, and then are on travel and need some continuation of treatment while they are gone, and return a couple weeks later to California - but at times, their primary residence may be in another state other than California.

I would really appreciate your consideration in making some adjustments to accommodate these types of conditions.

Thank You again

Marc Schoen

--

Marc Schoen, Ph.D.
Assistant Clinical Professor of Medicine
UCLA Geffen School of Medicine


Author of: [Your Survival Instinct is Killing You](#), Penguin/Random House, 2014

[marcschoen.com](#)

[Twitter](#)

[Facebook: MarcSchoenPhd](#)

[Facebook: Your Survival Instinct is Killing You](#)

From: [JD Daniels](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comments on TeleHealth
Date: Friday, September 25, 2020 10:48:41 AM

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Dear Board of Psychology

I am concerned that the proposed guidelines for use of TeleHealth services by California Psychologists is limited to in State only. This does make sense on several levels. First, during the Pandemic, patients are often traveling out of State to work in more remote locations as a way to help preserve their mental health, but they are still in need of Psychotherapy. It does not make sense for them to stop working with their preferred Therapist, who already knows their story, and has established goals and a great working relationship, to try to find someone else to work with in a brand new State with no references or direction. This would harm patients!

Second, TeleHealth allows for well trained California Psychologists like myself to have the potential to work with patients through the Country. This will allow patients who would normally have a hard time finding great services, to have access to fantastic care. And, given that it is TeleHealth, the patient could be next door, or 1,000 miles a way -- it's still the same high quality session. Now, one might argue that a remote Therapist would not know as much about the local emergency services or other potentially beneficial services (such as support groups, PHP programs, etc.). However, finding out that information is incredibly easy in the era of the internet. Example, years ago, pre-Pandemic, I had a patient traveling to Houston, TX. She had an acute, Major Depressive episode with suicidality and intent to harm. From California, I was able to keep her calm on the phone, and contact emergency services in Houston to come to her aid. In this way, TeleHealth can and does meet a high standard to care.

Bottom line, interstate TeleHealth services will be a huge win for patients and an important part of the future of mental health services for Californai Psychologists. Please pass my comments onto the Board of Psychology.

Best Regards, J.D. Daniels, Ph.D.

--

[J.D. Daniels, Ph.D.](#)



From: [Annice Ormiston, PsyD](#)
To: Glasspiegel, Jason@DCA
Subject: Comments RE: Proposed Telehealth Regulations
Date: Monday, September 28, 2020 8:23:53 AM

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

I am a psychologist practicing in Berkeley, CA and currently providing telehealth to all of my patients during the pandemic. I wanted to provide comment on the proposed telehealth regulations by the BOP.

Echoing communication by California Psychological Association, I share these concerns:

1) I have concern about the focus on the term "resident" in the proposed regulations. I have previously worked on the staff at three different California colleges and universities and I continue to serve students in my private practice as a provider for university student health insurance plans. A large percentage of students are not California residents and requiring patients to be official residents would restrict their access to care and especially continuity of care. In addition, I am specialized in treating trauma and providing EMDR. Prospective patients from outside of California frequently seek my services as comparable providers are not available in their jurisdiction. I believe focusing on "resident" in the regulations would unnecessarily and unjustly limit their access to interjurisdictional care.

2) I have concern that the language of the proposed regulations could be construed so as to limit telehealth services provided by trainees. I believe this is problematic in how it would potentially disrupt the continuity of care with trainees and patients currently pursuing treatment together as well as future treatments. Trainees provide some of the most needed services to some of the most at risk and under resourced patients in our communities. Limiting this access would be very problematic and unfortunate for both patients in need and trainees needing to complete their requirements to pursue licensure.

Thank you very much for your consideration,
Annice Ormiston, PsyD

--

Annice Ormiston, Psy.D.
Clinical Psychologist, PSY 25092

[REDACTED]

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From: [Velora Lilly](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Comments to Board of Psychology regarding proposed regulations
Date: Saturday, September 26, 2020 1:33:02 PM

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Dear Mr. Glasspiegel

I am a licensed clinical psychologist in California with 45 years of experience providing care to underserved populations, youth and families as well as teaching and supervising clinicians in the State of California. I would like to express my concerns about the wording of proposed regulations for telehealth provision(a new and necessary intervention due to Covid 19). As a member of CPA, I concur with concern that a requirement that clients/patients must be "residents" of California could limit access to persons who might not meet that criteria tho entitled to being served by a clinician.

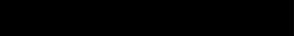
Second, I would suggest that the term "licensee" to describe a provider of care would prevent clinicians in training under supervision to provide needed care to clients and would interrupt their opportunity to receive clinical training as interns in approved clinical settings.

I trust the BOP will incorporate the recommendations of the CPA regarding language changes to the proposed regulations.

Thank you for your consideration

VeLora J. Lilly PhD

From: [Alex Graves](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA); jeffrey.thomas@dca.ca.gov
Subject: Comments to proposed regulations for standards of practice for telehealth
Date: Tuesday, September 29, 2020 12:58:49 PM
Attachments: [image001.png](#)
[image002.png](#)
[AICCU DCA Letter \(09.29.20\).pdf](#)

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Good afternoon,

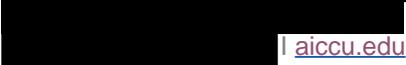
On behalf of the Association of Independent California Colleges and Universities (AICCU), which represents over 80 independent non-profit colleges and universities in California, please find a letter from AICCU President Kristen Soares regarding the proposed regulations for standards of practice for telehealth.

Please feel free to reach out to us with any questions.

Thank you for the consideration.

Alex

Alex Graves | Vice President for Government Relations


 | aiccu.edu



Kristen F. Soares, President

September 29, 2020

California Board of Psychology
California Department of Consumer Affairs
Attn: Jason Glasspiegel
1625 North Market Blvd., Suite N215
Sacramento, CA 95834

Subject: Proposed Regulations for Standards of Practice for Telehealth

To Members of the Board of Psychology:

On behalf of the Association of Independent California Colleges and Universities (AICCU), I write in support of the comments and suggestions provided by the University of California Office of the President (UCOP) regarding the Standards of Practice for Telehealth Services. The issues identified by UCOP would positively assist counselors and similarly qualified professionals at California colleges and universities in their work to serve students. I respectfully urge the board to strongly consider the suggested changes.

AICCU represents over 80 independent, nonprofit colleges and universities in California. Collectively, our institutions educate nearly 199,000 undergraduates and 180,000 graduate students. Over 57,000 undergraduates are Pell Grant recipients, and the diversity of our collective student body reflects the rich diversity of our state and nation: 24% are Latino, 13% are Asian American, 6% are African American, and 6% are two or more races. Our colleges and universities largely serve California residents, with 71% of our undergraduate population being residents of the state. However, thousands of students also enroll in our colleges and universities from across the country and the world.

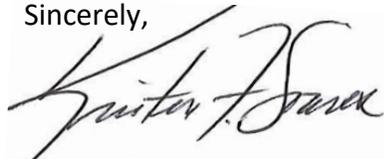
The availability of student support and services, including access to counselors and mental health professionals, is a critical component of promoting student well-being, retention, and academic success. In March, colleges and universities were among the first sectors to transition away from in-person activities due to the pandemic. Their extraordinary efforts to minimize disruptions for students reflected their firm commitment to their institutional missions. The significant need for mental health services is well-documented, with 80% of college students nationally reporting their mental health had been negatively impacted by COVID-19. This was covered in an August 27 story by [CalMatters](#).

It is in this spirit of, and commitment to, supporting and serving students that I write in support of the suggestions provided by UCOP to §1396.8. Standards of Practice for Telehealth Services. The suggested clarification regarding student “residents” would provide much-needed clarification regarding newly enrolled students, who have not yet physically moved to California this academic year due to the ongoing COVID-19 pandemic, and the need to provide hybrid or fully online education for the Fall term. Furthermore, the proposed changes regarding

licensees being disciplined in California for providing interstate telehealth services would greatly assist the dedicated counselors and mental health professionals working with their students.

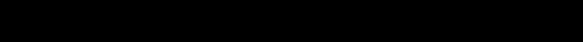
Thank you for your consideration of this request, and for your work to protect California consumers. If you have any questions, please contact Alex Graves, Vice President for Government Relations, at alex.graves@aiccu.edu or (916) 798-1510.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen F. Soares". The signature is written in a cursive style with a large, stylized initial "K".

Kristen F. Soares

From: [Melissa Johnson](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Cc: [Melissa Johnson](#)
Subject: Comments: Proposed Regulations on the Standards of Practice for Telehealth
Date: Saturday, September 26, 2020 10:51:28 AM

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Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

Re: Proposed Regulations on the Standards of Practice for Telehealth

Dear Members of the Board of Psychology,

I appreciate the Board of Psychology's work in developing standards of practice for the provision of psychological services via telehealth. **Access to appropriate telehealth services is an extremely important issue** for California consumers, especially since the outbreak of COVID. I also recognize that individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas may particularly benefit from robust access to telehealth services. **Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal.**

That said, I have **two significant concerns** about the potential implications of some of the language in the current proposal. Specifically, the current language appears to restrict access to interjurisdictional telehealth services and does not clearly allow for the provision of telehealth services by students and trainees.

Interjurisdictional telehealth services: As also noted by CPA (see their letter for a broader discussion of this), the term "residents" of California appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. I believe that such a limitation would be potentially harmful and discriminatory. As I think about our own group psychology practice, we have a number of current clients, particularly college and graduate students participating in our Young Adult Program, who would be excluded by this aspect of the guidance.

Licensee requirement: The text of the proposed regulation states in the first sentence that a "licensee" is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth. This would be disastrous for

access to care in our community. Particularly in the era of COVID. The huge economic impact on so many families limits financial resources available for therapy services. Our trainees are in an ideal position to provide accessible lower fee telehealth services while also gaining their necessary training/supervised experience. A win-win situation. It appears that the language of the proposed regulations could be modified with relative ease to allow for trainees in supervision to provide telehealth services.

Sincerely,

Melissa J Johnson, PhD (PSY13102)
CEO and Postdoctoral and Professional Training Director
Institute for Girls' Development, A Psychological Corporation



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From: [Emily Semow](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Concerns about proposed regulation on standard of practice for telehealth
Date: Tuesday, September 29, 2020 3:57:18 PM

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Dear Mr. Jason Glasspiegel,

I'm a psychologist and am writing regarding The Board of Psychology's proposed regulations on the standard of Practice for Telehealth. I am appreciative that the board is providing explicit standards to guide psychologists in ensuring ethical and legal practice. However, I share the California Psychological Association's concerns with some of the language in the proposed regulations and I support their suggestions for changes.

I am concerned by the statement that California licensed psychologists can only use telehealth with legal residents of California. I have had patients in the past who live in California but do not have legal residency as they are immigrants or out-of-state students studying in California. I fear this law would prohibit them from receiving services. I am also concerned that given the recent transition to remote communications during the Covid-19 pandemic, there will be a large wave of migration across state lines. I anticipate that many current patients will move out of state and continue to work remotely in California. I fear the proposed law would interrupt services with these patients if they establish residency in other states. In general, as remote communication becomes more common and expected, it seems necessary for boards across the country to allow telehealth services across state lines. This will make psychology services much more accessible to people in hard to reach areas. It will also permit clients to reach specialists and quality services that they otherwise would not be able to obtain.

I also have concern about the first sentence in the proposed regulation that states that a "licensee" is permitted to provide health care services via telehealth. This may prohibit trainees from continuing to provide telehealth services when supervised. As we know, the only way for trainees and their clients to continue safely working together during the pandemic has been through telehealth services. It would be hugely damaging to the trainees' career plans as well as to their clients' care if trainees were prohibited from telehealth.

Thank you very much for your time and your work.

Best,

Emily Semow, Psy.D.

Sent from my iPad

From: [Anne Dinkelspiel, Ph.D.](#)
To: Glasspiegel, Jason@DCA
Subject: concerns about telehealth provisions
Date: Friday, September 25, 2020 10:18:23 AM

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I am in agreement with the CPA's concerns regarding the proposed telehealth regulations.

I'm particularly concerned about the "resident" requirement as so many people have moved because of the pandemic, the fires, etc. and to interrupt the continuity of care at this time seems unwise. I would propose that telehealth continue to be available to patients who initially began treatment while residents of California.

Thank you.

Anne

Anne Dinkelspiel, Ph.D.
California Licensed Psychologist PSY 14393


www.annedinkelspiel.com

From: [Oriana Mc Gee](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Concerns regarding Proposed Regulations on the Standards of Practice for Telehealth
Date: Sunday, September 27, 2020 5:31:37 PM

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Dear Mr. Glasspiegel,

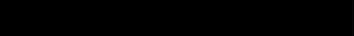
As a member of the California Psychological Association and a current student working toward a doctorate degree in psychology, I would like to echo the CPA's concerns regarding the proposed regulations on standards of practice for telehealth, previously posted [here](#). Restricting telehealth services to registered California residents, and requiring a license to practice telehealth, directly impacts thousands of trainees like myself and our clients. Please do not narrow the availability of much needed mental health services in our state.

Thank you,

Oriana McGee
SBCPA Student Representative
PsyD Doctoral Candidate
Clinical Psychology
Antioch University, Santa Barbara

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From: [Elizabeth Winkelman](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Cc: [Jo Linder-Crow](#)
Subject: CPA Comments on Proposed Telehealth Regulations
Date: Tuesday, September 22, 2020 3:31:44 PM
Attachments: [CPA comments Proposed Telehealth Regs 9-22-20.pdf](#)

[EXTERNAL]: 

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Dear Jason,

Attached please find comments from CPA on the proposed regulations on Standards of Practice for Telehealth. According to the Regulation Notice, these comments must be submitted to you as the designated contact person by September 29. Please confirm that you have duly received our comments and that they will be considered by the Board of Psychology.

Thank you,
Elizabeth

Elizabeth Winkelman, JD, PhD
Director of Professional Affairs | California Psychological Association


www.cpapsych.org | facebook.com/cpapsych

Note: CPA does not and cannot provide legal advice to our membership. Those seeking legal advice are advised to consult a private attorney.

CPA - The Voice of Psychology in California



September 22, 2020

Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

Re: Proposed Regulations on the Standards of Practice for Telehealth

Members of the Board of Psychology:

The California Psychological Association (CPA) appreciates the Board of Psychology's (Board's) work in developing standards of practice for the provision of psychological services via telehealth. Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. We also note that individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas may particularly benefit from robust access to telehealth services.

Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal. However, we have serious concerns about the potential implications of some of the language in the current proposal. **Specifically, the current language appears to restrict access to interjurisdictional telehealth services and does not clearly allow for the provision of telehealth services by students and trainees.**

We respectfully offer the following comments and suggested changes for your consideration and urge you to modify the regulations to address our concerns.

- 1. We have expressed our concern previously about the focus on the term "resident" in the proposed regulations, and we continue to believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California.**

Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment."

This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state

students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. We see no compelling reason for limiting interjurisdictional services to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, we firmly believe that residency should have no bearing on access to telehealth services, and we certainly do not think psychologists should be required to determine the residency status of their clients.

As far as we know, **no other state has implemented laws or regulations that consider the legal residency status of clients in determining the appropriateness of telehealth services.** Typically, rules regarding interjurisdictional telehealth are based on the physical locations of the psychologist and the client when services are provided. For example, if a psychologist in Los Angeles and wants to provide a telehealth psychotherapy session to a client in Boston, the psychologist should be licensed or legally authorized to practice in both California and Massachusetts.

Here are several scenarios of potential negative impacts of the proposed regulations:

- A college student moves from Colorado to California to go to UCLA. The student maintains residency in Colorado. The student has been seeing a psychologist in California for 9 months for anxiety while at UCLA and goes home for the summer. The client would like to continue treatment via telehealth while in Colorado, but this is not possible because she is not a resident of California.
- A Silicon Valley employee is a citizen of India and has been working in California for two years on an H1-B visa. He is being treated by a psychologist for depression for the past year. The client must go home to India for several weeks to visit his ailing father and would like to continue treatment via telehealth while in India, but this is not possible because he is not a resident of California.
- An undocumented immigrant in Fresno seeks treatment with a psychologist at a clinic in California for PTSD. The psychologist asks about the client's residency status and the client is reluctant to provide any information. The client fears that seeking treatment may be risky and does not return for a second appointment.
- A Black woman living in another state whose son has been killed is suffering from PTSD. She has heard of a prominent Black, female psychologist who teaches at USC and is an expert in treating PTSD. She would like to be treated by the USC psychologist via telehealth but would not be able to access services because she is not a California resident, even if the laws in her own state would allow the psychologist to provide such services under lenient temporary practice provisions.

These problems could be avoided by modifying subdivision (a) to remove the references to residency status. In addition, "other state" should be changed to "other jurisdiction" to allow for services when the client in another country, as in the example in the second bullet point above.

Here are some suggested edits for your consideration: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client ~~who is a resident of California~~ who is temporarily located

outside of this State, subject to the laws and regulations of the other state jurisdiction where either the licensee or the client is located. ~~(1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.~~

2. The text of the proposed regulation states in the first sentence that a “licensee” is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth.

We do not believe it is the Board’s intention to cut off trainees’ ability to provide telehealth services. The Board’s Regulation Notice and Statement of Reasons both clearly state that the proposed regulations are intended to establish standards of practice for both licensed psychologists and trainees who provide services via telehealth.

The main problem with the proposed language is in subdivision (a). According to the Regulation Notice: “Subdivision (a) states that *licensed California psychologists, registrants, and psychology trainees* may provide psychological health care services via telehealth...” However, this is inconsistent with the *actual* language of the proposed regulation, which states in subdivision (a): “A *licensee* is permitted to provide psychological health care services via telehealth...”

This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees.

For example, *subdivision (a) and subparagraph (b)(3)(E) could be modified as follows:* “(a) A licensee, psychology trainee, or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code is permitted to provide psychological health care services via telehealth.... (b)(3)(E) The provision of telehealth services is within the scope of competency of a psychology trainee or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code who provides psychological health care services under the supervision of the licensee.”

We realize that the current language of subparagraph (b)(3)(E) could be interpreted as allowing trainees to continue to provide telehealth services. However, given the importance of this issue, we believe that the regulation should clearly and specifically authorize trainees to use telehealth as a mode of service delivery. Continuing to allow trainees to provide services via telehealth is crucial in order to maintain opportunities for gaining supervised experience, to provide access to and continuity of care for clients, and to promote workforce development, especially during the COVID epidemic.

In conclusion, we are seriously concerned that the proposed regulations would disrupt continuity of care and decrease access to care at a time when the use of telehealth has increased dramatically nationwide as a result of COVID. We are also concerned that the proposed regulations could severely impact trainees and their clients. We urge you to address these concerns before finalizing these proposed regulations. CPA representatives will be present at the next Board of Directors’ meeting and look

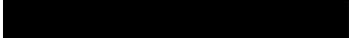
forward to the opportunity to discuss these issues then. In the meantime, please let us know if we can provide any additional information or assistance.

Sincerely,

A handwritten signature in black ink that reads "Jo Linder-Crow, PhD". The signature is written in a cursive style with a large initial "J" and "C".

Jo Linder-Crow, PhD
Chief Executive Officer

From: [Zoe Barnow](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: feedback on telehealth services
Date: Tuesday, September 29, 2020 11:50:50 AM

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Hello,

Thank you for your openness to receive comments about the proposed telehealth services regulations.

I believe it is important that as CA psychologists we have as much freedom as possible to work remotely with anyone in California (resident or not) so that we can be serving undocumented folks, people with disabilities, in rural communities and with limited means to arrive at a therapist's office.

I also believe it is essential that these rights be extended to trainees and interns, in addition to supervisors so that we can continue to safely and ethically provide training.

Thank you,

Zoe Barnow, Psy.D.

Licensed Clinical Psychologist PSY29665

Secretary, [Alameda County Psychological Association](#)

She/Her/Hers


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From: bopmail@DCA
To: Glasspiegel, Jason@DCA
Subject: FW: Public Notice of Proposed Regulatory Action
Date: Friday, August 14, 2020 8:46:05 AM

From: Mandeep K Tumber-bhela <[REDACTED]>
Sent: Thursday, August 13, 2020 4:32 PM
To: bopmail@DCA <bopmail@dca.ca.gov>
Subject: FW: Public Notice of Proposed Regulatory Action

[EXTERNAL]: [REDACTED]

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Hello,

I received the BOP email below and am VERY concerned about the implications of the law on my license. This is a slippery slope when working with suicidal or homicidal patients (any risky patients) as we may not be familiar with the laws outside the state we reside in. I do not feel comfortable with this proposal and wish to share my concern.

Please let me know if I should be contacting someone else about this.

Best,

Mandeep K. Tumber-Bhela, Ph.D.

Pronouns: She/Her/Hers
Clinical Psychologist

Kaiser Permanente Northern California Mental Health Training Programs

Equity, Inclusion, & Diversity Liaison
Sacramento Valley Consortium Director
North Valley Practicum Program Director
W: <https://mentalhealthtraining-ncal.kaiserpermanente.org/>

Kaiser Permanente

Mental Health & Wellness
1660 East Roseville Parkway, Suite 100
Roseville, CA 95661
Office Hours: Monday-Thursday (Off Friday's)



kp.org/thrive

From: Kathryn Wetzler <[REDACTED]>
Sent: Thursday, August 13, 2020 4:02 PM

To: MHTP PD TDs [REDACTED] MHTP Prac TDs <[REDACTED]>; MHTP Doc Internship TDs [REDACTED] MHTP PMF Directors <[REDACTED]>
Subject: FW: Public Notice of Proposed Regulatory Action

FYI

Kathryn Wetzler Psy.D
Regional Director
Mental Health Training Programs, NCAL
Kaiser Permanente

[REDACTED]
<https://mentalhealthtraining-ncal.kp.org>



Mental Health Training Program
Northern California

From: Kathryn Wetzler [REDACTED] >
Sent: Thursday, August 13, 2020 3:57 PM
To: Kathryn Wetzler [REDACTED] >
Subject: Fwd: Public Notice of Proposed Regulatory Action

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Sent from my iPhone

Begin forwarded message:

From: Psychology Board <00000013d0ed399d-dmarc-request@SUBSCRIBE.DCALISTS.CA.GOV>
Date: August 13, 2020 at 12:23:57 PM PDT
To: "PSYCH-LICENSEES@subscribe.dcalists.ca.gov" <PSYCH-LICENSEES@SUBSCRIBE.DCALISTS.CA.GOV>
Subject: Public Notice of Proposed Regulatory Action
Reply-To: noreply@DCA.CA.GOV

Good Afternoon,

The Board of Psychology has filed a Public Notice of Proposed Regulatory Action with the Office of Administrative Law. This proposed regulatory action establishes standards of practice for telehealth by licensed California psychologists and psychology trainees, to

a patient or client who is a resident of California who is temporarily located outside of this State, and to clients or patients who initiate psychological health care services while in this State, but who may not be a resident of this State to improve access to psychological care for underserved populations and to support clients or patients between regularly scheduled office visits or while they are temporarily located outside of this State. The mandatory comment period begins August 14, 2020 and ends September 29, 2020. To view the Notice, Initial Statement of Reasons, and Proposed Text, please visit: https://www.psychology.ca.gov/laws_regs/regulations.shtml

Thank you,

The Board of Psychology

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<https://www.dca.ca.gov/webapps/psychboard/subscribe.php>

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From: [barbara.kirsch](mailto:barbara.kirsch@dca.gov)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Input on Proposed New Telehealth Regulations
Date: Saturday, September 26, 2020 8:18:38 PM

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

I am pleased that the Board of Psychology is addressing the issue of Standards of Practice for Telehealth by modifying regulations regarding this. Certainly, myself and many of my colleagues who did not previously engage in Telehealth have had to learn much and adapt our practices due to Covid-19, and the risks of in person sessions. We welcome clear guidance and standards.

However, I am writing in support of the suggestions for modifying the language in the Regulations that were suggested by CPA.

I have provided in person services to some clients who did not meet the criteria of legal residents. As this is not a requirement for in person provision of services, I don't think it should be included in Telehealth Requirements. If the clients I am thinking of should return and request services, I would not be able to provide it based on the proposed regulations, plus, I have no way of generally knowing someone's legal status, unless they volunteer that. I have also treated graduate students, who may now have moved out of the area because of distance learning, and thus are not current legal residents.

Secondly, I am concerned that it be clear in the regulations that appropriately supervised trainees are able to provide telehealth services. I recently attended a meeting where several graduate students discussed that they are not be able to provide services on-site, and are doing this by telehealth. I support the suggested modifications from CPA"

“(a) A licensee, psychology trainee, or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code is permitted to provide psychological health care services via telehealth.... (b)(3)(E) The provision of telehealth services is within the scope of competency of a psychology trainee or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code who provides psychological health care services under the supervision of the licensee.”

Thank you for considering my input.

Barbara Kirsch, Ph.D.
Licensed Psychologist



From: [Allen Kanner](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Interjurisdictional telehealth
Date: Tuesday, September 29, 2020 10:50:48 AM

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

I am writing in regards to the BOP's proposed regulations to be addressed at the November meeting. I am particularly concerned about the proposed limits on interjurisdictional telehealth. Specifically, this would mean that students who left the state to go home as a result of COVID-19 would have to cease working with their therapist at a time when they are already struggling with the loss of campus life, a key part of the college experience which includes social activities that are essential to mental health. Why add this additional and unnecessary loss during these already traumatic times? Non-students who have "gone home" due to the virus, perhaps because they have lost their jobs, would be subject to the same unnecessary loss. I urge you eliminate this provision.

Best,

Allen Kanner, Ph.D.

From: [Marilyn Foley](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: New Regulations for TELEHEALTH
Date: Friday, September 25, 2020 4:42:42 PM

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Hello:

I support the California Psychological Associations suggested changes for TeleHealth.

The Association offers the following comments and suggested changes for your consideration and address our concerns. 1 The Association has expressed their concerns previously about the focus on the term “resident” in the proposed regulations, and we continue to believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically would have a disproportionately negative impact on individuals who are not legal residents of California. Subdivision(a) currently states: “A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.” This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a “resident” of California. Individuals who may not meet the definition of resident include out-of-state

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In conclusion, we are seriously concerned that the proposed regulations would disrupt continuity of care and decrease access to care at a time when the use of telehealth has increased dramatically nationwide as a result of COVID. We are also concerned that the proposed regulations could

severely impact trainees and their clients. We urge you to address these concerns before finalizing these proposed regulations.

In this age of COVID with the high incidents of Depression Suicide and Anxiety it is CREUL to impose limits on THERAPY. Can you cite a case where a non resident was harmed by continued treatment by a California psychologist. We need more generosity from officials, not more cruelty, we have enough.

Cordially,

Marilyn Foley, PH

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From: [Daniel Reed](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Professional Comments on Proposed Regulations on the Standards of Practice for Telehealth
Date: Monday, September 28, 2020 8:24:13 AM

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To Jason Glasspiegel,

It has come to my attention through the California Psychological Association that proposed regulations on the standards of practice for telehealth are currently under review and as a professional psychologist working towards licensure here in the State of California, I can make comments and express concerns prior to the BOP meeting on Nov. 20, 2020.

I am concerned that the proposed regulations could restrict access to telehealth services. Specifically, the current language appears to prohibit clients who are not legal “residents” of California from receiving inter-jurisdictional telehealth services. I am also concerned that, as currently written, the proposed regulations could restrict the provision of telehealth services by students and trainees. This would have a significant impact on our education and training community. I work at California State University Monterey Bay as a pre-licensed psychologist in the counseling center. Our center consists of myself and 3 other full-time counselors, 1 part-time counselor, 2 doctoral interns, and 2 MSW interns. Our center serves the entire approximately 7,000 students enrolled at CSUMB. Our center serves undocumented and international students enrolled at the university and these proposed changes can severely impact our ability to provide the necessary and appropriate mental health services to our student population. The proposed changes would also devastate our campus community which is working remotely due to COVID-19, student and faculty safety concerns, as well as a directive ordered by the Chancellor of CSU, who has determined that the 2020-2021 academic year will remain remote. With the proposed changes, I will be without a job until I have completed my requirements for licensure in this state and will be forced to return back to my family home in Indiana. This would also severely impact our campus community, preventing trainees, interns, and post-doctoral residents from completing their training requirements.

I implore you to reconsider these proposed changes and expand the accessibility for both the peoples residing in the State of California and the psychology interns, trainees, and post-doctoral residents who seek to reside and expand the accessibility, quality, and economy of the great State of California

Sincerely,

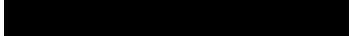
Daniel Reed, Psy.D.
Counselor-Faculty
Personal Growth & Counseling Center
California State University - Monterey Bay



I want to respectfully acknowledge the Ohlone, Costanoan, and Esselen Peoples, who have stewarded this land, which CSUMB sits, throughout the generations.” Honoring these lands and cultures past, present, and emerging.

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From: [Lucille Ferranti](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed changes to regulations on the standards of practice for telehealth
Date: Tuesday, September 29, 2020 3:22:15 PM

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Hello Mr. Glasspiegel,

I am writing to support changes in the proposed regulations on the standards of practice for telehealth as outlined in the California Psychological Association's letter to members of the Board of Psychology. The terms "resident of California" and "domiciled in California" have the potential to restrict access to mental health services by many individuals as stated in the CPA's letter.

In particular, many college students who live in California temporarily during the academic year are neither legal residents nor domiciled in the state. There is a tremendous need for these students to have access to mental health services, not only while they are living in California, but also when they travel to their home states during holidays, school breaks, and internships.

I encourage the Board to consider how these regulations, as currently written, will impact college students and to amend the regulations as outlined by the California Psychological Association.

Thank you for the opportunity to provide feedback to your proposed regulations.

Lucille Q. Ferranti, Psy.D.
CA license PSY18293



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Thank you.

From: [Lucia Milburn](#)
To: Glasspiegel, Jason@DCA
Subject: Proposed changes: Telehealth
Date: Friday, September 25, 2020 10:09:26 AM

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Mr. Glasspiegel,

I support the California Psychological Association's concerns and comments about the proposed Telehealth guidelines. I urge you to make the changes that they suggest.

Lucia Milburn, PhD
PSY14411

From: [Dr. Mary Jane Weatherbee](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed Regulations on Telehealth
Date: Monday, September 28, 2020 4:06:34 PM

[EXTERNAL]: [REDACTED]

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Dear Members of the Board of Psychology,

I am writing about the proposed regulations on the practice of telehealth. I'd like to ask that the Board consider making changes to the term "resident" as this language appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California, DACA participants and undocumented immigrants, among others. Such a limitation could be potentially harmful and discriminatory.

I would also request that you consider changing the regulations so that trainees are specifically included and allowed to practice telehealth.

Sincerely,

Mary Jane Weatherbee, PsyD

Please Note: I usually respond to emails within 24 hours Monday-Friday. I do not read or respond to emails on weekends or holidays.

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From: [Scott Young](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed Regulations on the Standards of Practice for Telehealth
Date: Monday, September 28, 2020 4:30:58 PM

[EXTERNAL]: 

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Dear Mr. Glasspiegel,

As a member of the American Psychological Association (APA) and a current student working toward licensure as a psychologist in the state of California, I would like to echo the CPA's concerns regarding the proposed regulations on standards of practice for telehealth, previously posted [here](#).

Restricting telehealth services to California residents and requiring individuals to possess a license in order to practice telehealth directly impacts thousands of trainees like myself and all of our clients. Please do what you can to ensure that access to mental health services in our state are not unduly restricted. In the midst of COVID, these services are needed now more than ever before.

Thank you for your time and consideration.

Sincerely,
Scott Taney Young

Registered Psychological Assistant
Registration #: PSB 94025552
Practicing under the license of Dr. Daniel P. Schwartz (License #: PSY 31352)

Doctoral Candidate
Clinical Psychology Program (PsyD)
Antioch University, Santa Barbara

From: [Paige Leopold](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed Regulations on the Standards of Practice for Telehealth Members of the Board of Psychology
Date: Tuesday, September 29, 2020 2:08:25 PM

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Dear Mr. Glasspiegel,

As a psychologist who has practiced for over 20 years in San Ramon, California, and particularly in light of the the COVID outbreak, I appreciate the Board of Psychology's work in developing standards of practice for the provision of psychological services via telehealth. Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. We also note that individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas may particularly benefit from robust access to telehealth services. Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal.

However, I have serious concerns about the potential implications of some of the language in the current proposal. Specifically, the current language appears to restrict access to interjurisdictional telehealth services and does not clearly allow for the provision of telehealth services by students and trainees. I respectfully offer the following comments and suggested changes for your consideration and urge you to modify the regulations to address our concerns.

1. I am concerned about the focus on the term "resident" in the proposed regulations, believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California.

I frequently work with H-1B visa holders who may not be eligible under this description. I also treat college students who residency would disqualify them from such services if they attend school out of state.

These problems could be avoided by modifying subdivision (a) to remove the references to residency status. In addition, "other state" should be changed to "other jurisdiction" to allow for services when the client in another country, as in the example in the second bullet point above. Here are some suggested edits for your consideration: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located 3 outside of this State, subject to the laws and regulations of the other state jurisdiction where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a

temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.”

2. The text of the proposed regulation states in the first sentence that a “licensee” is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth. I do not believe it is the Board’s intention to cut off trainees’ ability to provide telehealth services. The Board’s Regulation Notice and Statement of Reasons both clearly state that the proposed regulations are intended to establish standards of practice for both licensed psychologists and trainees who provide services via telehealth. This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees. For example, subdivision (a) and subparagraph (b)(3)(E) could be modified as follows: “(a) A licensee, psychology trainee, or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code is permitted to provide psychological health care services via telehealth.... (b)(3)(E) The provision of telehealth services is within the scope of competency of a psychology trainee or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code who provides psychological health care services under the supervision of the licensee.” We realize that the current language of subparagraph (b)(3)(E) could be interpreted as allowing trainees to continue to provide telehealth services. However, given the importance of this issue, we believe that the regulation should clearly and specifically authorize trainees to use telehealth as a mode of service delivery.

Continuing to allow trainees to provide services via telehealth is crucial in order to maintain opportunities for gaining supervised experience, to provide access to and continuity of care for clients, and to promote workforce development, especially during the COVID epidemic.

In conclusion, I am seriously concerned that the proposed regulations would disrupt continuity of care and decrease access to care at a time when the mental health needs have skyrocketed based on the global trauma of this pandemic; the use of telehealth has increased dramatically nationwide as a result. I am also concerned that the proposed regulations could severely impact trainees and their clients.

I urge you to address these concerns before finalizing these proposed regulations.

Sincerely,

Paige Leopold, Ph.D.
Licensed Clinical Psychologist
Secretary, Contra Costa Psychological Association



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From: [Jane Weisbin](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed regulatory action
Date: Wednesday, August 19, 2020 4:12:14 PM

[EXTERNAL]: [REDACTED]

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I very much applaud the Board's action in proposing the expansion of our ability to provide care, especially in a lock-down situation. We would all like to be able to continue to care for our patients who have sheltered in place with family in other states, who have returned to school in other states, and who are sheltering here though may be legal residents of another state. Thank you so much.

Jane Weisbin, PsyD
[REDACTED]

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From: [Leonard Matheson](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA); Jeffrey.Thomas@dca.ca.gov
Subject: Proposed Telehealth Regulations
Date: Friday, September 25, 2020 2:53:39 PM

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Dear Jason and Jeffrey,

The proposed wording is unnecessarily professionally restrictive and therapeutically counterproductive, for three reasons.

First, the proposed wording does not reflect the importance of established psychotherapeutic relationships, nor collaborative relationships on an interdisciplinary team basis when California licensees move about the country, as academic faculty members, research project officers, and for other reasons must establish residency in another state. For example, a psychologist licensed in California moves to another state that requires residency in order to be licensed, thereby becomes licensed in that state and begins to practice. After a few years, the psychologist moves back to California, having arranged for transfer of clients' primary care to psychologists and other healthcare providers in that state. From time to time, a client who has been residing in the state from which the California licensee recently moved requires assistance and/or consultation that the psychologist in the client's state welcomes and recommends, recognizing the utility of the California licensee's expertise and the previously established and useful psychotherapeutic relationship. The proposed language would prohibit providing such services even though there is no indication that this would be anything other than in the best interest of the client, and without consideration for the California licensee's ongoing licensure in the state from which the California licensee has moved.

Second, the proposed wording also does not address the issue of permanent dislocation of victims from California disasters such as the Camp Fire. Many people in Butte County relocated to other states without clarity as to whether or not this would be a case of a person who "is temporarily located outside of the state". The temporary nature of dislocation is only able to be determined in retrospect, based on factors outside of the client's control or ability to anticipate. Is the client's statement that, "I hope to be able to return from Nevada to Paradise someday" an indication of residency in Nevada or temporary dislocation from California? It is impossible to tell; a practical problem faced by many dislocated people who require psychological services from practitioners in California.

Third, the proposed wording does not address the provision of family therapy services on a telehealth basis when members of the family are located in different states. This occurs even without the catastrophic dislocations that have taken place in the last few years, which have accelerated family separations involving residencies in other states. One of the real advantages of telehealth services is in reuniting family members and reestablishing communication. The proposed wording does not allow this.

In order to address these shortcomings of the proposed wording, I would like to propose that the following be added:

A licensee also is permitted to provide psychological health care services via telehealth to a client who is a resident of another state, subject to the laws and regulations of the other state where either the licensee or the client is located.

This would have the effect of maintaining public safety through licensing in any state in which either the client resides or the California licensee is also licensed. It would be incumbent on the California licensee to confirm that temporary services, up to a certain number of days per year, are permitted by the state in which the client is residing.

Thank you very much for considering my suggestion.

Best regards,

Leonard N Matheson, PhD
California License PSY 9294

[REDACTED]

[REDACTED]

[REDACTED]



"To recognize and develop the value in each of us."

From: [Devon Berkheiser](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed Telehealth Regulations
Date: Friday, September 25, 2020 11:58:04 AM

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Mr. Glasspiegel,

I am writing to express concern about some of the language in the proposed telehealth regulation. I am specifically referring to the proposed addition of Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the CA Code of Regulations, which proposes to restrict licensees to provide services to "residents" of California.

I work in a college counseling center (San Diego State University), which at times means that I serve students who are NOT residents of California, except temporarily when they are enrolled in the university. Their permanent homes may be in other states, and even other countries. Some of those students are choosing to remain in their permanent homes in other states with their families during the pandemic, for a variety of reasons including their own physical safety, the need to care for family members, and financial considerations. This new proposed language could prevent me from providing mental health services to them, even though they are paying for those services as part of their tuition and fees.

It seems like this language should include an exception for students who are enrolled in a university in California but are temporarily living elsewhere due to the global pandemic.

Let me be very clear.... limiting access to mental health services during a global pandemic is unwise, dangerous, and just plain cruel. We should be doing everything in our power to expand access to affordable mental health care, now more than ever.

I will assume that the proposed language suggesting an overly narrow definition of a "resident" was just an oversight. I hope that the Board will consider the unintended effects of this proposed language, and will do everything in its power to ensure that licensees are allowed to continue providing care to those communities whom they have already been serving in their line of duty.

Devon Berkheiser, Psy.D.

She/Her/Hers

Counseling & Psychological Services

San Diego State University



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From: [Diane Harnish](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed Telehealth Regulations
Date: Friday, September 25, 2020 11:41:38 AM

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I am writing to express my concern about the focus on the term “resident” in the proposed regulations. I believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California.

Subdivision (a) currently states: “A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.”

This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a “resident” of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. We see no compelling reason for limiting interjurisdictional services to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, we firmly believe that residency should have no bearing on access to telehealth services, and we certainly do not think psychologists should be required to determine the residency status of their clients.

Thank you.

Diane

From: [Carl H. Shubs, Ph.D.](#)
To: Glasspiegel_Jason@DCA
Subject: Proposed Telehealth Regulations
Date: Friday, September 25, 2020 10:03:57 AM

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

I agree with the concerns expressed in CPA's September 22, 2020, letter of comments concerning the Proposed Regulations on the Standards of Practice for Telehealth. I urge you to follow their recommendations.

Sincerely,
Carl H. Shubs, Ph.D.

Carl H. Shubs, Ph.D.

[REDACTED]

- Individual Psychotherapy (adults, adolescents, children)
 - Couples Psychotherapy
 - Case Consultation
 - Trauma/PTSD • Victims of Violent Crime
 - Addictions (behaviors & substances) • Gay/Lesbian/Bisexual Issues
 - Relationships • Mind/Body
- Books published
- Traumatic Experiences of Normal Development (available via Amazon)
- Honors
- Award for Outstanding Practice, 2020, by The American Psychological Association (Division 56 – Trauma Psychology)

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From: [Kirk Schneider](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Proposed Telehealth Regulations
Date: Sunday, September 27, 2020 9:16:31 PM

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Dear Jason Glass,

I am concerned that the proposed telehealth regulations do not account for the many gaps that would be created when clients move temporarily or are not permanent residents in the State of CA. I support the CPA's comments in this regard.

Respectfully submitted,

Kirk Schneider, Ph.D.

Licensed psychologist, CA

--

Kirk Schneider, Ph.D., President of the Existential-Humanistic Institute: ehinstitute.org; Candidate for President of the APA <https://bit.ly/33szqrQ>; Adjunct Faculty, Saybrook University and Teachers College, Columbia University.

Visit kirkjschneider.com; <https://twitter.com/kschneider56>

Latest books: The Depolarizing of America: A Guidebook for Social Healing <https://bit.ly/2NhHiTv>; The Spirituality of Awe: Challenges to the Robotic Revolution Revised <https://bit.ly/2U81Csz>; The Polarized Mind <https://amzn.to/2L7ROVU>; Existential-Humanistic Therapy <http://amzn.to/2BScgxm>

From: [Christine Baser](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Re: BOP guidelines for telehealth
Date: Tuesday, September 29, 2020 6:35:38 PM
Attachments: [image002.png](#)
[image003.png](#)

[EXTERNAL]: [REDACTED]

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Hello Mr. Glasspiegel:

Thanks for your response to my email and request for clarification. Yes, I was commenting on the proposed telehealth regulatory package. As I understand it, the language of the regulations could be interpreted to exclude students and trainees from providing telehealth. It may not have been intended as such, but a possible exclusion of unlicensed providers, which would include students and trainees, would greatly impact clinical training. As a member of the California Psychological Association I received information about the proposed regulations in an email. It is my concern that language in the regulations be changed to specifically include students/interns/trainees as being able to provide telehealth services. Just trying to make sure this point is not misconstrued and students are not overlooked. Thank you for your consideration.

Christine A. Baser, R.N., Ph.D.

Licensed Psychologist
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Glasspiegel, Jason@DCA <Jason.Glasspiegel@dca.ca.gov>

Sent: Friday, September 25, 2020 1:26 PM

To: Christine Baser <[REDACTED]>

Subject: RE: BOP guidelines for telehealth

Hello Dr. Baser,

I am not sure if you are submitting comment on our telehealth regulatory package or just general feedback regarding your thoughts on telehealth in general.

[REDACTED]

Thank you,



Jason Glasspiegel
Central Services Manager

(916) 574-7137 Direct
(916) 574-8672 Fax
jason.glasspiegel@dca.ca.gov



From: Christine Baser <[REDACTED]>
Sent: Friday, September 25, 2020 12:32 PM
To: Glasspiegel, Jason@DCA <Jason.Glasspiegel@dca.ca.gov>
Subject: BOP guidelines for telehealth

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel:

I am a California licensed psychologist (PSY9695) and am providing telehealth services during the pandemic. I have a registered psychological assistant and she is also providing telehealth services. All graduate students, pre-doc and post-doc interns, and psychological assistants need the capacity to provide mental health services via telehealth. If these supervised, but unlicensed, individuals are not included in the mix of providers who can use telehealth, then their training and education essentially stops. As long as the trainee is supervised, **the platform of telehealth should not be restricted to licensed providers only.**

Thank you for your consideration.

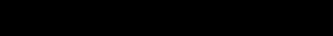
Sincerely,

Christine A. Baser, R.N., Ph.D.

Licensed Psychologist



From: [Michael Jacques](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Re: Proposed language for §1396.8. Standards of Practice for Telehealth Services
Date: Monday, September 28, 2020 3:15:08 PM

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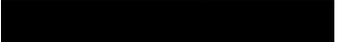
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Dear Mr. Glasspiegel,

I am a recent psychologist licensee in CA, having relocated here from MA in 2019. I practiced in MA beginning in 1991 and founded and managed the largest private behavioral health group practice in the state at that time. As I look forward to continuing my professional career in CA in a time of global pandemic when access to behavioral health care is needed at least as much if not more than before, CA's actions to allow for and support consumers' ability to access care via Telehealth has been a model of caring and responsibility.

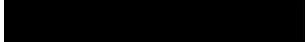
I am in agreement with the two suggested changes to the proposed regulations made by the California Psychological Association in its letter of September 22, 2020: that residential status not be a requirement for receipt of Telehealth services, and that trainees/supervisees be explicitly included consistently and without confusion, as providers of Telehealth services under proper supervision.

Thank you for your consideration.

Michael F. Jacques, Ph.D.


CA License #: PSY31817

From: [Kendra Nickerson](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Re: Proposed Regulations on the Standards of Practice for Telehealth
Date: Monday, September 28, 2020 12:19:50 PM
Attachments: [image001.png](#)

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Re: Proposed Regulations on the Standards of Practice for Telehealth

Members of the Board of Psychology:

Thank for addressing telehealth services and giving clarity to the provision of these services in the current Proposed Regulations on the Standards of Practice for Telehealth. There are several concerns I have with how the proposal is currently written and how it would impact the ability of college and university counseling centers to serve our student clients during times of crisis or quarantine, and in the future as therapy over electronic means evolves.

Specifically, 1) the current language appears to restrict access to interjurisdictional telehealth services and 2) does not clearly allow for the provision of telehealth services by students and trainees.

1. Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment."

This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others.

Here are several scenarios of potential negative impacts of the proposed regulations as I can see impacting students at my university as well as others:

- A college student moves from Washington state to California to go to MSMU. The student maintains residency in Washington where they live with their parents over the summer. The student has been seeing a therapist at Counseling and Psychological Services at MSMU and goes home for the summer or quarantine. The client would like to continue treatment via telehealth while in Washington, but this is not possible because she is not a resident of California.
- This same student could also not be seen over telehealth if they go on study abroad or College sharing program outside of California, because

they are not a California resident.

- An international student is being seen at Counseling and Psychological Services and has to go home due to illness, but cannot continue working with their therapist because they are not a “resident of California.”
- An undocumented immigrant or DACA student seeks telehealth treatment with a psychologist at Counseling and Psychological Service at MSMU. The psychologist asks about the client’s residency status and the client is reluctant to provide any information. The client fears that seeking treatment may be risky and does not return for a second appointment.

These problems could be avoided by modifying subdivision (a) to remove the references to residency status. In addition, “other state” should be changed to “other jurisdiction” to allow for services when the client in another country, as in the example in the third bullet point above.

2. The text of the proposed regulation states in the first sentence that a “licensee” is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth.

The main problem with the proposed language is in subdivision (a). According to the Regulation Notice: “Subdivision (a) states that *licensed California psychologists, registrants, and psychology trainees* may provide psychological health care services via telehealth...” However, this is inconsistent with the *actual* language of the proposed regulation, which states in subdivision (a): “A licensee is permitted to provide psychological health care services via telehealth...”

This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees.

- Without this clarification, if supervised trainees were not allowed to provide therapy by Telehealth, then the practicums, internship and postdoctoral fellowships that are currently occurring would not be allowed to permit their trainees to gain hour or experience.
- Often the underserved populations in California are served by sites that utilize interns etc. to help provide services to those that cannot afford private practice psychotherapists. Changing the wording would ensure access to care for the underserved, which is a matter of social justice.

Thank you for your time in considering my concerns,

Sincerely,

Kendra Nickerson, PhD

Kendra Nickerson, PhD (she/her/hers)

Associate Director/Training Director

Counseling and Psychological Services | Division of Student Affairs

Mount Saint Mary's University





If you are in psychological crisis and need to speak to someone immediately, please call our 24/7 MSMU Crisis Line to speak to a counselor at 310.954.4CPS

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From: [Sarah Burdge](#)
To: Glasspiegel_Jason@DCA
Subject: Re: Teletherapy guidelines
Date: Tuesday, September 29, 2020 2:17:58 PM
Attachments: [image002.png](#)
[image003.png](#)

[EXTERNAL]: [REDACTED]

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Hi, Thanks for your quick response. It is in response to the current regulations under review that speak to provision of services by licensed professionals. I just want to advocate that unlicensed clinicians can also provide services with proper training and supervision. Thanks!

On Tue, Sep 29, 2020 at 10:04 AM Glasspiegel, Jason@DCA <Jason.Glasspiegel@dca.ca.gov> wrote:

Hi Dr. Burdge,

Thank you for your email. May I ask if this is in relation to the telehealth regulations that the Board currently has noticed, or just general commentary? It was not clear from your email.

Thank you,



Jason Glasspiegel

Central Services Manager

(916) 574-7137 Direct

(916) 574-8672 Fax

jason.glasspiegel@dca.ca.gov



From: Sarah Burdge [REDACTED]

Sent: Tuesday, September 29, 2020 9:55 AM
To: Glasspiegel, Jason@DCA <Jason.Glasspiegel@dca.ca.gov>
Subject: Teletherapy guidelines

[EXTERNAL]: [REDACTED]

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Dear Jason, I am the Clinical Director of Adolescent Counseling Service in Redwood City. We are a non-profit that provides mental health services to thousands of adolescents in San Mateo and Santa Clara County. All of our services are provided by clinicians in training; either as pre-degree MFT or PHD students or as post-degree fellows or interns. At the moment, due to COVID safety concerns, all our our services are provided via TeleTherapy. All of our interns are adequately training on the provision of services for minors via TeleTherapy.

PLEASE ENSURE THAT ANY NEW LEGISLATION RELATED TO TELETHERAPY SERVICES CONTINUE TO ALLOW OUR UN-LICENSED STAFF TO PROVIDE SERVICES TO THE VULNERABLE YOUTH IN OUR COMMUNITIES.

--

Sarah Burdge, PhD, Licensed Psychologist
Pronouns: She/Her/Hers

Clinical Director

Adolescent Counseling Service

45 Years of Life-saving Support Services

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

--

Sarah Burdge, PhD, Licensed Psychologist

Pronouns: She/Her/Hers

Clinical Director

Adolescent Counseling Service

45 Years of Life-saving Support Services



From: [Alice LoCicero](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Relevant to Section 1396.8 to Title 16 of the California Code of Regulations
Date: Monday, September 28, 2020 12:59:54 PM

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

As California licensed psychologist and a Board Certified Clinical Psychologist I would like to comment on the proposed section. First I want to thank the board for taking on this topic and providing guidance, which is much needed. I am especially grateful for the clarification that for patients' temporary trips out of state--such as happens from time to time--the therapist may continue to be available, subject to the rules of that state's rules.

Some suggested additions:

1. The section does not seem to make any reference to trainees working under supervision
2. The section does not mention the importance of telehealth in situations of mass disasters, pandemics, and/or other large scale conditions that make traveling to offices difficult or impossible.
3. The section does not mention the specific needs of therapists who may--for example--have temporary mobility problems, or be at high risk of illness, and may themselves be unable to provide in person therapy for a period of time, but who determine that for continuity of care it is in the interest of some patients to have the option of seeing them via telehealth.

Thank you.

Alice LoCicero

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Alice LoCicero, Ph.D.

Board Certified Clinical Psychologist

Clinical Faculty, The Wright Institute

President-elect, Alameda County Psychological Association

“You have to act as if it were possible to radically transform the world. And you have to do it all the time.” - Angela Davis

From: [Cheryl Arutt Psy.D.](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: support for adding Section 1396.8 to Title 16 of the California Code of Regulations
Date: Tuesday, August 18, 2020 4:18:04 PM

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I think adding Section 1396.8 to Title 16 of the California Code of Regulations is an excellent idea. It is good for patients and for psychologists, and will help people access appropriate care when they need it.

Sincerely,
Cheryl Arutt, Psy.D.
Clinical and Forensic Psychologist

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From: [Karen Schwarz](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Support in favor of Proposed Regulation in the Standards of Practice for Telehealth
Date: Friday, September 25, 2020 11:25:46 AM

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25 September 2020

Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834
Sent by email to jason.glasspiegel@dca.ca.gov

Re: Proposed Regulations on the Standards of Practice for Telehealth Members of the Board of Psychology

Dear Board of Psychology Members:

I have been a practicing psychologist in California since 2000. I am grateful for the Board of Psychology's (BOP) work in developing new standards of practice for the provision of psychological services via telehealth. Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. Individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas will particularly benefit from robust access to telehealth services. Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal. I heartily support and encourage your efforts.

I do have a concern about the potential implications of some of the language used in the current proposal. Specifically, the current language appears to restrict access to interjurisdictional telehealth services. I respectfully offer the following comments and suggested changes for your consideration, and I urge you to modify the regulations to address this concern. The proposed regulation uses the term "resident" and I am afraid that the use of this term will result in a restriction of access to interjurisdictional telehealth services. It would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California. Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or

limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.” This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a “resident” of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. I see no compelling reason for limiting interjurisdictional services to residents of California. I believe that such a limitation would be potentially harmful and discriminatory. As legal residency has no bearing on the provision of in-person services, I don’t think that residency should have any bearing on access to telehealth services. Also, I do not think psychologists should be put in the position of having to determine the residency status of their clients.

According to my research, no other state has implemented laws or regulations that consider the legal residency status of clients in determining the appropriateness of telehealth services. Typically, rules regarding interjurisdictional telehealth are based on the physical locations of the psychologist and the client when services are provided. For example, as of today, if a psychologist in Los Angeles and wants to provide a telehealth psychotherapy session to a client in Boston, the psychologist should be licensed or legally authorized to practice in both California and Massachusetts. Several examples of potential negative impacts of the proposed regulations include the following:

- A college student moves from Colorado to California to go to UCLA. The student maintains residency in Colorado. The student has been seeing a psychologist in California for 9 months for anxiety while at UCLA and goes home for the summer. The patient would like to continue treatment via telehealth while in Colorado, but this is not possible because she is not a resident of California.
- A Silicon Valley employee is a citizen of India and has been working in California for two years on an H1-B visa. He is being treated by a psychologist for depression for the past year. The patient must go home to India for several weeks to visit his ailing father and would like to continue treatment via telehealth while in India, but this is not possible because he is not a resident of California.
- An undocumented immigrant in Fresno seeks treatment with a psychologist at a clinic in California for PTSD. The psychologist asks about the patient’s residency status and the patient is reluctant to provide any information. The patient fears that seeking treatment may be risky and does not return for a second appointment.
- A Black woman living in another state whose son has been killed is suffering from PTSD. She has heard of a prominent Black, female psychologist who teaches at USC and is an expert in treating PTSD. She would like to be treated by the USC psychologist via telehealth but would not be able to access services because she is not a California resident, even if the laws in her own state would allow the psychologist to provide such services under lenient temporary practice provisions.
- A current patient being treated for Impulse Control Disorder is forced to move out of California because of a COVID related job loss. She wants to continue in treatment with

her current provider, and is hesitant to start over again with a new psychologist. She worries that she will resume her old pattern of destructive acting out behaviors. Because she is of moving out of state, however, she will have no choice but to change providers.

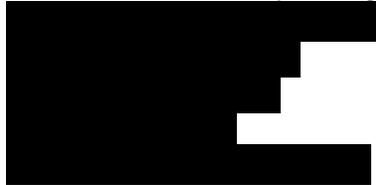
All of these problems could be avoided by modifying your subdivision (a) to remove the references to residency status. In addition, "other state" should be changed to "other jurisdiction" to allow for services when the client is in another country.

Thank you for your work on this important issue, especially now during the COVID epidemic.

Sincerely,

Karen A. Schwarz, Ph.D.

Karen A. Schwarz, Ph.D.
Licensed Clinical Psychologist



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From: [Marlene Maheu](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Telehealth Proposal Comments
Date: Saturday, September 26, 2020 10:26:49 PM

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Dr. Glasspiegel,

We thank you and the board for your efforts to support telehealth in California. We at the Telebehavioral Health Institute take your actions very seriously as they have the potential of impacting not only thousands of psychologists but millions of California residents. To support your efforts, we published a blog last month, when you first issued your announcement: <https://telehealth.org/blog/california-telehealth-regulation/> That page has since received several thousand visitors. We are proud to do our part to get out any of your future decisions as well. Please add us to your mailing list: news@telehealth.org

As for comments of our own, we applaud much of your proposal and have a few concerns as well. First, we are alarmed to see your definition of telehealth being limited to people in remote areas, have mobility problems, or those seeking help in between in-person sessions. As has been made apparent by COVID, almost everyone can benefit from telehealth, regardless of their location or capacity. The [literature in this area](#) is replete with examples from every corner of the globe supporting telehealth for all people in all settings, provided they are safe. More specifically:

- Why not allow the depressed mother of five who cannot afford childcare to benefit from care when she lives in downtown San Diego?
- Why not allow the adult caregiver of a dementia patient the availability of a psychologist because he cannot leave home without the burden of finding a replacement caregiver for his angry, acting out parent? Most professional home health caregivers require a minimum of 4 hours of payment (\$100) per shift.
- Why not allow disenfranchised students, parents, grandparents, community leaders from accessing psychological care from the comfort and privacy of their homes?

As can be seen with COVID times, many people simply prefer telehealth. Study after study has clearly shown that when conducted by a professional who has learned the required competencies and a proposer screening has been conducted, telehealth can be just as effective as in-person care. (Download a free copy of telebehavioral health competencies: [An Interprofessional Framework for Telebehavioral Health Competencies.](#))

Secondly, especially viewed from the lens of COVID, the statement of not having an impact on jobs is incorrect. There are many professionals who are currently unable to go to the office but are able to work through telehealth. COVID has allowed them to continue delivering services and thereby keep their jobs w-- and serve the needs of an increasingly distraught community. In non-COVID times, many professionals who may have retired could be allowed to work from the comfort and ease of their home. By working from home, where their brick-and-mortar office expense is eliminated, or from another home in another

state, many professionals could extend their working years to stay connected to the people who have come to rely on them through the years if they desire. Likewise, the young mom, the spouse of a disabled adult, the caregiver of an aging parent, --all these professionals could extend their work hours and availability to citizens of CA if you allow those who choose to use telehealth do so freely, without defining who can and cannot.

Furthermore, if telehealth was to be allowed by professionals without definitional restrictions by the board, it is reasonable to assume that job expansion will ensue. After all, Silicon Valley is here on CA soil. There are many jobs for psychologists in technology if only the profession would get out of its own way and untie a psychologist's hands. We encourage you to remove undue restrictions and go a step further, actively encourage psychologists to be leaders with technology, and set the pace for other behavioral professions. Let them practice as only they can to improve human welfare, as long as they follow basic laws and work within the confines of our ethics code.

Third, the issue of providing services to people who are in CA but not legal residents of CA is unclear in your writing:

It is necessary to establish a residency requirement because California law governs the provision of services by California licensees to Californians. Business and Professions Code section 2290.5 could conceivably cover the provision of telehealth services to nonresidents, but the Board believes that the proper scope and focus of services should be California residents.

Why? If people are in CA and want help from a CA physician, they will not be denied care. Why must psychology deny care to everyone on CA soil? Whatever precedent exists, it is time it is changed. In 2020 and beyond, people cannot be expected to go back home to get help.

Fourth, for obvious reasons, this statement also needs to be reviewed in light of COVID.

This regulatory proposal does not affect worker safety because the proposed regulations are not relative to workers' safety.

Fifth, the issue of technologies or equipment is not addressed as fully as it could. We would suggest that you make it clear to licensees that whatever platform they use, it must allow them to conduct a full assessment and informed consent process that is on par with in-person care. Text-messaging platforms, for example, do neither. Telling professionals that they must assure privacy and protect confidentiality is too vague. Most psychologists have no idea what that means when it comes to using a cell phone for texting, or storing info on iCloud, or recording their video sessions.

Sixth, we at TBHI are also concerned that the BOP unnecessarily restricts services by students and trainees. They could be allowed the same freedoms as allowed with in-person care. Training materials are available specifically for them to learn telehealth under proper supervision: https://www.amazon.com/Telebehavioral-Health-Foundations-Practice-Graduate/dp/1516530594/ref=sr_1_1?dchild=1&keywords=maheu%2C+telebehavioral&qid=1601183371&sr=8-1

Furthermore, the board is invited to consider the repercussions of restricting telehealth for learners. Your decisions can have a significant impact on our education and training community. They could prevent students and trainees from an essential skill-set that they undoubtedly will need in their futures as psychologists. BOP is encouraged to consider the fact that psychology is a shrinking profession when compared to social work and counseling. For projections, please visit the US Bureau of Labor Statistics to see that none of the behavioral professions are projected to be in the fastest growing areas of healthcare: <https://www.bls.gov/ooh/healthcare/home.htm>

Perhaps more importantly for psychologists, we may all want to stop for a moment to consider the role of psychology in the workforce between now and 2026 before putting any of our best and brightest at a workforce disadvantage when compared to counselors and social workers, who are embracing telehealth wholeheartedly.

See Chart 5. Most new jobs - Graduate degree

<https://www.bls.gov/careeroutlook/2017/article/occupational-projections-charts.htm>

Thank you for allowing us to give our input. Our fate and those of the people that we serve are in your hands as we move forward in this increasingly technological world.

Best Regards,

Marlene

Marlene M. Maheu, Ph.D.



Executive Director
TBH Consultation, Staffing & Credentialing



From: [Gary Yontef](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: Telehealth regulations
Date: Friday, September 25, 2020 3:34:16 PM

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Dear Mr. Glasspiegel:

I want to register my support for the well articulated comments by the California Psychological Association on the proposed regulation of Telehealth services.

I think the resident requirement should be eliminated! It is an unnecessary and undesirable complication.

Sincerely,

Gary Yontef

Gary M. Yontef, Ph.D., ABPP



From: [Han Amanda](#)
To: [Glasspiegel, Jason@DCA](mailto:Glasspiegel.Jason@DCA)
Subject: telehealth
Date: Friday, September 25, 2020 8:08:21 PM

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Hi Jason,

It came to my attention that the current language in the proposed regulations on the standards of practice for telehealth potentially limits access for some California consumers, during the outbreak of COVID.

Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a **resident of California** who is temporarily located outside of this State, subject to the laws and regulations of another state where either the licensee or the client is located.

The term "resident" in the proposed regulations is likely to result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California.

Here are some suggested edits for your consideration:

"A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is located outside of this State, subject to the laws and regulations of the other jurisdiction where either the licensee or the client is located.

Thank you for your consideration.

--

Amanda Han, Psy.D.
Clinical Psychologist (PSY 20782)

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From: [Margia Corner](#)
To: [Glasspiegel, Jason@DCA](#); [Jeffrey.Thomas@dca.ca.gov](#)
Cc: [Genie Kim](#); [Brad Buchman](#); [Sarah Huchel](#)
Subject: University of California Comments to Board of Psychology Proposed Regulations for Standards of Practice for Telehealth
Date: Tuesday, September 29, 2020 4:53:13 PM
Attachments: [UC Letter to BOP Re Proposed Regulations Telehealth.pdf](#)

[EXTERNAL]: [REDACTED]

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Jason and Jeffrey:

Please find attached comments on behalf of the University of California regarding the Board of Psychology's Proposed Regulations for Standards of Practice for Telehealth.

Thank you for your consideration.

Best,
Margia

Margia Corner

Principal Counsel, Health Affairs & Technology Law
University of California, Office of the General Counsel

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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OFFICE OF THE PRESIDENT
1111 Franklin Street, 11th Floor
Oakland, California 94607-5200

September 29, 2020

California Board of Psychology
California Department of Consumer Affairs
Attn: Jason Glasspiegel
1625 North Market Blvd., Suite N215
Sacramento, CA 95834
Jason.Glasspiegel@dca.ca.gov
Jeffrey.Thomas@dca.ca.gov

VIA ELECTRONICAL MAIL

Re: Comments to Proposed Regulations for Standards of Practice for Telehealth

To Members of the Board of Psychology:

I am the University of California Office of the President systemwide Director of Student Mental Health & Well-Being in the division of Graduate, Undergraduate and Equity Affairs. Although I do not practice as a psychologist, I work closely and collaboratively with the University of California Counseling and Psychological Services Directors to help them obtain adequate resources and support to provide high-quality services to more than 250,000 students across the University.

I am writing on behalf of the University Counseling Center psychologists and psychology trainees who are dedicated to meeting the needs of our university students, whether those students are on campus here in California or are temporarily located out of the state while the University offers remote instruction during the COVID-19 public health emergency or during breaks between academic sessions. University Counseling Center psychologists and trainees have undergone training to meet standards of care and ensure the necessary competency to offer telebehavioral health services. They are uniquely qualified to address the challenges our students face, as they have the most in-depth knowledge of the available resources and paths for advocacy for their clients to access those resources within their own educational institutions.

University Counseling Center psychologists and trainees stand ready, willing and able to continue to provide psychological services via telehealth when clinically appropriate for the student. The COVID-19 public health emergency has highlighted, and likely exacerbated, the significant nationwide shortage of providers of mental health services for students at all levels. Being able to offer psychological services via telehealth is an important step to helping improve access to psychological services, especially for those clients who are located in areas where services are scarce.

For these reasons, the University generally supports the Board's proposed standards to permit licensees and trainees to provide psychological services via telehealth. The University understands that the Board intends its regulation to address four types of telehealth interactions: (1) a California licensee providing telehealth services to clients located in California; (2) a California licensee providing telehealth services to clients who are California residents, but who are temporarily located out of state, to the extent permitted by the laws of the other state; (3) a California licensee located out of state providing services to

clients who are located in California, to the extent permitted by the laws of the other state; and (4) a California licensee located out of state providing services to clients who are California residents, but who are temporarily located out of state, to the extent permitted by the laws of the other state.

We appreciate that the proposed definition of “resident” for purposes of this regulation is intended to capture both clients who are domiciled in California, but are outside the state for reasons such as school, vacation or business travel or who reside in another state for some portion of the year, as well as clients who reside in California but who are domiciled in another state, such as students who live in California during the academic school year but may return to their home states during breaks.

However, we suggest clarifying the definition of “resident” in the regulatory text to expressly include both students who reside in California during the academic school year and return home to other states during school breaks, as well as students who are newly enrolled in an institution of higher education in California and would be residing in California for purposes of their education, but who are learning remotely during the COVID-19 public health emergency. For example, the proposed regulation could be revised as follows (proposed new text in blue):

§1396.8. Standards of Practice for Telehealth Services

(a) [...]

(1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, **including a student who is enrolled in an institution of higher education in California but is not yet present in California**, or who is domiciled in California.

The University recognizes that the Board cannot make any statements regarding the actions of other state boards or their governing laws and regulations. However, the University is concerned that the proposed language in subdivisions (a), (b)(6) and (c) — providing that a licensee could be disciplined *in California* solely on the basis of interstate telehealth practice that does not comply with another state’s law or regulations — creates ambiguity that could discourage California licensees from providing telehealth services to the extent permitted by another state’s laws and could *create, rather than eliminate*, a significant barrier to affordable, safe services furnished via telehealth. Our clinicians and trainees understand that in order to provide psychological services to a client located in another state, they must comply with all applicable laws and regulations, including any licensure or registration requirements, of that state and that failure to do so could result in disciplinary action by that state’s board.

The University therefore respectfully requests that the Board strike the following language from the proposed regulatory text (as shown below):

§1396.8. Standards of Practice for Telehealth Services

(a) A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located outside of this State, ~~subject to the laws and regulations of the other state where either the licensee or the client is located.~~

[...]

(b) [...]

(6) The licensee complies with all other provisions of the Psychology Licensing Law and its attendant regulations and all other applicable provisions of law and standards of care in this state ~~and the other state, if any, where either the licensee or the client is located.~~

(c) Failure to comply with these regulations ~~or the laws and regulations relating to telehealth of the other state, if any, where either the licensee or the client is located~~ constitutes unprofessional conduct.

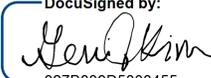
The revision to the proposed language in subdivision (b)(6) still ensures that the Board may impose disciplinary action on California licensees for services furnished via telehealth that is otherwise inconsistent with the applicable standard of care, Board regulations, or professional standards of ethical conduct. California Business & Professions Code Section 2960.6 also already provides that the Board may take disciplinary action against a licensee based on disciplinary actions taken by a board in another state. In addition, the Board could clearly state in the Final Statement of Reasons for the regulations, or in subsequent guidance to licensees, that providing services via telehealth does not release licensees from their other legal and ethical responsibilities in their practice of psychology, including their responsibility to understand and comply with any applicable laws and regulations of another state where either the licensee or the client is located.

Finally, to the extent that the Board is concerned that licensees must be reminded that they must comply with other state laws and regulations when either the licensee or the client is located out-of-state, the Board could do so without making licensees subject to discipline *in California* solely based on non-compliance with other state laws, such as by adding the following:

(d) Nothing in this section is intended to modify or supersede any applicable laws and regulations of any other state in which either the licensee or the client is located.

Thank you for your consideration of these comments. If you have any questions or would like to discuss these further, please feel free to contact Sarah Huchel, Director of State Government Relations, at Sarah.Huchel@ucop.edu or me directly at Genie.Kim@ucop.edu.

Sincerely,

DocuSigned by:

027B839D5808455...
Genie Kim, MPP DSW

Director of Student Mental Health & Well-being
Graduate, Undergraduate and Equity Affairs
University of California, Office of the President

Glasspiegel, Jason@DCA

From: Marybeth Viglione [REDACTED]
Sent: Friday, October 2, 2020 10:36 AM
To: Glasspiegel, Jason@DCA
Subject: Re: Proposed Regulations on the Standards of Practice for Telehealth

[EXTERNAL]: [REDACTED]

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Dear Mr. Glasspiegel,

I am a California-licensed psychologist. In response to the public health crisis posed by the coronavirus, I transitioned to telehealth in mid-March in order to continue treating clients. At that time, no one could have foreseen the trajectory of this disease and its widespread impact. It is unlikely I will be able to transition back to in-person sessions for the foreseeable future. Thus, it is critical that I continue to see my clients via telehealth, for their safety and my safety. The proposed regulations on the Standards of Practice for Telehealth could restrict access to telehealth services. Specifically, the current language appears to prohibit clients who are not legal "residents" of California from receiving interjurisdictional telehealth services. I see no compelling reason for limiting interjurisdictional services to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, I firmly believe that residency should have no bearing on access to telehealth services, and I certainly do not think psychologists should be required to determine the residency status of their clients. As far as I know, no other state has implemented laws or regulations that consider the legal residency status of clients in determining the appropriateness of telehealth services. I urge you to take this into consideration.

Sincerely,

Marybeth Viglione, PhD

[REDACTED]

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Glasspiegel, Jason@DCA

From: Pearl Werfel [REDACTED]
Sent: Tuesday, September 29, 2020 7:43 PM
To: Glasspiegel, Jason@DCA
Subject: Telehealth Regulations

[EXTERNAL]: [REDACTED]

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Hello Mr. Glasspiegel- I want to support the concerns about proposed regulations on telehealth that the California Psychological Association has listed.

We currently live in a society that is highly mobile, especially with COVID-19. Many people in California may be here or leave temporarily due to work, educational pursuits or family.

Here are several scenarios that illustrate the risk to clients of discontinuing psychotherapy if a client needs to move;

- Temporary work assignment (one year or more) out of state for a depressed and highly anxious client
- Moving to live with family for a person either newly diagnosed with a disabling disease or if the disease progresses.
- Moving home due to a parent's prolonged illness with the client as a caregiver.
- Young person with a trauma history, moving across the country to start school
- Person with a trauma history needing to move out of California because the housing has become too expensive.

Thank you for your consideration.

Pearl B. Werfel, PhD
CA License: PSY15387

Chair, California Psychological Association CARE Program
Healthcare Provider Council, National Multiple Sclerosis Society
Lead Author: *Multiple Sclerosis: Advances in psychotherapy, evidence-based practice*

NEW ADDRESS:
[REDACTED]
[REDACTED]

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Matthew G. Holden [REDACTED]

9/25/20

Board of Psychology

1625 North Market Blvd., Suite N-215

Sacramento, CA 95834

RECEIVED

SEP 29 2020

BOARD OF PSYCHOLOGY

Re: Proposed Regulations on the Standards of Practice for Telehealth

Members of the Board of Psychology:

I am a licensed California psychologist and a member of the California Psychological Assn. (CPA) and I appreciate the Board of Psychology's (Board's) work in developing standards of practice for the provision of psychological services via telehealth. Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. Also, individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas may particularly benefit from robust access to telehealth services. Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal. However, I have serious concerns about the potential implications of some of the language in the current proposal. Specifically, the current language appears to restrict access to interjurisdictional telehealth services and does not clearly allow for the provision of telehealth services by students and trainees. I respectfully offer the following comments and suggested changes for your consideration and urge you to modify the regulations to address our concerns. 1. I share the concern of the CPA about the focus on the term "resident" in the proposed regulations, and we continue to believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California. Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment." This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. We see no compelling reason for limiting interjurisdictional services

to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, we firmly believe that residency should have no bearing on access to telehealth services, and we certainly do not think psychologists should be required to determine the residency status of their clients. As far as we know, no other state has implemented laws or regulations that consider the legal residency status of clients in determining the appropriateness of telehealth services. Typically, rules regarding interjurisdictional telehealth are based on the physical locations of the psychologist and the client when services are provided. For example, if a psychologist in Los Angeles and wants to provide a telehealth psychotherapy session to a client in Boston, the psychologist should be licensed or legally authorized to practice in both California and Massachusetts. Here are several scenarios of potential negative impacts of the proposed regulations:

- A college student moves from Colorado to California to go to UCLA. The student maintains residency in Colorado. The student has been seeing a psychologist in California for 9 months for anxiety while at UCLA and goes home for the summer. The client would like to continue treatment via telehealth while in Colorado, but this is not possible because she is not a resident of California.
- A Silicon Valley employee is a citizen of India and has been working in California for two years on an H1-B visa. He is being treated by a psychologist for depression for the past year. The client must go home to India for several weeks to visit his ailing father and would like to continue treatment via telehealth while in India, but this is not possible because he is not a resident of California.
- An undocumented immigrant in Fresno seeks treatment with a psychologist at a clinic in California for PTSD. The psychologist asks about the client's residency status and the client is reluctant to provide any information. The client fears that seeking treatment may be risky and does not return for a second appointment.
- A Black woman living in another state whose son has been killed is suffering from PTSD. She has heard of a prominent Black, female psychologist who teaches at USC and is an expert in treating PTSD. She would like to be treated by the USC psychologist via telehealth but would not be able to access services because she is not a California resident, even if the laws in her own state would allow the psychologist to provide such services under lenient temporary practice provisions.

These problems could be avoided by modifying subdivision (a) to remove the references to residency status. In addition, "other state" should be changed to "other jurisdiction" to allow for services when the client in another country, as in the example in the second bullet point above. Here are some suggested edits for your consideration: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located 3 outside of this State, subject to the laws and regulations of the other state jurisdiction where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment." 2. The text of the proposed regulation states in the first sentence that a "licensee" is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth. We do not believe it is the Board's intention to cut off trainees'

ability to provide telehealth services. The Board's Regulation Notice and Statement of Reasons both clearly state that the proposed regulations are intended to establish standards of practice for both licensed psychologists and trainees who provide services via telehealth. The main problem with the proposed language is in subdivision (a). According to the Regulation Notice: "Subdivision (a) states that licensed California psychologists, registrants, and psychology trainees may provide psychological health care services via telehealth..." However, this is inconsistent with the actual language of the proposed regulation, which states in subdivision (a): "A licensee is permitted to provide psychological health care services via telehealth..." This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees. For example, subdivision (a) and subparagraph (b)(3)(E) could be modified as follows: "(a) A licensee, psychology trainee, or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code is permitted to provide psychological health care services via telehealth.... (b)(3)(E) The provision of telehealth services is within the scope of competency of a psychology trainee or other supervised individual permitted to provide psychological services under Chapter 6.6, Article 1 of the Business and Professions Code who provides psychological health care services under the supervision of the licensee." We realize that the current language of subparagraph (b)(3)(E) could be interpreted as allowing trainees to continue to provide telehealth services. However, given the importance of this issue, we believe that the regulation should clearly and specifically authorize trainees to use telehealth as a mode of service delivery. Continuing to allow trainees to provide services via telehealth is crucial in order to maintain opportunities for gaining supervised experience, to provide access to and continuity of care for clients, and to promote workforce development, especially during the COVID epidemic. In conclusion, we are seriously concerned that the proposed regulations would disrupt continuity of care and decrease access to care at a time when the use of telehealth has increased dramatically nationwide as a result of COVID. We are also concerned that the proposed regulations could severely impact trainees and their clients. We urge you to address these concerns before finalizing these proposed regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Holden". The signature is fluid and cursive, with a long horizontal stroke at the end.

Matthew Holden, PhD
License PSY11197

Yellow highlight indicates changes developed by the Telepsychology Committee.
Blue highlight indicates changes developed by Board Staff in response to public comments.

Title 16. Board of Psychology

PROPOSED LANGUAGE

Proposed new language is underlined

Changes to the originally proposed language are shown with double underline for new text and double strikeout for the deleted text.

Add Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1396.8. Standards of Practice for Telehealth Services

- (a) A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee and/or the client is located, under the following circumstances:
- (1) To a client at an originating site in this State, as defined in section 2290.5 of the Code. Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California.
 - (2) To a client who has received services in California, and who is temporarily located outside of this State. Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.
 - (3) To a client who is a resident of California who is temporarily located outside of this State.
 - (4) To a client who is located in this State when a licensee is temporarily located outside of this State.
 - (5) To a client who is a resident of California who is temporarily located outside of this State, when the licensee is also temporarily located outside of this State.
 - (6) To a client who is a resident of another jurisdiction outside of this State, who is also located in another jurisdiction outside of this State, and is receiving services from a licensee within this State.
- (b) As used in this section, a licensee shall include a licensee, registrant, psychology trainee, or other supervised individual permitted to provide psychological services under the Psychology Licensing Law, beginning with section 2900 of the Code.

Yellow highlight indicates changes developed by the Telepsychology Committee.
Blue highlight indicates changes developed by Board Staff in response to public comments.

(c) The provision of psychological health care services under subdivision (a) are subject to the following conditions:

- (1) The licensee holds a valid and current license issued by the Board or is otherwise allowed to practice under this section.
- (2) The licensee obtains and documents informed consent for the provision of psychological health care services via telehealth from the client. Such consent shall cover concerns unique to the receipt of psychological health care services via telehealth, including risks to confidentiality and security, data storage policies and procedures specific to telehealth, the possibility of disruption and/or interruption of service due to technological failure, insurance coverage considerations, and other issues that the licensee can reasonably anticipate regarding the non-comparability between psychological health care services delivered in person and those delivered via telehealth.
- (3) The licensee determines that delivery of psychological health care services via telehealth is appropriate after considering at least the following factors:
 - (A) The client's diagnosis, symptoms, and medical/psychological history;
 - (B) The client's preference for receiving psychological health care services via telehealth;
 - (C) The nature of the psychological health care services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth;
 - (D) The benefits, risks, or constraints posed by the client's physical location. These include the availability of appropriate physical space for the receipt of psychological health care services via telehealth, accessibility of local emergency psychological health care services, and other considerations related to the client's diagnosis, symptoms, or condition.
 - (E) The provision of telehealth services is within the scope of competency of a psychology trainee, or other supervised individuals as specified in (b) above, who provides psychological health care services under the supervision of the licensee.
- (4) The licensee is competent to deliver such services based upon whether he or she the licensee possesses the appropriate knowledge, skills, and abilities relating to delivery of psychological health care services via telehealth, the information technology chosen for the delivery of telehealth services, and how such services might differ from those delivered in person.
- (5) The licensee takes reasonable steps to ensure that electronic data is transmitted securely, and informs the client immediately of any known data breach or unauthorized dissemination of data.

Yellow highlight indicates changes developed by the Telepsychology Committee.
Blue highlight indicates changes developed by Board Staff in response to public comments.

(6) The licensee complies with all other provisions of the Psychology Licensing Law and its attendant regulations, and all other applicable provisions of law and standards of care in this state and the other **state jurisdiction**, if any, where either the licensee or the client is located.

~~(c) Failure to comply with these regulations or the laws and regulations relating to telehealth of the other state, if any, where either the licensee or the client is located constitutes unprofessional conduct.~~

Authority: 2930 Business and Professions Code

Reference: Business and Profession Code sections 686, 2290.5, 2904.5, 2960, **2960.6**

Title 16. Board of Psychology

PROPOSED LANGUAGE

Proposed new language is underlined

Add Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1396.8. Standards of Practice for Telehealth Services

- (a) A licensee is permitted to provide psychological health care services via telehealth subject to the laws and regulations of the other state where either the licensee and/or the client is located, under the following circumstances:
- (1) To a client at an originating site in this State, as defined in section 2290.5 of the Code.
 - (2) To a client who has received services in California, and who is temporarily located outside of this State.
 - (3) To a client who is a resident of California who is temporarily located outside of this State.
 - (4) To a client who is located in this State when a licensee is temporarily located outside of this State.
 - (5) To a client who is a resident of California who is temporarily located outside of this State, when the licensee is also temporarily located outside of this State.
 - (6) To a client who is a resident of another jurisdiction outside of this State, who is also located in another jurisdiction outside of this State, and is receiving services from a licensee within this State.
- (b) As used in this section, a licensee shall include a licensee, registrant, psychology trainee, or other supervised individual permitted to provide psychological services under the Psychology Licensing Law, beginning with section 2900 of the Code.
- (c) The provision of psychological health care services under subdivision (a) are subject to the following conditions:
- (1) The licensee holds a valid and current license issued by the Board or is otherwise allowed to practice under this section.
 - (2) The licensee obtains and documents informed consent for the provision of psychological health care services via telehealth from the client. Such consent shall cover concerns unique to the receipt of psychological health care services via telehealth, including risks to confidentiality and security, data storage policies and

procedures specific to telehealth, the possibility of disruption and/or interruption of service due to technological failure, insurance coverage considerations, and other issues that the licensee can reasonably anticipate regarding the non-comparability between psychological health care services delivered in person and those delivered via telehealth.

- (3) The licensee determines that delivery of psychological health care services via telehealth is appropriate after considering at least the following factors:
 - (A) The client's diagnosis, symptoms, and medical/psychological history;
 - (B) The client's preference for receiving psychological health care services via telehealth;
 - (C) The nature of the psychological health care services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth;
 - (D) The benefits, risks, or constraints posed by the client's physical location. These include the availability of appropriate physical space for the receipt of psychological health care services via telehealth, accessibility of local emergency psychological health care services, and other considerations related to the client's diagnosis, symptoms, or condition.
 - (E) The provision of telehealth services is within the scope of competency of a psychology trainee, or other supervised individuals as specified in (b) above, who provides psychological health care services under the supervision of the licensee.
- (4) The licensee is competent to deliver such services based upon whether the licensee possesses the appropriate knowledge, skills, and abilities relating to delivery of psychological health care services via telehealth, the information technology chosen for the delivery of telehealth services, and how such services might differ from those delivered in person.
- (5) The licensee takes reasonable steps to ensure that electronic data is transmitted securely, and informs the client immediately of any known data breach or unauthorized dissemination of data.
- (6) The licensee complies with all other provisions of the Psychology Licensing Law and its attendant regulations, and all other applicable provisions of law and standards of care in this state and the other jurisdiction, if any, where either the licensee or the client is located.

Authority: 2930 Business and Professions Code

Reference: Business and Profession Code sections 686, 2290.5, 2904.5, 2960, 2960.6

MEMORANDUM

DATE	October 19, 2020
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #16 – Regulatory Update

The following is a list of the Board’s regulatory packages, and their status in the regulatory process:

a) Update on 16 CCR Section 1396.8 – Standards of Practice for Telehealth

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package was delivered to OAL on 8/4/2020 and was in the Notice Register published on 8/14/2020. The Notice Register started the 45-day comment period. The Board held hearing on September 30, 2020. Comments received will be discussed by the Board at the November 2020 Board meeting.

b) Update on 16 CCR Sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Assistants

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package was provided to the Department of Consumer Affairs (DCA) on November 12, 2019 and is now in the Initial Departmental Review Stage. This stage involves a review by DCA’s legal, budget, and executive offices, and the State’s Business Consumer Services and Housing Agency (Agency). Upon approval by DCA and Agency, staff will notice this package for a 45-day comment period and subsequent hearing.

c) Update on 16 CCR Sections 1381.9, 1381.10, 1392 – Retired License, Renewal of Expired License, Psychologist Fees

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package was provided to the Department of Consumer Affairs (DCA) on November 14, 2019 and is now in the Initial Departmental Review Stage. This stage involves a review by DCA's legal, budget, and executive offices, and the State's Business Consumer Services and Housing Agency (Agency). Upon approval by DCA and Agency, staff will notice this package for a 45-day comment period and subsequent hearing.

d) Update on 16 CCR Sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 – Continuing Professional Development

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package was delivered to OAL on 9/22/2020 and will be in the Notice Register published on 10/2/2020. The Notice Register started the 45-day comment period. The hearing for this package will be at the November 2020 Board meeting.

e) Addition to 16 CCR Sections 1391.13, and 1391.14 – Inactive Psychological Assistant Registration and Reactivating A Psychological Assistant Registration

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package is in the Initial Review Stage. Staff received feedback from Legal Counsel on September 17, 2019 and have incorporated the recommended changes. Staff is waiting to submit the package back to Board Counsel until the Sunset Psychological Assistant regulatory package is farther through the regulatory process. Upon approval by Board Legal Counsel, the package will be submitted for the Initial Departmental Review which involves reviews by DCA Legal Affairs Division, DCA Budget Office, DCA's Division of Legislative Affairs, DCA Chief Counsel, DCA Director, and the Business Consumer Services and Housing Agency.

f) Update on 16 CCR Sections 1394, 1395, 1395.1, 1392 – Substantial Relationship Criteria, Rehabilitation Criteria for Denials and Reinstatements, Rehabilitation Criteria for Suspensions and Revocations

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Board staff submitted the final package to OAL on 8/27/2020 and are working on incorporating OAL's technical non-substantive change.

Action Requested:

No action required at this time. This is for informational purposes only.

ISSUE MEMORANDUM

DATE	March 24, 2020
TO	Board of Psychology Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Agenda Item #22 - Review and Possible Approval of Sunset Report

Background:

The following Sunset Review activities have occurred in the last 12 months:

- 1) On November 8, 2019, the Board was presented with a draft Sunset Review Oversight Form including relevant attachments, which was approved after final edits.
- 2) On November 27, 2019, the approved Sunset Review Oversight Form and relevant attachments were hand delivered to staff of the Assembly Business and Professions Committee and Senate Business, Professions, and Economic Development Committee, as well as members of both committees.
- 3) On March 13, 2020, the draft Background Paper was submitted to the Board staff for a preliminary review. Staff reviewed the document and returned with edits to both committees.
- 4) Due to COVID-19, Sunset hearings were postponed until the next legislative session.
- 5) On October 14, 2020, Staff were notified that updated Sunset Reports and Supplemental Questions Related to COVID-19, are due by December 1, 2020.

Action Requested:

Review and approve the updated Sunset Report and Board Actions and Responses to COVID-19 documents. Updates to the Sunset Report are in red font.

Attachment A: Updated Sunset Report (Draft)

Attachment B: Board Actions and Responses to COVID-19

Board of Psychology

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of November 14, 2019

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

HISTORY AND FUNCTION OF THE BOARD

The California Board of Psychology (Board) regulates psychologists, registered psychologists, and registered psychological assistants. Only licensed psychologists can practice psychology independently in California. Registered psychologists are registered to work and train under supervision in non-profit agencies that receive government funding, and registered psychological assistants provide psychological services under the supervision of a qualified licensed psychologist or board-certified psychiatrist.

With the Certification Act of 1958, the psychology profession became regulated in California. While the Certification Act protected the title “psychologist,” it did not take into consideration the interests of the consumers of psychological services. Later, the regulation of the profession evolved when the California Legislature recognized the potential for consumer harm by those practicing psychology and shifted the focus of the regulation of the profession to protection of the public.

This redirection resulted in legislation in 1967 that protected the “psychologist” title, defined the practice, and required licensure in order to practice legally. During these early licensing days, the Board was an “examining committee” under the jurisdiction of what was then the Division of Allied Health Professions of the Board of Medical Quality Assurance (BMQA). During the 1970s, the Psychology Examining Committee gradually became more independent and began taking responsibility for its own operations, including the authority to adopt regulations and administrative disciplinary actions without the endorsement of BMQA. The Psychology Examining Committee officially became the Board of Psychology in 1990 (Assembly Bill 858, Margolin, 1989).

The Mission of the Board is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. The Board’s Values are transparency, integrity, fairness, responsiveness, and professionalism. The Vision of the Board is a healthy California where our diverse communities enjoy the benefits of the highest standard of psychological services.

¹ The term “board” in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

Standing Committees

Outreach and Communications Committee – The goal of the Outreach and Communications Committee is to engage, inform, and educate consumers, students, applicants, licensees, and other stakeholders regarding the evolving practice of psychology, the work of the Board, and their relevant laws and regulations.

Legislative and Regulatory Affairs Committee – The goal of this committee is to advocate for legislation and develop regulations that provide for the protection of consumer health and safety. The Committee reviews, monitors and recommends positions on legislation that affects the Board, consumers, and the profession of psychology. The Committee also recommends regulatory changes and informs the Board about the status of regulatory packages.

Licensure Committee – The goal of this committee is to create and maintain a clear and efficient framework for licensure, examination processes, and continuing professional development through the Board's statutes and regulations to ensure licensees meet the qualifications necessary to practice safely and ethically. The Committee communicates relevant information to its affected stakeholders.

Ad Hoc Committees (Active)

Enforcement Committee – The goal of this committee is to protect the health and safety of consumers of psychological services through the active enforcement of the statutes and regulations governing the safe practice of psychology in California. The Committee reviews the Board's *Disciplinary Guidelines* and enforcement statutes and regulations and submits recommended amendments to the full Board for consideration.

Sunset Review Committee – The goal of this committee is to review staff's responses to the questions asked by the Assembly Business and Professions and the Senate Business, Professions and Economic Development Committees. The Committee formulates and reviews the responses before submission to the full Board.

Telepsychology Committee – The goal of this committee is to develop regulatory language for the practice of psychology that is conducted remotely within the State of California and interstate practice that is conducted remotely. This is a rapidly developing area of the profession, and technology has outpaced the current guidelines.

Emergency Preparedness Ad Hoc Committee - The goal of this committee, formed in response to the novel coronavirus (COVID-19) emergency, is to develop recommendations to the Board for disaster resiliency for board operations. This Committee will catalogue existing waivers, evaluate the need for additional waivers, support messaging to stakeholders, and evaluate needs of committee/board meetings (e.g., petition hearings).

Ad Hoc Committees (Inactive)

The following committees are no longer active, but may be reactivated should the need arise.

Applied Behavioral Analysis (ABA) Task Force – This committee is comprised of two Board Members and relevant stakeholders.

EPPP2 Task Force - This committee is comprised of two Board Members and relevant stakeholders.

Below is a list of Board Member attendance at all noticed Board and Committee meetings since the last Sunset Review and dates that Board Members were appointed to the Board:

Table 1a. Attendance			
Lucille Acquaye-Baddoo			
Date Appointed:	June 12, 2009; Re-appointed: June 18, 2011; June 8, 2015		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Outreach and Education Committee Meeting	1/15/2016	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Lucille Acquaye-Baddoo (cont.)			
Board Meeting	4/4/2016	Teleconference	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Board Meeting	7/27/2016	Teleconference	Yes
Board Meeting	8/18-19/2016	Berkeley	Yes
Outreach and Education Committee Meeting	10/4/2016	Sacramento	Yes
Board Meeting	11/17-18/2016	San Diego	Yes
Board Meeting	2/9-10/2017	State Capitol (Sacramento)	Yes
Outreach and Education Committee Meeting	3/21/2017	Sacramento	Yes
Board Meeting	4/21/2017	Teleconference	Yes
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	Yes
Board Meeting	9/14-15/2017	Berkeley	Yes
Enforcement Committee Meeting	10/20/2017	Sacramento	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Enforcement Committee Meeting	1/19/2018	Sacramento	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
Enforcement Committee Meeting	3/8/2018	Sacramento	Yes
Outreach and Education Committee Mtg	4/6/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
Enforcement Committee Meeting	6/22/2018	Sacramento	Yes
Board Meeting	8/16-17/2018	Berkeley	Yes
Enforcement Committee Meeting	9/21/2018	Sacramento	Yes
Enforcement Committee Meeting	10/12/2018	Sacramento	Yes
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	No
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Enforcement Committee Meeting	3/22/2019	Sacramento	Yes

Table 1a. Attendance			
Board Meeting	3/29/2019	Teleconference	No
Board Meeting	4/24-26/2019	Los Angeles	Yes
Outreach and Education Committee Meeting	5/17/2019	Sacramento	Yes

Table 1a. Attendance			
Johanna Arias-Bhatia			
Date Appointed:	August 10, 2012; Re-appointed: June 3, 2015		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Board Meeting	4/4/2016	Teleconference	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Adelita "Alita" Bernal			
Date Appointed:	August 3, 2016		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/18-19/2016	Berkeley	No
Outreach and Education Committee Meeting	10/4/2016	Sacramento	Yes
Board Meeting	11/17-18/2016	San Diego	Yes
Board Meeting	2/9-10/2017	State Capitol (Sacramento)	Yes
Outreach and Education Committee Meeting	3/21/2017	Sacramento	Yes
Board Meeting	4/21/2017	Teleconference	Yes
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	Yes
Board Meeting	9/14-15/2017	Berkeley	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	No
Outreach and Education Committee Mtg	4/6/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
Board Meeting	8/16-17/2018	Berkeley	Yes
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	No
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Board Meeting	3/29/2019	Teleconference	No
Board Meeting	4/24-26/2019	Los Angeles	Yes
Outreach and Education Committee Mtg	5/17/2019	Sacramento	Yes
Board Meeting	8/15-16/2019	Berkeley	Yes
Board Meeting	10/3-4/2019	San Diego	No
Board Meeting	11/8/2019	Teleconference	Yes

Table 1a. Attendance			
Sheryll Casuga			
Date Appointed:	August 18, 2017; Re-Appointed: October 2, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	9/14-15/2017	Berkeley	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
Sheryll Casuga (cont.)			
EPPP2 Task Force Meeting	4/5/2018	Sacramento	Yes
Policy and Advocacy Committee Meeting	4/19/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
EPPP2 Task Force Meeting	6/29/2018	Sacramento	Yes
Board Meeting	8/16-17/2018	Berkeley	No
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	Yes
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	3/18/2019	Sacramento	Yes
Board Meeting	3/29/2019	Teleconference	Yes
Board Meeting	4/24-26/2019	Los Angeles	No
Legislative and Regulatory Affairs Committee Meeting	7/8/2019	Teleconference	Yes
Board Meeting	8/15-16/2019	Berkeley	Yes
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	Yes
Marisela Cervantes			
Date Appointed:	April 29, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	8/15-16/2019	Berkeley	Yes
Enforcement Committee	9/20/2019	Sacramento	Yes
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	Yes
Michael Erickson			
Date Appointed:	August 6, 2010; Re-Appointed: July 15, 2014		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Board Meeting	4/4/2016	Teleconference	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Board Meeting	7/27/2016	Teleconference	Yes
Board Meeting	8/18-19/2016	Berkeley	Yes
Telepsychology Committee Meeting	10/4/2016	Sacramento	Yes

Table 1a. Attendance			
Board Meeting	11/17-18/2016	San Diego	Yes
Telepsychology Committee Meeting	2/3/2017	Sacramento	Yes
Board Meeting	2/9-10/2017	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	3/13/2017	Sacramento	Yes
Board Meeting	4/21/2017	Teleconference	Yes
Policy and Advocacy Committee Meeting	5/15/2017	Sacramento	Yes
Michael Erickson (cont.)			
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	No
Board Meeting	9/14-15/2017	Berkeley	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	4/19/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
Board Meeting	8/16-17/2018	Berkeley	Yes
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	Yes
Seyron Foo			
Date Appointed:	May 17, 2017		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	Yes
Licensing Committee Meeting	8/22/2017	El Segundo	Yes
Board Meeting	9/14-15/2017	Berkeley	Yes
Licensing Committee Meeting	10/13/2017	Sacramento	Yes
Board Meeting	11/16-17/2017	San Diego	No
Licensing Committee Meeting	1/22/2018	Sacramento	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
EPPP2 Task Force Meeting	4/5/2018	Sacramento	Yes
Licensing Committee Meeting	4/24/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
EPPP2 Task Force Meeting	6/29/2018	Sacramento	Yes
Board Meeting	8/16-17/2018	Berkeley	Yes
Licensing Committee Meeting	10/25/2018	Sacramento	Yes
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	Yes
Licensing Committee Meeting	1/11/2019	Sacramento	Yes
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	3/18/2019	Sacramento	Yes

Table 1a. Attendance			
Board Meeting	3/29/2019	Teleconference	Yes
Board Meeting	4/24-26/2019	Los Angeles	Yes
Licensing Committee Meeting	6/13/2019	Sacramento	Yes
Legislative and Regulatory Affairs Committee Meeting	7/8/2019	Teleconference	Yes
Board Meeting	8/15-16/2019	Berkeley	Yes
Licensure Committee Meeting	9/12-13/2019	Sacramento	Yes
Seyron Foo (cont.)			
Sunset Review Committee Meeting	9/16/2019	Sacramento	Yes
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	Yes
Miguel Gallardo			
Date Appointed:	August 6, 2010; Re-appointed: December 28, 2012		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	No
Outreach and Education Committee Meeting	1/15/2016	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	No
Board Meeting	4/4/2016	Teleconference	No
Board Meeting	5/19-20-2016	Los Angeles	Yes
Mary Harb Sheets			
Date Appointed:	December 7, 2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Licensing Committee Meeting	1/11/2019	Sacramento	Yes
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Board Meeting	3/29/2019	Teleconference	Yes
Board Meeting	4/24-26/2019	Los Angeles	Yes
Licensing Committee Meeting	6/13/2019	Sacramento	Yes
Board Meeting	8/15-16/2019	Berkeley	Yes
Licensure Committee Meeting	9/12-13/2019	Sacramento	No
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	No
Andrew Harlem			
Date Appointed:	August 10, 2012		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	No
Board Meeting	11/28/2015	Sacramento	No
Licensing Committee Meeting	2/7/2016	Sacramento	Yes
Licensing Committee Meeting	5/2/2016	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Board Meeting	4/4/2016	Teleconference	Yes

Table 1a. Attendance			
Board Meeting	5/19-20-2016	Los Angeles	Yes
Jacqueline Horn			
Date Appointed:	October 25, 2013; Re-appointed: June 3, 2015		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Licensing Committee Meeting	2/7/2016	Sacramento	Yes
Jacqueline Horn (cont.)			
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Licensing Committee Meeting	5/2/2016	Sacramento	Yes
Board Meeting	4/4/2016	Teleconference	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Licensing Committee Meeting	6/30/2016	Sacramento	Yes
Board Meeting	7/27/2016	Teleconference	Yes
Board Meeting	8/18-19/2016	Berkeley	Yes
Licensing Committee Meeting	9/19/2016	Sacramento	Yes
Board Meeting	11/17-18/2016	San Diego	Yes
Board Meeting	2/9-10/2017	State Capitol (Sacramento)	Yes
Licensing Committee Meeting	3/16/2017	Sacramento	Yes
Outreach and Education Committee Meeting	3/21/2017	Sacramento	Yes
Board Meeting	4/21/2017	Teleconference	Yes
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	Yes
Licensing Committee Meeting	8/22/2017	El Segundo	Yes
Board Meeting	9/14-15/2017	Berkeley	Yes
Licensing Committee Meeting	10/13/2017	Sacramento	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Licensing Committee Meeting	1/22/2018	Sacramento	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
Outreach and Education Committee Meeting	4/6/2018	Sacramento	Yes
Licensing Committee Meeting	4/24/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
Board Meeting	8/16-17/2018	Berkeley	Yes
Licensing Committee Meeting	10/25/2018	Sacramento	Yes
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	Yes
Licensing Committee Meeting	1/11/2019	Sacramento	Yes
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Board Meeting	3/29/2019	Teleconference	Yes
Board Meeting	4/24-26/2019	Los Angeles	Yes
Licensing Committee Meeting	6/13/2019	Sacramento	Yes

Table 1a. Attendance			
Board Meeting	8/15-16/2019	Berkeley	Yes
Licensure Committee Meeting	9/12-13/2019	Sacramento	Yes
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	Yes

Table 1a. Attendance			
Nicole J. Jones			
Date Appointed:	August 10, 2012; Re-appointed June 18, 2014		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Licensing Committee Meeting	2/7/2016	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Board Meeting	4/4/2016	Teleconference	No
Licensing Committee Meeting	2/7/2016	Sacramento	Yes
Licensing Committee Meeting	5/2/2016	Sacramento	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Licensing Committee Meeting	6/30/2016	Sacramento	Yes
Board Meeting	7/27/2016	Teleconference	Yes
Board Meeting	8/18-19/2016	Berkeley	Yes
Licensing Committee Meeting	9/19/2016	Sacramento	Yes
Board Meeting	11/17-18/2016	San Diego	Yes
Board Meeting	2/9-10/2017	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	3/13/2017	Sacramento	Yes
Licensing Committee Meeting	3/16/2017	Sacramento	Yes
Board Meeting	4/21/2017	Teleconference	Yes
Policy and Advocacy Committee Meeting	5/15/2017	Sacramento	Yes
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	Yes
Board Meeting	9/14-15/2017	Berkeley	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	4/19/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
Board Meeting	8/16-17/2018	Berkeley	No
Board Meeting	11/15-16/2018	San Diego	No
Strategic Planning Session	12/3-4/2018	Napa	No
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes

Table 1a. Attendance			
Policy and Advocacy Committee Meeting	3/18/2019	Sacramento	No
Board Meeting	3/29/2019	Teleconference	No
Stephen Phillips			
Date Appointed:	September 30, 2013; Reappointed June 10, 2016		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Licensing Committee Meeting	2/7/2016	Sacramento	Yes

Table 1a. Attendance			
Stephen Phillips (cont.)			
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Board Meeting	4/4/2016	Teleconference	Yes
Licensing Committee Meeting	2/7/2016	Sacramento	Yes
Licensing Committee Meeting	5/2/2016	Sacramento	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Licensing Committee Meeting	6/30/2016	Sacramento	Yes
Board Meeting	7/27/2016	Teleconference	Yes
Board Meeting	8/18-19/2016	Berkeley	Yes
Licensing Committee Meeting	9/19/2016	Sacramento	Yes
Telepsychology Committee Meeting	10/4/2016	Sacramento	Yes
Board Meeting	11/17-18/2016	San Diego	Yes
Telepsychology Committee Meeting	2/3/2017	Sacramento	Yes
Board Meeting	2/9-10/2017	State Capitol (Sacramento)	Yes
Licensing Committee Meeting	3/16/2017	Sacramento	Yes
Board Meeting	4/21/2017	Teleconference	Yes
Board Meeting	6/15-16/2017	Ontario	Yes
Board Meeting	8/9/2017	Teleconference	Yes
Licensing Committee Meeting	8/22/2017	El Segundo	Yes
Board Meeting	9/14-15/2017	Berkeley	Yes
Licensing Committee Meeting	10/13/2017	Sacramento	Yes
Enforcement Committee Meeting	10/20/2017	Sacramento	Yes
Board Meeting	11/16-17/2017	San Diego	Yes
Licensing Committee Meeting	1/22/2018	Sacramento	Yes
Board Meeting	2/15-16/2018	State Capitol (Sacramento)	Yes
Enforcement Committee Meeting	3/8/2018	Sacramento	Yes
Policy and Advocacy Committee Meeting	4/19/2019	Sacramento	Yes
Licensing Committee Meeting	4/24/2018	Sacramento	Yes
Board Meeting	5/10-11/2018	Los Angeles	Yes
Enforcement Committee Meeting	6/22/2018	Sacramento	Yes

Table 1a. Attendance			
Board Meeting	8/16-17/2018	Berkeley	Yes
Enforcement Committee Meeting	9/21/2018	Sacramento	Yes
Enforcement Committee Meeting	10/12/2018	Sacramento	Yes
Licensing Committee Meeting	10/25/2018	Sacramento	Yes
Board Meeting	11/15-16/2018	San Diego	Yes
Strategic Planning Session	12/3-4/2018	Napa	Yes
Licensing Committee Meeting	1/11/2019	Sacramento	Yes
Enforcement Committee Meeting	1/19/2019	Sacramento	Yes
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Policy and Advocacy Committee Meeting	3/18/2019	Sacramento	Yes
Enforcement Committee Meeting	3/2/2019	Sacramento	Yes
Stephen Phillips (cont.)			
Board Meeting	3/29/2019	Teleconference	Yes
Telepsychology Committee Meeting	4/19/2019	Sacramento	Yes
Board Meeting	4/24-26/2019	Los Angeles	Yes
Legislative and Regulatory Affairs Committee Meeting	7/8/2019	Teleconference	Yes
Board Meeting	8/15-16/2019	Berkeley	Yes
Sunset Review Committee	9/16/2019	Sacramento	Yes
Enforcement Committee	9/20/2019	Sacramento	Yes
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	Yes
Linda Starr			
Date Appointed:	January 9, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	11/12-13/2015	San Diego	Yes
Board Meeting	11/28/2015	Sacramento	Yes
Outreach and Education Committee Meeting	1/15/2016	Sacramento	Yes
Board Meeting	2/25-26/2016	State Capitol (Sacramento)	Yes
Board Meeting	4/4/2016	Teleconference	Yes
Board Meeting	5/19-20-2016	Los Angeles	Yes
Lea Tate			
Date Appointed:	December 7, 2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	2/7-8/2019	State Capitol (Sacramento)	Yes
Board Meeting	3/29/2019	Teleconference	Yes
Board Meeting	4/24-26/2019	Los Angeles	Yes
Outreach and Education Committee Mtg	5/17/2019	Sacramento	Yes
Board Meeting	8/15-16/2019	Berkeley	No
Board Meeting	10/3-4/2019	San Diego	Yes
Board Meeting	11/8/2019	Teleconference	Yes

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Adelita “Alita” Bernal	8/3/2016		6/1/2020	Senate	Public Member
Sheryll Casuga, PsyD	8/18/2017	10/2/2019	6/1/2023	Governor	Licensed Member
Marisela Cervantes	4/29/2019		6/1/2022	Assembly	Public Member
Seyron Foo (Vice-President)	5/17/2017		6/1/2020	Governor	Public Member
Mary Harb Sheets, PhD	12/7/2018		6/1/2020	Governor	Licensed Member
Jacqueline Horn, PhD	10/23/2013	6/3/2015	6/1/2019	Governor	Licensed Member
Stephen Phillips, JD, PsyD (President)	9/25/2013	6/2/2016	6/1/2019	Governor	Licensed Member
Lea Tate, PsyD	12/7/2018		6/1/2022	Governor	Licensed Member
VACANT				Governor	Public Member

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

There have been no issues with establishing a quorum in the past four years.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**
- **All legislation sponsored by the board and affecting the board since the last sunset review.**
- **All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.**

Internal Changes

Since the last Sunset Review, the Board has undertaken major reorganization within its internal structure, including the addition of one Staff Services Manager I (SSM I) and one Staff Services Manager II (SSM II), which has allowed the Board to establish a more effective organizational structure with a Licensing Unit, Enforcement Unit, and Central Services Unit. This reorganization was a result of the 2015 Cooperative Personnel Services (CPS) Human Resource Consulting analysis of the Board's programs.

The CPS analysis recommended a structural reorganization of the Board into three distinct units by function: Licensing, Enforcement, and Central Services (which includes legislative, regulatory, and cashiering functions, among others). The study also recommended that each of these units have an SSM I to directly supervise staff and recommended a reclassification of the Assistant Executive Officer to an SSM II position to perform higher level support for the Board. This new structure ensures that each unit has appropriate supervisory positions in order to adequately monitor staff performance and aid the Board’s program improvement efforts.

The Board also has added one additional Associate Governmental Program Analyst (AGPA) to the Enforcement Unit to address increased complaint workload and enhance the Board’s enforcement performance measures.

The Board adopted a new Strategic Plan in February 2019, which will direct the Board's activities over the next five years. This plan includes goals related to program efficiencies, process improvements, moving the Board to PaperLite processes, and updating statutes and regulations related to the Board's enforcement and licensing units.

PaperLite is the Board's initiative to reduce its carbon footprint by minimizing its use of paper in its forms, applications and processes. It is anticipated that this effort will result in cost reductions in coming years.

Legislation

Since the last Sunset Report, the following legislation was sponsored by the Board or affected the Board, its licensees, or consumers of psychological services. This information is provided in chronological order.

Legislation Sponsored by the Board:

AB 89 (Levine, Chapter 182, Statutes of 2017) Psychologists: Suicide Prevention Training.

This bill, commencing January 1, 2020, requires candidates for licensure as a psychologist to complete at least six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This bill also applied this same one-time requirement to current licensees as a condition of licensure renewal commencing January 1, 2020.

AB 2968 (Levine, Chapter 778, Statutes of 2018) Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure.

This bill modified and modernized requirements for the Department of Consumer Affairs (Department) publication entitled "Professional Therapy Never Includes Sex" (brochure). Specifically, this bill: (1) eliminated the requirement that the Department develop the brochure in consultation with the Attorney General's office; (2) deleted the inclusion of civil and professional association complaint procedures in the brochure; (3) required the brochure to also be provided to victims of psychotherapist-client sexual behavior; (4) defined sexual behavior; and (5) deleted the requirement that the brochure include histories of victims and their families.

SB 275 (Pan, 2019) Psychologist: Prohibition Against Sexual Behavior.

This bill would have required an administrative law judge's proposed decision to include an order of licensure revocation when there is a finding that a licensee of the Board of Psychology has engaged in sexual behavior short of sexual contact with a client during therapy, or within two years of termination of therapy.

Position: Support

Disposition: This bill was gutted and amended to address personal protective equipment for healthcare workers. The Board will need to seek an author for the 2021/22 session.

Legislation Affecting the Board, its Licensees, and Consumers of Psychological Services

AB 796 (Nazarian, Chapter 493, Statutes of 2016) Health Care Coverage: Autism and Pervasive Developmental Disorders

This bill deleted the sunset date, thereby extending indefinitely the requirement that every health care service plan contract and every health insurance policy provide coverage for behavioral health treatment for pervasive developmental disorder or autism.

Position: Oppose

Disposition: Signed by the Governor

AB 1715 (Holden, 2016) Healing Arts: Behavior Analysis: Licensing.

This bill would have: 1) established the Behavior Analyst Act (Act) and provided authority to the Board of Psychology (Board) to enforce the Act; 2) required a license as either a Behavior Analyst or an Assistant Behavior Analyst in order to practice behavior analysis, registration to act as a Behavior Analyst Intern, and approval to act as a Behavior Analysis Technician; 3) created the Behavior Analyst Committee (Committee) within the Board; 4) increased the size of the Board; 5) required that the Board begin issuing licenses on July 1, 2018 for Behavior Analysis Technicians and Behavior Analysis Interns, and July 1, 2019 for Behavior Analysts and Assistant Behavior Analysts; and 6) vested the Board with authority to enforce the Act until January 1, 2022, among other things.

Position: Support if Amended

Disposition: Held in the Senate Business, Professions and Economic Development Committee.

AB 2017 (McCarty, 2016) College Mental Health Services Program

This bill, until January 1, 2022, would have required the Mental Health Services Oversight and Accountability Commission, subject to appropriation by the Legislature, to create a grant program for public community colleges, colleges, and universities for purposes of improving access to mental health services on those campuses.

Position: Support

Disposition: Vetoed by the Governor

AB 2086 (Cooley, 2016) Workers Compensation: Neuropsychologists

This bill would have authorized a licensed clinical psychologist meeting specified requirements to be appointed as a qualified medical evaluator in neuropsychology. Additionally, it provided that a medical doctor or osteopath who had successfully completed a residency or fellowship program accredited by a predecessor to the Accreditation Council for Graduate Medical Education would satisfy the residency training requirement for an evaluator under the Worker's Compensation Law.

Position: Support If Amended

Disposition: Vetoed by the Governor

AB 2443 (Baker, 2016) Improving Mental Health Access for Students

This bill relates to a Local Control and Accountability Plan by the governing board of a school district. This bill would have required a description of the annual goals to be achieved for each of the state's delineated priorities for all pupils, and certain subgroups of pupils, and add to those factors the number of practicing school psychologists working on school climate issues.

Position: Support

Disposition: Failed deadline, last location was in Assembly Committee on Appropriations

SB 1034 (Mitchell, 2016) Health Care Coverage: Autism

This bill would have modified requirements to be a qualified autism service professional to include providing behavioral health treatment, which would have included clinical management and case supervision under the direction and supervision of a qualified autism service provider. The bill would have required that, unless a treatment plan was modified by a qualified autism service provider, utilization review would be conducted no more than once every six months. The bill would have also provided that coverage for behavioral health treatment for pervasive developmental disorder or autism would be dependent on medical necessity, subject to utilization review, and required to be in compliance with federal mental health parity requirements. The bill would have extended the operation of these provisions to January 1, 2022.

Position: Oppose

Disposition: Failed deadline, last location was in Assembly Committee on Appropriations

SB 1193 (Hill, Chapter 484, Statutes of 2016) Healing Arts.

This bill, among other things, extended the sunset date for the Board of Psychology four years from January 1, 2017, to January 1, 2021, as well as provided several policy changes. Specifically, this bill required an applicant to graduate from a regionally accredited institution; redefined continuing education as continuing professional development, and modified the requirements to satisfy the standard for continuing professional development before license renewal; established policies for posting licensee information on the Board's website; created a "retired" license category; and made technical changes to the psychological assistant registration.

Position: Support

Disposition: Signed by the Governor

AB 244 (Cervantes, 2017) – Maternal Mental Health

This bill would have created a pilot program, in counties that elected to participate, to increase the capacity of health providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program could have included the following: a consultation program utilizing telehealth and e-consult technologies; training and toolkits on screening, assessment, and the range of treatment options; coordination of care for program participants; and access to perinatal psychiatric consultations for program participants.

Position: Support If Amended

Disposition: Failed deadline, last location was in Assembly Committee on Health

AB 1456 (Low, Chapter 151, Statutes of 2017) Professional Licensure.

This bill modifies existing waivers from licensure requirements allowed in specified facilities or settings under the California Department of Public Health, Department of Health Care Services, Department of State Hospitals, and the California Department of Corrections. This bill brings conformity to the various exemption waivers by making all waivers up to a maximum of five years

and requires that individuals receiving the exemption waiver must be working to gain the supervised professional experience required for licensure.

Position: Support

Disposition: Signed by the Governor

AB 1188 (Nazarian, Chapter 557, Statutes of 2017) Health Professions Development: Loan Repayment.

This urgency bill increases the fee collected from psychologists, marriage and family therapists, and clinical social workers at the time of licensure renewal for deposit into the Mental Health Practitioner Education Fund (Fund) from \$10 to \$20. This bill also adds licensed professional clinical counselors and associate professional clinical counselors to the list of mental health providers that can apply for grants from the Fund and establishes a \$20 fee for licensed professional clinical counselors at the time of licensure renewal for deposit into the Fund. Although this was an urgency bill, it did not take effect until July 1, 2018.

Position: Support

Disposition: Signed by the Governor

SB 547 (Hill, Chapter 429, Statutes of 2017) – Professions and Vocations: Weights and Measures (Board Omnibus Bill)

SB 547 removes the specification in statute as to who can pay the psychological assistant registration fee to the Board and specifies that the delinquency for Board licensees is 50 percent of the renewal fee for each license type, not to exceed one hundred and fifty dollars (\$150). This bill also makes various changes to provisions for the Board of Accountancy.

Position: Support

Disposition: Signed by the Governor

SB 572 (Stone, 2017) – Healing Arts Licensees: Violations: Grace Period

This bill would have prohibited healing arts boards under the DCA from issuing a disciplinary action or otherwise penalizing a licensee who commits a violation that does not cause irreparable harm to a consumer and is remedied within 15 days.

Position: Oppose

Disposition: Failed deadline, last location was in Senate Committee on Business, Professions and Economic Development

AB 282 (Jones-Sawyer, Chapter 245, Statutes of 2018) – Aiding, Advising, or Encouraging Suicide: Exemption from Prosecution

This bill codifies that any person whose actions are performed in compliance with the provisions in the End of Life Option Act cannot be prosecuted for those actions under Penal Code Section 401.

Position: Support

Disposition: Signed by the Governor

AB 1436 (Levine, Chapter 527, Statutes of 2018) – Board of Behavioral Sciences: Licensees: Suicide Prevention Training

This bill, on or after January 1, 2021, requires an applicant for any license type under the Board of Behavioral Sciences (BBS), to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. Additionally, the bill requires, on or after January 1, 2021, as a onetime requirement, any licensee under BBS to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal. Lastly, the bill also requires, on or after January 1, 2021, a person applying for reactivation or for reinstatement to have completed this suicide risk assessment and intervention training requirement.

Position: Support

Disposition: Signed by the Governor

AB 2138 (Chiu, Chapter 995, Statutes of 2018) – Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction

This bill amended various provisions of the Business and Professions Code relating to the Board's ability to deny a license or take disciplinary action in relation to criminal convictions based on various factors related to the crime, and revised requirements related to the criteria of rehabilitation that boards must consider when evaluating the denial of an application, a petition for reinstatement, or a petition for early termination of probation. This bill significantly limited when the Board can deny, revoke or suspend a license based on a conviction or other act.

Position: Oppose

Disposition: Signed by the Governor

AB 2143 (Caballero, 2018) – Mental Health: Licensed Mental Health Service Provider Education Program

This bill would have expanded the Licensed Mental Health Service Provider Education Program to apply to persons eligible under existing law who attain further education in order to practice as psychiatric-mental health nurse practitioners or physician assistants in psychiatric mental health settings, thereby allowing those practitioners to apply for grants under the program for reimbursement of those later-incurred educational loans, but paid for by the fund established for psychology licensees.

Position: Oppose

Disposition: Vetoed by the Governor

AB 2483 (Voepel, 2018) – Indemnification of Public Officers and Employees: Antitrust Awards

This bill would have expanded the Government Claims Act to require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board within the DCA for an act or omission occurring within the scope of the member's official capacity as a member of the regulatory board. The bill would have also specified that treble damages awarded pursuant to, and for violation of, specified federal laws are not punitive or exemplary damages for purposes of the act.

Position: Support

Disposition: Failed deadline, last location was on the Senate Committee on Judiciary

AB 2943 (Low, 2018) – Unlawful Business Practices: Sexual Orientation Change Efforts

This bill would have included, as an unlawful practice prohibited under the Consumer Legal Remedies Act, advertising, offering for sale, or selling services constituting sexual orientation change efforts to an individual.

This bill would have defined sexual orientation change efforts as follows:

(1) "Sexual orientation change efforts" means any practices that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.

(2) "Sexual orientation change efforts" does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices or to otherwise promote healthy sexual and romantic relationships; and (B) do not seek to change sexual orientation.

Position: Support

Disposition: Failed deadline, last location was on the Assembly Floor

SB 1125 (Atkins, 2018) – Federally Qualified Health Center and Rural Health Clinic Services

This bill would have allowed Medi-Cal reimbursement for a patient receiving medical services at a federally qualified health center or rural health clinic, to receive both medical services and also to obtain mental health services on the same day they receive the medical services.

Position: Support

Disposition: Vetoed by the Governor

AB 1076 (Ting, Chapter 578, Statutes of 2019) Criminal Records: Automatic Relief

This bill requires the California Department of Justice (DOJ) to automatically seal specified arrest and conviction records that meet certain criteria and timeframes without requiring the individual to petition the court. This bill also prohibits DOJ from providing any licensing board under the DCA with information on arrests or convictions that have been sealed. Additionally, this bill prohibits the courts from disclosing any information concerning arrests that were granted relief pursuant to the bill's provisions or convictions that have been granted relief pursuant to multiple code sections, to any entity except for criminal justice agencies and California Department of Social Services licensing programs related to facilities and/or services for the elderly, chronically ill, or child day care. Additionally, this bill removes the Board's ability to deny an application for licensure based on a conviction, or the acts underlying the conviction, that has received relief under the provisions of AB 1076 by adding it to the other convictions that were provided relief that the Board cannot use pursuant to AB 2138 (Chapter 995, Statutes of 2018).

Position: Oppose

Disposition: Signed by the Governor

AB 1145 (Garcia, Chapter 180, Statutes of 2020) Child Abuse: Reportable Conduct

For the purposes of the Child Abuse Neglect Reporting Act (CANRA), this bill would have revised the definition of sexual assault to no longer include any acts under Penal Code Sections 286 (sodomy), 287 (oral copulation) or former Section 288a, and Section 289 (sexual penetration), if committed voluntarily and if there are no indicators of abuse, unless the conduct is between a person 21 years of age or older and a minor who is under 16 years of age.

Position: Support

Disposition: Signed by the Governor

AB 1263 (Low) Contracts: consumer services: consumer complaints

This bill would prohibit a contract or proposed contract involving the provision of a consumer service by a licensee regulated by a licensing board from including a provision limiting the consumer's ability to file a complaint with that board or to participate in the board's investigation into the licensee. The bill would specify that a waiver of these provisions is contrary to public policy and is void and unenforceable. The bill would provide that a violation of these provisions by a licensee constitutes unprofessional conduct subject to discipline by the licensee's regulatory board.

Position: Support

Disposition: This bill failed deadline, last referral to Senate Business, Professions, and Economic Development Committee.

AB 2028 (Aguar-Curry) State agencies: meetings

This bill would, except for closed sessions, require that meetings noticed pursuant to the Bagley-Keene Open Meeting Act, include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would prescribe requirements to be satisfied in order for these writings or materials to be distributed or discussed. The bill would generally require that these writings and materials be made available on the body's internet website no later than the first business day after they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier, and to be provided immediately upon written request. If the writings or materials are provided to the members of the state body by another state body after this 48-hour deadline, the bill would require that they be posted on the body's internet website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body, and made available immediately upon written request. The bill would except writings or materials relating to matters to be discussed in a closed session and state financial materials, as defined, that put the Treasurer at a competitive disadvantage in financial transactions from its requirements. The bill would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, and changing financial market conditions as they become available, as specified. Upon receipt of a written request, the bill would require that these writings or materials be provided immediately.

Position: Oppose

Disposition: This bill was ordered to the inactive file by the Senate by unanimous consent.

AB 2112 (Ramos, Chapter 142, Statutes of 2020) Suicide prevention

This bill would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department and would specify authorized responsibilities of the office if established, including, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The bill would authorize the office to apply for and use federal grants.

Position: Support

Disposition: Signed by the Governor

AB 2253 (Low, Chapter 279, Statutes of 2020) Professional licensure

This bill would clarify that experience that constitutes qualifying experience for licensure, or experience required for licensure, as applicable, is determined by reference to the act regulating the profession. This bill was signed into law by the Governor on September 29, 2020.

Position: Support

Disposition: Signed by the Governor

AB 2360 (Mainschein) Telehealth: mental health.

This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require the consultation to be done by telephone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence based treatment options, including psychotherapy. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions.

Board Position: Support

Disposition: Vetoed by the Governor

AB 2630 (Flora) Criminal history information: subsequent arrest notification

This bill would provide that the department is authorized to submit fingerprints to the Federal Bureau of Investigation (FBI) where they will be retained for the purpose of being searched against future submissions to the FBI, as specified. This bill would authorize the department to search latent fingerprint images against all retained fingerprint submissions. This bill would also authorize the department to collect fees for federal subsequent notification services and remit the fees to the FBI.

Position: Support

Disposition: This bill failed deadline, the last referral was to the Assembly Public Safety Committee.

AB 2704 (Ting) Healing arts: licensees: data collection

This bill would require all boards that oversee healing arts licensees to collect at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information and to post the information on the internet websites that they each maintain. The bill would also require each board, or the Department of Consumer Affairs on its behalf, beginning on July 1, 2021, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and to only release information in aggregate form.

Position: Support

Disposition: This bill failed deadline, the last referral was to the Assembly Business and Professions Committee.

AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses

This bill would require boards not subject to the temporary licensing provisions in Business and Professions Code section 115.6, to issue licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as provided. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license.

Position: Oppose

Disposition: This bill failed deadline, the last referral was to the Senate Business, Professions, and Economic Development Committee.

SB 53 (Wilk) Open Meetings

This bill would have modified the Bagley-Keene Open Meeting Act to require two-member advisory committees of a "state body" to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body, and the advisory committee is supported, in whole or in part, by funds provided by the state body.

Position: Oppose

Disposition: Failed deadline, last location was on the Assembly Committee on Appropriations

SB 66 (Atkins) Medi-Cal: Federally Qualified Health Center and Rural Health Clinic Services

This bill would have allowed Medi-Cal reimbursement for a patient receiving both medical and mental health services at a federally qualified health center or rural health clinic on the same day.

Position: Support

Disposition: Failed deadline, last location was on the Assembly Floor

SB 425 (Hill, Chapter 849, Statutes of 2019) Health Care Practitioners: Licensee's File: Probationary Physician's and Surgeon's Certificate: Unprofessional Conduct

This bill requires any health care facility, or other entity that arranges for healing arts licensees to practice or provide care for patients at their institution (such as a college), to report any written allegation of sexual abuse or sexual misconduct made against a healing arts licensee by a patient, or the patient's representative, to the relevant state licensing agency within 15 days of receiving the written allegation. This bill also requires the relevant agency to investigate the circumstances underlying a received report. The bill requires such a report to be kept confidential and not subject to discovery or disclosure, except that it may be reviewed and disclosed in any subsequent disciplinary hearing conducted pursuant to the Administrative Procedure Act. Additionally, the bill makes a willful failure to file the report by a health care facility or other entity punishable by a civil fine not to exceed \$100,000 per violation and any other failure to make that report punishable by a civil fine not to exceed \$50,000 per violation.

Position: Support

Disposition: Signed by the Governor

SB 1474 (Business, Professions, and Economic Development Committee, Chapter 312, Statutes of 2020)

Relative to the Board of Psychology, existing law provides for the January 1, 2021, repeal of provisions creating the Board of Psychology. This bill would extend the operation of that provisions to January 1, 2022, and make conforming changes relating to the appointment of an executive officer, as applicable.

Position: Support

Disposition: Signed by the Governor

Regulatory Changes

Approved Packages

- **Verification of Experience Package – Effective October 1, 2017.** This regulatory package amended regulations regarding criteria for the submission of Verification of Experience and Supervision Agreement forms. Specifically, the regulation requires that the Supervision Agreement and Verification of Experience forms be submitted to the Board at the time of application for licensure or registration. This regulatory package also removed the requirement that a training plan be submitted and pre-approved by the Board when a psychological assistant is in a private practice setting.
- **Uniform Standards Related to Substance Abuse and Disciplinary Guidelines – Effective January 1, 2017.** In order to implement a 2008 legislation from Senate Bill (SB) 1441 (Ridley-Thomas, Chapter 548), which was designated to protect the public by monitoring psychologists (and other healing arts professionals) impaired by drug or alcohol abuse, the Board promulgated regulations which became effective January 1, 2017. The Board now utilizes the revised disciplinary guidelines entitled “Disciplinary Guidelines and

Uniform Standards Related to Substance Abusing Licensees” (4/15), which have been incorporated into section 1397.12 (renumbered to 1395.2) of Title 16 of the California Code of Regulations (CCR). The new Guidelines are used when considering discipline against a substance abusing licensee and clarified and restructured existing guidelines used when considering disciplinary action.

- **Filing of Addresses – Effective July 1, 2016.** This regulatory package requires a licensee to provide a physical address if their current address of record is a P.O. Box. This regulatory package also requires licensees to report their electronic mailing address (if they have one) and report any address of record changes to the Board within 30 days.

Current Regulatory Packages

In this section, “Initial Departmental Review” means review by the following entities:

- DCA Legal Affairs Division
- DCA Budget Office
- DCA Division of Legislative Affairs
- DCA Deputy Director of Legal Affairs
- DCA Director
- Secretary of Business, Consumer Services, and Housing Agency

Update on 16 CCR Sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Assistants

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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The purpose of this proposed regulatory language is to conform to statutory changes, implementing the requirement that the person responsible for the initial registration, the registration renewal, and any changes in the registration status, is the psychological assistant, not the employer and/or primary supervisor.

This package is in the Initial Departmental Review Stage.

Addition to 16 CCR Sections 1391.13, and 1391.14 – Inactive Psychological Assistant Registration and Reactivating A Psychological Assistant Registration

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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16 CCR section 1391.1 limits the period of a psychological assistant registration to a cumulative total of six years (72 months). The period of registration counts towards the six-year limitation as long as the psychological assistant is holding a current registration. Currently, there is no mechanism available to place a registration on hold. This regulatory package would create an “inactive” status for registered psychological assistants that would be similar to the “inactive” status currently available for a psychologist licensee who is not engaging in the practice of psychology.

Staff is currently preparing this regulatory package and will submit it to Board Legal Counsel upon completion.

Update on 16 CCR Section 1396.8 – Standards of Practice for Telehealth

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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The Board regulates licensed psychologists, registered psychological assistants, and registered psychologists, all of whom are entitled to provide psychological services in California. BPC Section 2920.1 states that protection of the public shall be the highest priority for the Board in exercising its licensing, regulatory, and disciplinary functions. BPC Sections 2290.5 and 2904.5 allow licensees of the Board to provide psychological health care services via telehealth. BPC Section 2930 authorizes the Board to adopt regulations as may be necessary to enable the Board to effectuate the Psychology Licensing Law. This regulatory package would add 16 CCR section 1396.8 to establish standards of practice for providing services via telehealth by licensed California psychologists and psychology trainees.

This package is in the Notice with OAL and Hearing Stage.

Update on 16 CCR Sections 1381.9, 1381.10, 1392 – Retired License, Renewal of Expired License, Psychologist Fees

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Senate Bill (SB) 1193 (Hill) (Chapter 484, Statutes of 2016) was signed by Governor Brown on September 22, 2016. This bill added BPC Section 2988.5, effective January 1, 2017, which gives the Board the authority to issue a retired license to a psychologist who holds a current license issued by the Board. Although SB 1193 gave the Board the statutory authority to issue retired licenses, it does not specify the provisions and procedures for obtaining such a license status. The purpose of this regulatory language is to specify the requirements for obtaining and maintaining a psychologist license in retired status.

This package is in the Initial Departmental Review Stage.

Update on 16 CCR Sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 – Continuing Professional Development

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Currently, the Board requires all licensees to accrue 36 hours of continuing education, including nine hours of live or live-interactive CE, each renewal cycle in order to maintain their license. This regulatory package would replace the current continuing education model with a broader Continuing Professional Development (CPD) model. This model will consist of fourteen continuing professional development activities grouped under four different categories. The four categories and fourteen learning activities include:

- 1) Professional (Peer Consultation, Practice Outcome Monitoring, Professional Activities, Conferences/Conventions, Examination Functions)
- 2) Academic (Academic Courses, Academic Instruction, Supervision, Publications)
- 3) Sponsored Continuing Education Coursework including Independent/Online Learning, and

4) Board Certification from the American Board of Professional Psychology (ABPP).

This package is in the Notice with OAL and Hearing Stage.

Update on 16 CCR Sections 1394, 1395, 1395.1, 1392 – Substantial Relationship Criteria, Rehabilitation Criteria for Denials and Reinstatements, Rehabilitation Criteria for Suspensions and Revocations

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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As required under AB 2138 (Chapter 995, Statutes of 2018), the Board proposes to amend sections 1394, 1395, and 1395.1 of article 7 of division 13.1 of title 16 of the CCR to adhere to these mandates and revise its “substantial relationship” criteria and “rehabilitation” criteria for denials and reinstatements, and suspension and revocations.

This package is in the Submission to OAL for Review Stage.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The Board has not conducted any major studies since the last Sunset Review.

5. List the status of all national associations to which the board belongs.

- **Does the board’s membership include voting privileges?**

Association of State and Provincial Psychology Boards (ASPPB)

The Board is currently a member of the ASPPB. This organization includes state, provincial, and territorial agencies responsible for the licensure and certification of psychologists throughout the United States (U.S.) and Canada. Currently, the psychology boards of all 50 states of the U.S., the District of Columbia, the U.S. Virgin Islands, Puerto Rico, Guam, and all 10 provinces of Canada are members of ASPPB. This membership includes voting privileges; however, attendance is required to exercise voting privileges in this association.

Council on Licensure, Enforcement and Regulation (CLEAR)

CLEAR is an association of individuals, agencies and organizations that comprise the international community of professional and occupational regulation, providing a forum for improving the quality and understanding of regulation to enhance public protection. The Board’s membership is part of a Department of Consumer Affairs (DCA) organizational membership and does come with voting privileges represented by a single organization vote.

- **List committees, workshops, working groups, task forces, etc., on which board participates.**

ASPPB

The Board's Executive Officer is a standing member of ASPPB's Board Administrators and Regents Committee (BARC).

CLEAR

None.

- **How many meetings did board representative(s) attend? When and where?**

ASPPB

ASPPB conducts its Annual Meeting of Delegates in October of each year, and its Midyear Meeting in April of each year. Unfortunately, due to budget constraints, since the last Sunset Review, the Board has only been approved to participate in **three** of the last eight meetings. The meetings attended were in April 2018 in Savannah, Georgia and April 2019 in Santa Fe, New Mexico, **and virtually in November 2020**. Additionally, the Board attended the ASPPB Board of Director's luncheon meeting in San Francisco, CA in August 2018.

CLEAR

None.

- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

ASPPB is the owner and developer of the national licensing examination in psychology, the Examination for Professional Practice in Psychology (EPPP). Although the Board is not directly involved in the development and scoring of this examination, as a member of ASPPB, the Board's delegate can provide feedback and raise jurisdictional concerns to inform the development of future forms of the examination, when approved to attend the Annual or Midyear meetings. The Board contracts with ASPPB for the administration of the examination. The passing score for the EPPP in California is established by regulation. Currently, the Board applies a scaled score of 500 as recommended by ASPPB. The Board utilizes the services of the Department of Consumer Affairs' (DCA) Office of Professional Examination Services to conduct an audit of the national examination every seven years. The purpose of the audit is to determine whether the examination meets the professional guidelines and technical standards outlined in the Standards for Educational and Psychological Testing (Standards) and the California Business and Professions Code (BPC) Section 139. The ASPPB conducts a complete occupational analysis every seven to ten years. Its last occupational analysis was completed in 2016.

Section 2 – Performance Measures and Customer Satisfaction Surveys

- 6. Provide each quarterly and annual performance measure report for the board as published on the DCA website.**

See attached quarterly and annual performance measure reports in Section 12, Attachment D. The reports are available on the DCA website and are current through FY 2017/18.

- 7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.**

See attached licensing customer satisfaction survey data broken down by fiscal year in section [Section 12 and Attachment E].

In the last four fiscal years, a total of 631 surveys were received by the Board:

The majority of customers first contacted the Board's Licensing/Registration Unit through its website/email. Over 50 percent of customers rated the ability of the analysts to address their

questions or concerns, staff persons' courteousness and professionalism, and the timeliness of the response received at "Very Good" or above.

In FY 2015/16 and FY 2016/17, 75 percent of the survey responses were received from registration applicants while in FY 2017/18 and 2018/19, 85 percent of responses were received from licensure applicants.

Despite the difference in the type of applicants, over 55 percent of the respondents rated the level of ease to complete the application at "Very Good" or above, and over 60 percent reported that their applications were processed in a timely manner. Between 46 and 59 percent of respondents reported being contacted in a timely manner regarding any deficiencies in their application, and over 65 percent of them rated the courteousness, helpfulness and responsiveness of the staff person processing the application at "Very Good" or above. The overall average ratings for the last four fiscal years are provided below:

	Level of Ease to Complete Application	Courteousness, Helpfulness and Responsiveness of Staff
Excellent	30%	56%
Very Good	32%	15%
Good	19%	8%
Fair	9%	7%
Poor	5%	8%
NOTE: Percentages may not result in 100% due to incomplete responses by survey respondents.		

	Application was Processed in a Timely Manner	Contacted in a Timely Manner regarding Application Deficiencies
Yes	72%	52%
No	23%	18%
Not Applicable	N/A	26%
NOTE: Percentages may not result in 100% due to incomplete responses by survey respondents.		

The percentage of online applications for licensure nearly doubled from FY 2015/16 (26 percent) to FY 2016/17 (50 percent), and roughly half of the respondents reported applying online for licensure during FY 2017/18 (42 percent) and FY 2018/19 (47 percent).

Regarding the examination processes, nearly half of the respondents rated their experience with the examination vendor, Pearson VUE, and their scheduling process to sit for the Examination for Professional Practice of Psychology (EPPP), at "Very Good" or above in FY 2015/16 (46 percent) and FY 2016/17 (41 percent). An increase in respondents providing a "Very Good" or above rating was reported in FY 2017/18 (53 percent) and FY 2018/19 (54 percent). Some respondents also rated the experience with the examination vendor, Psychological Services, Inc., and their scheduling process for the California Psychology Laws and Ethics Examination (CPLEE) at "Very Good" or above in FY 2015/16 (46 percent) and in FY 2016/17 (32 percent); an increasing trend of a "Very Good" or above rating was reported in FY 2017/18 (57 percent) and FY 2018/19 (63 percent). The overall average ratings of the experience with the examination vendors and their respective scheduling process for the last four fiscal years are provided below:

	Experience with Pearson VUE & Scheduling Process for EPPP	Experience with Psychological Services, Inc. & Scheduling Process for CPLEE
Excellent	28%	28%
Very Good	21%	23%

Good	11%	9%
Fair	4%	5%
Poor	2%	5%
NOTE: Percentages may not result in 100% due to incomplete responses by survey respondents.		

The Board received a “Very Good” or above rating on the overall experience with the Licensing/Registration Unit from 54 percent to 70 percent of the applicants over the last four fiscal years.

In addition, 139 additional comments were provided over the last four fiscal years. The Board received 57 positive responses regarding the professionalism and helpfulness of staff. Forty-nine respondents experienced long processing times in the review of additional documents and response times relating to applications. A small number of respondents experienced difficulties with the BreEZe system and would like to have the option for all examinations and licensure applications to be available online. Some also felt that the Board is understaffed which is what contributed to the long processing and response times.

Section 3 – Fiscal and Staff

Fiscal Issues

8. Is the board’s fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

The Board’s fund is not continuously appropriated.

9. Describe the board’s current reserve level, spending, and if a statutory reserve level exists.

The Board is authorized to spend \$5,231,000 including \$402,000 direct to fund charges and projects to collect \$4,219,000 in 2019/20. The budget is structurally out of balance with a current reserve level of 20.4 months, which is slowly decreasing based on the structural imbalance.

The Board is in compliance with BPC Section 128.5 by ensuring its reserves do not exceed more than its operating budget for the next two fiscal years.

10. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

Based on the latest fund condition analysis provided by the DCA, the Board is projected to have a fund condition by 2024/25 that would necessitate a fee increase should the projection be realized. If a fee increase is required, the Board has authority to seek a regulatory change to implement the increase.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Beginning Balance	\$5,237	\$4,777	\$4,297	\$3,399	\$7,557	\$9,843

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Revenues and Transfers	\$4,150	\$4,337	\$4,328	\$4,404	\$4,219	\$4,287
Total Revenue	\$9,387	\$9,114	\$8,625	\$13,208	\$15,476	\$14,130
Budget Authority	\$4,984	\$4,989	\$5,158	\$5,341	\$5,231	\$5,388*
Expenditures	\$4,658	\$4,585	\$4,919	\$5,290	\$5,231*	\$5,388*
Direct to Fund charges	\$8	\$232	\$307	\$361	\$402*	\$402*
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$1,605	\$3,700**	\$0
Loans Repaid from General Fund	\$0	\$0	\$0	\$3,800	\$3,700	\$0
Fund Balance	\$4,721	\$4,297	\$3,399	\$7,557	\$9,843	\$8,340
Months in Reserve	11.8	9.9	7.2	16.1	20.4	16.8

*Projected figures

**Interest payment amount pending report from DCA Budget Office

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

A loan of \$5.0 million was made from the Board to the General Fund in Fiscal Year (FY) 2002/03, \$3.8 million was repaid to the Board in FY 2018/19, and \$1.2 million is scheduled for repayment in FY 2019/20. An interest payment of \$1.605 million was repaid to the Board in FY 2018/19. A loan of \$2.5 million was made from the Board to the General Fund in FY 2008/09 and is scheduled for repayment in FY 2019/20.

12. Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

As of FY 2018/19, the Board operated on a budget of \$5.3 million, with approximately 33 percent of its budget devoted to enforcement activities, 24 percent to examination and licensing functions, 25 percent to administration, and 18 percent to DCA pro rata costs.

Table 3. Expenditures by Program Component								(list dollars in thousands)	
	FY 2015/16		FY 2016/17		FY 2017/18**		FY 2018/19**		
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	
Enforcement	\$612	\$1,527	\$664	\$1,389	\$669	\$1,394	\$739	\$1,007	
Examination	\$0	\$132	\$0	\$138	\$0	\$71	\$0	\$298	
Licensing	\$812	\$344	\$976	\$264	\$697	\$228	\$770	\$215	
Administration*	\$438	\$148	\$470	\$103	\$957	\$281	\$1,051	\$265	

Table 3. Expenditures by Program Component							(list dollars in thousands)	
	FY 2015/16		FY 2016/17		FY 2017/18**		FY 2018/19**	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
DCA Pro Rata	\$0	\$780	\$0	\$770	\$0	\$857	\$0	\$939
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	\$1,862	\$2,931	\$2,110	\$2,664	\$2,323	\$2,831	\$2,560	\$2,724

*Administration includes costs for executive staff, board, administrative support, examination personnel, and fiscal services.

**Figures are projected.

13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

Through FY 2017/18, the Board has paid \$1,068,689 for the BreEZe system. The Board is projected to spend \$206,000 towards BreEZe in FY 2018/19 and \$160,000 in FY 2019/20.

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Licensed psychologists renew their licenses biennially. Psychological assistants renew annually. There have been no changes to the renewal cycle in the last 10 years; however, for a license issued on or after January 1, 2016, the renewal cycle is two years from the date of issuance. For those licensed on or prior to December 31, 2015, the license continues to expire at 12 midnight of the last day of the month of the birthdate of the licensee.

- Effective January 1, 2013, the psychology license renewal fee was \$420, with the following breakdown in fees:
 - \$400 (16 CCR section 1392(e))
 - \$10 (BPC Section 2987.2)
 - \$10 (16 CCR section 1397.69)
- Since July 1, 2018, the psychology license renewal fee is \$430, with the following breakdown in fees:
 - \$400 (16 CCR section 1392(e))
 - \$20 (BPC Section 2987.2)
 - \$10 (16 CCR section 1397.69)
- Effective January 1, 2018, the Delinquent Renewal for Psychologists changed from \$25 to \$150 and the Delinquent Renewal for Psychological Assistants changed from \$25 to \$20.

Table 4. Fee Schedule and Revenue							(list revenue dollars in thousands)	
Fee	Current Fee Amount	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	FY 2018/19 Revenue	% of Total Revenue	

Table 4. Fee Schedule and Revenue								(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	FY 2018/19 Revenue	% of Total Revenue	
LICENSING FEES								
Application Fee – Psychologist BPC § 2987/16 CCR § 1392	\$40	\$50	\$58	\$55	\$59	\$61	1%	
Application Fee – Psych Assistant BPC § 2987/16 CCR § 1392.1	\$40	\$75	\$41	\$35	\$31	\$30	1%	
Initial License Fee – Psychologist BPC § 2987/16 CCR § 1392	\$400	\$500	\$401	\$334	\$362	\$346	8%	
California Psychology Laws and Ethics Examination (CPLEE) BPC § 2987/16 CCR § 1392	\$129	Actual Cost to Board	\$156	\$144	\$157	\$170	4%	
CE Evaluation Fee BPC § 2915(j)/16 CCR § 1397.69	\$10	\$10	\$81	\$87	\$78	\$85	2%	
Biennial Renewal Fee – Psychologist BPC § 2987	\$400	\$500	\$3,197	\$3,439	\$3,301	\$3,416	78%	
Inactive License (Psychologists) BPC § 2987/16 CCR § 1392	\$40	\$40	\$50	\$58	\$58	\$55	1%	
Annual Renewal Fee – Psychological Assts BPC § 2987/16 CCR § 1392.1	\$40	\$75	\$34	\$36	\$36	\$33	1%	
Delinquent Fee – Psychologist BPC § 2987	\$150	\$150*	\$11	\$12	\$23	\$34	1%	
Delinquent Inactive Renewal Fee – Psychologists BPC § 2987	\$20	50% of Renewal Fee	\$0	\$0	\$2	\$4	<1%	
Delinquency Fee – Psychological Assts BPC § 2987	\$20	50% of Renewal Fee	\$1	\$1	\$1	\$1	<1%	
Duplicate License Fee BPC § 2987	\$5	\$5	\$3	\$3	\$8	\$5	<1%	
Certification / Letter of Good Standing	\$5	\$5	\$2	\$2	\$2	\$2	<1%	
FINES & PENALITIES								
Citations & Fines BPC § 125.9/16 CCR § 1397.51	Varies	\$5,000	\$58	\$64	\$148	\$53	1%	
Franchise Tax Board Cite Fine Collection	Varies	N/A	\$0	\$0	\$3	\$1	<1%	
OTHER								
Income from Surplus Money Investment	Variable	N/A	\$24	\$38	\$40	\$68	2%	
Suspended Revenue	Variable	N/A	\$32	\$21	\$19	\$23	1%	
Over/Short Fees	Variable	N/A	\$1	\$0	\$0	\$0	<1%	

Table 4. Fee Schedule and Revenue								(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	FY 2018/19 Revenue	% of Total Revenue	
OTHER (cont.)								
Miscellaneous**	Variable	N/A	\$1	\$1	\$4	\$1	<1%	

*B&P 2987 mandates the delinquent fee be 50% of the renewal fee up to \$150.

**Includes sales of publications, cancelled warrants revenue and dishonored check fee.

15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board of Psychology submitted three BCPs in the past four fiscal years.

In FY 2016/17, the Board received position authority for one Program Technician (PT) II position to address increased workload associated with new cashiering and mail processing responsibilities.

In FY 2017/18, the Board received position authority for one Staff Services Manager I (SSM I) and one Staff Services Manager II (SSM II). This BCP was related to a major reorganization in the Board's internal structure, which has allowed the Board to establish a more effective organizational structure with a Licensing Unit, Enforcement Unit, and Central Services Unit.

In FY 2019/20, the Board received position authority for one Associate Governmental Program Analyst (AGPA) in its Enforcement Unit. This AGPA has helped manage the increasing complaint volume.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year*	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-026	2015/16	PT II performs increased workload in mail processing and new cashiering duties.	1.0 PT II	1.0 PT II	\$0	\$0	\$0	\$0
1111-012	2016/17	Transition temporary SSM II and SSM I to permanent status.	1.0 SSM II 1.0 SSM I	1.0 SSM II 1.0 SSM I	\$0	\$0	\$0	\$0
1111-002	2018/19	Transition temporary Enforcement Analyst to permanent status.	1.0 AGPA	1.0 AGPA	\$0	\$0	\$0	\$0

*Fiscal Year in which BCP was submitted

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board continues to monitor staffing issues and challenges by evaluating program data to identify staffing resource needs. The Board has experienced difficulty in recruiting and retaining qualified staff at the administrative level (e.g., Program Technician and Office Technician) due to the eligibility requirements established by CalHR. As a result, this has extended the recruitment timelines for these classifications, which in turn has had a detrimental effect on Board resources during lengthy vacancies. Otherwise, the Board has not experienced difficulties filling vacancies with qualified candidates.

The Board engaged the services of Cooperative Personnel Services (CPS) Human Resource Consulting to perform a training needs assessment and succession plan evaluation. CPS identified the training needs of all staff and provided a succession planning manual.

17. Describe the board's staff development efforts and how much is spent annually on staff development.

In addition to on-the-job training and cross-training measures, the Board utilizes the DCA's Strategic Organization, Leadership, and Individual Development (SOLID) for staff development purposes. SOLID provides a wide variety of options for staff to consider when seeking or recommending developmental opportunities.

In addition to SOLID, Board staff has participated in developmental opportunities offered by such entities as CPS, CalHR, Office of Administrative Law (OAL), and Council on Licensure, Enforcement, and Regulation (CLEAR), in the following amounts:

Expenditures	2015/16	2016/17	2017/18	2018/19
Staff Training	\$1,143	\$620	\$840	\$4,810

Section 4 – Licensing Program

18. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Previously, the Board's processing goals were established pursuant to 16 CCR section 1381.6, as follows:

Type of application:	Maximum time for notification
Licensed Psychologist:	60 days
Registered Psychologist:	60 days
Registered Psychological Assistant:	180 days

² The term "license" in this document includes a license certificate or registration.

16 CCR section 1381.6 was repealed in 2018. The Board is meeting program expectations. The Board's current timeframes for initial application review and notification (identify deficiencies or next steps) to the applicant are as follows:

Type of application:	# of business days*
Licensed Psychologist:	25 days
Registered Psychologist:	19 days
Registered Psychological Assistant:	8 days

*Data as of August 29, 2019

19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

Over the past three fiscal years, the Board has observed a slight increase in the average time to process complete applications and a significant increase in the average time to process incomplete applications. Additionally, the number of pending applications has outpaced completed applications over the last three fiscal years. The Board made enhancements to the BreZE system to more accurately reflect the actual number of pending applications in early 2019, and the number of pending applications appears to exceed that of completed applications by 14 percent for licensure and registration. The number of pending applications for examinations also exceeds that of completed applications on an average of 13 percent.

While the Board has maintained reasonable application processing timeframes, the Board aims to identify any performance barriers in the licensing process through the Organizational Change Management (OCM) process.

The Board has developed the following improvement plans:

- Pathways to Licensure – The Board has conducted a comprehensive review of its statutes and regulations addressing how licensure can be obtained. Amendments identified will remove barriers to licensure and program inefficiencies in the steps to licensure. The Board will be pursuing statutory and regulatory changes to accomplish this goal.
- OCM – The Board will be working with the Department of Consumer Affairs (DCA) through OCM to identify and evaluate program and process efficiencies.
- Once the review with OCM is complete, the Board will submit a BCP to seek authorized positions to improve performance.

20. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

Table 6. Licensee Population

License Type	License Status	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Psychologist	Active	17,434	17,828	18,255	18,719
	Delinquent	1,023	1,062	1,144	1,146
	Retired	N/A	N/A	N/A	N/A
	Out of State***	N/A	N/A	N/A	N/A
	Out of Country***	N/A	N/A	N/A	N/A
Registered Psychologist	Active	262	232	177	129
	Delinquent**	N/A	N/A	N/A	N/A
	Retired	N/A	N/A	N/A	N/A
	Out of State*	N/A	N/A	N/A	N/A
	Out of Country*	N/A	N/A	N/A	N/A
Psychological Assistant	Active	1,580	1,442	1,355	1,378
	Delinquent	95	78	100	87
	Retired	N/A	N/A	N/A	N/A
	Out of State*	N/A	N/A	N/A	N/A
	Out of Country*	N/A	N/A	N/A	N/A

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.
 *Registered Psychologists and Psychological Assistants are not registered outside of California.
 **Registered Psychologists do not renew so there is no delinquent status
 ***Licensed Psychologists who reside outside of California hold the same active or inactive status code as those who are located in California. Therefore, BreZE does not distinguish this data.

Table 7a. Licensing Data by Type

Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times			
					Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	Combined, IF unable to separate out	
FY 2016/17	(Exam)**	2,617	2,347	N/A	N/A	320	-	-	N/A	N/A	N/A
	(License)***	2,416	1,735	N/A	1,735	2,949	-	-	24	41	N/A
	(Renewal)	9,626	9,327	N/A	9,327	N/A	-	-	N/A	N/A	N/A
FY 2017/18	(Exam)**	2,818	2,523	N/A	N/A	408	-	-	N/A	N/A	N/A
	(License)***	2,322	1,687	N/A	1,687	3,072	-	-	36	62	N/A
	(Renewal)	9,975	9,520	N/A	9,520	N/A	-	-	N/A	N/A	N/A
FY 2018/19	(Exam)**	2,816	2,437	N/A	N/A	404	-	-	N/A	N/A	N/A
	(License)***	2,361	1,616	N/A	1,616	1,840****	-	-	35	87	N/A
	(Renewal)	9,970	9,838	N/A	9,838	N/A	-	-	N/A	N/A	N/A

* Optional. List if tracked by the board.
 ** Exam applications include initial EPPP and CPLEE applications.
 *** License applications include Initial Application for Licensure across all three types of license and registrations (psychologist, registered psychological assistant and registered psychologist).
 **** In early 2019, a data patch closed invalid Initial Application for Psychology Licensure to align with 16 CCR section 1381.4, which resulted in a lower but more accurate number of pending Initial Applications for Psychology Licensure compared to previous fiscal years.

Table 7b. Total Licensing Data			
	FY 2016/17	FY 2017/18	FY 2018/19
Initial Licensing Data:			
Initial Exam Applications Received**	2,617	2,818	2,816
Initial Exam Applications Approved**	1,735	1,687	1,616
Initial Exam Applications Closed**	N/A	N/A	N/A
License Issued***	1,735	1,687	1,616
Initial License/Initial Exam Pending Application Data:****			
Pending Applications (total at close of FY)	320	408	404
Pending Applications (outside of board control)*	N/A	N/A	N/A
Pending Applications (within the board control)*	N/A	N/A	N/A
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):****			
Average Days to Application Approval (All - Complete/Incomplete)	29	31	40
Average Days to Application Approval (incomplete applications)*	46	58	81
Average Days to Application Approval (complete applications)*	23	26	34
License Renewal Data:			
License Renewed	9,327	9,520	9,838
Note: The values in Table 7b are the aggregates of values contained in Table 7a. * Optional. List if tracked by the board. ** Exam applications include initial EPPP and CPLEE applications. *** License issued includes approved Initial Application for Licensure across all three types of license (psychologist, registered psychological assistant and registered psychologist). **** This reflects only initial examination data. Exam Cycle Time Data includes only CPLEE applications			

21. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC Section 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

Denials based on criminal history:

- FY 2015/16: 5
- FY 2016/17: 5
- FY 2017/18: 6
- FY 2018/19: 2

Circumstances based on applicant:

- FY 2015/16
 - Applicant 1 denied based on conviction(s) of: DUI convictions (2)
 - Applicant 2 denied based on conviction(s) of: DUI convictions (2)
 - Applicant 3 denied based on conviction(s) of: DUI convictions (2)
 - Applicant 4 denied based on conviction(s) of: DUI convictions (3)
 - Applicant 5 denied based on conviction(s) of: DUI convictions (2)
- FY 2016/17

- Applicant 1 denied based on conviction(s) of: DUI, fighting in public, and driving with a suspended license
 - Applicant 2 denied based on conviction(s) of: Felony making a false statement
 - Applicant 3 denied based on conviction(s) of: DUI, disorderly conduct, public intoxication, improper lane change, and hit and run
 - Applicant 4 denied based on conviction(s) of: DUI
 - Applicant 5 denied based on conviction(s) of: Indecent exposure, disturbing the peace, and battery
- FY 2017/18
 - Applicant 1 denied based on conviction(s) of: Driving with a suspended license, providing false identity to a peace officer, and felony false evidence
 - Applicant 2 denied based on conviction(s) of: Petty theft, fictitious checks, and felony grand theft
 - Applicant 3 denied based on conviction(s) of: Contributing to the delinquency of a minor
 - Applicant 4 denied based on conviction(s) of: DUI, and reckless driving
 - Applicant 5 denied based on conviction(s) of: DUI, and reckless driving
 - Applicant 6 denied based on conviction(s) of: Felony medical fraud
- FY 2018/19
 - Applicant 1 denied based on conviction(s) of: Theft by swindle
 - Applicant 2 denied based on conviction(s) of: DUI, trespassing, prostitution, and wet and reckless

22. How does the board verify information provided by the applicant?

- a. **What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?**

Process

The Board requires every applicant for a registration or license to be fingerprinted for a criminal history background check. Once the applicant has completed the fingerprinting process, the Department of Justice (DOJ)/Federal Bureau of Investigation (FBI) provides the background information directly to BreZE. Authorized Board staff retrieve the applicant's background report. Applicants with a clear criminal history report continue with the application review process. Applicants with a conviction history are requested to provide court certified documentation regarding the arrest and the conviction. Enforcement staff review the criminal history documentation to determine if the conviction is substantially related to the practice of psychology. If a substantial relationship exists, the application may be denied.

Prior to the issuance of a license or registration, Board staff check BreZE to determine if any disciplinary action has been filed against the applicant by another DCA entity. Additionally, the Board accesses the ASPPB Disciplinary Data Bank to determine if an applicant has ever been disciplined by another jurisdiction.

Once an applicant is licensed or registered, the Board receives subsequent arrest information from the DOJ via a secure portal. Staff checks the secure portal daily for subsequent arrest or

conviction records and forwards any applicable records to the Board's Enforcement Unit for further review.

Denials

The Board has denied licensure applications over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history.

- FY 2015/16: 1
- FY 2016/17: 1
- FY 2017/18: 2
- FY 2018/19: 0

b. Does the board fingerprint all applicants?

Every applicant for a license or registration must complete the fingerprint process.

c. Have all current licensees been fingerprinted? If not, explain.

Since the last Sunset Review, the Board identified individuals who did not have fingerprint results on file and required them to be fingerprinted. All current and active licensees are in compliance with the fingerprint requirement.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The ASPPB maintains a national databank of disciplinary actions taken against licensees in every state, Canadian province, and U.S. territory. Licensing staff conducts a manual check of the databank for each of its applicants prior to the issuance of every license or registration. Renewing licensees and registrants are required to disclose on their renewal application, under penalty of perjury, whether or not, since their last renewal, they have had any license disciplined by a government agency or other disciplinary body.

The Board does not check the national databank for disciplinary action as a condition of renewal; however, the Board does cross-reference data from the ASPPB for out-of-state discipline on a quarterly basis for all licensees.

e. Does the board require primary source documentation?

The Board requires primary source verification for the following:

- Official transcripts
- Verification of supervised professional experience
- Certified court-related documents

23. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Out-of-State

BPC Section 2914(b) requires each applicant for licensure to possess a doctoral degree in psychology, educational psychology, or in education with a field of specialization in counseling

psychology or educational psychology from a regionally accredited educational institution in the U.S. or Canada, or from an educational institution in California that is approved by the Bureau for Private Postsecondary Education (BPPE).

Pursuant to changes made from the Board's last sunset review (SB 1193, Chapter 484, Statutes of 2016), the following educational requirements apply for those enrolled or who graduated from a BPPE approved school:

- Applicants for licensure that are enrolled as of December 31, 2016, in a doctoral program in psychology, educational psychology, or education with a field of specialization in counseling psychology or educational psychology at a nationally accredited institution, or an approved institution that meets the requirements of Section 2914 (h), will be able to apply for licensure at any time, and this requirement will not apply.
- Applicants for licensure that enroll in a doctoral program on or after January 1, 2017, in psychology, educational psychology, or education with a field of specialization in counseling psychology or educational psychology at a nationally accredited institution, or an approved institution that meets the requirements of Section 2914 (h), will need to meet the requirements for and apply for licensure on or before December 31, 2019.
- Applicants for licensure that apply on or after January 1, 2020, must possess an earned doctorate degree in psychology, educational psychology, or education with the field of specialization in counseling psychology or educational psychology from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the U.S. Department of Education.

BPC Section 2914(c) also requires each applicant to have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist. 16 CCR Section 1387.4(a) requires that all out-of-state supervised professional experience be supervised by a psychologist licensed at the doctoral level in the State, U.S. territory or Canadian province in which the experience is taking place, in compliance with all laws and regulations of the jurisdiction in which the experience was accrued, and in substantial compliance with all the supervision requirements of section 1387. SPE can be accrued at a U.S. military installation so long as the experience is supervised by a qualified psychologist licensed at the doctoral level in the U.S. or Canada.

16 CCR section 1388(b) sets forth the examination requirements for all applicants for licensure. The licensing examination shall consist of the EPPP, and the CPLEE.

16 CCR section 1388.6 sets forth a waiver of the EPPP for applicants for licensure as a psychologist who have been licensed in another state, Canadian province or U.S. territory for at least five years. Although the EPPP is waived under this section, an applicant must file a complete application and meet all current licensing requirements, including payment of any fees, take and pass the CPLEE, and not have been subject to discipline. Those out-of-state applicants who have been licensed for at least five years and who hold a Certificate of Professional Qualification (CPQ) issued by the ASPPB, are credentialed as a Health Service Provider in Psychology by the National Register of Health Service Psychologists, or are certified by the American Board of Professional Psychology (ABPP) are deemed to have met the educational and experience requirements of subdivisions (b) and (c) of BPC Section 2914.

Out-of-Country

BPC Section 2914(b) provides that applicants for licensure trained in an educational institution outside the U.S. or Canada shall demonstrate to the satisfaction of the Board that they

possess a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the U.S. or Canada. These applicants must provide the Board with a comprehensive evaluation of their degree by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services, and any other documentation the Board deems necessary.

BPC Section 2914(c) also requires each applicant to have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist. 16 CCR section 1387.4(b) allows for SPE to be accrued at a U.S. military installation so long as the experience is supervised by a qualified psychologist licensed at the doctoral level in the U.S. or Canada. Additionally, section 1387.4(c) provides that supervised professional experience can be accrued in countries outside the U.S. or Canada that regulate the profession of psychology pursuant to the same requirements as set forth in BPC section 2914. Supervision accrued outside the U.S., its territories, or Canada must comply with all the supervision requirements of section 1387, and the burden is on the applicant to provide the necessary documentation and translation that the Board may require to verify the qualification of the experience.

16 CCR section 1388(b) sets forth the examination requirements for all applicants for licensure. The licensing examination shall consist of the EPPP and the CPLEE.

24. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

The Board requires applicants to identify if they have served in the military as required by BPC Section 114.5. Since the last Sunset Review, the DCA added a tracking mechanism in BreEZe for the Board to be in compliance with this section.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

Supervised professional experience can be accrued at a U.S. military installation if the experience is supervised by a doctoral level psychologist who is licensed in the U.S. or Canada. The Board does not make a distinction between applicants with military education, training or experience from those with education, training or experience accrued in other settings.

c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

16 CCR section 1387.4(b) permits supervised professional experience to be accrued at a U.S. military installation so long as the experience is supervised by a qualified psychologist who is licensed at the doctoral level in the U.S. or Canada.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

The Board has received and processed two waivers from renewal fees and continuing education requirements pursuant to BPC Section 114.3 since the last Sunset Review. The fiscal impact of these waivers has been negligible.

e. How many applications has the board expedited pursuant to BPC § 115.5?

The Board has expedited 125 applications pursuant to BPC Section 115.5 since the last Sunset Review.

25. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Board sends No Longer Interested (NLI) notifications to DOJ on a regular and ongoing basis. The NLI's are submitted electronically to the DOJ through the DCA BreEZe interface. At the current time, there is no known backlog.

Examinations

Table 8. Examination Data		
California Examination (include multiple language) if any:		
	License Type	PSY
	Exam Title	CPLEE
FY 2015/16	# of 1 st Time Candidates	953
	Pass %	98.11%
FY 2016/17	# of 1 st Time Candidates	860
	Pass %	78.02%
FY 2017/18	# of 1 st Time Candidates	899
	Pass %	80.42%
FY 2018/19	# of 1 st time Candidates	918
	Pass %	70.70%
	Date of Last OA	2012
	Name of OA Developer	OPES
	Target OA Date	2019
National Examination (include multiple language) if any:		
	License Type	PSY
	Exam Title	EPPP
FY 2015/16	# of 1 st Time Candidates	694
	Pass %	87.75%
FY 2016/17	# of 1 st Time Candidates	901
	Pass %	69.70%
FY 2017/18	# of 1 st Time Candidates	912
	Pass %	68.20%
National Examination (include multiple language) if any: (cont.)		

Table 8. Examination Data		
FY 2018/19	# of 1 st time Candidates	859
	Pass %	69.27%
Date of Last OA		2016
Name of OA Developer		ASPPB
Target OA Date		2021-2023

26. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

The national examination required for licensure is the EPPP administered by ASPPB, and the California examination required for licensure is the CPLEE, which is administered by the Board. The EPPP is available in French; however, this version is available only to applicants for licensure in Canada.

Pursuant to 16 CCR 1388(h), an applicant for whom English is the second language may be eligible for additional time when taking the licensing examinations.

27. What are pass rates for first time vs. retakes in the past 4 fiscal years? Are pass rates collected for examinations offered in a language other than English?

Below are the pass rates for first time vs. retakes in the past four fiscal years:

BOARD OF PSYCHOLOGY EXAMINATION PASS RATE OF FIRST TIME VS. RETAKES

Fiscal Year	EPPP				CPLEE			
	Total First Timers	Pass Rate	Total Retakes	Pass Rate	Total First Timers	Pass Rate	Total Retakes	Pass Rate
2015/2016	694	88%	688	23%	953	98%	375	48%
2016/2017	901	70%	587	28%	860	78%	209	62%
2017/2018	912	68%	692	30%	899	80%	269	71%
2018/2019	859	69%	732	28%	918	71%	348	69%

Neither examination is offered in another language for California examination candidates. No data is collected for pass rates in a language other than English.

28. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The EPPP and CPLEE are both computer-based examinations. Applicants approved for the EPPP and CPLEE are notified of their eligibility via email by the Board, as well as by the examination vendor. Applicants are instructed to visit a secure website to schedule their examinations. Both examinations are available six days a week at secure testing locations throughout the state. The EPPP is developed and maintained by ASPPB and administered by Pearson VUE at Pearson VUE owned and operated locations. Pearson VUE currently owns 27 examination site locations in California, 283 locations throughout the rest of the U.S. and 24 locations in Canada. The CPLEE is administered by Psychological Services, Inc. There are 19 California examination site locations

and 19 out-of-state examination sites. Applicants taking the EPPP are allowed to take the examination four times within a 12-month period. The CPLEE has a new examination version available every three months, making the examination available to candidates four times per year.

29. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Since the last Sunset Review, the Board has completed its review of all statutes and regulations that affect the pathways to licensure and registration by identifying sections that create undue barriers and those that are inconsistent with the current training environments, education, and new technologies. The Board will be pursuing legislation, including recommendations made in this report, to address said sections.

School approvals

30. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

BPC Section 2914(h) requires that until January 1, 2020, an applicant holding a doctoral degree in psychology from an approved institution is deemed to have met the requirements of this section if both of the following are true: (1) The approved institution offered a doctoral degree in psychology designed to prepare students for a license to practice psychology and was approved by the former Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999; (2) The approved institution has not, since July 1, 1999, had a new location, as described in Section 94823.5 of the Education Code. School approvals are conducted solely by the Bureau for Private Postsecondary Education (BPPE).

Applicants for licensure that apply on or after January 1, 2020, must possess an earned doctorate degree in psychology, educational psychology, or education with the field of specialization in counseling psychology or educational psychology from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the U.S. Department of Education.

31. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The Board does not approve schools and has no authority to do so. ~~There are currently five (5) schools approved by the BPPE that meet the criteria listed above.~~

32. What are the board's legal requirements regarding approval of international schools?

The Board does not approve international schools. However, BPC Section 2914 provides that an applicant for licensure trained in an educational institution outside the U.S. or Canada shall demonstrate to the satisfaction of the Board that he or she possesses a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the U.S. or Canada. These applicants must provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services, and any other documentation the Board deems necessary. The Board will be seeking legislation to expand the options and requirements for

foreign degree evaluation services to include the National Register of Health Service Psychologists.

Continuing Education/Competency Requirements

33. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Currently, the Board requires all licensees to accrue 36 hours of continuing education, including nine hours of live or live-interactive CE, each renewal cycle in order to maintain their license. Since the last Sunset Review, the Board has initiated the rulemaking process to implement regulatory changes that would replace the current continuing education model with a broader CPD model. This model will consist of fourteen continuing professional development activities grouped under four different categories. The four categories and fourteen learning activities include:

- 1) Professional (Peer Consultation, Practice Outcome Monitoring, Professional Activities, Conferences/Conventions, Examination Functions)
- 2) Academic (Academic Courses, Academic Instruction, Supervision, Publications)
- 3) Sponsored Continuing Education Coursework including Independent/Online Learning, and
- 4) Board Certification from the American Board of Professional Psychology (ABPP).

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

The Board's renewal application requires licensees to self-certify under penalty of perjury that they have met the CE requirements. The Board then conducts random CE audits of licensees renewing each month to verify that the licensees have obtained the required 36 approved hours as certified on their renewal application. While the Board is not working with the Department's cloud-based system, we anticipate the launch of CE audit functionality in the BreEZe system.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

The Board conducts random CE audits of its licensees renewing each month. Selected licensees are mailed and emailed an initial audit notice and are given 60 days from the date of the notice to submit CE course certificates to verify completion of the required CE. If the Board does not receive a response within 30 days, a final notice of the audit deadline is mailed to the licensee. If a licensee passes the audit, the licensee is sent a compliance letter.

c. What are consequences for failing a CE audit?

If a licensee does not submit verification of enough hours or submits certificates that do not meet the Board's requirements, the licensee is sent a deficiency letter and is issued a citation and fine. The citation requires the licensee to comply with an order of abatement to accrue the hours the licensee is deficient, and to pay a fine. Fines range from \$250 to \$2,500 depending on the number of hours short and the number of audits the licensee has previously failed. Any licensee who wants to contest a citation or fine can request an informal conference or an administrative hearing. If the licensee fails to provide any response to the audit, the licensee may be subject to discipline.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

In the past four fiscal years, 2,485 licenses have been audited. Of the 2,485 licensees audited, 322 have failed (13%).

e. What is the board's course approval policy?

Pursuant to 16 CCR section 1397.61(c), the Board recognizes and accepts for continuing education credit courses that are provided by entities approved by:

- American Psychological Association
- California Psychological Association
- Association of Black Psychologists
- California Medical Association / Accreditation Council for Continuing Medical Education (courses must be specifically applicable and pertinent to the practice of psychology)

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

The Board does not approve CE providers or CE courses. CE courses and providers are currently approved by the CE approvers cited above.

g. How many applications for CE providers and CE courses were received? How many were approved?

The Board does not approve CE providers or CE courses; therefore, the Board did not receive any applications.

h. Does the board audit CE providers? If so, describe the board's policy and process.

The Board does not audit CE providers.

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

The Board's effort to revise its CE policy can be seen through its development of the CPD model. Rather than relying entirely on more passive means of demonstrating competency, it includes and encourages that a portion of CPD be earned by performance-based activities. As competency is not a fixed quality, this ensures a more active participation in maintaining competence.

ASPPB recommended the CPD model and the Board developed and adopted a framework based on this model in order to provide additional avenues for maintaining competence. These additional options are meant to expand the ways licensees can increase their learning and maintain competency and to include avenues for performance-based assessments of licensees' competence. The use of peer consultation is an example of CPD that accomplishes performance-based competency. The Board has initiated the rulemaking process to move forward with the implementation of this model as authorized by statute.

Section 5 – Enforcement Program

34. What are the board’s performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Performance Measure (PM)	Definition	Performance Target
PM 1 Volume	Number of complaints and convictions received.	*
PM 2 Intake	Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.	9 days
PM 3 Intake/ Investigation	Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation).	80 days
PM 4 Formal Discipline	Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline (includes intake, investigation, and transmittal outcome).	540 days
PM 5 Efficiency (cost)	Average cost of intake and investigation for complaints not resulting in formal discipline.	**
PM 6 Customer Satisfaction	Consumer satisfaction with the service received during the enforcement process.	***
PM 7 Probation/ Intake	Average number of days from monitor assignment, to date the monitor makes first contact with the probationer.	7 days
PM 8 Probation Violation Response	Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.	10 days
* Complaint volume is counted and not considered a performance measure ** Data not collected *** The DCA-wide average for all participating programs has been between 80-85% since 2015.		

The Board has consistently met all of its performance measures with the exception of Performance Measure 4 (Formal Discipline). The DCA set the performance measure at 540 days; however, this measure includes case involvement outside of the Board's control. For example, cases referred to the Office of the Attorney General and the Office of Administrative Hearings are included in Performance Measure 4 (Formal Discipline). Since the last Sunset Review, the Board has limited the amount of time given to the respondent during settlement negotiations and requested that Accusations/Statement of Issues be filed within 30 days of transmittal to the Office of the Attorney General to improve this performance measure.

35. Explain trends in enforcement data and the board’s efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done

and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board's volume of complaints and arrests has increased by 27% since the last Sunset Review. Over the past four fiscal years, the Board received the largest number of complaints and arrests totaling 1,232 cases in FY 2018/19 (see Table 9a) as compared to 972 complaints and arrests reported in the last Sunset Review.

The Board continues to meet its performance targets as identified by the Consumer Protection Enforcement Initiative (CPEI), with the exception of Performance Measure 4 (Formal Discipline) (see Attachment 12D). There have been no recognizable trends that the Board has identified to explain the continued increase in complaint volume.

Ratio of Closure to Pending Cases	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Prior Year Pending (AG Pending Cases and Pending Intake or Investigation Cases)	275	415	274	376	488
Complaints and Arrests Received	972	1,038	1,232	1,183	1,232
Closed at Intake	92	210	274	351	336
Closed at Investigation	736	768	918	882	837
Closed at AG	15	15	13	9	11
Closed with Discipline	20	34	53	33	29
Case Workload	1,247	1,453	1,506	1,559	1,720
Case Closure	863	1,027	1,258	1,275	1,213
Pending Cases	384	426	248	284	507
Closure to Pending Ratio	2.25:1	2.41:1	5.07:1	4.49:1	2.39:1

The performance barriers identified by the Board are as follows:

- Increased number of complaints and enforcement workload

Since the last Sunset Review, the Board has experienced an increase in the number of desk investigations due to a growing number of complaints and applicant file reviews where there is a history of convictions or discipline from another state or jurisdiction. Additionally, the Board has experienced an increase in the number of administrative subpoenas and petitions for early termination of probation and reinstatement. In addition to performing desk investigations, enforcement analysts are also responsible for updating forms and procedure manuals, responding to Public Records Act (PRA) requests, preparing statistical data reports, facilitating and organizing expert training, and preparing and issuing administrative subpoenas.

In FY 2017/18, the Board added a full-time permanent Associate Governmental Program Analyst (AGPA) to address case load issues and staff processing times. Although we have added a full-time position, each analyst is responsible for 120 to 130 cases at any given time. Since our last Sunset Review, the Board no longer uses the Division of Investigation (DOI) to perform background investigations for petitions for reinstatement. Internal use of the Board's Special Investigator (SI) has helped improve investigative time frames for investigations of petitions for reinstatement. The Board no longer performs background investigations for petitions for early termination of probation because the Board is actively monitoring these individuals through its probation program, which makes background

investigations unnecessary. Lastly, the enforcement staff attended subpoena training through DCA to streamline the process for preparing and issuing administrative subpoenas, instead of referring these to DOI.

- Limited pool of Subject Matter Experts (SMEs)

Currently, the Board has 42 SMEs, which is down from 100 SMEs from the prior Sunset Review. The Board utilizes licensed psychologists as SMEs to review and opine on complaints to determine if there has been a departure from the standard of care. Experts must be licensed by the Board for a minimum of three years, have not had any disciplinary action, and have three or more years of experience in a specific area of practice. Factors leading to this decrease include, but are not limited to, the following: amount paid in relation to the prevailing hourly rate, availability, potential conflicts of interest with respondents, complainants, or opposing counsel, and limited pools of experts in certain fields such as child custody evaluations, neuropsychology, and forensic psychology.

In order to address this barrier, since the last Sunset Review, the Board has made an adjustment to its hourly rate and will continue to monitor rates in comparison to other DCA entities. Additionally, the Board has increased its outreach efforts to licensees by publishing articles, sending targeted emails to licensees to encourage participation and recruit qualified candidates, and leveraged all Board in-person outreach opportunities to inform and engage licensees about the SME Program.

- Timeframes for formal investigations

The Board no longer utilizes the Health Quality Investigative Unit (HQIU) due to lengthy timeframes of approximately 24 months for investigations. To reduce investigative timeframes to between 12 to 16 months, the Board engaged DOI’s Investigative Enforcement Unit (IEU) in 2017 to take over investigative workload. Additionally, the Board supported DOI’s efforts to augment investigative resources through the BCP process.

- Statutory barriers to obtain necessary documentation

Through the Child Custody Stakeholder Meeting held in September 2018, the Board has identified statutory barriers to obtaining necessary documentation in its investigations of child custody-related complaints. The Board will be working with the Office of the Attorney General and the State Legislature to make changes to the Evidence Code sections identified in the meeting to remedy this barrier.

- Timeframes for administrative hearings

Currently, the Office of Administrative Hearings (OAH) takes an average of 12 months to hear a disciplinary matter, once scheduled. This barrier is outside of the Board’s control.

Table 9a. Enforcement Statistics			
	FY 2016/17	FY 2017/18	FY 2018/19
COMPLAINT			
Intake			
Received	1,191	1,130	1,192

Table 9a. Enforcement Statistics			
	FY 2016/17	FY 2017/18	FY 2018/19
Closed	274	351	336
Referred to INV	854	805	862
Average Time to Close	10	18	9
Pending (close of FY)	146	120	114
Source of Complaint			
Public	861	871	909
Licensee/Professional Groups	6	5	19
Governmental Agencies	288	190	166
Other	36	64	98
Conviction / Arrest			
CONV Received	41	53	40
CONV Closed	39	48	31
Average Time to Close	8	8	9
CONV Pending (close of FY)	2	5	9
LICENSE DENIAL			
License Applications Denied	10	8	3
SOIs Filed	7	7	6
SOIs Withdrawn	3	2	0
SOIs Dismissed	1	0	0
SOIs Declined	0	0	0
Average Days SOI	733	128	160
ACCUSATION			
Accusations Filed	31	19	29
Accusations Withdrawn	3	2	3
Accusations Dismissed	N/A	N/A	N/A
Accusations Declined	2	3	4
Average Days Accusations	860	1,088	830
Pending (close of FY)	54	78	84
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	8	9	5
Stipulations	45	24	24
Average Days to Complete	1,005	1,111	1,220
AG Cases Initiated	55	72	55
AG Cases Pending (close of FY)	57	78	84
Disciplinary Outcomes			
Revocation	2	10	0
Voluntary Surrender	26	10	9
Suspension	1	2	0
Probation with Suspension ¹	0	0	0
Probation ²	19	10	18
Probationary License Issued	1	0	0
Other	0	0	0
PROBATION			
New Probationers	15	9	15
Probations Successfully Completed	3	8	13
Probationers (close of FY)	52	53	38
PROBATION (cont.)			
Petitions to Revoke Probation	0	7	3
Probations Revoked	0	2	0

Table 9a. Enforcement Statistics			
	FY 2016/17	FY 2017/18	FY 2018/19
Probations Modified	1	2	4
Probations Extended	1	1	3
Probationers Subject to Drug Testing	25	22	24
Drug Tests Ordered	653	832	780
Positive Drug Tests	146	149	42
Petition for Reinstatement Granted	1	0	1
DIVERSION			
New Participants	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A
Terminations	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A

Table 9b. Enforcement Statistics (continued)			
	FY 2016/17	FY 2017/18	FY 2018/19
INVESTIGATION			
All Investigations			
First Assigned	892	996	898
Closed	918	882	837
Average days to close	46	62	86
Pending (close of FY)	173	290	428
Desk Investigations			
Closed	881	882	910
Average days to close	46	62	101
Pending (close of FY)	173	290	428
Non-Sworn Investigation			
Closed	24	27	14
Average days to close	38	373	56
Pending (close of FY)	15	62	23
Sworn Investigation			
Closed	143	57	48
Average days to close	373	363	488
Pending (close of FY)	70	72	107
COMPLIANCE ACTION			
ISO & TRO Issued	1	2	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	0	0	0
Public Letter of Reprimand	3	4	3
Cease & Desist/Warning	N/A	N/A	N/A
Referred for Diversion	N/A	N/A	N/A
Compel Examination	0	3	0
CITATION AND FINE			
Citations Issued	165	198	75
Average Days to Complete	79	138	77
CITATION AND FINE (cont.)			
Amount of Fines Assessed	\$123,000	\$143,750	\$60,500
Reduced, Withdrawn, Dismissed	33	29	10

Table 9b. Enforcement Statistics (continued)			
	FY 2016/17	FY 2017/18	FY 2018/19
Amount Collected	\$100,250	\$119,882	\$38,050
CRIMINAL ACTION			
Referred for Criminal Prosecution	0	0	0

Table 10. Enforcement Aging						
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	1	1	1	2	5	10%
1 - 2 Years	3	4	2	2	11	23%
2 - 3 Years	2	3	2	3	10	21%
3 - 4 Years	4	3	2	2	11	23%
Over 4 Years	5	2	2	2	11	23%
Total Attorney General Cases Closed	15	13	9	11	48	
Investigations (Average %)						
Closed Within:						
90 Days	603	760	601	525	2,489	78%
91 - 180 Days	84	74	67	103	328	10%
181 - 1 Year	46	35	51	66	198	6%
1 - 2 Years	25	43	40	40	148	4%
2 - 3 Years	10	16	11	13	50	2%
Over 3 Years	0	0	1	0	1	<1%
Total Investigation Cases Closed	768	918	771	747	3,204	

36. What do overall statistics show as to increases or decreases in disciplinary action since last review?

Since the last Sunset Review, the overall statistics do not reflect a significant change in the number of disciplinary actions the Board has taken. Stipulated Settlements and Voluntary Surrenders have increased from the last Review.

37. How are cases prioritized? What is the board's complaint prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)*? If so, explain why.

The Board prioritizes cases in accordance with the DCA August 2009 memorandum, "Complaint Prioritization for Health Care Agencies." There are three levels of prioritization: urgent, high, and routine. Each complaint is reviewed and placed in one of the three categories. Complaints involving sexual misconduct are immediately placed in the "urgent" priority and forwarded to IEU for formal investigation. All other complaints are opened in the order received and assigned to an analyst. Analysts perform a desk investigation of the complaint and determine prioritization and appropriate action.

38. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the

board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

The mandatory reporting requirements are as follows:

- BPC Section 801(a) requires that every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 send a complete report to that agency as to any settlement of an arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering unauthorized professional services.
- BPC Section 802(a) requires a person who holds a license, certificate, or other similar authority from an agency specified in subdivision of Section 800, to report any settlement, judgment or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error or omission in practice, or by his or her rendering unauthorized professional services.
- BPC Section 803(a) requires the clerk of the court, within 10 days after a judgment by a court of this state, to report if any person who holds a license, certificate, or other similar authority from the Board has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of thirty thousand dollars (\$30,000) caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services.
- BPC Section 803.5 requires the district attorney, city attorney, or other prosecuting agency to notify the Board of any filings against a licensee charging a felony immediately upon obtaining information that the defendant is a licensee of the board. The notice must identify the licensee and describe the crimes charged and the facts alleged.
- BPC Section 805(b) requires peer review bodies, such as health care service plans, and committees that review quality of care, to report to the Board whenever a licensee's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason, a licensee's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason or, restrictions are imposed, or voluntarily accepted, on staff privileges, membership of employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary reason.

While the Board primarily receives violation reports via BPC Section 801(a), we have not had difficulty retrieving reports from any other mandatory reporting entity.

a. What is the dollar threshold for settlement reports received by the board?

BPC Section 803(a) requires the clerk of the court, within 10 days after a judgment by a court of this state, to report if any person who holds a license, certificate, or other similar authority from the Board has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of thirty thousand dollars (\$30,000) caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services.

b. What is the average dollar amount of settlements reported to the board?

The average dollar amount of settlements reported to the Board is \$110,499.00.

39. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

Stipulations are legal documents that typically contain admissions by the licensee to one or more violations of law and set forth a proposal for appropriate discipline. Appropriate discipline is based on the Board's Disciplinary Guidelines and Uniform Standards which outline both minimum and maximum penalties for every violation of the Psychology Licensing Act. Discipline comes in many forms and, depending on the admission(s) of misconduct, may include probation with terms and conditions, suspension, surrender of license, or even revocation. Stipulations are negotiated between the licensee or their attorney and the Board's legal representative from the Office of the Attorney General. Once a stipulation is agreed upon and signed by the licensee and the Board's legal representative, the document is voted upon by the Board members. The Board votes to either adopt the stipulation, reject it, or offer a counterproposal. If the licensee does not agree with the counterproposal, they have the right to request a formal hearing before an Administrative Law Judge.

a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board does not enter into settlement agreements with licensees prior to the filing of an accusation.

b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Settled	38	45	24	24
Hearing	2	6	5	4

c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

- FY 2015/16: 95%
- FY 2016/17: 88%
- FY 2017/18: 82%
- FY 2018/19: 76%

40. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Board operates within a statute of limitations. BPC Section 2960.05 provides, in pertinent part, that any accusation filed against a licensee pursuant to Section 11503 of the Government Code be filed within three years from the date the Board discovers the alleged act or omission that is the basis for disciplinary action, or within seven years from the date the alleged act or omission that is the basis for disciplinary action occurred, whichever occurs first. If an alleged act or omission involves a minor, the seven-year limitation period provided for by subdivision (a) and the 10-year limitation period provided for by subdivision (e), is tolled until the minor reaches the age of majority. Since the last Sunset Review, the Board did not have or lost jurisdiction due to statute of limitations in 37 cases.

41. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board continues to investigate all unlicensed activity cases. The Board has the authority to issue a Citation and Fine for unlicensed activity or for false or misleading advertising. Through DOI, the Board can refer cases to local District Attorney offices for criminal prosecution.

Cite and Fine

42. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

A Citation and Fine is a tool the Board can use to take action against an unlicensed person or a licensee who is found to be in violation of Psychology Laws and Regulations. For licensees, a Citation and Fine is used to address relatively minor violations that typically do not warrant formal discipline.

Since the last Sunset Review, the Board has not amended its regulations regarding its Citation and Fine authority. The Board increased its fine authority to the statutory limit of \$5,000 in 2005.

43. How is cite and fine used? What types of violations are the basis for citation and fine?

A Citation and Fine is used for cases that do not warrant formal discipline. The types of violations that are the basis for Citation and Fine include, but are not limited to, the following:

- Failure to comply with the continuing education requirements;
- False or misleading advertising;
- Unlicensed practice;
- Failure to maintain proper record keeping; and
- Failure to comply with an investigation.

44. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

The Board of Psychology does not have a Disciplinary Review Committee. In the last four fiscal years, the Board held 45 enforcement-related and 87 CE-related informal conferences and three enforcement-related and four CE-related Administrative Procedure Act appeals.

45. What are the 5 most common violations for which citations are issued?

The five most common violations for which citations are issued are as follows:

- Failure to comply with the continuing education requirements;
- Failure to disclose conviction information on renewal application;
- False or misleading advertising;
- Unlicensed practice; and
- Violation of the terms and conditions of probation.

46. What is average fine pre- and post- appeal?

The average pre-appeal fine for enforcement citation orders is \$1,950 and the average post-appeal fine is \$1,125.

The average pre-appeal fine for CE citation orders is \$772 and the average post-appeal fine is \$573.

47. Describe the board’s use of Franchise Tax Board intercepts to collect outstanding fines.

In instances of failure to pay a fine within the required time, the licensee or non-licensee's information is forwarded to the DCA for referral to Franchise Tax Board for collection through its Interagency Intercept Collection Program.

Cost Recovery and Restitution

48. Describe the board’s efforts to obtain cost recovery. Discuss any changes from the last review.

BPC Section 125.3 states, in part, that the Board may request the administrative law judge direct any licensee found to have committed a violation or violations of the licensing act, to pay the Board a sum not to exceed reasonable costs of the investigation and enforcement of the case. Cost Recovery is a standard term and condition specified in the Board's disciplinary guidelines for all proposed decisions and stipulations. There have been no changes in this policy since the last review.

49. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

There is no specific amount of cost recovery ordered for revocations, surrenders, and probationers. Each discipline case has its own amount of cost recovery ordered depending on the investigation and prosecution costs incurred. Most cost recovery is due within 12 months of the order's effective date. During negotiations, a probationer can request a payment plan if he or she needs additional time to reimburse the Board. All cost recovery must be paid six-months prior to the completion of probation. If cost recovery is determined to be unrecoverable, the Board uses the Franchise Tax Board's Interagency Intercept Collection Program to collect the amount due. Generally, licensees pay cost recovery as it is a term and condition of probation, and to not pay could result in the revocation of the license.

Table 11. Cost Recovery		(list dollars in thousands)		
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Total Enforcement Expenditures	\$1,268	\$953	\$1,149	\$784**
Potential Cases for Recovery *	37	31	25	33
Cases Recovery Ordered***	29	41	26	21
Amount of Cost Recovery Ordered	\$264	\$410	\$222	\$225
Amount Collected	\$107	\$114	\$53	\$29
* “Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the License Practice Act. ** Total based on preliminary yearly expenditures provided by DCA ***Cost recovery ordered may be from other accusations in different fiscal years				

50. Are there cases for which the board does not seek cost recovery? Why?

The Board does not seek cost recovery in cases where it has denied an application for a license or registration and a Statement of Issues has been filed. BPC Section 125.3, which authorizes the collection of cost recovery, applies only to licensees and not applicants.

51. Describe the board’s use of Franchise Tax Board intercepts to collect cost recovery.

Failure to pay cost recovery is generally a violation of probation, so it is not common for a licensee to fail to pay cost recovery. The Board uses the Franchise Tax Board (FTB) to collect outstanding monies due if not paid within the agreed upon timeframe.

52. Describe the board’s efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board may impose a probation term compelling restitution. The Board can order restitution in cases involving Medi-Cal or other insurance fraud. One example of when restitution would be ordered is in cases where a patient or client paid for services that were never provided. Evidence relating to the amount of restitution would be introduced at the administrative hearing. Failure to pay the ordered restitution would be deemed a violation of probation and further discipline or revocation would be sought.

Table 12. Restitution	(list dollars in thousands)			
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Amount Ordered	0	0	1,508	0
Amount Collected	0	0	1,508	0

Section 6 – Public Information Policies

53. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board’s website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board continually updates its website to reflect upcoming Board activities, changes in laws, regulations, licensing and/or registration, and other relevant information of interest to stakeholders. Agendas are posted on the Board's website at least 10 days prior to meeting dates. Meeting materials are also made available on the website. These items remain available on the website for as long as permitted by policy. Draft minutes are posted online only as agenda item materials for an upcoming meeting. Minutes from each Board meeting are posted on the Board's website once they have been formally approved and adopted by the Board at a subsequent meeting. Minutes remain available on the Board's website for as long as permitted by policy.

54. Does the board webcast its meetings? What is the board’s plan to webcast future board and committee meetings? How long do webcast meetings remain available online?

The Board has been webcasting its meetings since 2011 and will continue to request that the DCA webcast future Board and Committee meetings. Webcast meetings remain on the website along with the meeting agendas and materials for as long as permitted by policy.

55. Does the board establish an annual meeting calendar, and post it on the board's web site?

The Board posts an annual calendar of Board meetings to its website and updates this calendar as various committee and task force meetings are scheduled.

56. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The Board's disclosure policy is consistent with the DCA Recommended Minimum Standards for Consumer Complaint Disclosure as well as the Department's Web Site Posting of Accusations and Disciplinary Actions. The Board posts discipline documents on the licensee's verification page on the website and sends a monthly email of all disciplinary actions initiated or finalized in that month to persons who have requested to receive such information.

57. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board provides license number, license status, issue date of license, expiration date of license, address of record, school name and graduation year used as the qualifying degree for licensure, and history of disciplinary actions. The Board also provides the option to include a professional website address on the DCA License Search page.

58. What methods are used by the board to provide consumer outreach and education?

The Board has a standing Outreach and Communications Committee. The goal of this Committee is to engage, inform, and educate consumers, students, applicants, licensees, and other stakeholders regarding the evolving practice of psychology, the work of the Board, and their relevant laws and regulations. Since the last Sunset Review, the Board updated its consumer brochure *Therapy Never Includes Sexual Behavior* (formerly, Professional Therapy Never Includes Sex), which required collaboration with the Medical Board of California, Osteopathic Medical Board of California, and the Board of Behavioral Sciences on the revisions and statutory changes required for this update. The Board maintains its website with current, relevant information for consumers. Consumers can also sign up on the Board's website to receive email notifications on a variety of topics. The Board also provides consumer updates on Facebook and Twitter. The public also has access to view Board of Psychology meeting webcasts. Annually, the Board holds at least two Board Meetings in Northern California, and two in Southern California to increase consumer access to board meetings. The Board looks forward to future opportunities to enhance its outreach and education efforts.

59. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The Board receives numerous inquiries about online practice but receives very few complaints directly related to online practice. The Board defines online practice as one method of delivery of psychological services pursuant to BPC Section 2290.5 on telehealth. Since the last Sunset Review, the Telepsychology Committee recommended a new regulatory section to address issues with the mode of delivery of psychological services. This regulatory package ~~is currently~~ was formally noticed September 2020.

Section 8 – Workforce Development and Job Creation

60. What actions has the board taken in terms of workforce development?

The Board strives to achieve streamlined internal processes for the issuance of initial licenses and registrations. Since the last Sunset Review, the Board has reviewed its statutes and regulations to identify barriers to licensure and to increase efficiencies in the licensure application process. As part of the Board's current Strategic Plan, the Board will be working to implement statutory and regulatory changes to reduce barriers to licensure, eliminate confusion, and streamline its processes. By reducing barriers, the Board aims to get qualified individuals into the profession more efficiently.

In addition, from 2015 to 2017, the Board engaged in a two-year campaign regarding access to mental health care in the State of California in an effort to increase the number of mental health providers working in California's underserved and un-served communities. The campaign included a presentation on access to care before the Senate Select Committee on Mental Health; presentations at Board Meetings regarding the health of the Health Professions Education Foundation (HPEF) fund, under the Office of Statewide Health Planning and Development (OSHPD); and has produced targeted newsletter articles on topics such as the number of mental health care professionals per county and the aging demographics of the licensed workforce, which have been shared with legislative offices and the media. As a result of the campaign, the Board advocated for and received an increase in the HPEF fee, paid by Board licensees via the biennial renewal process. The fee increased from a statutory amount of \$10, to \$20 per renewal. The HPEF offers a number of scholarship and loan repayment programs for eligible health professional students and graduates. All program recipients are required to provide direct patient care in a medically underserved area of California as designated by OSHPD. This program aims to increase access to mental health services in California by increasing the number of licensed providers in those identified areas.

61. Describe any assessment the board has conducted on the impact of licensing delays.

The Board regularly monitors its licensing timeframes for licensure and registration applications. At this point of time, the Board is not seeing any significant licensing delays; therefore, the Board has not conducted any formal assessment of the impacts of licensing delays since the last Sunset Review.

62. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

Schools are identified stakeholders of the Board and as such are consulted on statutory and regulatory changes that may impact students and future applicants to the Board. For example, in February 2018, surveys were sent to solicit stakeholder input regarding a proposal relating to the standardization of trainee categories. The aim of the proposal was to enhance consumer protection and transparency by creating a single pathway to licensure that would standardize the process for trainees to gain experience towards licensure as a psychologist. The proposal would have required all trainees to register as psychological assistants with the Board to ensure accountability while providing psychological services to the public and while accruing supervised professional experience.

Additionally, whenever policy changes are made that affect applicants, the Board disseminates an advisory on changes to licensing requirements and processes. Due to travel restrictions, the Board is unable to travel to schools to present this information directly to their students.

63. Describe any barriers to licensure and/or employment the board believes exist.

BPC Section 2914 requires applicants for licensure who received their degree from an educational institution outside of the U.S. or Canada to provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services. At a recent ASPPB meeting, one of the topics discussed was the evaluation of foreign-trained applicants. One of the presenters on the topic was a representative from the National Register of Health Service Psychologists (NRHSP), which is a national organization that also performs this service. As a result of this meeting, the NRHSP was invited to present their credentials review processes and criteria to the Board's Licensure Committee. As a result of the presentation, the Board approved draft statutory amendments to add the NRHSP as an additional credentials evaluation service. This additional credentials evaluation service will provide foreign-trained applicants another avenue to obtain the credentials evaluation required for licensure.

64. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

Since the last Sunset Review, DCA has not collected data regarding workforce shortages.

b. Successful training programs.

Since the last Sunset Review, DCA has not collected data regarding successful training programs.

**Section 9 –
Current Issues**

65. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

In order to implement SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008), which was designated to protect the public by monitoring psychologists (and other healing arts professionals) impaired by drug or alcohol abuse, the Board promulgated regulations which became effective

January 1, 2017. These regulations provide guidelines which are followed when considering discipline against a substance abusing licensee.

66. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The Board completed implementation of the CPEI regulations in 2012.

67. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

The Board is utilizing BreEZe and was included in the first Release of the system. Board staff continuously identifies and submits change requests to the DCA to enhance the functionalities of the BreEZe system to meet the Board's needs. As required by DCA, the Board submits weekly prioritization reports regarding its change requests. The Board's change requests are completed by the DCA based upon the Board's prioritization of these requests, the capacity of the DCA BreEZe team, and the availability of release dates.

b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

Not applicable.

**Section 10 –
Board Action and Response to Prior Sunset Issues**

Include the following:

- 1. Background information concerning the issue as it pertains to the board.**
- 2. Short discussion of recommendations made by the Committees during prior sunset review.**
- 3. What action the board took in response to the recommendation or findings made under prior sunset review.**
- 4. Any recommendations the board has for dealing with the issue, if appropriate.**

ISSUE # 1: Lack of mental health providers in certain communities.

Background: According to the Office of Statewide Health Planning and Development (OSHPD), approximately 16 percent of Californians live in a Mental Health Professional Shortage Area, which is designated based on the availability of psychiatrists and other mental health professionals, including psychologists.

There are several programs administered by OSHPD to encourage licensees to work in these areas:

Mental Health Loan Assumption Program (MHLAP)

MHLAP was created by Proposition 63, the Mental Health Services Act (Act), passed by California voters in November 2004. The Act provided funding to develop a loan forgiveness program in order to retain qualified professionals working within the Public Mental Health System (PMHS). Through the Workforce Education and Training component of the Act, \$10 million is allocated yearly to loan assumption awards. An award recipient may receive up to \$10,000 to repay educational loans in exchange for a 12-month service obligation in a hard-to-fill or retain position within the County PMHS.

Mental Health Practitioner Education Fund

The Board collects a \$10 fee as part of license renewals to support the Mental Health Practitioner Education Fund that is administered by OSHPD. An awardee may receive up to \$15,000 to repay educational loans over a 24-month period in exchange for a 24-month commitment to practicing and providing direct care in a publicly funded or public mental health facility, a non-profit mental health facility, or a mental health professions shortage area.

The Board does not formally track data regarding workforce shortages, but it has many occasions to solicit and communicate opportunities to its licensees.

Staff Recommendation: The Board should inform the Committee what it is doing to promote service in underserved areas and evaluate whether \$10 is sufficient to fund the Mental Health Practitioner Education Fund.

Board Response

In February 2015, the Board of Psychology embarked on a two-year access to mental healthcare in the State of California campaign. To date, the Board has done the following:

- Produced an article in the winter 2015 *Journal* identifying licensed mental health professionals per county, per capita. This *Journal* has a distribution of more than 15,000 per publication. This data has been shared with the Department of Consumer Affairs, the Health Professions Education Foundation, the Senate Business, Professions and Economic Development Committee and other interested Members of the state legislature.
- Produced an article in the spring 2015 *Journal* entitled, “Educational Loan Opportunities for Mental Health Providers”.
- In August 2015, the Health Professions Education Foundation (HPEF) gave the Board an overview of the program at the Board Meeting, an update on the fiscal health of the program, and an overview of the process for application for loan repayment. The Foundation agreed to present to the Board annually.
- Summer 2015 recipient profile of HPEF (Jaseon Outlaw, PhD) in the Board’s summer *Journal*. Going forward, the Board will include a recipient profile in the quarterly *Journal* as awards are given.
- Inserts will be included in all license renewals packets promoting the HPEF. The inserts will instruct licensees how to apply for loan forgiveness and how to contribute additional funds to the program.
- Additionally, the Board plans to do the following:
 - Develop outreach to high schools and community colleges to encourage individuals to enter into the profession.
 - Develop telepsychology regulations that will instruct licensees how to provide telehealth to Californians, giving psychologists additional opportunities to provide care to underserved populations.

- Engage stakeholders to help the Board promote entering the profession and the availability of the loan repayment program.
- Increase awareness regarding other loan repayment programs.

According to a recent survey conducted by the American Psychological Association of Graduate Students (APAGS), the median loan debt of a recent graduate of a doctoral program is between \$90,000-200,000 plus (depending on the program and institution from which they graduated) <http://www.apa.org/monitor/2015/06/datapoint.aspx>. The size of available awards under existing state programs are small by comparison thereby reducing the potential incentive to locate in underserved areas.

- The average award amount varies from \$2,558 to \$13,910 depending on profession of awardee.

Renewal fees are authorized for the specified professions listed under the statutory definition of a licensed mental health service provider (LMHSP).

- Per Health and Safety Code section 128454 (1) “Licensed mental health service provider” means a psychologist licensed by the Board of Psychology, registered psychologist, postdoctoral psychological assistant, postdoctoral psychology trainee employed in an exempt setting pursuant to BPC Section 2910, or employed pursuant to a State Department of Health Care Services waiver pursuant to Section 5751.2 of the Welfare and Institutions Code, marriage and family therapist, marriage and family therapist intern, licensed clinical social worker, and associate clinical social worker.”
- The majority of mental health practitioners who apply for the loan repayment program do not receive any award due to limitations in financial resources. Please see the table below, which reflects the **Licensed Mental Health Services Provider Education** program application numbers. Specifically, the table reflects how many applications were received, eligible, awarded and not awarded in FY 2012-13, 2013-14, and 2014-15.
- The Mental Health Loan Assumption Program (MHLAP) is funded by Proposition 63 funds. Licensees of the Board are also eligible for awards through this program. Applicants can receive up to \$10,000 from this Program.

Board of Psychology Fund			
LMH	2012/13	2013/14	2014/15
Total applications received	31	63	49
Total eligible applications	29	61	40
Did not score high enough for award	NA	5	19
Awarded through Grant funding	NA	22	NA
Awarded through Board of Psychology Funding	8	7	10
Total not awarded	21	27	11

It appears that the financial resources of the HPEF fund cannot meet the demands of applicants who wish to work in underserved communities.

UPDATE:

The Board advocated for AB 1188 (Nazarian), which increased the psychologist renewal fee for deposit into the Mental Health Practitioner Education Fund. This bill became operative July 1, 2018.

See the table below for an update on the LMH program.

Board of Psychology Fund				
LMH	2015/16	2016/17	2017/18	2018/19
Total applications received	89	78	64	62
Total eligible applications	89	78	64	26
Did not score high enough for award	24	32	26	9
Awarded through Grant funding	4	5	5	0
Awarded through Board of Psychology Funding	8	4*	8*	6
Total not awarded	53	37	25	11

*One applicant was offered an award but declined before June 30th of the award year.

ISSUE # 2: California remains the only state that allows licensure of psychologists from unaccredited schools. Should the Psychology Act be amended to require accreditation of institutions offering degrees intended to lead to licensure by the Board?

Background: California is the only state that allows students from unaccredited schools to sit for psychology licensing examinations. Current law requires the Board to accept doctoral degrees in psychology from either accredited or approved institutions. An institution is deemed approved if it is not a franchise, was approved by the BPPVE on or before 1999, and has not moved to a new location since 1999. There are six schools meeting these criteria, and approvals and oversight are conducted solely by the BPPE.

This issue was raised during the previous review of the Board. The Board was concerned that there is little quality control over the schools' operations or curriculum and students have a low pass rate on the national exam, among other issues. At that time, the Board stated that the students from these schools should not be eligible for licensure and expressed their preference for a change in law to prohibit applicants from approved schools. This law was not changed.

In an effort to increase the quality of educational programs in California, the California Private Postsecondary Education Act of 2009 was amended in 2014 (SB 1247, Lieu, Chapter 840, Statutes of 2014) to require degree granting institutions to be accredited by an agency recognized by the U.S. Department of Education by July 1, 2020 in order to receive BPPE approval. AB 2099 (Frazier, Chapter 676, Statutes of 2014) also established requirements for unaccredited degree granting programs participating in Title 38, the program that provides educational awards for eligible active duty military members and veterans.

While the Board recognizes recent Legislative actions as significant progress, there remains a concern that these changes may be insufficient to raise California's psychologists to the national standard. The main barrier is that the ASPPB requires member states to have regionally accredited schools to participate in their Agreement of Reciprocity for licensure – U.S. Department of Education allows national accreditation. Further, California psychologists may not be able to join the American Psychological Association, the largest professional psychology organization in the nation, as full

members; participate in certain pre-doctoral or post-doctoral programs necessary for some types of employment, including the U.S. Department of Veterans' Affairs Health and Medical Centers -- the largest employer of psychologists in the U.S; or be eligible for licensure in some states.

Unaccredited degree granting institutions are extremely concerned about the requirement to obtain accreditation and have been working through the legislative process to create exemptions to the new requirements set forth by SB 1247 and AB 2099. It would be helpful for the Committees to better understand the barriers to schools becoming accredited, particularly for schools offering degrees.

Staff Recommendation: *The Committees should remove current language authorizing graduates with degrees from unaccredited institutions to sit for licensure by the Board, and ensure that timeframes for this change accommodate current students. The Board should provide information to the Committees as to whether regional accreditation may be preferable to other types of accreditation, and the Committees should specify the type of accreditation that should be required of institutions offering degrees intended to lead to licensure.*

Board Response

The Board of Psychology believes that institutions offering degrees eligible for licensure should be regionally accredited. A requirement of regional accreditation would accomplish the following:

Greater protection of the consumer of psychological services is better ensured by regionally accredited institutions offering applied psychology graduate programs. Such institutions offer substantially greater opportunities for placement in rigorous training sites accredited by the American Psychological Association, the Association of Psychological Postgraduate and Internship Programs and the California Psychology Internship Council, all of which require that graduate and postgraduate students be enrolled in, or have received their degree from, regionally accredited institutions.

Greater protection of the consumer of psychological services and the psychology graduate students attending graduate programs at regionally accredited institutions is better ensured due to the more rigorous curriculum requirements and the careful monitoring of the administrative and financial stability of the institutions offering psychology doctoral programs. This is particularly important to the student consumers in that they incur on average six figures in student debt for the graduate portion of their education alone (See Doran, J. M., Kraha, A., Marks, L. R., Ameen, E. J., & El-Ghoroury, N. H. (2016)). Graduate debt in psychology: A quantitative analysis. *Training and Education in Professional Psychology*, 10(1), 3-13, <http://dx.doi.org/10.1037/tep0000112>.) Such debt would appear to be particularly onerous for those graduates whose ability to successfully traverse the pathways to licensure in this or another jurisdiction is compromised due to the lack of regional accreditation. Students and graduates of regionally accredited institutions will not only be eligible for the most rigorous and respected predoctoral and postdoctoral internships but also enjoy greater future job opportunities, such as employment by the Veterans Administration and other federal governmental institutions, as well as appointment to faculty and research positions at major academic institutions.

In addition to the primary concern for the consumer of psychological services and the efficacy and cost effectiveness to student consumers of applied psychology graduate education, regional accreditation would afford benefits to licensees of the Board by better ensuring the increased geographic portability of a California psychology license should the licensee ultimately wish to practice in other or additional jurisdictions. At present, the equivalency of a California license in applying for out of state licensure has been often viewed as inferior due to the Board's licensing of graduates of institutions that are not regionally accredited. Many types of licensees of the Board, such as forensic psychologists, industrial/organizational psychologists and consulting psychologists,

benefit from licensure in multiple jurisdictions due to the nature of the work they perform. Some psychologists wish to move to other jurisdictions to practice in order to better provide for their family or to take advantage of career opportunities. They are sometimes hampered in these efforts due to the less rigorous requirements for accreditation of the California institutions from which they received their doctoral degrees.

The Board looks forward to working with the Committees to amend BPC Section 2914 to address this issue.

UPDATE:

As a result of the provisions made in the last Sunset Bill (SB 1193 (Hill)), BPC Section 2914 was amended to remove language authorizing graduates with degrees from unaccredited institutions to sit for licensure by the Board and ensured the timeframes for this change accommodated current students from these institutions. Therefore, students enrolling after January 1, 2020 are required to enroll in a regionally accredited institution in order to meet the degree qualifications for licensure as a psychologist.

ISSUE # 3: Continuing Education.

Background: Traditional models of CE entail formal learning activities conducted in classroom or workshop settings. As referenced earlier in the report, the Board is considering changes to their CE program to accommodate a broader competency model called continuing professional development (CPD). The model was developed by the ASPPB and provides additional avenues for maintaining competence. These options are meant to expand the ways licensees can increase their learning and to include performance-based assessments of licensees' competence.

The Board is seeking to amend existing continuing education statutes and regulations to accommodate this new approach. Changes should include:

- Redefining "Continuing Education" requirements as "Continuing Professional Development" requirements;
- Removing specific course requirements found in the BPC; and,
- Enabling the Board to approve specific organizations that provide continuing professional development activities.

Staff Recommendation: *The Board should provide recommendations to the Committee for updating continuing education statutes.*

Board Response

The Board has submitted a legislative proposal to the Senate Business, Professions, and Economic Development Committee to amend BPC Section 2915. This change would redefine continuing education with a continuing professional development model. The Committee has graciously agreed to include this change in the Board's sunset legislation. This model will allow licensees alternative ways to maintain competence, decrease isolation, and enhance the probability that ongoing professional competence can be demonstrated.

UPDATE:

As a result of the provisions made in the last Sunset bill (SB 1193 (Hill)), BPC Section 2915 was amended to replace the current continuing education model with a broader continuing professional development model. Continuing professional development is defined as certain continuing education learning activities approved in four different categories:

1. Professional
2. Academic
3. Sponsored Continuing Education Coursework
4. Board Certification from the American Board of Professional Psychology

The Board has initiated the formal rulemaking process to implement these statutory changes in regulation. **This regulatory package was formally noticed for hearing in October 2020.**

ISSUE # 4: Expansion of Psychological Assistant practice areas.

Background: In order to become a licensed psychologist, applicants must accrue 3,000 hours of supervised professional experience. Individuals who have a Master's degree and are admitted into a doctoral program may obtain these hours by registering with the Board as a psychological assistant. A psychological assistant provides psychological services to individuals or groups while under the supervision of a licensed psychologist or a board certified psychiatrist.

Current law requires that a psychological assistant be employed only by a psychological or medical corporation, a California licensed psychology clinic, a Bronzan-McCorquodale contract clinic, a licensed psychologist, or a board certified psychiatrist.

The Board recognizes that these statutes are outdated and do not reflect the employment, contract, or volunteer opportunities available in settings beyond current limitations, such as hospitals, nursing homes, and rehabilitation centers.

Staff Recommendation: *The Board should provide recommendations to the Committee for updating psychological assistant statutes to focus on appropriate supervision, rather than physical setting.*

Board Response

The Board has submitted a legislative proposal to the Senate Business, Professions, and Economic Development Committee to amend BPC Section 2913. This change would address the following two issues:

1. Eliminating the restrictions of the current work settings required of a psychological assistant.
2. Receiving the application directly from the psychological assistant instead of the supervisor.

UPDATE:

As a result of the provisions made in the last Sunset bill (SB 1193 (Hill)), BPC Section 2913 was amended to remove the restriction on the types of settings in which a psychological assistant can work. The Board has implemented these changes through its statutory authority and is seeking additional conforming changes via regulations. This regulatory package is currently in the Initial Departmental Review phase with the DCA. The Board hopes that this package will be formally noticed by 2020.

ISSUE # 5: Retired license.

Background: The Psychology Act does not authorize a retired license. Under existing law, a retired licensee may choose only between “inactive” status, which costs \$25 per year, or “delinquent” status. These have negative connotations and may not respect a long and honorable career.

The Board is seeking to establish a “retired” licensure category, similar to many other healing arts programs such as the Medical Board, Professional Fiduciaries Bureau, Board of Behavioral Sciences, and Board of Optometry. The creation of this license would require a one-time fee and would provide a means for a retired licensee to return to active status under certain circumstances.

Adding this license designation is a consistent request from licensees and is included in the Board’s 2014-2018 Strategic Plan.

Staff Recommendation: *The Board should provide recommendations to the Committee for establishing a retired license.*

Board Response

The Board has submitted a legislative proposal to the Senate Business, Professions, and Economic Development Committee to add a section to the Psychology Licensing Law in the BPC creating a retired license category for psychologists.

UPDATE:

As a result of the provisions made in the last Sunset bill (SB 1193 (Hill)), BPC Section 2988.5 was added to create the statutory authority for the Board to create a retired license status. The Board has initiated the formal rulemaking process to implement these statutory changes in regulation. This package is in the Initial Departmental Review Stage with the DCA. The Board hopes that this package will be formally noticed by 2020.

ISSUE # 6: Web Site information.

Background: The Board has been very active in providing information to consumers, and seeks legislative authority to post historical information on existing and past licensees’ approved graduate and post-graduate education on its Web site. This will enable consumers to make informed decisions when selecting a psychology provider.

Staff Recommendation: *The Board should provide recommendations to the Committee for updating its public information policies.*

Board Response

The Board has submitted a legislative proposal to the Senate Business, Professions, and Economic Development Committee to add a section to the Psychology Licensing Law in the BPC establishing a mechanism for posting historical information on existing and past licensees. This information will include:

1. Institutions that awarded the qualifying educational degree and type of degree awarded.

2. A link to the licensee's professional website.
3. Historical enforcement activity including Statements of Issues, Accusations, Proposed Decisions, and Stipulated Settlements.

UPDATE:

As a result of the provisions made in the last Sunset bill (SB 1193 (Hill)), BPC Section 2934.1 was added to clarify the Board's authority to post enforcement-related actions and documents and to add the following licensee information on current and former licensees:

1. Institutions that awarded the qualifying educational degree and type of degree awarded
2. A link to the licensee's professional internet website

The Board worked with the DCA to implement these changes to the Board's website and the BreZE system.

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT MEMBERS OF THE BOARD

ISSUE # 7: Should the licensing and regulation of the practice of psychology be continued and be regulated by the current Board membership?

Background: The health, safety, and welfare of consumers are protected by a well-regulated psychologist profession. The Board has shown a strong commitment to improve the Board's overall efficiency and effectiveness and has worked cooperatively with the Legislature and this Committee to bring about necessary changes. The Board should be continued with a four-year extension of its sunset date so that the Committee may review once again if the issues and recommendations in this Paper and others of the Committee have been addressed.

Staff Recommendation: *Recommend that the practice of psychology continue to be regulated by the current Board members in order to protect the interests of the public and be reviewed once again in four years.*

Board Response

The Board appreciates the confidence the Committees have demonstrated in recommending the continuance of the regulation of the practice of psychology by the Board in its current configuration. In the next four years the Board is committed to addressing the following issues:

1. Ensuring greater access to mental health care in California.
2. Establishing higher criteria for applicants for licensure to ensure consistency with other licensing jurisdictions across the nation.
3. Establishing continuing professional development to ensure competence for its licensees
4. Redefining the psychological assistant statute to focus on appropriate supervision rather than physical setting.
5. Developing a mechanism to provide licensees an alternative license status at the end of their career.
6. Increasing transparency to the consumers of psychological services in California by providing expanded educational and disciplinary data on its licensees.
7. Continuing to review and amend the statutes and regulations in order to be more transparent, more understandable to consumers and evolve with the field.

UPDATE:

In order to protect the consumers of psychological services in the State of California, the Board strongly urges the Legislature to continue the regulation of the practice of psychology by the Board of Psychology under its current membership.

Section 11 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

There are no issues that were raised under the prior Sunset Review report that have not been addressed.

2. New issues that are identified by the board in this report.

Foreign Degree Evaluation

As discussed in questions 32 and 63, BPC Section 2914 requires applicants for licensure who received their degree from an educational institution outside of the U.S. or Canada to provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services. At an ASPPB meeting, one of the topics discussed was the evaluation of foreign-trained applicants. One of the presenters on the topic was a representative from the National Register of Health Service Psychologists (NRHSP), which is a national organization that also performs this service. As a result of this meeting, the NRHSP was invited to present their credentials review processes and criteria to the Board's Licensure Committee. As a result of the presentation, the Board approved draft statutory amendments to add NRHSP as an additional credentials evaluation service. This additional credentials evaluation service will provide foreign-trained applicants an additional avenue to obtain the credentials evaluation required for licensure.

Statutory Changes for Pathways to Licensure

As discussed in questions 19 and 29, the Board has conducted a comprehensive review of its statutes and regulations addressing how licensure can be obtained. In part, amendments to BPC Sections 27, 2909, 2909.5, 2910, 2911, 2913, 2914, 2915, 2915.5, 2915.7, 2942, 2944, 2946, 2960, and Evidence Code Section 1010 have been identified with the goal of removing barriers to licensure and improving program efficiencies. The Board will be pursuing statutory and regulatory changes to accomplish this goal.

Prohibition Against Sexual Behavior

As discussed in question 3, the Board pursued legislation which would have required an administrative law judge's proposed decision to include an order of licensure revocation when there was a finding that a licensee of the Board of Psychology had engaged in sexual behavior short of sexual contact with a client during therapy, or within two years of termination of therapy. This bill was pulled as part of a legislative reduction in bill load due to the pandemic. The Board will seek legislation in the coming cycle.

Emergency Authority

As discussed in the Board Actions and Responses to COVID-19 report, in response to the COVID-19 emergency, the Board established an Emergency Preparedness Ad Hoc Committee. This Committee was tasked with evaluating the business of the Board (how we conduct meetings, petition hearings, and identifying statutory authority needs). As such, the Committee drafted statutory language which would give the Board authority to establish waivers that would aid in the continuity of client mental health services.

3. New issues not previously discussed in this report.

Temporary Practice Provisions

Through input from various stakeholders, the Board was made aware of confusion regarding temporary practice provisions set forth in BPC Section 2912 for those who are licensed at the doctoral level in another state or jurisdiction in the U.S. or Canada. These provisions have been interpreted in multiple ways overtime. The Board would like to clarify that the 30 calendar days of practice allowed in statute do not need to be consecutive but instead any 30 consecutive or non-consecutive days in any calendar year, where practice for any part of a day is considered a day.

Reinstatement After Non-Disciplinary Voluntary Surrender

Based on the Board's analysis of its aging licensee demographic and input from its stakeholders about discipline related to a licensee's cognitive impairment, the Board has reevaluated its approach to investigation and discipline of complaints where there is no consumer harm involved. The Board has experienced instances where licensees have diminished cognitive capacity due to diseases such as Alzheimer's and the licensee's family or a fellow licensee reported that the licensee is starting to experience cognitive issues due to their impairment but have no consumer complaints filed against them. Currently, the Board has implicit statutory authority to accept a non-disciplinary surrender of a license under BPC Section 118(b). However, the Board does not have a mechanism for reinstatement of such a surrendered license in circumstances where medication or surgery could restore cognitive function. As such, the Board would like to clarify the process for voluntary surrender and to establish a mechanism for such individuals to petition the Board for reinstatement of their license.

Delegating Final Authority to the Licensure Committee

Currently, requests from individual applicants or licensees related to the licensing process are discussed in closed session pursuant to Government Code section 11126(c)(2) at the Licensure Committee meetings. For example, the Committee reviews requests from applicants for additional time to accrue the supervised professional experience required for licensure due to personal or health-related reasons. Often, the Committee is presented with very personal

medical information that accompanies these requests. The Committee then brings its recommendations to the full Board for final decision in open session at a Board Meeting, where the requests must be substantially redacted. This process creates unnecessary and long delays for those seeking licensure, where these individuals may be unable to practice while awaiting a final decision from the Board. The Board would like to be able to delegate the final authority to review and decide these requests to the Licensure Committee, and still have the Committee be allowed to meet in closed session notwithstanding Government Code section 11126(c)(2) in the interests of fairness and privacy protection for these applicants and licensees.

4. New issues raised by the Committees.

As of the date of this report, the Board has received no additional issues from the Committee and has addressed all issues raised in the last Sunset Review.

Section 12 – Attachments

Please provide the following attachments:

- A. Board’s administrative manual.**
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).**
- C. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).**
- D. Quarterly and Annual Performance Measures reports from the Department of Consumer Affairs website.**
- E. Customer Satisfaction Survey Results**

Board Actions and Responses to COVID-19.

1. In response to COVID-19, has the board implemented teleworking policies for employees and staff?

On March 4, 2020, Governor Newsom declared a state of emergency in response to the COVID-19 pandemic. On March 17, the Department of Consumer Affairs instituted a telework protocol for employees. The Board of Psychology engaged in telework agreements with all employees that were able to telework. As of today, the Board has 75% of its workforce teleworking.

- a. How have those measures impacted board operations? If so, how?

The Board has continued to process applications for licensure and examination as well as process consumer complaints within mandated timeframes. Staff has been impacted by caring for vulnerable populations in their family as well as providing care for children that are distance learning.

2. In response to COVID-19, has the board utilized any existing state of emergency statutes?

The Board does not currently have an existing state of emergency authority in statute.

- a. If so, which ones, and why? **Not applicable.**

3. Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

Pursuant to the Executive Orders, the Board has worked on several waiver requests. Please see attached waiver update document.

- a. Of the above requests, how many were approved? **2**
- b. How many are pending? **1**
- c. How many were denied? **3**
- d. What was the reason for the outcome of each request?

For approvals, the Board receives notification, along with the waiver. For denials, the Board receives the following:

As stated in Executive Order N-39-20, the Director of the Department is authorized to waive laws and regulations pertaining to professional licensing requirements. The Department must balance consumer protection with the need to facilitate the continued provision of care to individuals affected by the COVID-19 outbreak, as stated in the Executive Order. All waiver request statements of need are reviewed under this criteria.

The Department has reviewed your waiver request and it is not being approved at this time. The Department may reconsider this waiver request, in the event the need should increase in the future.

4. In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers? The Board has modified its process for considering petitions for early termination of probation and reinstatement. Prior to the pandemic, the Board considered petitions in person at Board meetings. Since the

declaration of emergency, the Board has given petitioners the option to either petition the Board in writing or wait until the Board can safely hold petition hearings in person.

Additionally, the Board has provided accommodations to probationers with biological fluid testing requirements to collect and submit fluid samples from their home if they are not comfortable going into a testing site.

5. Has the board recognized any necessary statutory revisions, updates or changes to address COVID-19 or any future State of Emergency Declarations?

In response to the COVID-19 emergency, the Board established an Emergency Preparedness Ad Hoc Committee. This Committee was tasked with evaluating the business of the Board (how we conduct meetings, petition hearings, and identifying statutory authority needs). As such, the Committee drafted the following addition to the Psychology Licensing Law.

Language:

Section 29XX

(a) During a declared federal, state, or local emergency, the board may waive application of any provisions of this chapter or the regulations adopted pursuant to it if, in the board's opinion, the waiver will aid in the provision of client mental health services.

(b) Notwithstanding any other law, the board may act to continue a waiver of any provision of this chapter or the regulations adopted pursuant to it for up to 60 days following the termination of the declared emergency if, in the board's opinion, the continued waiver will aid in the continuity of client mental health services.

MEMORANDUM

DATE	October 5, 2020
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Agenda Item #24(a-b) – Consideration of Statutory Proposal to Address Emergency Waiver Authority/ Consideration of Recommendation for Committee Chair and Executive Officer to Contact Business and Professions Committee Staff to Discuss COVID-Related Questions in Sunset Review

Background:

The Emergency Preparedness Ad Hoc Committee discussed adding statutory provisions which would allow the Board to address its emergency waiver authority.

Language:

Section 29XX

(a) During a declared federal, state, or local emergency, the board may waive application of any provisions of this chapter or the regulations adopted pursuant to it if, in the board's opinion, the waiver will aid in the provision of client mental health services.

(b) Notwithstanding any other law, the board may act to continue a waiver of any provision of this chapter or the regulations adopted pursuant to it for up to 60 days following the termination of the declared emergency if, in the board's opinion, the continued waiver will aid in the continuity of client mental health services.

Action Requested:

The Emergency Preparedness Ad Hoc Committee request the Board's approval of the attached language and seek legislation to make said additions to the Board's Practice Act. If the Board approves the language, delegate to the Emergency Preparedness Committee Chair and Executive Officer to contact the Business and Professions Committee staff to include for consideration as part of sunset review.