

Journal

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

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President's Message

Stephen C. Phillips, J.D., Psy.D., Board of Psychology

Welcome to the winter 2017 edition of the California Board of Psychology *Journal*! The mission of the Board of Psychology (Board) is to advance quality psychological services for Californians by ensuring ethical and legal practice and supporting the evolution of the profession. Our values are transparency, integrity, consumer protection, inclusiveness, excellence, and accountability.

I am writing this column in anticipation of the February quarterly meeting of the Board. The agenda is jam-packed. Beyond our administrative and enforcement duties, the focuses of our meeting will be draft telepsychology regulations, the upcoming legislative year, the conclusion of our two-year campaign to improve access to mental healthcare in California, along with an evaluation of our performance in three operational areas—licensing, enforcement, and legislative/regulatory. On the Wednesday preceding our two-day meeting, some Board members and staff will visit with key legislators to discuss the Board's agenda and priorities relative to the legislation in the year ahead.

One topic that many of the Board's licensees and future licensees may not yet be tracking are proposed changes to the national licensing exam—the Examination for Professional Psychology Practice (EPPP)—being undertaken by the Association of State and Provincial Psychology Boards (ASPPB), which, among many other things, develops and administers the EPPP. The current examination is based on knowledge of psychology. As proposed, a second step in the examination process will be focused on the competency of the test taker to practice psychology, in keeping with the evolving thinking on the importance of competency-based measures. Although still in the early stages of development and not yet ready for consideration by individual regulatory boards, the process of getting licensed will likely require applicants for licensure to successfully pass two separate tests focused on knowledge and competency respectively, along with the state law and ethics examination—the California Psychology Law and Ethics Examination—should the proposed changes be adopted.

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Supporting Our Military and Their Families

By Jason Glasspiegel, Central Services Coordinator, Board of Psychology

The Board of Psychology (Board) offers the following services for members of the Armed Forces of the United States and their families:

- Expedite all applications submitted by applicants who served as members of the Armed Forces of the United States and were honorably discharged.
- Expedite all applications submitted by spouses, domestic partners, or those in other legal unions with an active duty member of the Armed Forces of the United States, as long as all of the following are true:
 - The member of the Armed Forces is stationed in California under official active duty military orders.
 - The applicant is a licensed psychologist in another state, territory, or district of the United States at the time of application.
- Waive all renewal fees and continuing education requirements if the licensee is called to active duty as a member of the U.S. Armed Forces or California National Guard, as long as written documentation to substantiate the call to active duty is provided to the Board. The following conditions will apply:
 - The licensee shall become liable for the fee for the current renewal period upon the completion of his or her period of full-time active service.
 - The licensee shall have a period of 60 days after becoming liable within which to pay the fee before the delinquency fee becomes applicable.
 - Any licensee who completes his or her period of full-time active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period.

If you have additional questions, please contact the Board at (916) 574-7720.

President's Message (continued from page 1)

Well before California considers adopting the new two-part EPPP, the test will be evaluated by the state's Office of Professional Examination Services for its validity and reliability as an assessment instrument. In other words, although the new exam is in the development stages by ASPPB, the state's professional psychometricians have not evaluated the new two-part test nor has the Board adopted the change in the examination process by way of regulation. In the interests of transparency and informing the affected individuals well in advance, I felt it best, in consultation with Board management and staff, to put everyone on the lookout for proposed future changes to the licensing process. The Board will continue to keep you apprised.

The Board itself is still waiting for gubernatorial appointments to fill the three vacancies on the Board, including one member of the public and two licensees. We are hopeful to be operating with a full complement of Board members by the time we convene our second quarterly meeting of the year. In the meantime, due to considerations requiring sufficient attendance to guarantee quorums for key votes and the action-oriented agendas of our numerous committees and subcommittees, my colleagues on the Board and the staff are working overtime to continue moving forward on legislative and regulatory priorities while we await these important additions to our ranks.



Telehealth Reimbursement and Psychological Services, Part 1

By Cherise Burns, Central Services Manager, Board of Psychology

During an October 2016 Outreach and Education Committee (Committee) meeting and as a part of the Board of Psychology's Access to Mental Healthcare campaign, the Committee discussed the lack of third-party reimbursement by Medi-Cal and managed health plans for psychological services provided via telehealth. The Committee invited staff from the Department of Health Care Services (DHCS), which administers the Medi-Cal program, and the Department of Managed Health Care (DMHC), which reviews managed care plans and their contracts with providers to ensure they meet mandated requirements.

Although the discussion did not touch on some important background issues, such as the scarcity of mental health providers in underserved areas of the state or that many psychologists do not accept public or private insurance for their services in the first place, the discussion was enlightening. It informed the Committee as to how the public and private insurance industry view telehealth differently than those practicing psychology more conventionally, and the limited purview that these state agencies have in the policy-making process relating to telehealth reimbursement.

What was most eye-opening to discover during the meeting was that telehealth reimbursement for psychological services is modeled after a medical treatment model that does not recognize emergency therapy sessions over the phone as a reimbursable service—even though a phone session could help keep that patient from needing urgent psychiatric services in hospital emergency departments. This adherence to the medical treatment model also places significance on the location where the patient receives the services. For example, Medi-Cal will only reimburse for real-time audio-video telehealth services when the patient or client receives those services in a healthcare setting where a licensed healthcare provider can document in the patient's or client's record that services were provided, document a follow-up plan, and verify appropriate documentation was made.¹

Although these requirements are important for Medi-Cal's reimbursement and anti-fraud efforts, they place additional administrative burdens on the providers looking to offer the services and to reduce any travel and psychological burdens for Medi-Cal recipients. For those providers who want to help serve low-income patients through Medi-Cal, these restrictions require the provider to partner with a medical clinic or other healthcare setting that has the technology and physical space to provide a safe, quiet space for the patient or client to receive the services. For the Medi-Cal recipient, this requires the individual to possibly arrange travel, childcare, and time off from work to get to the clinic or healthcare setting, and additionally requires the individual to go to a busy and sometimes chaotic place to receive treatment. This can create its own barriers to treatment due to a patient's or client's comfort in leaving their home, navigating public places, entering healthcare settings, and interacting with healthcare providers, along with potential issues with the appropriateness and privacy of the physical space itself.

The other significant concern is the feasibility in asking a patient or client to access these services while experiencing an emotional crisis. In these situations, a phone call to a provider could help de-escalate the situation and get the patient or client into the provider's office or a lower-level healthcare setting for treatment. There are far better options than sending the patient to an emergency department to seek care.

Although the medical model of referring patients in crisis to emergency departments may work well with traditional medicine, there is abundant research showing that emergency departments are not the optimal setting for treating patients experiencing a mental health crisis.²⁻⁵

The other insight garnered from the discussion was the limited policy authority that both DHCS and DMHC have regarding telehealth reimbursement policies. In the case of DHCS, state and federal law and Centers

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LEGISLATIVE ADVISORY: Senate Bill 1193

Governor Brown signed Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016), which becomes effective January 1, 2017. The legislation amends Business and Professions Code (BPC) Sections 2909.5, 2913, 2914, 2914.1, 2914.2, 2915, 2920, 2933, and adds Sections 2934.1 and 2988.5.

Changes effective January 1, 2017:

SUNSET EXTENSION

SB 1193 makes changes to BPC Section 2920 as follows:

- The statutory authority of the Board of Psychology (Board) is extended until January 1, 2021.

PSYCHOLOGICAL ASSISTANTS

This bill makes changes to BPC Section 2913 as follows:

- All existing psychological assistants will now only have one registration with the Board. This registration number will be used in all settings where psychological services will be provided. Previously, each employer of a psychological assistant was required to obtain a registration number for each psychological assistant under their employment/supervision.
- This single registration will be renewed annually by the psychological assistant. Previously, the employer or supervisor was required to renew the registration annually.
- New psychological assistant applicants will be required to submit their own application for registration. Previously, this application was submitted by the employer or supervisor on behalf of the psychological assistant.
- There is no longer a restriction on the types of settings in which a psychological assistant can work. Previously, psychological assistants were restricted to be employed in private practice settings or by contract clinics, psychological corporations, or medical corporations.

- Psychological assistants may now be supervised by a licensed physician or surgeon who is certified in psychiatry (psychiatrist) by either the American College of Osteopathic Board of Neurology and Psychiatry or the American Board of Psychiatry and Neurology. Previously, psychological assistants were only able to be supervised by a psychiatrist certified by the American Board of Psychiatry and Neurology.
- A Board-certified psychiatrist may supervise up to three psychological assistants, instead of one, at any given time.

Summary of Changes Specific to Psychological Assistants

The law, as amended, requires psychological assistants to apply themselves for registration with the Board instead of requiring employers to apply to employ the psychological assistants. As before, psychological assistants will be able to provide psychological services under supervision, but now are not limited by employment settings, such as psychology clinics, contract clinics, psychological corporations, or medical corporations.

CHANGES FOR PSYCHOLOGICAL ASSISTANTS:

- As of January 1, 2017, individuals who wish to become psychological assistants will need to apply for a registration using the “Application for Registration as a Psychological Assistant (PSB 100 [10/16])” form.
- Allows for only one registration number.
 - Action required: Psychological assistants who were approved prior to January 1, 2017, and who currently hold multiple registrations will be notified by mail. They should notify the Board of the registration number they wish to maintain and cancel the other registration numbers on the forms enclosed with the notice. They will also have the opportunity to add the primary supervisor(s) from the registration(s) they are cancelling to the

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Legislative Advisory: Senate Bill 1193 (continued from page 4)

registration they are choosing to keep. Forms should be mailed to the Board postmarked by January 31, 2017.

- Renewal notices and all correspondence will be mailed to the psychological assistant's address of record (AOR) filed with the Board.
 - **Action required:** It is the psychological assistant's responsibility to ensure the address on file is up to date. The psychological assistants must notify the Board of any change in address within 30 days after the change. They can submit a Notice of Change of Address to the Board to ensure that their AOR for their registration is current. Psychological assistants can also update their AORs and confidential addresses through BreZE beginning January 11, 2017.
- Requires the psychological assistant to notify the Board of any change in supervisor and/or location within 30 days using "Notification to Add or Change Supervisor or Service Location for a Psychological Assistant (PSB 101 [11/16])" form.
 - **Information Only:** Board approval is required for the addition of a new primary supervisor prior to providing services under the new supervisor. **It is considered unlicensed practice if the psychological assistant begins providing services before receiving approval from the Board with any supervisor.**

CHANGES FOR SUPERVISORS

- Psychiatrists who are certified by the American College of Osteopathic Board of Neurology and Psychiatry are now qualified to become the primary supervisors for psychological assistants.
 - **Action Required:** Primary supervisors who are psychiatrists certified by the American College of Osteopathic Board of Neurology and Psychiatry should provide a copy of their Official Osteopathic Physician Profile to the Board, or to the applicant to be submitted

with their application, for license verification as part of the application process for psychological assistant registration.

- Both licensed psychologists and Board-certified psychiatrists are allowed to supervise up to three psychological assistants at any given time.

NATIONALLY ACCREDITED AND APPROVED EDUCATIONAL INSTITUTIONS

SB 1193 makes changes in BPC Section 2914 to requirements for licensure as a psychologist. This section of the BPC will gradually require applicants for licensure to obtain their qualifying degree from a **regionally** accredited university. The timeline for implementation is as follows:

- Applicants for licensure who 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 who 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 who 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

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Legislative Advisory: Senate Bill 1193 (continued from page 5)

by a regional accrediting agency recognized by the U.S. Department of Education.

CONTINUING PROFESSIONAL DEVELOPMENT

This bill makes changes to the continuing education section of BPC Section 2915 as follows:

- The language in Section 2915 was amended to require that a licensee who wishes to renew or reinstate their license must complete 36 hours of approved continuing professional development versus the prior requirement of 36 hours of continuing education.
- 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
- It redefines the types of organizations that can be approved by the Board to provide or approve continuing professional development.

NOTE: These changes will not become effective until the Board promulgates regulations to further define acceptable continuing professional development and approval criteria for continuing professional development providers.

INTERNET POSTING

This bill adds BPC Section 2934.1, which provides that:

- The Board may post on its website the following information on the current status of the license for all current and former licensees:
 - (1) Whether or not the licensee has a record of a disciplinary action.
 - (2) Any of the following enforcement actions or proceedings against the licensee:
 - (A) Temporary restraining orders
 - (B) Interim suspension orders

(C) Revocations, suspensions, probations, or limitations on practice ordered by the Board or by a court with jurisdiction in the state, including those made part of a probationary order, cease practice order, or stipulated agreement.

(D) Accusations filed by the Board, including those accusations that are on appeal, excluding ones that have been dismissed or withdrawn where the action is no longer pending.

(E) Citations issued by the Board. Unless withdrawn, citations shall be posted for five years from the date of issuance.

- The Board may also post on its website the following historical information in its possession, custody, or control regarding all 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 website. Any link that provides access to a licensee's professional website, once clicked, shall be accompanied by a notification that informs the website viewer that they are no longer on the Board's website.

NOTE: Although the entire section is new, the only change is the addition of the qualifying degree and personal website shown in the BreEZe database. All other information on disciplinary actions against current and former licensees is currently displayed on the Board's website as mandated under BPC Section 27. The Board will notify licensees once the BreEZe database is modified to be able to reflect the additional information.

RETIRED LICENSES

This bill adds BPC Section 2988.5, which provides that:

- The Board may issue a retired license to a psychologist who holds a current license issued by the Board, or one capable of being renewed,

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Telehealth Reimbursement and Psychological Services, Part 1 (continued from page 3)

for Medicare and Medicaid Services policies dictate coverage of certain types of services, acceptable modes of delivery of services, frequency of treatments, and reimbursement policies. Likewise, DMHC's authority is limited to reviewing the plans and provider contracts offered by managed health plans to ensure they meet state and federal laws, including reviewing terms and conditions for providers and enrollees, along with grievances and appeals.

Currently, there is no law that mandates how telehealth services must be reimbursed, and plans can place restrictions and terms on its reimbursement, which causes managed care plan coverage of telehealth services to vary widely from plan to plan. These plans cannot outright preclude reimbursement of telehealth services, but the restrictions, terms, and conditions on reimbursement can render them practically un-reimbursable for the psychologist's purposes. With the limited authority both DHCS and DMHC have in relation to telehealth reimbursement, the Committee became keenly aware that for any significant changes to occur in regard to reimbursement of telehealth services, and reimbursement issues generally, legislative action would be required.

This article is part of a multi-article series covering various issues related to telehealth reimbursement by Medi-Cal and managed care plans. Part 2 of this

series addresses specific requirements for telehealth reimbursement through Medi-Cal and resources available to providers regarding Medi-Cal and private insurance reimbursement for telehealth services.

Notes:

1. Medi-Cal Provider Manual: Telehealth. California Department of Health Care Services. Available at the DHCS Telehealth Resources webpage: www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx.
2. Alakeson V, Pande N, Ludwig M. A Plan to Reduce Emergency Room 'Boarding' of Psychiatric Patients. *Health Affairs*, 2010; 29(9):1637-1642. <http://content.healthaffairs.org/content/29/9/1637.Full>.
3. American College of Emergency Physicians Emergency Medicine Practice Committee. Care of the Psychiatric Patient in the Emergency Department – A Review of the Literature. October 2014. https://www.acep.org/uploadedFiles/ACEP/Clinical_and_Practice_Management/Resources/Mental_Health_and_Substance_Abuse/Psychiatric%20Patient%20Care%20in%20the%20ED%202014.pdf.
4. Manton A, Care of the Psychiatric Patient in the Emergency Department. *Emergency Nurses Association White Paper*. February 2013. <https://www.ena.org/practice-research/research/Documents/WhitePaperCareofPsych.pdf>.
5. Stone A, Rogers D, Kruckenberg S, Lieser A. Impact of the Mental Healthcare Delivery System on California Emergency Departments. *Western Journal of Emergency Medicine*. 2012;13(1):51-56. doi:10.5811/westjem.2011.6.6732. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298229/>.

Psychological Assistants: Update Your Addresses Online Through BreEZe

By Stephanie Cheung, Licensing Manager, Board of Psychology

Registered psychological assistants may now update their Address of Record (AOR) and confidential address online through BreEZe. It is the registrant's responsibility to ensure the address on file with the Board of Psychology (Board) is up to date.

The AOR is public information, and the Board relies on accurate AOR to communicate with our licensees and registrants. Correspondence, such as pocket registration, renewal notice, and newsletters, are mailed to your AOR. These types of correspondence are important and often time-sensitive. To avoid returned mail and ensure receipt without delay or interruption, take advantage of this new enhanced online system and update your AOR filed with the Board.

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Disciplinary Actions: October 1 to December 31, 2016

SURRENDER

Kathleen M. Herwatt, Ph.D.

Psychologist License No. PSY 14328, Nevada City

Dr. Herwatt stipulated to the surrender of her license after an accusation was filed alleging that she failed to properly maintain patient records, document informed consent, and report an instance of suspected child abuse; and willfully disclosed information received in professional confidence without prior authorization. The order took effect October 15, 2016.

Pamlyn Kelly, Ph.D.

Psychologist License No. PSY 13863, Grass Valley

Dr. Kelly stipulated to the surrender of her license after an accusation was filed alleging that she repeatedly submitted fraudulent billing to the Office of Workers' Compensation Program for services that were not provided to patients, shared confidential information about patients to other patients during therapy sessions, failed to properly keep progress notes, entered into impermissible multiple relationships with patients, and failed to provide adequate forensic reports. The order took effect November 13, 2016.

Fred Neal Morguelan, Ph.D.

Psychologist License No. PSY 5566, Santa Barbara

Dr. Morguelan stipulated to the voluntary surrender of his license following a February 24, 2016, decision by the Board that placed his license on probation for five years. The decision provided that Dr. Morguelan could request the voluntary surrender of his license if he ceased practicing due to retirement. The surrender took effect December 21, 2016.

Helena Edith Weil, Ph.D.

Psychologist License No. PSY 16259, Kensington

Dr. Weil stipulated to the voluntary surrender of her license following an October 13, 2015, decision by the Board that placed her license on probation for five years. The decision provided that Dr. Weil could request the voluntary surrender of her license if she ceased practicing due to retirement. The surrender took effect November 20, 2016.

PROBATION

Alan Edward Brooker, Ph.D.

Psychologist License No. PSY 9414, Davis

Dr. Brooker stipulated to placing his license on probation for five years and is subject to its revocation if he fails to comply with the terms and conditions of probation, after a 2015 felony conviction for driving with a blood alcohol concentration of greater than .15 percent or above, causing injury to more than one person, and for the use of alcohol in a dangerous manner. The order took effect November 26, 2016.

Leslie A. Hemedes, Psy.D.

Psychological Assistant Registration No. PSB 94023045, San Leandro

Registered Psychologist Registration No. RPS 2012751, Oakland

Dr. Hemedes stipulated to the issuance of her registrations with three years' probation and is subject to their revocation if she fails to comply with the terms and conditions of her probation, after 2005 and 2008 misdemeanor convictions for driving under the influence of alcohol. The orders took effect October 27, 2016.

Katherine Morgan Kilgore, Ph.D.

Psychologist License No. 14094, Folsom

Dr. Kilgore stipulated to placing her license on probation for three years and is subject to its revocation if she fails to comply with the terms and conditions of probation, after she failed to contact any collateral sources or administer any tests to measure alcohol use and failed to properly interpret and use tests that were administered when she conducted a psychological evaluation as a part of an Associate Clinical Social Worker's license probation. The order took effect October 26, 2016.

Angie Maez, Ph.D.

Psychologist License No. 12363, Santa Barbara

Dr. Maez stipulated to placing her license on probation for 2.5 years and is subject to its revocation if she fails to comply with the terms and conditions of probation, after a 2010 misdemeanor conviction for

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Disciplinary Actions (continued from page 8)

reckless driving involving alcohol, use of alcohol in a manner that was dangerous to herself or others, and for failure to report the conviction to the Board within 30 days. The order took effect October 19, 2016.

Valerie L. Richards, Ph.D.

Psychologist License No. 22601, Lafayette, Colorado

An earlier order placing Dr. Richards' license on probation for three years effective August 18, 2014, was extended for an additional three years, for a total of six years. It is subject to revocation if she fails to comply with the terms and conditions of her probation. Dr. Richards failed to comply with a term of the earlier 2014 order requiring that she make cost recovery payments to the Board. The order took effect November 30, 2016.

Kelly Lingerfeldt Stille, Psy.D.

Psychologist License No. 27543, Santa Rosa

Dr. Stille stipulated to placing her license on probation for five years and is subject to its revocation if she fails to comply with the terms and conditions of probation, based upon disciplinary action taken against her Texas psychologist license by the Texas State Board of Examiners of Psychologists for fabricating test results and making treatment recommendations based on the fabricated results, and for her failure to timely report her Texas discipline to the California Board of Psychology. The order took effect November 10, 2016.

Paul M. Whitaker, Ph.D.

Psychologist License No. 14205, San Diego

Dr. Whitaker stipulated to placing his license on probation for five years and is subject to its revocation if he fails to comply with the terms and conditions of probation, after a 2015 misdemeanor conviction for reckless driving after consuming alcohol and for the use of alcohol in a manner that was dangerous to himself or others. The order took effect October 27, 2016.

Ross R. Williams

Psychological Assistant Registration No. PSB 94023186, Tarzana

Mr. Williams' registration was issued and placed on two years' probation and is subject to revocation if he fails to comply with the terms and conditions of his probation, after a series of convictions: in 1973 for possession of marijuana, in 1975 for robbery, in 1977 for possession of a controlled substance, in 1994 for a misdemeanor for shoplifting, in 1994 for a felony for the sale or transport of a controlled substance, in 2003 for a misdemeanor for possession of a dangerous weapon, in 2004 for a misdemeanor for trespassing and possession of drug paraphernalia and a 2004 felony for possession of a controlled substance, two 2005 misdemeanors for possession of drug paraphernalia, and a 2005 felony for possession of a controlled substance. The order took effect December 30, 2016.

Psychological Assistants (continued from page 7)

If your AOR is a post office box or mail drop location, you must also provide a confidential physical business or residential address for the Board's record. This confidential address will be available and used by Board staff only.

This online address feature is available to registered BreEZe online users only. To register, simply navigate to BreEZe at www.breeze.ca.gov and click on "BreEZe Registration" under "New Users." You will be asked to provide information, such as your name and contact information. Follow the prompts and complete the registration with BreEZe. Once your registration is completed, you will be able to sign in to BreEZe and update your addresses online.

If you are new to BreEZe, please visit http://psychology.ca.gov/about_us/breeze.shtml for detailed instructions.





Legislative and Regulatory Update

More information on these bills can be found at <http://leginfo.ca.gov/>.

LEGISLATIVE

Omnibus Proposal

Each year the Senate Business, Professions, and Economic Development Committee (Senate BP&ED) reaches out to the boards and bureaus within the Department of Consumer Affairs (DCA) regarding the need for clean-up language and noncontroversial statutory changes to the Business and Professions Code (BPC) that all get combined into one large omnibus bill.

For the 2017 legislative session, staff submitted a Request for Approval of Proposed Legislation Omnibus Proposal for Board of Psychology (Board) approval. This Omnibus Proposal would provide clean up to existing statutory language relating to who pays the registration fees for psychological assistants so that it conforms to the changes made by the Board's Sunset Bill Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016). (See more information about SB 1193 on page 4.) The Board approved the proposal and instructed staff to work with the Senate BP&ED to get the proposal included in the Committees annual omnibus proposal.

In January 2017, Board staff submitted the proposal to the Senate BP&ED staff for consideration. Board staff will continue to work with Senate BP&ED and Senate Republican Caucus staff to include the provisions in the omnibus proposal.

Suicide Assessment and Intervention Coursework Requirement

In response to the Governor's veto message of Assembly Bill 2198 (Levine, Statutes of 2014) relating to mandated one-time continuing education (CE) coursework in suicide prevention, assessment, and training, the Board conducted surveys of doctoral programs and pre- and post-doctoral internship and practicum programs and reviews of licensure requirements for licensed psychologists in 2015. The Board's Licensing Committee then reviewed the issue and determined that due to gaps in the current educational and training requirements, there should be a minimal one-time requirement for coursework or training in suicide risk assessment and intervention for all licensed psychologists. In 2016, the Licensing Committee, in coordination with Board staff and Legal Counsel, worked on draft language and background materials for presentation to the Board.

During Licensing Committee meetings in 2016, multiple stakeholders provided input on the draft language, and Assembly Member Levine's office watched committee hearings and periodically checked in with Board staff on the progress of the Committee. In anticipation of the Board's consideration of the Licensing Committee's proposed language at its November 2016 meeting, Assembly Member Levine's office submitted the Licensing Committee's draft language to Legislative Counsel to be drafted into un-backed draft bill language.

At the November 2016 Board meeting, the Licensing Committee and Policy and Advocacy Committee jointly presented the Suicide Assessment and Intervention Coursework Requirement Legislative Proposal. This proposal would, effective January 1, 2020, require all applicants for licensure as a psychologist with the Board to have completed a minimum of six hours of coursework and/or applied experience under supervision in suicide risk assessment and intervention. This requirement can be met via coursework in their qualifying degree program, continuing education courses, or as part of their applied experience in any of the following settings: practicum, internship, or formal post-doctoral placement that meets the requirement of Section 2911, or other qualifying supervised professional experience (SPE). Additionally, this proposal would, effective January 1, 2020, require a licensee prior to the time of his or her first renewal, or an applicant for reactivation or reinstatement, to meet a one-time requirement of six hours of coursework and/or applied experience under supervision in suicide risk assessment and intervention. This requirement could be fulfilled with past coursework, applied experience, or CE courses in suicide risk assessment and intervention.

At the November 2016 Board meeting, the Board approved the Suicide Assessment and Intervention Coursework Requirement Legislative Proposal and instructed Board staff to move forward with the language and work with Assembly Member Levine's office, who prior to the meeting had informed staff of their desire to author the bill if the proposal was approved.

On January 9, 2017, Assembly Member Levine introduced AB 89, which includes the Suicide Assessment and

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Legislative and Regulatory Update (continued from page 10)

Intervention Coursework Requirement text as approved by the Board at its November 2016 meeting.

REGULATORY

Verification of Experience/Supervision Agreement Forms

Title 16, California Code of Regulations, Sections 1387 and 1387.1

Existing regulations mandate that verification of experience and supervision agreement forms be submitted to the Board directly from the primary supervisor. The proposed regulation would require the primary supervisor to place the supervision agreement, if any, and the verification of experience forms in a sealed envelope, and provide the envelope to the supervisee to hold until the supervisee is ready to submit a licensure application to the Board. The sealed envelope would be submitted together with the licensure application, unless it has been submitted to the Board with an application for registration as a psychological assistant.

Existing regulations also mandate that a plan for SPE between the primary supervisor and psychological assistant must be submitted and approved by the Board prior to the commencement of the SPE.

The proposed regulation would no longer require the pre-approval of this supervision plan for SPE to count toward Board licensure. In addition, they mandate that the plan include how and when the supervisor will provide periodic feedback to the supervisee so that the supervisee gets the benefits of the supervisor's assessment on how their training is going.

The Board noticed the initial Rulemaking File on April 1, 2016. After the close of the 45-day public comment period, the hearing was held at the May Board meeting. The Board received no comments and adopted the proposed language. The rulemaking file was approved by DCA, the Business Consumer Services and Housing Agency, and the Department of Finance before being submitted to the Office of Administrative Law (OAL). The Board withdrew the submitted regulatory package from OAL on February 1, 2017, due to the need for a 15-day notice of modified text.

Legislative Advisory: Senate Bill 1193 (continued from page 6)

and whose license is not suspended, revoked, or otherwise restricted by the Board or subject to discipline.

- The holder of a retired license issued pursuant to this Section shall not engage in any activity for which an active license is required. A psychologist holding a retired license shall be permitted to use the title "psychologist, retired" or "retired psychologist." The designation of retired shall not be abbreviated in any way.
- A retired licensee may apply to obtain an active license if, among other requirements, the retired license was issued less than three years ago and the retired licensee has met the continuing education and examination requirements as prescribed by the Board.
- If a licensee has held a retired license for three or more years, the licensee shall be required to do all of the following:

- Submit a complete application for a new license.
- Take and pass the California Psychology Law and Ethics Examination.
- Pay all fees required to obtain a new license.
- Comply with the fingerprint submission requirements established by the Board.
- Be deemed to have met the educational and experience requirements of subdivisions (b) and (c) of Section 2914.
- Establish that he or she has not been subject to denial or discipline of a license.

NOTE: These changes will not become effective until the Board promulgates regulations to further define the requirements and processes for obtaining a retired license and for returning to an active license.



Board Meetings

APRIL 21 (Teleconference)	Sacramento
JUNE 15–16	Ontario
SEPTEMBER 14–15	Berkeley
NOVEMBER 16–17	San Diego

Licensing Committee Meetings

MARCH 16–17	Sacramento
MAY 4	Sacramento
AUGUST 22	Southern California

Outreach and Education Committee Meetings

MARCH 21	Sacramento
SEPTEMBER 7	Sacramento

Policy and Advocacy Committee Meetings

MARCH 13	Sacramento
MAY 15	Sacramento
JULY 17	Sacramento

Board Members

Stephen Phillips, J.D., Psy.D. (President)

Nicole J. Jones (Vice President)

Lucille Acquaye-Baddoo

Alita Bernal

Michael Erickson, Ph.D.

Jacqueline Horn, Ph.D.



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