

MEMORANDUM

DATE	January 25, 2017
TO	Psychology Board Members
FROM	<i>Jacquelin Everhart</i> Jacquelin Everhart CE/Renewals Coordinator
SUBJECT	Agenda Item 4 <i>Approval of Minutes: November 17-18, 2016</i>

[Approval of Minutes: November 17-18, 2016](#)

Attached are the draft minutes for the November 17-18, 2016 Board meeting.

Action Requested:

Approve the attached minutes for the November 17-18, 2016 Board meeting.

BOARD MEETING MINUTES

**Doubletree Hotel
1646 Front Street
San Diego, CA 92101
(619) 239-6800**

Thursday, November 17, 2016

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

Members Present:

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

Others Present:

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

Agenda Item #2: President's Welcome

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

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

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

Dr. Phillips said Dr. Linder-Crow could ask her question when the Board reached agenda item # 9(b) Social Media Update.

46 **Agenda Item #4: Approval of Minutes: April 4, 2016**

47
48 Ms. Jacquelin Everhart explained that strikethroughs in the April Board meeting minutes
49 would be removed for the final posting.

50
51 It was M(Erickson)/S(Jones)/C to approve the April 4, 2016 minutes as amended.

52
53 Vote: 5 aye (Erickson, Jones, Phillips, Horn, Bernal) 0 no

54
55 **Agenda Item #6: Budget Report**

56
57 Ms. Cherise Burns presented the Board's budget report and stated that the Board had a
58 budget of \$4,962,000. She said the Board was doing well and the budget analyst did not
59 have any concerns. She reported that the loan repayment had been moved to fiscal
60 year 2018-19 because the Board's reserve was healthy.

61
62 Dr. Erickson asked what indicators reflected a healthy fund.

63
64 Ms. Burns explained that the Department of Consumer Affairs does bottom line
65 budgeting, which means that they focus on the "ending balance" rather than each line
66 item or category. She said money could be moved around between categories in order
67 to make up any shortfalls.

68
69 Dr. Phillips asked if the budget analyst would be attending the February Board meeting.

70
71 Ms. Burns said "yes".

72
73 **Agenda Item #7: Enforcement Report**

74
75 Ms. Sandra Monterrubio reported that the Board's Enforcement Unit hired Ms. Barbara
76 Tanner as the special investigator, leaving the probation monitor position vacant. She
77 said Ms. Tanner would be responsible for investigating the most complex cases,
78 collecting arrest and conviction documents, interviewing witnesses, and testifying at
79 hearings. She said the one-year pilot program with the Department of Consumer Affairs'
80 Division of Investigation was going well and she hoped that investigations would be
81 completed within 12 months. She said the Health Quality Investigative Unit still handles
82 the Board's sexual misconduct cases. Since July 1, 2016, the Board has issued 12
83 enforcement citations and referred 18 cases to the Office of the Attorney General for
84 formal discipline. She said that staff is currently monitoring 52 probationers, none of
85 whom is out of compliance. She said staff sends the Board members snapshots of
86 pending items every Monday at 2:00 p.m. She reported that there are five - ten
87 enforcement cases per month, which need to be voted on by the Board.

88 Dr. Erickson asked what the fine range was for citations and what would happen if those
89 fines were not paid.

91 Ms. Monterrubio said fines could go up to \$5,000, but they are usually between \$500
92 and \$2,500. She said the Board could place a hold on someone's license renewal and
93 could send him or her to the Franchise Tax Board to put a lien on the person in
94 question.

95

96 Dr. Erickson thanked her for the explanation.

97

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

102

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

105

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

108

109 Dr. Phillips thanked Ms. Monterrubio for her report.

110

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

112

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

116

117 **a) Organization Update**

118

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

126

127 **b) DCA Update**

128

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

130

131 **c) DCA Annual Report**

132 Ms. Sorrick said DCA's Annual report in the Board materials was in draft form, and that
133 it had not yet been finalized by DCA. She explained that the Board collects data every
134 year and submits the collective data to DCA. Once all of the boards and bureaus submit
135 their data, they are provided to the State Legislature.

136

137 **Agenda Item #9: Outreach and Education Committee Report and Consideration**
138 **and Possible Action on Committee Recommendations**

139
140 Ms. Bernal said this was her first meeting as Chair and the Committee had a lot to
141 cover.

142
143 **a) Strategic Plan Update**

144
145 Ms. Sorrick said this item is updated at each Committee and Board meeting. She said
146 the chart lists the Board's goals and status updates on each goal over time. She
147 explained that sometimes timelines are moved due to statutory or regulatory changes.

148
149 Dr. Horn asked when the Strategic Plan was created.

150
151 Ms. Sorrick said the Board approved the five-year plan in 2014.

152
153 Ms. Jones asked how the Board was achieving its outreach to stakeholders.

154
155 Ms. Sorrick said that Mr. Leitzell has been drafting a targeted stakeholders list so that
156 the Board could reach them in the future.

157
158 Ms. Burns said staff is looking to create multiple LISTSERVS based upon the interests
159 of individual stakeholders. She said Mr. Leitzell has been researching organizations that
160 deal with mental health and advocate for consumers.

161
162 Ms. Jones thanked her for the update and welcomed Mr. Leitzell to the Board.

163
164 **b) Communications Plan Update**

165
166 Ms. Sorrick explained that the Board would have a much better outreach in this area
167 once the stakeholders list was developed.

168
169 **c) Social Media Update**

170
171 Ms. Burns presented the Board's social media statistics. She said the August Board
172 meeting webcast had 1,074 views and she was not sure what caused the increase;
173 however, it was possible that it was due to the petition hearings, the presentation from
174 the Associate State and Provincial Psychology Boards, or to the End of Life Options Act
175 presentation from the Medical Board. She said the informational videos on the Board's
176 website would be updated as the sunset provisions were implemented.

177
178 Dr. Horn asked if the YouTube videos would be removed once the new videos were
179 created.

180 Ms. Sorrick said the old videos would be taken down as of January 1, 2017.

181

182 e) Report on SOLID's Presentation Regarding Focus Group on User-Friendliness of
183 Board Website

184
185 Ms. Bernal said Dennis Zanchi, Planning Manager from the Department of Consumer
186 Affairs' SOLID Training and Planning Solutions Unit, attended the Committee's meeting
187 on October 4 to discuss options to help the Board evaluate the user friendliness of its
188 website.

189
190 Ms. Burns said Mr. Zanchi would work with staff to use Google Analytics to determine
191 the most frequented areas of the website. She said he would collaborate with Board
192 staff to establish benchmarks for success and would host two stakeholder focus groups
193 in Northern and Southern California in 2017 to obtain feedback on the level of user-
194 friendliness of the Board's website.

195
196 d) Website Update

197
198 Ms. Burns said Board staff has always reported on the top five most visited web pages.
199 She said this was useful, but it may not capture what the Board is interested in. She
200 said she would be changing how this item was reported in the future.

201
202 Ms. Jones said it would be great to track the views on the Board's *Newsletter*. She said
203 she would also like to know how easily accessible the *Newsletter* is on the Board's
204 website.

205
206 f) Update on Newsletter

207
208 Ms. Sorrick said the Board's Fall *Newsletter* would be released on December 20.

209
210 Ms. Marks said she had suggested that disciplinary actions be more descriptive in the
211 Board's Newsletters and asked the Board for its feedback.

212
213 Dr. Horn said she liked the inclusion of the descriptions of the discipline actions and
214 seeing what the violations were. She said she liked including the Board's positions and
215 reasons for those positions on various bills. She said this information humanizes the
216 Board.

217
218 Ms. Jones asked staff if they had received any feedback on the inclusion of descriptions
219 in the disciplinary actions in the *Newsletter*.

220
221 Ms. Monterrubio said she had not received feedback from the public.

222
223 Dr. Phillips said he also receives emails about Board accusations.

224
225 Dr. Horn said the *Newsletter* now provides more education on the Board's process.

226
227 g) Outreach Activities Update

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

229

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

231

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

234

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

237

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

241

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

255

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

257

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

263

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

265

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

268

269 Ms. Jones said this was a fantastic plan. She suggested that the Board also
270 collaborate with other psychologists and professional associations. She said the
271 Board could create volunteer panels where psychologists are given the
272 opportunity to share their experiences.

273

274 Dr. Phillips said this was a great opportunity for the Board to work with the
275 professional associations; however, he was hesitant about institutionalizing a
276 volunteer panel because they would become public representatives of the Board
277 that regulates their practice.
278

279 Ms. Burns clarified that staff's suggestion was to create a toolkit with various
280 resources that licensees could use in their community. She said the
281 psychologists would only represent themselves and not the Board.
282

283 Dr. Phillips said the American Psychological Association had already done this
284 and he did not want to reinvent the wheel. He said it would be a time intensive
285 process and was not sure the Board should use its time to implement the toolkit.
286

287 Ms. Jones said creating a curriculum would take a lot of time. She said staff
288 could look at other groups to see what they have already created.
289

290 Dr. Horn said the Board is a regulatory body and not a professional guild. She
291 said the Board should implement any Plan from a regulatory standpoint.
292

293 Dr. Phillips said it was important to help people consider the profession of
294 psychology, but to leave the content of the profession to the professional
295 associations.
296

297 Ms. Sorrick said staff wanted to provide reasons why people should be interested
298 in the profession, and to inform people of the general educational costs,
299 application timeframes, and typical salaries, etc. She said staff would like to work
300 with the California Psychological Association (CPA) to promote the Plan.
301

302 Dr. Phillips said he appreciated her clarification.
303

304 Ms. Acquaye-Baddoo said there are many students who major in psychology, but
305 do not know what the degree can offer. She thanked Ms. Bernal for her report.
306

307 Dr. Linder-Crow said she appreciated the comments about the professional
308 associations. She said the Plan included pieces that are already part of CPA's
309 mission statement. She said there are many efforts underway from the
310 professional associations to educate people about the profession. She said she
311 liked the list and might take a few items from it. She said CPA stands ready to be
312 a resource for the Plan, even if it is just to let the Board know what was already
313 being done. She said she hoped that the Board would consider collaborating with
314 CPA if it is allowable in the future.
315

316 Dr. Phillips said the Board's objective is to promote the profession for access to
317 mental health care while CPA is trying to promote the profession for the benefit of
318 the licensees.
319

320 Dr. Linder-Crow said CPA's mission is two-fold, and access to mental health care
321 is one of their goals.

322
323 Dr. Phillips thanked her for the clarification and for offering to be a resource.

324
325 Ms. Sorrick said the Board and CPA could bring their own stances to the
326 campaign.

327
328 It was M(Acquaye-Baddoo)/S(Horn)/C to accept the Draft Outreach Plan while
329 looking at partnering with psychological associations using the current model.

330
331 Vote: 6 aye (Phillips, Erickson, Horn, Jones, Bernal, Acquaye-Baddoo) 0 no

332
333 2) Report on Discussion of Lack of Third Party Payer Reimbursement for
334 Telehealth Services – Access to Mental Healthcare Campaign (DMHC, DHCS)

335
336 Ms. Burns said the Committee had a robust discussion with representatives from
337 the Department of Managed Health Care (DMHC) and the Department of Health
338 Care Services (DHCS) at its October meeting on this topic. The representative
339 from DMHC was Elizabeth Spring, an attorney from the Office of Plan Licensing,
340 and the representatives from DHCS included Tyrone L Adams, MD, Medical
341 Consultant and subject matter expert, and Raquel Sanchez, Research Analyst.
342 Ms. Burns reported that Dr. Adams and Ms. Sanchez said patients with Medi-Cal
343 must receive services in a location where a healthcare provider is present and
344 can document that services were provided in the patient's record in order for the
345 healthcare provider to be reimbursed for using live-interactive audio video
346 technology.

347
348 Ms. Burns said that Dr. Horn had questioned the practicality of Medi-Cal
349 reimbursable telehealth services in emergencies when real-time interactive audio
350 video communication is unavailable, and why Medi-Cal does not reimburse for
351 telephone calls or electronic messages.

352
353 Ms. Burns said Ms. Spring informed the Committee that the purpose of DMHC is
354 to ensure that coverage is being offered by a health maintenance organization
355 (HMO) or other service plans, and that the healthcare is consistent with federal
356 law as stated in the Knox-Keen Act. Ms. Spring said there is no mandate for
357 healthcare providers to offer telehealth services, and informed the Committee
358 that Magellan, Blue Cross and Health Net offer telehealth reimbursement. Ms.
359 Spring went on to say that there are 23 other states that have laws that require
360 full parity for telehealth services.

361
362 Dr. Erickson said based upon the conversation with DMHC and DHCS, it seems
363 that there is almost no possibility that psychologists would be reimbursed if the
364 individual requiring services was a Medi-Cal patient.

365

366 Dr. Horn said DMHC's definition of telehealth was very restrictive. She said it was
367 defined under the guise of a medical model. She said the type of emergency a
368 psychologist would experience is very different from the type that a medical
369 doctor would experience.
370

371 Dr. Erickson said many of the HMOs have a contracted rate for providers that is
372 less than their normal rate. He said the telehealth rate through the HMO might be
373 less than the contracted rate, which is unfortunate. He said the HMOs might want
374 to consider looking into a parity law.
375

376 Ms. Burns said the attorney from DMHC had mentioned this. She said that, if the
377 law required parity, DMHC would be looking for it in their contracts. She said the
378 legislature controls the policy for Medi-Cal and dictates what DMHC will look at in
379 the contracts they receive. She said if law requires it, DMHC would enforce it.
380

381 Dr. Erickson said the Center for Connected Health Policy is a resource for
382 reimbursement and their website is www.cchpca.org. He said they have
383 reimbursement policies for telehealth for each of the 50 states. He said it is not
384 the final answer, but it may be helpful as the issue evolves.
385

386 Dr. Phillips said part of the reason the Board was concerned with this particular
387 issue is because psychologists need to be able to provide access to care,
388 especially to those living in rural areas. He said psychologists want to be able to
389 provide services and continuity of care when people are in emergencies and
390 need to be able to speak to their psychologist as part of their treatment. He said
391 he felt that this issue was consonant with the Board's mission statement.
392

393 Ms. Sorrick said she had heard from a few psychologists that they were not being
394 reimbursed for telehealth services. She said the Board's website had a link to the
395 agency that processes complaints for lack of reimbursement if there was a
396 contested denial. She said the conversation between the Committee, DMHC and
397 DHCS was enlightening and she was grateful for their presentations. She said
398 staff would include an article in the Board's *Newsletter* to discuss reimbursement
399 rates and reimbursement codes, and to provide information on the two agencies
400 and their respective roles in Medi-Cal and HMOs.
401

402 Ms. Bernal said she was not sure they should provide the codes in the article
403 because it might not be the Board's place.
404

405 Dr. Phillips said they needed to be cautious about including Current Procedural
406 Terminology (CPT) codes because they are copyrighted.
407

408 Ms. Burns clarified that staff would only include information publically available
409 on DHCS's website. She said the Board would not publish information that was
410 not already available to the public.
411

412 Ms. Bernal suggested that staff use the Center for Connected Health Policy's
413 website as a resource for drafting the article.

414
415 i) Use of Social Media – Guidelines for Appropriate Use of Social Media

416
417 Ms. Sorrick reported that at the August Board meeting Dr. Horn provided a synopsis of
418 the social media presentation given at the Association of State and Provincial
419 Psychology Boards (ASPBB) meeting. She said the Board considered preparing
420 guidelines to address the social media issue; however, the Board wanted to be careful
421 not to create underground regulations. She said the Board is currently looking to
422 leverage partnerships with stakeholders and said staff had reached out to the American
423 Psychological Association to inquire about republishing its recent article on the social
424 media issue. She said she hoped to have it in the Board's Fall *Newsletter*.

425
426 Dr. Linder-Crow inquired about the Board's policy on distributing actions taken against
427 psychologists. She said she recently saw on the Board's website an article on a
428 psychologist who had been arrested, but it did not say the psychologist had been
429 convicted. She asked if it was necessary to publish the article using social media. She
430 said she understood that the Board is required to publish disciplinary action on its
431 website. She asked how the Board decides to publish these stories using social media.

432
433 Ms. Sorrick said it was incumbent for boards and bureaus that deal with consumer
434 protection issues to publish those stories in print media to show they are providing
435 consumer protection. She said the purpose of sharing these articles is to show that the
436 Board has initiated the enforcement process.

437
438 Ms. Monterrubio said arrests might be published in a press release or on its social
439 media. She said the Board works with the Attorney General's office and Investigative
440 Unit to determine what information is going to be released. She said the Board also
441 works with its public affairs office and legal counsel to determine what is going to be
442 posted and it all depends on the type of story.

443
444 Dr. Linder-Crow said posts can be forwarded, reposted and commented on, and she
445 thinks it would be good if we are all careful. She said she thinks that social media might
446 be viewed as an extension of a press release. She said social media allows for wide
447 distribution of material, but she fears that it may generate inaccurate information. She
448 reiterated that it was an arrest and not a conviction. She said this type of posting would
449 be considered a risk management issue in her job.

450
451 Dr. Phillips said the Board does not post an article every time criminal charges are
452 brought against a licensee. He said the Board made the determination that this story
453 warranted a post.

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

456
457 Dr. Erickson asked if the post showed where the story came from.

458 Dr. Linder-Crow said it was a link back to the Board's website.

459

460 Dr. Phillips thanked her for the comment.

461

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

463

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

465

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

468

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

471

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

480

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

487

488 Ms. Jones said that Board members were aware when the Board had a two-member
489 Sunset review committee that was not noticed, but she did not feel she was notified that
490 the Telepsychology Committee meetings were not being noticed. She said the
491 Telepsychology *Guidelines* were a hand carry at the August Board meeting. She said it
492 is not her intention to be inflexible, but the Board should keep in mind its value of
493 transparency.

494

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

497

498 Dr. Erickson said he did not believe there was an attempt to exclude public input, but
499 rather an attempt to work as a two-member committee. He said it is incumbent for him
500 to receive public input throughout the process before he makes a presentation to the
501 Board for consideration.

502

503 Dr. Phillips said he wanted to emphasize that he thinks the Board is very open to public
504 comment and believes that the Board has become more aware of the importance of this
505 over the last several years. He said he does not think there was any attempt to hide the
506 process.

507
508 Dr. Horn said she agreed with the suggestion that whenever a two-member committee
509 is appointed, the Board should consider whether it needs to be noticed.

510
511 Ms. Jones said she did not think anyone was trying to hide anything, but that it might
512 have been perceived that way. She said she assumed that the Telepsychology
513 *Guidelines* had already been posted prior to the Board meeting and was surprised to
514 discover that they were a hand carry item. She said she just wants the Board to keep
515 the perception of their actions in mind.

516
517 Ms. Sorrick said she wanted to highlight that the Board did hold two public Board
518 meetings that allowed for public comment on the language for the Telepsychology
519 *Guidelines*.

520
521 **Agenda Item #12: Closed Session**

522
523 The Board met in closed session pursuant to Government Code Section 11126(c)(3) to
524 discuss disciplinary matters.

525
526 **Agenda Item #11: Petition Hearing**

527
528 Administrative Law Judge James Ahler presided. Deputy Attorney Giovanni Mejia was
529 present and represented the people of the State of California. Charles Stockton, PhD
530 was present.

531
532 **Agenda Item #5: Approval of Minutes: August 18-19, 2016**

533
534 It was M(Acquaye-Baddoo)/S(Bernal)/C to approve the August 18-19, 2016 minutes as
535 amended without changing the order of the minutes.

536
537 Vote: 5 aye (Acquaye-Baddoo, Erickson, Jones, Phillips, Horn, Bernal) 0 no

538
539 **Agenda Item #12: Closed Session**

540
541 The Board resumed closed session pursuant to Government Code Section 11126(c)(3)
542 to discuss disciplinary matters including the above petition, petitions for reconsideration,
543 stipulations, and proposed decisions.

544 **Friday, November 18, 2016**

545
546 Stephen Phillips, JD, PsyD, Board President, called the open session meeting to order
547 at 9:07 a.m. A quorum was present and due notice had been sent to all interested
548 parties.

549 **Members Present:**

550 Stephen Phillips, JD, PsyD, President
551 Nicole J. Jones, Public Member, Vice-President
552 Lucille Acquaye-Baddoo, Public Member
553 Alita Bernal, Public Member
554 Michael Erickson, PhD
555 Jacqueline Horn, PhD

556
557 **Others Present:**

558 Antonette Sorrick, Executive Officer
559 Sandra Monterrubio, Enforcement Program Manager
560 Cherise Burns, Central Services Manager
561 Stephanie Cheung, Licensing Manager
562 Karen Johnson, Licensing Coordinator
563 Jacquelin Everhart, Continuing Education/Renewals Coordinator
564 Norine Marks, DCA Legal Counsel

565
566 **Agenda Item #13: Closed Session**

567
568 The Board met in closed session pursuant to Government Code Section 11126(a)(1) to
569 conduct its annual evaluation of the Executive Officer.

570
571 **Agenda Item #20: President's Report**

572
573 Ms. Jones requested that the Board first discuss agenda items 20 and 21 due to a
574 scheduling conflict.

575
576 **a) 2016 and 2017 Meeting Calendar and Locations**

577
578 Dr. Phillips presented the 2016 and 2017 meeting calendar.

579
580 Ms. Sorrick said staff had spoken to Dr. Phillips about scheduling legislative office visits
581 to discuss policy issues and legislative items. She said staff would like to schedule the
582 visits for the afternoon on Wednesday, February 8, 2017, and then have the Board
583 meeting the following two days on Thursday and Friday. She said last year the
584 legislative visits were scheduled to be the morning of the Board meeting and some of
585 the legislators were not available.

586
587 Dr. Phillips thanked Ms. Sorrick for the information.

588 **b) Committee Updates**

589
590 Ms. Jones said that Dr. Miguel Gallardo, a former licensed member of the Board,
591 previously questioned the effectiveness of scheduling committee meetings separate
592 from the Board meetings. She said the committee meetings used to take place during
593 the Board meetings and now that they are separate, the committee members have to sit

594 through the presentations twice. She thanked Dr. Gallardo for presenting this question
595 and asked the Board members what they thought about the current process.
596

597 Dr. Phillips said not much was accomplished when committees met concurrently in the
598 same room during the Board meeting because oftentimes members would not be able
599 to attend those committee meetings. He said when Ms. Sorrick started with the Board
600 she initially delegated day one of the Board meeting to committee meetings. He said the
601 committee members would then report to the full Board that day or the following day. He
602 said this process was redundant and ineffectual. He said he believed the Board's
603 current system of scheduling the committee meetings separate from the Board
604 meetings works really well. He said it is an inconvenience to have additional
605 responsibilities and to attend meetings on different days; however, the Board's goal is to
606 move its agenda forward. He said he believed that this was the most effective process.
607 He said it would be difficult to do what the Licensing Committee does in a Board
608 meeting considering that the next two Licensing Committee meetings would be two-day
609 meetings.
610

611 Ms. Acquaye-Baddoo said she liked the current scheduling best. She said having
612 separate meetings afforded the members time to ponder the issues with a small group.
613 She said the current process was valuable and deliberative.
614

615 Ms. Bernal said that as a new Board member she did not understand the effectiveness
616 of the former process. She said the summaries provided from the Committee meetings
617 are very thorough and asked what benefits the previous process offered.
618

619 Ms. Jones said the benefit of the former process was the ability for the public members
620 to hear the issues firsthand and to hear directly from the person who raised each issue.
621 She said she was not sure this was effective, but the Board members were able to hear
622 the issues as they were being reported.
623

624 Ms. Acquaye-Baddoo said the former process was redundant and the issues could have
625 been flushed out more. She said there was not enough time to consider various
626 decisions. She said the current process was more powerful because the Board could
627 spend more time pondering the issues at hand. She said that previously people were
628 torn if they were following both Licensing and Enforcement discussions, for example.
629

630 Ms. Bernal asked if there was more participation from other professional associations
631 using the former process.
632

633 Ms. Acquaye-Baddoo said the participation was there, but there was not enough time to
634 address the issues fully. She said the participation pool had expanded with the new
635 system because if someone could not attend the committee meeting, they could review
636 what was discussed at the committee meeting and have time to create thoughtful
637 comments to present at the Board meeting.
638

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

642
643 Ms. Jones said the Board could now request staff to pull additional data for the Board
644 meetings. She said this could not have been done using the old system.

645
646 Ms. Bernal said it seemed the Board would have had difficulty getting the public to
647 attend. She said she liked the process the way it was.

648
649 Dr. Phillips said it appeared that the Board was comfortable with the current system.

650
651 Dr. Horn said the current method provided a more thoughtful and deliberative process.
652 She said the public is able to participate through webcasts and teleconferences. She
653 said she had noticed an increase in written comments prior to the meetings.

654
655 Ms. Jones said she did not have an opinion on the subject, but wanted to conclude the
656 topic. She said she also noticed an increase in written comments prior to the meetings.
657 She said the current process was more thoughtful and participatory in an in-depth way.

658
659 Dr. Phillips said no motion was needed since the tenor of the conversation was to
660 maintain the current process.

661
662 **Agenda Item #21: Election of Officers**

663
664 Dr. Phillips said the election was for the upcoming year, 2017.

665
666 Ms. Marks said voting for one officer at a time would be the best process.

667
668 Ms. Jones said she would like to nominate Dr. Phillips as President.

669
670 No other nominations were received.

671
672 Ms. Jones said that a former Board member had suggested that the Board look at how
673 its members were serving the Board and consider implementing an alternating rotation
674 where public and licensed members took positions in turn. She said she did not have a
675 position on this suggestion.

676
677 Ms. Acquaye-Baddoo said she supported Dr. Phillips as candidate for President as
678 there had been great changes made to the Board.

679
680 Ms. Marks said the motion was to have Dr. Phillips as Board President for the 2017
681 calendar year.

682
683 Vote: 6 aye (Bernal, Horn, Phillips, Jones, Erickson, Acquaye-Baddoo) 0 no

684
685 Dr. Horn nominated Ms. Jones as Vice President.

686 No other nominations were received.

687

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

691

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

693

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

696

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

698

699 **Agenda Item #14: Legislation Update**

700

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

702

703 **3) Suicide Risk Assessment and Intervention Coursework Requirements –**
704 **Addition of BPC Section 2915.4 (Coursework in Suicide Risk Assessment and**
705 **Intervention)**

706

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

710

711 Ms. Jones said the language was drafted in response to Governor Brown's veto
712 message. She said some of the Board members previously mentioned that
713 including a Continuing Professional Development (CPD) requirement in the
714 language was just adding extra work for licensees. She said the Licensing
715 Committee members revisited the language at its September meeting and had a
716 great discussion about the intent and content. She said she wanted the Board to
717 have a robust discussion about the language and to address all of the members'
718 concerns.

719

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

728

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

733 Ms. Jones said that the Policy and Advocacy Committee had not yet reviewed
734 the language and they might have some feedback. She said staff's
735 recommendation was to approve the language and asked for Board discussion.
736

737 Dr. Phillips said he had asked some post-doctoral students if they had received
738 this training. He reported that some said they received it during their post-
739 doctoral training, some said they received it at their work site and others said
740 they had received very little training. He said it was important for those coming in
741 to the field to be able to deal with a suicidal situation or to know when they are
742 over their heads. He said the experience of the people in the field varies
743 depending on the setting they are in. He said it was very important that all
744 professionals in the field have this training.
745

746 Ms. Sorrick said that Assembly Member Levine had submitted placeholder
747 language to Legislative Counsel. She said that the Board would consider the
748 language to move it forward to Sponsor the bill.
749

750 Dr. Phillips asked how consistent the placeholder language was with the
751 proposed language.
752

753 Ms. Burns said the language was very consistent and only clarified the
754 requirements in two different areas. She said it was consistent with SB 1193
755 because it referenced the language that would go into effect January 1, 2017.
756

757 Ms. Jones thanked Ms. Burns for the clarification.
758

759 Ms. Acquaye-Baddoo asked if there was a sense of how schools and
760 professionals felt about this additional training requirement.
761

762 Ms. Jones said that Jonathan Burke had surveyed schools to see if they were
763 offering training in suicide risk assessment and intervention. She said the results
764 showed that this training was being provided. She said including a one-time
765 Continuing Professional Development (CPD) requirement ensures that the entire
766 field is covered.
767

768 Dr. Phillips said that the proposed training requirement might encourage
769 educational institutions to focus on offering specific content related to this issue.
770 He said that sometimes the training is spread out over various courses,
771 especially in the larger programs. He said he did think a lot of good training was
772 being offered in the area, but believed that the Board needed to ensure
773 consistency.
774

775 Ms. Acquaye-Baddoo asked if the proposal was an attempt to ensure that this
776 training would eventually become a part of the schools' training curriculum.
777

778 Dr. Horn said "no". She said there are plenty of other opportunities for trainees to
779 obtain this type of training. She said the Board was not requiring that it must be

780 obtained during graduate training. She said it might not even be an actual course
781 on suicide prevention, but rather a course on a broader topic, such as crisis
782 intervention. She said the Board wants someone to confirm that the student had
783 received the training, or alternatively, the coursework.

784
785 Ms. Sorrick asked Ms. Marks if the Board needed to make a motion to allow staff
786 to begin working with Assembly Member Levine's office on the language.

787
788 Ms. Marks said she thought a motion would be a good idea. She then asked the
789 Board members if they wanted to add the term "required" after "curriculum" in the
790 following sentence: "...stating that the coursework required by this section is
791 included within the institution's curriculum for graduation..." She said if the Board
792 is going to require certification that the student has completed the training, the
793 language should specify that the training must be part of the required curriculum.
794 She said she is not sure if adding the term "required" is necessary because she
795 is not sure how curricula is generally organized. She said she does not know if
796 curriculum includes everything that is required for graduation plus any potential
797 electives.

798
799 Dr. Horn suggested that the sentence "...that the coursework required by this
800 section is included within the institution's curriculum for graduation, or within the
801 coursework that was completed by the applicant" be replaced with "...that the
802 coursework required by this section is either required for graduation or within the
803 coursework that was completed by the applicant."

804
805 Ms. Jones said she believed Dr. Horn's suggestion captured the spirit of their
806 conversation.

807
808 Dr. Phillips said he did not want to manage the training curriculum, but did want
809 to make sure that this training had been obtained.

810
811 Dr. Horn said the training does not have to be obtained in a classroom. She said
812 it could be obtained through applied experience, in a practicum setting, an
813 internship, through supervised professional experience, etc.

814
815 Ms. Jones said it was important that the Board did not mandate additional
816 curriculum; however, the proposed language could possibly impact policy and the
817 way things are done. She said she was not sure what the training institutions
818 would do, but the Board's proposal would help bring this issue to light.

819
820 Dr. Erickson said he was thankful to those who were persistent on this issue and
821 to the Committee for all of its hard work. He said he was appreciative to the
822 stakeholders who took time to write letters and provide comments to the Board.

823
824 Dr. Melodie Schaefer from Division II of CPA said she was concerned with
825 section one of the proposed language in terms of academic programming. She
826 said schools would not be able to have a separate, stand alone class because it

827 was hard enough for them to meet the mandates. She said the Board was asking
828 the schools to provide certification to whatever piecemeal elements students
829 received in suicide prevention. She said suicidality training could occur over
830 many courses. She said it would be much cleaner if the Board required this
831 training as a pre-licensure course so that they could have more control over the
832 content. She said suicide prevention training is commonly interwoven in crisis
833 intervention, interviewing, or in assessment skills, and is not typically presented
834 in the robust nature that she believes the Board is seeking. She said requiring
835 applicants to obtain this training as a pre-licensure course could provide the
836 attestation the Board was looking for.

837
838 Dr. Horn thanked Dr. Schaefer for her for comment and said the Committee had
839 already discussed what she suggested. She said the language does allow
840 applicants to take a pre-licensure course to meet this requirement. She said the
841 Board did not want to create an extra burden if someone was able to provide
842 proof that they had previously obtained this training.

843
844 Dr. Schaefer thanked Dr. Horn for her clarification. She suggested that the Board
845 replace the term "coursework" because most people define it as a stand-alone
846 course. She said it might be better for the Board to explain that the collective
847 course content within the doctoral program could fulfill the training requirement.

848
849 Ms. Jones thanked her for her comment.

850
851 Dr. Elizabeth Winkelman from CPA thanked the Board for the opportunity to
852 provide public comment. She said the option to obtain this training through
853 applied experience was unclear because the Board used the term "coursework."
854 She requested that the Board consider using the terms practicum and experience
855 to clarify.

856
857 Dr. Horn said this was what Dr. Schaefer brought up as well. She said she
858 agreed that people would think coursework meant a class and that the Board
859 would like to focus on the experience and content of the training, not that it
860 occurred as a class.

861
862 Mr. Che Hernandez, the Board Chair of the American Foundation for Suicide
863 Prevention, San Diego Chapter, said he was in favor of adopting the proposed
864 language and thanked the Board for its hard work. He said he lost his nephew to
865 suicide seven years ago and said that this type of legislation could make a
866 difference in people's lives. He said he had assumed that all mental health
867 professionals have some sort of mastery in suicide prevention, but he recently
868 learned that this was not the case. He said that he believed that the underlying
869 sentiment was that more could be done. He said that adopting this language
870 would be a step in the right direction and would send the message of
871 empowerment to psychologists. He said that this proposal showed that this issue
872 is important. He said that adopting this language would show leadership to other
873 states. He said that not adopting this language would send the message that

874 everything was working and was fine the way it was. He said that the Board
875 could take a small action today that would have a large impact later. He thanked
876 the Board for its consideration.
877

878 Ms. Jones thanked Mr. Hernandez for his comment and said that the Board had
879 also received two letters of support from Mr. Victor Ojakian and Mr. Craig Lomax.
880

881 Mr. David Bond, licensed clinical social worker (LCSW) and Vice President of
882 Programs for the Trevor Project, said the Trevor Project was the nation's leading
883 organization that provided crisis intervention and suicide prevention services to
884 lesbian, gay bisexual, transgender and questioning youth under the age of 25.
885 He said that 40% of people who die by suicide have seen their primary care
886 physician within a month of their death. He said 25% of mental health providers
887 and 50% of psychiatrists will have a client who dies by suicide. He said of all the
888 training psychologists, social workers, and marriage and family therapists receive
889 over years of formal education and clinical practice, nothing would actually save
890 more lives than a comprehensive suicide assessment and intervention training.
891 He said when his classmates discussed issues of diversity in graduate school
892 they would go through ethnic minorities, religious minorities and socioeconomic
893 status differences. He said LGBT issues would get the last 5-10 minutes of the
894 class, if there was still time, because teachers did not know how to discuss these
895 issues. He said his anxiety with allowing crisis training to cover suicide is that
896 suicide would get that last 5-10 minutes of the class as well. He said he had
897 never received adequate training in suicide assessment and intervention training
898 in all of his years going through graduate school and clinical practice. He said it
899 was not until he joined the suicide prevention community that he realized that
900 doing a contract for suicide safety is the most "ridiculous thing a clinician could
901 do" because it does not have any impact. He said he agreed with Dr. Schaefer
902 that the Board should require a pre-licensure course so that the Board could
903 have more control over the content. He said the intense anxiety and fear
904 clinicians have when a client becomes suicidal or expresses suicidal thoughts
905 was another issue that should be addressed in graduate school training, rather
906 than in post-graduate work. He said that we need to reduce the stigma of
907 disclosing suicidal thoughts and feelings. He said we also need to teach
908 clinicians that "referring suicidal clients out" is not the right thing to do and that
909 clinicians could be the primary source of support for those people. He said that
910 clinicians need to stop fearing liability and start caring for and accepting those
911 clients for who they are and what they are going through.
912

913 Ms. Jones thanked Mr. Bond for his comments.
914

915 Mr. Stan Collins said he worked on a variety of county and state efforts
916 throughout California on suicide prevention. He said he became involved with
917 suicide prevention after he lost a friend to suicide in high school. He said he just
918 wanted to thank the Board for bringing this issue to light. He said the National
919 Strategy for Suicide Prevention was first published in 2001, which meant that
920 national conversations on suicide prevention had only been happening for 15

921 years. He said he spent five years working as an EMT and as a lifeguard for the
922 San Diego Fire Rescue Department and he relied on his licensing board to
923 require him to have the skills to be efficient at his job. He said it was also
924 important to trust that his peers had the same skills to be efficient at their jobs.
925 He thanked the Board for having this conversation.
926

927 Ms. Jones thanked Mr. Collins for his comments.
928

929 Ms. Patricia Speelman, licensed marriage family therapist (LMFT), thanked the
930 Board for the opportunity to provide comments. She said she was a
931 representative of Didi Hirsch Mental Health Services and the Didi Hirsch Suicide
932 Prevention Center. She said she was currently the Division Director of the
933 Suicide Prevention Center and in that capacity was representing all of the clients
934 and patients who have survived a suicide attempt or lost someone to suicide.
935 She said she was also speaking as a licensed MFT who received no training in
936 suicide risk assessment and prevention during her coursework and practice and
937 as someone who lost her grandfather to suicide. She said she was happy that
938 the Board was considering language and encouraged the Board to move forward
939 with the proposal. She said training saves lives, not enough action is being taken
940 to identify and treat those who are suicidal. She said suicide was the tenth
941 leading cause of death in the United States. She said it was twice as high as
942 death by homicide and almost twice as high as drug-induced deaths. She said it
943 was the second leading cause of death in teens and young adults and the figures
944 in California follow these national trends. She said one third of people who die
945 from suicide have had previous contact with mental health services within one
946 year of their death. She said 20% of these individuals have had mental health
947 contact within the last month of their life. She said it was possible that for every
948 10 clients a mental health professional saw, two might die by suicide. She said
949 psychologists currently must have coursework and training in spousal or partner
950 abuse assessment and detection and treatment of alcohol or other substances
951 and neither of these issues have a death rate as high as suicide. She said 76%
952 of graduate program directors want to include more specific suicide training. She
953 said suicide training would aid the competency and confidence of mental health
954 professionals. She said they would not feel like they were working outside of their
955 scope or feel the need to refer these patients to other professionals. She said
956 suicide training would aid in due diligence because legally if someone dies by
957 suicide, the professional is more at risk if they did not perform an assessment or
958 did not provide an adequate assessment than if they provided a thorough
959 assessment. She said suicide training would aid in increased awareness of the
960 national health concern and increase links to resources. She said this training
961 would help with the limited resources for those seeking therapy after losing
962 someone to suicide, those who are at high risk for suicide, those seeking therapy
963 after a failed attempt and those with chronic suicidal ideation. She said California
964 was a very proactive, forward-thinking state and often takes the initiative to
965 address mental health and social concerns. She said there were already 10
966 others states that required this training and she did not want California to fall

967 behind. She said she wanted California to become a nationally recognized leader
968 in suicide risk assessment and suicide prevention.

969
970 Ms. Acquaye-Baddoo asked Ms. Speelman if she could repeat her comment on
971 graduate program directors.

972
973 Ms. Speelman said 76% of graduate program directors want to include more
974 suicide-specific coursework. She said this data came from a task force of the
975 American Association of Suicidology. She said their report addressed serious
976 gaps in US mental health training and could be located in the journal titled
977 "Suicide and Life Threatening Behavior", which was the journal of the American
978 Association of Suicidology.

979
980 Ms. Sorrick asked Ms. Speelman if she could send the link to the journal so that
981 she could forward it along to staff and Board members.

982
983 Dr. Linder-Crow said she wanted to acknowledge that suicide was a crisis in the
984 United States and wanted to make it clear that CPA recognized this. She said
985 she had lost a 14-year-old family member to suicide in the last year. She said
986 she appreciated the nature of this challenge and asked the Board if the proposed
987 statutory language was the answer. She said the Governor did not say he
988 wanted legislation in his veto message. She said that in fact, he said the
989 opposite. She said the Governor wanted the state licensing boards to determine
990 the best solution. She said the Board conducted a survey of training programs in
991 psychology where the results showed that this training was being offered. She
992 said she appreciated that Ms. Speelman said she did not receive any suicide
993 training as an MFT, but said this was not true in psychology. She said the
994 Board's survey showed that a high percentage of training programs do include
995 training in suicide risk assessment and intervention. She said people could
996 always say that someone needs to know more in a specific area. She said not
997 everyone is going to be an expert in this area and that implying that
998 psychologists are not well trained was a misnomer. She said there would always
999 be variability among training programs and said she was not sure that one
1000 course could correct this variability. She said CPA was concerned with the former
1001 bill because it only targeted psychologists. She said she admired the Board for
1002 taking action on this issue. She said she is distressed because out of all the
1003 mental health professionals and physicians, psychologists were the ones being
1004 required to take additional training when they have had the most training. She
1005 said psychologists engage in a variety of work and some psychologists do not
1006 engage in psychotherapy. She said the language was a one size fits all, which
1007 she understood was the easiest method; however, it was a concern of hers. She
1008 questioned the process of presenting the proposed language to the Legislator
1009 prior to Board-approval and asked if the Board would be the Sponsor of the
1010 proposed legislation.

1011
1012 Ms. Jones said the Board would be the Sponsor.

1013

1014 Dr. Linder-Crow said she was concerned with the consistency of the language
1015 and said it would need much more work if it became legislation.
1016

1017 Ms. Jones explained that the Board motion would allow staff to continue working
1018 on the language with Assembly Member Levine's office.
1019

1020 Dr. Linder-Crow said she understood the motion. She said section one of the
1021 language was confusing. She said the Board did not want to be burdensome, yet
1022 they are requiring that every licensee obtain this training as a one-time renewal
1023 requirement.
1024

1025 Ms. Jones said the Board previously discussed the burdensome issue, but
1026 decided to move forward with the one-time renewal requirement.
1027

1028 Dr. Horn explained that licensees did not have to take a course for their renewal
1029 if they had proof that they obtained it in a different way as specified in subsection
1030 (a).
1031

1032 Dr. Linder-Crow thanked Dr. Horn for her clarification. She said it might be
1033 difficult for licensees who had been practicing for a while to obtain certification of
1034 this training from their training director or registrar. She said that previously Dr.
1035 Andrew Harlem, a former licensed member of the Board, suggested that the
1036 Board consider eliminating some of the other one-time training requirements if it
1037 decided to require training in suicide risk assessment and intervention. She
1038 asked if the training would just be an addition to the existing courses.
1039

1040 Ms. Jones said the Committee considered all of their conversations when they
1041 drafted the proposed language. She said the Committee had voted on different
1042 items over time, which brought them to this point. She said they had
1043 experienced many challenges including changes in Board composition and
1044 multiple conversations in different settings. She said the Committee concluded
1045 that this issue was important enough to require training, just like the other one-
1046 time training requirements. She said the Committee did their best to recollect the
1047 many different conversations that both the Committee and the Board has had on
1048 this issue. She said the chronology provided in the Board materials reminded the
1049 Board Members of the previous discussions.
1050

1051 Dr. Horn said she agreed with Ms. Jones. She said the Committee is still going
1052 through Pathways to Licensure and reviewing the Continuing Professional
1053 Development (CPD) language.
1054

1055 Dr. Linder-Crow thanked them for the clarification. She said the Governor stated
1056 in his veto message that there were measures in place to ensure that people in
1057 the healing arts are qualified to do their job. She said the Governor did not ask
1058 for legislation on this issue. She urged the Board to consider broadening the
1059 language to include other mental health professionals and physicians. She said
1060 she realized her suggestion would be difficult, but their current solution was

1061 requiring the best-trained professionals in this area to obtain more training. She
1062 said it was excluding those who could really get the community to a better place.
1063 She said CPA is always looking at this issue and offers different courses on this
1064 topic. She asked the Board to determine the rationale for requiring additional
1065 training in light of their surveys.
1066

1067 Ms. Jones thanked Dr. Linder-Crow for her comment. She said in his veto
1068 message, the Governor requested "licensing boards to address the issues which
1069 this bill raises and take whatever actions are needed." She said there was not a
1070 requirement to take action, but the Board wanted to take the issue seriously. She
1071 said this had been an interesting path since February 2014. She said she
1072 appreciated all of the public comment.
1073

1074 Dr. Phillips said he believed the Governor wanted each board to consider their
1075 own licensees and registrants to determine how to approach this issue. He said
1076 psychologists in many ways were some of the best trained in this area. He said
1077 he believed that psychiatrists were also well trained, but primary care physicians
1078 were not. He said the Board was trying to be responsive to the Governor's veto
1079 message within the area it regulates. He said it is up to each licensing board
1080 whether they want to join this legislation or propose other legislation.
1081

1082 Dr. Horn asked how the Board should consider the public comments.
1083

1084 Ms. Jones said the motion was to allow staff to continue to work with the author's
1085 office. She said the Board received comments on three different areas of the
1086 language, including subsections (a)(1) and (a)(2). She said the bill language was
1087 not final because there was no bill. She said the language would come back to
1088 the Board if it became a bill.
1089

1090 Ms. Sorrick said staff could amend the language to address the concerns and
1091 bring it back to the February Board meeting. She said bill introductions do not
1092 start until February and the Board has a teleconference meeting scheduled in
1093 April. She said there was still additional time to work on the language.
1094

1095 Dr. Erickson asked why the Board would not consider six hours of training in
1096 suicide risk assessment and intervention. He said it would be clear and everyone
1097 would know what they needed to do.
1098

1099 Dr. Phillips said he believed the current proposal gives more flexibility to
1100 licensees.
1101

1102 Ms. Acquaye-Baddoo asked Ms. Marks how the Board could broaden the
1103 language to include other mental health professionals.
1104

1105 Ms. Marks explained options for amending the general Business and Professions
1106 Code or amending multiple practice acts in one bill. She said the process to
1107 change another board's practice act would be beyond her expertise with respect

1108 to the Legislative Process. She said she was not sure if there was a model the
1109 Board could use to meet with other licensing boards and was not sure if the
1110 Board would want to tackle this.
1111
1112 Ms. Acquaye-Baddoo asked if it was possible to indicate that the Board wishes to
1113 make others aware of the need for this training.
1114
1115 Ms. Jones said she was not sure it was in the Board's purview to require this of
1116 other boards.
1117
1118 Ms. Burns said the Board could include intent language that would be in the bill,
1119 but not the Code. She said it would describe what the Board's intentions were.
1120
1121 Dr. Phillips said including intent language was a great idea so that the Board
1122 could encourage other boards to look at this issue as well.
1123
1124 It was M(Erickson)/S(Acquaye-Baddoo)/C move forward with the legislative
1125 proposal with Assembly Member Levine's Office.
1126
1127 Vote: 6 aye (Horn, Bernal, Phillips, Jones, Erickson, Acquaye-Baddoo) 0 no
1128

1129 c) Legislative Proposals for the 2017 Legislative Session

1130
1131 2) Enforcement Proposal – Amendments to BPC Section 2962, Regarding
1132 Disclosure of Records (Denial, Suspension, and Revocation)
1133

1134 Ms. Jones said no action was needed because this issue had been referred to
1135 the Enforcement Committee.
1136

1137 1) Omnibus Proposal – Amendments to Business and Professions Code Section
1138 2290.5
1139

1140 Ms. Burns said that this proposal was to clean up the Practice Act. She said the
1141 Board had included language in its Sunset bill that would allow psychological
1142 assistants to register themselves; however, the primary supervisor was still
1143 required to pay the fee. She said the proposal would allow them to pay their own
1144 fees.
1145

1146 Dr. Schaefer asked if the training sites in which psychological assistants were
1147 placed would only need to submit one description of their training program for the
1148 Board to review and approve.

1149 Ms. Johnson said the Board was no longer going to require pre-approval of the
1150 plan prior to the commencement of the experience. She said psychological
1151 assistants would still need to complete the supervision agreement form and plan,
1152 but they would not need to submit it until they were ready to submit verification of
1153 their hours.
1154

1155 Dr. Schaefer asked if the California Psychology Internship Council (CAPIC)
1156 needed to provide attestation to the Board that a particular post-doctoral training
1157 had been approved by CAPIC.

1158
1159 Ms. Johnson said the Board does not require an attestation. She said staff
1160 checks CAPIC's website to verify that a site has been approved.

1161
1162 Ms. Stephanie Cheung said staff had amended the psychological assistant
1163 application form so that psychological assistants could fill it out. She said there
1164 would be only one registration for psychological assistants. She said staff also
1165 created a form for psychological assistants to submit to the Board whenever
1166 there was a change in supervisors.

1167
1168 It was M(Phillips)/S(Acquaye-Baddoo)/C to support the proposal to suggest
1169 language for purposes of the Omnibus bill.

1170
1171 Vote: 6 aye (Acquaye-Baddoo, Jones, Erickson, Bernal, Phillips, Horn) 0 no
1172

1173 **Agenda Item #14: Legislation Update**

1174
1175 Ms. Burns said the legislative session ended on August 31, 2016, and the Governor had
1176 until September 30, 2016 to sign or veto all legislation.

1177
1178 **a) Bills with Positions**

1179
1180 **1) Chaptered.**

1181
1182 **A) AB 796 (Nazarian) Health Care Coverage: Autism and Pervasive**
1183 **Developmental Disorders**

1184
1185 Ms. Burns said AB 796 repealed the sunset provision and extended
1186 indefinitely the requirement for health care service plans to cover
1187 behavioral health treatment for pervasive development disorders or
1188 autism. She said the Board sent an "Oppose" letter and then sent a letter
1189 urging the Governor to veto the bill. She said the Governor signed the bill
1190 on September 23, 2016. She said that Board members could relay their
1191 concerns about this bill during their legislative visits in February.

1192
1193 Dr. Phillips said this was an area of concern because autism providers are
1194 not certified, registered or licensed and do not receive background checks.
1195 He said they work with one of the most vulnerable populations and receive
1196 insurance reimbursements from the state for the services they provide
1197 without any regulatory scheme in place.

1198
1199 **B) SB 1193 (Hill) Psychology: Board of Psychology: Personnel**

1200

1201 Ms. Burns said this bill included the Board's sunset extension and said
1202 staff had created an implementation plan for each section.

1203
1204 Dr. Horn asked if the Licensing Committee would be redefining the
1205 practice of psychology in its Pathways to Licensure discussion.

1206
1207 Ms. Sorrick said the Board had already changed the definition of the
1208 practice of psychology in 2015 and the definition provided in the Board
1209 materials was no longer in statute.

1210
1211 Ms. Burns said the text Dr. Horn was referring to was the Legislative
1212 Counsel Digest, which could sometimes be inaccurate.

1213
1214 2) Vetoed

1215
1216 A) AB 2017 (McCarty) College Mental Health Care Services Program

1217
1218 Ms. Burns apologized for some of the errors in the material. She said this
1219 bill was supported by the Board and vetoed by the Governor because it
1220 "commits to a particular program structure without specifying the amount
1221 or source of funding."

1222
1223 B) AB 2086 (Cooley) Workers Compensation: Neuropsychologists

1224
1225 Ms. Burns said this bill would have authorized a licensed clinical
1226 psychologist meeting specified requirements to be appointed as a
1227 qualified medical evaluator in neuropsychology. She said the Board took a
1228 "Support if Amended" position at its May Board meeting and then took a
1229 full "Support" position at its August Board meeting. She said the Governor
1230 vetoed the bill on September 30, 2016 because it would create a lower
1231 standard for certain providers. Ms. Burns said staff called the author's
1232 office and they said they were unsure about moving forward with this bill in
1233 the future.

1234
1235 Dr. Phillips asked Ms. Burns if she got the impression that people were
1236 confused by the Governor's veto message.

1237
1238 Ms. Burns said she did not get this impression.

1239
1240 Dr. Phillips said he was not sure the Governor understood the purpose of
1241 the bill. He said he hoped the Board would revisit this issue in the future.

1242 Ms. Burns said it would be a good issue to discuss during the Board's
1243 legislative visits in February.

1244
1245 Dr. Erickson said he was perplexed by the Governor's veto message. He
1246 said the Governor might have had more information than what the Board
1247 received. He said that in order for someone to be treated for a

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neuropsychological condition, the person must be diagnosed. He said in order to be diagnosed the person must see a Qualified Medical Evaluator typically in neuropsychology. He said the bill was not just about evaluators wanting to get more business; it was about the injured worker who needs treatment. He said this was an important issue and was hopeful that the Board could find the answer.

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

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

3) Failed Passage

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

A) AB 1715 (Holden) Healing Arts: ABA

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

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

Ms. Burns said this bill was held by the Assembly Committee on Appropriations in the Suspense file due to potential significant costs to the General Fund.

C) SB 1034 (Mitchell) Health Care Coverage – Autism

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

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

1295 said it was a complicated issue and felt that the Governor may not have
1296 gotten complete information on some of the bill's aspects.

1297
1298 Dr. Phillips thanked Dr. Linder-Crow for her comment.
1299

1300 b) Watched Bills

1301
1302 Ms. Burns said the following items were watch bills that the Board did not want to take a
1303 position on.

1304
1305 1) Chaptered

1306
1307 A) AB 2859 (Low) Professions and Vocations; Retired Category

1308
1309 Ms. Burns said this bill applied to all boards within the Department of
1310 Consumer Affairs. She said the Board's Sunset bill already included
1311 similar language. She said the Governor signed the bill on September 22,
1312 2016.

1313
1314 2) Vetoed

1315
1316 A) AB 1835 (Holden) Private Postsecondary Education: Exemptions

1317
1318 Ms. Burns said this bill would have added additional accreditation
1319 exemption criteria to the Bureau for Private Postsecondary Education Act
1320 of 2009 (ACT) for psychoanalytical degree granting institutions. She said
1321 the Governor vetoed this bill on September 28, 2016 because "he was not
1322 convinced that conferring special treatment on this one subset of
1323 professionals is warranted, when other means exist to comply with state
1324 law."

1325
1326 3) Failed Passage

1327
1328 Ms. Burns said the following items were watch bills that died along the way.

1329
1330 A) AB 2507 (Gordon) Telehealth: Access

1331
1332 Ms. Burns said this bill would have added video and telephone
1333 communications to the definition of telehealth. She said this was
1334 something the Board members and Board staff should address during
1335 their Legislative visits.

1336 Dr. Erickson said reimbursement was a big part of this bill. He said the
1337 insurance industry might have questioned whether they wanted it to go
1338 through. He said he would like to see this bill move forward.

1339
1340 B) SB 1033 (Hill) Medical Board: Disclosure of Probationary Status

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

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

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

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

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

E) SB 1194 (Hill) Professions and Vocations: Competitive Impact

Ms. Burns said this bill was originally the Board's Sunset bill, but was amended to cover the North Carolina Dental Board court decision relating to anti-competitive board actions. She said this bill was pulled by the author, but expected that the Board would be dealing with this issue in the future.

F) SB 1204 (Hernandez) Health Professions Development: Loan Repayment

Ms. Burns said this bill would have done a variety of things to impact the loan reimbursement grants. She said Senator Hernandez stopped

1389 pursuing this bill during the Legislative session and started to pursue SB
1390 1471, which applied to physicians, surgeons and psychiatrists, which died
1391 on the Assembly Suspense File. She said she hoped the Board would
1392 revisit the loan repayment discussion.

1393
1394 G) SB 1217 (Stone) Healing Arts: Reporting Requirements
1395

1396 Ms. Burns said this bill would have required licensing boards to store
1397 judgements and settlements with damage over \$10,000 instead of the
1398 current \$3,000 limit. She said this bill died in the Senate Committee on
1399 Business, Professions and Economic Development and Senator Stone's
1400 office confirmed that they would not be pursuing this bill next year.

1401
1402 H) SB 1334 (Stone) Crime Reporting: Health Practitioners: Trafficking
1403

1404 Ms. Burns said this bill would have required health care practitioners who
1405 provide medical services to a patient who discloses that he or she is
1406 seeking treatment due to being the victim of assaultive or abusive
1407 conduct, to make a report to a law enforcement agency. She said this bill
1408 died and was held in the Senate Committee on Appropriations due to cost.

1409
1410 d) Legislative Items for Future Meeting
1411

1412 Ms. Sorrick said staff did not have any additional legislative issues or proposals to bring
1413 to the Board's attention.

1414
1415 e) Update Regarding the California Child Abuse and Neglect Reporting Act (CANRA)
1416 and Mandated Reporting – Penal Code Sections 261.5, 288, and 11165.1
1417

1418 Ms. Burns said this agenda item has had little movement because it was in the Court of
1419 Appeals. She said the hearing for oral arguments was held on November 17 and that it
1420 would be another six months or longer before any results were given. She said staff was
1421 trying to meet with Assembly Member Garcia's office who initiated the request.

1422
1423 Dr. Erickson asked if the Board could hear about the nature of the litigation and the
1424 basis for the appeal.

1425
1426 Ms. Burns said there had been no update on the nature of the litigation or the basis for
1427 the appeal. She said the most updated and detailed information was provided at the
1428 August Board meeting, but she could provide a more exhaustive brief at the February
1429 Board meeting.

1430
1431 Dr. Phillips said the Board had asked for an opinion from the Attorney General's office
1432 and that derailed the process. He said this request had been dropped off of the AG's list
1433 of items for which they have to issue an opinion and hoped it would be added back if the
1434 litigation did not provide clarification.

1435

1436 Dr. Erickson said the information provided was sufficient for him.

1437

1438 **Agenda Item #15: Regulatory Update and Review: Possible Action**

1439

1440 a) Review and Consideration of Changes to 16 CCR Sections 1391.1, 1391.2, 1391.5,
1441 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Assistants

1442

1443 Ms. Burns said the changes to this regulatory package would implement the statutory
1444 changes relating to psychological assistants, which were established by the Board's
1445 Sunset bill. She said these changes were reviewed and approved by the Licensing
1446 Committee at their September meeting. She said staff was requesting that the Board
1447 review the language and the draft rulemaking file and move to accept the language to
1448 notice for hearing and to grant the Executive Officer discretionary authority to make any
1449 necessary changes to the regulatory package.

1450

1451 Dr. Horn requested that "supervisee" be changed to "psychological assistant" in section
1452 1398.6 *Supervisor's Responsibility*. She suggested changing "client or patient's chart" to
1453 "client or patient's record" in the same section. Dr. Horn said she noticed that there was
1454 no form name provided in section 1391.11 *Change of Primary Supervisor or Location*.

1455

1456 Ms. Sorrick said a form name would be inserted once staff selected a name.

1457

1458 Dr. Horn asked when the form would be named.

1459

1460 Ms. Cheung said she checked with Public Affairs to see if the Board had the authority to
1461 name forms. She said they confirmed that the Board could assign it a number. She said
1462 staff would be selecting a form number that made sense and would be easily
1463 identifiable.

1464

1465 The Board's changes were implemented in the regulatory language below:

1466

1467 **§1391.1. Registration; Limitation of Registration Period.**

1468

1469 (a) Any person who meets the requirements of section 2913 of the Code desiring to
1470 supervise may apply for registration as a psychological assistant by submitting shall
1471 submit an application on a form 15-303 (rev. 9/16), which is hereby incorporated by
1472 reference provided by the Board. If applying for a registration with more than one
1473 supervisor, the person shall also submit form [_____].

1474

1475 (b) Registration as a psychological assistant shall be limited to a cumulative total of six
1476 years (72 months). Each registration shall be subject to annual renewal pursuant to
1477 section 1391.12. For any psychological assistant registered prior to the effective date of
1478 this subdivision, subsequent renewals or registrations shall be limited to a cumulative
1479 total of six years (72 months) from the date of the psychological assistant's next
1479 registration or renewal, whichever occurs first.

1480

1481 Upon showing of good cause as determined by the Board, these specified time

1482

1482

1483 **NOTE: Authority cited: Section 2930, Business and Professions Code. Reference:**
1484 **Section 2913, Business and Professions Code.**

1485
1486

1487 **§ 1391.2. Withdrawal of Applications.**

1488
1489 An aApplications for registration which ~~that~~ hasve-not been completed within ninety (90)
1490 days after additional information has been requested ~~by the Board~~ shall be deemed to
1491 be withdrawn.

1492
1493 **NOTE: Authority cited: Section 2930, Business and Professions Code. Reference:**
1494 **Section 2913, Business and Professions Code.**

1495
1496

1497 **§ 1391.5. ~~Statement of Purpose;~~ Supervision Required.**

1498
1499 (a) A psychological assistant shall be under the direction and supervision of a licensed
1500 psychologist or board-certified psychiatrist who is employed in the same setting in which
1501 the psychological assistant is employed. A licensed psychologist who is supervising
1502 psychological assistants must comply with the supervision course requirements set forth
1503 in section 1387.1.

1504 (b) The supervisor shall provide a minimum of one (1) hour per week of individual
1505 supervision to the psychological assistant, unless more such supervision is required
1506 under Section 1387 or by the nature of the psychological functions performed by the
1507 psychological assistant.

1508 (c) ~~A registered psychological assistant employed by one of the organizations specified~~
1509 ~~in section 2913 of the code may receive delegated supervision pursuant to section~~
1510 ~~1387(c) from a qualified psychologist or a board certified psychiatrist other than the~~
1511 ~~primary supervisor to whom he/she is registered if the delegated supervisor is also~~
1512 ~~employed within the same organization. Otherwise, supervision may not be delegated~~
1513 ~~under a psychological assistant registration.~~

1514
1515 **Note: Authority cited: Section 2930, Business and Professions Code. Reference:**
1516 **Section 2913, Business and Professions Code.**

1517
1518

1519 **§1391.6. Supervisor's Responsibility.**

1520
1521 (a) Every supervisor of a psychological assistant shall have be responsible for
1522 supervising the psychological functions performed by the psychological assistant and
1523 ensuring that the education, training and experience in the areas of psychological
1524 practice for which they will supervise, and shall be responsible for supervising the
1525 psychological functions performed by the psychological assistant extent, kind and
1526 quality of the psychological functions performed by the assistant are consistent with the
1527 supervisor's training and experience, and ensure that the psychological assistant
1528 complies with the provisions of the code, the Bboard's regulations, and the ethical
1529 standards established by the American Psychological Association.

1530 (b) The supervisor shall ~~inform~~ ensure that each client or patient is informed, prior to the
1531 rendering of services ~~by the psychological assistant~~, that the psychological assistant is
1532 unlicensed and is under the direction and supervision of the supervisor, ~~as an employee~~
1533 Each client or patient shall also be informed and that the supervisor shall have access
1534 to the client or patient's chart in fulfilling his/or her supervisory/on duties.

1535 (c) The supervisor shall be available to the psychological assistant 100% of the time the
1536 psychological assistant is performing psychological functions. The availability can be in-
1537 person, by telephone, by pager or by other appropriate technology.

1538 (d) The supervisor shall ensure that a plan is in place to protect the client or patient or
1539 client in the event a client or patient/client crisis or emergency occurs during any time
1540 the supervisor is not physically present at the established site at which the supervisee is
1541 working. The supervisor shall ensure that the supervisee thoroughly understands the
1542 plan in the event a client or patient crisis or emergency occurs.

1543 **Note: Authority cited:** Section 2930, Business and Professions Code. Reference:
1544 Section 2913, Business and Professions Code.

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

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

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

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

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

1562

1563

1564

1565

§ 1391.10. Annual Reports Update.

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

(a) ~~The nature of the psychological functions performed by the psychological assistant~~
~~being supervised.~~ Name and registration number of the psychological assistant.

(b) Name and license number of all primary supervisors since the effective date of the
registration or the last update.

- 1576 (c) Certification of employment. Address of all locations where psychological services
1577 are currently being provided.
1578 (d) The functions primarily being provided by the psychological assistant.
1579 (e) The period of supervision.
1580 (f) The type and amount of supervision received.
1581 ~~(c) The locations at which the psychological assistant provided the psychological~~
1582 ~~functions and the type, extent and amount of supervision.~~
1583 (g) A certification An attestation from all current primary supervisors that during the
1584 period supervised, the psychological functions performed by the psychological assistant
1585 has demonstrated an overall performance at or above the level of competence expected
1586 for his or her level of education, training and experience, and were performed at a level
1587 satisfactory to ensure safety to the public.
1588 (h) Failure to submit a completed annual update shall render the registration ineligible
1589 for renewal.

1590
1591 **NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference:
1592 Section 2913, Business and Professions Code.

1593
1594
1595 **§ 1391.11. Notification of Termination. Change of Primary Supervisor or Location**

1596
1597 Within thirty (30) days after the termination of the employment any change or addition of
1598 a primary supervisor or in the location where services are being rendered by the of a
1599 psychological assistant, the employer psychological assistant shall notify the Board in
1600 writing of such termination, on form [_____], setting forth the date thereof. If a change of
1601 supervisor has occurred and the psychological assistant is accruing Supervised
1602 Professional Experience, a new supervision agreement, pursuant to section 1387, is
1603 required.

1604
1605 **NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference:
1606 Section 2913, Business and Professions Code.

1607
1608
1609 **§ 1391.12. Psychological Assistant Renewals.**

- 1610
1611 (a) A new registration shall expire one year after issuance. The registration of a
1612 psychological assistant shall be renewed by the employer annually, on or before its
1613 expiration on a form provided by the board. Such form shall include the following:
1614 (i) Name, registration number, registration expiration date, and renewal amount of the
1615 psychological assistant;
1616 (ii) Disclosure of whether the psychological assistant has been convicted or has had a
1617 license or registration discipline since their last renewal;
1618 (iii) Disclosure of whether the psychological assistant has complied with the fingerprint
1619 requirements and submitted a full set of fingerprints to the Department of Justice;
1620 (iv) Phone number and email of the psychological assistant; and
1621 (v) A signed declaration under penalty of perjury that the information provided is true
1622 and correct.

- 1623 (b) A registration renewed 30 days after its expiration must be accompanied by the
1624 delinquency fee required in section 1392.1 in order to be renewed.
1625 (c) A psychological assistant who has been registered with the Board but whose
1626 registration has expired and has not been renewed by the employer shall not function
1627 as a psychological assistant.
1628 ~~(d) A psychological assistant employed and registered by more than one employer shall~~
1629 ~~have his or her registration renewed by each employer.~~
1630 ~~(de) A registration not renewed within 60 days after its expiration shall become void~~
1631 ~~cancel, and a new application for registration shall be submitted by the employer will be~~
1632 ~~required for a registration to issue.~~

1633
1634 **NOTE: Authority cited:** Section 2930, Business and Professions Code. Reference:
1635 Section 2913, Business and Professions Code.

1636
1637

1638 **§ 1392.1. Psychological Assistant Fees.**

1639

- 1640 (a) The application fee for registration ~~as of~~ a psychological assistant which is payable
1641 by the supervisor is \$40.00.
1642 (b) The annual renewal fee for registration of a psychological assistant is \$40.00.
1643 (c) The delinquency fee for a psychological assistant is \$20.00.

1644

1645 **Note: Authority cited:** Section 2930 and 2940, Business and Professions Code.
1646 Reference: Sections ~~2688~~2948 and ~~2689~~2987, Business and Professions Code.

1647

1648

1649 It was M(Acquaye-Baddoo)/S(Bernal)/C to approve the language as amended for
1650 noticing and to set for hearing, and to grant authority to staff to make any necessary
1651 changes to proceed with the rulemaking.

1652

1653 Vote: 6 aye (Bernal, Horn, Phillips, Erickson, Acquaye-Baddoo, Horn) 0 no

1654

1655 b) Update on 16 CCR Sections 1387(b)(10)(11) and 1387.1 – Verification of Experience
1656 and Supervision Agreement Forms

1657

1658 Ms. Burns said this rulemaking file was noticed for the initial 45-day comment period on
1659 April 1, 2016. She said the hearing took place at the May Board meeting and the final
1660 regulatory package was completed by staff and submitted to the Department of
1661 Consumer Affairs to review on June 2, 2016. She said the regulatory package was
1662 approved by the Business, Consumer Services and Housing Agency on October 24,
1663 2016 and would be sent next to the Department of Finance for review.

1664

1665 **Agenda Item #16: Telepsychology Committee Report and Consideration and**
1666 **Possible Action on Committee Recommendations**

1667

1668 Dr. Erickson said the report provided to the Board members pertained to the latest
1669 iteration of the proposed telehealth regulations. He said the goal was to review the draft

1670 language with the intent to approve it as written and proceed with a rulemaking file. He
1671 said the Committee met on October 14, 2016 and created the current draft proposal. He
1672 said the Committee addressed what would happen when a California client is out of
1673 state and needs service. He said the Committee questioned if the client's physical
1674 location should determine the jurisdiction or should California still have jurisdiction
1675 granted that it does not interfere with the other state laws. He said the Committee
1676 considered the question of whether the Board should call it telehealth or telepsychology
1677 and said the statute used the term "telehealth." He said there had also been input on the
1678 fact that they needed to own their profession; however, he said it was probably best to
1679 adhere to the statute rather than try to forge a separate name. He said the Board
1680 materials included the marked and unmarked versions of the draft Standards of Practice
1681 for Telehealth regulation.

1682
1683 Dr. Phillips said Dr. Erickson has been the moving force behind this topic. He said the
1684 California Psychological Association (CPA) asked what would happen if someone
1685 attending a California school is a non-resident of California and has a therapist in
1686 California and then leaves the state for a short period. He asked if the statute would
1687 allow this type of interjurisdictional practice.

1688
1689 Ms. Bernal said she had not been present when the Board started discussing telehealth
1690 and wanted to know if there was a consensus from the professionals of whether they
1691 preferred telehealth or telepsychology. She said she wanted to point out that insurance
1692 is attached to the individual even when they leave the state and wanted to know if the
1693 Board had considered this.

1694
1695 Dr. Phillips said he had heard from other psychologists that their insurance was
1696 reluctant to pay for telehealth services. He said he believed the profession would prefer
1697 to use the term "telepsychology", but said the statute used the term "telehealth." He said
1698 he had a discussion with a large liability carrier who told him that as long as the Board
1699 permits the practice, psychologists would be covered by their professional liability
1700 carrier.

1701
1702 Dr. Horn said the Board's regulations should only pertain to psychologists who are
1703 health service providers because the statute referenced telehealth. She asked if this
1704 distinction should be made within the proposed language.

1705
1706 Ms. Marks said the statute defined telehealth as the mode of delivering health care
1707 services, but then defined health care providers as someone licensed under this
1708 division, which would include psychologists. She said there was a bit of disconnect in
1709 the statute with respect to the psychology profession. She said the Committee might
1710 want to discuss using the term "telepsychology" to cover licensees who are not engaged
1711 in the direct delivery of mental health services.

1712
1713 Dr. Phillips said there was some discussion on this issue during the Committee
1714 meetings. He said the proposed language does require that the psychologist be
1715 competent in the delivery of psychological services via telehealth.

1716

1717 Dr. Horn said psychological services are broader than health care services. She said
1718 much of what general applied psychologists do is through telepsychological means
1719 versus telehealth means. She said she would not want these individuals to be penalized
1720 because the Board's statute focuses on health service psychology.

1721
1722 Ms. Marks asked Dr. Horn if she wanted to make it clear that the regulation does not
1723 necessarily limit providing psychological services in a non-health capacity. Ms. Marks
1724 said the conditions provided in subsection (b) of the language apply to those providing
1725 health services.

1726
1727 Dr. Horn agreed with Ms. Marks.

1728
1729 Dr. Phillips said they could add the provision of health care-related services to the
1730 language.

1731
1732 Ms. Sorrick asked the Board if they would not want the same criteria considered for a
1733 psychologist providing telepsychology. She said it was her understanding that the
1734 Board's formal legal counsel interpreted the proposed language as covering all areas of
1735 psychological services. She said the Committee used the terms "patient" and "client" in
1736 the language to cover both a health care and non-health care setting.

1737
1738 Dr. Horn said the proposed language focused on the delivery of health care.

1739
1740 Dr. Erickson asked if the Board wanted to draft the language in a way that would tell
1741 psychologists doing business consultation they needed to comply or would they want to
1742 draft it in a way that would tell them they did not need to comply.

1743
1744 Dr. Horn said this was her original thinking because the language focuses on the
1745 delivery of healthcare services.

1746
1747 Dr. Phillips said the language could not apply to psychologists in the delivery of non-
1748 health care services because the statute addressed health care services. He said he
1749 wanted to make it clear that the proposed language was intended for psychologists
1750 delivering health care services.

1751
1752 Ms. Marks asked if the Board wanted to use the phrase "psychological health care
1753 services."

1754
1755 The Board agreed to add "psychological health care" to the term "services."

1756
1757 Dr. Elizabeth Winkelman from the California Psychological Association (CPA) said she
1758 appreciated the Board's clarification on the type of psychology for which the language
1759 was intended. She said subsection (a) that discusses the resident was unclear and
1760 could potentially be unrestrictive. She said she understood the intention of allowing
1761 residents in California to be treated while they are away temporarily. She said it made
1762 sense from the patient and psychologist perspective, but she said she had concerns
1763 with the way it was worded. She said other authorities and states consider the physical

1764 location rather than the residency of the patient when discussing telehealth services,
1765 and it would be confusing if the Board did the opposite. She said if a patient lived in
1766 New York and then attended college and received psychological services in California,
1767 the proposed language would not allow that person to continue receiving services from
1768 the California psychologist if that patient went home for vacation. She said the
1769 language would not cover a patient residing outside of California who discovers a
1770 psychologist in California with an expertise in an area of psychology that the patient
1771 cannot locate in his or her own state.

1772
1773 Dr. Phillips said he appreciated her comments. He said he was less concerned if the
1774 regulations were consistent with language used by other states. He said the policy
1775 question is how permissive the Board is being about interjurisdictional practice. He said
1776 there is a limit to the amount of interjurisdictional practice they want to allow. He said it
1777 was less about servicing residents of California and more about providing
1778 interjurisdictional services. He said the Board is required to regulate people within the
1779 State of California, but said he did understand her point in terms of continuity of care.

1780
1781 Dr. Erickson thanked Dr. Winkelman for her thoughtful input. He said one of the reasons
1782 the Committee did not use the physical location of the patient was because they wanted
1783 to express their belief that they owe something to existing patients, in terms of continuity
1784 of care and preserving the treatment relationship, that have to be out of state for short
1785 periods of time. He said they could not regulate what happens in other states.

1786
1787 Dr. Phillips said the Committee could possibly draft additional language to address
1788 situations where the service was initiated in California and then the patient left. He said
1789 he did not want to give licensees permission to continue to see a patient for an indefinite
1790 period if they left the state and had no intention of returning.

1791
1792 Ms. Bernal asked if the Board was discussing reimbursement for telehealth because
1793 health insurance follows the patient.

1794
1795 Dr. Winkelman said she saw Ms. Bernal's inquiry as a separate conversation. She said
1796 the concern from a patient perspective is access to care while out of town.

1797
1798 Dr. Phillips said the proposed regulations would not solve Ms. Bernal's questions, but
1799 said they did need to be addressed.

1800
1801 Dr. Horn said she believed the Board could address Dr. Winkelman's example of
1802 someone who is temporarily residing in California, initiates psychological services in
1803 California and then returns to their home state; however, it would be more complex to
1804 address a consultant using telehealth methods to communicate with someone who is a
1805 resident outside of the state because it would be limited. She said this might not relate
1806 to what the Board is trying to address in its proposed regulations. Dr. Phillips said Dr.
1807 Horn's example related to interjurisdictional practice where the psychologist would need
1808 to consider the psychology licensing law of that state.

1809

1810 Dr. Winkelman said anything that is not included in the Board's telehealth regulations
1811 would arguably be excluded. She said if the regulations stated that a psychologist could
1812 deliver telehealth services to a patient who initiated treatment in California, would that
1813 exclude patients who did not initiate services in California.

1814
1815 Dr. Phillips said the people initiating care in California are his primary concern. He said
1816 he has had patients who permanently moved out of the state who were originally
1817 California residents. He said they eventually became residents of the other states and
1818 he would assist them in locating a new psychologist.

1819
1820 Dr. Erickson asked Dr. Winkelman if the Board could revise the language to say that
1821 psychologists have to start with a patient in California and if that person travels out of
1822 state the psychologist could still provide services as long as they comply with the
1823 jurisdiction of the state in which the patient is located.

1824
1825 Dr. Phillips said he also wanted to include patients who initiate services in California and
1826 move to a different location within California.

1827
1828 Dr. Winkelman suggested that the Board change "to a patient or client who is a resident
1829 of California who is temporarily located outside of this State" to "a patient or client who
1830 is located outside of this State."

1831
1832 Ms. Sorricks suggested the following language to be included after the definition of
1833 resident: "A licensee may also provide psychological health care services to a patient or
1834 client who has initiated services from a licensee who is temporarily located outside of
1835 this State."

1836
1837 Dr. Horn suggested that Ms. Sorricks edit her language to say, "...who may not be a
1838 resident of this State, but has initiated services with a licensed psychologist within this
1839 State."

1840
1841 Ms. Marks said the proposal was not a prohibition. She said the statute and proposal
1842 are permissive and simply outline the conditions under which health services could be
1843 provided. She said if the Board tried to address each potential situation, it might make
1844 psychologists feel like they could not do something if it is not included in the language.
1845 She said the more the Board tries to cover all variations the more it looks like the Board
1846 is trying to regulate interjurisdictional practice.

1847
1848 Dr. Linder-Crow said Ms. Marks had a good point; however, licensees still need
1849 guidance from the Board. She asked what type of guidance the Board would give to
1850 licensees practicing under their license but not in a health care setting. She said she
1851 wondered how the Board could avoid interjurisdictional practice. She said addressing a
1852 specific group of psychologists in these regulations would leave a big segment of
1853 licensees who do not know what kind of guidance the Board is giving. Dr. Phillips said
1854 he is sympathetic to Dr. Linder-Crow's concerns; however, the Board could only
1855 develop regulations based upon statutory language.

1856

1857 Dr. Linder-Crow asked if the Board could give guidance outside of regulations.
1858
1859 Ms. Marks said it would not be enforceable.
1860
1861 Dr. Linder-Crow asked if the Board could provide guidelines, even if they were not
1862 enforceable.
1863
1864 Ms. Marks said the Board is discussing guidance with a caveat that the Board could not
1865 determine what happens in other states.
1866
1867 Dr. Phillips said the Board could direct licensees to their professional association for
1868 guidance outside of the regulations.
1869
1870 Dr. Linder-Crow said CPA has done and could do that.
1871
1872 Dr. Phillips said the Board could only do what is permissible in statute. He said the
1873 Board should consider a legislative proposal to include additional areas of psychology
1874 after these regulations have been implemented.
1875
1876 Dr. Horn said it was clear that the statute is about health care. She said the Board could
1877 tell licensees what to consider outside of the regulations.
1878
1879 Dr. Phillips said he did not want to mislead licensees into thinking that if they think about
1880 those things, they have covered all of the bases. He said he would rather not say
1881 anything, but would be open to providing resources to help them consider different
1882 aspects.
1883
1884 Ms. Sorrick said the Legislature had asked what the Board has done about
1885 telepsychology rather than telehealth at the Board's last two Sunset reviews. She said
1886 she does not know what they consider telehealth versus telepsychology, but the
1887 Committee might want to discuss the use of telepsychology in other applied areas.
1888 Dr. Schaefer asked why the Board was not considering something with a more global
1889 perspective for those who want to use telepsychology. She asked why the Board could
1890 not say that psychologists are required to ensure they are in compliance with the laws of
1891 the state in which they are providing services.
1892
1893 Dr. Horn said currently if you want to practice in another state, you must obtain a
1894 license. She said most states allow temporary practice, but they all have different rules.
1895 She said there is nothing right now to allow psychologists to practice interjurisdictionally.
1896
1897 Dr. Schaefer asked if the Board had investigated telehealth companies run by people
1898 with degrees in mental health that are providing national mental health services.
1899
1900 Dr. Phillips questioned whether these companies might be running afoul of the licensing
1901 laws in this and other jurisdictions, particularly in states where there are no provisions
1902 for temporary practice or specific strictures on interjurisdictional telepsychology
1903 services.

1904 Dr. Schaefer asked how the profession could create job opportunities to students
1905 coming out of school with other areas of mental health dwindling. She said she did not
1906 want the Board to be the last one out of the gate.
1907
1908 Ms. Burns suggested adding "initiates services in this State" after "to a patient or client"
1909 in subsection (a).
1910
1911 The Board members agreed to her language.
1912
1913 Dr. Phillips said he believed the Board was very sympathetic to moving psychology
1914 forward in a way that would allow better access to care, but said they needed to be
1915 cognizant of what they could regulate. He said he believed psychology was one of the
1916 more principled professions and they take ethics more seriously than most professions.
1917 He said he believed that they have over-developed consciences, which is a part of
1918 being a psychologist.
1919
1920 Ms. Marks said she was not sure Ms. Burns' language addressed those who temporarily
1921 go outside of the state. She said this is not a type of service, but rather a mode to
1922 deliver services. She said she was not sure it was the time to define every variation in
1923 the language. She said the proposal was to provide guidance to what a licensee should
1924 be looking at when delivering services using this mode. She said she was not sure the
1925 Board could answer all of the questions raised at this time.
1926
1927 Ms. Acquaye-Baddoo asked if the Board could define "temporary" in the proposed
1928 language.
1929
1930 Dr. Erickson said he does not think they should define temporary because states define
1931 temporary differently.
1932
1933 Dr. Horn said the language needed to account for people who initiate services in this
1934 State who are temporarily in California and then leave to another state.
1935
1936 Dr. Erickson said he was leaning back towards the client's physical location since the
1937 Board did not want to start regulating interjurisdictional practice. He said the language
1938 could state that the telehealth must initiate in California regardless of whether the
1939 patient is just visiting for the holidays. He said if the patient travels outside of the state,
1940 the psychologist must abide by that state's regulations.
1941
1942 Ms. Sorrick asked Ms. Marks if the language prohibited continuity of care for a patient
1943 who initiates services in California and temporarily leaves the State.
1944
1945 Ms. Marks said she did not think the language prohibits this, but does think the Board
1946 could get in to interjurisdictional practice the more it tries to cover other variations. She
1947 said the more the Board lists different scenarios, the more it looks like situations not
1948 listed were excluded on purpose.
1949
1950 Dr. Phillips suggested that the Committee address the issues in another meeting.

1951 **Agenda Item #17: Licensing Report**

1952

1953 Ms. Johnson said Ms. Audrey Watkins left the Board staff for a promotion. She said she
1954 was a great Licensing Analyst who helped the processing timelines for applications for
1955 licensure to stay down. She said the timelines have gone up recently, but said she
1956 foresees it going down once the Licensing Unit is fully staffed next month.

1957 Ms. Cheung said Ms. Johnson would be retiring from state service on December 16,
1958 2016. She said she had been a state employee since 1979 and had been with the
1959 Board since 1992. She said over the years Ms. Johnson had demonstrated
1960 compassion, commitment, and dedication through her work, had been the lead in
1961 numerous projects, and had made a tremendous impact on the Licensing Unit. She said
1962 she would be greatly missed and the Board wished her happiness, success, and good
1963 health as she began her new adventure.

1964

1965 Ms. Johnson said she respected the psychology profession very much and would miss
1966 everyone. She reported that the Licensing Unit was processing applications within three
1967 weeks. She said Ms. Kelli Okuma and Ms. Mary Lynn Ferreira were able to keep the
1968 Board's processing times down because they process applications for registration within
1969 a few days of receipt. She said Ms. Sharon Perera was the Board's new Licensing
1970 Analyst who would start on November 28, 2016 and Mr. Chris Siefert was made a
1971 permanent Licensing Analyst. She said staff was still trying to notify people of the
1972 genesis date for the 72-month registration limitation for psychological assistants and
1973 said the notice was on the Board's website. She said the Licensing Committee would
1974 continue its Pathways to Licensure review at its January meeting and would host a
1975 stakeholders meeting once they completed their review. She said the performance
1976 measures show the time it takes a Licensing Analyst to process an application, but does
1977 not include the time it takes an applicant to provide additional documentation if needed.
1978 She said the satisfaction surveys included in the Board materials looked great and
1979 reflected staff's ability to respond to applicants quickly.

1980

1981 Dr. Erickson asked if anyone had questioned why there are fewer psychologists as the
1982 populations gets bigger.

1983

1984 Ms. Johnson said this had not been discussed.

1985

1986 Ms. Bernal asked if mailed-in documentation ever gets lost.

1987

1988 Ms. Johnson said she does not believe so.

1989

1990 Ms. Bernal said the high number of mailed-in applications was impressive.

1991

1992 Ms. Johnson said she thought the online application would be used more and more
1993 once people discovered that it is an option.

1994

1995 Dr. Phillips said he got his renewal done in two days. He said the online process is
1996 much better because you do not have to wait for your mail to be delivered to the Board.
1997 He thanked Ms. Johnson for her report and said the Board would miss her.

1998 **Agenda Item #18: Continuing Education Report**

1999
2000 Ms. Everhart presented the continuing education report. She said out of the total people
2001 audited, 766 (or 86.5%) passed and 119 (or 13.45%) failed. She said the most common
2002 reason for failure was being short total hours. She said an average of 876.1
2003 psychologist renewal applications and an average of 73.6 psychological assistant
2004 applications were processed per month in the last 10 months.
2005

2006 **Agenda Item #19: Licensing Committee Report and Consideration of Committee**
2007 **Recommendations**

2008
2009 Dr. Horn said she appreciated Ms. Johnson's efforts in turning the licensing process
2010 around in the last couple of years and would miss her a lot.
2011

2012 **a) Discussion of Requests for Extensions to Accrue Continuing Education and**
2013 **Exceptions to the CE Requirements**

2014
2015 Dr. Horn said the Committee asked staff to look at this issue. She said staff provided a
2016 list of pros and cons and the Committee agreed that the negatives of providing
2017 extensions and exceptions outweighed the positives. She said the Committee did not
2018 want to send the message that two years was not enough time to obtain the required
2019 number of CE hours.
2020

2021 **b) Review of and Discussion on Proposed New Statutory Language Regarding**
2022 **Coursework in Suicide Risk Assessment and Intervention**

2023
2024 Dr. Horn said this item was already discussed under agenda item #14(c)(3).
2025

2026 **c) Review and Assessment of Current Licensing Requirements, Recommendation to**
2027 **Stakeholders for Consideration: Proposed Amendments to Existing Sections of Title 16,**
2028 **California Code of Regulations: 1381, 1381.1, & 1381.2 (Applications); 1381.4 (Failure**
2029 **to Appear for an Examination); 1381.5 (Failure to Pay Initial License Fee); 1387**
2030 **(Supervised Professional Experience); 1387.1 & 1387.2 (Qualifications of Primary and**
2031 **Delegated Supervisors); 1387.3 (Non-Mental Health Services); 1387.4 (Out-of-State**
2032 **Experience); 1387.5 (SPE Log); 1388, 1388.6, 1389 & 1389.1 (Examinations-**
2033 **Waiver/Reconsideration); 1387.7, 1390, 1390.1, 1390.2, & 1390.3 (Registered**
2034 **Psychologists); 1387.6, 1391, 1391.1, 1391.2, 1391.3, 1391.4, 1391.5, 1391.6, 1391.7,**
2035 **1391.8, 1391.10, 1391.11, & 1391.12 (Psychological Assistants)**

2036
2037 Dr. Horn said the Committee was still reviewing the Pathways to Licensure. She said
2038 the Committee might finish its discussion at its January meeting, which would be a two-
2039 day meeting to discuss Pathways and the Continuing Professional Development (CPD)
2040 model.
2041

2042 **d) Discussion, Review and Consideration of the Proposed Revisions to Title 16 of the**
2043 **California Code of Regulations; Sections 1397.60, 1397.61, 1397.62, 1397.67, 1397.69,**
2044 **1397.70 (CE/CPD)**

2045 Dr. Horn said the Committee was still discussing the proposed CPD model. She said
2046 she wanted to note that it was still not the time for people to submit comments because
2047 there are no regulations in place. She said their discussion would continue at its
2048 January 26-27, 2017 meeting.

2049
2050 Ms. Sorrick said the meeting would not be webcasted, but it would be teleconferenced.

2051
2052 Dr. Phillips said staff had been receiving comments on a regulatory package that is no
2053 longer active.

2054
2055 It was M(Acquaye-Baddoo)/S(Erickson)/C to approve the Licensing Committee report.

2056
2057 Vote: 5 ayes (Acquaye-Baddoo, Erickson, Horn, Phillips, Bernal) 0 no

2058
2059 **Agenda Item #22: Recommendations for Agenda Items for Future Board Meetings**

2060
2061 Ms. Everhart provided the recommendations made by the Board members throughout
2062 the meeting.

2063
2064 **Adjournment**

2065
2066 The Board adjourned at 5:16 p.m.

2067
2068
2069
2070
2071
2072

2073 _____
President Date

