About this Public Packet:

At the June, 2014, Board meeting, the Board voted for staff and President to split the Board meeting materials into a public and a Board-only packet and post the public packet on the CAMFT website in the members-only section when it is available.

The packet contains only materials deemed to be NON-SENSITIVE. Documents that contain member names (including member proposals) have been shared only with the Board to protect privacy. (Note: Proposal forms now include an opt-in box to allow for the member to choose to have his/her proposal made public through this vehicle.) In addition, all draft minutes and draft financial reports have been shared only with the Board as these materials are not in final form. Closed session materials and any materials that include competitively valuable updates have been shared only with the Board.

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Policy on Antitrust Compliance

Date: May 25, 2012
*Replaces original policy accepted January 22, 2005

Antitrust laws of the United States and the State of California prohibit contracts, combinations, or conspiracies in restraint of trade. The penalties for violations of antitrust laws are severe for professional associations such as CAMFT. CAMFT has a strict policy of compliance with all federal and state antitrust laws.

Therefore, all officers, board, and committee members shall be responsible for following the Association’s policy of strict compliance with all antitrust laws during all meetings and functions sponsored or held by CAMFT. This means CAMFT’s officers, directors, and committee members shall ensure that is policy is known and adhered to throughout the course of activities pursued under their leadership.

Antitrust Compliance Rules and Principles

CAMFT’s officers, board, and committee members shall not become involved in the competitive business decisions of its members, nor shall CAMFT take any action that would tend to restrain competition.

CAMFT members shall not reach understandings, make agreements, or otherwise agree on positions or activities that in any way tend to raise, lower, or stabilize prices or fees, allocate or divide up markets, or encourage or facilitate boycotts. Discussions of pricing or boycotts at CAMFT’s meetings and functions could implicate and involve CAMFT in long-term and costly challenges and litigation. Therefore, discussions related to cost of services, sliding fee scales, financial terms, contracts or billing arrangements with third-party payers as well as any discussions about blacklisting or unfavorable reports about particular entities or individuals are strictly prohibited.

This means CAMFT members must make business decisions on their own and without consultation with their competitors or the Association.

As the result of a U.S. Supreme Court decision that associations can be held liable for statements or actions in anti-trust areas by volunteers who claim to speak for them, officers, board, and committee members must clarify when they are speaking in an official capacity as opposed to when they are making remarks of a personal nature and not on behalf of CAMFT.

During any meeting or function sponsored or held by CAMFT in which discussions border on areas of antitrust sensitivity, CAMFT officers, board, and committee members who are present shall immediately request that the discussion be discontinued until legal advice may be obtained. If others continue such discussions despite the request, any CAMFT officers, board, and committee members present shall leave the meeting and immediately report the incident to the Executive Director of the Association. The above named CAMFT representatives shall also ask that the minutes of the meeting show reflect their decision to leave the meeting and the reason for their absence.
Finally, a copy of this policy must not only be given to every officer, board, and committee member on an annual basis, but must also be referenced at the beginning of every meeting where CAMFT business is to be discussed. References to this policy shall be noted in the meeting minutes.

Because antitrust laws are complicated and often unclear, members should consult with CAMFT when they are concerned about how antitrust laws may apply to their future actions.

Specific Examples of Antitrust Compliance Rules

1. CAMFT meetings and activities shall not be used for the purpose of bringing about, or attempting to bring about, any understanding or agreement, written or oral, formal or informal, expressed or implied, among competitors with regard to prices or fees, terms or conditions of sale, discounts, territories or customers. For example, any agreement by competitors to “honor,” “protect,” or “avoid invading” one another's geographic areas, practice specialties, or patient lists would violate the law.

2. CAMFT meetings, activities and communications shall not include discussion or actions, for any purpose or in any fashion, of prices or pricing methods or other limitations on either the timing of services or the allocation of territories or markets or customers in any way. For example, CAMFT members cannot come to understandings, make agreements, or otherwise concur on positions or activities that are directed at fixing prices, fees, or reimbursement levels. Likewise, CAMFT members cannot make agreements with other individuals as to whether they will or will not enter into contracts with certain managed care plans. Even if no formal agreements are reached on such matters, discussions of prices, group boycotts, or market allocations followed by parallel conduct in the marketplace can lead to antitrust scrutiny or challenges. Members may, however, consult with each other and freely discuss the scientific and clinical aspects of the practice of medicine.

3. CAMFT shall not undertake any activity that involves exchange or collection and dissemination among competitors of any information regarding prices, pricing methods, cost of services or labor, or sales or distribution without first obtaining the advice of legal counsel, when questions arise as to the proper and lawful methods by which these activities may be pursued. For example, caution should be exercised in collecting data on usual and customary fees, managed care reimbursement levels, workforce statistics, and job market opportunities. While the mere collection of data on such matters is permissible if certain conditions are met, antitrust concerns may arise if the data become the basis for collective action.

In general, CAMFT meetings, activities and communications shall not include any discussion or action that may be construed as an attempt to: (1) raise, lower, or stabilize prices; (2) allocate markets or territories; (3) prevent any person or business entity from gaining access to any market or to any customer for goods or services; (4) prevent or boycott any person or business entity, including managed care organizations or other third party payors, from obtaining services freely in the market; (5) foster unfair trade practices; (6) assist in monopolization; or attempts to monopolize; or (7) in any way violate applicable federal or state antitrust laws and trade regulations.

Signature: ____________________________________________

Printed Name: ________________________________________

Date: _______________
Vision (Objective of the organization)

Through leadership, education, and advocacy, CAMFT and its members strive to be exemplary professional resources for mental health professionals and people seeking their services.

Mission (Fundamental reason for being)

CAMFT exists for the advancement of the Marriage and Family Therapist profession in California by strengthening qualifications, and maintaining high standards of professional ethics and accountability, in order to enhance recognition and utilization of the profession. CAMFT strives to anticipate and meet the professional needs of its members and to create a vibrant Marriage and Family Therapist community.

Values (Guiding principles that dictate behavior and action)

Integrity
Accountability
Transparency
Inclusiveness
Collaboration
Goals and Objectives

Goal I

Professionalism
CAMFT will maintain and promote all legal and ethical standards of professionalism, competence, accountability, and inclusiveness.

Objectives:

1.1 CAMFT will develop and uphold ethical standards consistent with the evolving profession.

1.2 CAMFT will develop and advocate for legal standards consistent with the evolving profession.

1.3 CAMFT will create, deliver, and promote quality professional development opportunities consistent with current research and best practices.

1.4 Interaction between the Board of Directors, staff, and members will be collaborative.

1.5 In addition to the investment goals of safety, liquidity, and return on investment, CAMFT will attempt to have investments that are believed to have a positive social, economic, and environmental impact.

Goal II

Governance
The Board of Directors will govern in accordance with the California Corporations Code, CAMFT Bylaws, and CAMFT policies.

Objectives:

2.1 The Board will govern in a collaborative, professional, ethical, and deliberative manner.

2.2 The Board will develop policies and initiatives, for the staff to implement, that ensure an effective operation.

2.3 The Board will be cognizant of CAMFT’s history as it plans for the future.

2.4 The Board is accountable to this Strategic Plan.
Goal III

Advocacy
CAMFT will advocate for the advancement of Marriage and Family Therapists in accordance with CAMFT’s Vision, Mission, and Values.

Objectives:

3.1 CAMFT will champion and invest in the future of the Marriage and Family Therapist profession.

3.2 CAMFT will seek parity with other licensed mental health professionals and will promote increased utilization of Marriage and Family Therapists in the public and private sectors.

3.3 CAMFT will coordinate and collaborate with other mental health organizations and stakeholders for common goals.

3.4 CAMFT will advocate in the legislative and regulatory process at the local, state, and federal levels.

3.5 CAMFT will promote member participation in governmental and advocacy efforts that impact the profession.

3.6 CAMFT will educate and galvanize members to contribute financially to support government and advocacy efforts of the organization through contributions to the CAMFT Political Action Committees (PACs).

Goal IV

Public Outreach
CAMFT will promote Marriage and Family Therapists.

Objectives:

4.1 CAMFT will increase the recognition, credibility, professional visibility, and need for Marriage and Family Therapists through professional branding, public relations, social media and marketing.
4.2 CAMFT will increase public awareness that Marriage and Family Therapists are not only relationship experts, but also diagnose and treat a variety of mental health issues.

4.3 CAMFT will reach out to chapters in efforts to disseminate marketing initiatives.

Goal V

Membership
CAMFT will cultivate a participatory and growing membership.

Objectives:

5.1 CAMFT will strive to maintain and increase its membership.

5.2 CAMFT will encourage member participation in activities, such as chapter meetings, Annual Conference, and other CAMFT-sponsored initiatives.

5.3 CAMFT will take strive to understand the demographics and perspectives of the membership.

5.4 CAMFT will strive to increase diversity within its membership.

Goal VI

Volunteer Leadership
CAMFT will promote collaboration, accountability, dedication, and commitment in its leaders.

Objectives:

6.1 CAMFT will recruit, and promote the benefits of and need for, competent and active volunteer leaders.

6.2 CAMFT will strive to have volunteer leaders who identify with and/or are proactive, sensitive, and responsive to the needs of a diverse population.

6.3 CAMFT will provide opportunities for training and development for volunteer leaders.
CAMFT’s Mission:
CAMFT exists for the advancement of the Marriage and Family Therapist profession in California by strengthening qualifications, and maintaining high standards of professional ethics and accountability, in order to enhance recognition and utilization of the profession. CAMFT strives to anticipate and meet the professional needs of its members and to create a vibrant marriage and family therapist community.

Times are approximate. We would appreciate attendees refraining from wearing perfumes/fragrances to keep the meeting accessible for those with environmental illnesses or allergies. Thank you.

8:30 AM
1. Welcome/Introductions and Call to Order
   A. Adherence to Policy on Anti-Trust Compliance
   B. Acknowledgment of Strategic Plan

8:35 AM
2. Approval of Consent Agenda—Any item can be pulled from the Consent Agenda for discussion at the request of any Board Member
   A. Approval of Agenda
   B. Approval of Minutes of June 4-5, 2016 Board meeting
   C. Analytics
i. CAMFT Website
ii. CounselingCalifornia.com
iii. CAMFT Community

D. Member Reports
   i. Approval of New Members
   ii. Membership Summary
   iii. Drop Survey Results

E. Certified Supervisor Program Report

F. “Behind the Scenes” (includes school, chapter, and agency presentations by staff and Board)

G. Committee Reports
   i. Elections Committee
   ii. Legislative Committee
   iii. Public Outreach Committee
   iv. Clinical Editorial Committee
   v. 2018 Annual Conference & Continuing Education Committee
   vi. Connects/Chapter Advisory Committee
   vii. Educational Foundation Board of Directors
   viii. Executive Committee
   ix. Political Action Committee
   x. Ethics Committee
   xi. Finance Committee
   xii. Insurance and Healthcare Reform Committee
   xiii. Crisis Response and Education Resource Committee

8:40 - 9:10 AM

3. Member Forum - (30 min)
   This is an opportunity for CAMFT members in attendance to present concerns or topics for possible future agenda items. Each member is limited to three minutes and the maximum time allotted for total member comments is 30 minutes. Speakers shall place their names on the sign-up sheet available just prior to the beginning of the meeting. To permit Board Members to engage in a thorough and open discussion, observers of Board Meetings and individuals making presentations to the CAMFT Board of Directors shall not transmit or record information by any electronic means during any CAMFT Board Meeting. In accordance with the CAMFT Policy on Anti-Trust Compliance, comments which border on areas of anti-trust sensitivity will be not be permitted.

9:10 – 10:00 AM

4. Policies/Procedures/Positions - (50 min)
A. Purchase and Contracts Policy (edits)
B. Policy and Procedures on Executive Director Evaluation (edits)
C. Board and Committee Reimbursement Policy (discussion)
D. Policy on Presentations/Proposals (edits)
E. Committee Chair Participation Agreement (proposed)
F. Procedures for Non-Member Communications to Staff/Board
G. Late Fee Schedule (edits)
H. Policy on Use of CAMFT CEPA Logo (new)

10:00-10:05 AM
5. Committee Actions/Nominations – (5 min)
   A. Amend Motion (35) from June, 2016 Board meeting
   B. Grassroots Task Force (new)
   C. CEPA Committee Description (revise)
   D. Nominating and CEPA Committees Nominations
   E. Bylaws, Elections, Honors Committee Chair Nominations

10:05 – 10:20 AM – BREAK

10:20 – 10:30 AM
6. Member/Chapter Issues (10 min)
   A. New Chapter Proposal – Santa Clarita Chapter

10:30 – 10:50 AM
7. Finance (20 min.)
   B. CAMFT Fund Balances—August, 2016
   C. PAC Fund Balances—August, 2016
   D. CAMFT-EF Fund Balance—August, 2016
   E. Purchase and Contract Policy: Copier Lease

10:50 – 11:50 AM
8. Executive Director Report (60 min.)
   A. CAMFT Staff/Operations Report
      i. Update to Employee Handbook
      ii. Sacramento Property
      iii. CE Registry Program
      iv. CLOSED SESSION – Personnel
B. External Groups Update  
C. The Therapist  
D. Marketing and Public Relations Report  
E. Continuing Education Provider Approval Program Report  
F. Chapter Relations Report  
G. Professional Development Report  
H. CAMFT Connects 2017

11:50-12:20 PM  
9. Proposed Partnerships (30 minutes)  
   A. Arthur J. Gallagher  
   B. 2BenefitU  
   C. ShrinkSync  
   D. Practice Management System Partner  
      i. TherapyNotes  
      ii. Simple Practice  
      iii. Therasoft

12:30 -1:30 PM  
LUNCH

1:30 – 4:30 PM  
10. CLOSED SESSION (180 minutes) – Executive Director Evaluation

SUNDAY, SEPTEMBER 25, 2016

8:30 – 8:45 AM  
11. Proposed Projects (15 minutes)  
   A. Letters to the Editor in The Therapist, written by member Jay Paul, PhD, LMFT

8:45 – 11:30 AM  
12. Legislative/Advocacy Update (165 min)  
   A. BBS  
   B. State Legislation  
   C. Federal Legislation  
   D. DC Fly-In Review
E. Texas State Board of Examiners of MFTs and TAMFT v. Texas Medical Association Update
F. Regents of University of California v. Rosen (amicus brief)
G. 2017 Legislative Priorities

11:30 – 11:45 AM
13. Open Forum (15 min)
This is an opportunity for Board members to brainstorm and engage in discussion of Board process. Action items identified will be placed on a subsequent meeting’s agenda; limited to 15 minutes.

11:45 – 12:00 PM
14. New Business (15 min)
This is an opportunity for Board members to bring emerging issues to the Board’s attention. Action items identified will be placed on a subsequent meeting’s agenda; limited to 15 minutes.

12:00 PM
ADJOURN
### Sessions – The total number of sessions within the date range. A Session is the period time a user is actively within the website. All usage date is associated with a session.

### Users – Those who have had at least one session within the selected data range. Includes both new and returning users.

### Pageviews - The total number pages viewed. Repeated views of a single page are counted.

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### 7 Day Active Users -The number of unique users who had at least one session within a 7-day period. The 7 day period includes the last day in the active date range.

### 14 Day Active Users -The number of unique users who had at least one session within a 14-day period. The 14 day period includes the last day in the active date range.

### 30 Day Active Users -The number of unique users who had at least one session within a 30-day period. The 30 day period includes the last day in the active date range.

### Browser & Operating Systems for CAMFT.org

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**Frequency & Recency for camft.org**

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CounselingCalifornia.com

January 1, 2016 – August 28, 2016

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**Users** – Those who have had at least one session within the selected data range. Includes both new and returning users.

**Pageviews** - The total number pages viewed. Repeated views of a single page are counted.

1 Day Active Users - The number of unique users who had at least one session within the last day of the active date range.

7 Day Active Users - The number of unique users who had at least one session within a 7-day period. The 7 day period includes the last day in the active date range.

14 Day Active Users - The number of unique users who had at least one session within a 14-day period. The 14 day period includes the last day in the active date range.

30 Day Active Users - The number of unique users who had at least one session within a 30-day period. The 30 day period includes the last day in the active date range.

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<th>Device Info for CounselingCalifornia.com</th>
<th>Visits</th>
<th>New Sessions</th>
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<tr>
<td>2 Mobile</td>
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<td>21,585</td>
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<td>3 Tablet</td>
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<td>4,708</td>
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### Browser & Operating Systems

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<td>Safari</td>
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<tr>
<td>Internet Explorer</td>
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<td>Safari (in app)</td>
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<td>259</td>
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<td>Amazon Silk</td>
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<td>Opera</td>
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<td>Mozilla</td>
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### Frequency & Recency for CounselingCalifornia.com

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<td>2 times</td>
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</tr>
<tr>
<td>3 times</td>
<td>3,866</td>
<td>7,710</td>
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<tr>
<td>4 times</td>
<td>1,717</td>
<td>3,575</td>
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<tr>
<td>5 times</td>
<td>953</td>
<td>1,943</td>
</tr>
<tr>
<td>6 times</td>
<td>590</td>
<td>1,249</td>
</tr>
<tr>
<td>7 times</td>
<td>401</td>
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<tr>
<td>8 times</td>
<td>293</td>
<td>847</td>
</tr>
<tr>
<td>9-14 times</td>
<td>840</td>
<td>2,120</td>
</tr>
<tr>
<td>15-25 times</td>
<td>605</td>
<td>1,949</td>
</tr>
<tr>
<td>26-50 times</td>
<td>501</td>
<td>2,408</td>
</tr>
<tr>
<td>51-100 times</td>
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<td>1,407</td>
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<tr>
<td>101-200 times</td>
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### Top Ten Most Visited Pages CounselingCalifornia.com

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<td>15,266</td>
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<td>Join CC</td>
<td>1,391</td>
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<tr>
<td>About CC</td>
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<tr>
<td>Contact Us</td>
<td>693</td>
<td>599</td>
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<tr>
<td>Therapist Amir Pourmand</td>
<td>521</td>
<td>437</td>
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<tr>
<td>Therapy Guide Brochures Page 2</td>
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<td>437</td>
</tr>
<tr>
<td>Update Profile</td>
<td>460</td>
<td>310</td>
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<tr>
<td>Therapist Lorrin McCormick</td>
<td>426</td>
<td>349</td>
</tr>
<tr>
<td>Therapist</td>
<td>Pageviews</td>
<td>Unique Pageviews</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Amir Pourmand</td>
<td>521</td>
<td>437</td>
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<tr>
<td>Lorrin McCormick</td>
<td>426</td>
<td>344</td>
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<tr>
<td>Vicki Marlow</td>
<td>417</td>
<td>213</td>
</tr>
<tr>
<td>Janal L. Anderson</td>
<td>395</td>
<td>310</td>
</tr>
<tr>
<td>Barbara Walker</td>
<td>354</td>
<td>253</td>
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<tr>
<td>Randi Devine</td>
<td>345</td>
<td>255</td>
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<tr>
<td>Theresa Massey</td>
<td>320</td>
<td>233</td>
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<td>Stacy Judah</td>
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<td>270</td>
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<td>Patricia Mercer</td>
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<tr>
<td>Erika Seid</td>
<td>300</td>
<td>235</td>
</tr>
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<td>Patricia Hollenbeck</td>
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<td>231</td>
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<tr>
<td>Cindi Teichert</td>
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<td>120</td>
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<tr>
<td>Kathleen Kirsch</td>
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<td>216</td>
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<tr>
<td>Lisa Axelrod</td>
<td>268</td>
<td>219</td>
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<tr>
<td>Chuck Kaspar</td>
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<td>206</td>
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<tr>
<td>Maura McDonald</td>
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<td>203</td>
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<td>Elizabeth West</td>
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<td>Michael Fatula</td>
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<td>212</td>
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<tr>
<td>Linda Shestock</td>
<td>250</td>
<td>210</td>
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<tr>
<td>Scott Andrade</td>
<td>246</td>
<td>200</td>
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<tr>
<td>Elaine Harris</td>
<td>243</td>
<td>171</td>
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<tr>
<td>Jennifer Bettger</td>
<td>240</td>
<td>172</td>
</tr>
<tr>
<td>Dina DeSanctis</td>
<td>238</td>
<td>203</td>
</tr>
<tr>
<td>Kathy Wolfe</td>
<td>235</td>
<td>182</td>
</tr>
<tr>
<td>Nancy Shannon</td>
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### Social Networking Sites

#### CAMFT Community

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<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forums</td>
<td>63</td>
<td>76</td>
<td>90</td>
<td>54</td>
<td>85</td>
<td>107</td>
<td>109</td>
<td>134</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged Users</td>
<td>939</td>
<td>632</td>
<td>636</td>
<td>594</td>
<td>577</td>
<td>759</td>
<td>655</td>
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<td>15,612</td>
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### Members with profile pages on Counseling California

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<th>LinkedIn</th>
<th>Facebook</th>
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<td></td>
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<td>CounselingCA</td>
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<tr>
<td>January</td>
<td>6,118</td>
<td>7,063</td>
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<td>February</td>
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<td>7,108</td>
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<td>March</td>
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<td>7,077</td>
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<td>April</td>
<td>6,160</td>
<td>6,771</td>
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<tr>
<td>May</td>
<td>6,095</td>
<td>6,880</td>
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<tr>
<td>June</td>
<td>6,417</td>
<td>6,912</td>
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<td>July</td>
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<td>6,944</td>
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<tr>
<td>August</td>
<td>7,018</td>
<td>6,957</td>
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<tr>
<td>September</td>
<td></td>
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<tr>
<td>October</td>
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<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
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</table>
Board Report for September 2016  

Information was collected 08/28/2016

<table>
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<th></th>
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<tbody>
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<td>30,470</td>
<td>30,834</td>
<td>31,064</td>
<td>31,530</td>
<td>31,910</td>
<td>32,364</td>
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<td>17,163</td>
<td>17,477</td>
<td>17,766</td>
<td>18,083</td>
<td>18,030</td>
<td>18,459</td>
<td>18,778</td>
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<td>Associate</td>
<td>987</td>
<td>978</td>
<td>996</td>
<td>999</td>
<td>929</td>
<td>1,025</td>
<td>1,042</td>
<td>1,095</td>
</tr>
<tr>
<td>Prelicensed</td>
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<td>11,055</td>
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<td>11,269</td>
<td>11,191</td>
<td>11,510</td>
<td>11,365</td>
<td>11,364</td>
</tr>
<tr>
<td>Life</td>
<td>309</td>
<td>337</td>
<td>353</td>
<td>382</td>
<td>415</td>
<td>456</td>
<td>491</td>
<td>541</td>
</tr>
<tr>
<td>Emeritus</td>
<td>299</td>
<td>367</td>
<td>387</td>
<td>418</td>
<td>446</td>
<td>509</td>
<td>553</td>
<td>586</td>
</tr>
</tbody>
</table>

The figures at the end of 2015 reflect the membership count after drops had been made / previous years the count was before drops were made

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>The dates are as of 8/28/2016</td>
<td>86%</td>
<td>86%</td>
<td>85%</td>
<td>86%</td>
<td>89%</td>
<td>87%</td>
<td>87%</td>
<td>88%</td>
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</table>

<table>
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<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>58%</td>
<td>55%</td>
<td>49%</td>
<td>57%</td>
<td>60%</td>
<td>60%</td>
<td>49%</td>
<td>52%</td>
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<tr>
<td>Good</td>
<td>38%</td>
<td>37%</td>
<td>38%</td>
<td>35%</td>
<td>39%</td>
<td>39%</td>
<td>39%</td>
<td>42%</td>
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<tr>
<td>Fair</td>
<td>1%</td>
<td>5%</td>
<td>10%</td>
<td>7%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>Poor</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
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<td>1%</td>
</tr>
<tr>
<td>N/A</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Excellent + Good</td>
<td>96%</td>
<td>92%</td>
<td>87%</td>
<td>92%</td>
<td>99%</td>
<td>99%</td>
<td>88%</td>
<td>94%</td>
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<table>
<thead>
<tr>
<th>Top 4 Reasons For Dropping</th>
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<tr>
<td>Currently Not Practicing</td>
<td>30%</td>
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<tr>
<td>Financial</td>
<td>24%</td>
</tr>
<tr>
<td>Retirement</td>
<td>15%</td>
</tr>
<tr>
<td>Moved</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>2009</td>
<td>21,567</td>
<td>22,894</td>
<td>23,943</td>
<td>23,683</td>
<td>22,465</td>
<td>21,932</td>
<td>22,679</td>
<td>6,700</td>
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Information was collected 08/28/2016

Total Incoming Calls 5/11/2016 - 8/28/2016 | 15,386
<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
<th>Life</th>
<th>Emeritus</th>
<th>Total</th>
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<td>10,777</td>
<td>868</td>
<td>327</td>
<td>202</td>
<td>27,804</td>
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<td>10,874</td>
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<td>328</td>
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<td>2007</td>
<td>16,582</td>
<td>11,310</td>
<td>938</td>
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<td>29,665</td>
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<td>2010</td>
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<td>11,257</td>
<td>978</td>
<td>337</td>
<td>367</td>
<td>29,900</td>
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<td>2011</td>
<td>17,477</td>
<td>11,269</td>
<td>996</td>
<td>353</td>
<td>387</td>
<td>30,470</td>
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<td>2012</td>
<td>17,766</td>
<td>11,191</td>
<td>969</td>
<td>382</td>
<td>418</td>
<td>30,834</td>
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<td>2013</td>
<td>18,083</td>
<td>11,191</td>
<td>929</td>
<td>415</td>
<td>446</td>
<td>31,064</td>
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<td>2014</td>
<td>17,962</td>
<td>11,486</td>
<td>1,015</td>
<td>449</td>
<td>507</td>
<td>31,419</td>
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<tr>
<td>2015</td>
<td>18,459</td>
<td>11,365</td>
<td>1,042</td>
<td>491</td>
<td>553</td>
<td>31,910</td>
</tr>
<tr>
<td>2016</td>
<td>18,778</td>
<td>11,364</td>
<td>1,095</td>
<td>541</td>
<td>586</td>
<td>32,364</td>
</tr>
</tbody>
</table>

**Series 1**
- Clinical: 15,630 - 18,778
- Prelicensed: 10,000 - 11,486
- Associate: 868 - 1,095
- Life: 327 - 541
- Emeritus: 202 - 586
- Total: 27,804 - 32,364

**Series 2**
- Clinical: 4.98% - 1.40%
- Prelicensed: 1.66% - 1.40%
- Associate: 3.82% - 1.40%
- Life: 0.25% - 1.40%
- Emeritus: 0.54% - 1.40%
- Total: 27,804 - 32,364
## Drop Survey Results

### Board Report

September 2016 (05/11/2016 - 08/28/2016)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
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<td>1</td>
<td>1%</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Currently Not Practicing</td>
<td>28</td>
<td>30%</td>
<td>17</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Financial</td>
<td>22</td>
<td>24%</td>
<td>8</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Retirement</td>
<td>14</td>
<td>15%</td>
<td>13</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Moved</td>
<td>13</td>
<td>14%</td>
<td>7</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Unable to Participate</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>93</td>
<td>100%</td>
<td>53</td>
<td>38</td>
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<table>
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<tr>
<th>Overall feeling about Association's services:</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
</tr>
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<tbody>
<tr>
<td>Excellent</td>
<td>44</td>
<td>52%</td>
<td>28</td>
<td>14</td>
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<tr>
<td>Good</td>
<td>36</td>
<td>42%</td>
<td>16</td>
<td>20</td>
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<tr>
<td>Fair</td>
<td>4</td>
<td>5%</td>
<td>3</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Poor</td>
<td>1</td>
<td>1%</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<td>0</td>
<td>0%</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>85</td>
<td>100%</td>
<td>47</td>
<td>37</td>
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<table>
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<tr>
<th>The Therapist is:</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
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<tr>
<td>Highly Informative</td>
<td>46</td>
<td>52%</td>
<td>26</td>
<td>18</td>
<td>2</td>
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<tr>
<td>Some Value</td>
<td>40</td>
<td>45%</td>
<td>21</td>
<td>19</td>
<td>0</td>
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<tr>
<td>No Value</td>
<td>2</td>
<td>2%</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NA</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>88</td>
<td>100%</td>
<td>49</td>
<td>37</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>Did you ever request information about the Association?</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>46</td>
<td>54%</td>
<td>34</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>45%</td>
<td>16</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>1%</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89</td>
<td>100%</td>
<td>50</td>
<td>37</td>
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<table>
<thead>
<tr>
<th>Was the answer prompt?</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>46</td>
<td>58%</td>
<td>32</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>3%</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NA</td>
<td>31</td>
<td>39%</td>
<td>11</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>79</td>
<td>100%</td>
<td>44</td>
<td>34</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you believe the association is working for the profession as it should?</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>68</td>
<td>87%</td>
<td>38</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>8%</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Not Sure</td>
<td>1</td>
<td>1%</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>4%</td>
<td>1</td>
<td>2</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>78</td>
<td>100%</td>
<td>42</td>
<td>34</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you consider rejoining at a later date?</th>
<th>Total</th>
<th>Percentage</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50</td>
<td>63%</td>
<td>24</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>33%</td>
<td>17</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>4%</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>79</td>
<td>100%</td>
<td>44</td>
<td>34</td>
<td>1</td>
</tr>
</tbody>
</table>
Drop Survey Comments
Surveys May 11, 2016 – August 28, 2016

Reasons for not renewing membership:

- Have to care for elderly parent
- Had a baby
- Waiting to take exam
- Medical leave from school
- I’m at a agency, I get legal help there
- Can’t afford it
- Fee raise
- Semi-retired
- Did not use
- Moved out of state
- Moved out of country
- Illness
- Dues to join are a lot
- Moved – miss you guys!

The Therapist is:

- Little help but too busy to read it
- Did not always receive the issues

Was the answer prompt for Legal calls?

- All lawyers were always super helpful
- Love the attorneys

How do you feel the Association could do better?

- More advocacy for LGBT youth
- Could be more supportive for Interns
- Being strong advocate for interns to get paid
- There isn’t enough evidence-based practically resource to help therapist better themselves
- Keep the employment website working and up to date
- More for those of us not working in private practice but rather in county jobs
Will you consider rejoining at a later date?

- Yes, when I get licensed
- Whenever I start making money, I’ll rejoin
- 

Additional Comments:

- Have chapters gear up for state wide spread of marijuana legal.
- MH for prisoners early release
- Lower membership fee for interns and more support for interns
- More needs to be done to help interns earn hours and living wages
- Part times should pay less
- Maybe stronger lobby—not sure how
- I will contact when I start practicing again
- Thank you for your service
- Thanks for all you’ve done for me
- Reduce fees for interns
- I think that CAMFT seems more concerned with PSY as a profession
- Assistance with hour calculation
- I have enjoyed my 20 years of association with CAMFT
- Thank you for all the information, publications, corroborations, and all the rest.
September 2016 Board Meeting
CAMFT Certified Supervisor Program

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (PART, CON/PA)</td>
<td>52</td>
</tr>
<tr>
<td>CAMFT Certified Supervisors (CS)</td>
<td>253</td>
</tr>
</tbody>
</table>

Grand Total: 305

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Change in Numbers from June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (PART, CON/PA)</td>
<td>+1</td>
</tr>
<tr>
<td>CAMFT Certified Supervisors (CS)</td>
<td>+1</td>
</tr>
<tr>
<td>Participants Pending CS Approval</td>
<td>0</td>
</tr>
</tbody>
</table>

TOTAL Number of Certified Supervisors Who Have Renewed in 2016: 27
TOTAL Number of Individuals Who Have Become Certified in 2016: 11
TOTAL Number of Individuals Who Have Applied in 2016: 14

August 30, 2016
Prepared by Rene Clement
BEHIND THE SCENES
May 2016

CAMFT Staff participated in 11 meetings with Military Mental Health Summit, Mental Health Matters Day, Department of Health Care Services Stakeholder Advisory Committee, Department of Managed Health Care (DMHC) Consumer Provider Plan Agency Subcommittee on Telehealth, DMHC Consumer Provider Plan Agency Workgroup, BBS, California Coalition for Mental Health, Irregulars, and consortiums in Inland Empire, Central Valley, and Sacramento. It is critical for CAMFT to have a place at the table with other mental health professionals and regulatory bodies. These meetings will always be a high priority.

CAMFT Legal Staff responded to over 1,960 calls from members with questions on legal, ethical and licensure issues. Access to this expert, legal guidance is one of the most beneficial and popular member benefits.

Over 12,000 people visited the CounselingCalifornia.com website with 9,915 of those being unique visitors. There were hits to 2,858 different therapist profiles and 22,886 total page views. The CounselingCalifornia.com marketing tool is available to all clinical, associate and life members for the purpose of promoting services to the public. Create your profile now.

CAMFT Staff submitted 36 advocacy letters to:

- Assembly Member Eggman, supporting the Mental Health Delivery Demonstration Project (AB 1576)
- Assembly Member Bonta, thanking him for authoring AB 1644 which would provide resources to benefit young children from preschool to 3rd grade with developmentally appropriate mental health services
- Assembly Member Stone, thanking him for authoring AB 1702 relating to reunification services of a dependent children removed from the custody of his or her parents or guardian
- Assembly Member Holden, opposing AB 1715 unless amended to resolve issues with the language of the bill which may exclude LMFTs in training and other concerns
- Assembly Members Atkins and Eggman, thanking each for co-authoring AB 1730 which will create programs relating to youth involved with human trafficking
- Assembly Member Atkins, thanking her for authoring AB 1731 which would gather statewide data on sex and labor traffickers, sex buyers, and human trafficking victims
- Assembly Member McCarty, thanking him for authoring AB 1737 which would require counties to establish interagency child death review teams
- Assembly Member Waldron, thanking her for authoring AB 1754 which would create the San Diego County Elder or Dependent Adult Financial Abuse Crime Victim Compensation Pilot Program
- Assembly Member Quirk, thanking him for authoring AB 1778 which would require post-secondary institutions to provide training to their employees regarding their obligation to respond and report incidents of sexual assault, domestic violence, dating violence, and stalking involving students
- Assembly Member Maienschein, thanking him for authoring AB 1821 which would make certain sex crimes perpetrated against a person who suffers from a mental disorder or developmental disability punishable by imprisonment
• Assembly Member Cooley, thanking him for authoring AB 1883 which would take steps in analyzing the effectiveness of existing and new child abuse and neglect prevention and intervention programs
• Assembly Member Harpe,r thanking him for authoring AB 1884 which would require the Department of Motor Vehicles to sponsor a mental health awareness license plate program
• Assembly Member Obernolte, thanking him for authoring AB 1917 which would require the Board of Behavioral Sciences to accept specified education gained by an applicant from an out-of-state school
• Assembly Member McCarty, thanking him for authoring AB 2017 which would improve access to mental health services on college campuses
• Assembly Member Ridley-Thomas, thanking him for authoring AB 2018 which would provide positive steps toward preventing and stopping child abuse and neglect in California
• Assembly Member Bonta, thanking him for authoring AB 2160 which would allow victims that sustained emotional injury as a direct result of specific crimes to receive the mental health services they need
• Assembly Member Salas, thanking him for authoring AB 2191 relating to operating procedures of the Board of Behavioral Sciences
• Assembly Member O’Donnell, thanking him for authoring AB 2246 which would require educational agencies to adopt suicide prevention policies for pupils in grades 7 to 12
• Assembly Member Levine, thanking him for authoring AB 2262 which would provide necessary mental health services as part of a defendant’s sentence
• Assembly Member Ridley-Thomas, supporting the Commission on Health Care Cost Review (AB 2345)
• Assembly Member Medina, thanking him for authoring AB 2383 which would establish a safe, encouraging environment for those diagnosed with autism to pursue a college education or assimilate into a working environment
• Assembly Member Baker, thanking her for authoring AB 2443, which would require school districts to adopt an accountability plan including school climate, and requesting she amend the language of the bill to ensure there is no limitation regarding actual job titles of the professionals rendering the services
• Assembly Member Gordon, thanking him for authoring AB 2507 which will require plans/insurers to include telehealth in its contract coverage and reimbursement for services
• Assembly Member Nazarian, thanking him for authoring AB 2752 which would provide transparency for the California consumer when dealing with the complex issue of health care and managed care plans
• Assembly Member Ting, opposing AB 2607 unless amended to remove “mental health workers” from the bill text. As written, this bill would add psychotherapists to the list of people who can request a gun restraining order for patients; this confuses a therapist’s duties and obligations to both their patients, as well as California law.
• State Senator Leyva, thanking her for authoring SB 813 which would allow the prosecution of specified sex crimes to be commenced at any time, rather than prior to the victim’s 40th birthday
• State Senator Beall, thanking him for authoring SB 884 which would confirm proper oversight of mental health services for pupils in special education
• State Senator Hernandez, thanking him for authoring SB 908 which would provide transparency with regard to changes in health insurance group rates
• State Senator Hernandez, thanking him for authoring SB 923 which would provide transparency with regard to changes in health insurance premium rates, copayments, and deductibles
• State Senator Hancock, thanking him for authoring SB 1064 which would determine the most effective forms of treatment of those suffering from childhood sexual abuse and exploitation
• State Senator Beall, thanking him for authoring SB 1113 which would help ensure that pupils receive necessary mental health services from qualified mental health clinicians
• State Senator Mike Morrell, thanking him for authoring SB 1155 which would require the BBS to grant a fee waiver for the application for and issuance of an initial license to an individual who is an honorably discharged veteran
• State Senator Beall, thanking him for authoring SB 1291 which would require mental health plans to submit a foster care mental health service plan for children and youth under the jurisdiction of the juvenile court to the State Dept. of Health Care
• State Senator Mitchell, thanking her for authoring SB 1335 which would authorize Federally Qualified Health Centers and Rural Health Clinics to provide and receive reimbursement for specialty mental health services
• State Senator Hernandez, thanking him for authoring SB 1471 regarding repayment of loans for participants of the Steve M. Thompson Physician Corps Loan Repayment Program
• U.S. Senator Boxer, thanking her for co-sponsoring the Mental Health Access Improvement Act of 2015 (HR 2759), which would allow LMFTs to be Medicare providers

CAMFT consistently interacts with key legislators to reinforce how proposed legislation, regulation, or other actions may be beneficial or harmful to LMFTs and MFT Interns and Trainees. Advocacy is a cornerstone of CAMFT’s commitment to members.

CAMFT Staff and lobbyists attended 5 receptions for State Senators Connie Leyva and Andy Vidak, Assembly Members Bill Brough and Jim Wood, and US Representative Jim Wood. The goal of the CAMFT PAC is to ensure that Marriage and Family Therapist-friendly candidates and incumbents from both political parties get elected to the California legislature. We support candidates who have demonstrated an understanding and willingness to fight for the issues most important to Marriage and Family Therapists. Click here to donate to the CAMFT PAC!

CAMFT Board participated in 2 Chapter meetings, Redwood Empire and Southwest Riverside. Chapter meetings are a prime opportunity for CAMFT leadership and staff to hear directly from members and exchange ideas for serving members. Click here to connect with your local chapter.

CAMFT Staff presented Law and Ethics seminars at 1 Chapter, 1 school and 1 agency: Valley Sierra Chapter, California Baptist University, Riverside County Behavioral Health. The law and ethics seminar is a valuable training tool that gets consistently positive response from MFTs and other participants.

CAMFT Staff presented a webinar at 1 school: Santa Clara University Department of Counseling Psychology. Webinars are interactive, cost-effective tools for conveying important and timely information to large segments of the membership.

CAMFT held its 52nd Annual Conference “The Future of Mental Health: Tools for the Therapist’s Toolbox,” May 12-15, 2015, at the Hilton Los Angeles. There were 714 people in attendance. The Annual Conference is CAMFT’s largest event, showcasing professional resources and informative continuing education workshops presented by peers and noted industry speakers. The next Annual Conference will be held May 4-7, 2017 at the Hyatt Regency in Santa Clara, CA.
The CAMFT Connects Task Force, and Ethics, Finance, Legislative, Pre-Licensed and Public Outreach Committees met. If you are interested in serving on a Committee, please contact aredd@camft.org. Committee appointments are made by the President of the Board of Directors. Click here for a list of Committees.

Tell your therapist friends that they can enjoy these same benefits by joining our dynamic and influential organization!
CAMFT Staff participated in 7 meetings with Justice for Vets, Association of Marriage and Family Therapy Regulatory Board Portability, California Association of Health Plans “Telehealth in California,” Irregulars, and Consortiums in San Diego, Imperial County, and Central Coast. It is critical for CAMFT to have a place at the table with other mental health professionals and regulatory bodies. These meetings will always be a high priority.

CAMFT Legal Staff responded to over 2,000 calls from members with questions on legal, ethical and licensure issues. Access to this expert, legal guidance is one of the most beneficial and popular member benefits.

Over 12,120 people visited the CounselingCalifornia.com website with 9,781 of those being unique visitors. There were hits to 2,122 different therapist profiles and 20,362 total page views. The CounselingCalifornia.com marketing tool is available to all clinical, associate and life members for the purpose of promoting services to the public. Create your profile now.

CAMFT Staff and CAMFT Member J.M. Evosevich testified before the Senate Health Committee regarding AB 1863 to include qualified LMFTs as providers within Federally Qualified Health Centers and Rural Health Clinics, and CAMFT Member Darlene Davis testified before the Senate Committee on Business and Professions regarding AB 1808 to permit MFT Trainees working under supervision to treat a minor under the same limited terms and conditions as LMFTs. CAMFT Staff submitted 6 advocacy letters to:

- State Senate Committee on Business and Professions, urging members to pass AB 1808
- State Senate Committee on Judiciary, urging members to pass AB 1808
- State Senate Committee on Business and Professions, urging members to oppose AB 1715 unless the language of the bill is amended to address concerns regarding job elimination, consumer protection, and licensure bans
- State Senate Committee on Public Safety, urging members to oppose AB 2607 unless amended to remove “mental health workers” from the bill text. As written, this bill would add psychotherapists to the list of people who can request a gun restraining order for patients; this confuses a therapist’s duties and obligations to both their patients, as well as California law.
- State Senate Floor, urging Senators to vote “NO” when AB 2607 is heard on the Senate floor
- Governor Brown, urging him to veto AB 2607

CAMFT consistently interacts with key legislators to reinforce how proposed legislation, regulation, or other actions may be beneficial or harmful to LMFTs and MFT Interns and Trainees. Advocacy is a cornerstone of CAMFT’s commitment to members.

CAMFT Staff and lobbyists attended 5 receptions for State Assembly Members Kim, Obernolte, and Olsen, and US Representatives Brownley and Lowenthal. The goal of the CAMFT PAC is to ensure that Marriage and Family Therapist-friendly candidates and incumbents from both political parties get elected to the California legislature. We support candidates who have demonstrated an understanding and willingness to fight for the issues most important to Marriage and Family Therapists. Click here to donate to the CAMFT PAC!
CAMFT Board participated in 4 Chapter meetings, Redwood Empire, Southwest Riverside, Orange County, and Long Beach/South Bay. Chapter meetings are a prime opportunity for CAMFT leadership and staff to hear directly from members and exchange ideas for serving members. Click here to connect with your local chapter.

CAMFT Staff presented Law and Ethics seminars at 3 Chapters, 1 school and 1 agency: Delta Stockton, Desert, San Fernando Valley; Pepperdine University’s Irvine Campus; and Victor Community Services. The law and ethics seminar is a valuable training tool that gets consistently positive response from MFTs and other participants.

The CAMFT Elections, Legislative, Public Outreach, and Continuing Education Provider Approval Committees met. If you are interested in serving on a Committee, please contact aredd@camft.org. Committee appointments are made by the President of the Board of Directors. Click here for a list of Committees.

The CAMFT Board of Directors met on June 4-5, 2016, in San Diego. The Board hosted a reception for the San Diego North County Chapter board members. The Board will meet again on September 24-25, 2016, in San Francisco, CA. For Board meeting dates, highlights, and minutes, click here.

Tell your therapist friends that they can enjoy these same benefits by joining our dynamic and influential organization!
BEHIND THE SCENES
July 2016

CAMFT Staff participated in 2 meetings with Department of Health Care Services Certified Community Behavioral Health Clinic Advanced Group, and South Bay Therapists Network. It is critical for CAMFT to have a place at the table with other mental health professionals and regulatory bodies. These meetings will always be a high priority.

CAMFT Legal Staff responded to over 1,720 calls from members with questions on legal, ethical and licensure issues. Access to this expert, legal guidance is one of the most beneficial and popular member benefits.

Over 12,220 people visited the CounselingCalifornia.com website with 10,115 of those being unique visitors. There were hits to 2,140 different therapist profiles and 20,480 total page views. The CounselingCalifornia.com marketing tool is available to all clinical, associate and life members for the purpose of promoting services to the public. Create your profile now.

CAMFT Staff submitted 3 advocacy letters to:
- US Representative Sam Farr, US Senator Boxer, and US Senator Feinstein, thanking each for helping obtain language beneficial to LMFTs in the Military Construction/Veterans Appropriation Conference Report
- Assembly Member Susan Talamantes Eggman, in support of the Early Diagnosis and Preventive Treatment Program (AB 38)
- Robert Friedman, MD, Manager Medical Director-Behavioral Health Services at Anthem, Inc., regarding concerns about communications from Anthem to CAMFT members

CAMFT consistently interacts with key legislators, officials in state agencies, and people in influential roles to reinforce how proposed legislation, regulation, or other actions may be beneficial or harmful to LMFTs and MFT Interns and Trainees. Advocacy is a cornerstone of CAMFT’s commitment to members.

CAMFT met with 1 legislative office for Congressional Candidate Tim Sheridan and attended 2 receptions for US Representatives Brownley and Pelosi. The goal of the CAMFT PAC is to ensure that Marriage and Family Therapist-friendly candidates and incumbents from both political parties get elected to the California legislature. We support candidates who have demonstrated an understanding and willingness to fight for the issues most important to Marriage and Family Therapists. Click here to donate to the CAMFT PAC!

CAMFT Board participated in 4 Chapter meetings, Long Beach/South Bay, Los Angeles, San Fernando Valley, and Santa Clarita Valley. Chapter meetings are a prime opportunity for CAMFT leadership and staff to hear directly from members and exchange ideas for serving members. Click here to connect with your local chapter.

CAMFT Staff presented Law and Ethics seminars at 2 agencies: Foothill Family Services and Golden Valley Health Centers. The law and ethics seminar is a valuable training tool that gets consistently positive response from MFTs and other participants.
**CAMFT Staff participated in 1 forum:** Department of Health Care Services Behavioral Health. CAMFT engages in relevant conversations with agencies and organizations about current topics that affect mental health professionals.

**CAMFT secured 1 press release** regarding Minority Mental Health Month. Press releases featuring information about the MFT profession educate potential clients about the services and scope of knowledge of MFTs.

**CAMFT’s Supervision Workshop** was held at the Westin Los Angeles Airport Hotel on July 15-16, 2016. There were 125 people in attendance. CAMFT workshops are an effective way for members to earn continuing education units and learn more about current topics that affect mental health professionals.

Tell your therapist friends that they can enjoy these same benefits by joining our dynamic and influential organization!
MEMORANDUM

TO: Board of Directors
FROM: Ethics Committee
DATE: September 12, 2016
RE: Committee report to Board

The Ethics Committee met September 10, 2016 to review complaints, monitor probations, and review the Code of Ethics. All records and minutes of the Ethics Committee are confidential.
MEMORANDUM

TO: Board of Directors

FROM: Jill Epstein, Executive Director

DATE: August 29, 2016

RE: Purchase and Contract Policy

ISSUE:
The current policy says the “organization should obtain and document at least three competitive bids for all purchases of goods and services greater than $75,000”. It is, however, difficult to guarantee that all vendors who are vetted and invited to submit a bid will opt to participate in the RFP process. Thus, obtaining three bids actually requires staff to invite vendors, beyond the three most qualified for the role, to submit bids to ensure that three bids are actually obtained.

RECOMMENDATION:
Modify language to reflect that the “organization should document efforts to identify and solicit at least three competitive bids…. This is within control of the staff and fulfills the intent of the policy to contact several vendors during the proposal process.
Purchase and Contracts Policy

All purchases must adhere to the approval policy currently in place.

- Unbudgeted purchases greater than $10,000 or 10% over the line item on the budget require prior authorization by the Board of Directors.

- The Board of Directors must approve or specifically authorize the Executive Director to enter into a contract, lease, or expense commitment for the organization that is longer than two years and/or over $75,000.

- The organization should document efforts to identify and solicit and document at least three competitive bids for all purchases of goods and services greater than $75,000.
  - Occasionally, a buyer is unable or chooses not to competitively bid the requirements. These situations are characterized as sole or single source transactions.

  **Sole Source:**
  - No other vendor capable of fully meeting the requirements exists.

  **Single Source:**
  - Alternative vendors exist in the competitive market, but the buyer chooses to solicit a bid from only one particular vendor because of technical requirements (precision, reliability) or past performance by other vendors (poor service, availability of parts) or positive past performance by current vendor

- The Association capitalization threshold is $1,500.

Commented [JE1]: It is difficult to guarantee that all vendors who are solicited to submit a proposal will opt to participate in the RFP process.
MEMORANDUM

TO: Board of Directors

FROM: Jill Epstein, Executive Director

DATE: August 29, 2016

RE: Policy and Procedures on Executive Director Evaluation

ISSUE
The existing Policy has not been reviewed since the last Executive Director evaluation. The existing Policy does not comport with terms in the current contract and was unclear in various areas, making compliance difficult.

RECOMMENDATION
Greg Moser, Outside Counsel and Jill Epstein, Executive Director reviewed the document, in consultation with Patricia Ravitz, President, and proposed attached efforts to clarify the process.
Policy and Procedures for Review of Executive Director

Date: June 1994
Accepted: June 1994
Revised: January 1996
Updated: Feb. 9, 2000
Updated: Feb. 3, 2001
Updated: Jan. 22, 2005
Updated: Jan. 21, 2006
Updated: June 9, 2012
Accepted: September 20, 2014
Proposed: September 24, 2016

1. **Purpose Executive Director Evaluation**
   The Executive Director will be reviewed by the Board of Directors in accordance with the terms of the employment contract. This policy is intended to guide the Board and Executive Director regarding the process to be followed, and not to create any rights or be binding upon either or to supersede the provisions of any written contract. The purpose of the review is twofold: a) to evaluate performance of the executive director. The self-evaluation, in conjunction with the strategic plan, membership growth, financial stability, and accomplishments of the Association, will be considered when reviewing the Executive Director (see #5, “Criteria”). b) to recommend compensation and benefit adjustments, when applicable.

2. **Documentation**
   The Executive Director will supply the Executive Committee with the following documentation. This information will be provided within two months of the review date or at least 90 days prior to the contract expiration or 30 days prior to any required notice of nonrenewal whichever is earlier:
   a. compensation survey data of others in related positions/locations. (only to be provided when requested by the Executive Committee)
   b. CPI indices and other financial data to determine cost of living adjustments. (only to be provided in years where salary is a topic of discussion)
   c. individual retainer, salary history showing annual increases and percentages of increases, contracts and or letters of agreement.
   d. self-evaluation, including an update on the progress of the strategic plan.
   e. current job descriptions.
   f. other data which may be helpful to the Board of Directors in making a recommendation.

   The Executive Committee will encapsulate this information and share recommendations on any changes to compensation and benefits with the Board.

   The Executive Committee or Board of Directors may request other data from the Executive Director.
3. **Evaluation Preparation**

The Executive Director evaluation tool, the survey tool to evaluate the Executive Director and supporting information (see #2) will be distributed to the Board within one month of the review date of the Executive Director or contract expiration. The Executive Committee will evaluate the Executive Director based on the survey tool and supporting information and the summary written evaluation will be presented to the Executive Director at least one week prior to the full Board evaluation to provide an opportunity for the Executive Director to respond in writing. The Executive Committee will present the Board with the recommendations prior to the full Board evaluation. The full Board evaluation, including compensation discussion, will occur at the following Board meeting. The Board of Directors time to give thoughtful consideration to the review and evaluation of the Executive Director. The Executive Committee will present the Board of Directors with the recommendations at the following Board meeting for discussion. The Board of Directors may make recommendations for improved performance, recognize accomplishments and evaluate the strengths and weaknesses of the Executive Director. The evaluation and such recommendations will be presented to the Executive Director in writing at the time of the evaluation. The Executive Director will be provided an opportunity to respond to the evaluation in writing and discuss the evaluation with the Board of Directors.

Following the evaluation review with Executive Director, the Board of Directors will discuss compensation, arrive at a proposal, present the proposed contract will be presented, in writing, to the Executive Director at the time of the full Board evaluation. The Board will, get concurrence or rejection, reconsider and negotiate if necessary. The Board may vote to give the President negotiation authority within parameters set by the Board, and working with Outside Counsel, the President negotiates, finalizes and executes the final contract.

Adjustments from the review, proposed current contract, if approved, and if agreed to by the Executive Director will be retro-active to the date of contract expiration, unless otherwise expressly provided. Nothing in this document precludes the Board from awarding salary increases at other points in the year.

4. **Criteria for Evaluating Performance**

The criteria to be used for evaluating performance and judging whether or not an increase is justified will include, but not be limited to, the following:

- membership growth, retention and satisfaction
- accomplishments and success of projects
- accomplishment of goals and objectives, as identified by the Executive Committee
- competitiveness with marketplace – this evaluation is based upon such data as:
  - changes in the consumer price index
  - what others earn in similar positions with similar responsibilities, budgets, staff size, locations, similar qualifications, etc.
e. consideration will also be given, with regard to the above, to the unique qualities of CAMFT

- prior history of compensation and increases
- fiscal soundness of Association
- financial growth and stability of Association
- productivity
- quality of work
- staff effectiveness
- strengths and weaknesses
MEMORANDUM

TO: Board of Directors

FROM: Jill Epstein, Executive Director

DATE: August 29, 2016

RE: Board Member Attendance at Workshops

ISSUE:
Pursuant to the Board and Committee Reimbursement Policy: “Any board member, during his/her term of office and for up to one year following the term of office, may have the charge for registration at any CAMFT workshop waived.

Since this policy was written prior to the CAMFT On-Demand Library, the question was raised whether Board members are entitled to a waiver of registration charges for on-line courses as well as live CAMFT workshops.

DISCUSSION:
The Board should discuss the intent of this benefit. Is the registration waiver to incentivize Board members to appear at CAMFT live events to show support for the event and interact with members in attendance? If so, how would that translate to on-line courses? Or, is the registration waiver a benefit to Board members as a recognition/thanks for their service, and, thus, would apply to all CAMFT offerings?

Should this benefit extend to up to one year following the term of office, as currently written?
CAMFT Board and Committee Reimbursement Policy

All agreements of obligation must be executed by the Chairman or Executive Director.

Changes in Reimbursement Policy

Any change in the “CAMFT Board and Committee Reimbursement Policy” which could result in a significant increase in benefits to any member of the Board shall require a three-quarters (3/4) vote of the Board and will not take effect until the June Board meeting (the new Board year).

Board of Director’s Meetings

The policy for expense reimbursement for board meetings for official Association business is as follows:

a. Transportation - lowest airfare available or the automobile mileage reimbursement permitted by IRS, whichever is lower and/or most reasonable means of travel.

b. CAMFT will cover two (2) nights of hotel expenses (room and tax only; incidental charges will be borne by the board member) for board meetings

c. CAMFT will provide the following meals at all board meetings:
   - Friday – Dinner
   - Saturday – Lunch, Dinner
   - Sunday – Lunch (unless meeting is scheduled to end before lunch)
Up to $100 per meeting will be reimbursed to each board member for meals in transit to/from board meetings and for breakfast on board meeting days, when accompanied by receipts.

d. Other expenses such as airport parking, taxis, or shuttles, when necessary, etc. will be reimbursed when accompanied by receipts.

Any additional expenses must receive prior approval from the Executive Director.

**Chapter Leadership Conference**

The policy for expense reimbursement for the Chapter Leadership Conference for official Association business is as follows:

a. Transportation - lowest airfare available or the automobile mileage reimbursement permitted by IRS, whichever is lower and/or most reasonable means of travel.

b. CAMFT will cover one (1) night of hotel expenses (room and tax only; incidental charges will be borne by the board member).

c. CAMFT will provide the following meals at the Chapter Leadership Conference:
   - Friday – Dinner
   - Saturday – Breakfast, Lunch

d. Up to $50 per meeting will be reimbursed to each board member for meals in transit to/from the Chapter Leadership Conference, when accompanied by receipts.

Any additional expenses must receive prior approval from the Chief Executive Officer.

**Local Chapter Events**

The policy for expense reimbursement for Board members acting in the capacity of a CAMFT Ambassador at chapter meetings and events is as follows:

a. A Board member may be requested by a chapter or by the CAMFT Executive Director to make a visit in the capacity of an Ambassador. A Board member may request to visit a chapter in his/her local region in the capacity of an Ambassador.

b. Any requests to attend a chapter meeting outside a Board member’s local region will require notice offering why the chapter was selected and reasoning as to why another Board member in the local region would not be as beneficial.

c. The Executive Director will determine if expenditure of funds is appropriate for the visit and/or suggest alternatives.
d. Approved visits will be reimbursed for transportation (lowest airfare available or the automobile mileage reimbursement permitted by IRS, whichever is lower and/or most reasonable means of travel) and meals while in transit. If a visit requires hotel expenses, room and tax only will be covered and incidental charges will be borne by the Board member.

Committee Meetings

The policy for expense reimbursement for committee meetings for official Association business is as follows:

a. Transportation—lowest airfare available or the automobile mileage reimbursement permitted by IRS, whichever is lower and/or most reasonable means of travel. Generally, only transportation will be required and reimbursed, as committee meetings are scheduled so that travel can be completed within the same day.

b. CAMFT will arrange and cover one (1) night of hotel expenses (room and tax only; incidental charges will be borne by the committee member) whenever an overnight stay is necessary; e.g., travel cannot be arranged for arrival and departure on the day of the meeting.

c. Committee members may be provided with a meal, or be reimbursed for the cost of a meal at properly called committee meetings. When reimbursement is provided for a meal, the meal cost shall not exceed $25 per meeting and the request for reimbursement shall be accompanied by a receipt.

d. Other expenses such as airport parking, taxis, or shuttles, when necessary, etc. will be reimbursed when accompanied by receipts.

Any additional expenses must receive prior approval from the Chief Executive Officer.

Board Member Attendance at Annual Conference

Expenses for board member attendance at the Annual Conference will be reimbursed as follows:

a. Registration fees for each board member and spouse/significant other will be waived.

b. CAMFT will lunch for each day of the conference and dinner one night of the conference. Board members may submit up to $175 to cover the cost of meals.

c. Transportation—lowest airfare available or the automobile mileage reimbursement permitted by IRS, whichever is lower and/or most reasonable means of travel.
d. CAMFT will arrange and cover up to four (4) nights of hotel expenses (room and tax only; incidental charges will be borne by the board member). The number of nights covered by CAMFT may exceed four (4) nights, as determined and pre-arranged by the Chief Executive Officer.

Washington D.C. Fly In

a. Transportation - lowest airfare available

b. CAMFT will cover up to three (3) nights of hotel expenses (room and tax only; incidental charges will be borne by the board member)

c. CAMFT will provide the following meals:
   • Dinner for 3 nights

   Up to $125 will be reimbursed to each participant for 3 lunches while lobbying and one (1) meal each way while in transit, when accompanied by receipts.

d. Other expenses such as airport parking, taxis, or shuttles, when necessary, etc. will be reimbursed when accompanied by receipts.

Board Member Attendance at Workshops

Any board member, during his/her term of office and for up to one year following the term of office, may have the charge for registration at any CAMFT workshop waived.

Reimbursement Procedures

All reimbursements must be requested on disbursement forms with appropriate documentation: receipts, ticket stubs, invoices, etc.

All requests for reimbursement must be submitted within 45 days of the event. No reimbursements will be processed after that date.
MEMORANDUM

TO: Board of Directors
FROM: Legal Department
DATE: August 15, 2016
RE: Member Observers, Proposals and Presentations

Amendment to Member Observers and Presenters Policy

CAMFT currently allows members to attend and observe Board meetings while deliberating in open session. In addition, CAMFT provides members the opportunity to suggest various activities and/or programs that could be a benefit to members—this can be done through a proposal and/or a presentation. This proposed policy was amended to formalize a policy on proposals, and to make consistent references throughout the document regarding observers, proposals and presentations and to whom the policy applies.

DISCUSSION:

Board Member Proposals to the Board

Currently, any board member has the ability to suggest future board business or agenda topics during the “New Business” portion of each board meetings. The President then considers adding the suggested item on an upcoming agenda when deemed appropriate given other pressing and timely board business. If the item is not included as an agenda item in a timely manner, a board member can force the topic be added through a 2/3 vote of the board.1
Adding a topic during “New Business” is general in nature (i.e., “raising member dues”, “supporting ABC advocacy issue”, “amending bylaw 123”, etc.) Once the topic is added to the agenda, relevant information, law, data will be produced by the staff to the full board for deliberation and decision. If a board member has relevant data on an upcoming agenda topic, it is prudent to make a timely request to the President and Executive Director that the data be included within the board materials distributed. If the material is not included, the board member can bring the data to the board meeting for distribution.

If a board member wishes to submit more than relevant data or concepts, the board member would be required to follow the policy that directs member proposals (attached policy). In such cases, the Board would need to assess whether a conflict of interest exits and what subsequent action, if any, is appropriate.

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1 RROO, Small Procedures—CAMFT
PROPOSED PROJECT OR ACTIVITY

Date of proposal: ____________________

Person, chapter or committee submitting proposal: _______________________________________

________________________________________________________________________________

________________________________________________________________________________

What is the problem, as you perceive it, that the proposed project or activity will connect:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Proposed project or activity:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Rational or reason for project or activity:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Fiscal implications of project:

Would you be willing to make a presentation to the Board meeting regarding your proposal if requested?
Yes  No

Do you want your proposal to be included in the public board packet?
Yes  No

CHECKLIST FOR PROPOSING A PROJECT/ACTIVITY

When proposing a project or activity for Board action, the following should be considered. When presenting the project or activity to the Board, you can anticipate the Board asking these questions:
( ) Recommended action for Association/Foundation:
( ) Explanation of recommendation:
( ) What purposes will this proposal serve?
( ) How does this proposal coincide with either current or long-range CAMFT/CAMFT-EF Bylaws and Strategic Plan?
( ) Who will benefit from or be served by this project?
( ) How will this project be accomplished?
( ) How will CAMFT/CAMFT-EF resources be utilized? What are the costs? Actual cost? Staff? Space?
Is this project currently within the budget?
( ) What are the policy issues to be addressed by the Board of Directors?
( ) What are the implementation concerns of staff?
( ) What are the anticipated results?
( ) What are the anticipated problem?
( ) What is your expected likelihood of success for this project?
( ) Do the anticipated results exceed the value of resources that will be utilized?
( ) Are the methods suggested for this project the best methods to achieve the anticipated results?
( ) What is your anticipated sequence of events?
( ) What are the anticipated time-frame and completion dates for this proposed project?
POLICY ON BOARD MEMBER COMMUNICATIONS
ON THE CAMFT COMMUNITY BOARD GROUP

Date:  September 22, 2010  Accepted:  January 8, 2011

The Board Group within the CAMFT Community has been created and is available for Board Members’ use in between Board Meetings. Its purposes are limited to conveying information from CAMFT staff or President to Board Members; responding to queries directed from CAMFT staff or President to Board Members; arranging for informal activities, e.g., travel arrangements, dinner plans, travel coordination, etc.; and sharing background information on topics that will be discussed at Board Meetings. Any such communications should be respectful of Board Members and Staff. Any such communications shall avoid engaging in dialogue and debate better suited for face-to-face meetings of the Board. Discretion should be exercised with regard to the extent of the dialogue conveyed in this manner given that the written word becomes a matter of record.
Members of the Association are invited and encouraged to propose new and creative ideas to the Board of Directors, as well as attend meetings of the Board of Directors of the Association and/or the Educational Foundation. Presenters will be permitted to observe CAMFT Board Meetings for topics unrelated to their presentations.

Observers
In the spirit of accountability and inclusiveness, members are invited to attend Board meetings as observers to have the opportunity to view the Board in its deliberations. The Board will conduct itself in an atmosphere that is open and transparent with the goal of enhancing trust and understanding.

Observers will be excused from the meeting at any time the Board goes into Executive Session or when matters of a sensitive and/or legal nature are being deliberated upon (including, but not limited to litigation issues, personnel issues, key strategic issues, or issues that require discretion to protect the privacy of the individual). However, it is the Board’s intention to maximize the discussions that are held in open session.

While observers will not be invited to participate in Board discussions, they will be given the opportunity to address the Board for up to three minutes during the Member Open Forum. The Member Open Forum is limited to 30 minutes total, with each member receiving up to three minutes maximum to present his/her topic or issue. The ability to present is on a first-come first-served basis.

Seating of observers will be separate and apart from the Board table. Observers should inform CAMFT, in advance of the meeting, of the intent to attend the Board Meeting to assure that space is available.

Member, Board members and Committee Proposals
Members, board members and committees are invited to suggest formal projects or activities to the Board for review at their next regularly scheduled Board meeting. Proposals should be submitted on the “proposal form” generated by CAMFT for members. Proposals submitted pursuant to deadlines specified on the CAMFT website will be placed on the next regularly scheduled Board meeting’s agenda for review by the Board. In the case of a Board member proposal, the Board will assess whether a conflict of interest exists and what subsequent action, if any, is appropriate, pursuant to CAMFT’s Conflict of Interest Policy. At that time, for all proposals, the Board will make a decision regarding whether or not they will pursue the issue raised in the proposal, including requesting more
information. Proposals submitted after the stated deadline will be placed on the agenda for the subsequent Board meeting.

**Member Presenters**

Members who have submitted a Proposal for Project or Activity (outlined above) can request that they be allowed to give an in-person presentation to the Board. Any member(s) who wishes to make a presentation in person to the Board of Directors must have written approval from the President/Chair and/or Executive Director prior to the meeting of the Board of Directors. A specified amount of time will be allotted for such a presentation. In the case of such a presentation, the presenter(s) will be permitted to make the presentation and answer questions from members of the Board for the time specified. When the presentation has been completed and/or the time allotted has been exhausted, the presenter(s) will be excused so that the Board can go into Executive Session to discuss/decide such matters as were addressed in the presentation. Presenters will be permitted to observe CAMFT Board Meetings for topics unrelated to their presentations.

**Closed Sessions**

The Board President will determine if the proposal is to be discussed in closed session. Once in closed session, the Board can vote to move the item back into open session.
MEMORANDUM

TO: Board of Directors
FROM: Jill Epstein, Executive Director
DATE: August 29, 2016
RE: Committee Chair Participation Agreement

ISSUE:
During “New Business” at the June, 2016, Board meeting, staff was requested to develop a Committee Chair Participation Agreement to complement the approved Committee Member Participation Agreement.

Attached is a proposed Agreement.
**PROPOSED SEPTEMBER 24, 2016**

**Committee Chair Expectations:**

*In addition to the Expectations spelled out in the Committee Member Participation Agreement, the following expectations apply to Committee Chairs:

a. **Assure Fluid Group Process** – The Chair should stimulate ideas and conversation, as well as encourage diverse opinions and concepts.

b. **Work with Staff to Arrange Meetings** – The Chair will work with staff to ascertain ideal dates/times for meetings to occur.

c. **Conduct Meetings** - The Chair will be responsible for conducting Committee meetings in accordance with Robert’s Rules.

d. **Edit Committee Materials** - The Chair will promptly review/edit the agenda, minutes and materials drafted by staff.

e. **Follow Up** – The Chair will follow up with Committee members to assure that assigned work is being completed, as delegated.

By signing this document I hereby acknowledge that I have read and agree to the terms of the participation agreement as a Chair of a CAMFT Committee. I also acknowledge that failure to comply with the terms of this Participation Agreement or with the terms of the Committee Member Participation Agreement, may be grounds for the Board to remove a Chair from his/her position.

| Committee Member Name (Print) | Signature | Date |
MEMORANDUM

TO: Board of Directors
FROM: Jill Epstein, Executive Director
DATE: August 30, 2016
RE: Procedures for Non-Member Communication to Staff/Board

ISSUE:
It is not uncommon for a non-member to contact CAMFT for assistance and/or to voice his/her opinion. Currently, when a call is received at the Info Center, staff will confirm the caller’s member status. The Info Center will direct non-members to the BBS, to the website, or to other relevant resources, but will not patch the call to other staff. (The main exception to this rule is if a relative or colleague of a deceased member calls with a legal question related to the deceased member’s practice. Those calls are taken by the legal team out of respect to the deceased member.) The Info Center always makes a pitch for the caller to join CAMFT to access the information and/or staff to assist.

Emails are more difficult to filter since anyone can find staff and/or Board emails on the website. Typically, emails from non-members are handled in writing in a similar fashion as calls (directed to other resources).

DISCUSSION:
Should there be a formal procedure for handling calls/correspondence to staff/Board from non-members to ensure that resources and time are not spent on those who are not paying members? If a formal procedure is desired, what should it include?
MEMORANDUM

TO:         Board of Directors
FROM:       Jill Epstein, Executive Director
DATE:       August 29, 2016
RE:         Late Fee Schedule

ISSUE

CAMFT Bylaws, Article VII, Section C state:
“Dues are payable on the first day of each member's designated anniversary month. Any member
whose dues are not paid within forty-five (45) days of the first day of the member's designated
anniversary month shall pay a late fee as stated in the fee schedule of the Association.”

CAMFT currently charges a single $5 late fee for renewals received 45 days after the
anniversary date, but before the six-month grace period ends (and the member is formally
dropped). Members receive an invoice 50-60 days in advance of the anniversary and receive
three reminder notices prior the anniversary date. Additional notices are sent once the account is
delinquent. The repeated reminders require significant staff time and resources.

In 2015, 1802 members were assessed a late fee of $5. In 2016 to date, 1449 member have been
assessed a late fee of $5. As of August 30, CAMFT invoices reflect $380,000 in unpaid,
delinquent member dues (dues that are 45-180 days late).

DISCUSSION

Is $5 late fee an adequate assessment for failing to pay an invoice 45 days after it is due?

Options for the Board to consider:
1. Assess the member $5 each month after the account is 45-days delinquent. If the
   anniversary date is January 31 and the dues are not paid by March 15, a $5 late fee is added to
   the account. If the invoice is not paid by April 15, an additional $5 late fee is added, and so on
until the member is dropped for non-payment, pursuant to the six-month grace period. The maximum, cumulative late fee assessment would be $25. If a member does not pay during the six-month grace period and subsequently re-joins, he/she is subject to a $50 application fee.

2. Assess the member a one-time late fee after the account is 45-days delinquent. The Board to determine the amount of such a one-time late fee. This fee would be assessed whether the member is 50 days delinquent or 150 days delinquent.

Given the recent dues increase, staff recommends option 1, with a cumulative late fee for each month of delinquency instead of a larger, one-time late fee.
MEMO

To: Board of Directors

From: Beth Burt, Continuing Education Provider Approval Program Coordinator

Date: August 31, 2016

Subject: CEPA Logo Policy

Request:

Approval of the CAMFT CEPA Logo Policy.

Rationale:

Regulations dictate that providers must include the name of the Approval Agency on their promotional information and certificates. By encouraging providers to use the official logo/seal, in addition to the written words, attendees will know, at a glance, this provider has been approved by CAMFT. Additionally it’s a good way to advertise CAMFT as an approval agency.

Implementation:

Upon approval of this request, the policy and the logo will be sent to all existing providers. For all future applicants that will be approved, the policy and logo will be sent to them along with their provider certificate after they have paid the establishment fee.
Policy on Use of CAMFT’s CEPA Logo

CAMFT restricts the use of its Continuing Education Provider Approval ("CEPA") logo as stated in the following policy:

The Association’s CEPA logo is the exclusive property of CAMFT. However, CAMFT grants permission to use the CEPA logo to any CAMFT-approved Continuing Education Providers who are in good standing. Only providers who have maintained their CEPA approval status can use the CEPA logo. To maintain approval status and remain in good standing CAMFT-approved Continuing Education Providers must provide timely renewal and payment of renewal fees. This policy does not authorize providers to use any other logo or trademark that is the property of CAMFT.

CAMFT-approved Continuing Education Providers in good standing are authorized and encouraged to use the CEPA logo to represent their approval status in professional advertising and informational materials, including business cards, letterhead, brochures, and other marketing materials. Any other use of the CAMFT member logo not specifically stated herein must be approved by CAMFT.

Providers shall ensure that when referring to CAMFT approval, the correct statement is used in all promotional materials: “[insert organization/provider name] is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for [insert the title(s) of the target audience]. [insert organization/provider name] maintains responsibility for this program/course and its content.”

The right to use the CEPA logo shall terminate and be revoked upon the provider’s failure to remain in good standing, in the event of misuse by the provider as determined by CAMFT, or any other breach of this Policy for Use. Upon such termination and/or revocation, the provider will eliminate the use of the CEPA logo from all materials, products, and services, regardless of whether such materials, products, and services are preprinted or pre-existing at that time.

Legal action will be taken against anyone who uses the CEPA logo in violation of the above policy.

As a CAMFT-approved Continuing Education Provider, ____________________ agrees to comply with the requirements and restrictions stated in this policy and all applicable CEPA policies which are incorporated by this reference.

___________________________________________________  ___________________
Signature of the Continuing Education Provider Representative       Date

____________________________________________________  __________________________
Print Name        Email address

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MEMORANDUM

TO: Board of Directors
FROM: Patricia Ravitz, President
DATE: September 6, 2016
RE: Grassroots Taskforce

BACKGROUND:
A Grassroots Taskforce would brainstorm how to increase participation in, and expand upon, CAMFT’s grassroots outreach efforts. This Taskforce would work with staff to explore and develop ways to build CAMFT’s grassroots outreach, with the goal to further our legislative success.

RECOMMENDATION:
Appoint a taskforce of 3-5 Board members to work on grassroots outreach.
MEMO

To: Board of Directors
From: Beth Burt, Continuing Education Provider Approval Program Coordinator
Date: September 6, 2016
Subject: Requesting Change to CEPA Committee Description

Request:

The CEPA Committee is requesting an increase in the number of committee members from 25 to 30.

Rationale

Composition

The number of incoming applications continues to increase in response to our marketing efforts and as more BBS approved CE Providers come up for expiration. Additionally, we now also have renewal applications to review.

Over the 14 months that CEPA has been accepting applications, we have learned that reviewing applications is more time-consuming than anticipated. We now estimate it takes approximately 2 hours for each volunteer to review each initial application – with some volunteers taking as much as 3 hours per application. Since the application reviews are done by committee members who are volunteers and have limited time to spend reviewing applications, it is crucial that we add more members to the committee to help with the increasing workload.

Since we have received such great resumes and letters of interest from our most recent call for volunteers, we’d like to request this increase so that they may all be appointed to the committee. Due to the fact that the CEPA Committee has changed all meetings to Zoom teleconference, this increase in committee members will not add financial burden to CAMFT and could help to avoid volunteer burn-out.
Continuing Education Provider Approval Committee
Updated June, 2016

Purpose/Function:
The Continuing Education Provider Approval (CEPA) Committee serves as a BBS-authorized Approval Agency for providers offering CE to BBS licensees.

Composition of Committee:
The CEPA Committee shall be comprised of a minimum of twelve (12) and a maximum of twenty-five thirty (25-30) clinical CAMFT members. CAMFT Board members may not serve on this Committee. Diversity in committee composition is desired.

Term:
CEPA members are appointed by, and serve at the pleasure of, the CAMFT Board of Directors for a term of two (2) years. Terms are staggered and no member shall serve more than four (4) consecutive terms. Chair may only serve one (1) term.

Meetings:
The committee will convene no fewer than two (2) times per calendar year to facilitate the ongoing training and refinement of the CEPA application process. The Committee is encouraged to use tele/video-conference for meetings.

Responsibilities:
- Develop continuing education provider approval guidelines
- Evaluate continuing education provider applications
- Approve continuing education providers
- Address appeals and consumer complaints
- Committee members are required to sign: Committee Member Participation Agreement, Conflict of Interest Policy, Anti-Trust Compliance Policy, and Consent to Electronic Transmission.
NEW CHAPTER UPDATE

A new chapter is in the process of being formed in the Santa Clarita area. The chapter will be taking over a portion of the San Fernando Valley geographic base and zip codes with the express permission of the SFV chapter board. The new chapter hopes to serve those communities that have traditionally been within the confines of the SFV chapter bounds, but are far enough from meeting sites to make commuting drawn out and difficult. The new chapter has scheduled its first meeting for September 24, 2016, where (per the CAMFT Chapter Formation Policy), a group of at least 10 must organize the chapter, including creating bylaws, selecting an inaugural board, reviewing the ethics code, and creating a dues structure.

The formal chapter formation proposal will be ready for review at the December Board meeting.
Dear CE Registry Participant,

I am writing to inform you that the CAMFT CE Registry Program will soon be discontinued, with no renewals being accepted after September 1, 2016.

Much has changed in the world of continuing education since the CAMFT CE Registry Program began in the late 1990s. Most people now have personal computers where they can track their own continuing education hours; the BBS now allows licensees to gain their 36 hours of continuing education in any format (no longer limiting self-study to only 18 hours); and the BBS has delegated their authority to approve continuing education providers to designated Approval Agencies. For these reasons, we want to expend CAMFT resources in other areas.

To assist you with the task of maintaining your continuing education records, we have created a FREE tool to track your continuing education hours. This template, available to members only, was designed by the CAMFT Legal Team to provide you with the necessary information to track continuing education hours required by the BBS for renewal. To access the template, visit the CAMFT website at www.camft.org; click on the “Educational Opportunities” tab; and click on the “Mandatory CE Requirement” icon.

Please note the following:

- If your Program expiration date is before September 1, 2016, you may renew for an additional year by calling the CAMFT office at (858)292-2638. Online renewals of the Program are no longer available.
- All current participants may continue to submit hours through your CE Registry expiration date.
- CAMFT will continue to send reports as hours are submitted, through your CE Registry expiration date.
- CAMFT will continue to document continuing education hours you obtain through CAMFT events and products.* so you can always contact CAMFT to request confirmation of your CAMFT CE courses and hours.

Thank you for your participation in this program. We look forward to serving you in many other capacities for years to come!

Sincerely,

Jill Epstein, JD
CAMFT Executive Director

* In case you are not aware, CAMFT has developed a robust On-Demand Learning Library that allows you to watch courses and obtain all of your required continuing education credits whenever and wherever you choose! We currently have 34 courses available, including 5 courses that satisfy the Law and Ethics education requirements and 1 course that satisfies the Supervision requirements. By September 1st, 3 courses will be available that satisfy the Supervision requirements. To access the On-Demand Learning Library, visit the CAMFT website at www.camft.org; click on the “Educational Opportunities” tab; and click on the “On-Demand Learning Library” icon. CAMFT members have already received thousands of continuing education hours through this new offering!
MEMORANDUM

TO: Board of Directors

FROM: Jill Epstein, Executive Director

DATE: August 31, 2016

RE: Executive Director Activity Update

Between June 4 and September 23, 2016, I will have taken 11 trips and participated in the following meetings/events:

1. Professional Organizations
   - Met with and regularly conferred with Executive Officer of BBS
   - Participated in 2 Irregulars meeting
   - Met with Executive Director of CA Psychological Association
   - Attended the CA Association of Health Plans “Telehealth Summit”
   - Call with CA Speech and Hearing Association to discuss collaboration

2. Advocacy
   - Testified on AB 1863
   - Met with Governor Brown’s staff regarding AB 1863
   - Met with Assemblymember Wood’s staff
   - Attend PAC receptions for: Assemblymembers Kim, Mayes, Holden
   - Met with CA Insurance Commissioner
   - Met with senior staff of Department of Managed Health Care
   - Met with Director of CA Office of Problem Gambling
   - Met with and regularly conferred with Tim Shannon
   - Regularly conferred with David Connolly
   - Met with various Sacramento lobbying firms

3. CAMFT Committee Meetings
   - Staffed PAC Committee meeting
   - Staffed Board meeting
   - Staffed Finance Committee meeting
   - Staffed Connects/Chapter Advisory Council meeting
• Staffed 3 Task Force on Counseling California Logo meetings
• Staffed Legislative Committee meeting
• Staffed Educational Foundation meeting

4. Chapters
• Presented to Santa Clara Chapter
• Presented to San Fernando Valley Chapter

5. Miscellaneous
• Facilitated staff retreat
• Met with President Patricia Ravitz
• Met with CFO Chris Trailer
• Met with Director Katie Vernoy
• Met with CPH executive, Phil Hodson
• Met with PAC attorney, Lance Olson
Memorandum

To: Jill Epstein, Executive Director
    CAMFT Board of Directors

From: Eileen Schuster, Managing Director of Marketing and Communications

Re: The Therapist

Date: August 31, 2016

The Therapist Budget
By the close of July 2016, The Therapist budget report noted $130,664 in advertising revenue. This figure offers a positive variance to the budget by $34,764 over the July budgeted revenue. The variance is due to an increase of online classified ads and timing of the deferred revenue release for display ads (payments for 2016 ads received in 2015). The expenses for printing, mail handling, and postage are in line with the budget.

The Therapist Production and Mail Schedule
The July/August issue was produced and delivered to membership and subscriber lists. An order of 32,500 copies was printed to accommodate the mailing to 32,000+ subscribers and a second mailing for return mail.

The September/October issue is currently in production and is on schedule to present to the post office by September 25, 2016.

Letters to the Editor
Several of the Letters to the Editor in the July/August issue generated further submissions for the Letters to the Editor. In an effort to be mindful of print constraints and the variety of topics expressed in the column, multiple submissions on a similar topic will be encouraged to continue in a group discussion in the online CAMFT Community. The CAMFT Community allows members the opportunity to continue discussion/debate in an online group that shares interest in the same topic, without the delay normally experienced due to print scheduling.

The following Editor’s Note will appear in the September/October issue:
In order to be respectful of limited space for Letters to Editor to address a breadth of issues raised in the magazine, members are invited to take further comments about the Letters to the Editor, July/August 2016, to the online CAMFT Community, where you can engage in deeper discussion in a timely fashion. To access the CAMFT Community, visit www.camft.org/community (member login and password required). Once in the Community, join the “Conversion Therapy” group. CAMFT’s 2016 statement on SOCE can be found www.camft.org/Resources/SOCE.
Memorandum

To: Jill Epstein, Executive Director
   CAMFT Board of Directors

From: Eileen Schuster, Managing Director of Marketing and Communications

Re: Marketing and Public Relations

Date: August 31, 2016

CAMFT/Counseling California Exhibiting

Orange County Chapter Trainee/Internship Fair
CAMFT hosted a meet and greet round table. Attendees were able to sit and learn about CAMFT membership and Prelicensee benefits. This was the Chapter’s first annual fair and over 40 employers and 150 students and interns registered. The event and CAMFT’s participation were both received well and should be repeated in coming years.

California Psychological Association
CAMFT’s presence made a valuable impression on MFTs attendees as they were pleased that the association was visible. Several made an effort to express appreciation. Prospective MFTs were engaged in discussion about membership benefits and services and given an application. Several conversations with psychologist attendees also revealed that many who previously were not aware of CAMFT benefits were interested in hearing more, and impressed at the quality as compared with similar benefits at CPA.

Serving Those Who Serve: Military Mental Health Conference
The event featured workshops and keynote on mental healthcare for veterans, including PTSD, depression, and suicide prevention. This was CAMFT’s second year exhibiting at this event; the 2015 event was well attended (250+) and most people were either non CAMFT members or not chapter members, ensuring constant opportunities to pitch membership.

International Summit on Violence, Abuse, and Trauma
This event had high registration numbers (800+). CAMFT met with attendees and shared information about membership benefits and Fall Symposium. While most of the California-based attendees were already CAMFT members, there were quite a few LCSWs and Psychologists who expressed interest in membership.

Mental Health America
CAMFT staff hosted an exhibit table promoting CounselingCalifornia.com at the Mental Health America of California’s Mental Health Matters Day, on May 24th in Sacramento. The event was held on Capitol grounds and was well attended by the general public. CAMFT provided resource brochures on a variety of topics within the scope of an MFT.
CAMFT Membership Recruitment Magazine
The membership recruitment magazine was revised with events and articles and mailed August 12 to the 13,600 MFTs who appear on the BBS database and are not currently members of CAMFT. The application in the recruitment magazine was coded to measure the response of the mailing.

Social Media
The CAMFT Facebook and Twitter accounts continue to have daily postings featuring news, events, and updates. Postings on status of bills continue receive the most “Likes” and “Shares.” Facebook “Likes” increased 14% from January 1 to August 1, with a total of 6,757 Likes. CAMFT’s Twitter page has increased “Followers” by 23% since the start of the year; totaling 1,627 Followers.

By the end of August, the Counseling California Facebook page had 1,487 followers; a 10% increase from January 1. The page continues to gain visibility from organic posts. The Twitter account now has 2,362 followers. CAMFT’s public relations firm is engaging with mental health online influencers (individuals/organizations with a high follower and sharing data) to increase brand visibility. Interesting to note that the Los Angeles Mayor Eric Garcetti’s office is a new follower on CounselingCalifornia.com’s Twitter account.

Public Relations
ScottPR earned an opportunity for an article to be published on the National Alliance for Mental Illness (NAMI) blog. The article was also featured in their bi-annual hard copy publication, The Advocate. The publication reaches 65,000 members and has a readership of 200,000. The Director of NAMI would like to continue to work with CAMFT for content.

CAMFT’s public relations firm secured media opportunities that highlighted Marriage and Family Therapists as experts:

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<tr>
<th>Member</th>
<th>Outlet</th>
<th>Topic</th>
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<tbody>
<tr>
<td>James Guay</td>
<td>Rage Magazine</td>
<td>LGBTQ Mental Health</td>
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<tr>
<td>Bob Casanova</td>
<td>KSRO Radio</td>
<td>The State of Mental Health in California</td>
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The public relations firm is working on the following media opportunities:

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<th>Member</th>
<th>Outlet</th>
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<tbody>
<tr>
<td>Patricia Ravitz</td>
<td>Sacramento Business Journal</td>
<td>Mental health</td>
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<td>Patricia Ravitz</td>
<td>Sonoma County Gazette</td>
<td>Mental health</td>
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<tr>
<td>Patricia Ravitz</td>
<td>Windsor Times</td>
<td>Mental health</td>
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</tbody>
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Update Memo: Outreach Coordinator  
September 2016

CHAPTER RELATIONS

Outreach

Between June 2016 and September 2016, CAMFT staff have presented at the following chapters: Marin, Sierra Foothills, Desert, Santa Cruz, San Fernando Valley.

Upcoming chapter board visits are planned for Monterey, Valley Sierra, and Delta Stockton. The outreach coordinator will meet with each chapter’s board of directors at the chapter’s monthly meeting to discuss objectives for the chapter in the coming year, answer questions, and distribute chapter handbooks.

SCHOOLS/PRELICENSEES

Outreach to Schools

Live and webinar outreach presentations were given at Humboldt University, the Chicago School of Professional Psychology, Sacramento State University, and University of Phoenix, Sacramento.

Upcoming presentation will be given at San Diego State University and National University.

COMMITTEES

The Crisis Response Education and Resources Committee will be meeting in Costa Mesa on September 9, 2016. The Chapter Advisory Council will be meeting in early October via teleconference to begin planning the 2017 Chapter Leadership Conference.
MEMORANDUM

TO: Board of Directors
FROM: Jill Epstein, Executive Director
DATE: September 6, 2016
RE: CAMFT Connects – February 25, 2017

BACKGROUND
On August 10, 2016, the Connects Task Force and the Chapter Advisory Council met jointly to discuss whether/how to weave CAMFT Connects into the Chapter Leadership Conference weekend in Irvine, CA. The group agreed CAMFT Connects would be a parallel track at the CLC for non-chapter leaders and will serve as a means for CAMFT to connect with and develop future leaders. This was deemed to be an efficient use of resources since Board members will be at CLC and space is already rented.

NEXT STEPS
The Connects Task Force will meet on October 14, 2016, to determine the content, timing and presenters for the Connects track and what portions of CLC will be open to Connects attendees.
MEMORANDUM

To: Board of Directors

From: Legal Department

Date: August 29, 2016

RE: Jay Paul Proposal Regarding Letter to the Editor

Attached is a submitted proposal by member, Jay Paul, requesting a limitation to the policy surrounding letters to the editor—that “letters must be written by current members of CAMFT, and that means authored by current members, not simply submitted by them and written by someone else.”

Currently, letters submitted must be: 1) written by a CAMFT member; 2) in reference to content from an issue of The Therapist; and, 3) may not exceed 250 words (see attached policy).

For discussion is whether the Board would like to further limit the requirements necessary to submit a letter to the editor.
Policy on Content of "Letters To The Editor" for *The Therapist*

Date: January 19, 1990  
Accepted: January 20, 1990  
Updated: June 6, 2005  
Revised: March 13, 2015  
Revised: June 4, 2016

Letters to the Editor are published at the discretion of the Editor. “Letters to the Editor” must be written by a CAMFT member in good standing and may be excerpted/edited. Letters to the Editor must be in reference to content from an issue of *The Therapist* and may not exceed 250 words. Anonymous letters will not be printed.

Comments on issues not included in articles in *The Therapist* can be sent directly to the Board of Directors at the Board email address published on the CAMFT website or submitted as a Member Proposal to the Board.
PROPOSED PROJECT: LETTERS TO THE EDITOR IN THE THERAPIST - 11A

PROPOSED PROJECT OR ACTIVITY

Date of proposal: 27 August 2016

Person, chapter or committee submitting proposal:

Jay P. Paul, PhD, LMFT

What is the problem, as you perceive it, that the proposed project or activity will connect:

There seems to be a lack of clarity about what constitutes an appropriate submission for Letters to the Editor in "The Therapist." (The July/August issue notes letters must be "written by a current member of the Association," which is the first issue where this is stated, yet a letter written by a member's patient was published.)

Proposed project or activity:

I would simply ask that it be a clear limitation that letters must be written by current members of CAMFT, and that means authored by current members, not simply submitted by them and written by someone else.

Rationale or reason for project or activity:

Letters to the Editor are meant to be an exchange between CAMFT members, not the introduction of the opinions of those who are not members. I wish to preserve the purpose of that section of "The Therapist." It also seems that despite the guidelines for submission of letters, that there is more clarification needed.

Fiscal implications of project:

None

Would you be willing to make a presentation to the Board meeting regarding your proposal if requested?

Yes ☐ No ☑

Do you want your proposal to be included in the public board packet?

Yes ☑ No ☐

CHECKLIST FOR PROPOSING A PROJECT/ACTIVITY

When proposing a project or activity for Board action, the following should be considered. When presenting the project or activity to the Board, you can anticipate the Board asking these questions:

( ) Recommended action for Association/Foundation:

( ) Explanation of recommendation:

( ) What purposes will this proposal serve?

( ) How does this proposal coincide with either current or long-range CAMFT/CAMFT-EF Bylaws and Strategic Plan?
( ) Who will benefit from or be served by this project?
( ) How will this project be accomplished?
( ) How will CAMFT/CAMFT-EF resources be utilized? What are the costs? Actual cost? Staff? Space? Is this project currently within the budget?
( ) What are the policy issues to be addressed by the Board of Directors?
( ) What are the implementation concerns of staff?
( ) What are the anticipated results?
( ) What are the anticipated problem?
( ) What is your expected likelihood of success for this project?
( ) Do the anticipated results exceed the value of resources that will be utilized?
( ) Are the methods suggested for this project the best methods to achieve the anticipated results?
( ) What is your anticipated sequence of events?
( ) What are the anticipated time-frame and completion dates for this proposed project?
I. Chair Report

Christina Wong will serve as Chair of the Policy and Advocacy Committee.

II. Executive Officer’s Report

a. Budget Report

The Board’s budget for FY 2015/2016 was $10,351,000. June 30, 2016 marked the end of the fiscal year. FY 15/16 expenditures received to date total $10,193,944 or 98% of the Board’s budget.

As of June, 2016 the Board has collected $9,097,141.08 in total revenue.

2016/2017 Budget

The Board’s FY 2016/2017 budget is projected to be $12,679,000. This figure includes the additional 8.5 staff positions for the licensing and examination units. Additionally, this figure includes the Board’s share of cost ($123,000) for two budget change proposals sought by the Department of Justice (DOJ) Attorney General’s Office (AG). These proposals seek to add additional staff resources in the AG Licensing Section and implement the AG reporting requirements pursuant to Senate Bill 467.

The Board reported 10 vacancies as of July 1.

b. Operations Report

Licensing Program Application volumes increased in the fourth quarter. The increase is attributed to new applications for registration as an intern/associate due to graduation, as well as the ongoing and increasing number of Law and Ethics Examination applications

Examination Program The Board administered 5,486 examinations in the fourth quarter. Of this number, 4,006 were Law and Ethics examinations. 753 candidates participated in the Association of Social Work Board (ASWB) national examination. Eleven examination development workshops were conducted from April to June.

Administration Program The Board received 10,451 applications in the fourth quarter, a 43% increase since last quarter

Enforcement Program The Enforcement staff received 270 consumer complaints and 232 criminal convictions in the fourth quarter. 482 cases were closed and 20 cases were referred to the Attorney General’s office for formal discipline. 27 Accusations and 2 Statement of Issues were filed this quarter. The number of final
citations for the fourth quarter is 39. The average number of days to complete Formal Discipline was 828 days.

**Continuing Education Audits** In January 2016, the Board resumed auditing licensees for compliance with the continuing education requirements. From January to June, a total of 217 licensees were randomly selected for the audit. A total of 76 licensees failed the audit (25%). The top three reasons for failing the audit are as follows.
- Failed to take the required 6 hour Law and Ethic course
- Missing first time requirements
- Continuing Education course was taken from an unapproved provider

**Outreach Activity** Board staff either physically attended the following events or participated via a phone conference: Orange County MFT Consortium/CAMFT Intern Faire, CSCSW meeting, CALPCC Conference in San Jose, NASW Lobby Days in Sacramento, Sacramento MFT Consortium Meeting, CAMFT Annual Conference in Los Angeles, Orange County Consortium Meeting, Inland Empire Consortium Meeting, Fresno MFT Consortium Meeting, CSCSW Meeting in San Jose, NBCC State Licensure Board Symposia, Central Coast MFT Consortium Meeting, Orange County CAMFT Chapter Meeting, and the Sacramento CAMFT Chapter Meeting.

The Board’s summer 2016 newsletter will be published in August.

**III. Strategic Plan Update**

Management and staff continue to address the strategic goals and objectives.

**IV. Supervision Committee Update**

The Supervision Committee held its final meeting on August 18, 2016. Staff anticipates that the law changes proposed by the Supervision Committee will be considered by the Policy and Advocacy Committee on September 30, 2016, and presented to the full Board for consideration at the November 2016 meeting. Staff would run legislation and regulations during 2017 in order to begin implementing the proposed changes.

**Topics from the final Supervision Committee meeting were:**
- Revisions to the legal definition of the term “applicant.”
- Documentation required when the supervisee was a volunteer employee, but was reimbursed for expenses on a 1099 form.
- Revisions to the *Guide to Supervision* for each license type.
- Requirements for temporary substitute supervisors.

*(To see CAMFT’s minutes from each Supervision Committee meeting, visit www.camft.org/advocacy.)*

**V. Examination Restructure Update**

CAMFT reported that we are receiving a large number of calls about applicants waiting beyond 60 days for their exam notifications. The BBS acknowledged that some
applicants wait well beyond the 30 or 60 days and even up to a couple months before it is even discovered that they have not been included in the conversion. The BBS explained that, unfortunately, the only way to even discover that applicants are waiting is through a manual process. It is expected that at the end of August, all of the data will have been reviewed, thanks to the addition of staff on this project, and the problems will be resolved. Applicants who have waiting for longer than 30 or 60 days should email the BBS so they can process the conversion right away and the BBS website will be updated to reflect this process.

VI. Discussion and Possible Action Regarding Proposed Revisions to the BBS Logo

The Board and the public disliked the proposed revisions to the BBS logo. More options will be presented at a future meeting.

VII. Discussion and Possible Action Regarding Establishing a Board Policy to Remove Board Newsletters from the Board Website After 5 Years

The Board noted their requirement to publish information on their website (licensee’s or registrant’s number and address of record, other information including suspensions revocations and other related enforcement actions). The Board also noted that they shall not publish on the Internet, the final determination of a citation and fine of $1500 or less for more than five years from the date of issuance. After five years, the Board must remove the action from its website. Currently, BreEZe is designed to perform this function automatically.

In 2015 the Board resumed publication of its newsletter, which includes disciplinary actions, including citations and fines of less than $1,500.

To address the concerns of citations and fines of $1500 living on the Board website longer than five years, via the newsletters, the Board voted to remove the newsletters from the website after five years and allow for members of the public to request the archived newsletter.

VIII. Discussion and Possible Action Regarding the Addition of Taking and Passing the Law and Ethics Examination as a Probation Term

During the May Board Meeting, Board Members suggested that in lieu of requiring probationers to take a Law and Ethics course as a condition of probation, the probationer could take and pass the Law and Ethic examination.

The Board’s October 2015 Disciplinary Guidelines specify “take and pass licensure examination(s) as a probation condition for the following violations.

• Sexual Misconduct (Anything other than as defined in B&P Section 729)
• Intentionally/Recklessly Causing Physical or Emotional Harm to Client
• Gross Negligence/Incompetence
• Conviction of a Crime Substantially Related to Duties, Qualifications, and Functions of a Licensee/Registrant
• Commission of Dishonest, Corrupt, or Fraudulent Act Substantially Related to Qualifications, Duties, and Functions of License
• Performing, Representing Able to Perform, Offering to Perform, Permitting Trainee or Intern to Perform Beyond Scope of License/Competence
• Discipline by Another State or Governmental Agency
• Misrepresentation of License/Qualifications (if violation warrants this condition)
• Failure to Maintain Confidentiality

The Board discussed the addition of the Law and Ethics examination as a probation term in the Disciplinary Guidelines. The Board voted to add this as a term of probation.

IX. Discussion and Possible Action Regarding Section 100 Rulemaking Proposal to Make Non-substantive Changes to California Code of Regulations, Title 16, Division 18

California Code of Regulations (CCR) Title 1, Section 100 allows an agency to add to, revise or delete regulatory text without following the specified rulemaking procedures if the change does not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of a CCR rights provision. Due to past statutory changes, technical and non-substantive amendments to current regulations are needed.

The Board approved the proposed changes and directed staff to make any non-substantive changes to the attached amendments and submit a regulation package.

X. Status of Board-sponsored Legislation and Update on Other Legislation Affecting the Board; Possible Action

BOARD SPONSORED LEGISLATION

1. AB 1917 (Obernolte): Educational Requirements for Marriage and Family Therapists and Professional Clinical Counselor Applicants

This bill modifies the education required to become an LPCC or an LMFT as follows:

1. It amends the coursework and practicum required of LPCC applicants in order to ensure that the degree was designed to qualify the applicant to practice professional clinical counseling.

2. It amends the law to define education gained out-of-state based on the location of the school, instead of based on the residence of the applicant.

Status: This bill was signed by the Governor. (Chapter 70, Statutes of 2016)

2. SB 1478 (Senate Business, Professions, and Economic Development Committee): Healing Arts (Omnibus Bill) This bill proposal makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law. The proposal to change
the marriage and family therapist and professional clinical counselor “intern” title to “associate,” approved by the Board at its November 20, 2015 meeting, is also included in this bill.

**Status:** This bill is on third reading in the Assembly. Staff expects additional amendments requested by the Board, as well as double-joining language to resolve conflicts with AB 1917, will be made before the end of the legislative session.

3. **Proposed Legislation in Response to North Carolina State Board of Dental Examiners v. Federal Trade Commission Supreme Court Decision; SB 1194, SB 1195 or Similar Bill**

The Board discussed this bill and voted to support the language and bring any substantive changes to the Board.

**BOARD SUPPORTED LEGISLATION**

1. **AB 1001 (Maienschein): Child Abuse: Reporting: Foster Family Agencies** This bill seeks to address a report that social workers who work for foster family agencies are sometimes prohibited by their supervisors from making mandated reports of child abuse. Foster family agencies are licensed by the Department of Social Services. The amendments in this bill give the Department of Social Services more authority to ensure that foster family agencies follow mandated reporting requirements. At its May 13, 2016 meeting, the Board took a “support” position on this bill.  

   **Status:** This bill is on third reading in the Senate.

2. **AB 1808 (Wood): Minors: Mental Health Services** This bill includes marriage and family therapist trainees and clinical counselor trainees in the list of professional persons who may perform mental health treatment or residential shelter services with a consenting minor 12 years of age or older under certain defined circumstances. At its May 13, 2016 meeting, the Board took a “support” position on this bill. This bill was amended on June 2, 2016, to require a trainee to notify his or her supervisor within 24 hours of treating such a minor. If the trainee believes the minor is a danger to self or others, the trainee must notify the supervisor immediately after the counseling session.  

   **Status:** This bill is on third reading in the Senate.

   CAMFT noted that this bill has been amended to include social workers and psychologists.

3. **AB 1863 (Wood): Medi-Cal: Federally Qualified Health Centers: Rural Health Centers** This bill would allow Medi-Cal reimbursement for covered mental health services provided by a marriage and family therapist employed by a federally qualified health center or a rural health clinic. At its May 13, 2016 meeting, the Board took a “support” position on this bill, and asked that LPCCs be included as well.
4. **AB 2083 (Chu): Interagency Child Death Review** This bill would, at the discretion of the provider, allow medical and mental health information to be disclosed to an interagency child death review team. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

*Status: This bill is on third reading in the Senate.*

5. **AB 2191 (Salas): Board of Behavioral Sciences** This bill would extend the Board’s sunset date until January 1, 2021. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

*Status: In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 21 pursuant to Assembly Rule 77.*

6. **AB 2199 (Campos): Sexual Offenses Against Minors: Persons in a Position of Authority** This bill would subject persons who engage in specified acts of a sexual nature with a minor to additional jail terms if they held a position of authority over the minor. Persons in a position of authority include the minor’s counselor or therapist. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

*Status: This bill is dead.*

7. **AB 2507 (Gordon): Telehealth: Access** This bill would require a health care service plan or health insurer to cover patient services provided via telehealth to the same extent as services provided in-person. At its May 13, 2016 meeting, the Board took a “support” position on this bill.

*Status: This bill is dead.*

8. **SB 1034 (Mitchell): Health Care Coverage: Autism** This bill would delete the sunset date on the law that requires health care service plans or insurance policies to provide coverage for behavioral health treatment for pervasive development disorder or autism. It would also make some relatively minor adjustments to this law in areas that have been identified as needing further clarification. At its May 13, 2016 meeting, the Board took a “support” position on this bill. This bill has been amended since the last Board meeting. Instead of deleting the sunset date, it now sets it at January 1, 2022, and other technical changes were made to the proposed language.

*Status: This bill is dead.*

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**BOARD IS MONITORING THE FOLLOWING LEGISLATION**

This bill seeks to ensure that individuals with pervasive development disorder or autism are able to receive insurance coverage for types of evidence-based behavioral health treatment other than applied behavior analysis. To accomplish this, it directs the Board of Psychology to form a committee to develop a list of acceptable behavioral health evidence-based treatment modalities. At its May 13, 2016 meeting, the Board decided to take a “neutral” position on this bill. Since the Board meeting, AB 796 has been amended. Instead of directing the Board of Psychology to form a committee, it now directs the Department of Developmental Services, with stakeholder input, to update the regulations to set standards of education, training, and experience for autism service professionals who practice behavioral health treatment other than applied behavioral analysis.

Status: Read second time and amended. Ordered to third reading.

2. AB 1084 (Bonilla): Social Workers: Examination This was a spot bill which contained a provision that is already included in the omnibus bill. The Board did not take a position on this bill.
Status: This bill was amended to address a topic unrelated to the Board.

3. AB 1715 (Holden): Healing Arts: Behavior Analysis: Licensing This bill establishes licensure for behavior analysts and assistant behavior analysts under the Board of Psychology. In addition, it would require behavior analyst interns and behavior analyst technicians to register with the Board of Psychology. The Board decided not to take a position on this bill, but directed staff to provide technical assistance to the author regarding specified issues of concern.
Status: This bill is dead.

4. AB 2606 (Grove): Crimes Against Children, Elders, Dependent Adults, and Persons with Disabilities This bill would require a law enforcement agency to inform a state licensing agency if it receives or makes a report that one of the licensing agencies’ licensees has allegedly committed certain specified crimes. At its May 13, 2016 meeting, the Board decided to remain neutral on this bill, and directed staff to contact the author’s office to request technical changes. 162
Status: This bill is dead.

5. AB 2649 (Jones): Marriage and Family Therapist Intern and Professional Clinical Counselor Intern: Renaming This Board is seeking these amendments in the omnibus bill. The Board did not take a position on this bill.
Status: This bill is dead.

6. SB 614 (Leno): Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification This bill requires the State Department of Health Care Services to develop a peer, parent, transition-age, and family support specialist certification program. At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, asking for clarifications regarding the scope of practice of
these support specialists, and asking that LPCCs be included in the list of professionals allowed to supervise them.

Status: This bill is currently on the Assembly inactive file.

7. SB 1101 (Wieckowski): Alcohol and Drug Counselors: Regulation This bill creates the Alcohol and Drug Counseling Professional Bureau under the Department of Consumer Affairs for the purpose of licensing alcohol and drug counselors. At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, asking for clarifying amendments and language related to scope of practice.

Status: This bill is dead.

8. SB 1155 (Morrell): Professions and Vocations: Licensees: Military Service This bill would require licensing board within the Department of Consumer Affairs to grant fee waivers for the application for and issuance of a license to persons who are honorably discharged veterans. The Board did not take a position on this bill.

Status: This bill is dead.

9. SB 1195 (Hill): Professions and Vocations: Board Actions: Competitive Impact This bill seeks to ensure that boards under the Department of Consumer Affairs are in compliance with the recent Supreme Court ruling, North Carolina State Board of Dental Examiners v. Federal Trade Commission. This ruling stated that state licensing boards consisting of market participants in the industry regulated by the board can be held liable for violations of antitrust law unless their anti-competitive decision meets two 163 requirements. The anti-competitive action or decision must be based on a clearly articulated and affirmatively expressed state policy; and the board decision must be actively supervised by the state. At its May 13, 2016 meeting, the Board took a “support if amended” position on this bill, and asked that the definition of “competitive impact” be revised.

Status: This bill has died; however, DCA has indicated that a revised version of this bill will be introduced later in August.

10. SB 1334 (Stone): Health Practitioners: Reports This bill would require a health care practitioner providing medical services to a patient to make a mandated report if the patient informs him or her that they are seeking treatment due to being the victim of assaultive or abusive conduct. At its May 13, 2016 meeting, the Board took an “oppose unless amended” position, and asked that the Board’s licensees be excluded from the provisions of the bill.

Status: This bill is dead

XI. Status of Board Rulemaking Proposals

a. Standards of Practice for Telehealth: Add Title 16, CCR Section 1815.5

Standards of Practice for Telehealth: Add Title 16, CCR Section 1815.5 This proposal addresses the use of telehealth in the provision of psychotherapy, and clarifies questions, such as when a California license is needed, actions a licensee must take in
order to protect the client in a telehealth setting, and that failure to follow telehealth requirements is considered unprofessional conduct.

These regulations took effect July 1, 2016.

b. English as a Second Language: Additional Examination Time: Add Title 16, CCR Section 1805.2

**English as a Second Language: Additional Examination Time: Add Title 16, CCR Section 1805.2** This proposal would allow the Board to grant time-and-a-half (1.5x) on a Board administered examination to an English as a second language (ESL) applicant, if the applicant meets specific criteria demonstrating limited English proficiency.

The final proposal was approved by the Board at its meeting in November 2015. It was published in the California Regulatory Notice Register on January 1, 2016. The 45-day public comment period has ended, and the public hearing was held on February 15, 2016. This proposal is currently under review by the Department of Consumer Affairs.

XII. 2017 Board Meeting Dates


XIII. Adjournment

The meeting adjourned at 12:13pm
The Supervision Committee was appointed in November 2013. The Committee is in the final stages of conducting a holistic review of the current requirements for supervised work experience and requirements for supervisors to determine if these requirements adequately prepare candidates to serve California’s diverse population. The Committee, stakeholders, and interested parties are evaluating relevant data and information to establish standards for supervisors and supervision that ensures consumer protection and does not impede the licensure process. Stakeholders and interested parties continue to have the opportunity to provide input, feedback, and express their concerns regarding the recommendations and decisions of this Committee.

Here is a review of some of the more pertinent amendments under discussion:

1. Revised Definitions of “Intern” and “Applicant”

The definition of “Intern” now includes either someone who is registered with the Board, or someone who is in the process of registering within 90 days of receiving his or her degree. The definition of “Applicant” was renamed “Applicant for licensure,” referring to a person who has completed the requirements for licensure and is no longer gaining supervised experience.

2. Definition of Supervision

The definition of “supervision” was previously revised to include “…responsibility for, and control of, the quality of services being provided.” The amendments also state that consultation or peer discussion is not supervision, and that the supervisor shall provide regular feedback to the intern or trainee.

Discussed during this meeting, was a statement that the supervisor shall monitor and attend to counter-transference issues—there was no consensus on this issue and the Committee will come back at the next meeting with another recommendation.

Also discussed was an amendment requiring the supervisor to review progress notes, records and indirect/direct observation of provider/patient session. The Committee determined that this addition was beneficial to both the pre-licensee, as well as the patient.

3. Supervisory Plan for LMFTs

The Committee previously determined that a supervisory plan was necessary, similar to what was currently required of an LCSW supervisee. The Committee decided to require a supervisory plan for LMFT applicants as well.

4. Annual Assessment

Currently, LCSW regulations require a supervisor to complete an annual assessment of the strengths of the registrant and to provide the registrant with a copy. Some stakeholders, including CAMFT, expressed concerns about the interference with the employer/employee relationship. The Committee decided to require the annual assessment for supervisors of LMFT and LPCC interns and trainees as well.

5. Required Training and Coursework for Supervisors

The amendments are as follows:
• Require supervisors commencing supervision to complete a 15 hour supervision course covering specified topic areas. This is consistent with a similar requirement already in place for LCSW supervisors.
• Any supervisor who has not supervised in 2 of the last 5 years, must re-take a 6 hour course.
• Supervisors must continue to complete 6 hours of continuing education in each renewal period while supervising, however, this can consist of not only a supervision course, but teaching, research, or supervision mentoring.
• In place of obtaining the 15 and 6 hour continuing education requirements, a supervisor may obtain and maintain a supervision certification from one of four specified entities, including CAMFT.

6. Supervisors Licensed for at Least Two Years

As already determined, the amendments would allow a licensee to supervise if he or she has been actively licensed in any state for at least two of the past five years—no longer limiting the requirement to California licensure only.

7. Triadic Supervision

Current law provides for specific definitions of one hour of direct supervisor contact. Triadic supervision will be amended to be included in this definition.

8. Supervisor Written Agreement

Currently, a supervisor in a non-private practice only needs to sign a written agreement with the supervisee’s employer if the supervisor is a volunteer. An amendment was made to require a written agreement when the setting is a non-private practice and the supervisor is not employed by the applicant’s employer or is a volunteer.

9. Documentation and Audits of Supervisor Qualifications

An amendment was made allowing the Board to audit supervisor’s records to verify they meet supervisor qualifications (specific to the requirements for supervision versus employee or patient files). Supervision records will be required to be kept for seven (7) years after termination of the supervision. The Supervisor Responsibility Statement would be revised to include the newly adopted amendments.

The Committee will likely have one to two more meetings, and then forward all recommendations to the BBS Board for approval of a 2017 legislative package of amendments. For an in-depth review of the topics discussed and materials provided by the BBS, please see: http://www.bbs.ca.gov/pdf/agen_notice/2016/not0616_supervisionmtg.pdf

**The next meeting will be held on August 17, 2016 in Sacramento, CA. For additional details, please see, www.bbs.ca.gov
BBS Supervision Committee Meeting Minutes - August 18, 2016

1. Purpose of the Committee
The Supervision Committee was appointed in November 2013. The Committee is nearing the end of their three year holistic review of the current requirements for supervised work experience and requirements for supervisors to determine if these requirements adequately prepare candidates to serve California’s diverse population. The Committee, stakeholders, and interested parties have evaluated relevant data and information to establish standards for supervisors and supervision that ensures consumer protection and does not impede the licensure process.

2. Issues Discussed
During August’s meeting, proposed language was submitted to the public and stakeholders encompassing the changes put forward to date. CAMFT has been very vocal on the changes discussed, with the BBS accepting most of CAMFT’s suggestions and critiques. The following reflects proposed changes that have been discussed and approved by the Committee:

Revised Definitions of “Intern” and “Applicant”: The definitions of “Intern” and “Applicant” have been amended. The definition of “Intern” now includes either someone who is registered with the Board, or someone who is in the process of registering within 90 days of receiving his or her degree. The definition of “Applicant” was renamed “Applicant for licensure.” This definition now refers to a person who has completed the education and experience requirements for licensure and who is no longer gaining supervised experience.

Definition of Supervision: The definition of “supervision” has been revised to include responsibility for, and control of, the quality of services being provided. Some of the changes include: reinforcing that consultation or peer discussion is not supervision; mandating regular feedback to the intern or trainee; requiring the supervisor to monitor/attend to countertransference, intrapsychic, and interpersonal issues that may affect the supervisory or the practitioner-patient relationship; and, a requirement to directly observe or review recordings of provider/client session (with client consent).

Handling Crises and Emergencies: The American Counseling Association’s Ethical Code requiring supervisors to establish and communicate to supervisees procedures for contacting either the supervisor, or an alternate on-call supervisor, in a crisis was adopted.

Supervisors Licensed for at Least Two Years: An amendment allowing a licensee to supervise if he or she has a current California license, and has been actively licensed in California or holds an equivalent license in any other state for at least two of the past five years immediately prior to commencing any supervision.

Required Training and Coursework for Supervisors: A new requirement that supervisors commencing supervision for the first time must complete a 15 hour supervision course covering specified topic areas was adopted. Any supervisor who has not supervised in 2 of the last 5 years, must re-take a 6 hour course.
This new section also specifies that supervisors must complete 6 hours of continuing professional development in each subsequent renewal period while supervising. This can consist of a supervision course, or other professional development activities such as teaching, research, or supervision mentoring. CAMFT requested additional clarification on what constituted “research” for purposes of this section.

In place of the above requirements, a supervisor may obtain and maintain a supervision certification from one of four specified entities, including CAMFT.

**Amount of Direct Supervisor Contact Required for Applicants Finished Gaining Experience Hours:** Currently, the law does not specifically define how much direct supervisor contact an MFT intern needs once he or she is finished gaining experience hours needed to count toward licensure. Amendment was introduced specifying that interns and applicants who have finished gaining experience hours must obtain at least one hour of supervision per week for each setting in which direct clinical counseling is performed. Supervision for nonclinical practice is at the supervisor’s discretion.

**Definition of “One Hour of Direct Supervisor Contact”; Triadic Supervision:** These revisions provide a specific definition of one hour of direct supervisor contact. Triadic supervision (one supervisor and two pre-licensees) is included in this definition.

**Supervisory Plan for LMFTs:** LCSW and LPCC law requires the supervisor and the supervisee to develop a “supervisory plan” that describes goal and objectives of supervision. The registrant is required to submit this form when applying for licensure. The proposed law will require a supervisory plan for LMFT applicants as well.

**Annual Assessment:** LCSW regulations require a supervisor to complete an annual assessment of the strengths of the registrant and to provide the registrant with a copy. The proposed law will require this for supervisors of LMFT interns and trainees as well.

**Supervisor Registration:** All supervisors will register with the Board, initiated by a licensee’s submission of a “Supervisor Self Assessment Report,” signed under penalty of perjury. This report will include the supervisor’s qualifications, as well as an acknowledgement of certain responsibilities. For those who qualify as a supervisor, the Board will add a supervisor status to the licensee’s record. The effective date of this requirement will be delayed to January 1, 2020 to allow time for the Breeze online system to be modified so that supervisors will be searchable. In addition, the deadline date for existing supervisors (those supervising prior to January 1, 2020) is proposed to be March 31, 2020.

**Documentation of Supervisor Qualifications and Audits:** A new section will be added allowing the Board to audit supervisor’s records to verify they meet the supervisor qualifications. It requires supervisors to maintain records of completion of the required supervisor qualifications for seven years after the termination of supervision, and to make these records available to the Board for an audit upon request.

3. **Next Steps**
The final language of the proposed regulations and statute will be put before the BBS Policy and Advocacy Committee in September 2016, and then the full Board in November 2016. After final approval, the BBS will introduce the full package for legislative and regulatory amendment in 2017.

If a stakeholder, consumer or provider has comment on the proposed language, there are still ample opportunities to do so during the upcoming BBS meetings mentioned above, as well as simply reaching out to the BBS directly. To review the full package, please see:

http://www.bbs.ca.gov/pdf/agen_notice/2016/0816_supervisionmtg_material.pdf
STATE ADVOCACY

CAMFT Legislation for 2016

AB 1808 (Wood): Trainee Treatment of Minors over 12 years of age: Currently, under Health and Safety Code section 124260 and Family Code section 6924, a therapist can provide services to a minor, twelve years or older, without parental consent, in certain circumstances. While LMFTs and registered interns are listed as appropriate providers, “trainees” have been left off the list of eligible providers. This impacts the number of providers available to the consumer, as well as limits the job opportunities for trainees. We have seen this impact services in schools, where many trainees gain their hours; the trainee providers send a consent form to the parents who are unwilling or unable to consent, and thus the student gets no services. If a registered intern was in the same position and the parents did not consent, the student (twelve years or older) could consent on his/her own behalf. This legislation would add LMFT trainees to the H&S Code so that trainees, like LMFTs and Interns, can see clients 12 and older w/o parent consent. The language would also assure that trainees seek appropriate supervision consultation after seeing a minor without parental consent, if necessary. LPCC, LCSW and psychologists in training were also amended into AB 1808. This bill is on the Senate Floor and will next head to the Governor.

AB 1863 (Wood): LMFTs Within Medi-Cal: Federally Qualified Health Centers: AB 1863 is a reintroduction of AB 858 (Wood-2015) and AB 1785 (Lowenthal-2012).

Current law provides that federally qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of a federally qualified health center or a rural health clinic and specified health care professionals. This bill would include a marriage and family therapist within those health care professionals covered under that definition. This bill is on the Senate Floor and will next head to the Governor.

Other 2016 State Legislation

AB 1644 (Bonta): Early Mental Health Intervention: This bill, among other things, would establish a 4-year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program, to provide outreach, free regional training for local educational agencies (LEAs) in providing mental health services at school sites. The bill would require the State Department of Public Health to submit specified reports after 2 and 4 years. Given the lack of mental health providers accessible to the K-12 school system, and the lack of information flowing from LEAs to the state, CAMFT believes this legislation would increase
quality services at the schools, as well as increase job opportunities for members. CAMFT is in support of this legislation.

**AB 1715 (Holden): Licensure of Behavioral Analysts:** This bill establishes the Behavior Analyst Act, which provides for the licensure, registration, and regulation of behavior analysts and assistant behavior analysts, and requires the California Board of Psychology to administer and enforce the Act. While CAMFT is in support of the better regulation of applied behavioral analysts, especially given the vulnerability of the population served, there are numerous sections of this bill that cause concern. Some of these concerns include: those working towards licensure could only do so under a psychologist or licensed Behavior Analyst (not a LMFT, LPCC, or LCSW); to gain licensure the M.A. degree must be in psychology or behavioral analysis (excluding most our practitioners—many who currently work in applied behavioral analysis); there are no real qualifications or standards for the ABA technicians, who will be doing much of the work with this population; interns are not listed as those that can work in ABA; they are not deemed mandated reporters; and we have concerns that this bill will create a “Gold Standard” for what health care plans will require for reimbursement. This bill, that CAMFT opposed, has died for the 2016 legislative year.

**AB 1884 (Harper): Mental Health Awareness License Plates:** This bill requires the Department of Health Care Services (DHCS) to apply to the DMV to create a specialized license plate program to promote mental health awareness. According to the author, "Awareness is an important part of treating mental health issues in California. This bill will let Californians spread the word about this critical issue every time they get in their cars." CAMFT was in support of this piece of legislation, however it did not make it out of the Assembly Appropriations Committee.

**AB 1917 (Obernolte): Educational Requirements for LMFTs and LPCCs:** This bill proposes modifications to the education required to become an LPCC or an LMFT as follows: 1) It amends the coursework and practicum required of LPCC applicants in order to ensure that the degree was designed to qualify the applicant to practice professional clinical counseling; and, 2) It amends the law to define education gained out-of-state based on the location of the school, instead of based on the residence of the applicant. This concept has previously been discussed and approved by stakeholders, including CAMFT. CAMFT is in support of this legislation, and it has been signed by the Governor.

**AB 2262 (Levine): Prisoners-Mental Health Treatment:** This bill allows the court to order a defendant to serve all, or part, of their state prison or county jail sentence in a residential mental health facility, when a defendant establishes that they meet specified criteria regarding mental illness. Defendants with a current conviction for a violent felony would not qualify. This bill also mandates that the California Department of Corrections and Rehabilitation (CDCR) or the county jail prepare a post-release mental health treatment plan six months prior to the defendant’s release to parole or post-release community supervision which specifies the manner in which the defendant will receive mental health treatment services following that release. CAMFT is in support of this legislation, but it died in the Assembly Appropriations Committee.
**AB 2507 (Gordon): Telehealth Access:** This bill requires health care service plans and health insurers to reimburse telehealth services to the same extent as services provided through in person. A few of the sections include: 1) Requirement that a health plan or health insurer include in its plan contract coverage and reimbursement for services provided to a patient through telehealth to the same extent as though provided in person or by some other means; 2) Requirement that a health plan or health insurer reimburse a health care provider for the diagnosis, consultation, or treatment of the enrollee when the service is delivered through telehealth at a rate that is at least as favorable to the health care provider as those established for the equivalent services when provided in person or by some other means; and, 3) Revising of the definition of telehealth to include video communications, telephone communications, email communications, and synchronous text or chat conferencing. Although CAMFT was in support of this legislation, it did not make it out of the Assembly Appropriations Committee. We are very hopeful that it will be reintroduced next year.

**AB 2606 (Grove): Mandated Reporting of Licensees:** This bill requires a law enforcement agency to report to a state licensing agency (like the BBS) if the law enforcement agency receives or makes a report that one of the licensing agency’s licensees has allegedly committed certain crimes, including failure to file a mandated report. While CAMFT believes it is important to uphold the integrity of the profession, as well as protect our most vulnerable populations (children, elders, dependent adults, persons with disabilities), we are concerned that the language as currently written could lead to frivolous complaints/reports against providers. CAMFT is currently watching this bill to see if any amendments will be made to better protect providers from frivolous and unduly harmful complaints. This bill died in the Assembly Appropriations Committee.

**AB 2607 (Ting): Gun Restraining Order:** This bill expands current law to include mental health providers as those who are eligible to apply for a gun violence restraining order (GVRO) for their patients. While we concur with the author that “...mental or emotional crises combined with access to firearms can be a deadly combination,” including mental health providers as petitioners for a GVRO is not the solution. Mental health providers have in place the ability (and often the duty) to breach confidentiality if they believe that their patient is a harm to themselves or others—AB 2607 muddies the waters on a mental health provider’s duty and obligation. Moreover, the language is very vague, as written—including no clear guidance on when a provider could/should apply for a GVRO. The lack of clarity leads to misunderstandings, unnecessary breaches of confidentiality and frivolous (but damaging) lawsuits against providers. Lastly, the language provides for no protection to the provider who does choose to breach confidentiality—there is still the ability for the patient to sue for that breach. This bill that was opposed by CAMFT, was vetoed by the Governor.

**SB 614 (Leno): Peer Specialist:** This bill requires the State Department of Health Care Services (DHCS) to develop a peer and family support specialist certification program. While we are concerned about the current lack of regulation of peer counselors, this bill does not provide a clear definition of a peer and family support specialist, as well as does not adequately address
therapy services currently performed by existing therapists --these tasks appear to be delegated to DHCS. AAMFT-CA, the LPCCs, and psychologists have all conveyed similar concerns on this bill. This bill, that CAMFT was opposed to based on the concerns addressed above, has died for the 2016 legislation season.

**SB 1101 (Wieckowski): Licensed Alcohol and Drug Counselors:** This bill establishes the Alcohol and Drug Counseling Professional Bureau within the Department of Consumer Affairs (DCA) to license and regulate licensed alcohol and drug counselors. CAMFT is generally in favor of better regulation of those providing alcohol and drug counseling to consumers in California, especially those working in private practices. However, the language of the bill as currently written is problematic. CAMFT is asking that certain amendments be introduced, including: scope of practice definition; clarity that this licensure does not interfere with current work being done by LMFTs; greater clarification of grand-parenting of non-Masters level providers; and less left to regulation. This bill did not make it out of the Senate Appropriations Committee and died.

**SB 1113 (Beall): Pupil Mental Health:** This bill authorizes local educational agencies (LEAs) to enter into partnerships, as specified, with county mental health plans for the provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services and to expand the allowable uses of specified mental health funds, and requires the California Department of Education (CDE) to expand its reporting system for mental health services to include academic performance and other measures. Similar to AB 1644, CAMFT believes this bill will increase the quality and quantity of mental health services within the K-12 schools, as well as increase jobs for mental health providers, like LMFTs. CAMFT is in support of this bill.

**SB 1155 (Morrell): Licensing Veterans:** This bill requires every board under the Department of Consumer Affairs, including the BBS, to grant a waiver for the application and initial licensing fee to an honorably discharged veteran. It is worth noting that the BBS already provides for an expedited review process for military applicants. CAMFT is in support of this legislation.

**SB 1478 (Committee on Business, Professions and Economic Development):** Among other things, this non-controversial technical bill would change the title for those obtaining hours towards licensure as a Marriage and Family Therapist from “Intern” to “Associate.” The bill also reinforces that interns, trainees, and associates may not be employed as independent contractors, and that they may not gain any experience hours for work performed as an independent contractor. CAMFT is in support of this bill.

**Non-Legislative Advocacy**

**BBS Regulations on Telehealth:** The BBS has created regulations which would guide how psychotherapists practice telehealth in California. For instance, providers licensed in California that wish to provide services to out of state clients would need to adhere to the patient’s state’s laws surrounding how a provider can practice within the state in question. Also, providers that wish to provide therapy to patients that live in California, must be
licensed/registered in California. An article will be coming out in the September Therapist reviewing these regulations in greater detail.

**LMFTs within the Schools:** CAMFT continues to advocate to find ways to increase the presence of LMFTs in the K-12 school system in California. Currently there are unnecessary barriers for ensuring that students receive necessary and competent mental health care services in the K-12 school system in California. Unmet mental health needs rank among the most pressing concerns for California educators, directly affecting student attendance, behavior and readiness to learn. Depending on the district, LMFTs and other licensed psychotherapists are unable to obtain jobs within the school based on Pupil Personnel Services credentialing requirements—creating schools that have no mental health services or services rendered by individuals either underqualified or overloaded with other school duties. This not only limits jobs for qualified psychotherapists, but harms children needing services. CAMFT has been meeting with various stakeholders to uncover new pathways for more therapists to obtain jobs, and greater mental health access in the K-12 system.

**DMV Gender Identity:** In March 2013, CAMFT submitted an informal proposal to the Department of Motor Vehicles (“DMV”) to request an amendment to Section 20.05 of Adm. Code, Title 13, to add licensed Marriage and Family Therapists (LMFTs) to the list of those who can certify that gender identification is transitional and will require a change. This certification appears on DMV Form DL 329: Medical Certification and Authorization. The DMV has assured CAMFT that this proposal will be out to the public by the end of summer 2016.
MEDICARE: Bi-partisan HR 2759/ S 1830 was introduced in 2015, which would amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program. We are hoping to have the opportunity to have our Medicare bill attached to Senate Bill 2680 towards the end of 2016, on the off chance that bill moves through both chambers. Additionally, we are striving to get as many co-sponsors on both our House and Senate bills to create momentum for next year’s introduction of our bills. Presently, we have more co-sponsors both on HR 2759, (52 co-sponsors with 18 Californians) and S 1830 (15 co-sponsors including Senator Boxer), than we have ever had in the past.

VETERANS AFFAIRS: The Military Construction/Veterans Appropriation bill, that was agreed to in Conference now includes language that would allow an LMFT to work within the VA if they have passed a state licensing exam – removing the barrier to employment for LMFTs who did not graduate from COAMFTE-accredited programs. The House has already approved this bill and the Senate will vote on it when they return in September. While we are very encouraged that this bill will pass the Senate, the COAMFTE requirement remains in place until and unless the President signs the bill.

NUCLEAR REGULATORY COMMISSION (NRC): In 2010, CAMFT petitioned the NRC to include LMFTs as “Substance Abuse Experts.” At this point, the petition is in final rulemaking phase until late 2016. CAMFT has been in continued communication with the NRC inquiring as to the lengthy and frustrating delays—and have been assured that there should not be any more delays. Once the final rule is approved, it will open the door to new jobs for LMFT professionals as SAEs within the NRC.
MEMORANDUM

TO: Board of Directors; Jill Epstein, Executive Director
FROM: Cathy Atkins, Deputy Executive Director
DATE: August 8, 2016
RE: TAMFT v. Texas Medical Association

History of Texas MFT Scope of Practice Lawsuit

In September 2008, the Texas Medical Association (TMA) filed a lawsuit against the Texas State Board of Examiners of Marriage and Family Therapists (the Board) challenging two Board rules defining MFTs' scope of practice. One rule, Texas Administrative Code § 801.42(13), allows MFTs to make a diagnostic assessment using the Diagnostic and Statistical Manual of Mental Disorder (DSM), and the other rule, Texas Administrative Code § 801.44(q) (now in Section 801.44(s)), allows MFTs to base services on a diagnosis of a client. In January 2009, with assistance from AAMFT, the TAMFT intervened as a party in this lawsuit in order to help defend these two rules.

On November 20, 2012, the district court judge upheld the rule that allows LMFTs to base services on a diagnosis, but struck down the rule that allowed LMFTs to make diagnostic assessments using the DSM. The TAMFT, and the Texas Board of Examiners appealed this decision all the way to the Supreme Court.

In August 2015, CAMFT joined TAMFT/Texas Board with an amicus brief arguing the negative implications this decision could have not just on LMFTs in Texas, but LMFTs throughout the United States, as well as consumers nationwide.

Unfortunately, on May 27, 2016 the Court determined not to hear the appeal. However, TAMFT/Texas Board filed a Motion for Rehearing on June 13, 2016 to which CAMFT joined in with an amicus letter again arguing the damage this decision could have on the mental health community.
As of today, both parties have submitted their motions, the most recent reply motion and CAMFT’s amicus letter being included with this memo. CAMFT should hear about whether the court will in fact hear the motion for rehearing sometime in September 2016.

Implications

If this decision is not overturned, the Texas Board would be required to enforce this decision and to discipline Texas LMFTs who are found to be diagnosing. The Medical Board or the Attorney General could also be involved if an LMFT, because they made a diagnosis, is found to be practicing medicine without a license as a physician. Furthermore, Texas LMFTs will be terminated from jobs in the public or private sector where the ability to diagnose is a key component of the job; Texas LMFTs will be ineligible to be hired or promoted for any positions in Texas where the ability to diagnose is a key component of the job; and LMFTs would experience a reduction in revenue since health insurers and other third party payers will start requiring enrollees to receive a diagnosis from a psychiatrist or other MD instead of receiving a diagnosis from a non-MD mental health provider.

There are also implications to consumers if this decision is not overturned. Clients will pay higher costs because they will need to receive a diagnosis from a physician before they can be seen by non-MD mental health providers; clients will have to wait to receive a diagnosis from a physician, which will result in an unnecessary delay in receiving needed treatment; and Texas providers will be more likely to leave the state if they cannot diagnose, which will result in fewer clinicians to provide needed services to Texas residents.
June 23, 2016

Blake Hawthorne, Clerk  
Supreme Court of Texas  
PO Box 12248  
Austin, Texas 78711

Re: No. 15-0299  
Texas State Board of Examiners of Marriage and Family Therapists; Cheryl Gomez, in her capacity as Executive Director; Michael Puhl, in his capacity as Presiding Officer; Texas Association for Marriage and Family Therapy v. Texas Medical Association

Dear Mr. Hawthorne:

The California Association of Marriage and Family Therapists urges the Court to reconsider its decision not to review the Third Court of Appeals opinion in the above-styled case. CAMFT understands the demands on this Court’s docket. But it is no overstatement to say that allowing the lower court’s decision to stand will be devastating to Texas’ health care system.

As Professor Sarah Woods writes in the Dallas Morning News, Texas is experiencing a mental health crisis.1 Texas should be taking steps to improve access to care, she posits. Following the Court’s denial—which lets stand a lower court decision prohibiting Licensed MFTs from using the DSM to “diagnose” their patients—Professor Woods candidly asks:

Who do they propose to do all the work to diagnose and treat serious mental illness? The physicians that don’t take Medicaid, won’t see people who pay $5 for each appointment, don’t have any training or experience in mental health? Primary care physicians willing and able to

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1 See Sarah Woods, How Texas is creating a mental health care crisis, DALLAS MORNING NEWS (June 14, 2016), attached as Appendix A.
help mental health patients literally do not exist in the numbers needed. . . . [They also have] little time to interview patients [and] a lack of knowledge about diagnostic procedure.

Worse, Professor Woods notes, as CAMFT did in its previous amicus brief, preventing a therapist from “diagnosing” prevents her from doing her job. Consequently, the Austin court’s “decision affects the recruitment of qualified mental health professionals to Texas from other states, as well as the retention of MFTs in Texas.” This is just the beginning, she predicts: “the Texas Medical Association will next pursue removing diagnosing from counselors and psychologists.”

The TMA may think they are protecting their own in this bout against diagnosis. But, as Professor Woods notes, “few practicing physicians agree with the official position of the medical association.” “Most doctors,” she observes, “welcome assistance in caring for patients with mental health concerns.” TMA is driving out the very professionals that its constituency—patients and doctors alike—needs to end the health care crisis that engulfs Texas right now.

Were the Legislature to make the policy decision that allowing Licensed MFTs to make mental health diagnoses “pose[s] a significant risk to patients,” as TMA insists, then it is the Legislature’s prerogative to prohibit the conduct. But there is simply no support for the conclusion that the Legislature clearly intended to prohibit diagnosis by Licensed MFTs.

The statute governing Licensed MFTs unequivocally gives them the authority to diagnose mental disorders. The statutory definition of “marriage and family therapy” is broad. It includes “the evaluation and remediation of cognitive, affective, behavioral, or relational dysfunction in the context of marriage or family systems.” TEX. OCC. CODE §502.002(6) (emphasis added). “Evaluation” includes diagnosis—the act of examining a patient and forming a judgment about the patient’s condition.

TMA’s position to the contrary depends on the assumption that only physicians diagnose. That assumption is false. Texas’ statutes are replete with examples of non-physician health professionals who diagnose. (Equally prevalent are

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2 See Amicus Brief of California Association of Marriage and Family Therapists (received Aug. 13, 2015).
3 TMA Resp. to PFR at 3.
4 TEX. OCC. CODE §351.002 (6)(B) (optometrists); id. §251.003 (a) (dentists); see also Tex. Bd. of Chiropractic Exam’rs v. Tex. Med. Assoc., 375 S.W.3d 464, 466 (Tex. App.—Austin 2012, pet. denied) (chiropractors).
references in Texas statutes to non-medical diagnoses.)⁵ Even licensed social workers—who may be licensed without an advanced degree and from programs with less clinical focus—diagnose in Texas.⁶ At the very least, TBMF’s 20-year-old rule represents a reasonable interpretation of its governing statute. And the court of appeals erred in refusing to defer to that interpretation based on an overly technical view of a commonly used word.

“Texas is moving backwards,” Professor Woods warns. Declining review in this case is a blow to the many Texans struggling with commonly-diagnosed mental ailments such as depression and anxiety. On their behalf, CAMFT respectfully requests the Court grant the petition for review in this case and reverse the court of appeals’ ill-advised, and statutorily unsupportable, decision.

CAMFT is paying all fees and expenses to prepare this letter. See TEX. R. APP. P. 11(c).

Kindest Regards,

Kuhn Hobbs PLLC

By: __________________________

Lisa Bowlin Hobbs

⁵ See, e.g., TEX. EDUC. CODE §28.007 (referencing instruments a school district uses “to diagnose student mathematics skills”); TEX. OCC. CODE §1958.002 (referring “the diagnosis . . . of plumbing, heating, ventilation, air conditioning, electrical, or air duct systems or appliances”).

⁶ TEX. OCC. CODE §505.0025 (b).
CERTIFICATE OF SERVICE

I hereby certify that, on June 23, 2016, I served electronically a copy of this letter on counsel of record, as listed below, in accordance with the Court’s rules on electronic filing:

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/s/ Lisa Bowlin Hobbs
Lisa Bowlin Hobbs
APP. A
The state of Texas is experiencing a health care workforce crisis, and the most severe shortage is in mental health. So why, then, has the Texas Medical Association taken legal action to ensure that marriage and family therapists in Texas may no longer diagnose and treat mental health disorders?

Marriage and family therapists had effectively and efficiently been diagnosing and treating mental health disorders in Texas for years. In 2008 the Texas State Board of Examiners of Marriage and Family Therapists sought to edit state code to more clearly indicate the profession’s ability to independently diagnose. Then, in a grand overreach, the Texas Medical Association sued the board to prevent diagnosis as part of the scope of practice for MFTs in the state.

On May 27, the Supreme Court of Texas denied a petition to review a Court of Appeals decision supporting the medical association’s assertion that MFTs can not diagnose. The Texas Medical Association describes the outcome of the Supreme Court’s decision as favorable. But, favorable for whom?

It certainly isn’t favorable for the enormous percentage of the population that requires mental health care but can not access it.

Approximately 80 percent of Texas counties are designated Health Profession Shortage Areas for mental health. The Department of State Health Services has
said that one-third of adults with serious and persistent mental illness receive the services they need, while the percentage is worse for children with severe emotional disturbance. The crisis is more severe for underserved populations, including people in rural areas, those who don’t speak English, minorities, and those without adequate financial resources or health insurance.

Rather than taking a step to improve access to care by continuing to allow marriage and family therapists to appropriately diagnose mental health conditions independently, the Texas Medical Association and the state supreme court removed this resource. Who do they propose to do all the work to diagnose and treat serious mental illness? The physicians that don’t take Medicaid, won’t see people who pay $5 for each appointment, don’t have any training or experience in mental health? Primary care physicians willing and able to help mental health patients literally do not exist in the numbers needed. Further, few practicing physicians agree with the official position of the medical association, rather, most doctors welcome assistance in caring for patients with mental health concerns.

Patients frequently visit their primary care physicians for mental health concerns. But, the number that do is well below the number that should. Some research suggests as many as 43 percent of adult primary care patients meet criteria for a psychiatric disorder. However, few of these patients’ diagnoses are captured by primary care physicians, for many reasons: little time to interview patients, a lack of knowledge about diagnostic procedure, and patients’ fears of stigma.

To be very clear, marriage and family therapists are required to complete specific training and supervised clinical experience in assessing, diagnosing and treating mental illness. These standards are set by the state, and the national association, and exceed physicians’ general training requirements. Not only are MFTs entirely qualified to perform this task, they have been competently doing so for many years. This decision affects the recruitment of qualified mental health professionals to Texas from other states, as well as the retention of MFTs in Texas.

Further, the Texas Medical Association will next pursue removing diagnosing from counselors and psychologists, and provides precedent for other states to alter MFTs’ scope of practice, affecting tens of thousands of mental health providers and the clients they serve.

Preventing minor changes in a state code that allows the continuation of a practice that assists people most in need of mental health care is hubris. Greedy.
Shortsighted. And certainly hypocritical to the medical association’s stated mission to fight for patients’ needs through providing adequate and coordinated care. While the rest of the country is moving toward an integrated care model, with physicians working together with behavioral health providers to provide adequate care for patients most in need, Texas is moving backwards.

Sarah Woods is an assistant professor and program coordinator of the Family Therapy Program at Texas Woman’s University. Email: swoods6@twu.edu
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SwoodsieB @SwoodsieB from Twitter

@texasgregmd Actually, not true in #Texas, or in any other state. But we're getting closer, and what an absolute tragedy that would be.

Like  Reply

SwoodsieB @SwoodsieB from Twitter

@KateGose @dallasnews Thanks so much for sharing this, Kate!

Like  Reply

SwoodsieB @SwoodsieB from Twitter


@Krista_J_Miller @GregAbbott_TX @DMNOpinion Thanks so much for sharing this, Krista!

Krista_J_Miller1
Thank you so much for writing this. So important. We need help at the legislative level. Limiting access to mental health services is not in the public's best interest. LMFT's are extensively and excellently trained and are very serious about referring to a Physician if something is out of our scope. There was no need for this lawsuit(other than ego?) and it will only hurt those needing services.

SwoodsieB @SwoodsieB from Twitter
@emily_cerciello @dallasnews Thanks so much for sharing, Emily!

SwoodsieB @SwoodsieB from Twitter
@TToddMFT Thanks for sharing, Tracy. I hope @TheAAMFT is able to pick it up and share with members!

SwoodsieB @SwoodsieB from Twitter
@TxLRLClips thank you for sharing this important legislative issue!

SwoodsieB @SwoodsieB from Twitter
@mkm1993 Thanks for sharing this important piece, Monica!

SwoodsieB @SwoodsieB from Twitter
@MarvareneO @dallasnews Thanks very much for sharing my OpEd!
@miller7 Thanks for sharing this!

@TanTran94 @GregAbbott_TX @KenPaxtonTX @dallasnews Thanks very much for sharing this important piece, Aaron. Critical we demand an answer!

@laveldanaylor @dallasnews Agreed, absolutely outrageous. Thanks for sharing!

@psyjoeestess So much shame! Thanks for sharing!

@Psychologywatch Thanks for sharing this piece!

@MentalHealth36 Thanks for sharing this piece with your followers!

@2harmony4hope Thanks for sharing this important piece! Agreed, time to be worried about @texmed and access to care in TX!

@MentalHealth361 Thanks for sharing this important piece!
MissPiggy
As a practicing Professional Counselor, if this happens, I will be leaving the state, as no MD could EVER do it on his own - let them try and see the violence and lawsuits soar.

Ken_Bateman
Sarah Woods is definitely highlighting a severe problem in Mental Health Services in Texas. Licensed Marriage and Family Therapists do go thru rigorous training to be the highly competent mental health providers they are. Let them continue to do what they do best!

LumberJackJim
Is there anyone in Austin that cares about the problem we face, or doesn’t want to face, in regards to mental illness in Texas ????

0.0590394126293
This is amazing, at a time when people are literally getting killed because of undiagnosed mental illness, let’s take thousands of Therapists and put them on the sidelines. Texas’s population is booming and yet is stepping backwards on Mental Health...Shame on the Texas Medical Association!

SwoodsieB @SwoodsieB from Twitter
@TheAAMFT potential retweet to share with followers?

0.0590394126293
Hdh
No. 15-0299

In the
Supreme Court of Texas

TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS; CHERYL GOMEZ IN HER CAPACITY AS EXECUTIVE DIRECTOR; MICHAEL PUHL, IN HIS CAPACITY AS PRESIDING OFFICER; TEXAS ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY,

Petitioners,

v.

TEXAS MEDICAL ASSOCIATION,

Respondent.

On Petition for Review to the Third Court of Appeals at Austin, Texas No. 03-13-00077-CV

PETITIONERS’ JOINT REPLY TO RESPONSE TO MOTION FOR REHEARING

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TEXAS ASSN. FOR MARRIAGE AND FAMILY THERAPY

TEXAS MEDICAL ASSOCIATION

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TEXAS MEDICAL ASSOCIATION

TEXAS MEDICAL ASSOCIATION
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**American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (5th ed. 2013)**

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WHY THE COURT SHOULD GRANT REHEARING

The ability of Texas marriage and family therapists (MFTs) to conduct “[d]iagnostic assessment[s]” of their patients is critical to their ability to identify and treat various mental health issues that arise in marriages and families. Absent this Court’s intervention, the court of appeals’ decision jeopardizes MFTs’ ability to perform such assessments—a dire threat to the viability of marriage and family therapy practice in a state facing a crisis-level shortage of available mental health care. An issue of such momentous consequence to this state and its citizens merits this Court’s review.

ARGUMENT

I. THE COURT OF APPEALS’ DECISION MAY HAVE POTENTIALLY DEVASTATING CONSEQUENCES FOR MENTAL HEALTH CARE IN TEXAS.

TMA does not dispute that Texas faces a crisis-level lack of available mental health care providers. Resp. Motion for Rehearing at 3.1 But TMA contends that MFTs cannot be part of the “solution” to this crisis because

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1 TMA objects to Petitioners’ reference to a 2016 report regarding the state of mental health care in Texas from the Hogg Foundation for Mental Health at the University of Texas. Resp. Motion for Rehearing at 1-2. Petitioners cite this report to provide the Court with updated statistics from a 2011 Hogg Foundation report that is part of the record. CR 317-24. The Court can take judicial notice of the 2016 report. See, e.g., Freedom Commc’ns, Inc. v. Coronado, 372 S.W.3d 621, 623 (Tex. 2012) (“An appellate court may take judicial notice of a relevant fact that is . . . [‘]capable of accurate and ready determination by resort to sources whose accuracy cannot reasonably be questioned.”); see also MCI Sales & Serv., Inc. v. Hinton, 329 S.W.3d 475, 484 n.7 (Tex. 2010) (taking judicial notice of an Indiana University research report).
they lack adequate training. \textit{Id.} at 4-5. TMA is just wrong. MFTs are well educated, trained, and experienced in diagnosing and treating mental health issues. \textit{See} Br. on Merits at 21-23; Reply Br. on Merits at 12-17. TMA is also wrong to imply that medical doctors alone are qualified to make mental health diagnoses. As the 2011 Hogg Foundation report noted, “While most people seek treatment for behavioral health symptoms in primary care settings, primary care physicians \textit{often do not have the expertise to assess and treat mental illness}.” CR.321 (emphasis added).

The court of appeals’ decision, left uncorrected, may have disastrous consequences for the practice of marriage and family therapy in Texas. Conducting diagnostic assessments, as MFTs have been authorized to do and have been doing for more than two decades,\textsuperscript{2} is fundamental to how an MFT determines how to treat patients. As Chief Justice Jones noted in dissent below, “No [MFT] could hope to successfully \textit{remediate} ‘cognitive, affective, behavioral, or relational dysfunction’ in a marriage or family system without performing a ‘diagnostic assessment’ (in the general sense) of the individuals involved, and any [MFT] who attempted to \textit{evaluate} an existing dysfunction in a marriage or family system without considering clear mental and

\textsuperscript{2} \textit{See} Br. on Merits at 23-25; Reply Br. on Merits at 19-22.
emotional issues of the individuals involved would likely be committing malpractice.” Tex. State Bd. of Med. Exam’rs of Marriage & Family Therapists v. Tex. Med. Ass’n, 458 S.W.3d 552, 560-61 (Tex. App.—Austin, pet. filed) (Jones, C.J., dissenting) (emphasis in original). It is beyond dispute that mental health care in Texas will suffer if MFTs cannot adequately evaluate and treat their patients.3

II. THE PLAIN MEANING OF “MARRIAGE AND FAMILY THERAPY” INCLUDES DIAGNOSIS.

The statutory definition of “marriage and family therapy” is broad. It includes “the evaluation and remediation of cognitive, affective, behavioral, or relational dysfunction in the context of marriage or family systems.” Tex. Occ. Code § 502.002(6). The “professional therapeutic service[]” authorized by the Diagnosis Rule—a “[d]iagnostic assessment which utilizes the knowledge organized in the [DSM],” 22 Tex. Admin. Code § 801.42(13)—

3 See Br. of Amicus California Association of Marriage & Family Therapists at 1 (Aug. 13, 2015) (“Eliminating the long-established authority to diagnose will seriously undermine a Licensed MFT’s ability to accurately evaluate and effectively treat the thousands of Texans, both individuals and families, that depend on them for guidance, counseling, and healing. And it will exacerbate the already crises-level lack of mental and behavioral healthcare providers in Texas.”). In addition, MFTs may struggle with the large percentage of patients who rely on insurance to pay for treatment, as insurance companies require providers seeking payment to provide a DSM diagnostic code on claim forms. See Br. on Merits at 26 n.14.
falls within the scope of this broad legislative grant. See Br. on Merits at 7-19; Reply Br. on Merits at 2-11.

TMA attacks the decades-old Diagnosis Rule by attempting to imbue the term “diagnosis” and its variants with talismanic importance. See, e.g., Resp. Motion for Rehearing at 2-3. The Texas Legislature, however, has not held the word so precious. It has empowered optometrists, dentists, and licensed social workers to “diagnose.”\(^4\) In the non-medical context, the Legislature has used “diagnose” when discussing school districts’ use of math-assessment instruments, “diagnosis” in terms of the scope of authority of mold-remediation specialists, and “diagnosing” in regard to the use of information recorded by motor vehicles’ data-recording devices.\(^5\) Chiropractors have the power to diagnose,\(^6\) and the Texas Medical Board’s own rules permit practitioners of complementary and alternative medicine to use “non-conventional methods of diagnosis.”\(^7\) If the Legislature has any noteworthy habit regarding its use of “diagnosis,” it is that it often expressly

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\(^4\) Tex. Occ. Code § 351.002(6)(B) (optometrists); id. § 251.003(a) (dentists); id. § 505.0025(b) (authorizing “diagnosis” by licensed social workers).


\(^6\) See Br. on Merits at 9-10 & n.10 (discussing Tex. Bd. of Chiropractic Exam’rs v. Tex. Med. Assoc., 375 S.W.3d 464, 491-92 (Tex. App.—Austin 2012, pet. denied)).

\(^7\) 22 Tex. Admin. Code § 200.3(1) (emphasis added).
denies the authority to diagnose when it intends to do so.⁸ The Therapist
Act, TEX. OCC. CODE § 502, has no such exclusion.

TMA also tries to shrink the scope of the Legislature’s word choice in
the Therapist Act. TMA has previously conceded that the term “evaluation”
means to “examine and judge the worth, quality, significance, amount,
degree or condition ....” Resp. Br. on Merits at 12. TMA contends that this
definition is self-evidently different from—indeed, mutually exclusive of—
“diagnosis,” which TMA defines as “the act or process of discovering or
identifying a diseased condition by means of a medical examination.” Resp.
Motion for Rehearing at 7 (emphasis deleted).

But even using TMA’s definitions, where is the distinction? If someone
conducts a “medical examination” and “identif[ies] a diseased condition,”
have they not also “examine[d] and judge[d] the ... condition” of the patient?
Put simply, a “diagnosis” is a form of “evaluation,” and vice versa. TMA’s
own expert testified that an evaluation for medical purposes includes
diagnosis. CR.278.

⁸ See, e.g., TEX. OCC. CODE § 262.151(a)(3)(A) (dental hygienists may not “diagnose a
dental disease or ailment”); id. § 301.002(2) (professional nursing “does not include acts of
medical diagnosis”); id. § 453.006(a) (physical therapists “may not engage in diagnosing
diseases”); id. § 454.006(c) (occupational therapy “does not include diagnosis or
psychological services of the type typically performed by a licensed psychologist”); id. §§
455.002(b)(1) (massage therapy does not include “the diagnosis or treatment of illness or
disease”).
TMA thinks it significant that “[a]ll healthcare definitions of ‘diagnosis’ include the identification of diseases; no commonly accepted definition of ‘evaluation’ does.” Resp. Motion for Rehearing at 7. TMA’s apparent point is that if you look up “evaluation” in a dictionary, you will not find the words “identification of diseases.” Of course, neither will you see “identification of structural defects in a bridge,” or “identification of deficiencies in an employee’s job performance.” Yet these are all types of evaluation. Statutory interpretation is not “a game of semantics”; it is a search for meaning. See *Tex. State Bd. of Exam’rs v. Tex. Med. Ass’n*, 458 S.W.3d 552, 560 (Tex. App.—Austin 2014, pet. filed) (Jones, C.J., dissenting); see also *Hebner v. Reddy*, No. 14-0593, 2016 WL 3172644, *4 (Tex. May 27, 2016) (adopting construction that “does the least damage to the statutory language, and best comports with the statute’s purpose.”).9

Finally, TMA attaches significance to the conjunction “or” between the words “evaluation” and “diagnosis” in one of the Board’s other rules. See Resp. Motion for Rehearing at 9-10. Assuming for the sake of argument that evaluation and diagnosis “represent[] distinct ideas,” *id.* at 9, the words differ

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9 For the first time, TMA argues that the Therapist Act does not even permit MFTs to “evaluate” whether a patient, apparently as opposed to the patient’s marriage or family, has a mental disease or disorder. Resp. Motion for Rehearing at 8-9. Such a contorted interpretation twists the Therapist Act beyond its breaking point.
in the same way that “mammal” differs from “mouse”—that is, in the same way any genus differs from its constituent species. The Board did not repeat itself by using both words; it merely clarified that diagnosis is one type of permissible evaluation. Cf. In re City of Georgetown, 53 S.W.3d 328, 336 (Tex. 2001) (noting that the Legislature sometimes includes statutory redundancies “out of an abundance of caution, for emphasis, or both”).

III. THE BOARD’S INTERPRETATION OF THE THERAPIST ACT IS ENTITLED TO DEFERENCE.

The Diagnosis Rule has been on the books, in substantially the same form, since 1994—through eleven legislative sessions, three amendments to the MFT scope-of-practice act, and one sunset review process. See Br. on Merits at 23-25. It is entitled to judicial deference. At the very least, the statutory scope of practice does not unambiguously exclude diagnosis of mental disorders, and the Board’s choice should prevail in a clash of

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10 TMA does not follow through with the logic of its argument and explain how the terms “assessment” and “evaluation” also “represent[] distinct ideas.” See Resp. Motion for Rehearing at 9-10. They clearly do not.

11 See R.R. Comm’n v. Tex. Citizens for a Safe Future & Clean Water, 336 S.W.3d 619, 632 (Tex. 2011) (“[A]n agency’s long-standing construction of a statute, especially in light of subsequent legislative amendments, is particularly worthy of [courts’] deference.”); see also Tex. Dep’t of Protective & Reg. Servs. v. Mega Child Care, Inc., 145 S.W.3d 170, 176 (Tex. 2004) (holding that when a statute that has been “given a longstanding construction by a proper administrative officer is re-enacted without substantial change, the Legislature is presumed to have been familiar with that interpretation and to have adopted it.”).
reasonable interpretations. *See, e.g.*, *Tex. Citizens*, 336 S.W.3d at 625 (deferring to an agency’s reasonable interpretation). Deference is particularly important in cases that, like this one, draw heavily on agency expertise. *See, e.g.*, *Nucor Steel-Tex. v. Pub. Util. Comm’n*, 363 S.W.3d 871, 878 (Tex. App.—Austin 2012, no pet.).

TMA attacks the Diagnosis Rule’s reasonableness on multiple fronts. TMA repeats its erroneous claim that the Board has improperly authorized MFTs to perform “diagnosis of all known mental diseases and disorders.” Resp. Motion for Rehearing at 11. In fact, the Diagnosis Rule, standing alone, is not at all as broad as TMA claims. It says nothing about which mental disorders MFTs can diagnose. Thus it must be read in context with the Board’s other rules, which contain safeguards that prevent MFTs from making diagnoses that are beyond their expertise.12 With those limitations in mind, MFTs’ qualifications are plainly sufficient.

TMA continues to wrongly assert that MFTs “have no medical training.” *E.g.*, Resp. Motion for Rehearing at 11. As described above and in Petitioners’ prior briefing, MFTs have significant medical training in the

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12 *See 22 Tex. Admin. Code § 801.44(r) (limiting MFTs to services “within his or her professional competency”); see also id. §§ 801.42(12), .44(p) & (t) (requiring referral and consultation with other providers in appropriate cases).
diagnosis of mental disorders, and Texas law requires substantial real-world clinical experience for licensure. But perhaps the most fitting answer to TMA’s argument that MFTs are unqualified to diagnose using the DSM is the contrary opinion of the DSM’s drafters. The American Psychiatric Association, the physician-member organization responsible for drafting the DSM, has said that MFTs are “able to independently make DSM diagnoses without supervision,” CR.426 (emphasis added), and utilized MFTs to field test the new DSM in clinical practice. The Diagnosis Rule cannot be “unreasonable” in permitting MFTs to do precisely what the American Psychiatric Association asked them to do.

Finally, TMA claims that no deference is owed because the MFT Board’s interpretation “encroaches on the authority of the Texas Medical Board to determine what is, and what is not, the practice of medicine.” Resp. Motion for Rehearing at 11-12. This is plainly incorrect. The MFT Board interpreted the scope of marriage and family therapy, not the practice of medicine.

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13 See Br. on Merits 21-22; see also Br. Amicus Curie Cal. Ass’n Marriage & Family Therapists 9-18 (filed Aug. 13, 2015); Br. Amicus Ass’n Marital & Family Therapy Regulatory Bds. 6-15 (filed Aug. 11, 2015).

14 See 22 T EX. ADMIN. CODE § 801.114(a)(7) (graduate program must include year-long supervised clinical practicum); id. § 801.142(1)(A)(i)(I) (full licensure requires an additional 1,500 hours of direct clinical experience).

15 See AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 8 (5th ed. 2013).
medicine. To the extent the two overlap, the MFT Board has independent authority to interpret its governing statute. Indeed, if the medical board’s authority had been infringed, one would expect the medical board to have taken an interest in this case. Yet when TMA filed a petition to join the medical board as a party, CR.50, that board declined TMA’s invitation.

**PRAYER**

Petitioners respectfully ask the Court to reconsider its denial of Petitioners’ petition for review, grant their petition, vacate the court of appeals’ decision striking down the Diagnosis Rule, and render judgment in Petitioners’ favor upholding the rule.
Respectfully submitted.

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CERTIFICATE OF COMPLIANCE

In compliance with Texas Rule of Appellate Procedure 9.4(i)(2)(D), this brief contains 2,323 words, excluding the portions of the brief exempted by Rule 9.4(i)(1). The brief was prepared in Microsoft Word 2010 using 14-point Century Expanded BT font, with footnotes in 12-point Century Expanded BT font.

/s/ Gavin R. Villareal
GAVIN R. VILLAREAL

CERTIFICATE OF SERVICE

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/s/ Gavin R. Villareal
GAVIN R. VILLAREAL
In October 2009, Katherine Rosen was assaulted by Damen Thompson; Thompson previously received therapy services from UCLA campus psychologist, Nicole Green. During those sessions, Green believed Thompson was suffering from schizophrenia, but concluded that he did not exhibit suicidal or homicidal ideation and had not expressed any intent to harm others.

In Rosen’s lawsuit against the Regents of University of California and Dr. Green, she claimed that under Civil Code section 43.92, UCLA and Green had a duty to warn her about Thompson. The Regents/Green filed a motion for summary judgment stating that because no communication was directly made, there was no duty of care under Civil Code 43.92. The trial court ruled in favor of Rosen, but when this decision was appealed, the Court of Appeal voted unanimously that Regents/Green was entitled to summary judgment because no actual threat was communicated to Green.

This issue has now been appealed to the Supreme Court, and CAMFT has joined the California and American Psychiatric Associations in their amicus brief urging the Supreme Court to uphold the Court of Appel’s decision. Briefs have also been submitted by the California Medical Association, California State University, and the Consumer Attorneys of California. The brief has been attached for your review.

We are hopeful to hear back from the court by the end of 2016.

---

1 CC 43.92 requires psychotherapists to make reasonable efforts to warn when a patient has communicated an actual threat of physical harm against an identifiable victim.
IN THE SUPREME COURT
OF THE STATE OF CALIFORNIA

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA,
a public entity; ALFRED BACHER; CARY PORTER;
ROBERT NAPLES; and NICOLE GREEN, public employees,

Defendants and Petitioners,

v.

SUPERIOR COURT OF THE STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES,

Respondent.

KATHERINE ROSEN, an individual,

Plaintiff and Real Party in Interest.

COURT OF APPEAL, SECOND DISTRICT, DIVISION 7, CASE NO. B259424
SUPERIOR COURT OF LOS ANGELES COUNTY, CASE NO. SC108504
THE HONORABLE GERALD ROSENBERG, JUDGE

APPLICATION TO FILE AMICI CURIAE BRIEF;
AMICI CURIAE BRIEF IN SUPPORT OF DEFENDANTS

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TO THE CHIEF JUSTICE AND TO THE HONORABLE ASSOCIATE
JUSTICES OF THE CALIFORNIA SUPREME COURT:

APPLICATION TO FILE AMICI CURIAE BRIEF.

The California Psychiatric Association ("CPA"), the American
Psychiatric Association ("APA"), and the California Association of
Marriage and Family Therapists ("CAMFT") (collectively, "Amici")
respectfully request permission to file the attached brief as amici curiae.
Amici request that the Supreme Court affirm the portion of the Court of
Appeal's decision which unanimously orders summary judgment pursuant
to Civil Code Section 43.92 in favor of Dr. Nicole Green, the only
Defendant in this matter who is a psychotherapist employed by Defendant
Regents who diagnosed or treated Mr. Damon Thompson.

CPA is a nonprofit corporation responsible for carrying out judicial,
legislative, regulatory, educational, advocacy, and public affairs activities
on behalf of organized psychiatry in California. CPA works to ensure that
patients with psychiatric disorders will have access to high quality
medically necessary treatment. CPA has over 3,000 members, is the largest
professional association of psychiatrists in California and is affiliated with
APA. CPA participates as amici curiae in important cases involving mental
health. Some cases concerning such issues in which CPA has participated
or is participating are The People Of The State of California v. Ignacio
Garcia (California Supreme Court Case No. S218197); Lewis v. Superior
Court (California Supreme Court Case No. S219811); Menendez v.
Superior Court (1992) 3 Cal.4th 435; People v. Wharton (1991) 53 Cal.3d
206 Cal.App.3d 784.

APA, with more than 36,000 members, is the Nation's leading
organization of physicians who specialize in psychiatry. Its member
physicians work to ensure humane care and effective treatment for all
persons with mental disorders. APA has filed numerous amicus curiae briefs in the United States Supreme Court, the United States Courts of Appeals, and State Supreme Courts, in cases involving matters of interest to the profession of psychiatry. The APA participated as amicus curiae in Jaffee v. Redmond (1996) 518 U.S. 1, which recognized a psychotherapist-patient privilege under the Federal Rules of Evidence. The APA has a strong interest in ensuring that duties imposed under state law do not unduly narrow the scope of the privilege, thereby discouraging individuals with mental illness from seeking needed treatment.

CAMFT is an independent professional organization of over 32,000 members representing the interests of marriage and family therapists in California. It is dedicated to maintaining high standards of professional ethics, to upholding the qualifications for the profession, and to advancing the profession. CAMFT is the largest association of Marriage and Family Therapists ("MFTs") in the country.

CPA and APA are respectively the largest professional organizations representing psychiatry in the State of California and in the United States, while CAMFT is the largest association of MFTs in the United States. As such, each has a strong interest in the issues presented in this case, particularly the circumstances under which a psychotherapist must breach confidentiality to protect others from a patient's threat of violence. This Court's construction of Civil Code Section 43.92 will have a significant impact on the practice of psychotherapy in the State of California and the rights, well-being and safety of the public and of patients suffering from mental illness.

The attached amici curiae brief focuses primarily on the issues which led the Court of Appeal unanimously to grant summary judgment in favor of Dr. Nicole Green. Those issues concern the practice of psychotherapy as impacted by Civil Code Section 43.92.
As counsel for Amici, I have reviewed the extensive record and briefs filed in this case and believe the Court can benefit from additional briefing by Amici, whose members have experience dealing with the issues presented in this matter.

The attached brief is entirely authored by counsel for Amici and entirely funded by Amici. Amici believe they have unique perspectives to bring to issues herein which will not duplicate the parties’ briefing in this case. Hence, Amici respectfully request that this Court accept and file their amici curiae brief, which is attached to this Application.

Dated: July 12, 2016

By: Daniel H. Willick

Attorney for Amici Curiae
CALIFORNIA PSYCHIATRIC ASSOCIATION, AMERICAN PSYCHIATRIC ASSOCIATION, AND CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS
AMICI CURIAE BRIEF IN SUPPORT OF DEFENDANTS

I. INTRODUCTION.

CPA, APA, and CAMFT urge the California Supreme Court to affirm the portion of the Court of Appeal’s decision which unanimously grants summary judgment based on Civil Code Section 43.92 (“Section 43.92”) to Dr. Nicole Green (“Dr. Green”), the only Defendant who is a UCLA psychotherapist who diagnosed or treated Mr. Damon Thompson (“Mr. Thompson”). That ruling rests on the limitation of liability of a psychotherapist pursuant to Section 43.92 when her patient attacks and injures another.

Section 43.92 provides that a psychotherapist has no duty of care to a victim of her patient’s violence unless “the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.” In this case, the Court of Appeal ruled unanimously that Dr. Green was entitled to summary judgment because there was no material issue of fact as to whether, prior to Mr. Thompson’s assault on Plaintiff, any threat which identified Plaintiff Ms. Katherine Rosen (“Plaintiff” or “Ms. Rosen”) as an intended victim (or rendered her identifiable as an intended victim) was communicated to or was made known to Dr. Green. Because Plaintiff failed to meet her burden of establishing that Dr. Green owed her any duty, summary judgment was appropriate.

Plaintiff has taken extensive discovery, has reviewed the records of Mr. Thompson’s treatment, and is unable to rebut the extensive evidence that Dr. Green and the other psychotherapists, who diagnosed and treated Mr. Thompson at UCLA, repeatedly probed before the attack, including in their last session shortly before the attack, whether Mr. Thompson intended to harm others or himself. In that session Mr. Thompson specifically
denied any intent to harm others or himself. Indeed, Plaintiff was never identified as someone whom Mr. Thompson was threatening or had threatened violence. Hence, summary judgment in favor of Dr. Green is required because Defendants have provided affirmative evidence that no threat against Ms. Rosen was ever communicated to any psychotherapist treating Mr. Thompson and Ms. Rosen has failed to present any contrary evidence.

II.  **CIVIL CODE SECTION 43.92 PROTECTS A PSYCHOTHERAPIST FROM LIABILITY TO A PERSON INJURED BY HER PATIENT UNLESS “THE PATIENT HAS COMMUNICATED TO THE PSYCHOTHERAPIST A SERIOUS THREAT OF PHYSICAL VIOLENCE AGAINST A REASONABLY IDENTIFIABLE VICTIM OR VICTIMS”**.

In 1974, the California Supreme Court issued its subsequently withdrawn decision in *Tarasoff v. The Regents of The University of California* (1974) 118 Cal.Rptr. 129, 135-138 holding that a psychotherapist may be held liable “for negligent failure to warn” an intended victim when a patient “informed” his therapist “that he was going to kill an unnamed” victim who was “readily identifiable”. (Id., 118 Cal.Rptr. at 132). The 1974 decision was withdrawn and replaced by a 1976 California Supreme Court decision (*Tarasoff v. The Regents of The University of California* (1976) 17 Cal.3d 425, 431) which held that “[w]hen a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger.” Under the circumstances alleged, the Court concluded the duty to protect may require the psychotherapist “to warn the intended victim or others likely to apprise the victim of the
danger, to notify the police, or to take whatever other steps are reasonably necessary under the circumstances.” *(Id.)*

From 1976 to 1985, psychotherapists labored under the uncertainties created by the *Tarasoff* decision and struggled with how to balance the conflict between the obligation to maintain the confidentiality which is essential to psychotherapy\(^1\), and the duty to predict and protect others from a patient’s serious danger of violence. The duty to protect required the therapist, judged by “the standards of his profession,” to determine whether “his patient presents a serious danger of violence to another…” *(Id. at 431.)* This standard of care was and is impossible to attain. Scientific research has established that it is impossible for psychotherapists to predict with any acceptable degree of accuracy which patients will become

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\(^1\) The California Legislature’s purpose in enacting or affirming protection of psychotherapy information was described by this Court as follows in connection with the psychotherapist-patient privilege:

>“*Psychoanalysis and psychotherapy are dependent upon the fullest revelation of the most intimate and embarrassing details of the patient’s life…. Unless a patient… is assured that such information can and will be held in utmost confidence, he will be reluctant to make the full disclosure upon which diagnosis and treatment… depends…. Although it is recognized that the granting of the privilege may operate in particular cases to withhold relevant information, the interests of society will be better served if psychiatrists are able to assure patients that their confidences will be protected.*’ *(Cal. Law Revision Com. Comment, reprinted in Deering’s Ann. Evid. Code (2004 ed.) foll. §1014, p. 217.)*” *(People v. Gonzales (2013) 56 Cal.4th 353, 371-372.)*

Available research reported in the United States Surgeon General’s report on mental health *(Mental Health: A Report of the Surgeon General, ch. 7 (1999))* strongly supports the conclusion that persons are more likely to seek mental health treatment if they believe the information they disclose in treatment will be kept confidential.
violent. Justice Mosk’s dissent in *Tarasoff* (id. at 451) states the problem as follows:

“I cannot concur, however, in the majority’s rule that a therapist may be held liable for failing to predict his patient’s tendency to violence if other practitioners, pursuant to the ‘standards of the profession,’ would have done so. The question is, what standards? Defendants and a responsible *amicus curiae*, supported by an impressive body of literature discussed at length in our recent opinion in *People v. Burnick* (1975) 14 Cal.3d 306..., demonstrate that psychiatric predictions of violence are inherently unreliable.”

Section 43.92 was introduced and enacted in 1985 (Stats. 1985, ch. 737) “to limit the psychotherapists’ liability for failure to warn to those circumstances where the patient has communicated an “actual threat of violence against an identified victim,” and to “abolish the expansive rulings

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2 See the studies cited at pp. 11-15 of the *Amicus* Brief Of Jed Foundation, American College Counseling Association, And NASPA: Student Affairs Administrators In Higher Education In Support Of Writ Petition filed with the Court of Appeal herein. Typical of such studies is Swanson, J.W., et al. *Mental illness and reduction of gun violence and suicide: bringing epidemiological research to policy*, Annals of Epidemiology, Vol. 25 (2015) 366-376. http://dx.doi.org/10.1016/j.annepidem.2014.03.004 which reviews a number of research studies and concludes “violence is a complex societal problem that is caused, more often than not, by other things besides mental illness.” (Id., 368.) Even with the presence of the violence enhancing factor of substance abuse in addition to mental illness, a situation not applicable in the present case, “a clinician would be wrong nine times out of 10 with a blanket prediction that someone will commit a violent act merely because they have a combination of, for example, depression and alcohol use disorder.” (Id.) The authors summarize the research as follows (id. at 370): “Although the existing research on aggressive or violent behavior and psychopathology is informative as far as it goes, the goal of synthesizing the evidence into a coherent, comprehensive explanation of violence risk in people with serious mental illness...remains elusive.”

3 Also see Justice Mosk’s dissent in *Hedlund v. Superior Court* (1983) 34 Cal.3d 695, 707-710.
of Tarasoff and Hedlund...that a therapist can be held liable for the mere failure to predict and warn of potential violence by his patient."


Since its enactment in 1985, Section 43.92 has been amended on two occasions – by A.B. 733 in 2006 (Stats. 2006, ch. 136) and by S.B. 1134 in 2012 (Stats. 2012, ch. 149). However, since its original enactment in

4 These amendments seek to resolve confusion caused by the fact that the 1976 Tarasoff decision (supra, 17 Cal.3d 425) replaced the duty to warn created by the 1974 Tarasoff decision (supra, 118 Cal.Rptr. 129) with a duty to protect. Section 43.92, when enacted in 1985 and amended in 2006 to limit the 1976 Tarasoff decision, refers to a “duty to warn and protect.” The most recent amendment to Section 43.92 in 2012, after the events at issue in this matter, replaces all references to a “duty to warn and protect” with a reference to a “duty to protect” and states in Section 43.92, subs. (c) and (d) that the Legislature’s intent is not to modify existing law. Existing law, as explained in the legislative history of the 2006 amendment to Section 43.92, became as follows with the enactment of A.B. No. 733 in 2006 (Senate Comm. on Judiciary, Analysis of Assem. Bill No. 733 (2005-2006 Reg. Sess.), June 13, 2006):

“In Tarasoff, the California Supreme Court held when a psychotherapist ‘determines...that [their] patient presents a serious danger of violence to another [the psychotherapist] incurs an obligation to use reasonable care to protect the intended victim against such danger.’ [17 Cal.3d 425, 431.] To discharge their duty, psychotherapists may be required to ‘warn the intended victim or others...’ (Id.)”

“In 1985, AB1133 (Chapter 737...) codified both the psychotherapists’ duty and one method to discharge that duty. Specifically, AB1133 stated that a psychotherapist’s duty to warn and protect shall be discharged upon ‘making reasonable efforts to communicate the [patient’s] threat to the victim or victims and to a law enforcement agency.’...
1985, the provision of Section 43.92 at issue herein has never changed. Section 43.92 has always provided that "[t]here shall be no monetary liability on the part of, and no cause of action shall arise against" a psychotherapist for injury caused by "a patient's violent behavior" unless "the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims." This provision of Section 43.92 limits the circumstances in which any duty to protect may arise, while also creating a limited immunity to that duty.

III. THE COURT OF APPEAL'S UNANIMOUS RULING

GRANTING SUMMARY JUDGMENT IN FAVOR OF DR. GREEN BASED ON SECTION 43.92 SHOULD BE AFFIRMED.

Both the majority Justices and the dissenting Justice in the Court of Appeal agreed that summary judgment should be ordered for Dr. Green.⁵ (Slip. Opn. 27-30; The Regents Of The University Of California, et al. v. Superior Court of Los Angeles County (Court of Appeal, Second Appellate District, Case No. B259525), Dis. Opn. 14-15, 21.) As the majority noted, to establish a triable issue of material fact under Section 43.92 as to whether Dr. Green owed any duty to Ms. Rosen, plaintiff was required to produce evidence that Mr. Thompson had communicated to Dr. Green a serious threat of physical violence against Ms. Rosen. The Court of Appeal unanimously ruled that Ms. Rosen failed to produce any such evidence.

⁵ Citations will be to the page of the Court of Appeal majority opinion (Slip. Opn. ___), to the page of the dissent of Presiding Justice Perluss (Dis. Opn ___), and to the writ exhibits by volume and page (___ Exh. ___).
Ms. Rosen disagrees with the Court of Appeal’s ruling and contends that, Defendants, including Dr. Green, bore the burden of “negating” that the duty-creating circumstances articulated in Section 43.92 were present and failed to do so.\(^6\) (Plaintiff’s Opening Brief On The Merits, 54-56; Plaintiff’s Reply Brief On The Merits, 25-27.) That argument is incorrect. By its terms, the section 43.92 provides that “[t]here shall be no monetary liability on the part of, and no cause of action shall arise against, any person who is a psychotherapist . . . in failing to protect from a patient’s threatened violent behavior or failing to predict and protect from a patient’s violent behavior except if the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.”\(^7\) (Emphasis added.) Accordingly, to make out a prima facie case that a duty is owed, a plaintiff must proffer evidence that the duty-creating circumstances are present — otherwise, the statute provides that the psychotherapist owes no duty. The absence of any duty is the baseline rule that the plaintiff must overcome. Plaintiff does not claim that she can meet that burden.

Nevertheless, even if Ms. Rosen’s contentions regarding the burden of proof as to Dr. Green were correct, Defendants would have met that burden by proffering evidence to establish that the patient, Mr. Thompson, never communicated a serious threat of violence against Ms. Rosen to Dr. Green or to any UCLA psychotherapist treating him. Plaintiff Ms. Rosen fails to present any evidence to the contrary although she, her counsel and

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\(^6\) Plaintiff suggests that Defendants bore both the burden of production and the burden of persuasion with respect to this issue. See Opening Brief 55 ("burden to present evidence"); Reply Brief 25-27 ("burden to negate this basis of duty"). As explained in text, the statute makes clear that the Plaintiff bears the burden of production and persuasion to show that the psychotherapist owed her any duty.

\(^7\) The current version of the statute is quoted; the changes from the prior version are not relevant to this argument.
her experts have had access to the complete psychotherapy treatment records for Mr. Thompson. The unrebutted evidence adduced by Dr. Green is as follows.

 Plaintiff cites no evidence that Mr. Thompson ever made any threat of violence against the Plaintiff or that he even mentioned the Plaintiff to Dr. Green. Dr. Green was treating Mr. Thompson through UCLA Counseling and Psychological Services (CAPS). The only evidence that Plaintiff cites concerning any statement that Mr. Thompson made about Ms. Rosen concerns communications he made to a teaching assistant (Adam Goetz) in a chemistry course, claiming that Ms. Rosen was speaking about him in a derogatory manner. There is no evidence, however, that Thompson threatened to harm her. (4 Exh. 935-939). On September 30, 2009 – which is the only therapy session Mr. Thompson had after his conversation with Mr. Goetz – Mr. Thompson was specifically assessed and asked if he then or ever had an intent to harm others or himself. (3 Exh. 890-891). He denied ever having any such intent. (Id.) Plaintiff admits this is undisputed. (5 Exh. 1345-1346.) Although Plaintiff argues that the evidence “created an inference that Thompson never communicated such a threat and an equally plausible inference that he did,” Reply Br. 25, the evidence recited above establishes that Mr. Thompson did not communicate any serious threat of violence against Ms. Rosen to Dr. Green, and there is no evidence to support any contrary “inference.”

 This unrebutted evidence thus establishes that Dr. Green is entitled to summary judgment based on Section 43.92 because Plaintiff has failed to adduce any evidence to establish that the patient ever communicated “a serious threat of physical violence against” Ms. Rosen to Dr. Green or to any other UCLA psychotherapist prior to his assault on Ms. Rosen. Hence, pursuant to Section 43.92, the summary judgment which the Court of Appeal unanimously granted Dr. Green should be affirmed.
IV. CONCLUSION.
For the foregoing reasons, the California Supreme Court is respectfully requested to affirm the Court of Appeal’s decision in favor of Dr. Green.

Dated: July 12, 2016

LAW OFFICES OF DANIEL H. WILICK

By: Daniel H. Willick
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CERTIFICATE OF WORD COUNT
(Cal. Rules of Court, rule 14(c)(1).)

This brief has been prepared using a proportionately spaced

This brief has been prepared using a proportionately spaced
typeface, consisting of 13 points. Counsel has relied upon word processing
software [Microsoft Word 2013] to determine the word count of this brief.

As determined by this software, including footnotes, this brief consists of

As determined by this software, including footnotes, this brief consists of
approximately 4,407 words.

Dated: July 12, 2016

LAW OFFICES OF DANIEL H. WILLICK

By: _______________________

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PROOF OF SERVICE

1. I am employed in the County of Los Angeles, State of California and over the age of eighteen years. I am not a party to the within action. My business address is 1875 Century Park East, Suite 1600, Los Angeles, California 90067.

2. I served the document listed below by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, addressed as follows:

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Document Served: APPLICATION TO FILE AMICI CURIAE BRIEF; AMICI CURIAE BRIEF IN SUPPORT OF DEFENDANTS

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on July 13, 2016, at Los Angeles, California.

Kathleen P. Sundquist

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