CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS
June 2-3, 2018
Board of Directors Meeting
Westin Mission Hills Golf Resort & Spa
71333 Dinah Shore Drive
Rancho Mirage, CA 92270
Hospital 517 Room

PUBLIC BOARD BOOK

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.

Welcome..............................................................................................................................................................................page 1
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Policy on Antitrust Compliance

Date: May 25, 2012
Accepted: June 9, 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 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.
implicated, 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:_____________
FIDUCIARY DUTIES

Business Judgment Rule: Directors generally protected from personal liability IF they act in GOOD FAITH, and in manner REASONABLY believed to be in corporation’s best interest, with INDEPENDENT and INFORMED judgement, as an ORDINARILY PRUDENT person in a like position would use under similar circumstances.

Boards carry out their fiduciary duty by protecting not only financial assets, but also human resource assets (i.e. staff, members), physical assets, and the reputation and image of the association.

Duty of Care:

- Be reasonably informed about activities and goals of association
- Attend meetings
- Good Faith
  - Make decisions with best interests of Assn in mind
    - Free from outside pressures or personal opinions
    - Utilize input and information from staff
    - Get outside evaluations on complex issues when necessary

Duty of Loyalty:

- Expected to act for Association AS A WHOLE
  - Not personal benefit or special interests of subset of Association
- Once vote taken, support Board decisions
  - Even if personal views differ
  - Publically versus personally/not representing the Board
  - Fine line
- Board speaks with one voice
- Do not disclose confidential information of Association
  - Even if not marked “confidential”, use best judgment on whether should not be released

Avoid Conflict of Interest:

2012 CAMFT Policy: “Conflict of interest” as “a transaction or relationship which presents or may present a conflict between a Board Member’s obligations to CAMFT and the Board
Member’s personal, business or other interests.”

Conflicts
- Financial
  - Self dealing
- Personal
  - Active in non-profit with opposing public policy matters (opposition position on piece of legislation)

Procedure:
- Disclose
  - Even if not sure, better to err on side of caution
  - Better to do before meeting to Pres as FYI
- Board Discussion
  - Should person abstain from discussion
  - Should person abstain from vote
  - Will conflict cause legal or public relations problem for Assn
  - **Not all conflicts are harmful or need to be avoided, but must be disclosed

Adherence to Applicable Laws/Rules
- CA Corp Code
- Association Bylaws
- General Laws:
  - Insurance Coverage
  - Preserving Tax Status
- Anti-Trust Laws
  - Laws apply to competitors
    - CAMFT members are competitors; CAMFT made up of competitors
  - Avoid restrictions on members dealing w/ non-members
  - Boycotting plans to influence rates
  - Don’t limit access to information developed by association if could harm non-member ability to practice
  - Surveying members on income needs to be over 3 months old before conveying
  - Do not facilitate or allow member conversation about price fixing or boycotting (interfere with free market)
  - **Whole memo that goes into anti-trust analysis in detail if interested
Board Member Fundamentals:
Role and Responsibilities of Directors
June 2018

President’s Introductory Remarks – Vision for This Year

Definition of Association: Group of people who come together to solve problems, meet common needs and solve common problems.

I. Review Strategic Plan
   A. Directs Board decisions & actions

II. Roles
   A. Role of Board of Directors
      1. Temporary stewards of CAMFT
      2. Implement the Strategic Plan
         a. Identify outcomes to pursue and steps to achieve
      3. Set policy and governance
         a. What is a governance Board?
      4. Ambassadors to Chapters
         a. Contact/Visit Chapters
         b. Inform members about benefits of CAMFT membership
      5. Represent all CAMFT members, not one constituency/geographic area, or individual interests
      6. Participate on Committees
      7. Support Educational Foundation
      8. Support Political Action Committee

   B. Role of Executive Committee
      1. May act in place and stead of the Board of Directors between Board meetings as authorized by the Board, except those matters that by these Bylaws specifically require Board action, or approval of the members, or approval of a majority of the membership

   C. Role of Executive Director
      1. Hire/supervise/oversee/dismiss - staff, consultants and vendors
      2. Communicating with Staff – through the Executive Director
         a. The Executive Director is the only employee who reports to the board, and is the only employee hired/reviewed by the board.
b. All other staff report to the Executive Director, who reviews/hires all staff.

3. All Board requests go through Executive Director who manages staff.

4. Day-to-Day management and administration

5. Accomplish outcomes identified by BOD

6. Board-Executive Director relationships

III. Duties

A. Fiduciary Duties

1. Duty of Care
   a. To be reasonably informed and to use sound information and judgment in making decisions on behalf of the organization

2. Duty of Loyalty
   a. To put aside personal interests and act in the best interest of the organization
   b. Once vote taken, express loyalty and support for Board decisions, even when personal views differ.
   c. Board speaks with one, united voice.

3. Duty of Obedience
   a. To act in compliance with the organization’s mission, bylaws, and policies, as well as legal and regulatory requirements.

4. Adherence to applicable laws

5. Conflicts of interest

B. Governance

1. Set policies, strategies, future projects

2. Familiarity with Bylaws & Ethical Standards

3. Communication and Correspondence
   a. President & Executive Director speak for the Board
   b. Expectation of timely response to emails and other communications

4. Reasonable inquiry

5. Exercise good faith and best interest of Association

6. Ensure resources available and used efficiently

7. Understand 501c3 and 501c6 and structure

C. Advocacy

1. BBS

2. Legislature

3. Political Action Committee - PAC
4. Legislative visits

D. Personnel
   1. Hire Executive Director
   2. Determine effectiveness of performance and compliance with policies

IV. Outreach
   A. Support CAMFT social media outreach (FB, Twitter)
   B. Identify, recruit and develop new leaders for future Board service
   C. Ability to articulate what CAMFT provides for members
      1. Law and ethics consultation
      2. Advocacy
         a. BBS
         b. Legislature, State & Federal
         c. PAC
      3. CounselingCalifornia.com
      4. EBSCO
      5. Continuing Education opportunities
      6. Professional Liability coverage and free student malpractice insurance (CPH & Associates)
      7. Networking opportunities (Chapters & CAMFT Community)
      8. Job Board

V. Financial Fundamentals
   A. Understanding basic financial reports
   B. Budget process and monetary impact
   C. Director and officer liability insurance

VI. Board process
   A. Use Directorpoint for Board materials
   B. Come prepared for Board meetings. Read and understand the Board Book
   C. Robert’s Rules – Guidelines for Efficiency
   D. Where to find information
      1. CAMFT Community website
         a. How to find materials for Committees and Board library -
   E. Use of Board Listserv
      1. Used by members to communicate with BOD
      2. Used by Executive Director/Staff and President to communicate w/BOD
         a. Not for deliberating, raising issues for agenda, or sharing information
b. All emails to the Board are acknowledged by staff, and responses crafted by Executive Director and President

F. Board issue – speak with President and/or Executive Director

G. How Agenda is set
   1. Directors make request to President & Executive Director
      a. New Business - Open Forum - Email
      b. Executive Director and President set agenda
   2. Members request Board action via written proposal

H. Closed session: When, why, how
   1. Review confidential issues

I. Resigning from BOD
   1. Contact Executive Director & President first, as professional courtesy to discuss options that would be less disruptive to Board functioning & still allow person to limit their responsibilities.
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.

Saturday, June 2, 2018

8:30 – 8:45 AM
1. Welcome/Introductions and Call to Order
   A. President’s Remarks
   B. Adherence to Policy on Anti-Trust Compliance
   C. Acknowledgment of Strategic Plan

8:45 – 8:50 AM
2. Appointment of Parliamentarian

8:50 – 9:20 AM
3. Member Forum
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.

9:20 – 9:35 AM
4. Orientation
   Note: New Board Members will receive an in-depth orientation on Friday, June 1. This orientation is a brief refresher for all Directors and Officers.

9:35 – 9:45 AM
5. 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 March 10-11, 2018 Board Meeting  VOTE TO APPROVE
   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/Minutes
      i. Board Code of Conduct Task Force
      ii. Bylaws Committee
      iii. Chapter Advisory Committee
      iv. Crisis Response Education & Resource Committee
      v. Elections Committee
vi. Executive Committee
vii. Legislative Committee
viii. Pre-Licensed Committee
ix. Finance Committee
x. Insurance and Healthcare Reform Committee
xi. 2018-2019 Committee Nominations *VOTE TO APPROVE*

H. Department Reports
   i. CAMFT Staff/Operations Report
   ii. The Therapist
   iii. Marketing and Public Relations Report
   iv. Continuing Education Provider Approval Program Report
   v. Chapter Relations Report
   vi. Professional Development Report
   vii. Legal Department Report
   viii. Advocacy, Legislation and Regulation Report

9:45 – 10:15 AM
   6. Finance
      A. Financial Reports
         i. Review of CAMFT investments for socially responsible policies
      B. CAMFT Fund Balances
      C. PAC Fund Balances
      D. CAMFT-EF Fund Balance

10:15 – 10:30 AM  BREAK

10:30 AM – 12:00 PM
   7. Executive Director Report
      A. Association Management System
      B. Legislation
         i. AB 2943/AB 1968
            • Member Proposal
            • Member Proposal
      C. Labor Board

12:00 – 1:00 PM  LUNCH
1:00 – 5:00 PM
  8. Vision Session
     A. Executive Director Goals
     B. Strategic Planning Process

Sunday, June 3, 2018

8:30 – 9:15 AM
  9. Policies
     A. Board Expenditures

9:15 – 9:30 AM
  10. Open Forum
      This is an opportunity for Board members to engage in discussion of Board process; limited to 15 minutes.

9:30 – 9:45 AM
  11. Suggestions for Future Agenda
      This is an opportunity for Board members to suggest items for the President and Executive Director to consider for a future meeting’s agenda; limited to 15 minutes.

ADJOURN
### Definition of Users

**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.

**1 Day Active User** - 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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**www.camft.org** - January – April, 2018

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<th>March</th>
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### CounselingCalifornia.com - January 1– February 8, 2018

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<td>2,327</td>
<td>354</td>
<td>707</td>
<td>2,327</td>
</tr>
<tr>
<td><strong>7 Day Active Users</strong></td>
<td>9,262</td>
<td>11,055</td>
<td>3,252</td>
<td>3,830</td>
<td>11,055</td>
</tr>
<tr>
<td><strong>14 Day Active Users</strong></td>
<td>18,218</td>
<td>19,465</td>
<td>6,323</td>
<td>7,282</td>
<td>19,465</td>
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<tr>
<td><strong>30 Day Active Users</strong></td>
<td>33,616</td>
<td>34,830</td>
<td>15,115</td>
<td>13,992</td>
<td>34,830</td>
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### Device Info for CounselingCalifornia.com January 1 – February 8, 2018

<table>
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<th></th>
<th>Sessions</th>
<th>Users</th>
<th>New Users</th>
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<tbody>
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<td>1 Tablet</td>
<td>109,260</td>
<td>55,143</td>
<td>53,347</td>
</tr>
<tr>
<td>2 Desktop</td>
<td>29,913</td>
<td>25,330</td>
<td>24,452</td>
</tr>
<tr>
<td>3 Mobile</td>
<td>21,710</td>
<td>17,972</td>
<td>17,697</td>
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</tbody>
</table>
# Top 25 Searched Therapists CounselingCalifornia.com
## January – April 2018

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Pageviews</th>
<th>Unique Pageviews</th>
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<tbody>
<tr>
<td>1. Sally Levy Albert</td>
<td>423</td>
<td>285</td>
</tr>
<tr>
<td>2. Kimberly Miller</td>
<td>285</td>
<td>177</td>
</tr>
<tr>
<td>3. William E Hunt</td>
<td>275</td>
<td>151</td>
</tr>
<tr>
<td>4. Lorrin S McCormick</td>
<td>269</td>
<td>176</td>
</tr>
<tr>
<td>5. Amir Pourmand</td>
<td>232</td>
<td>139</td>
</tr>
<tr>
<td>6. Mary Martin-Blair</td>
<td>185</td>
<td>116</td>
</tr>
<tr>
<td>7. Tracey B Fitzgerald-Donahue</td>
<td>183</td>
<td>165</td>
</tr>
<tr>
<td>8. Barbara Swan Walker</td>
<td>177</td>
<td>116</td>
</tr>
<tr>
<td>9. Lauren Y Huber</td>
<td>177</td>
<td>106</td>
</tr>
<tr>
<td>10. Carol N. Greenfield</td>
<td>176</td>
<td>129</td>
</tr>
<tr>
<td>11. Toni Diane Shirley</td>
<td>165</td>
<td>136</td>
</tr>
<tr>
<td>12. Vera M Bell</td>
<td>161</td>
<td>108</td>
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<tr>
<td>13. Sharon Delgado</td>
<td>159</td>
<td>113</td>
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<tr>
<td>14. Sabrina L. Sherrill</td>
<td>158</td>
<td>102</td>
</tr>
<tr>
<td>15. Barbara J Down</td>
<td>156</td>
<td>85</td>
</tr>
<tr>
<td>16. Bethie Kohanbash</td>
<td>156</td>
<td>100</td>
</tr>
<tr>
<td>17. Destiny Champion</td>
<td>148</td>
<td>103</td>
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<td>18. Barbara Gibson-Paul</td>
<td>142</td>
<td>87</td>
</tr>
<tr>
<td>19. Candyce Zito</td>
<td>142</td>
<td>66</td>
</tr>
<tr>
<td>20. Lucia Arce</td>
<td>141</td>
<td>84</td>
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<tr>
<td>21. Terri J David</td>
<td>140</td>
<td>96</td>
</tr>
<tr>
<td>22. Pamela Payton</td>
<td>135</td>
<td>98</td>
</tr>
<tr>
<td>23. Ester Agopian</td>
<td>134</td>
<td>77</td>
</tr>
<tr>
<td>24. Jeanette C Abney</td>
<td>133</td>
<td>83</td>
</tr>
<tr>
<td>25. Susan D Badger</td>
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**Social Networking Sites**

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<tr>
<th>CAMFT Community</th>
<th>Jan</th>
<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>
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<tbody>
<tr>
<td>Forums</td>
<td>73</td>
<td>27</td>
<td>30</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Engaged Users</td>
<td>885</td>
<td>590</td>
<td>998</td>
<td>570</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Page Visits</td>
<td>21,681</td>
<td>12,674</td>
<td>18,491</td>
<td>11,593</td>
<td></td>
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**Members with profile pages on Counseling California**

<table>
<thead>
<tr>
<th>LinkedIn</th>
<th>Facebook</th>
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<tbody>
<tr>
<td></td>
<td>CAMFT</td>
</tr>
<tr>
<td>January</td>
<td>8,112</td>
</tr>
<tr>
<td>February</td>
<td>7,520</td>
</tr>
<tr>
<td>March</td>
<td>7,598</td>
</tr>
<tr>
<td>April</td>
<td>8,740</td>
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</table>

**Analytics for Affinity Partner web page**

- There were 17,490 clicks from CAMFT.org to the EBSCO Host database of articles from March 15 – April 30, 2018.
- There were 1,609 visitors to the CPH & Associates Student Liability information web page.
- There were 22 visitors to the CAMFT affiliate ADP web page.
**Board Report for June 2018**  
From February 7, 2018 / March 2018 /April 30, 2018

Information was collected 5/1/2018

<table>
<thead>
<tr>
<th>Total Member Count for years</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>4/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Membership</td>
<td>30,470</td>
<td>30,834</td>
<td>31,064</td>
<td>31,530</td>
<td>31,910</td>
<td>31,900</td>
<td>31,400</td>
<td>31,797</td>
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<tr>
<td>Clinical</td>
<td>17,477</td>
<td>17,766</td>
<td>18,083</td>
<td>18,030</td>
<td>18,459</td>
<td>18,609</td>
<td>19,029</td>
<td>19,565</td>
</tr>
<tr>
<td>Associate</td>
<td>996</td>
<td>999</td>
<td>929</td>
<td>1,025</td>
<td>1,042</td>
<td>1,077</td>
<td>1,116</td>
<td>1,135</td>
</tr>
<tr>
<td>Prelicensed</td>
<td>11,257</td>
<td>11,269</td>
<td>11,191</td>
<td>11,510</td>
<td>11,365</td>
<td>11,050</td>
<td>9,972</td>
<td>9,769</td>
</tr>
<tr>
<td>Life</td>
<td>353</td>
<td>382</td>
<td>415</td>
<td>456</td>
<td>491</td>
<td>566</td>
<td>634</td>
<td>661</td>
</tr>
<tr>
<td>Emeritus</td>
<td>387</td>
<td>418</td>
<td>446</td>
<td>509</td>
<td>553</td>
<td>598</td>
<td>649</td>
<td>667</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>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The dates are as of 5/30/2018</td>
<td>85%</td>
<td>86%</td>
<td>89%</td>
<td>87%</td>
<td>87%</td>
<td>88%</td>
<td>85%</td>
<td>83%</td>
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</table>

<table>
<thead>
<tr>
<th>Overall feeling about Association services of dropped members</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2/7/2018 - 4/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>49%</td>
<td>57%</td>
<td>60%</td>
<td>60%</td>
<td>49%</td>
<td>49%</td>
<td>56%</td>
<td>62%</td>
</tr>
<tr>
<td>Good</td>
<td>38%</td>
<td>35%</td>
<td>39%</td>
<td>39%</td>
<td>39%</td>
<td>44%</td>
<td>36%</td>
<td>33%</td>
</tr>
<tr>
<td>Fair</td>
<td>10%</td>
<td>7%</td>
<td>1%</td>
<td>1%</td>
<td>10%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Poor</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>N/A</td>
<td>0%</td>
<td>0%</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>87%</td>
<td>92%</td>
<td>99%</td>
<td>99%</td>
<td>88%</td>
<td>93%</td>
<td>92%</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently Not Practicing</td>
<td>19%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td>14%</td>
<td></td>
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<thead>
<tr>
<th>Information was collected 5/1/2018</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2/7/2018 - 4/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Calls Year to Date</td>
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<tr>
<td></td>
<td>23,943</td>
<td>23,683</td>
<td>22,465</td>
<td>21,932</td>
<td>22,679</td>
<td>23,467</td>
<td>23,539</td>
<td>6,388</td>
</tr>
<tr>
<td>Total Incoming Calls 2/7/2018 - 4/30/2018</td>
<td>56,453</td>
<td>58,104</td>
<td>55,654</td>
<td>54,583</td>
<td>14,725</td>
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</tbody>
</table>
# CAMFT Membership Growth

**Board of Directors Meeting**  
**June 2018**

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical</th>
<th>Prelicensed</th>
<th>Associate</th>
<th>Life</th>
<th>Emeritus</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>16,582</td>
<td>11,310</td>
<td>938</td>
<td>298</td>
<td>269</td>
<td>29,397</td>
</tr>
<tr>
<td>2008</td>
<td>16,645</td>
<td>11,150</td>
<td>959</td>
<td>300</td>
<td>270</td>
<td>29,324</td>
</tr>
<tr>
<td>2009</td>
<td>16,935</td>
<td>11,335</td>
<td>987</td>
<td>309</td>
<td>299</td>
<td>29,865</td>
</tr>
<tr>
<td>2010</td>
<td>17,163</td>
<td>11,055</td>
<td>978</td>
<td>337</td>
<td>367</td>
<td>29,900</td>
</tr>
<tr>
<td>2011</td>
<td>17,766</td>
<td>11,269</td>
<td>996</td>
<td>353</td>
<td>387</td>
<td>30,470</td>
</tr>
<tr>
<td>2012</td>
<td>18,083</td>
<td>11,191</td>
<td>999</td>
<td>382</td>
<td>418</td>
<td>30,900</td>
</tr>
<tr>
<td>2013</td>
<td>18,499</td>
<td>11,486</td>
<td>929</td>
<td>415</td>
<td>446</td>
<td>31,477</td>
</tr>
<tr>
<td>2014</td>
<td>18,710</td>
<td>11,281</td>
<td>1,015</td>
<td>449</td>
<td>507</td>
<td>31,910</td>
</tr>
<tr>
<td>2015</td>
<td>19,029</td>
<td>9,972</td>
<td>1,042</td>
<td>491</td>
<td>553</td>
<td>32,221</td>
</tr>
<tr>
<td>2016</td>
<td>19,565</td>
<td>9,769</td>
<td>1,082</td>
<td>557</td>
<td>591</td>
<td>31,400</td>
</tr>
</tbody>
</table>

**Graph**

- **Series 1**: Clinical, Prelicensed, Associate, Life, Emeritus over years 2007 to 2018.
- **Series 2**: Percentage change from 2007 to 2018.

**TOTAL**

<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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</thead>
<tbody>
<tr>
<td>2007</td>
<td>16,582</td>
<td>11,310</td>
<td>938</td>
<td>298</td>
<td>269</td>
<td>29,397</td>
</tr>
<tr>
<td>2008</td>
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<tr>
<td>2009</td>
<td>16,935</td>
<td>11,335</td>
<td>987</td>
<td>309</td>
<td>299</td>
<td>29,865</td>
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<tr>
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<td>17,163</td>
<td>11,055</td>
<td>978</td>
<td>337</td>
<td>367</td>
<td>29,900</td>
</tr>
<tr>
<td>2011</td>
<td>17,766</td>
<td>11,269</td>
<td>996</td>
<td>353</td>
<td>387</td>
<td>30,470</td>
</tr>
<tr>
<td>2012</td>
<td>18,083</td>
<td>11,191</td>
<td>999</td>
<td>382</td>
<td>418</td>
<td>30,900</td>
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<td>11,486</td>
<td>929</td>
<td>415</td>
<td>446</td>
<td>31,477</td>
</tr>
<tr>
<td>2014</td>
<td>18,710</td>
<td>11,281</td>
<td>1,015</td>
<td>449</td>
<td>507</td>
<td>31,910</td>
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<td>2015</td>
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<td>9,972</td>
<td>1,042</td>
<td>491</td>
<td>553</td>
<td>32,221</td>
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<tr>
<td>2016</td>
<td>19,565</td>
<td>9,769</td>
<td>1,082</td>
<td>557</td>
<td>591</td>
<td>31,400</td>
</tr>
</tbody>
</table>

**Graph**

- **Series 1**: Clinical, Prelicensed, Associate, Life, Emeritus over years 2007 to 2018.
- **Series 2**: Percentage change from 2007 to 2018.
<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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<tr>
<td>Active in another Association</td>
<td>1</td>
<td>1%</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Currently Not Practicing</td>
<td>15</td>
<td>19%</td>
<td>5</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Financial</td>
<td>18</td>
<td>22%</td>
<td>6</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Retirement</td>
<td>17</td>
<td>21%</td>
<td>17</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Moved</td>
<td>10</td>
<td>12%</td>
<td>7</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Unable to Participate</td>
<td>4</td>
<td>5%</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Change in Profession</td>
<td>5</td>
<td>6%</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>14%</td>
<td>6</td>
<td>3</td>
<td>2</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><strong>81</strong></td>
<td><strong>100%</strong></td>
<td><strong>44</strong></td>
<td><strong>33</strong></td>
<td><strong>4</strong></td>
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<table>
<thead>
<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>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>36</td>
<td>62%</td>
<td>20</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>19</td>
<td>33%</td>
<td>6</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>5%</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
<td><strong>100%</strong></td>
<td><strong>29</strong></td>
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<table>
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<th>Clinical</th>
<th>Prelicensed</th>
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<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100%</strong></td>
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<th>Did you ever request information about the Association?</th>
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<th>Prelicensed</th>
<th>Associate</th>
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<td>Yes</td>
<td>33</td>
<td>54%</td>
<td>20</td>
<td>11</td>
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</tr>
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<td>46%</td>
<td>9</td>
<td>17</td>
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<td><strong>Total</strong></td>
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<td><strong>Total</strong></td>
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<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>
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<td>Yes</td>
<td>57</td>
<td>97%</td>
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<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
<td><strong>100%</strong></td>
<td><strong>30</strong></td>
<td><strong>26</strong></td>
<td><strong>3</strong></td>
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<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>
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<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>58%</td>
<td>11</td>
<td>22</td>
<td>2</td>
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<tr>
<td>No</td>
<td>24</td>
<td>40%</td>
<td>19</td>
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<tr>
<td>NA</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100%</strong></td>
<td><strong>30</strong></td>
<td><strong>26</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>
Drop Survey Comments
Surveys February 7, 2018 – April 30, 2018

Reasons for not renewing membership:

- Retired x 3
- I am in a career transition, and am moving away from clinical work.
- I will renew when and if the purpose for doing so becomes clear.
- Moved-Planning to move out of state
- Other- Does not relate to my current role as ASD Case Manager
- Other- Plan to move this year
- Moved-out of state
- Other-Could not complete requirements for renewal of license due to caregiving for family member
- Other- I feel that there was a lot of neg. politicking that was frustrating to witness and took away from the overall good of the assoc. I also feel the President of CAMFT should be a LMFT.
- Moved to Texas
- Retiring – no thank you
- I have chosen to discontinue my CAMFT membership as CAMFT is no longer supporting continuing ed for psychologists. so sorry, you are a great organization and I have belonged for many years despite not being an MFT ever
- Other-Medical Leave
- Other-unemployed (maternity)
- Moved-out of state (Colorado)
- On a year’s sabbatical – will probably rejoin when I return
- Other-Oversight
- Other-Have lost faith in CAMFT for many reasons, and it does not serve me where I need it the most.
- Other-work for organization
- I am not practicing currently but still want to support!
- Other-I am not working as many hours as before.
- Will be moving out of state

_The Therapist is:_

- 

_Was the answer prompt for Legal calls?_

- Yes- Spoke to an attorney
How do you feel the Association could do better?

- Offer discounted fees to those that can’t afford to pay fee yearly!
- Find ways to provide coverage/immunity from unnecessary lawsuits and loss of licensure for a myriad of reasons, while hardly making income. The risks outweigh the benefits of the profession.
- The legal help/consultation line was the only service I used, and several times the lawyers answering were short/rude and the last time the person offered unsolicited Clinical opinion on my case! The mess around the by-laws, the secrecy, the politics + the fact that a lawyer and not an MFT head our professional group were just not OK. I supported reform efforts but they seemed to go nowhere, If I felt CAMFT was effective politically at getting us better working conditions/wages/reimbursement or making the BBS more user-friendly, all the drama might seem worth it. As is, though, I couldn’t feel good about staying a member (not even mentioning the history of homophobia/heteronormativity in the org.) Lastly, the magazine was not useful, bland articles, lots if advertising, poor production values. I’ll check back in a few years to see if any improvements have been made!
- The attorneys are frequently no, very helpful. They are impatient and don’t take the time to discuss the problem.
- More cohesion with city/county chapters (eg. LA.CAMFT/OC.CAMFT)
- It seems they’re doing a great job but I don’t feel I’m getting enough out of it for the price I’d have to pay.
- Offer health insurance as a group and other prof benefits
- Where to start?? I have expressed this many times, ok.
- Provide career & networking opportunities

Will you consider rejoining at a later date?

- Contact me to rejoin 7/1/18
- Yes, unsure when
- Contact me to rejoin 6/1/18
- I’m in medical care for back injury
- I don’t know, if things change, not as things are currently.
- Maybe. Haven’t decided on path yet.
- Yes, 1/1/2019
- Yes, 9/15/2018
- Yes-If I rejoin the profession
- Yes-If I decide to resume working
- Yes- I did rejoin!
- Yes-by mail please
• Yes-I will contact CAMFT when I have the money to rejoin.

Additional Comments:

• CAMFT has been very important in my life!
• I’ve gotten so much from the organization, and am very grateful. A big Thank You.
• I really appreciate and want to support CAMFT in the advocacy you all do for us members and the community!
• Thank you for your support and understanding.
• I enjoy being a member of CAMFT.
• Please be advised that I have retired from practice. Thank you for all your help in the past
• I don’t use CAMFT for anything else. I don’t read the Therapist because I prefer to read the Family Networker.
• I mailed my check off in December after I sent an email stating I was having trouble logging on. I did not get a response to my email.
• I accessed on staff lawyers often and appreciated all the professional feedback that I received. Thank you
• Thanks for all you do. I may attend or create a workshop for the CAMFT Community in the future!
• If the new ED would like to talk with me & a few others who are leaving, contact me @ 510/652-3311. Perhaps a listening tour? Or I could set up a meeting.
• Sorry-Underwent a kidney late last year, followed by a six wk bout of 6 wks in isolation unit with shingles. A lot of things went by the wayside
## 2018 Statistics

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Participants (Mid-Certification)</td>
<td>38</td>
</tr>
<tr>
<td>Current CAMFT Certified Supervisors</td>
<td>237</td>
</tr>
<tr>
<td>Total Number of Certified Supervisors Who Have Renewed in 2018</td>
<td>13</td>
</tr>
<tr>
<td>Total Number of Individuals Who Have Become Certified in 2018</td>
<td>6</td>
</tr>
<tr>
<td>Total Number of Individuals Who Have Applied in 2018</td>
<td>6</td>
</tr>
<tr>
<td>Total Number of Participants Dropped from the Program in 2018</td>
<td>3</td>
</tr>
<tr>
<td>Total Number of Certified Supervisors Dropped from the Program in 2018</td>
<td>6</td>
</tr>
</tbody>
</table>
CAMFT Staff participated in 5 meetings with AAMFT, Department of Health Care Services Stakeholder Advisory Committee, MFT Leadership Collaborative and consortium meetings in Central Valley and Inland Empire. 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 2,010 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 36,130 people visited the CounselingCalifornia.com website with 32,240 of those being unique visitors. There were hits to 1,727 different therapist profiles and 78,499 total page views. The newly re-designed CounselingCalifornia.com marketing tool is available to all members for the purpose of promoting services to the public. Create your profile now.

CAMFT Staff submitted 3 advocacy letters to:
- Mary Watanabe, Deputy Director of Health Policy and Stakeholder Relations at the Department of Managed Health Care, requesting quarterly meetings of the Consumer Provider Plan Agency Workgroup be resumed
- US Representative Carbajal, thanking him for sponsoring the Mental Health Access Improvement Act of 2017 [HR 3032]
- US Department of Labor, Office of Regulations and Interpretations, in support of the proposed rule regarding the definition of employer under Section 3(5) of ERISA, Association Health Plans

CAMFT consistently interacts with key legislators and agencies 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 6 receptions for the Legislative Women’s Caucus, State Senator Nguyen, State Senate Candidates Jones, Rubio, and Wiecowski, and US Representative 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 hosted a “CAMFT Connects” meeting focused on “The MFT Scope of Practice in the 21st Century” in Burlingame, CA. More than 100 members participated. CAMFT Connects provides an opportunity for members to connect with CAMFT leadership and provide input for CAMFT’s direction.

The CAMFT Leadership Conference was held on February 16 & 17 in Burlingame, CA. There were nearly 100 chapter volunteers in attendance representing 21 of the 28 active chapters of CAMFT. The Board also participated in this event. The CAMFT Leadership Conference is hosted each year by CAMFT to provide education and networking opportunities to individuals volunteering within local CAMFT chapters.

CAMFT Staff presented Law and Ethics seminars at 4 Chapters: Inland Empire, Santa Cruz, Sierra Foothills, and Yolo Solano. The law and ethics seminar is a valuable training tool that gets consistently positive response from MFTs and other participants.
The CAMFT Bylaws, Chapter Advisory, Crisis Response Education and Resource, Finance, and Political Action 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 4 meetings with Irregulars, and MFT consortia in Central Coast, Los Angeles and Orange County. 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 2,230 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 25,460 people visited the CounselingCalifornia.com website with 18,363 of those being unique visitors. There were hits to 1,873 different therapist profiles and 52,793 total page views. The newly re-designed CounselingCalifornia.com marketing tool is available to all members for the purpose of promoting services to the public.

CAMFT Staff submitted 2 advocacy letters to:
- Jennifer Willis, Senior Counsel of the Office of Legal Services at the Department of Managed Health Care, requesting a change in the default reimbursement rate
- State Senator Jerry Hill, Chair of the Senate Committee on Business, Professions & Economic Development, urging him to support AB 456 which would reduce unnecessary barriers to licensure for Master of Social Work graduates

CAMFT consistently interacts with key legislators and agencies 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 4 receptions for the California Association of Health Plans PAC, Assemblymember Banta, State Senator Galgiani, and US Representative Brownley. 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.

CAMFT Board, Staff and Members met with 27 legislative offices, for State Senators Atkins, Dodd, Fuller, Glazer, Hernandez, Hill, Leyva, Monning, Newman, Nguyen, Pan, Roth, Wilk; State Assemblymembers Aguiar-Curry, Arambula, Brough, Burke, Carrillo, Limon, Low, Maireschein, Rodriguez, Santiago, Steinorth, Waldron, Wood; and Assembly Health Committee Consultant Kristine Maples. 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 presented Law and Ethics seminars at 4 Chapters and 1 school: Los Angeles, Redding Regional, San Diego, Southwest Riverside, and Hope International University. The law and ethics seminar is a valuable training tool that gets consistently positive response from MFTs and other participants.

CAMFT Staff presented Road to Licensure seminar at 1 Chapter: Desert. The Road to Licensure seminar provides practical guidance for students seeking their MFT license and is provided free of charge to CAMFT chapters once per year.
The CAMFT Educational Foundation Board of Directors, and Audit, Elections, and Legislative 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 March 10-11, 2018, in Sacramento, California. The Board will meet again on June 2-3, 2018, in Rancho Mirage, 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!
MEMORANDUM

TO: Board of Directors

FROM: Nabil El-Ghoroury, Executive Director

DATE: May 11, 2018

RE: Board Code of Conduct Policy

The Board has requested that a policy be created providing guidelines surrounding Board member usage of private social media and organization reputation. Although the original intent was to standardize Board conduct on social media, staff used the opportunity to provide a general conduct policy as adopted by many organizations. The Board previously reviewed a draft version of this Policy during the September 2017 Board meeting, but could not reach consensus on various sections. There are three main recommended pathways that the Board could take on this action item:

1) take no action on this policy and presume Board members can adhere to common professional behaviorism;
2) direct staff to include general guidelines of professional conduct to be included within the Board orientation materials; or
3) develop a Board policy similar to the one presented in September 2017.

At the March 2018 Board meeting, the Board chose to develop a working group to examine creating a board code of conduct. Members for this board group are Kristy Labardee, Katie Vernoy, Lisa Romain, Nancy Finley, and Patricia Ravitz.

A conference call is being scheduled for late May. At this point, we have not found a time for the group to meet. Because of the late nature of this meeting, there will be no minutes to report at the June Board meeting.
Memorandum

To: Nabil El-Ghoroury, Executive Director
   CAMFT Board of Directors

From: Ellen Mackall, Outreach Coordinator

Re: Chapter Advisory Council

Date: May 7, 2018

The Chapter Advisory Council plans to meet in the month of May to discuss the 2018 CAMFT Leadership Conference and begin the planning process for the 2019 conference.
MEMORANDUM

To: Board of Directors
From: Nabil El-Ghoroury, Executive Director
Date: May 15, 2018
RE: Staff/Operations Report

Advocacy

CAMFT had two successful grassroots advocacy trips this term. Immediately following the March meeting, the Grassroots Advocacy Team and the Board met with over a dozen legislators on March 12. In Sacramento, CAMFT was legislating for AB 2088 and AB 93 (see Legislative Report for details). One month later, CAMFT met with federal legislators April 4 and 5. CAMFT met over a dozen legislators during this trip advocating to add LMFTs to Medicare (HR 3032 & S 1879). CAMFT subsequently learned that our MFTs in Medicare bill was included in its entirety in HR 5531, a bill introduced in the House Ways and Means Committee that is addressing the opioid crisis. CAMFT sent out two action alerts for members to contact their congressional legislators and ask them to sponsor this bill. A total of 1,223 members have responded to these action alerts.

External Relations

Contacts by the legal team are listed in the Legal Team report, as are chapter contacts in the Chapter report. Other contacts with external groups are listed below:

- Los Angeles Consortium (March 2, 2018) Nabil El-Ghoroury attended this event, which featured a recognition of Olivia Loewy’s contributions to MFTs in California. CAMFT awarded her a plaque for distinguished service to the MFT profession.
- American Psychological Association (April 3, 2018) – Nabil El-Ghoroury met with the acting director of the Ethics Office and with the leader of the Twitter Team to get insights that can help CAMFT with the Ethics Code revision process and social media for the 2018 AC.
- AAMFT – (April 6, 2018) – Nabil El-Ghoroury met with Tracy Todd, Executive Director of AAMFT, discussing legislative and regulatory issues, as well as getting an introduction to many AAMFT staff.
- San Diego CAMFT chapter (April 16, 2018) – Nabil El-Ghoroury presented his first State of CAMFT to a chapter.
Health Insurance

CAMFT met with outside counsel to discuss the possibility of CAMFT providing health insurance to interested members. The Legal Department prepared a more detailed memo on this topic (also in this agenda book). Key issues to consider for the Board to consider are the following:

1) CAMFT would have to create a separate entity for the purpose of organizing and sponsoring a health care plan.
2) It is possible that the health plans CAMFT would be offered might be less expensive than ACA plans, but might not cover the essential health benefit requirements that ACA plans must offer.
3) CAMFT would likely need staffing to be able to respond to questions regarding any insurance plan that was offered.
4) Pricing would be a critical issue. Members would want as low cost insurance as possible. As an organization, it would be prudent to ensure that at a minimum CAMFT’s costs were covered, but this could also be an opportunity for non-dues revenue.

Continuing Education

Prior to the Annual Conference, CAMFT staff raised the issue of CAMFT offering 2 continuing education credits for the Annual Membership Meeting. After reviewing the BBS CE regulations, staff agreed that based on content, the business meeting was not appropriate for continuing education. At that point, over 180 individuals had signed up for the AMM. Because no other sessions were offered at the same time as the AMM, CAMFT offered all those who had signed up for the AMM a free 2 credit course from the Online Learning Library.

CAMFT staff and the CEPA Audit Committee reviewed a course that was audited by CEPA for questionable content. As a reminder, the focus of continuing education must be on the consumer; coursework related to the provider, such as self-care, marketing, and other issues are not eligible for continuing education unless they somehow link to the consumer. The CEPA Audit Committee discussed this course as well as a letter that will be sent to all CEPA providers educating them about what are appropriate and inappropriate topics for CE workshops.

Social Media

Staff developed a comprehensive plan for social media for the annual conference. This involved efforts before the conference, during the conference, and after the conference. This involved a fair amount of planning on how to build fear of missing out (FOMO) through photos and posts, using videos to build excitement and energy, and having a setup for selfies at the Annual Conference.

Annual Conference

The AC was a great success! It was such a pleasure seeing so many members excited. Gabor Mate was a tremendous draw, bringing in attendees from 5 countries and other professions. I met an MD who came to the CAMFT AC just to hear Dr. Mate speak. I was pleased to see an exhibit hall that was full of energy. Several exhibitors commented that CAMFT’s exhibit hall was more crowded than the Evolution of Psychotherapy conference last year. The Associates Fair was well attended with at least 100 prelicensed members and 21 agencies with paid positions. Our attendance was well over 950, which is at least 42%
more than the 2017 AC attendance. The Annual Conference Committee and the staff supporting the AC should be proud of such a great meeting.

Observing my first AC, I was able to observe processes and start to identify some ways to potentially improve future ACs. For example, a bottleneck for this meeting (and likely many prior ACs) was the registration line prior to the keynote speaker at 8 am. I will be looking into this and other processes with staff to improve the next AC.

**Investment Policy**

The Chief Financial Officer, Director of Finance, and the Executive Director met with CAMFT financial advisors to discuss our investment policy, including socially responsible investments on May 11. The advisors will meet with the Finance Committee during their call next week, scheduled for May 17. The Finance Committee report (which will be in the addendum to the Board agenda) will summarize the points of this discussion.

**Member Benefits Survey**

CAMFT has developed a member benefits survey that will assess members’ use and opinions on various benefits that CAMFT offers. This survey will include questions on the following areas:

- Disciplinary Section of *The Therapist*
- Hours for the Legal Department and Info Center
- Interest in association health insurance (mentioned above).

The survey will be sent out in late May/early June.

**Political Action Committee**

The PAC mailing will be sent to members after the PAC Committee reviews it at its next meeting, currently planned for early-mid June.

At the March 2018 Board Meeting, the issue of PAC donations to members as well as spouses was discussed. This will be researched this summer and returned to the Board for the September 2018 Board meeting.
Memorandum

To: Board of Directors

From: Legal Department

RE: Forthcoming changes to U.S. Department of Labor Regulations that will allow CAMFT to form an Association Health Plan for its members

Date: April 16, 2018

Background

In the 2017 President Trump signed an Executive Order\(^1\) to promote health care choice and competition. The order directed the Secretary of Labor to propose regulations which would expand access health coverage by allowing more employers to form Association Health Plans (AHPs) and offer group health coverage regulated under the Affordable Care Act as large group coverage.

CAMFT’s legal department, along with CAMFT’s insurance brokerage firm, reviewed the proposed regulations\(^2\) to determine if the regulatory changes will give organizations like CAMFT the freedom to form an AHP that could act as a single-multiple employer plan to facilitate the purchase of affordable health insurance for its members. If the proposed regulations are adopted, the regulations would encourage the formation of AHPs and would give CAMFT an opportunity to create an entity to serve as the sponsor of a plan for its membership.

Issues

1) Comments on the proposed regulations were due to the Department of Labor by March 6\(^{th}\), but the regulations have not been finalized and will require review once they are released in final form.
2) CAMFT as an entity cannot form the AHP because to do so would risk the organization’s tax-exempt status.
3) CAMFT would need to form a separate entity, such as another 501(c)(6), for the purpose of organizing and sponsoring the group insurance plan.
4) CAMFT would need the insurance broker’s assistance with setting up the plan.
5) CAMFT’s insurance broker is unsure as to what type of insurance package would be offered by insurance companies (i.e. AHPs are exempt from some ACA patient protects and benefit rules, including the essential health benefits (EHB) requirements. The EHB requirements ensure that commercial plans provide enrollees with mental health and addiction service benefits. This means while members may have access to more affordable healthcare through the AHP formed by CAMFT, members may not have
access to a healthcare plan with as many benefits as they might if purchasing a healthcare plan through the ACA healthcare marketplace.

6) If the insurance broker was able to secure a decent plan at reasonable rates, CAMFT would need additional staffing to respond to questions and concerns about the plan.

7) A final concern is how state law may impact the operation of AHPs in California. Under the proposed rule, it is unclear how a state’s efforts to regulate AHPs in a more restrictive manner would be pre-empted by ERISA.

Although all of these issues would need to be addressed, this could be a major opportunity to offer a much needed and clamored for benefit to CAMFT’s membership. Under the old law, CAMFT would not have been able to meet the strict eligibility requirements for formulation of an AHP so the proposed regulatory changes are certainly a step in the right direction in terms of enabling CAMFT to offer an important benefit to its membership. CAMFT’s Legal Department and insurance broker will review the final regulations once adopted and will keep you informed of any developments.

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1 Executive Order 13813
2 Definition of “Employer” Under Section 3(5) of ERISA-Association Health Plans Proposed Rule
Memorandum

To: Nabil El-Ghoroury, Executive Director
   CAMFT Board of Directors

From: Eileen Schuster, Managing Director of Marketing and Communications

Re: The Therapist

Date: May 10, 2018

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**The Therapist Budget**

The April budget report for *The Therapist* budget noted $83,884 in advertising revenue. There is a positive variance of $4,984. Two long-standing advertisers have discontinued placement in the magazine to pursue an online marketing strategy. Staff will continue to solicit prospective and past advertisers for additional ad sales to meet the projected revenue of $151,500.

**The Therapist Production and Mail Schedule**

The March/April issue was delayed in mailing due to a missed deadline. To continue promotion of the annual conference, articles for the professional exchange were provided by presenters. The production of this issue was delayed in an attempt to balance the press needs for print signatures for the press and ratio of print to display ads requirement (for mailing of periodicals by the post office).

The May/June issue is currently in production and scheduled to deliver to the membership and subscriber lists by the end of the month. An order of 32,400 copies was printed to accommodate the mailing to 32,200 subscribers and a second mailing for return mail.
Memorandum

To: Nabil El-Ghoroury, Executive Director
   CAMFT Board of Directors

From: Eileen Schuster, Managing Director of Marketing and Communications

Re: Marketing and Public Relations

Date: May 10, 2018

Exhibiting
CAMFT exhibited at several events to promote membership benefits and services. Event attendees came by the booth and showed interest in joining offered positive comments about our many member benefits and The Therapist magazine. CAMFT staff also invited exhibitors at the event to participate as a sponsor or exhibitor at a CAMFT event.

Recent Exhibiting Events Attended:
April 9-12, 2018 Innovations in Recovery

Upcoming Exhibiting Events:
May 23, 2018 Mental Health Matters Day
June 7, 2018 Disability Capitol Action Day Disability Community Resource Fair

Social Media
The CAMFT Facebook and Twitter accounts continue to share postings featuring news, events, and updates. CAMFT’s social media followers are becoming more engaged with increased “likes” and “comments” on posts related to CAMFT’s legislation efforts. Facebook “page likes” continues to increase with over 9,000. CAMFT’s Twitter page has increased to over 2,000 “Followers.”

CAMFT implemented a social media marketing campaign to promote the annual conference. Ads were strategically placed on Facebook, Twitter, and Google. The ads created engagement and dialog from members and non-members, as well as increase awareness of CAMFT.

The Counseling California Facebook and Twitter accounts continue to experience an uptick of engagement with “likes” and “shares.” Counseling California Facebook “page likes” increased to a total of 2,600. The Counseling California Twitter has increased to 2,593 “followers.” We are seeing increases in views, likes, retweets, and engagement.

News Pitching
The CAMFT staff and public relations team have been working on the preparation of news pitches and press releases to earn media attention for MFTs has mental health experts. Gavilan and Associates has prepared several press releases related to May as Mental Health Awareness Month to earn media interviews throughout the state.
Memorandum

To: Nabil El-Ghoroury, Executive Director
CAMFT Board of Directors

From: Ellen Mackall, Outreach Coordinator

Re: Outreach Update

Date: May 7, 2018

CHAPTER RELATIONS

Chapter Agreement Compliance

At this time, all chapter boards are in compliance. The Central San Joaquin Valley Chapter was granted a variance at the last Board meeting to allow their chapter board to have greater than 35% pre-licensees. The chapter anticipates that some of their pre-licensed board members will become licensed this year.

Outreach

CAMFT staff attended the Job Fair held by the Sacramento Valley and Sierra Foothills Chapters in March to exhibit to pre-licensees. Upcoming visits are planned to a San Diego- North County Chapter Board Meeting and to the Long Beach-South Bay Chapter Job Fair in May.

SCHOOLS/PRE-LICENSEES

Outreach to Schools
Outreach staff attended a meeting of the Orange County Consortium of MFT Educators in March to promote the Annual Conference and Job Fair. A visit was also made to the University of San Francisco- Sacramento Campus to promote resources available to students.

Pre-Licensees

The inaugural Job Fair held at the Annual Conference was a success, with over 150 pre-licensees and 21 employers in attendance. Approximately 18% of Job Fair attendees were not members of CAMFT, representing an opportunity for additional pre-licensed outreach. The first MFT Associate Day at the Annual Conference helped bring in 83 pre-licensees for a full day of the conference as well; this event was marketed to schools and universities in particular. Staff would like to thank Kathleen Wenger, Susan Read-Weil, and Marsha Gove for their assistance with the Road to Licensure workshop during the MFT Associate Day.
MEMORANDUM

To: Nabil El-Ghoroury, Executive Director
   CAMFT Board of Directors
From: Ann Tran-Lien, Managing Director of Legal Affairs
Date: May 7, 2018
RE: Legal Department Report for February – April 2018

The total number of member legal/ethical/business calls the Legal Department answered for this period:

- **February, 2018**: Approximately 2,019 calls
  - (Top 4 topics: Child Abuse Reporting, Minors, Conflict of Interest, Subpoena)
- **March, 2018**: Approximately 2,237 calls
  - (Top 4 topics: Child Abuse Reporting, Subpoenas, Minors, Conflict of Interest)
- **April, 2018**: Approximately 2,132 calls
  - (Top 4 topics: Child Abuse Reporting, Subpoenas, Confidentiality, Release of Records)

During this period, legal staff sent the following advocacy letters to:

- The BBS to provide informal comments on their proposed continuing education regulations.
- The Department of Managed Health Care regarding the Proposed Rulemaking on Methodology for Determining Average Contracted Rate; Default Reimbursement Rate (not applicable to LMFTs but we desired to see some notice requirements for non-contracted providers in these situations).
- The US Department of Labor, Office of Regulations and Interpretations, in support of the proposed rule regarding the definition of employer under Section 3(5) of ERISA, Association Health Plans.

Legal staff provided CAMFT updates to the following regional MFT consortia:

- On February 15, 2018, staff provided updates to the Inland Empire MFT Consortium.
- On March 12, 2018, staff provided updates to the Central Coast MFT Consortium.
- On March 21, 2018, staff provided updates to the Orange County MFT Consortium.
- On March 23, 2018, staff provided updates to the San Diego and Imperial Counties MFT Consortium.

Legal staff presented the following Law and Ethics seminars:
To Chapters:

- **February, 2018**: Inland Empire Chapter, Yolo Solano Chapter
- **March, 2018**: Southwest Riverside Chapter, Desert Chapter, Redding Chapter, San Diego North County Chapter, Los Angeles Chapter
- **April, 2018**: Central Coast Chapter, San Gabriel Valley Chapter, Ventura County Chapter

To Schools:

- **February, 2018**: Hope International University
- **April, 2018**: Azusa Pacific University

At CAMFT Events:

- **March, 2018**: Recorded workshop on Telehealth
- **April, 2018**: L&E at the CAMFT Annual Conference, Road to Licensure at the CAMFT Annual Conference

Legal staff wrote the following articles for *The Therapist Magazine*:

- *Marriage and Family Therapy Professional Corporations: Common Questions Answered*
- *A Quick Glimpse at the New Tax Plan and its Impact on LMFTs*
- *The Legacy of the Roberts Case*

Legal staff participated in the following stakeholder meetings:

- On February 23, 2018, staff attended the BBS Board meeting.
- On March 8, 2018, staff participated in the Department of Health Care Services’ Managed Care Advisory Group Quarterly Meeting/Webinar.
- On April 12, 2018, staff attended the BBS Policy & Advocacy Committee meeting.
- On April 19, 2018 staff participated in the Department of Health Care Services’ Medi-Cal Children’s Health Advisory Panel meeting.
- On April 20, 2018, staff participated in the Assembly Bill (AB) 340 Trauma Screening Advisory Workgroup hosted by the Department of Health Care Services.

Legal staff supported the following Committees:

- Bylaws Committee meeting on February 12, 2018
- Elections Committee meeting (Board elections) on March 23, 2018
LEGISLATIVE AND REGULATORY UPDATE

STATE ADVOCACY

CAMFT Legislation for 2018

AB 2088 (Santiago)—Minor’s Records: This bill would permit all patients, not just adult patients, to addend (not amend/change) their records upon finding a mistake or error. Under current law, minors age 12 or older can consent for their own treatment, with a few exceptions. Minors also have the right to inspect their treatment records. This bill would give minors the ability to add an addendum up to 250 words in length to their records when they believe the record is incomplete or inaccurate. This right to addend a treatment record is important given that these records may be subject to disclosure and have the potential to impact the patients’ lives and their ability to pursue various endeavors. This bill has passed through the Assembly with no “no” votes and is now in the Senate.

Other 2018 State Legislation

AB 93 (Medina)—Supervision Requirements: This bill, sponsored by the Board of Behavioral Sciences (BBS), revises and recasts some LMFT supervised experience requirements. To address changing and evolving supervised experience and supervisor relationships, the BBS formed a special committee in 2014, to examine supervision requirements. Through that Committee, and relying on fruitful stakeholder participation, came SB 620 (2015) and AB 93. CAMFT participated in all stakeholder meetings and has taken a position of support on this legislation.

Some of the more notable changes in AB 93 include:

- Supervisors to monitor for and address clinical dynamics, including countertransference, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship;
- Supervisors to directly observe or review recordings of supervisee’s counseling, as deemed appropriate;
- Supervisors to review supervisee’s progress notes, process notes and other patient treatment records, as deemed appropriate;
- The BBS will obtain the right to audit the records of supervisors to verify completion of supervisor qualifications; and,
- One hour of face to face supervision will now include “triadic supervision” which means one hour of face-to-face between one supervisor and two supervisees.
- Starting in 2020, all hours gained post-degree/pre-registration must be gained at a live-scanned facility.**
**In mid-2017, the Senate Business and Professions Committee (Committee) raised concerns within AB 93 as to the 90-day rule (which allows providers to count hours between graduation and registration if the provider has applied for a registration number within 90 days of the degree posting). The Committee’s concerns were that the 90-day rule allows unregistered individuals to provide mental health services without a fingerprint clearance. Accordingly, the bill was held unless the 90 day rule was removed or an alternative could be put forward. In response CAMFT and the BBS agreed to an alternative to losing the 90-day rule altogether: allowing post-graduates/pre-registrants the ability to gain hours if they did so at a live-scanned facility.

CAMFT participated in all stakeholder meetings and has taken a position of support on this legislation.

**AB 1779 (Nazarian)—SOCE with a Minor:** Existing law prohibits mental health providers from performing sexual orientation change efforts (SOCE) with a patient under 18 years of age. Existing law provides that any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject the provider to discipline by the provider’s licensing entity. This bill would additionally prohibit a mental health provider from engaging in SOCE with a patient, regardless of age, under a conservatorship or a guardianship. In line with prior positions on the issue of SOCE with minor patients, CAMFT has taken a position of support on this legislation.

**AB 1968 (Low)—5150s and Gun Possession:** This bill prohibits an individual from owning a firearm if the person is taken into custody, assessed, and admitted to a designated facility because he or she is a danger to himself/herself or others because of a mental health disorder, more than once within a one-year period. The prohibition is also subject to the right to challenge the prohibition at periodic court hearings. The California Psychiatric Association has taken a position of oppose, whereas the California Psychological Association has taken a position of support. The CAMFT Legislative Committee is currently reviewing this legislation in order to provide a recommendation to the Board of Directors.

**AB 2022 (Chu)—Mental Health within K-12 School System:** The purpose of this bill is to increase mental health services geared towards children and youth. The goal is to place paid mental health professionals onto the campus, both providing timely services for children as well as breaking down stigma surrounding mental health generally. Although CAMFT is thankful for and supportive of the merits and purpose of this bill, the language as currently written has the possibility of displacing currently (and future) working pre-licensed MFTs. CAMFT is currently working with the author’s office to ensure there are no unintended consequences of this piece of legislation.

**AB 2138 (Low)—DCA Licensees:** Existing law provides that a health care provider shall not be denied a license under the BBS solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation, the conviction has been dismissed, or that the person has been convicted of a misdemeanor if he or she met certain
requirements of rehabilitation developed by the board. This bill would instead prohibit a person from being denied a license solely on the basis that he or she has been convicted of a nonviolent crime and would make conforming changes. The BBS has expressed concerns about this bill, specifically consumer protection. The CAMFT Legislative Committee is currently reviewing this legislation.

**AB 2324 (Rubio)—Elder Abuse and Shaming:** This bill amends into the Elder Abuse and Dependent Adult Civil Protection Act, “public shaming” as a reportable act under abuse of an elder. This bill would also make it a misdemeanor to publicly shame an elder or dependent adult. Although the intent behind the bill is understandable, the language as written is vague and unclear as to what “shaming” means and how providers would apply it within their practice and abuse reporting. CAMFT is currently working with the author to ensure a clear definition within the mandated reporting law moves forward.

**AB 2498 (Eggman)—School Health Care and Social Worker Pilot Program:** Similar to AB 2022, this bill provides grant funding in certain K-12 school districts, as a pilot program, to fund mental health services. However, the pilot program is only aimed at social workers with a credential under the Department of Education or Licensed Clinical Social Workers. While CAMFT generally supports any additional funding of mental health services to children in California, there is concern that the program is only aimed at credentialed staff or LCSWs. This could lead to disenfranchisement of other mental health professionals, as well as limit the access to qualified mental health professionals. The CAMFT Legislative Committee is currently reviewing this legislation.

**AB 2608 (Stone)—BBS Licensees and Grants:** This bill increases the licensing fee (by $10) for those regulated by the BBS to fund grants to repay educational loans for licensees who had grown up through the foster care system. While the intent of the bill has merit, there are concerns that it is unfair to provide preferential treatment to one group over another in accessing the grant funds. The CAMFT Legislative Committee is currently reviewing this legislation.

**AB 2943 (Low)—SOCE and Unlawful Practices:** This bill would include, as an unlawful practice prohibited under the Consumer Legal Remedies Act, advertising, offering to engage in, or engaging in sexual orientation change efforts with any individual. CAMFT has received feedback from the membership both in support as well as opposed to this piece of legislation. CAMFT has worked with the author to amend language into the bill clarifying that this prohibition does not include sexual orientation-neutral interventions to promote healthy sexual and romantic relationships. The CAMFT Legislative Committee is currently reviewing this legislation in order to provide a recommendation to the Board of Directors.

**AB 3087 (Kalra)—Health Care in California:** This bill establishes the Health Care Cost, Quality, and Equity Commission (Commission), in an attempt to control in-state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups, and other healthcare providers. This bill has been opposed by numerous health care provider
groups, hospitals, and health care plan groups. Some of the concerns raised have been the loss of health care provider positions, lack of attention to Medi-Cal services, likely lowering of provider rates, administrative complexities, and loss of revenue in the billions to hospitals. The CAMFT Legislative Committee is currently reviewing this legislation.

**SB 399 (Portafino)—Applied Behavioral Analysis:** This bill makes changes to the mandate on health plans and health insurers to cover behavioral health treatment for pervasive developmental disorder or autism, such as prohibits a health plan or insurer from denying or reducing coverage for medically necessary services. This bill also broadens the eligibility criteria to become a qualified autism service professional and paraprofessional. Although CAMFT is generally in support of increased access to care, the bill as currently written limits the opportunities pre-licensees have when working with the ABA population. CAMFT is currently working with the author to ensure that no unintended consequences result through this legislation.

**SB 968 (Pan)—Mental Health Counselors and Colleges:** This bill requires the California State University (CSU), Board of Trustees, Board of Governors (BOG) of the California Community College (CCC) and requests the Regents of University of California (UC) to have one full-time equivalent mental health counselor per 1,000 students enrolled at each of their respective campuses. CAMFT is supportive of the intent and merits of hiring additional mental health professionals at the college level, however similar to AB 2022, CAMFT needs to ensure that this bill moves forward in a manner that does not put pre-licensees jobs on the college campuses in jeopardy. CAMFT is currently working with the author to ensure that there are no unintended consequences through this legislation.

**SB 974 (Lara)—Health for All:** This bill extends eligibility for full-scope Medi-Cal benefits, including mental health care, to individuals of all ages who are otherwise eligible for those benefits but for their immigration status. CAMFT supports increasing access to mental health care services, and accordingly has taken a position of support.

**FEDERAL ADVOCACY**

**Medicare:** CAMFT’s priority on the federal landscape is to pass legislation that will allow LMFTs to reimburse as Medicare providers. CAMFT has obtained bi-partisan co-authors in both the House and Senate (Sen. Barrasso (R-WY), Sen. Stabenow (D-WY), Rep. Thompson (D-CA), and Rep. Katko (R-NY)). HR 3032 has been introduced in the House, and S 1879 in the Senate. HR 3032 has 55 co-sponsors, including 13 from California. S 1879 has 10 co-sponsors, and neither Senators Feinstein nor Harris have signed on to date.

Following CAMFT’s (and the Grassroots Advocacy Team’s) lobbying trip to Washington DC in April 2018, Rep. Buchanan (R-FL) and Rep. Murphy (D-FL), introduced HR 5531, *The Opioid Emergency Response Act*. The bill targets the growing drug abuse epidemic through greater research and prevention efforts, expanded access to treatment for those in recovery, and better screening to catch illegal drugs before they enter the country. Rep. Buchanan has
included CAMFT’s Medicare bill, HR 3032, in its entirety as part of his bill. CAMFT is hopeful that as HR 5531 moves forward, HR 3032 remains attached.

**Veterans Affairs:** CAMFT continues to monitor the Department of Veteran Affairs (VA) as they discuss implementation of the Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill. This bill, signed into law in 2016 removed the requirement that LMFTs must be graduates of COAMFTE-accredited programs in order to work at the VA. A committee consisting of five LMFTs employed through the VA, and a psychologist, have begun drafting the new employment standards for LMFT hiring. Because the VA committed to a Fall 2017 completion date, which has now come and gone, CAMFT has been meeting with both the Senate and House to put pressure on the VA to prioritize the completion of the standards; the VA has yet to release the standards.
MEMORANDUM

TO: Board of Directors
FROM: Nabil El-Ghoroury, Executive Director
DATE: May 9, 2018
RE: Discussion of Legislative Positions

Currently, CAMFT staff works with the Legislative Committee to select the positions taken on legislative bills of interest, except in the situation of highly controversial bills that escalate for the Board to determine. In 2018, there are two bills that the staff believe necessitates Board direction, AB 2943 (SOCE) and AB 1968 (Mental Health and Firearms). We ask that you review the bill language for both bills, the letters/emails submitted by members on AB 2943, as well as CAMFT’s Statement on SOCE related to AB 2943, following review of this memo.

AB 2943 (SOCE)

Current law prohibits healing arts professionals from providing sexual orientation change efforts (SOCE) on minors under the age of 18 in the state of California.

This bill makes accepting payment for SOCE services an unlawful business practice. In addition, advertising to provide SOCE would be unlawful. Upon introduction of AB 2943, CAMFT raised specific objections to one aspect of the language, specifically the lack of clarity on whether sexual orientation-neutral therapies were acceptable. Accordingly, the sponsors accepted CAMFT’s amendment to clarify that SOCE does not include orientation neutral psychotherapies stating that, “SOCE does not include...sexual orientation-neutral interventions...to promote healthy sexual and romantic relationships.”

After review of the language of AB 2943, member input, CAMFT’s statements, as well as numerous discussions, the Legislative Committee voted to take a position of support on the bill (with one abstain vote). Some Committee members raised concerns about an adult’s ability to choose their own therapies, interference in religious freedoms, and the lack of empirical evidence for ban, however, the majority of the Committee did concur that SOCE was a practice that could result in patient harm, that
CAMFT needed to take a position on this social issue, and the protections provided to ministries were sufficient (i.e., the non-payment exclusion).

Some of the organizations in support are: CA Psychological Association, Board of Behavioral Sciences, CA Council of Community Behavioral Health Agencies, and Equality California.

Some of the organizations in opposition are: CA Family Council, Family Research Council, and National Task Force for Therapy Equality.

**AB 1968 (Mental Health & Firearms)**

Current law specifies that a person who has been taken into custody on a 72 hour hold because that person is a danger to himself, herself, or to others, assessed, and admitted to a designated facility because that person is a danger to himself, herself, or others, shall not own or possess any firearm for a period of five years after the person is released from the facility.

This bill specifies that a person who has been taken into custody, assessed, and admitted because he or she is a danger to himself, herself, or others, as a result of a mental health disorder more than once within a one-year period shall not own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase, any firearm for the remainder of his or her life. However, it also allows that individual to request a court hearing on whether they would be likely to use firearms in a safe and lawful manner in order to keep/purchase a firearm.

Both CAMFT staff, and the CAMFT lobbyist, recommended a position of watch given the unanimous bipartisan legislative support the bill has received to date, the differing opinions amongst the membership, the recent amendments to the bill lowering the 1x/5 years to 1x/1 years ban, and the lack of CAMFT social policy platform on gun control/second amendment rights.

After review of the language of AB 1968, as well as numerous discussions, the Legislative Committee ultimately voted to recommend the Board take an oppose position on the bill. The Committee originally voted to watch the bill given the lack of social policy precedent, but revisited the discussion and ultimately determined the bill potentially stigmatized mental health.

Supported by: CA Psychological Association, CA Assn of Psychiatric Technicians, CA District Attorneys Association, CA Sheriff’s Association, CA Federation of Teachers, Peace Officers Research Association.

Opposed by: CA Psychiatric Association, American Civil Liberties Union of California, and Disability Rights California.
An act to amend Sections 1761 and 1770 of the Civil Code, relating to unlawful business practices.

LEGISLATIVE COUNSEL’S DIGEST

AB 2943, as amended, Low. Unlawful business practices: sexual orientation change efforts.

Existing law, the Consumer Legal Remedies Act, makes unlawful certain unfair methods of competition and unfair or deceptive acts or practices undertaken by any person in a transaction intended to result, or which results, in the sale or lease of goods or services to any consumer. Existing law authorizes any consumer who suffers damages as a result of these unlawful practices to bring an action against that person to recover damages, among other things.

Existing law prohibits mental health providers, as defined, from performing sexual orientation change efforts, as specified, with a patient under 18 years of age. Existing law requires a violation of this provision to be considered unprofessional conduct and subjects the provider to discipline by the provider’s licensing entity.

This bill would include, as an unlawful practice prohibited under the Consumer Legal Remedies Act, advertising, offering to engage in, or
engaging in sexual orientation change efforts with an individual. The bill would also declare the intent of the Legislature in this regard.


The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:
(a) Contemporary science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness.
(b) The American Psychological Association convened the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.
(c) The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, stating: “[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth.”
(d) The American Psychiatric Association published a position statement in March of 2000, stating: “Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose
scientific validity is questionable. Furthermore, anecdotal reports
of ‘cures’ are counterbalanced by anecdotal claims of psychological
harm. In the last four decades, ‘reparative’ therapists have not
produced any rigorous scientific research to substantiate their
claims of cure. Until there is such research available, [the American
Psychiatric Association] recommends that ethical practitioners
refrain from attempts to change individuals’ sexual orientation,
keeping in mind the medical dictum to first, do no harm.

The potential risks of reparative therapy are great, including
depression, anxiety and self-destructive behavior, since therapist
alignment with societal prejudices against homosexuality may
reinforce self-hatred already experienced by the patient. Many
patients who have undergone reparative therapy relate that they
were inaccurately told that homosexuals are lonely, unhappy
individuals who never achieve acceptance or satisfaction. The
possibility that the person might achieve happiness and satisfying
interpersonal relationships as a gay man or lesbian is not presented,
nor are alternative approaches to dealing with the effects of societal
stigmatization discussed.

Therefore, the American Psychiatric Association opposes any
psychiatric treatment such as reparative or conversion therapy
which is based upon the assumption that homosexuality per se is
a mental disorder or based upon the a priori assumption that a
patient should change his/her sexual homosexual orientation.”

(e) The American Academy of Pediatrics published an article
in 1993 in its journal, Pediatrics, stating: “Therapy directed at
specifically changing sexual orientation is contraindicated, since
it can provoke guilt and anxiety while having little or no potential
for achieving changes in orientation.”

(f) The American Medical Association Council on Scientific
Affairs prepared a report in 1994, stating: “Aversion therapy
(a behavioral or medical intervention which pairs unwanted
behavior, in this case, homosexual behavior, with unpleasant
sensations or aversive consequences) is no longer recommended
for gay men and lesbians. Through psychotherapy, gay men and
lesbians can become comfortable with their sexual orientation and
understand the societal response to it.”

(g) The National Association of Social Workers prepared a 1997
policy statement, stating: “Social stigmatization of lesbian, gay
and bisexual people is widespread and is a primary motivating
factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and, in fact, they may be harmful.

(h) The American Counseling Association Governing Council issued a position statement in April of 1999, stating: “We oppose the promotion of “reparative therapy” as a “cure” for individuals who are homosexual.”

(i) The American School Counselor Association issued a position statement in 2014, stating: “It is not the role of the professional school counselor to attempt to change a student’s sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student’s sexual orientation or gender as these practices have been proven ineffective and harmful.”

(j) The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender, identity, or gender expression, stating: “As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.”

(k) The American Academy of Child and Adolescent Psychiatry published an article in 2012 in its journal, Journal of the American Academy of Child and Adolescent Psychiatry, stating: “Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family
rejection and undermine self-esteem, connectedness and caring,
important protective factors against suicidal ideation and attempts.
Given that there is no evidence that efforts to alter sexual
orientation are effective, beneficial or necessary, and the possibility
that they carry the risk of significant harm, such interventions are
contraindicated.”

(l) The Pan American Health Organization, a regional office of
the World Health Organization, issued a statement in May of 2012,
stating: “These supposed conversion therapies constitute a violation
of the ethical principles of health care and violate human rights
that are protected by international and regional agreements.” The
organization also noted that reparative therapies “lack medical
justification and represent a serious threat to the health and
well-being of affected people.”

(m) The American Association of Sexuality Educators,
Counselors and Therapists (AASECT) issued a statement in 2014,
stating: “[S]ame sex orientation is not a mental disorder and
we oppose any ‘reparative’ or conversion therapy that seeks to
‘change’ or ‘fix’ a person’s sexual orientation. AASECT does not
believe that sexual orientation is something that needs to be ‘fixed’
or ‘changed.’ The rationale behind this position is the following:
Reparative therapy, for minors, in particular, is often forced or
nonconsensual. Reparative therapy has been proven harmful to
minors. There is no scientific evidence supporting the success of
these interventions. Reparative therapy is grounded in the idea that
nonheterosexual orientation is ‘disordered.’ Reparative therapy
has been shown to be a negative predictor of psychotherapeutic
benefit.”

(n) The American College of Physicians wrote a position paper
in 2015, stating: “The College opposes the use of ‘conversion,’
‘reorientation,’ or ‘reparative’ therapy for the treatment of LGBT
persons. . . . Available research does not support the use of
reparative therapy as an effective method in the treatment of LGBT
persons. Evidence shows that the practice may actually cause
emotional or physical harm to LGBT individuals, particularly
adolescents or young persons.”

(o) In October 2015, the Substance Abuse and Mental Health
Services Administration of the United States Department of Health
and Human Services issued a report titled “Ending Conversion
Therapy: Supporting and Affirming LGBTQ Youth.” The report
found that “[i]nterventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment.”

(p) Courts, including in California, have recognized the practice of sexual orientation change efforts as a commercial service, and service. Therefore, claims that sexual orientation change efforts are effective in changing an individual’s sexual orientation, may constitute unlawful, unfair, or fraudulent business practices under state consumer protection laws. This bill intends to make clear that sexual orientation change efforts are an unlawful practice under California’s Consumer Legal Remedies Act.

(q) California has a compelling interest in protecting the physical and psychological well-being of lesbian, gay, bisexual, and transgender individuals.

(r) California has a compelling interest in protecting consumers from false and deceptive practices that claim to change sexual orientation and in protecting consumers against exposure to serious harm caused by sexual orientation change efforts.

SEC. 2. Section 1761 of the Civil Code is amended to read:

1761. As used in this title:

(a) “Goods” means tangible chattels bought or leased for use primarily for personal, family, or household purposes, including certificates or coupons exchangeable for these goods, and including goods that, at the time of the sale or subsequently, are to be so affixed to real property as to become a part of real property, whether or not they are severable from the real property.

(b) “Services” means work, labor, and services for other than a commercial or business use, including services furnished in connection with the sale or repair of goods.

(c) “Person” means an individual, partnership, corporation, limited liability company, association, or other group, however organized.

(d) “Consumer” means an individual who seeks or acquires, by purchase or lease, any goods or services for personal, family, or household purposes.

(e) “Transaction” means an agreement between a consumer and another person, whether or not the agreement is a contract.
enforceable by action, and includes the making of, and the
performance pursuant to, that agreement.

(f) “Senior citizen” means a person who is 65 years of age or
older.

(g) “Disabled person” means a person who has a physical or
mental impairment that substantially limits one or more major life
activities.

(1) As used in this subdivision, “physical or mental impairment”
means any of the following:

(A) A physiological disorder or condition, cosmetic
disfigurement, or anatomical loss substantially affecting one or
more of the following body systems: neurological; musculoskeletal;
special sense organs; respiratory, including speech organs;
cardiovascular; reproductive; digestive; genitourinary; hemic and
lymphatic; skin; or endocrine.

(B) A mental or psychological disorder, including intellectual
disability, organic brain syndrome, emotional or mental illness,
and specific learning disabilities. “Physical or mental impairment”
includes, but is not limited to, diseases and conditions that include
orthopedic, visual, speech, and hearing impairment, cerebral palsy,
epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart
disease, diabetes, intellectual disability, and emotional illness.

(2) “Major life activities” means functions that include caring
for one’s self, performing manual tasks, walking, seeing, hearing,
speaking, breathing, learning, and working.

(h) “Home solicitation” means a transaction made at the
consumer’s primary residence, except those transactions initiated
by the consumer. A consumer response to an advertisement is not
a home solicitation.

(i) (1) “Sexual orientation change efforts” means any practices
that seek to change an individual’s sexual orientation. This includes
efforts to change behaviors or gender expressions, or to eliminate
or reduce sexual or romantic attractions or feelings toward
individuals of the same sex.

(2) “Sexual orientation change efforts” does not include
psychotherapies that: (A) provide acceptance, support, and
understanding of clients or the facilitation of clients’ coping, social
support, and identity exploration and development, including sexual
orientation-neutral interventions to prevent or address unlawful
conduct or unsafe sexual practices; and (B) do not seek to change
sexual orientation.

SEC. 3. Section 1770 of the Civil Code is amended to read:
1770. (a) The following unfair methods of competition and
unfair or deceptive acts or practices undertaken by any person in
a transaction intended to result or that results in the sale or lease
of goods or services to any consumer are unlawful:
(1) Passing off goods or services as those of another.
(2) Misrepresenting the source, sponsorship, approval, or
certification of goods or services.
(3) Misrepresenting the affiliation, connection, or association
with, or certification by, another.
(4) Using deceptive representations or designations of
geographic origin in connection with goods or services.
(5) Representing that goods or services have sponsorship,
approval, characteristics, ingredients, uses, benefits, or quantities
that they do not have or that a person has a sponsorship, approval,
status, affiliation, or connection that he or she does not have.
(6) Representing that goods are original or new if they have
deteriorated unreasonably or are altered, reconditioned, reclaimed,
used, or secondhand.
(7) Representing that goods or services are of a particular
standard, quality, or grade, or that goods are of a particular style
or model, if they are of another.
(8) Disparaging the goods, services, or business of another by
false or misleading representation of fact.
(9) Advertising goods or services with intent not to sell them
as advertised.
(10) Advertising goods or services with intent not to supply
reasonably expectable demand, unless the advertisement discloses
a limitation of quantity.
(11) Advertising furniture without clearly indicating that it is
unassembled if that is the case.
(12) Advertising the price of unassembled furniture without
clearly indicating the assembled price of that furniture if the same
furniture is available assembled from the seller.
(13) Making false or misleading statements of fact concerning
reasons for, existence of, or amounts of, price reductions.
(14) Representing that a transaction confers or involves rights, remedies, or obligations that it does not have or involve, or that are prohibited by law.
(15) Representing that a part, replacement, or repair service is needed when it is not.
(16) Representing that the subject of a transaction has been supplied in accordance with a previous representation when it has not.
(17) Representing that the consumer will receive a rebate, discount, or other economic benefit, if the earning of the benefit is contingent on an event to occur subsequent to the consummation of the transaction.
(18) Misrepresenting the authority of a salesperson, representative, or agent to negotiate the final terms of a transaction with a consumer.
(19) Inserting an unconscionable provision in the contract.
(20) Advertising that a product is being offered at a specific price plus a specific percentage of that price unless (A) the total price is set forth in the advertisement, which may include, but is not limited to, shelf tags, displays, and media advertising, in a size larger than any other price in that advertisement, and (B) the specific price plus a specific percentage of that price represents a markup from the seller’s costs or from the wholesale price of the product. This subdivision shall not apply to in-store advertising by businesses that are open only to members or cooperative organizations organized pursuant to Division 3 (commencing with Section 12000) of Title 1 of the Corporations Code where more than 50 percent of purchases are made at the specific price set forth in the advertisement.
(21) Selling or leasing goods in violation of Chapter 4 (commencing with Section 1797.8) of Title 1.7.
(22) (A) Disseminating an unsolicited prerecorded message by telephone without an unrecorded, natural voice first informing the person answering the telephone of the name of the caller or the organization being represented, and either the address or the telephone number of the caller, and without obtaining the consent of that person to listen to the prerecorded message.
(B) This subdivision does not apply to a message disseminated to a business associate, customer, or other person having an established relationship with the person or organization making
the call, to a call for the purpose of collecting an existing
obligation, or to any call generated at the request of the recipient.

(23) (A) The home solicitation, as defined in subdivision (h)
of Section 1761, of a consumer who is a senior citizen where a
loan is made encumbering the primary residence of that consumer
for purposes of paying for home improvements and where the
transaction is part of a pattern or practice in violation of either
subsection (h) or (i) of Section 1639 of Title 15 of the United States
Code or paragraphs (1), (2), and (4) of subdivision (a) of Section
226.34 of Title 12 of the Code of Federal Regulations.

(B) A third party shall not be liable under this subdivision unless
(i) there was an agency relationship between the party who engaged
in home solicitation and the third party, or (ii) the third party had
actual knowledge of, or participated in, the unfair or deceptive
transaction. A third party who is a holder in due course under a
home solicitation transaction shall not be liable under this
subdivision.

(24) (A) Charging or receiving an unreasonable fee to prepare,
aid, or advise any prospective applicant, applicant, or recipient in
the procurement, maintenance, or securing of public social services.

(B) For purposes of this paragraph, the following definitions
shall apply:
(i) “Public social services” means those activities and functions
of state and local government administered or supervised by the
State Department of Health Care Services, the State Department
of Public Health, or the State Department of Social Services, and
involved in providing aid or services, or both, including health
care services, and medical assistance, to those persons who,
because of their economic circumstances or social condition, are
in need of that aid or those services and may benefit from them.

(ii) “Public social services” also includes activities and functions
administered or supervised by the United States Department of
Veterans Affairs or the California Department of Veterans Affairs
involved in providing aid or services, or both, to veterans, including
pension benefits.

(iii) “Unreasonable fee” means a fee that is exorbitant and
disproportionate to the services performed. Factors to be
considered, if appropriate, in determining the reasonableness of a
fee, are based on the circumstances existing at the time of the
service and shall include, but not be limited to, all of the following:
(I) The time and effort required.

(II) The novelty and difficulty of the services.

(III) The skill required to perform the services.

(IV) The nature and length of the professional relationship.

(V) The experience, reputation, and ability of the person providing the services.

(C) This paragraph shall not apply to attorneys licensed to practice law in California, who are subject to the California Rules of Professional Conduct and to the mandatory fee arbitration provisions of Article 13 (commencing with Section 6200) of Chapter 4 of Division 3 of the Business and Professions Code, when the fees charged or received are for providing representation in administrative agency appeal proceedings or court proceedings for purposes of procuring, maintaining, or securing public social services on behalf of a person or group of persons.

(25) (A) Advertising or promoting any event, presentation, seminar, workshop, or other public gathering regarding veterans’ benefits or entitlements that does not include the following statement in the same type size and font as the term “veteran” or any variation of that term:

(i) “I am not authorized to file an initial application for Veterans’ Aid and Attendance benefits on your behalf, or to represent you before the Board of Veterans’ Appeals within the United States Department of Veterans Affairs in any proceeding on any matter, including an application for such benefits. It would be illegal for me to accept a fee for preparing that application on your behalf.”

The requirements of this clause do not apply to a person licensed to act as an agent or attorney in proceedings before the Agency of Original Jurisdiction and the Board of Veterans’ Appeals within the United States Department of Veterans Affairs when that person is offering those services at the advertised event.

(ii) The statement in clause (i) shall also be disseminated, both orally and in writing, at the beginning of any event, presentation, seminar, workshop, or public gathering regarding veterans’ benefits or entitlements.

(B) Advertising or promoting any event, presentation, seminar, workshop, or other public gathering regarding veterans’ benefits or entitlements that is not sponsored by, or affiliated with, the United States Department of Veterans Affairs, the California Department of Veterans Affairs, or any other congressionally
chartered or recognized organization of honorably discharged
members of the Armed Forces of the United States, or any of their
auxiliaries that does not include the following statement, in the
same type size and font as the term “veteran” or the variation of
that term:

“This event is not sponsored by, or affiliated with, the United
States Department of Veterans Affairs, the CaliforniaDepartment
of Veterans Affairs, or any other congressionally chartered or
recognized organization of honorably discharged members of the
Armed Forces of the United States, or any of their auxiliaries.
None of the insurance products promoted at this sales event are
endorsed by those organizations, all of which offer free advice to
veterans about how to qualify and apply for benefits.”

(i) The statement in this subparagraph shall be disseminated,
both orally and in writing, at the beginning of any event,
presentation, seminar, workshop, or public gathering regarding
veterans’ benefits or entitlements.

(ii) The requirements of this subparagraph shall not apply in a
case where the United States Department of Veterans Affairs, the
California Department of Veterans Affairs, or other congressionally
chartered or recognized organization of honorably discharged
members of the Armed Forces of the United States, or any of their
auxiliaries have granted written permission to the advertiser or
promoter for the use of its name, symbol, or insignia to advertise
or promote the event, presentation, seminar, workshop, or other
public gathering.

(26) Advertising, offering for sale, or selling a financial product
that is illegal under state or federal law, including any cash payment
for the assignment to a third party of the consumer’s right to receive
future pension or veteran’s benefits.

(27) Representing that a product is made in California by using
a Made in California label created pursuant to Section 12098.10
of the Government Code, unless the product complies with Section
12098.10 of the Government Code.

(28) Advertising, offering to engage in, or engaging in sexual
orientation change efforts with an individual.

(b) (1) It is an unfair or deceptive act or practice for a mortgage
broker or lender, directly or indirectly, to use a home improvement
contractor to negotiate the terms of any loan that is secured, whether in whole or in part, by the residence of the borrower and that is used to finance a home improvement contract or any portion of a home improvement contract. For purposes of this subdivision, “mortgage broker or lender” includes a finance lender licensed pursuant to the California Finance Lenders Law (Division 9 (commencing with Section 22000) of the Financial Code), a residential mortgage lender licensed pursuant to the California Residential Mortgage Lending Act (Division 20 (commencing with Section 50000) of the Financial Code), or a real estate broker licensed under the Real Estate Law (Division 4 (commencing with Section 10000) of the Business and Professions Code).

(2) This section shall not be construed to either authorize or prohibit a home improvement contractor from referring a consumer to a mortgage broker or lender by this subdivision. However, a home improvement contractor may refer a consumer to a mortgage lender or broker if that referral does not violate Section 7157 of the Business and Professions Code or any other law. A mortgage lender or broker may purchase an executed home improvement contract if that purchase does not violate Section 7157 of the Business and Professions Code or any other law. Nothing in this paragraph shall have any effect on the application of Chapter 1 (commencing with Section 1801) of Title 2 to a home improvement transaction or the financing of a home improvement transaction.
CAMFT Statement on Conversion Therapy
Approved March 19, 2016

The California Association of Marriage and Family Therapists (CAMFT) reaffirms its respect of human diversity, including gender identity, gender expression, and sexual orientation.¹

CAMFT reaffirms that same-sex sexual attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity.²

CAMFT reaffirms that being transgender or gender nonconforming (TGNC) are normal and positive variations of gender identities and gender expressions.³

CAMFT affirms the legislative intent of Senate Bill 1172 (2012), a law designed to protect the physical and psychological well-being of minors and to protect minors from exposure to serious harms caused by conversion therapy.⁴

Accordingly, the CAMFT Board of Directors states the following:

CAMFT recognizes that lesbian, gay, bisexual, transgender, gender nonconforming, and queer individuals, couples and families continue to experience discrimination and prejudice by some psychotherapists for their sexual orientation and/or gender identity.

CAMFT opposes the use of psychological interventions to change any person’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions, based on a priori assumption that same-sex attraction and/or gender nonconformity is a mental disorder or deficiency or based on a priori treatment goal that clients should alter their sexual orientation or gender identity.⁵

CAMFT supports psychological interventions that provide assistance to an individual undergoing a gender transition, or that provide acceptance, support, and understanding of clients’ coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such efforts do not seek to change sexual orientation or gender identity.⁶

⁴ SB 1172 (2012).
⁵ The Therapeutic Fraud Prevention Act, HR 2450 (2015).
⁶ The Therapeutic Fraud Prevention Act, HR 2450 (2015).
CAMFT endorses the American Psychological Association’s *Resolution on Appropriate Responses to Sexual Orientation Distress and Change Efforts*; vii and,

CAMFT endorses the American Psychiatric Association’s *Position Statement on Psychiatric Treatment and Sexual Orientation*. viii

*This statement does not modify or amend, and is in alignment with the CAMFT Code of Ethics.* ix

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Proposal to CAMFT Board of Directors

Date of Proposal:
May 11, 2018

Person Submitting Proposal:
James Guay, LMFT (#39252)
james@livingmorefully.com
310-405-0840

What is the problem?:

UCLA School of Law’s The Williams Institute estimates that, “690,000 LGBT adults (ages 18-59) in the US have received conversion therapy, including about 350,000 LGBT adults who received treatment as adolescents.” (see attached Executive Summary)

Despite all major medical and mental health associations making statements against the use of sexual orientation and gender identity change efforts (including CAMFT’s own statement), this ineffective, dangerous and discredited practice continues. While California enacted SB 1172 into law, January 2013, it only bans the use of conversion therapy on youth by licensed mental health practitioners.

California Assembly Bill 2943, authored by Assemblymember Evan Low, would declare conversion therapy a fraudulent practice under the Consumer Legal Remedies Act, extending protections to all consumers in California by anyone practicing and charging for conversion therapy.

Solid research has determined that conversion therapy increases minority stress, LGBTQ prejudice/stigma (i.e. heterosexism, homophobia, biphobia, transphobia), and reinforcing traditional gender roles (i.e. sexism).

Consumers of conversion therapy have described the harm they’ve experienced, including the following: anxiety, depression, and addictions, due to increased despair, self-hatred, shame, helplessness, hopelessness, resentment, confusion, suicidality, continual inability to handle discrimination/stigma, unnecessary losses of resources (e.g., time, money, relationships), and intimacy difficulties (e.g., lying, isolation, loneliness, sexual dysfunctions, dissociation).
Proposed Activity:

I'm formally asking the CAMFT Board to support AB 2943.

Co-sponsors of this bill are:

- Equality California (co-sponsor)
- National Center for Lesbian Rights (co-sponsor)
- The Trevor Project (co-sponsor)

Organizations that support this bill include:

- California Psychological Association
- AAMFT - CA Division
- California Medical Association
- American Academy of Pediatrics
- California Council of Community Behavioral Health Agencies
- California Asian Pacific Chamber of Commerce
- California LGBT Health & Human Services Network
- Consumer Attorneys of California
- Los Angeles LGBT Community Center
- Sacramento LGBT Community Center
- San Francisco LGBT Community Center

Rationale or Reason for Activity:

From the bill's author, Assemblymember Evan Low:

“Study after study has shown that conversion therapy is ineffective, damaging, and counterproductive. It is our duty to protect Californians from such deceptive practices that will expose them to physical and emotional harm. AB 2943 would make clear that claiming to be able to change a person’s sexual orientation by advertising or engaging in sexual orientation change efforts is a fraudulent business practice that misleads consumers and exposes LGBT people to damaging psychological abuse.”

Efforts to change a client’s sexual orientation or gender identity through talk therapy (the most commonly used form of conversion therapy today) is not only ineffective but extremely dangerous to one’s mental health and well-being. It exponentially increases the risks of depression, anxiety, addictions, intimacy issues, self-esteem and all too often suicide (see attached supporting research and documents), regardless of what psychological theories or techniques are utilized.
Conversion therapy has been practiced in the US for over a century with homosexuality only being removed from the DSM as a diagnosis in 1973. Despite recent public opinion polls where a clear majority of respondents don’t believe in the effectiveness of conversion therapy, and despite all major mental and medical health organizations making statements opposing it, conversion therapy practitioners continue this harmful and discredited practice.

Between 2008 and 2009, CAMFT refused to define marriages and families as inclusive of the LGBTQ Community and rejected multiple member proposals to take a stance against Proposition 8, a proposition passed that banned same-sex marriages before it was ruled unconstitutional by a federal court. In 2009, CAMFT published several anti-LGBTQ articles against marriage and family equality in its magazine, The Therapist. From 2011 to 2014, CAMFT rejected proposals to denounce conversion therapy. In 2012, CAMFT opposed and then changed its position to neutral on SB 1172, the bill that banned conversion therapy on minors by licensed clinicians in California that ultimately passed and was signed into law.

However, in more recent years (2015) CAMFT put out a statement on Therapy with Transgender and Gender Nonconforming (TGNC) Clients. In 2016, CAMFT approved a stronger statement against conversion therapy, and even went as far as to “support the intention” of HR 2450, the Therapeutic Fraud and Prevention Act. This year, CAMFT has also supported AB 1779, a bill that would ban conversion therapy on clients, regardless of age, if they are under a conservatorship or a guardianship.

When all other state-based and national mental health organizations are in support of these bills but CAMFT remains in opposition or is neutral, CAMFT loses credibility in the marketplace for MFTs. There is substantial evidence of the ineffectiveness and severe harms of conversion therapy in a majority of cases which necessitates clear advocacy efforts against this, for client welfare. By resisting these changes, it appears that CAMFT is prioritizing the needs of conversion therapists continuing to make a living, instead of client welfare.

Turning of the tide on this issue also happened in 2009, with the Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation:


In it, the report concludes, “The results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex sexual attractions or increase other-sex attractions through SOCE.” (page 83)

In addition, they wrote:

“Some individuals who participated in the early research reported negative side effects such as loss of sexual arousal, impotence, depression, anxiety, and relationship dysfunction. Individuals who participated in recent research and who failed to change sexual
orientation, while believing they should have changed with such efforts, described their experiences as a significant cause of emotional distress and negative self-image (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Overall, those in this recent research who indicated that they were harmed reported feelings of distress, anxiety, depression, suicidal ideation, self-blame, guilt, and loss of hope among other negative feelings. Some who experienced religious interventions and perceived them negatively said that they felt disillusioned with religion; others felt they had failed their religion by having same-sex attraction (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Indirect harm from the associated costs (time, effort, money, disillusionment with psychotherapy) spent in ineffective treatment is significant.” (page 85)

Another significant event shining the light on the harms of conversion therapy, was in October 2015, with a report by the Substance Abuse and Mental Health Services Administration entitled, Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth:


Among its key findings were:

“Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment. (American Psychiatric Association, 2013b; American Psychological Association, 2010; National Association of Social Workers, 2008).” (Page 1)

In addition to these documents, Cornell University’s Public Policy Research Portal summarizes the research studies and their summary is attached to this proposal.

Included in its summary was the following:

“Many researchers sympathetic to conversion therapy do not actually assess changes in sexual orientation or arousal patterns, but in behavior, which is not a true gauge of orientation. Some subjects who claimed movement from gay to straight are actually more accurately described as bisexual, but were not initially coded as such. Many of these studies sample exclusively religious populations, and so their conclusions generally reflect more about religious self-identifications than any indication that sexual orientation can genuinely change. Some researchers found success in depressing same-sex arousal—often with the use of severe techniques—but often that did not translate into increased heterosexual arousal or ability to sustain a satisfying opposite-sex sexual relationship.”

In the American Counseling Association’s December 2017 Governing Council Motion (see attached), they clearly state:

“Whereas reparative therapy/conversion therapy/SOCE has been shown to be ineffectual; Whereas reparative therapy/conversion therapy/SOCE has been shown to cause harm;
Whereas reparative therapy/conversion therapy/SOCE has been found to violate consumer fraud-protection law;

Be it resolved that promoting, conducting, engaging in, or referring for reparative therapy/conversion therapy/SOCE is a significant and serious violation of the ACA Code of Ethics including, but not necessarily limited to, a breach of the mandates to:

- Do no harm.
- Avoid the imposition of the counselor's personal values, attitudes, beliefs, and behaviors.
- Practice within the boundaries of professional competencies.
- Avoid discrimination based on sexual orientation and/or gender identity.”

Addressing Counter-Arguments:

Claim #1: AB 2943 will ban the sale of books, including the Bible and sermons from clergy.

The author of this bill has already clearly stated that this is not the intention of this bill and nowhere is it written that this would be the case. Put simply, this is a fear mongering technique used in attempts to prevent its passage that lacks any credibility.

According to Anthony Samson, Senior Attorney and Policy Advisor working on this bill in Sacramento,

“The bill by its express terms is limited to the “practice” of conversion therapy as a commercial service in exchange for monetary compensation. It does not apply to the sale of books or any other kind of goods, and it does not prevent anyone from speaking or writing on the subject of conversion therapy in any forum. If you take a look at the definition of “sexual orientation change efforts” in Section 1761(i)(1)&(2), you will note that one engages in SOCE only if they engage in “practices that seek to change an individual's sexual orientation.” So, even if one were to adopt the false premise that this bill did, in fact, apply to books, the mere act of selling a book that expresses a supportive opinion of SOCE would be completely permissible and well within the writer's First Amendment rights.”

Claim #2: It limits free speech, religious liberty and self-determination of consenting adults.

“There is no constitutional right to provide or receive a deceptive service.”

The state has a vested interest in protecting consumers from fraud and known harms. The Ninth Circuit Court already determined that talk therapy used in conversion therapy is not protected from the First Amendment right to free speech and the US Supreme Court let that
court’s decision stand. In an opinion by Circuit Judge Susan P. Graber, she stated that SB 1172 regulated only “therapeutic treatment, not expressive speech”.

As therapists, we are not allowed to say anything and everything in therapy. For example, it would be considered malpractice to encourage an anorexic client to eat less, even if we believed we were doing so to respect their right to self-determination because we know the risk of death in that situation is likely. Similarly, if we had a suicidal client, we wouldn’t be encouraging them to reduce their stress by getting drunk and standing at the edge of a tall building looking at the stars above, even if that’s exactly what they’re requesting.

Religious freedom arguments for SB 1172 were also rejected by the Ninth Circuit court and upheld by the US Supreme Court. AB 2943 also does not restrict freedom of religion in that, according to Judge Graber’s argument, “Although the report (the APA Report already referenced) concluded that those who seek SOCE ‘tend’ to have strong religious views, the report is replete with references to non-religious motivations, such as social stigma and the desire to live in accordance with ‘personal values.’” Furthermore, AB 2943 is strictly based on a financial transaction being involved in the sale of conversion therapy. Religious clergy/counselors can still offer conversion therapy without charging for these services.

The Ninth Circuit Court of Appeals decided (and the US Supreme Court let stand) this decision on two separate cases (Pickup v. Brown and Welch v. Brown):

“...as a regulation of professional conduct, [SB 1172] does not violate the free speech rights of SOCE practitioners or minor patients, is neither vague nor overbroad, and does not violate parents’ fundamental rights.”

An April 10, 2018 report by the California Assembly Committee on Judiciary addressed freedom of speech concerns further:

“The Pickup decision found that SB 1172 regulates conduct, rather than speech, because SB 1172 was fundamentally concerned with the inherently private advice given by practitioners to patients, and the Legislature’s determination—based upon the judgement of numerous well-respected professional organizations and scientific studies that specific advice, namely being sexually attracted to a person of the same sex is a sign of a mental disorder that can and should be treated—rather than the regulation of a medical professional’s communication to the public on a matter of public concern for which the First Amendment offers the greatest protection. (Id., at p. 1229.) The court also noted that “doctors are routinely held liable for giving negligent medical advice to their patients, without serious suggestion that the First Amendment protects their right to give advice that is not consistent with the accepted standard of care” and are subject to loss of their licenses for doing so.”

In this same report, the Judiciary Committee addressed free exercise of religion concerns:

“First Amendment—Free Exercise of Religion. The policy of this bill may be objectionable to some on the basis of religion or morality. However, the bill itself “is generally applicable,
neutral, and does not regulate plaintiffs’ beliefs as such.” (Pickup v. Brown 2015 U.S.Dist.LEXIS 123881, at p.18.) It does not discriminate “against some or all religious beliefs or regulates or prohibits conduct because it is undertaken for religious reasons” and would not trigger the type of strict scrutiny described by the U.S. Supreme Court in Church of Lukumi Babalu Aye v. City of Hialeah, described above. Therefore, using the Ninth Circuit’s deferential standard of rational review that it applied to SB 1172, this bill would certainly seem to meet the test of advancing a policy that is rationally related to a legitimate governmental interest and would therefore survive a challenge on the basis that it violates the First Amendment’s protection for the free exercise of religion.

Furthermore, the bill should have no impact on the ability of unpaid would-be counselors, including religious or spiritual advisors and anyone else who attempts to counsel other persons to change their sexual orientation, as long as such efforts are conducted on an unpaid basis. Assuming that counseling services are not offered as part of a transaction intended to result in, or that results in, the sale or services for SOCE, those services could lawfully continue to be provided, advertised, and offered under the provisions of the bill.”

Claim #3: *It goes beyond conversion therapy to prevent any therapeutic attempts at changing any sexual behaviors or gender expressions.*

According to Anthony Samson, Senior Attorney and Policy Advisor working on this bill in Sacramento,

“SOCE as the term is defined in AB 2943 “includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.” The intent of using the word “includes” was to ensure that these practices would be prohibited only to the extent they were provided with the intent of changing one’s sexual orientation. We are mindful that this language could be interpreted to prohibit practices outside of the scope of changing one’s sexual orientation, which is one of the reasons why amendments are forthcoming. CAMFTs concerns are no doubt being considered as part of those discussions.”

The language of what is and what is not conversion therapy has been taken exactly from SB 1172 (signed into law 2012) and has been used by Connecticut, Illinois, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington, Washington DC and many other State legislations and Municipal Ordinances. It has been clearly vetted to the point where the US Supreme Court has let stand the decision of the Ninth Circuit Courts in support of SB1172. The language was already crafted back in 2012 with multiple mental health professional organizations’ assistance/involvement.

Existing California law states that sexual orientation change efforts are “any practices by mental health providers that seek to change an individual’s sexual orientation, including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.” (BPC Section 865 (b)(1).)
This bill is very clear that any attempted change in behaviors or gender expressions is specific to attempts to change sexual orientation or gender identity.

For example, if a gay male self-identified client in a mixed orientation marriage (married to a woman) comes into therapy asking to reduce his same-sex attractions and stop cheating on his wife with men, this bill wouldn't prevent an LGBTQ Affirmative treatment approach. Given that straight, lesbian, gay, bisexual and pansexual people can all have attractions to others than their primary partner (regardless of their sexual orientation or gender identity), many whom have issues being sexually exclusive in a monogamous relationship agreement, an affirmative approach could still include interventions, like the following:

- Psycho-education on how repressing/denying natural sexual attractions can be ineffective and damaging in the long-term
- Exploration of how to enjoy organic sexual attractions without having to have sex with everyone/anyone they’re attracted to
- Exploration of how they came to decide on their relationship agreements and if they want to change this with the consent and involvement from their primary partner
- Exploration of how self-rejection can lead to increased desire or obsession with an attraction/behavior they consider to be a taboo
- Encouragement of mindful exploration of what they genuinely enjoy and find pleasurable about their relationship (sexual and otherwise) with their primary partner

Again, the intent of the interventions above are not to change the sexual orientation of the client, including sexual/romantic attractions or behaviors, but rather to help them be in congruence with their core and/or religious values and broaden their understanding and acceptance of themselves.

In another example, if a self-identified transgender man (assigned female at birth) went to therapy questioning their gender identity or ways they’ve chosen thus far to express their gender, and voiced a desire to be able to get pregnant, this bill wouldn't prevent an LGBTQ Affirmative treatment approach. Affirmative treatment approaches might include the following:

- Education of ways transgender guys can get still get pregnant or have their own genetically-related child (i.e. ability to become pregnant while still using testosterone if wanted, temporarily reducing/stopping hormone treatment, extracting eggs before hormone treatment and using a surrogate at some future point, etc.)
- Referral to a transgender knowledgeable and friendly medical doctor
- Psycho-education that not all transgender individuals feel “gender dysphoria” and that not all transgender individuals want to take hormones, have surgeries, modify their body in other ways, change their appearance, or shift their voice or mannerisms.
• Exploration of any internalized transphobia that might be causing current distress
• Exploration of ways they would like to express their gender, if at all, that feels genuine and congruent to their current comfort zone

An integral aspect of conversion therapy is promoting and reinforcing traditional gender roles, with the belief that doing so will “heal” gender confusion and/or make someone straight. The above interventions are not motivated by making a transgender client cisgender or straight. The above interventions are an open exploration and dialogue about the client’s doubts and concerns while also encouraging the development of their authentic self, whatever that happens to be for them.

Claim #4: *It will become a slippery slope where other therapeutic modalities that aren’t proven to be effective will be deemed consumer fraud.*

“There is a difference between a service being proven to be ineffective and a service being proven to be deceptive and fraudulent.”

Unintended consequences (aka slippery slope argument) really doesn’t hold weight as this language has already been well-vetted and past the test of time. In the past 5 years of its existence, SB 1172 has not seen any other therapeutic modalities being banned or determined to be consumer fraud. These fears are thus unfounded and getting in the way of supporting this legislation in a timely fashion that can actually influence its outcome.

Claim #5: *Those who were sexually abused became same-sex attracted and will now have no resource.*

There is a wealth of research disapproving this myth that sexual abuse influences someone’s sexual orientation. We don’t question whether straight people who were sexually abused are straight because of this experience. The implication itself that sexual abuse, physical abuse or neglect of any kind influences someone’s sexual orientation or gender identity is prejudicial only toward LGBTQ people. This is often based on the practitioner-determined desire to find a root cause and “repair” something that isn’t broken and isn’t even a byproduct of childhood trauma or attachment issues.

Those that have experienced childhood or adult trauma or attachment issues are still able to meet and receive treatment from therapists, who aren’t attempting to change the sexual orientation or gender identity of their clients.
Connection to CAMFT’s Strategic Plan:

**Values:** Integrity

**Goals I:** Professionalism

**Objective 1.1**

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

**Objective 1.2**

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

**Goals II:** Advocacy

**Objective 3.3**

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

**Objective 3.4**

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

**Goals IV:** Public Outreach

**Objective 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.*

**Objective 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.*
**Fiscal Implications of Project:**

Throughout the process of CAMFT taking a stronger stance on marriage and family equality and in opposition to conversion therapy, membership did not decline and continues to be strong and even at times increasing in numbers. In addition, CAMFTs support of HR 2450 (now HR 2119), The Therapeutic Fraud and Prevention Act, has not gotten in the way of advancing other legislative priorities, like MFTs being included as MediCare providers.

**Willing to Present?**

Yes, I would like to present via phone call or webcam.

I would also like this proposal to be in the public board packet.
EXECUTIVE SUMMARY

Conversion therapy is treatment grounded in the belief that being LGBT is abnormal. It is intended to change the sexual orientation, gender identity, or gender expression of LGBT people. Conversion therapy is practiced by some licensed professionals in the context of providing health care and by some clergy or other spiritual advisors in the context of religious practice. Efforts to change someone’s sexual orientation or gender identity are associated with poor mental health, including suicidality. To date, nine states, the District of Columbia, and 32 localities have banned health care professionals from using conversion therapy on youth.

The Williams Institute estimates that:

- 698,000 LGBT adults (ages 18-59) in the U.S. have received conversion therapy, including about 350,000 LGBT adults who received treatment as adolescents.
- 20,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach the age of 18 in the 41 states that currently do not ban the practice.
- 6,000 LGBT youth (ages 13-17) who live in states that ban conversion therapy would have received such therapy from a licensed health care professional before age 18 if their state had not banned the practice.
- 57,000 youth (ages 13-17) across all states will receive conversion therapy from religious or spiritual advisors before they reach the age of 18.

HISTORY

Conversion therapy has been practiced in the U.S. for over a century. Academic literature has documented instances of conversion therapy being used as early as the 1890s and continuing through the present day. Throughout the history of conversion therapy, a range of techniques have been used by both health care professionals and religious figures seeking to change people’s sexual orientation or gender identity. Currently, talk therapy is the most commonly used therapy technique. Some practitioners have also used “aversion treatments, such as inducing nausea, vomiting, or paralysis; providing electric shocks; or having the individual snap an elastic band around the wrist when the individual became aroused to same-sex erotic images or thoughts.” Other practitioners have used non-aversive techniques such as attempting to “change
thought patterns by reframing desires, redirecting thoughts, or using hypnosis.13

An estimated 698,000 LGBT adults in the U.S have received conversion therapy either from a licensed professional or a religious advisor or from both at some point in their lives,14 including about 350,000 LGBT adults who received conversion therapy as adolescents.15

CURRENT PERSPECTIVES

Professional Health Associations

A number of prominent national professional health associations—including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics, among others—have issued public statements opposing the use of conversion therapy because it is harmful and ineffective.16 Several of these associations have called on Congress and state legislatures to pass laws that ban conversion therapy. For example, the CEO of the American Counseling Association (ACA) submitted testimony to the Illinois House and Senate in support of the state’s conversion therapy ban bill in 2015.17 In addition, ACA members sent 79 letters to the Governor and 84 letters to state legislators in support of the bill.18 Also, several professional health associations have endorsed the Therapeutic Fraud Prevention Act, a federal bill that would prohibit the practice of conversion therapy, including the National Association of School Psychologists, the American Psychoanalytic Association, the American Counseling Association, and the American Academy of Pediatrics.19

Public Opinion

Three recent public opinion polls found majority support for ending the use of conversion therapy on youth. A 2017 Gravis Marketing poll found that 71% of Florida residents believed that the use of conversion therapy on youth should be illegal.20 A 2016 Gravis Marketing poll similarly found that 64% of Virginia residents believed that the use of conversion therapy on youth should be illegal.21 Another 2016 poll conducted by the Center for Civil Policy similarly found that 60% of New Mexico respondents supported a legal ban on the use of conversion therapy on youth.22 Polling also indicates that many people do not think conversion therapy is effective; only 8% of respondents to a 2014 national poll said they thought conversion therapy could change a person’s sexual orientation from gay to straight.23

CURRENT LAWS

Conversion Therapy by Licensed Health Care Professionals

As of January 2018, nine states and the District of Columbia had passed statutes limiting the use of conversion therapy: California, Connecticut, D.C., Illinois, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, and Vermont.24 The laws protect youth under age 18 from receiving conversion therapy from licensed mental health care providers and, in some states, other individuals who perform conversion therapy services in exchange for payment.25 California was the first state to pass a conversion therapy ban in
Four states—Connecticut, Nevada, New Mexico, and Rhode Island—passed bans in 2017. While more limited in reach than the statutory bans, a gubernatorial executive order in New York prohibits the state’s Medicaid program and private health insurers from providing coverage for conversion therapy on youth and prohibits facilities under the State Division of Mental Health from performing conversion therapy on youth. In addition, 32 localities in states without statewide bans have passed bans at the local level, over half (19) of these localities are in Florida.

All of the state statutory bans allow licensing entities to discipline health care providers who use conversion therapy on youth under age 18. Under Connecticut and Illinois laws, the use of conversion therapy on youth is also considered an unfair business practice and the laws allow for enforcement and penalties consistent with other state laws against such practices. In addition, in 2015, a New Jersey court held that providing conversion therapy in exchange for payment constitutes a fraudulent business practice, regardless of whether it is used on youth or adults.

An estimated 20,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach the age of 18 in the 41 states that currently do not ban the practice, unless additional states pass conversion therapy bans. An estimated 6,000 LGBT youth (ages 13-17) who live in states with conversion therapy bans would have received such therapy from a licensed health care professional before age 18 if their state had not banned the practice.

More states are expected to consider conversion therapy bans in 2018. In addition, members of Congress have introduced federal legislation aimed at ending conversion therapy. The Therapeutic Fraud Prevention Act, introduced in both the House and Senate in 2017, would classify conversion therapy provided in exchange for payment as a form of consumer fraud. The law would allow state attorneys general and the Federal Trade Commission to bring enforcement actions against individuals who are providing conversion therapy for payment or advertising such services.

Conversion Therapy by Religious and Spiritual Advisors

The state statutory conversion therapy bans apply to licensed mental health care providers and sometimes to any others who seek to provide conversion therapy in exchange for payment. The laws generally do not apply to religious or spiritual advisors who engage in sexual orientation or gender identity change efforts within their pastoral or religious capacity. In most states with bans (California, D.C., Nevada, New Mexico, Oregon, Rhode Island, and Vermont), this means that any individuals (including licensed professionals) may engage in conversion therapy as long as they are acting as clergy or religious counselors and they do not hold themselves out as acting pursuant to a professional license. In states with bans on providing conversion therapy in exchange for payment (Connecticut, Illinois, and New Jersey), religious or spiritual advisors acting in a pastoral or religious capacity may continue to provide conversion therapy as long as they are not acting pursuant to a professional license and they do not accept payment for their services.

These exclusions for therapy provided by religious or spiritual advisors leave many youth vulnerable to conversion counseling even in states with bans. An estimated 57,000 youth (ages 13-17) across all states will receive conversion therapy from religious or spiritual advisors before they reach the age of 18.
CONCLUSION

Conversion therapy continues to be used in the U.S. despite support for ending the practice among prominent medical and mental health associations and the public. An estimated 698,000 LGBT adults in the U.S. have received treatment to change their sexual orientation or gender identity at some point in their lives, including about 350,000 who received treatment as adolescents. As of January 2018, nine states, the District of Columbia, and 32 localities had enacted laws banning licensed professionals from using conversion therapy on youth. An estimated 20,000 LGBT youth will receive conversion therapy from a licensed professional before they reach the age of 18 in the 41 states that currently do not ban the practice. In addition, an estimated 57,000 LGBT youth across all states will receive conversion therapy from religious or spiritual advisors. Because of the large number of youth who may be vulnerable to conversion therapy, individuals who have contact with minors should be aware that the American Psychological Association has issued a resolution “advising parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth.”

ABOUT THE WILLIAMS INSTITUTE

The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy at UCLA School of Law advances law and public policy through rigorous, independent research and scholarship, and disseminates its work through a variety of education programs and media to judges, legislators, lawyers, other policymakers and the public. These studies can be accessed at the Williams Institute website.

For more information

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ENDNOTES


5 698,000 US LGBT adults ages 18 to 59 are estimated to have received treatment to change their sexual orientation or gender identity [range 572,000 to 857,000]. This figure was calculated by adding estimates for LGB and transgender adults. In order to determine an estimate for the number of LGB adults who have received conversion therapy, we started with the proportion of LGB adults ages 18 to 59 who report having received treatment to change their sexual orientation (6.7%) from the Generations Study, a national probability study of LGB individuals supported by the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under Award Number R01HD078526 (Ilan H. Meyer, PI). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. The proportion who received conversion therapy, across three age cohorts (18-25, 34-41, and 52-59), where receipt of conversion therapy did not statistically significantly differ across these age cohorts, is assumed to be consistent for those ages 26 to 33 and 42 to 51 (Williams Institute unpublished analyses). That proportion was then multiplied by the proportion of adults ages 18 to 59 who identify as LGBT (5.29%) in the 2015-2017 Gallup Daily Tracking Survey (Williams Institute unpublished analyses) and the proportion of LGBT individuals ages 18 to 59 who are cisgender (87.7%) among LGBT-identified respondents to the 2014-2015 BRFSS (Williams Institute unpublished analyses), and then applied to the number of adults ages 18 to 59 in the U.S. (180,757,997), according to 2016 population estimates from the 2010 U.S. Census. For total 18-59 population estimates: search American FactFinder, (last visited Dec. 15, 2017) (select advanced search, enter “Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2016” under topic or table name, and select “Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2016” 2016 Population Estimates). The same steps were followed with 95% confidence intervals to calculate a range for each estimate.

In order to determine an estimate for the number of transgender adults who have received conversion therapy, we started with the proportion of transgender adults who report that one or more professionals tried to make them identify only with their sex assigned at birth or try to stop them from being transgender (13.0%), as observed in the U.S. Transgender Survey—the largest purposive sample study of transgender adults to date and reported in James et al., supra note 4. The proportion who received conversion therapy was multiplied by the proportion of adults ages 18 and older who are estimated to be transgender (0.58%) and then applied to the number of adults ages 18 to 59 in the U.S. (180,757,997). This estimate is likely to be somewhat conservative given that slightly larger proportions of the population identify as transgender among younger age cohorts. For transgender population estimates see Andrew R. Flores et al., The Williams Institute, How Many Adults Identify as Transgender in the United States? (2016).

6 Among adults who have received conversion therapy, approximately 49.9% of LGB adults in the Generations Study and 51% of transgender adults in the U.S. Trans Survey are estimated to have received treatment at or before the age of 18. These proportions are applied to the number of LGB and transgender adults ages 18 to 59 who are estimated to have received conversion therapy, as described above. Thus, we estimate that 350,000 LGBT adults [range 287,000 to 429,000] received treatment as adolescents. We believe that our estimate of conversion therapy among cisgender LGBT adolescents is, if anything, an underestimate because the Generations Study survey asked about age at which last conversion therapy was received versus the age at which conversion therapy first began. It is possible that some youth received conversion therapy that did not end until age 18 or later and that these individuals are missing in our estimates of the percentage of LGBT youth who received conversion therapy. This would lead to an underestimate of the number of current LGBT youth currently at risk of conversion therapy.

7 20,000 LGBT youth ages 13 to 17 [range 13,000 to 32,000] are estimated to live in states without state-wide conversion therapy bans and will receive conversion therapy from a professional before the age of 18. This figure was calculated by adding estimates for LGB and transgender youth. In order to determine an estimate for the number of LGBT youth who will receive conversion therapy before age 18, we multiplied the proportion of LGBT adults ages 18 to 59 who report having received treatment from a health care professional to change their sexual orientation that began and ended before the age of 18 (1.2%) from the Generations Study (Williams Institute unpublished analyses) by the proportion of youth in grades 9 through 12 who identify as LGBT (8.0%) in the 2015 YRBS and by the proportion of LGB young adults ages 18 to 24 who are cisgender (95.7%) among LGBT-identified respondents to the 2014-2015 BRFSS.
In order to determine an estimate for the number of transgender youth who have received conversion therapy we multiplied the proportion of transgender adults who report that a professional (nonreligious or spiritual) tried to make them identify only with their sex assigned at birth or stop them from being transgender (9.0%) by the proportion for whom this had happened at or before age 18 (51%), as observed in the U.S. Transgender Survey and reported in James et al., supra note 4. This proportion (4.6%), those who received conversion therapy at or before age 18, was multiplied by the proportion of youth ages 13 to 17 who are estimated to be transgender (0.73%) and then applied to the number of youth ages 13 to 17 in the U.S. (20,870,650). For transgender population proportion estimates see JODY L. HERMAN ET AL., THE WILLIAMS INSTITUTE, AGE OF INDIVIDUALS WHO IDENTIFY AS TRANSGENDER IN THE UNITED STATES (2017).

For a list of the states that have banned conversion therapy state-wide see note 24 infra. Although some cities and counties have enacted local bans on conversion therapy, the population of these localities is not large and would not have an appreciable impact on state estimates.

9 57,000 LGBT youth ages 13-17 [range 37,000 to 94,000] are estimated to be at risk of receiving treatment to change their sexual orientation or gender identity from a religious leader, advisor or counselor at or before age 18. This figure was calculated by adding estimates for LGB and transgender youth. In order to determine an estimate for the number of LGB youth who will receive conversion therapy, we multiplied the proportion of LGB adults ages 18 to 25 who report having received treatment from a religious leader (pastor, religious counselor, priest) to change their sexual orientation that began and ended before the age of 18 (3.4%) from the Generations Study (Williams Institute unpublished analyses) by the proportion of youth in grades 9 through 12 who identify as LGB (8.0%) in the 2015 YRBS and by the proportion of LGB young adults ages 18 to 24 who are cisgender (95.7%) in the 2014-2015 BRFSS (Williams Institute unpublished analyses), and then applied this proportion to the number of youth ages 13 to 17 in the U.S. (20,870,650), according to 2016 population estimates from the 2010 U.S. Census. For total 13-17 population estimates: search American FactFinder, (last visited Dec. 15, 2017) (select advanced search, enter “Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2016” 2016 Population Estimates). For estimates of the proportion of youth who identify as lesbian, gay, or bisexual see LAURA KANN ET AL., SEXUAL IDENTITY, SEX OF SEXUAL CONTACTS, AND HEALTH-RELATED BEHAVIORS AMONG STUDENTS IN GRADES 9-12 – UNITED STATES AND SELECTED SITES, 2015 (2016). Note: The proportion who received conversion therapy from a health care professional to change their sexual orientation that began and ended before the age of 18, was not significantly different across the three age cohorts (18-25, 34-41, and 52-59) where receipt of conversion therapy is assumed to be consistent for those ages 26 to 33 and 42 to 51 (Williams Institute unpublished analyses).

In order to determine an estimate for the number of transgender youth who have received conversion therapy we multiplied the proportion of transgender adults who report that a professional (nonreligious or spiritual) tried to make them identify only with their sex assigned at birth or stop them from being transgender (9.0%) by the proportion for whom this had happened at or before age 18 (51%), as observed in the U.S. Transgender Survey and reported in James et al., supra note 4. This proportion (4.6%), those who received conversion therapy at or before age 18, was multiplied by the proportion of youth ages 13 to 17 who are estimated to be transgender (0.73%) and then applied to the number of youth ages 13 to 17 in the U.S. (20,870,650). For transgender population proportion estimates see JODY L. HERMAN ET AL., THE WILLIAMS INSTITUTE, AGE OF INDIVIDUALS WHO IDENTIFY AS TRANSGENDER IN THE UNITED STATES (2017).

For a list of the states that have banned conversion therapy state-wide see note 24 infra. Although some cities and counties have enacted local bans on conversion therapy, the population of these localities is not large and would not have an appreciable impact on state estimates.

8 Following the same approach described above, we estimate that approximately 6,000 LGBT youth [range 4,000 to 10,000] live in states that have banned conversion therapy state-wide by licensed professionals.


12 GLASSGOLD ET AL., supra note 7 at 22.
14 American professional organizations that have issued statements opposing the use of conversion therapy on youth include: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Counseling Association, American Medical Association, American School Health Association, American Psychoanalytic Association, American Psychiatric Association, American Psychological Association, American School Counselor Association, and National Association of Social Workers Stewart L. Adelson, Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents, 51 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 957 (2012); Am. Acad. of Pediatrics, Homosexuality and Adolescence, 92 PEDIATRICS 631 (1993); Am. Assoc. for Marriage and Family Therapy, Positions on Couples and Families: Reparative/Conversion Therapy (Mar. 25, 2009).


15 For methodology, see note 5 supra.

16 For methodology, see note 6 supra.


18 Id.


25 Some laws apply to other types of health professionals as well. For example, New Mexico’s conversion therapy ban applies to nurses and doctors of osteopathic medicine. S.B. 121, 2017 Leg., Reg. Sess. (N.M. 2017)

26 See note 24 supra.
27 CAL. BUS. & PROF. CODE § 865.


31 Id.

32 See note 24 supra.


35 For methodology, see note 7.

36 For methodology, see note 8.


39 Id.

40 Id.

41 See note 24 supra.

42 See note 24 supra.

43 See note 24 supra.

44 For methodology, see note 9 supra.

Declaration on the Impropriety and Dangers of Sexual Orientation and Gender Identity Change Efforts

We, as national organizations representing millions of licensed medical and mental health care professionals, educators, and advocates, come together to express our professional and scientific consensus on the impropriety, inefficacy, and detriments of practices that seek to change a person’s sexual orientation or gender identity, commonly referred to as “conversion therapy.”

We reiterate the prevailing science confirming that variations in sexual orientation and gender identity represent normal expressions of human diversity and cannot be changed at will.

We affirm the contemporary scientific agreement that being lesbian, gay, bisexual, or transgender (LGBT) is not a mental illness or disorder and should not be pathologized.

We emphasize the dangers of sexual orientation and gender identity change efforts, particularly for youth, which include increased risk of anxiety, depression, decreased self-esteem, social withdrawal and isolation, homelessness, substance abuse, and suicidality.

Sexual orientation and gender identity change efforts present additional, preventable risk factors to LGBT youth, a group that is already at heightened risk for suicide.

While we agree that most medical and mental health professional organizations understand that trying to change a person’s sexual orientation or gender identity is harmful, we also acknowledge that, in virtually every state, some therapists continue to engage in these dangerous practices, deceiving parents, and causing LGBT youth to suffer a variety of consequences and adverse outcomes.

We express alarm at the continued prevalence of sexual orientation and gender identity change efforts as highlighted by a recent Williams Institute at UCLA School of Law report that estimated 20,000 LGBT minors in states without legal protections will be subjected to these harmful practices by a licensed healthcare professional.

A health care provider’s ability to effectively treat patients is not limited by laws and regulations that prevent licensed health care providers from engaging in sexual orientation and gender identity change efforts.

We stand firmly together in support of legislative and policy efforts to curtail the unscientific and dangerous practice of sexual orientation and gender identity change efforts.

Signed,

American Academy of Pediatrics

American Counseling Association

DEDICATED TO THE HEALTH OF ALL CHILDREN®
American Academy of Pediatrics
American Counseling Association
American Medical Women’s Association
American School Counselor Association
Child Welfare League of America
Devereux Advanced Behavioral Health
Mental Health America
National Association of School Psychologists
National Association of Secondary School Principals
National Education Association
School Social Work Association of America
Voice for Adoption
Subject: Resolution on Reparative Therapy/Conversion Therapy/Sexual Orientation Change Efforts (SOCE) as a Significant and Serious Violation of the ACA Code of Ethics

It is Moved:
Whereas the American Counseling Association has expressly affirmed that sexual orientation and gender nonconformity are not mental disorders;

Whereas the American Counseling Association has expressly opposed the portrayal of lesbian, gay, bisexual, transgender, and queer youth and adults as mentally ill due to their sexual orientation or gender identity;

Whereas the American Counseling Association has expressly supported the dissemination of accurate information about sexual orientation, affectional orientation, gender identity, mental health, and appropriate interventions, in order to counteract bias that is based in ignorance or unfounded beliefs about same-sex sexual orientation and gender nonconformity;

Whereas the American Counseling Association has expressly opposed the promotion of reparative therapy/conversion therapy/sexual orientation change efforts (SOCE) as a cure for LGBTQ+ individuals;

Whereas reparative therapy/conversion therapy/SOCE has been shown to be ineffectual;

Whereas reparative therapy/conversion therapy/SOCE has been shown to cause harm;

Whereas reparative therapy/conversion therapy/SOCE has been found to violate consumer fraud-protection law;

Be it resolved that promoting, conducting, engaging in, or referring for reparative therapy/conversion therapy/SOCE is a significant and serious violation of the ACA Code of Ethics including, but not necessarily limited to, a breach of the mandates to:

- Do no harm.
- Avoid the imposition of the counselor’s personal values, attitudes, beliefs, and behaviors.
- Practice within the boundaries of professional competencies.
- Avoid discrimination based on sexual orientation and/or gender identity.

Moved by: Michael Kocet
Seconded by: Simone Lambert

Endorsements: This motion has been endorsed by
- The ACA Ethics Committee
- The ACA Human Rights Committee
- The ACA Professional Standards Committee

Rationale/Need: This motion codified ACA’s current position.

Impact on the Profession and Relationship to the Strategic Priority:
This motion makes it clear to members, the profession, and the public that promoting, conducting, engaging in, or referring for reparative therapy/conversion therapy/SOCE is a significant and serious violation of the ACA Code of Ethics. While this has been ACA’s position for some time, it has not yet been codified in writing.

ACA Strategic Priorities
Strategic Priority 2 – Improving member services and benefits to address 21st century needs
Strategic Priority 3 – Balancing practice with academia
Strategic Priority 4 – Advocating for the profession
Strategic Priority 5 – Strengthening the organization

Motion Passed: Governing Council Meeting – Dec. 19, 2017
What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?

We identified 47 peer-reviewed studies that met our criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing harm. Thirteen of those studies included primary research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study concluded that sexual orientation change efforts could succeed—although only in a minority of its participants, and the study has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGB patients.

The research on conversion therapy is limited by the difficulty of empirically assessing a person’s sexual orientation. All of the studies we identified rely on self-reports, and those who wish to change their sexual orientation enough to seek therapeutic intervention may be inclined toward a bias in assessing or reporting their own attractions. Most of the studies lacked control groups, and none used nationally representative probability samples. Many researchers sympathetic to conversion therapy do not actually assess changes in sexual orientation or arousal patterns, but in behavior, which is not a true gauge of orientation. Some subjects who claimed movement from gay to straight are actually more accurately described as bisexual, but were not initially coded as such. Many of these studies sample exclusively religious populations, and so their conclusions generally reflect more about religious self-identifications than any indication that sexual orientation can genuinely change. Some researchers found success in depressing
same-sex arousal—often with the use of severe techniques—but often that did not translate into increased heterosexual arousal or ability to sustain a satisfying opposite-sex sexual relationship.

Such limitations do not mean there is no useful research on conversion therapy. For instance, among the research we include here under “of interest to practitioners” are several ethical discussions of how to approach therapy with patients reporting dissatisfaction with their sexual orientation. Additionally, a direct examination of the research may help visitors to this site assess for themselves how persuasive claims are that sexual orientation can be changed.

However, after reviewing the research, we concluded that there is no credible evidence that sexual orientation can be changed through therapeutic intervention. Most accounts of such change are akin to instances of “faith healing.” There is also powerful evidence that trying to change a person’s sexual orientation can be extremely harmful. Taken together, the overwhelming consensus among psychologists and psychiatrists who have studied conversion therapy or treated patients who are struggling with their sexual orientation is that therapeutic intervention cannot change sexual orientation, a position echoed by all major professional organizations in the field, including the American Psychological Association whose substantial 2009 report is available here.

**Scholarly sources concluding that conversion therapy is ineffective and/or harmful:**

Scholarly sources concluding that conversion therapy can be effective:


Scholarly sources making no determination about whether conversion therapy can alter sexual orientation but that may be useful to practitioners with LGB patients.

An act to amend Section 8103 of the Welfare and Institutions Code, relating to firearms.

LEGISLATIVE COUNSEL’S DIGEST


Existing law makes it a crime for a person who has been taken into custody, assessed, and admitted to a designated facility because he or she is a danger to himself, herself, or others, as a result of a mental health disorder to own a firearm for a period of 5 years after the person is released from the facility. Existing law allows a person who is prohibited from owning a firearm pursuant to these provisions to petition the court for a hearing in which the district attorney is required to show by a preponderance of the evidence that the person would not be likely to use firearms in a safe and lawful manner. If the people do not meet this burden, existing law requires the court to order that the person not be subject to this prohibition on the possession of firearms.

This bill would require that a person who has been taken into custody, assessed, and admitted to a designated facility because he or she is a danger to himself, herself, or others, as a result of a mental health disorder—more than once within a one-year period to and who was previously taken into custody, assessed, and admitted one or more times within a period of one year preceding the most recent admittance be
prohibited from owning a firearm for the remainder of his or her life. The bill would extend the above hearing process to a person under these provisions. Because a violation of the firearm prohibition would be a crime, the bill would impose a state-mandated local program.

Existing law requires the facility to provide a person subject to the above provisions with a form to request the above-specified hearing and to forward the form to the superior court if the person requests a hearing. Existing law requires the Department of Justice to prescribe the form.

Existing law requires the facility to provide a person subject to the above provisions with a form to request the above-specified hearing and to forward the form to the superior court if the person requests a hearing. Existing law requires the Department of Justice to prescribe the form.

This bill would require that form to include an authorization for the release of the person’s mental health records, upon request, to the appropriate district attorney solely for use in the hearing. The bill would require the person to be responsible for submitting the form to the superior court and a copy of the form to the district attorney, and would prohibit the facility from doing so submitting the form on behalf of the person.

Existing law requires the court to set a hearing within 30 days of receipt of a request. Existing law authorizes a continuance of 14 days, upon a showing of good cause by the district attorney.

This bill would instead require the court to set the hearing within 60 days. The bill would further authorize a continuance of 30 days, upon a showing of good cause by the district attorney. The bill would also require that a petition for a hearing be made no sooner than 6 months after the person’s discharge from the facility. allow a person who is subject to a lifetime firearm prohibition to file a subsequent petition every 5 years to show by a preponderance of the evidence that he or she can use firearms in a safe and lawful manner, as provided.

Existing law makes it a crime for a person who has been certified for intensive treatment after being admitted to a designated facility because he or she is a danger to himself, herself, or others, as a result of a mental health disorder, to own a firearm for a period of 5 years. Existing law allows a person who is prohibited from owning a firearm pursuant to these provisions to petition the court for an order that he or she may own a firearm. Existing law requires the clerk of the court to set a hearing date at the time the petition is filed. Existing law authorizes a continuance of 14 days after the district attorney has been notified of the hearing date.

This bill would require the court to set a hearing date within 60 days. The bill would further authorize a continuance of 30 days after the district attorney has been notified of the hearing date. If additional
continuances are granted, the bill would limit the total length of time for continuances to 60 days.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

1 SECTION 1. Section 8103 of the Welfare and Institutions Code is amended to read:
2 8103. (a) (1) A person who after October 1, 1955, has been adjudicated by a court of any state to be a danger to others as a result of a mental disorder or mental illness, or who has been adjudicated to be a mentally disordered sex offender, shall not purchase or receive, or attempt to purchase or receive, or have in his or her possession, custody, or control a firearm or any other deadly weapon unless there has been issued to the person a certificate by the court of adjudication upon release from treatment or at a later date stating that the person may possess a firearm or any other deadly weapon without endangering others, and the person has not, subsequent to the issuance of the certificate, again been adjudicated by a court to be a danger to others as a result of a mental disorder or mental illness.
3 (2) The court shall notify the Department of Justice of the court order finding the individual to be a person described in paragraph (1) as soon as possible, but not later than one court day after issuing the order. The court shall also notify the Department of Justice of any certificate issued as described in paragraph (1) as soon as possible, but not later than one court day after issuing the certificate.
4 (b) (1) A person who has been found, pursuant to Section 1026 of the Penal Code or the law of any other state or the United States, not guilty by reason of insanity of murder, mayhem, a violation of Section 207, 209, or 209.5 of the Penal Code in which the victim suffers intentionally inflicted great bodily injury, carjacking or robbery in which the victim suffers great bodily injury, a violation
of Section 451 or 452 of the Penal Code involving a trailer coach, as defined in Section 635 of the Vehicle Code, or any dwelling house, a violation of paragraph (1) or (2) of subdivision (a) of Section 262 or paragraph (2) or (3) of subdivision (a) of Section 261 of the Penal Code, a violation of Section 459 of the Penal Code in the first degree, assault with intent to commit murder, a violation of Section 220 of the Penal Code in which the victim suffers great bodily injury, a violation of Section 18715, 18725, 18740, 18745, 18750, or 18755 of the Penal Code, or of a felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person, or a violation of the law of any other state or the United States that includes all the elements of any of the above felonies as defined under California law, shall not purchase or receive, or attempt to purchase or receive, or have in his or her possession or under his or her custody or control any firearm or any other deadly weapon.

(2) The court shall notify the Department of Justice of the court order finding the person to be a person described in paragraph (1) as soon as possible, but not later than one court day after issuing the order.

(c) (1) A person who has been found, pursuant to Section 1026 of the Penal Code or the law of any other state or the United States, not guilty by reason of insanity of any crime other than those described in subdivision (b) shall not purchase or receive, or attempt to purchase or receive, or have in his or her possession, custody, or control, any firearm or any other deadly weapon unless the court of commitment has found the person to have recovered sanity, pursuant to Section 1026.2 of the Penal Code or the law of any other state or the United States.

(2) The court shall notify the Department of Justice of the court order finding the person to be a person described in paragraph (1) as soon as possible, but not later than one court day after issuing the order. The court shall also notify the Department of Justice when it finds that the person has recovered his or her sanity as soon as possible, but not later than one court day after making the finding.

(d) (1) A person found by a court to be mentally incompetent to stand trial, pursuant to Section 1370 or 1370.1 of the Penal Code or the law of any other state or the United States, shall not purchase or receive, or attempt to purchase or receive, or have in his or her
possession, custody, or control, any firearm or any other deadly
weapon, unless there has been a finding with respect to the person
of restoration to competence to stand trial by the committing court,
pursuant to Section 1372 of the Penal Code or the law of any other
state or the United States.

(2) The court shall notify the Department of Justice of the court
order finding the person to be mentally incompetent as described
in paragraph (1) as soon as possible, but not later than one court
day after issuing the order. The court shall also notify the
Department of Justice when it finds that the person has recovered
his or her competence as soon as possible, but not later than one
court day after making the finding.

(e) (1) A person who has been placed under conservatorship
by a court, pursuant to Section 5350 or the law of any other state
or the United States, because the person is gravely disabled as a
result of a mental disorder or impairment by chronic alcoholism,
shall not purchase or receive, or attempt to purchase or receive, or
have in his or her possession, custody, or control, any firearm or
any other deadly weapon while under the conservatorship if, at
the time the conservatorship was ordered or thereafter, the court
that imposed the conservatorship found that possession of a firearm
or any other deadly weapon by the person would present a danger
to the safety of the person or to others. Upon placing a person
under conservatorship, and prohibiting firearm or any other deadly
weapon possession by the person, the court shall notify the person
of this prohibition.

(2) The court shall notify the Department of Justice of the court
order placing the person under conservatorship and prohibiting
firearm or any other deadly weapon possession by the person as
described in paragraph (1) as soon as possible, but not later than
one court day after placing the person under conservatorship. The
notice shall include the date the conservatorship was imposed and
the date the conservatorship is to be terminated. If the
conservatorship is subsequently terminated before the date listed
in the notice to the Department of Justice or the court subsequently
finds that possession of a firearm or any other deadly weapon by
the person would no longer present a danger to the safety of the
person or others, the court shall notify the Department of Justice
as soon as possible, but not later than one court day after
terminating the conservatorship.
(3) All information provided to the Department of Justice pursuant to paragraph (2) shall be kept confidential, separate, and apart from all other records maintained by the Department of Justice, and shall be used only to determine eligibility to purchase or possess firearms or other deadly weapons. A person who knowingly furnishes that information for any other purpose is guilty of a misdemeanor. All the information concerning any person shall be destroyed upon receipt by the Department of Justice of notice of the termination of conservatorship as to that person pursuant to paragraph (2).

(f) (1) (A) A person who has been (i) taken into custody as provided in Section 5150 because that person is a danger to himself, herself, or to others, (ii) assessed within the meaning of Section 5151, and (iii) admitted to a designated facility within the meaning of Sections 5151 and 5152 because that person is a danger to himself, herself, or others, shall not own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase, any firearm for a period of five years after the person is released from the facility.

(B) A person who has been taken into custody, assessed, and admitted as specified in subparagraph (A) more than once within a period of one year (A), and who was previously taken into custody, assessed, and admitted as specified in subparagraph (A) one or more times within a period of one year preceding the most recent admittance, shall not own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase, any firearm for the remainder of his or her life.

(C) A person described in this paragraph, however, may own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm if the superior court has, pursuant to paragraph (5), found that the people of the State of California have not met their burden pursuant to paragraph (6).

(2) (A) (i) For each person subject to this subdivision, the facility shall, within 24 hours of the time of admission, submit a report to the Department of Justice, on a form prescribed by the Department of Justice, containing information that includes, but is not limited to, the identity of the person and the legal grounds upon which the person was admitted to the facility.

(ii) Any report submitted pursuant to this paragraph shall be confidential, except for purposes of the court proceedings described
in this subdivision and for determining the eligibility of the person
to own, possess, control, receive, or purchase a firearm.

(B) Facilities shall submit reports pursuant to this paragraph
exclusively by electronic means, in a manner prescribed by the
Department of Justice.

(3) Prior to, or concurrent with, the discharge, the facility shall
inform a person subject to this subdivision that he or she is
prohibited from owning, possessing, controlling, receiving, or
purchasing any firearm for a period of five years or life, as
appropriate. or, if the person was previously taken into custody,
assessed, and admitted to custody for a 72-hour hold because he
or she was a danger to himself, herself, or to others during the
previous one-year period, for life. Simultaneously, the facility
shall inform the person that, six months after discharge from the
facility, that he or she may request a hearing from a court, as
provided in this subdivision, for an order permitting the person to
own, possess, control, receive, or purchase a firearm. The facility
shall provide the person with a form for a request for a hearing.
The Department of Justice shall prescribe the form. The form shall
include information regarding how the person was referred to the
facility. The form shall include an authorization for the release of
the person’s medical and mental health records, upon request, to
the appropriate district attorney, court, solely for use in the hearing
conducted pursuant to paragraph (5). A request for the records
may be made by mail to the custodian of records at the facility,
and shall not require personal service. The person subject to this
subdivision shall be responsible for submitting the form to the
superior court and a copy of the form to the district attorney’s
office. The facility shall not submit the form or copy of the form
on his or her behalf. on behalf of the person subject to this
subdivision.

(4) The Department of Justice shall provide the form upon
request to any person described in paragraph (1). The Department
of Justice shall also provide the form to the superior court in each
county. A person described in paragraph (1) may make a single
request for a hearing at any time during the five-year period or
period of the lifetime prohibition, but no sooner than six months
after discharge from the facility. provision. The request for
hearing shall be made on the form prescribed by the department
or in a document that includes equivalent language.
(5) A person who is subject to paragraph (1) who has requested a hearing from the superior court of his or her county of residence for an order that he or she may own, possess, control, receive, or purchase firearms shall be given a hearing. The clerk of the court shall set a hearing date and notify the person, the Department of Justice, and the district attorney. The people of the State of California shall be the plaintiff in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or on its own motion, the superior court may transfer the hearing to the county in which the person resided at the time of his or her detention, the county in which the person was detained, or the county in which the person was evaluated or treated. Within seven days after the request for a hearing, the Department of Justice shall file copies of the reports described in this section with the superior court. The reports shall be disclosed upon request to the person and to the district attorney. The court shall set the hearing within 60 days of receipt of the request for a hearing. Upon showing good cause, the district attorney shall be entitled to a continuance not to exceed 30 days after the district attorney was notified of the hearing date by the clerk of the court. If additional continuances are granted, the total length of time for continuances shall not exceed 60 days. The district attorney may notify the county behavioral health director of the hearing who shall provide information about the detention of the person that may be relevant to the court and shall file that information with the superior court. That information shall be disclosed to the person and to the district attorney. The court, upon motion of the person subject to paragraph (1) establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other law, declarations, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence Code shall be admissible at the hearing under this section.

(6) The people shall bear the burden of showing by a preponderance of the evidence that the person would not be likely to use firearms in a safe and lawful manner.
(7) If the court finds at the hearing set forth in paragraph (5)
that the people have not met their burden as set forth in paragraph
(6), the court shall order that the person shall not be subject to the
five-year prohibition or lifetime prohibition, as appropriate, in this
section on the ownership, control, receipt, possession, or purchase
of firearms, and that person shall comply with the procedure
described in Chapter 2 (commencing with Section 33850) of
Division 11 of Title 4 of Part 6 of the Penal Code for the return of
any firearms. A copy of the order shall be submitted to the
Department of Justice. Upon receipt of the order, the Department
of Justice shall delete any reference to the prohibition against
firearms from the person’s state mental health firearms prohibition
system information.

(8) If the district attorney declines or fails to go forward in the
hearing, the court shall order that the person shall not be subject
to the five-year prohibition or lifetime prohibition required by this
subdivision on the ownership, control, receipt, possession, or
purchase of firearms. A copy of the order shall be submitted to the
Department of Justice. Upon receipt of the order, the Department
of Justice shall, within 15 days, delete any reference to the
prohibition against firearms from the person’s state mental health
firearms prohibition system information, and that person shall
comply with the procedure described in Chapter 2 (commencing
with Section 33850) of Division 11 of Title 4 of Part 6 of the Penal
Code for the return of any firearms.

(9) This subdivision does not prohibit the use of reports filed
pursuant to this section to determine the eligibility of persons to
own, possess, control, receive, or purchase a firearm if the person
is the subject of a criminal investigation, a part of which involves
the ownership, possession, control, receipt, or purchase of a
firearm.

(10) If the court finds that the people have met their burden to
show by a preponderance of the evidence that the person would
not be likely to use firearms in a safe and lawful manner and the
person is subject to a lifetime firearm prohibition because the
person had been admitted as specified in subparagraph (A) of
paragraph (1) more than once within the previous one year period,
the court shall inform the person of his or her right to file a
subsequent petition no sooner than five years from the date of the
hearing.
A person subject to a lifetime firearm prohibition is entitled to bring subsequent petitions pursuant to this subdivision. A person shall not be entitled to file a subsequent petition, and shall not be entitled to a subsequent hearing, until five years have passed since the determination on the person’s last petition. A hearing on subsequent petitions shall be conducted as described in this subdivision, with the exception that the burden of proof shall be on the petitioner to establish by a preponderance of the evidence that the petitioner can use a firearm in a safe and lawful manner. Subsequent petitions shall be filed in the same court of jurisdiction as the initial petition regarding the lifetime firearm prohibition.

(g) (1) (i) A person who has been certified for intensive treatment under Section 5250, 5260, or 5270.15 shall not own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase, any firearm for a period of five years.

(ii) Any person who meets the criteria contained in subdivision (e) or (f) who is released from intensive treatment shall nevertheless, if applicable, remain subject to the prohibition contained in subdivision (e) or (f).

(2) (A) For each person certified for intensive treatment under paragraph (1), the facility shall, within 24 hours of the certification, submit a report to the Department of Justice, on a form prescribed by the department, containing information regarding the person, including, but not limited to, the legal identity of the person and the legal grounds upon which the person was certified. A report submitted pursuant to this paragraph shall only be used for the purposes specified in paragraph (2) of subdivision (f).

(B) Facilities shall submit reports pursuant to this paragraph exclusively by electronic means, in a manner prescribed by the Department of Justice.

(3) Prior to, or concurrent with, the discharge of each person certified for intensive treatment under paragraph (1), the facility shall inform the person of that information specified in paragraph (3) of subdivision (f).

(4) A person who is subject to paragraph (1) may petition the superior court of his or her county of residence for an order that he or she may own, possess, control, receive, or purchase firearms. At the time the petition is filed, the clerk of the court shall set a hearing date within 60 days of receipt of the petition and notify the person, the Department of Justice, and the district attorney.
The people of the State of California shall be the respondent in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or on its own motion, the superior court may transfer the petition to the county in which the person resided at the time of his or her detention, the county in which the person was detained, or the county in which the person was evaluated or treated. Within seven days after receiving notice of the petition, the Department of Justice shall file copies of the reports described in this section with the superior court. The reports shall be disclosed upon request to the person and to the district attorney. The district attorney shall be entitled to a continuance of the hearing to a date of not less than 44 30 days after the district attorney was notified of the hearing date by the clerk of the court.

If additional continuances are granted, the total length of time for continuances shall not exceed 60 days. The district attorney may notify the county behavioral health director of the petition, and the county behavioral health director shall provide information about the detention of the person that may be relevant to the court and shall file that information with the superior court. That information shall be disclosed to the person and to the district attorney. The court, upon motion of the person subject to paragraph (1) establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other law, any declaration, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence Code, shall be admissible at the hearing under this section. If the court finds by a preponderance of the evidence that the person would be likely to use firearms in a safe and lawful manner, the court may order that the person may own, control, receive, possess, or purchase firearms, and that person shall comply with the procedure described in Chapter 2 (commencing with Section 33850) of Division 11 of Title 4 of Part 6 of the Penal Code for the return of any firearms. A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the Department of Justice shall delete any reference to the prohibition against firearms from the person’s state mental health firearms prohibition system information.
For all persons identified in subdivisions (f) and (g), facilities shall report to the Department of Justice as specified in those subdivisions, except facilities shall not report persons under subdivision (g) if the same persons previously have been reported under subdivision (f).

Additionally, all facilities shall report to the Department of Justice upon the discharge of persons from whom reports have been submitted pursuant to subdivision (f) or (g). However, a report shall not be filed for persons who are discharged within 31 days after the date of admission.

Every person who owns or possesses or has under his or her custody or control, or purchases or receives, or attempts to purchase or receive, any firearm or any other deadly weapon in violation of this section shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code or in a county jail for not more than one year.

"Deadly weapon," as used in this section, has the meaning prescribed by Section 8100.

Any notice or report required to be submitted to the Department of Justice pursuant to this section shall be submitted in an electronic format, in a manner prescribed by the Department of Justice.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
Over the last few years, the Board has set as one of its goals and incentives to encourage, and advocate for, the fair remuneration of pre-licensees, specifically associates, for the services they provide. In addition, the legal staff of CAMFT has regularly received questions from both pre-licensed and employer/supervisor members as to whether registered associates must be paid as a W-2 employee in accordance with California’s labor laws. Members have asked CAMFT to provide guidance on this topic so that they (or their employers/supervisors) are in compliance with the law.

In response to the Board’s directive, and internal desire to provide member’s guidance, CAMFT staff has put forward legal articles explaining the lack of guidance in this area, as well as articulating recommended best practices for employers and employees. Members have reported these articles to be helpful in structuring their internship programs.

In 2017, CAMFT also formulated a query to the California Labor Board for the purpose of seeking specific guidance from the state on: whether a typical agency has any obligation to pay for the services of registered associates and/or if there are any legal prohibitions in requiring an associate to pay for supervision. Before submitting the letter to the Labor Board, CAMFT was challenged by a few agencies (that employed trainees and/or associates), indicating that if CAMFT sought guidance and the guidance indicated compensation to registered associations as W-2 employees was mandatory, that many agencies would either go out of business and/or resist hiring pre-licensees to provide services.

The Board is asked to discuss the pros and cons of CAMFT seeking guidance from the Labor Board, as well as provide direction in their goals on this issue.