

Mental Health Services Oversight and Accountability Commission

Legislative Report
May 2008

The MHSOAC currently does not have a formal legislative program in which to track and take positions on legislation affecting mental health. This activity is in development for next year when we will have additional staff to manage this program.

Brief summaries of five bills affecting mental health, two with significant implications for the MHSA, follow:

SB 1606 (Yee)

Sponsor: California Psychiatric Association

Status: 4/28/08 – Placed on Appropriation suspense file. Passed out of Senate Judiciary Committee on 4/16/08 (3-2), re-referred to Senate Appropriations.

SB 1606 adds Section 5349.3 to the Welfare and Institutions Code (WIC) to require the State Department of Mental Health, in conjunction with a working group, to conduct a study. This study would determine if individuals mental health needs are not being met through voluntary treatment services or because they do not meet the eligibility criteria for Assisted Outpatient Treatment (AOT) services.

To complete the study, DMH would be required to consult with state and county mental health programs, county mental health and private providers, advocacy groups for mental illness and families, and other groups as necessary. According to the Senate Appropriations Committee Fiscal Summary, it is estimated that this study and report would cost \$150,000 to complete. This report would be due to the Governor and Legislature by January 1, 2010.

AB 3083 (Salas, Beall, Carter, Lieu, Wolk)

Sponsor: Assembly Committee on Veterans Affairs

Status: Amended on 4/22/08; Passed out of Assembly Committee on Veterans Affairs re-referred to Assembly Appropriations (9-0). Placed in Appropriations Suspense File.

AB 3083 amends Sections 5600.3, 5806, 5807, 5808 and 5848 and adds Section 5815 to the Welfare and Institutions Code. This bill would do the following:

Require counties to assist veterans in accessing federal services

- Include post-traumatic stress disorder (PTSD) in the definition of “serious mental disorder”.
- Specifically require that veterans be included in the group of local stakeholders who assist in the developing the counties MHSAs plans.
- Require the State Department of Health Care Services (DHCS), in conjunction with the State Department of Mental Health (DMH), to seek all available federal funds for mental health services of veterans.

AB 3063 was amended on 4/22/08. Two significant changes to this bill are listed below:

- Funds received by the State from the Federal government for the purpose of providing veterans with mental health services would not be deposited in the Mental Health Services Fund.
- AB 3063 would make services available to the extent that services are available to other adults and those services are not being delivered by another entity.

SB 1505 (Yee)

Sponsor: Board of Behavioral Sciences

Status: 5/15/08 – In Assembly. Passed out of Senate 22-15.

SB 1505 would require that by July 1, 2009 the Board of Behavioral Sciences (BBS) reduce the biennial license renewal fee for Marriage and Family Therapists (MFT) and licensed Clinical Social Workers (CSW). The current fee is \$140 and would be reduced by \$20. According to the BBS this reduction is required by law because its fund reserve exceeds two years of expenditures.

SB 1505 would also increase the amount from \$10 to \$30 the surcharge assessed on MFTs and CSWs for license renewals. These renewal surcharges would be directed to the Licensed Mental Health Services Provider Education Program (MHSPE). This increase would go into effect on July 1, 2009. According to BBS, the MHSPE program addresses the workforce shortage of mental health professionals in underserved areas. The increased surcharge would provide approximately \$500,000 per year for the MHSPE program.

SB 1218 (Correa)

Sponsor: Board of Behavioral Sciences

Status: 5/1/08 – In Assembly. Referred to Assembly Committee on Business and Professions. Hearing set for 6/4/08.

SB 1218 updates the educational requirements for marriage and family therapists that would take effect for those who begin graduate study after August 1, 2012. SB 1218 would make the following changes:

- Increase unit requirement from 48 to 60 semester units (72 to 90 quarter units)
- Fewer requirements for particular coursework, allowing flexibility in curriculum design
- Revise required practicum- face-to-face counseling hours would increase to 225, would require training applied use of psychotherapeutic techniques and working with families.
- Certain coursework requirements including California law and ethics and child abuse reporting would be integrated into the degree program.
- Requires recovery oriented care, cultural competence, socioeconomic understanding and interaction with consumers and family members be integrated throughout the curriculum.
- Adds public mental health instructional areas, which would include; case management, working with the severely mentally ill, and disaster and trauma response.
- Requires degree program to include; evidence based practices, end of life and grief, addiction, substance abuse and co-occurring disorders, human sexuality and psychosexual dysfunction, legal and ethical standards for different types of work settings, licensing law and process.
- Repeals the current MFT educational requirements January 1, 2019.
- Revises the requirements for degrees earned outside of California effective January 1, 2014.
- Effective January 1, 2014, no longer requires an applicant licensed for less than two years in another state to complete 250 hours as an intern before applying for licensure in California.

- Permits applicants for an MFT license to count experience for performing “client centered advocacy” towards licensure.
- Permits MFT interns to gain a portion of the required supervision via teleconferencing.
- Requires applicants to verify that supervised experience was gained as an employee or volunteer and not as an independent contractor.

AB 1887 (Beall)

Sponsor: County Alcohol and Drug Program Administrators Association of California

Status: 4/30/08 – Referred to Assembly Appropriations Committee, Hearing set for 5/22/08.

AB 1887 would require health care service plans and health insurance providers to cover the diagnosis and medically necessary treatment of a mental illness of a person of any age. Such coverage would not be limited to severe mental illness (SMI) as is the case in existing law. Specifically, AB 1887 would do the following;

- Would require health plans and health insurance policies to provide coverage for the diagnosis and medically necessary treatment of a mental illness of a person of any age. This coverage would be under the same terms and conditions applied to other medical conditions, including but not limited to maximum lifetime benefits, copayments, individual and family deductibles.
- Defines mental illness as a mental disorder classified in the Diagnostic and Statistical Manual IV and includes coverage for substance abuse. Requires the following benefits; outpatient services, inpatient hospital services, partial hospital services, and prescription drugs.
- Would allow health plans and health insurer to provide mental health coverage required under this bill without and additional license for this purpose.
- Would require a health plan or health insurer to provide the mental health coverage required by this bill throughout its service area.
- Exempt contracts between the Department of Health Care Services (DHCS) and a health plan for enrolled Medi-Cal beneficiaries from this bill.

- Exempts the California Public Employees Retirement System (CalPERS) from the mental health benefits mandated under this bill. CalPERS could elect to purchase coverage if they decide to do so.

Update on the 2008-2009 Budget

The Governor has proposed no changes to MHSA funding or programs in his May Revise.