

## **Mental Health Services Oversight and Accountability Commission**

Legislative Report  
July 2008

### **AB 1887 (Beall)**

Sponsor: County Alcohol and Drug Program Administrators Association of California

Status: 7/14/08 -- Heard in Senate Appropriations Committee; referred to suspense file

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. This coverage would not be limited to severe mental illness, currently in existing law.

Chapter 534, Statutes of 1999 (AB 88, Thomson) requires health plans and health insurers to provide coverage for the diagnosis and medically necessary treatment of certain severe mental illnesses (SMI) for persons of all ages. This bill broadens the coverage individuals with mental disorders and substance abuse addictions. According to the sponsor, a potential benefit of this bill is that it would eliminate insurance coverage disparity between psychological and medical conditions and could therefore help to de-stigmatize mental health and substance abuse treatment.

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

Sponsor: Assembly Committee on Veterans Affairs

Status: 7/2/08 – referred to Senate Committee on Appropriations

AB 3083 requires counties to provide mental health services to California veterans in need of services and who meet existing eligibility requirements to the extent services are available to other adults and revises the existing target population of adults and older adults who have a serious mental disorder to include adults and older adults who have combat-related post-traumatic stress disorder (PTSD).

The bill was amended on 7/2/08 to include bi-polar disorder in the definition of serious mental disorder and to delete the term, “related to combat,” when referring to PTSD.

### **SB 1218 (Correa)**

Sponsor: Board of Behavioral Sciences

Status: Amended 6/23/08 – added double-joining language; referred to Senate Appropriations Committee; first hearing cancelled at the request of the author

**SB 1218 (Cont'd):**

SB 1218 broadens the educational requirements necessary to obtain a marriage and family therapist (MFT) license. Among other requirements, the bill would do the following:

- Revise required practicum- face-to-face counseling hours would increase to 225, would require training applied use of psychotherapeutic techniques and working with families
- Require recovery oriented care, cultural competence, socioeconomic understanding and interaction with consumers and family members be integrated throughout the curriculum
- Add public mental health instructional areas, which would include; case management, working with the severely mentally ill, and disaster and trauma response
- Require training in the applied use of theory and psychotherapeutic techniques, working with families, documentation skills, and how to find and use resources

According to the American Association for Marriage and Family Therapy, this bill responds to the critical provider shortage within public mental health by requiring all MFT training programs to incorporate education in the public system, including training programs to incorporate education in the public system, including recovery-oriented mental health care, inclusion of consumers and family members, and advocacy for the severely mentally ill. In addition, AAMFT states that the bill further expands the training of MFTs in working with diversity, as well as issues of disability, cultural context, and dually-diagnosed clients.

**SB 1606 (Yee)**

Sponsor: California Psychiatric Association

Status: 7/2/08 – referred to Senate Appropriations Suspense File

SB 1606 adds Section 5349.3 to the Welfare and Institutions Code (WIC) to require the State Department of Mental Health (DMH), 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.

The bill was amended on 5/23/07 to require the DMH to accept funds from private nonprofit entities and to undertake the study upon certification by the Department of Finance that sufficient private funds have been received to offset all of the costs associated with the study.