

2019 NAMI California Legislative Wrap Up

Priority Legislation That Did Not Move Forward this Year

- **AB 680 (Chu): Emergency Dispatcher Training in Mental Health**

Summary: AB 680, which was sponsored by NAMI California, would have required the Commission on Peace Officer Standards and Training (POST) to develop **mental health training** courses within the basic training course **for state and local law enforcement dispatchers**. The training would cover particular topics, including recognizing indicators of mental illness, intellectual disabilities, or substance use disorders; conflict resolution; and de-escalation techniques. The bill required POST to develop these courses in consultation with individuals possessing expertise in mental health, law enforcement agencies, dispatchers, dispatcher academy instructors, subject matter experts, and members of the public.

Next Steps: Due to the estimated cost for POST to implement the bill, the Senate Appropriations Committee held AB 680 on its “suspense file,” which prevented it from moving forward through the legislative process. Nevertheless, leaders of POST are supportive of the goals of this bill and plan to pursue developing mental health training for law enforcement dispatchers. NAMI California will remain involved with POST as it develops dispatcher mental health training.

- **SB 10 (Beall): Mental Health Services: Peer Support Specialist Certification**

Summary: SB 10 would have required the California Department of Health Care Services (DHCS) to establish a program for certifying peer support specialists, as well as required the state to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Next Steps: The Governor vetoed SB 10 and issued a veto message that acknowledged the important role peer support services can play in meeting individuals' behavioral health care needs. The Governor indicated that, currently, counties may opt to use peer support services for the delivery of Medicaid specialty mental health services. Additionally, the Governor's veto message indicated that, “As the Administration, in partnership with the Legislature and counties, works to transform the state's behavioral health care delivery system, we have an opportunity to more comprehensively



include peer support services in these transformation plans.” NAMI California will continue to work with the many other supportive organizations to promote peer support specialist certification

Legislation Signed into Law, Supported by NAMI California

- **AB 630 (Arambula): Written Notice of Therapist Complaint Process**

Summary: Starting July 1, 2020, all licensed marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors must provide clients with written notice describing the process for contacting the California Board of Behavioral Sciences with any complaints the client may have regarding the services they were provided.

What does this mean for NAMI CA members? Clients and family members should know that their therapists will be required to share a written notice, starting July 1, 2020, with all clients that educates them on how to submit complaints to the state licensing body.

- **SB 389 (Hertzberg): Mental Health Services Act (MHSA) Funds and Criminal Justice Diversion Populations**

Summary: Existing law prohibits MHSA funds from being used to provide services to persons incarcerated in state prison or parolees from state prisons. Under this bill, counties will now be authorized to use MHSA funds to provide services to person who are participating in a pre-sentencing or post-sentencing diversion program or who are on parole from state prison or on probation, post-release community supervision, or mandatory supervision.

What does this mean for NAMI CA members? During each county’s stakeholder process to create a three-year MHSA spending plan or MHSA annual update, NAMI CA members may wish to voice support the **use of local MHSA funds** on services that **help keep people with mental illness out of jail and prison.**

Other Legislation Signed into Law

- **AB 46 (Carrillo): Stigmatizing Language in State Law**

Summary: Outdated terminology used to describe mental health conditions and individuals with mental health conditions is being replaced in California state law. Specifically, this bill made the following changes in various portions of state law:

- Replaced “insane” with “mental health disorder”
- Replaced “mentally incapacitated” with “lacks mental capacity”
- Replaced “mentally or severely disordered” with “mental or severe mental health disorder”
- Replaced “developmentally disabled” with “developmental disability”
- Replaced “mental disorder” and “mental defect” with “mental health disorder”
- Replaced “mentally ill” with “mental illness”

What does this mean for NAMI CA members? Individuals may be pleased to know the California Legislature and Governor recognize that **language about mental illness matters**. California’s state laws are being updated to remove outdated and stigmatizing language about people living with mental illness in our state.

- **AB 845 (Maienschein): Education of Physicians in Maternal Mental Health**

Currently, a licensed healthcare practitioner who provides prenatal or postpartum care for a patient is required to offer to screen or appropriately screen a mother for maternal mental health conditions. Additionally, a general acute care hospital or special hospital that has a perinatal unit is required to implement a program relating to maternal mental health conditions including, but not limited to, postpartum depression. Under AB 845, the Medical Board of California is required to consider adding a **continuing education course in maternal mental health for physicians and surgeons**.

What does this mean for NAMI CA members? According to an October 2019 report by the California Health Care Foundation, mood and anxiety disorders are the most common medical complication affecting women during pregnancy and after childbirth and as many as 21% of pregnant and postpartum women in California are affected. The prevalence is estimated to be even higher in some populations. For example, one in four African American and Latina mothers in the state reports depressive symptoms, and so do as many as half of all mothers living in poverty. If

the Medical Board of California implements the intent of this new law, **all physicians and surgeons in our state will be more knowledgeable about and better prepared to appropriately respond to mental health conditions that affect many women during and following pregnancy.**

- **AB 1352 (Waldron): Local Mental Health Boards**

Summary: This bill requires local mental health boards (MHBs) to report directly to the county governing body (county Board of Supervisors) and grants the MHBs autonomy to act, review, and report independently from the county mental health departments or county behavioral health departments. Additionally, the duties of MHBs are being expanded to now include the authority to:

- Review and report on needs, services or special problems that have been identified in the community or any facility within the county where mental health evaluations and services are being provided;
- Make recommendations to the governing body regarding concerns identified after review of agreements entered into by the county in implementing the Bronzan-McCorquodale Act (the Act); and
- Request assistance from the grand jury when reviewing issues related to the provision of mental health services within county jails for the purpose of advising the governing body and the local mental health director.

The bill also specifies that the review and approval of the procedures used to ensure citizens and professional involvement at all stages of the local planning process **include individuals with lived experience and their families**, professionals representing a variety of organizations, and community members. Additionally, MHBs are now required to add to their bylaws the goal of appointing up to one-third of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations, including, but not limited to representatives of the city policy, county sheriffs, large and small business owners, hospitals, hospital districts, emergency departments, and county offices of education.

What does this mean for NAMI CA members? For individuals serving on local mental health boards, the relationship between the board and the county mental health/behavioral health department may undergo changes now that state law has made boards more independent. Additionally, individuals and families may wish to contact their local boards to request involvement in efforts to update the board procedures that assure citizen involvement.

- **AB 1642 (Wood): Medi-Cal Managed Care Plan Penalties**

Summary: Starting July 1, 2020, each Medi-Cal managed care plan, county mental health plan (MHP), and Drug Medi-Cal Organized Delivery System (DMC-ODS) must annually demonstrate how it arranged for the delivery services through Medi-Cal covered transportation or telehealth if needed to obtain care from a provider located outside of the time and distance standards. Additionally, AB 1642 expands the director of Department of Health Care Services' (DHCS) authority to terminate a plan contract or to impose sanctions if DHCS finds the contractor fails to comply with contract requirements, state or federal law or regulations, or the state plan, or for other good cause.

Specifically, DHCS may impose civil monetary penalties, up to \$25,000 for the first violation, up to \$50,000 for the second violation, and up to \$100,000 for each subsequent violation. These penalties could apply under numerous scenarios, including if a plan fails to demonstrate that it has an adequate network of providers, or fails to comply with time and distance, timely access, and provider-to-beneficiary ratio requirements.

What does this mean for NAMI CA members? Under federal regulations, **Medi-Cal beneficiaries receiving mental health services from counties now have the right to receive Specialty Mental Health Services within particular time and access standards.** This bill raises the financial penalty the state can impose if counties fail to abide by the time and access standards.

Specifically, for outpatient mental health appointments, all counties must make an appointment available to a beneficiary within **10 days** from the date the beneficiary, or a provider acting on behalf of the beneficiary, requests a service. The standards for medication management services by a psychiatrist is **15 days**.

Depending on how densely populated your county, Medi-Cal beneficiaries must not need to travel unreasonably long to access Specialty Mental Health Services. The following are the **time and distance limits** to access outpatient mental health and medication management by a psychiatrist:

Distance and/or Time to Travel from Residence to Mental Health Provider:

- Densely populated county: 15 miles or 30 minutes
- Medium: 30 miles or 60 minutes
- Small: 45 miles or 75 minutes
- Rural: 60 miles or 90 minutes

The following is a list of the counties included in each of the four categories of population density mentioned above:

- Densely Populated: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
 - Medium: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
 - Small: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.
 - Rural: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.
- **AB 1767 (Ramos): Suicide Prevention**

Summary: Kindergarten through 6th grade local educational agencies (LEAs) will be required to adopt and periodically update a policy on student suicide prevention that is appropriate for that age group. Additionally, the bill requires the policy to be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts.

What does this mean for NAMI CA members? Individuals may wish to contact their local elementary school(s) if they have interest and/or expertise in suicide prevention and would like to become involved in the student suicide prevention policy that will be developed locally under this new law.