

Assembly Bill 1863

Improving Access to Behavioral Health Services

Assemblymember Jim Wood, 2nd Assembly District



IN BRIEF

AB 1863 (Wood) will increase Californians' access to behavioral health services in our most vulnerable communities by allowing Marriage and Family Therapist (MFT) to be reimbursed on par with other behavioral health professionals at a FQHC or RHC.

THE PROBLEM

When California elected to embrace the Patient Protection and Affordable Care Act and expand the Medi-Cal program, approximately 32% of people who were previously uninsured, became eligible for coverage, broadly increasing the need for health care services in California.

Mental health and substance use disorder coverage, long neglected by insurance and coverage programs, was bolstered by the Affordable Care Act as well. It was deemed an essential health benefit, making it a required benefit for all programs, including Medi-Cal.

Unfortunately, while coverage became more widespread, a deficit of mental health providers remains, impeding vulnerable community's ability to access necessary care.

Compounding the problem, when left unaddressed, mental illness can make it difficult for patients with chronic physical illness to manage their health care, translating to significant and costly physical health problems for both patients and the health care system.

Allowing MFT's to serve Medi-Cal patients in health centers will address serious gaps in behavioral health care and bring us one step closer to addressing the behavioral health crisis in California.

THE SOLUTION

Community-based primary care is often the first line of defense for detection and treatment of mental health issues. This is particularly true for individuals who otherwise might face stigma, cultural or other barriers to accessing traditional mental health services.

According to 2012 OSHPD data, 41.5% of Community Clinics and Health Centers (CCHC) provide onsite behavioral health services, and behavioral health services were available at CCHCs in 50 of the 58 California Counties.

Under existing law, psychologists and licensed clinical social workers (LCSWs) may be employed by a FQHC or RHC to provide mental health services, for which they may be reimbursed on a per-visit basis. Marriage and Family Therapists (MFT) may not.

MFTs are recognized as being more culturally competent, have diversified language skills, and come from the local communities they serve.

FQHCs and RHCs believe that if they had the ability to utilize MFTs in a manner equal to other mental health professionals, they will significantly increase their capacity to provide care in our most vulnerable communities.

SPONSOR

CaliforniaHealth+ Advocates
California Association of Marriage and Family Therapists

SUPPORT

AIDS Project Los Angeles
AltaMed Health Services
Association of California Healthcare Districts
Community Clinic Association of Los Angeles County
Community Health Partnership
County Health Executives Association of California
North Coast Clinics Network
Open Door Community Health Centers
Redwoods Rural Health Center

OPPOSITION

National Association of Social Workers, CA Chapter
California Psychological Association

FOR MORE INFORMATION

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TALKING POINTS

- A January 2015 report from the UCLA Center for Health Policy Research confirmed that community-based primary care is often the first line of defense for detection and treatment of mental health issues when it found that 70% of behavioral health conditions are first diagnosed in the primary care setting.
- Addressing our nation’s behavioral health crisis cannot wait any longer.
- Unfortunately, there is a significant shortage of mental health providers in community clinics and health centers who can provide services to Medi-Cal patients, leaving a significant unmet community need.
- Assembly Bill 1863 adds marriage and family therapists (MFTs) as health care professionals whose services may be reimbursed by Medi-Cal when provided at a federally qualified health center or rural health clinic.
- In addition to increasing capacity, MFTs will increase quality of care due to their broad cultural competence, diversified language skills, and local community roots.
- PROVIDE REAL LIFE EXAMPLE FROM YOUR HEALTH CENTER.