

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 2666 **VERSION:** INTRODUCED FEBRUARY 18, 2022

AUTHOR: SALAS **SPONSOR:** AUTHOR

RECOMMENDED POSITION: NONE

SUBJECT: BEHAVIORAL HEALTH INTERNSHIP GRANT PROGRAM

Summary: This bill would require the Department of Health Care Access and Information (HCAI) to establish and administer a grant program to provide stipends to students in behavioral health fields of study and practice who are interning or completing licensure hours at federally qualified health centers (FQHCs) and who are unpaid.

Existing Law:

- 1) Requires that in addition to the regular biennial license renewal fee, LMFTs, LCSWs, and LPCCs pay an additional \$20 biennial fee at renewal, which shall be deposited in the Mental Health Practitioner Education Fund. (BPC §§4984.75, 4996.65, 4999.121)
- 2) Creates the Licensed Mental Health Service Provider Education Program within the Department of Health Care Access and Information (HCAI). (Health and Safety Code (HSC) §§128454(a))
- 3) Defines a “licensed mental health service provider” to include several types of licensed mental health professionals, including marriage and family therapists, associate marriage and family therapists, licensed clinical social workers, associate clinical social workers, licensed professional clinical counselors, and associate professional clinical counselors. (HSC §128454(b)(1))
- 4) Defines a “mental health professional shortage area” as an area given this designation by the Health Resources and Services Administration of the U.S. Department of Health and Human Services. (HSC §128454(b)(2))
- 5) Establishes the Mental Health Practitioner Education Fund in the State Treasury, which is to be available for the HCAI for purposes of providing grants for licensed mental health services providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area to reimburse educational loans. (HSC §128458)

- 6) When selecting loan repayment recipients, requires the mental health workforce needs, including cultural and linguistic needs, of the state in general and of the qualified facilities and mental health professional shortage areas, to be taken into consideration. (22 California Code of Regulation (CCR) §97930.7)
- 7) Creates an additional account in the Mental Health Practitioner Education Fund, dependent on appropriation by the Legislature. Money from this account is to be used to provide grants to repay education loans for marriage and family therapists, associate marriage and family therapists, licensed clinical social workers, associate clinical social workers, licensed professional clinical counselors, and associate professional clinical counselors who commit to providing direct patient care in a publicly funded facility or mental health professional shortage area for at least 24 months, and who were formerly in California's foster youth care system. (HSC §128455)
- 8) Establishes that federally qualified health center (FQHCs) services and rural health clinic (RHC) services are covered Medi-Cal benefits that are reimbursed on a per-visit basis. (Welfare and Institutions Code (WIC) §14132.100(c))
- 9) Defines a FQHC or RHC "visit" as a face-to-face encounter between an FQHC or RHC patient and one of the following (WIC §14132.100(g)):
 - A physician;
 - A physician assistant;
 - A nurse practitioner;
 - A certified nurse-midwife;
 - A clinical psychologist;
 - A licensed clinical social worker;
 - A visiting nurse;
 - A dental hygienist; or
 - A marriage and family therapist.

This Bill:

- 1) Requires the Department of Health Care Access and Information (HCAI) to establish and administer a grant program to provide stipends to students in behavioral health fields of study and practice who are interning or completing licensure hours at federally qualified health centers (FQHCs) and who are unpaid. This is dependent upon Legislative appropriation of funds. (HSC §127840(a))
- 2) Requires HCAI to consider mental health professional shortage areas and underrepresented groups in the behavioral health workforce when allocating the stipends to applicants. (HSC §127840(b))

- 3) Defines “mental health professional shortage area” as an area designated as such by the Health Resources and Services Administration of the United States Department of Health and Human Services. (HSC §127840(d))
- 4) Requires HCAI to collect data from the FQHCs and the grant recipients on demographic characteristics, including languages spoken, race, and ethnicity, to evaluate the impact of the grant program on serving the behavioral health needs of the patient community and the diversity of the behavioral health workforce. The data shall be compiled into annual reports. (HSC §127840(c))

Comment:

- 1) **Author’s Intent.** According to the author, staffing shortages are leaving our most vulnerable Californians without help or treatment, impacting the lives of thousands of families. The author further contends that this bill will improve mental health (MH) treatment access in California and help those professionals that are struggling to finish their credentials and begin the work of healing our communities.
- 2) **Identify Qualifying Applicants.** It may be helpful to further specify qualifying criteria for the stipends, including the type of registration or profession the student is working toward, required length of service, and the number of years eligible for the stipend.
- 3) **Funding Source Not Identified.** This bill is dependent on appropriation of funds by the Legislature. However, a funding source is not identified.
- 4) **Related Legislation.**
 - **SB 966 (Limon)** would include a face-to-face encounter with between a FQHC or RHC patient and an associate clinical social worker or an associate marriage and family therapist in the definition of an FQHC or RHC visit.

In addition, there are several similar bills running this year that seek to address the mental health provider shortage through financial incentives:

- **AB 1635 (Nguyen)** creates a new account in the Mental Health Practitioner Education Fund to provide grants to repay education loans for specified Board licensees and registrants who commit to providing direct patient care for at least 24 months in an organization that provides mental health services to individuals who have been referred there by a suicide prevention hotline.
- **AB 2123 (Villapudua)** seeks to provide housing grants to certain specified health professionals in health professional shortage areas, to be used for mortgage payments.

- **AB 2222 (Reyes)** establishes a scholarship program for certain qualifying students enrolled in an in-state postgraduate program working to become LMFTs, LCSWs, or LPCCs if they commit to working in a California-based nonprofit setting for their required post degree hours of supervised experience.
- **SB 1229 (McGuire)** creates a grant program under HCAI to increase the number of mental health professionals serving children and youth. It proposes awarding grants of up to \$25,000 to post-graduate students enrolled in an accredited social work program, or a program designed to lead to licensure as an LMFT or LPCC if the student meets specified criteria, including agreeing to work in an eligible California-based nonprofit entity or a local education agency when gaining their required postgraduate supervised experience hours required for licensure.

5) Previous Legislation.

- **AB 1188 (Chapter 557, Statutes of 2017)** increased the Mental Health Practitioner fee that LMFTs and LCSWs pay upon license renewal from \$10 to \$20. It also required LPCCs to pay a \$20 fee into the fund upon license renewal (they previously were not included in the program) and allows LPCCs and associate PCCs to apply for the loan repayment grant if they work in a mental health professional shortage area.
- **AB 2143 (Caballero, 2018)** proposed allowing psychiatric mental health nurse practitioners and physician assistants, who also hold a specified license with this Board or the Board of Psychology, and who work in a psychiatric mental health setting, to be eligible for the Mental Health Practitioner Education fund loan repayment grant program. The Board had taken an “oppose unless amended” position on this bill, and it was vetoed by the Governor.
- **AB 2608 (Chapter 585, Statutes of 2018)** created a new account under the Mental Health Practitioner Education Fund loan repayment grant program specifically for loan repayment grants for LMFT, LCSW, and LPCC licensees and registrants who were formerly in California’s foster youth care system.

6) Resources:

Information about Health Professional Shortage Areas (Source: U.S. Department of Health and Human Services):

- <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>
- <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

7) Support and Opposition.

Support:

- California Association of Marriage and Family Therapists (CAMFT)

Opposition:

- None at this time.

8) History

2022

04/06/22 From committee: Do pass and re-refer to Com. on HIGHER ED. (Ayes 14. Noes 0.) (April 5). Re-referred to Com. on HIGHER ED.

03/10/22 Referred to Coms. on HEALTH and HIGHER ED.

02/19/22 From printer. May be heard in committee March 21.

02/18/22 Introduced. To print.

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Introduced by Assembly Member Salas

February 18, 2022

An act to add Chapter 1.6 (commencing with Section 127840) to Part 3 of Division 107 of the Health and Safety Code, relating to behavioral health.

legislative counsel's digest

AB 2666, as introduced, Salas. Behavioral health internship grant program.

Existing law establishes various health professions education programs within the Department of Health Care Access and Information, through which scholarships, loan repayment grants, recruitment or training services, or other benefits are provided to certain health professionals, including mental health service providers, physicians, registered nurses, and vocational nurses, if they meet specified criteria. Existing law authorizes the department to award competitive grants to expand the supply of certain behavioral health professionals serving children and youth, as specified.

This bill would, subject to an appropriation, require the department to establish and administer a grant program to allocate funding in the form of stipends, to be distributed to students in behavioral health fields of study and practice, who are participating in internships or completing licensure hours, through unpaid positions, at federally qualified health centers. The bill would require the department, in making grant determinations, to consider mental health professional shortage areas, as defined, and underrepresented groups in the behavioral health workforce.

The bill would require the department to collect data in order to evaluate the impact of the grant program on serving the behavioral health needs of the patient community and the diversity of the behavioral health workforce, as specified. The bill would require the department to prepare annual reports based on the evaluation and to publish the annual reports on its internet website.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

1 SECTION 1. Chapter 1.6 (commencing with Section 127840)
2 is added to Part 3 of Division 107 of the Health and Safety Code,
3 to read:

4
5 Chapter 1.6. Behavioral Health Internship Grant
6 Program
7

8 127840. (a) Upon an appropriation by the Legislature for the
9 purposes described in this section, the Department of Health Care
10 Access and Information shall establish and administer a grant
11 program to allocate funding, in the form of stipends, to be
12 distributed to students in behavioral health fields of study and
13 practice, who are participating in internships or completing
14 licensure hours, through unpaid positions, at federally qualified
15 health centers.

16 (b) In determining the allocation of stipends based on
17 applications submitted by the students, the department shall
18 consider mental health professional shortage areas and
19 underrepresented groups in the behavioral health workforce.

20 (c) (1) The department shall collect data, from the grant
21 recipients and the federally qualified health centers affiliated with
22 those recipients, in order to evaluate the impact of the grant
23 program on serving the behavioral health needs of the patient
24 community and the diversity of the behavioral health workforce
25 by various demographic characteristics, including, but not limited
26 to, languages spoken, race, and ethnicity.

27 (2) The department shall prepare annual reports based on the
28 evaluation described in paragraph (1), excluding any personally

1 identifiable information, and shall publish the annual reports on
2 its internet website.

3 (d) For purposes of this chapter, “mental health professional
4 shortage area” means an area designated as such by the Health
5 Resources and Services Administration of the United States
6 Department of Health and Human Services.

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