


## MEMORANDUM

<b>DATE</b>	September 1, 2017
<b>TO</b>	Board of Psychology
<b>FROM</b>	 Jason Glasspiegel Central Services Coordinator
<b>SUBJECT</b>	Agenda Item #16(b)(1)(A) – AB 244 (Cervantes) Maternal Mental Health

### **Background:**

This bill would create a pilot program, in counties that elect to participate, to increase the capacity of health providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program may include the following: a consultation program utilizing telehealth and e-consult technologies, training and toolkits on screening, assessment, and the range of treatment options, coordination of care for program participants, and access to perinatal psychiatric consultations for program participants. The pilot program would be privately funded and require a report to the Legislature regarding the pilot programs results within six months of the end of the pilot.

AB 244 is a great first step in increasing screening and treatment for women experiencing perinatal mood and anxiety disorders, but could potentially exclude one of the most critical components for treatment, which are psychotherapy services provided by psychologists and other licensed mental health professionals. By only identifying “perinatal psychiatric consultation”, this could unnecessarily inhibit pilot programs from utilizing psychologists and other licensed mental health professionals to provide psychotherapy services and limit the timeframe for providing services, resulting in suboptimal use of limited program resources.

On April 21, 2017, the Board took a “Support if Amended” position on AB 244 instructing staff to seek specified amendments to add “postpartum” and “psychological” to the bill to cover the full spectrum of perinatal and postpartum care that is required during pregnancy and a year after giving birth.

The following week, staff called the author’s office to discuss the amendments the Board was seeking and was informed that the bill is now a 2-year bill and will not be moving for the remainder of this legislative year. Staff will submit our formal position in writing to the author’s office and work with the author when the bill is taken up next year.

**Location:** Assembly Committee on Health

**Status:** 4/18/2017 In committee, set first hearing. Hearing canceled at the request of author.

**Action Requested:**

No action is required at this time. Staff will work with the author to request the Board's suggested amendments when AB 244 is taken up next year.

Attachment A: AB 244 (Cervantes) Text

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**AB-244 Maternal mental health.** (2017-2018)

**SECTION 1.** *Section 131120 is added to the Health and Safety Code, to read:*

**131120.** *(a) There is hereby created a pilot program, in counties that elect to participate, including the County of Riverside, to increase the capacity of health providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program may be coordinated by the California Task Force on the Status of Maternal Mental Health and shall be privately funded. The pilot program may include a provider-to-provider or patient-to-provider consultation program and utilize telehealth or e-consult technologies. The pilot program may include the following elements:*

- (1) Training and toolkits on screening, assessment, and the range of treatment options.*
- (2) Coordination of care to link women with individual services in their communities.*
- (3) Access to perinatal psychiatric consultation.*

*(b) Within six months after the results of the pilot program are reported, the California Health and Human Services Agency, in consultation with the California Task Force on the Status of Maternal Mental Health and state entities, as necessary, shall submit a report to the Legislature, in accordance with the requirements of Section 9795 of the Government Code, regarding the pilot program described in subdivision (a). The report shall do all of the following:*

- (1) Document the impact of the pilot program on increasing the number of women who were screened, assessed, and treated for maternal mental health disorders.*
- (2) Identify methods to expand the pilot program to additional counties or statewide.*
- (3) Identify funding opportunities to support the expansion of the pilot program including federal funding, state funding, and surcharges.*