


## MEMORANDUM

<b>DATE</b>	June 1, 2017
<b>TO</b>	Board of Psychology
<b>FROM</b>	 Cherise Burns Central Services Manager
<b>SUBJECT</b>	Agenda Item #12(a)(2) – AB 89 (Levine) - Suicide Assessment and Intervention Coursework/Training Requirements

### **Background:**

This item provides a brief history and synopsis of the Board's Suicide Assessment and Intervention Coursework/Training Requirement Bill AB 89 (Levine).

In response to the Governor's veto message of AB 2198 (Levine, 2014) relating to mandated one-time continuing education (CE) coursework in suicide prevention, assessment and training, the Board conducted surveys of doctoral programs and pre- and post-doctoral internship and practicum programs and reviews of licensure requirements for licensed psychologists in 2015. The Board's Licensing Committee then reviewed the issue and determined that due to the significant variances in the current educational and training requirements, that there should be a minimal one-time requirement for coursework or training in suicide assessment and intervention for all licensed psychologists. In 2016, the Licensing Committee, in coordination with Board staff and Legal Counsel, worked on draft language and background materials for presentation to the Board. During the Licensing Committee meetings in 2016, multiple stakeholders provided input on the draft language, and Assembly Member Levine's office watched committee hearings and periodically checked in with Board staff on the progress of the Committee. In anticipation of the Board's consideration of the Licensing Committee's proposed language at its November 2016 meeting, Assembly Member Levine's office submitted the Licensing Committee's draft language to Legislative Counsel to be drafted into un-backed draft bill language. Legislators can submit multiple drafts of un-backed draft text to Legislative Counsel and create multiple drafts of a bill that can later be introduced in the Legislature as a bill backed by an author.

At the November 2016 Board Meeting, the Licensing Committee and Policy and Advocacy Committee jointly presented the Suicide Assessment and Intervention Coursework/Training Requirement Legislative Proposal. This proposal would, effective January 1, 2020, require all applicants for licensure as a psychologist with the Board of Psychology (Board) to have completed a minimum of six (6) hours of coursework and/or applied experience under supervision in suicide assessment and intervention. This requirement could be met through coursework in their qualifying degree program,

continuing education courses, or as part of their applied experience in any of the following settings: practicum, internship, or formal post-doctoral placement that meets the requirement of section 2911, or other qualifying Supervised Professional Experience. Additionally, this proposal would, effective January 1, 2020, require a licensee prior to the time of his or her first renewal, or an applicant for reactivation or reinstatement, to meet a one-time requirement of six (6) hours of coursework and/or applied experience under supervision in suicide assessment and intervention. This requirement could be fulfilled with past coursework, applied experience, or continuing education courses in suicide assessment and intervention.

During the Board's deliberation of the legislative proposal, some amendments to the statutory language were made and Board members expressed a desire to have the statutory language reflect the Board's intentions with proposing the legislation and urge other healing arts boards to be aware of the need for this training. At the November 2016 Board Meeting, the Board approved the Suicide Assessment and Intervention Coursework Requirement Legislative Proposal and instructed Board staff to move forward with the language and work with Assembly Member Levine's office, who prior to the meeting had informed staff of their desire to author the bill if the proposal was approved.

On January 9, 2017, Assembly Member Levine introduced AB 89 (Attachment B), which includes the Suicide Assessment and Intervention Coursework Requirement text as approved by the Board at its November 2016 meeting.

At the February 2017 Board Meeting, the Board reviewed legislative intent language developed by staff for inclusion in future bill text. The Board determined that the proposed legislative intent language required further review and revision and requested that the language be reviewed by the Policy and Advocacy Committee at its March 2017 meeting.

At its March 2017 Committee meeting, the Policy and Advocacy Committee reviewed the revised legislative intent language and discussed the necessity of adding intent language to AB 89. The Policy and Advocacy Committee determined that the legislative intent language was not necessary and that the Board's intentions and messaging regarding the bill's necessity and purpose would be better conveyed through advocacy materials sent to the members of the Legislature.

On March 16, 2017 the Board sent a letter of support (Attachment C) to the Assembly Committee on Business and Professions (Assembly B&P) in preparation for its March 28 hearing of the bill. This letter detailed the necessity and purpose of the bill, as well as some history on Board actions relating to the creation of the bill.

On March 28, 2017, the AB 89 was heard at the Assembly B&P hearing, the analysis prepared by Assembly B&P is attached (Attachment D). Dr. Stephen Phillips, JD, PsyD, testified on behalf of the Board at the hearing, detailing the necessity of the bill's requirements and the Board's reasons for sponsoring AB 89. There was a great dialogue between the Assembly B&P Members and Dr. Phillips and others testifying in support and opposition to the bill. AB 89 was passed out of Assembly B&P on a 14-1-1

vote (Aye-No-Abstained) and referred to the Assembly Committee on Appropriations (Assembly Appropriations).

On April 5, 2017, the Assembly Appropriations Committee heard AB 89, the analysis prepared by the Assembly Appropriations is attached (Attachment E). The Board sent a revised letter of support detailing the operational and fiscal impacts of AB 89 (Attachment F) to Assembly Appropriations members on April 4, 2017. The hearing went very quickly as Assembly Appropriations members had no concerns with the minor and absorbable costs of the bill, and Assembly Member Marc Levine and Cherise Burns testified in support of the bill. AB 89 was unanimously passed out of the Committee on a 17-0-0 vote and referred to the Assembly Floor.

Assembly Member Levine decided to present AB 89 on the Assembly Floor on April 20, 2017. Board staff promptly alerted supporters of the bill to the impending Floor Vote and prepared a Floor Alert that was distributed to all members of the Assembly on April 19, 2017 (Attachment G). Board staff also made phone calls to all Assembly offices to discuss the merits of the bill with Assembly Member's policy staff. AB 89 was overwhelmingly passed off of the Assembly Floor on a 72-1-7 vote and sent to the Senate to proceed through the legislative process in the second house.

During the Assembly B&P hearing on March 28, the Committee Members expressed a desire that the Author and the Board meet with the opposition to discuss concerns. On April 26, 2017, this meeting occurred at Assembly Member Levine's Capitol office.

AB 89 will be heard next in the Senate Committee on Business, Professions, and Economic Development (Senate BP&ED) on Monday, June 5, 2017, where Dr. Phillips will testify on behalf of the Board. Board staff notified organizations and individuals in support of the bill of the upcoming hearing and sent a letter of support (Attachment H) on May 26 to Senate BP&ED members. Board staff also held meetings with the legislative staff of Senate BP&ED members to discuss the bill in preparation for the June 5 hearing. The analysis prepared by Senate BP&ED staff on AB 89 is provided in Attachment I.

Staff will continue to keep the Board apprised of the progress of AB 89 through the legislative process.

**Location:** Senate Committee on Business, Professions, and Economic Development

**Status:** 5/10/2017 Referred to In Senate Committee on Business, Professions, and Economic Development

**Votes:** 4/20/2017 Assembly Floor (72-1-7)  
4/5/2017 Assembly Committee on Appropriations (17-0-0)  
3/28/2017 Assembly Committee on Business and Professions (14-1-1)

**Action Requested:**

This item is for informational purposes only. No action is requested at this time.

- Attachment A: AB 89 (Levine) Text
- Attachment B: List of Support/Opposition
- Attachment C: Board's Letter to Assembly Committee on Business and Professions
- Attachment D: Assembly Committee on Business and Professions Analysis
- Attachment E: Assembly Committee on Appropriations Analysis
- Attachment F: Board's Letter to Assembly Committee on Appropriations
- Attachment G: Board's Floor Alert
- Attachment H: Board's Letter to Senate Committee on Business, Professions and Economic Development
- Attachment I: Senate Committee on Business, Professions and Economic Development Analysis

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**AB-89 Psychologists: suicide prevention training.** (2017-2018)

**SECTION 1.** *Section 2915.4 is added to the Business and Professions Code, to read:*

**2915.4.** *(a) Effective January 1, 2020, an applicant for licensure as a psychologist shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:*

*(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.*

*(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of Section 2911, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.*

*(3) By taking a continuing education course that meets the requirements of subdivision (e) or (f) of Section 2915 and that qualifies as a continuing education learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2915. To satisfy this requirement, the applicant shall submit to the board a certification of completion.*

*(b) Effective January 1, 2020, as a one-time requirement, a licensee prior to the time of his or her first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a). Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.*

**SEC. 2.** *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

## **AB 89 (Levine) Support and Opposition**

### **Support**

#### **Organization/ Individual**

Board of Psychology  
American Foundation for Suicide Prevention  
American Medical Response  
Asian Americans for Community Involvement  
California Mental Health Services Authority (CalMHSA)  
California Professional Firefighters  
California State Sheriffs' Association  
Camarin for Mental Health, aka Family & Children Services of Silicon Valley  
Children Now  
County Behavioral Health Directors Association of California  
Didi Hirsch Mental Health Services (Suicide Prevention Center)  
Marin County Sheriff's Office  
NAMI Santa Cruz  
Project Safety Net, City of Palo Alto  
San Francisco Suicide Prevention  
Stanislaus County Sheriff's Department  
The Trevor Project  
The Steinberg Institute  
Uplift Family Services  
Young Minds Advocacy  
CalTrain - Peninsula Corridor Joint Powers Board  
11 Individuals

### **Opposition**

#### **Organization/ Individual**

California Psychological Association

March 16, 2017

The Honorable Rudy Salas, Jr.  
Chair, Assembly Committee on Business and Professions  
State Capitol, Room 4016  
Sacramento, CA 95814

**RE: AB 89 (Levine) – Psychologists: suicide prevention training – SPONSOR**

Dear Assembly Member Salas:

The Board of Psychology (Board) is pleased to **SPONSOR** AB 89 (Levine).

This bill would, effective January 1, 2020, require all licensees and applicants for licensure as a psychologist to have completed a minimum of six (6) hours of coursework, and/or applied experience under supervision in suicide risk assessment and intervention. This requirement could be met through coursework in a qualifying degree program, continuing education courses, or as part of supervised applied experience. For current licensees, this requirement could be fulfilled with new or past coursework, applied experience, or continuing education courses in suicide risk assessment and intervention.

Suicide is a critical public health issue in the State of California, where on average, one person dies of suicide every two hours and twice as many people die of suicide than by homicide. The Centers for Disease Control and Prevention's (CDC's) data shows that suicide is the third leading cause of death for Californians ages 15 to 34, and the tenth leading cause of death for Californians of all ages between the years of 2000-2015. Furthermore, CDC data also shows that the overall suicide rate in California has increased by 21.4 percent between the years 2000 through 2015.

After much consideration and deliberation, our Board feels it is time to take a leading role in this area and require suicide prevention training of our licensees. In response to the Governor's veto message of AB 2198 (Levine, 2014) relating to mandated one-time continuing education coursework in suicide prevention, the Board conducted surveys of doctoral programs and pre- and post-doctoral internship and practicum programs and reviews of licensure requirements for licensed psychologists in 2015 and 2016. The Board's surveys indicated significant variances in the amount of education and training being provided to psychologists and applicants, ranging from integrating pieces of the education and training across multiple courses (not quantifiable in hours), to dedicating time in courses or training programs ranging anywhere from 6 to 50 hours. Additionally, during the Board's review of licensure requirements and drafting of the suicide prevention training requirement language, the Board held multiple meetings where we received productive feedback from the public, suicide prevention advocates, persons affected by suicide, licensed psychologists and other mental health providers, and professional associations. The Board carefully weighed the data collected and the public input received during the review process, and determined that this issue required Board leadership and action. Although psychologists are among the best trained clinicians in mental health and expert in the rendering of psychological services, the variance in training received in graduate and training programs does not adequately ensure that consumers would be consistently assisted by all of our licensees. The Board decided to pursue a statutory requirement to establish a minimum number of hours of education or training in suicide risk assessment and intervention.

Competency in the assessment and treatment of suicidal patients is not a fixed quality, but rather requires ongoing education and training for licensees who may have received their training many

Page 2

**AB 89: SPONSOR**


March 13, 2017

years ago. It is the Board's hope that by sponsoring AB 89 and highlighting the critical importance of suicide prevention training in the field of psychology, it will encourage licensees to periodically re-evaluate their level of competency in assessing and treating suicidal patients and further encourage licensees to seek additional training in suicide risk assessment and intervention. The Board also hopes that this bill will encourage graduate programs, internship programs, and post-doctoral training programs to evaluate the amount of training provided in these programs to ensure that their students and trainees complete the program feeling confident that they have the training they need to practice responsibly as psychologists.

AB 89 will not only help promote public health through improving the state's suicide prevention efforts, but also puts California in a leadership role with other states that protect consumers of psychological services through mandatory training in this critical area. AB 89 takes a critical first step in improving the state's suicide prevention efforts by meeting one of the goals of the 2008 "California Strategic Plan on Suicide Prevention: Every Californian is a Part of the Solution," which proposed developing and implementing guidelines to promote effective and consistent suicide prevention by incorporating suicide prevention training in existing licensing, credentialing, and graduate school programs. Furthermore, AB 89 puts California in line with six other states that require psychologists and licensed health care professionals to obtain a specified minimum number of hours of education or training in suicide risk assessment and intervention. By ensuring all psychologists meet a minimum level of education or training in suicide prevention, AB 89 enhances the state's suicide prevention efforts and protects consumers of psychological services who rely on psychologists having the basic education and training required to identify and aid a patient with suicidal ideation in finding competent treatment.

For these reasons, the Board asks for your support of AB 89 when it is heard in the Assembly Committee on Business and Professions. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113. Thank you.

Sincerely,



STEPHEN C. PHILLIPS, JD, PsyD  
President, Board of Psychology

cc: Members of the Assembly Committee on Business and Professions  
Assembly Member Marc Levine  
Le Ondra Clark Harvey, PhD, Chief Consultant, Assembly Committee on Business and Professions  
Bill Lewis, Consultant, Assembly Republican Caucus



Date of Hearing: March 28, 2017

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Rudy Salas, Chair

AB 89 (Levine) – As Introduced January 9, 2017

**SUBJECT:** Psychologists: suicide prevention training.

**SUMMARY:** Requires, on January 1, 2020, an applicant for licensure as a psychologist to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified; and also requires an applicant for renewal to complete a one-time requirement of a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention.

**EXISTING LAW:**

- 1) Requires an applicant for licensure as a psychologist to: (Business and Professions Code (BPC) Section 2914 Section (C)(1), (d)(1), (e), (f), (g)(1-2)
  - a) Possess an earned doctorate degree in in psychology, educational psychology, or in education with the field of specialization in counseling psychology or educational psychology, as specified;
  - b) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, as specified;
  - c) Take and pass an examination; and,
  - d) Show by evidence satisfactory to the Board that the applicant has completed training in the detection and treatment of alcohol and other chemical substance dependency and has completed coursework in spousal or partner abuse assessment; as specified.
- 2) Requires the Board to encourage every licensed psychologist to take continuing professional development in geriatric pharmacology. (BPC Section 2914.1)
- 3) Requires the Board to encourage licensed psychologists to take continuing professional development in psychopharmacology and biological basis behavior. (BPC Section 2914.2)
- 4) Requires any applicant for licensure as a psychologist who began graduate study after January 1, 2004, to complete a minimum of 10 contact hours or coursework in aging and long-term care and after January 1, 2012, the coursework must include instruction on the assessment and reporting as well as treatment related to elder and dependent adult abuse and neglect, as specified. (BPC Section 2915)
- 5) Requires a renewal applicant to complete 36 hours of approved continuing professional development in the preceding two years, prior to renewal. (BPC Section 2915(a))

**THIS BILL:**

- 1) Requires an applicant for licensure as a psychologist, beginning January 1, 2020, to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention and specifies that the requirement can be met in one of the following ways:
  - a) Obtained as part of an applicant's qualifying degree program in which the applicant must submit to the Board of Psychology (Board) a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the required coursework is included within the institution's curriculum required for graduation at the time the applicant graduated or within the coursework that was completed by the applicant;
  - b) Obtained as part of an applicant's applied experience which can be met in practicum, internship, or formal postdoctoral placement, as specified, or other qualifying supervised professional experience, and the applicant must submit to the Board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the required training is include within the applied experience; or
  - c) Acquired through a continuing education a course, as specified.
- 2) Requires a licensee, as a one-time requirement, prior to the time of the licensee's first renewal, after January 1, 2020, or for an applicant for reactivation or reinstatement to an active license to complete the coursework specified in number 1 above.
- 3) States that no reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, as specified.

**FISCAL EFFECT:** Unknown. This bill is keyed fiscal by the Legislative Counsel.

**COMMENTS:**

**Purpose.** This bill is sponsored by the Board of Psychology. According to the author, "studies estimate that 32% of people who die by suicide have had contact with mental health services within a year of their death. There is no requirement on the books that mental health professionals have training in suicide assessment, treatment and management. Most people would assume that if [patients need] help with suicide prevention that they should [seek] a mental health professional who has experience with suicide assessment, treatment and management. This bill is necessary to ensure that mental health professionals receive the appropriate training in suicide assessment, treatment and management, thereby protecting public health."

**Background.** *Suicide Statistics.* According to the 2017 suicide facts and figures produced by the American Foundation for Suicide Prevention, suicide is the 11<sup>th</sup> leading cause of death in California and ranks the second leading cause of death for individuals between the ages of 25-34. Nationally, suicide is the 10<sup>th</sup> leading cause of death. According to information provided by the

National Institute of Mental Health, "suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause."

In *State Laws: Training for Health Professionals in Suicide Assessment, Treatment and Management* produced by the American Foundation for Suicide Prevention it was stated that "Mental health professionals regularly come into contact with individuals who are at risk of suicide. Despite the comorbidity of mental health disorders and suicide, the vast majority of mental health professionals—a group that includes psychiatrists, psychologists, social workers, licensed counselors, and psychiatric nurses—do not typically receive routine training in suicide assessment, treatment, or risk management."

*Suicide Prevention Strategies.* The World Health Organization's 2012 Health Evidence Network report entitled, *For Which Strategies of Suicide Prevention is There Evidence of Effectiveness*, examined suicide prevention strategies utilized in Europe, the country with the highest suicide rates, and found that limiting access to means was the most effective strategy. Similarly, the American Foundation for Suicide Prevention promotes teaching general practitioners to recognize and treat depression and limiting access to means as the most successful preventative efforts. The U.S. Surgeon General's *Call to Action to Prevent Suicide* suggests to, "...improve the ability of primary care providers to recognize and treat depression, substance abuse and other major mental illnesses associated with suicide risk and increase the referral to specialty care."

*Academic Standards Addressing Suicide.* Mental health professionals receive academic and clinical training that includes the identification and assessment of psychopathology including the assessment of suicidality and intervention strategies for dealing with patients in crisis. The American Psychological Association and the Council on Social Work Education accredit programs of psychology and social work respectively, and set standards for the coursework and clinical training that students receive. These bodies require that coursework address areas such as, dysfunctional behavior or psychopathology, theories and methods of assessment and diagnosis and effective intervention. For MFTs and LPCCs their required courses are outlined in statute. Both the MFT and LPCC statutes require that students receive training in, "the patient dangerous to self or others." The LPCC statute further requires training in multidisciplinary responses to crises and emergencies, crisis and trauma counseling, assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crises.

*CE Requirements for Licensed Clinical Psychologists.* Psychologists are regulated by the Board. Applicants for licensure as a psychologist are required to possess an earned doctorate degree in psychology from an approved or accredited educational institution. In addition, applicants must complete specified coursework in spousal or partner abuse assessment, detection and intervention, and training in the detection and treatment of alcohol and other chemical substances dependency. All psychologists seeking licensure renewal must obtain training in the subject of laws and ethics before they apply to the practice of psychology in California. Additionally, psychologists are required to take a specified one-time, CE course in spousal or partner abuse assessment, detection and intervention strategies, and a one-time three hour CE course in aging and long-term care, or show proof to the Board of its equivalent in teaching or practicing experience. A psychologist may request an exemption from CE requirements if they meet specified criteria. This bill would add a requirement that all psychologists, through a qualified degree program, as part of supervised experience, or by CE coursework complete a minimum of six hours of coursework or applied experience in suicide risk and assessment. This bill requires all new licensure and renewal applicants to satisfy this requirement beginning January 1, 2020.

The author notes that currently six other states mandate some form of training in suicide assessment, treatment and manager for health professionals.

*Prior Attempts at Mandating Suicide Prevention Training.* In 2014, AB 2198 (Levine) was introduced which would have required all licensed mental health professionals, to complete a training program in suicide assessment, treatment and management through continuing education. That bill was ultimately vetoed by the Governor. In the Governor's veto message, he stated..."California has an extensive regulatory scheme that aims to ensure that California physicians, psychologists and counselors are skilled in the healing arts to which they have committed their lives. Rather than further legislating in this field, I would ask our licensing boards to evaluate the issues which this bill raises and take whatever actions are needed."

In response to the directive in the Governor's veto message of AB 2198 (Levine), the Board conducted a survey in 2015 which was sent to graduate internships and clinical programs to better identify the coverage of suicide assessment, treatment, and management in psychology graduate and internship programs. Over ninety percent of survey respondents indicated that suicide risk, intervention and assessment are included in coursework and/or field experience. Despite these statistics, the licensing committee of the Board recommended, and the full Board approved the proposed requirement for all current and future licensees to take or provide proof to the Board that he or she has completed a minimum of 6 hours of coursework or applied experience in suicide risk and assessment. As the survey results identified, there may be programs that offer more or less than six hours of direct training and certain internship/experience and certain programs may more extensively cover this topic.

**Current Related Legislation.** AB 326 (Salas) of the current legislative session requires an applicant for licensure under the Board of Barbering and Cosmetology to take a one-hour training on domestic violence and sexual assault awareness as part of their educational requirements, as specified. *Status: This bill is currently pending in the Assembly Committee on Business and Professions.*

**Prior Related Legislation.** AB 2198 (Levine) of 2014, would have required a psychologist, marriage and family therapist, educational psychologist, professional clinical counselor and clinical social worker, who began graduate study on or after January 1, 2016, to complete a minimum of 15 hours of coursework on suicide prevention, before being issued a license. In addition, it would have commencing January 1, 2016, require a person licensed in these professions who began graduate study prior to January 1, 2016, to take a six-hour continuing education course on suicide prevention in order to renew a license. *Status: This bill was vetoed by the Governor.*

AB 2435 (Lowenthal), Chapter 552, Statutes of 2010, requires psychologists, LMFTs, LCSWs, and LPCCs to have instruction and training in the recognition and reporting of suspected elder and dependent adult abuse as requirements for licensure.

#### **ARGUMENTS IN SUPPORT:**

The Board of Psychology writes in support, "After much consideration and deliberation, our Board feels it is time to take a leading role in this area and require suicide prevention training of our licensees. In response to the Governor's veto message of AB 2198 [(Levine) of 2014], relating to mandated one-time continuing education coursework in suicide prevention, the Board

conducted surveys of doctoral programs and pre-and post-doctoral internships and practicum programs and reviews of licensure requirements for licensed psychologists in 2015 and 2016...the Board carefully weighed the data collected and the public input received during the review process, and determined that this issue required Board leadership and action...the Board decided to pursue a statutory requirement to establish a minimum number of hours of education or training in suicide risk assessment and intervention. [This bill will not only help promote public health through improving the state's suicide prevention efforts, but also put California in a leadership role with other states that protect consumers of psychological services through mandatory training in this critical area.

The California State Sheriffs' Association writes in support, "[This bill] makes a minimum of six hours of coursework or experience in suicide risk assessment and intervention as a requirement for a psychologist's licensure, or renewal or reinstatement of their license. By better equipping psychologists with additional training and education, these professionals can better identify individuals who may be at risk of suicide and better address their needs."

Children Now writes in support, "...Currently, six other states require psychologists and health care professionals to obtain a minimum number of hours of education or training in suicide risk assessment and intervention, and it is time for California to take a leading role in helping prevent suicide."

The County Behavioral Health Directors Association of California writes in support, "...Assuring that all healthcare professionals are well-versed in suicide assessment, treatment, and management may save lives. Continuing professional education is already an important part of professional development. Making it explicit that suicide assessment, treatment, and management are a part of the psychologist training will help prevent avoidable deaths."

Didi Hirsch Mental Health Services writes in support, "[this bill] is a step in the right direction to meeting the strategic plan's goals by ensuring that all psychologists have a minimum level of training in this critical area."

The National Alliance on Mental Illness writes in support, "Suicides in California are on the rise, exceeding four thousand (4,000) deaths in the last several years. Few realize that suicides exceed homicide in California as a cause of death. Something needs to be done. This bill addresses one key action that you can take to help prevent suicides."

#### **ARGUMENTS IN OPPOSITION:**

The California Psychological Association writes in opposition, "CPA is opposed to [this bill] as [it] targets only psychologists, the practitioners within our health care system who have the most extensive training of any behavioral health professionals. A previous similar bill that mandated most mental health professionals received additional training was vetoed by the Governor in 2014. As the time of the veto, he asked the licensing Board to conduct a survey to determine the level of training in the area of suicide risk assessment and prevention. The survey results overwhelmingly showed that students were being taught the principles of suicide prevention not only in their coursework, but also in experiential learning settings including supervised practicum, and pre-doctoral and post-doctoral internships.

**POLICY CONSIDERATIONS:**

In the spirit of supporting suicide prevention efforts, this bill requires both applicants for licensure and licensed psychologists to provide proof to the Board that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. Currently, the only required coursework specified in statute for licensed psychologists is a requirement for a minimum of 10 hours of coursework in aging and long term care and treatment related to elder and dependent adult abuse and neglect. In addition, BPC Section 2914.1 and 2914.2 requires the Board to encourage all licensees to take continuing professional development in geriatric pharmacology and in psychopharmacology and biological basis of behavior. The author may wish to explain to the Committee why licensed psychologists, the mental health professions with the highest amount of training and education, were determined to be deficient in suicide risk assessment and intervention coursework and training. In addition, the author may wish to explain to the Committee why other health professionals who have greater access to individuals, e.g. physicians and law enforcement professionals, were not included in this measure.

**REGISTERED SUPPORT:**

Board of Psychology (sponsor)  
California Professional Firefighters  
California State Sheriffs' Association  
Children Now  
County Behavioral Health Directors Association of California  
Didi Hirsch Mental Health Services  
National Alliance on Mental Illness  
Three individuals

**REGISTERED OPPOSITION:**

California Psychological Association

**Analysis Prepared by:** Elissa Silva and Le Ondra Clark Harvey, Ph.D. / B. & P. / 916-319-3301

Date of Hearing: April 5, 2017

ASSEMBLY COMMITTEE ON APPROPRIATIONS  
Lorena Gonzalez Fletcher, Chair  
AB 89 (Levine) – As Introduced January 9, 2017

Policy Committee: Business and Professions Vote: 14 - 1

Urgency: No State Mandated Local Program: Yes Reimbursable: No

**SUMMARY:**

This bill requires, effective January 1, 2020, an applicant for psychologist licensure or licensure renewal to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention.

**FISCAL EFFECT:**

Minor and absorbable workload and costs to the Board of Psychology for verifying an applicant has completed required coursework (Psychology Fund).

**COMMENTS:**

- 1) **Purpose.** This bill is sponsored by the Board of Psychology to impose a requirement that psychologists receive training in suicide assessment, treatment and management.
- 2) **Background.** The Board conducted a survey in 2015 to identify the coverage of suicide issues in psychology graduate and internship programs, and found most survey respondents indicated that suicide risk, intervention and assessment are included in coursework and/or field experience. The Board seeks a minimum standard of 6 hours of coursework or applied experience in suicide risk and assessment, for new applicants and existing licensees, to ensure all psychologists are trained in this area.
- 3) **Support.** This bill is sponsored by the Board of Psychology and supported by the County Behavioral Health Directors Association of California and various mental health, children's, and public safety advocacy groups. The Board believes their survey showed a necessity for Board leadership to require a minimum number of hours on this topic.
- 4) **Opposition.** California Psychological Association opposes this bill. They argue psychologists have the most extensive training of any behavioral health professional, and that the survey conducted by the Board showed students were already being taught the principles of suicide prevention through their coursework and in experiential learning settings.
- 5) **Prior Legislation.** AB 2198 (Levine), of the 2013-14 Legislative Session, a similar bill that also applied to other mental health professionals, was vetoed by the Governor, who requested the mental health licensing boards "evaluate the issues which this bill raises and take whatever actions are needed."

**Analysis Prepared by:** Lisa Murawski / APPR. / (916) 319-2081

April 4, 2017

The Honorable Lorena Gonzalez  
Chair, Assembly Committee on Appropriations  
State Capitol, Room 2114  
Sacramento, CA 95814

**RE: AB 89 (Levine) – Psychologists: suicide prevention training – SPONSOR**

Dear Assembly Member Gonzalez:

The Board of Psychology (Board) is pleased to **SPONSOR** AB 89 (Levine).

This bill would, effective January 1, 2020, require all licensees and applicants for licensure as a psychologist to have completed a minimum of six (6) hours of coursework, and/or applied experience under supervision in suicide risk assessment and intervention. This requirement could be met through coursework in a qualifying degree program, continuing education courses, or as part of supervised applied experience. For current licensees, this requirement could be fulfilled with new or past coursework, applied experience, or continuing education courses in suicide risk assessment and intervention.

AB 89 would use existing Board staff processes and resources to verify compliance with AB 89's one-time training requirement and would include a minor one-time cost for BreEZe updates required for verification and data collection. AB 89 would require a one-time minor redirection of funds, estimated at \$5,000, to have the Department of Consumer Affairs' Office of Information Services add data collection mechanisms within the BreEZe system to the initial application and renewal application for psychologists in order to verify compliance with the bill. The Board would also update its initial and renewal applications available online, including related instructional materials, to include appropriate certifications to capture compliance data in the BreEZe system for manually processed applications.

After January 1, 2020, AB 89 implementation would also include verification of compliance by Board staff during the initial and renewal application review process for psychologists and during the continuing education (CE) audit process for licensed psychologists. There would be no additional costs associated with the changes to the initial application review process, renewal application review process, and CE audit process required by this bill.

Verification of compliance for applicants would be added as a component of the initial license application review process, where applicants would be required to provide written documentation showing proof of completion of the six (6) hours of coursework, applied experience, or continuing education in suicide risk assessment and intervention. If an applicant failed to provide adequate documentation of completion, this would result in denial of a license for the applicant.

Verification of compliance for currently licensed psychologists would include certification under penalty of perjury on a licensee's renewal application that the licensee met the one-time 6-hour requirement. This certification would then be verified through the Board's CE audit process, which would include verification of documentation of suicide prevention training. The Board currently audits approximately 10 percent of licensees annually and staff verify that licensees meet the required number and types of CE hours required for renewal. Failure to certify completion on the renewal application would result in delayed and/or denied renewal applications if the error were not corrected, and failure to provide adequate documentation of compliance during the CE audit would



April 4, 2017

potentially result in citations and fines, orders of abatement to complete the required training, and potentially formal discipline against the licensee if they failed to come into compliance.

Suicide is a critical public health issue in the State of California, where on average, one person dies of suicide every two hours and twice as many people die of suicide than by homicide. The Centers for Disease Control and Prevention's (CDC's) data shows that suicide is the third leading cause of death for Californians ages 15 to 34, and the tenth leading cause of death for Californians of all ages between the years of 2000-2015. Furthermore, CDC data also shows that the overall suicide rate in California has increased by 21.4 percent between the years 2000 through 2015.

After much review, consideration, and deliberation, our Board feels it is time to take a leading role in this area and require suicide prevention training of our licensees. In response to the Governor's veto message of AB 2198 (Levine, 2014) relating to mandated one-time continuing education coursework in suicide prevention, the Board conducted surveys of doctoral programs and pre- and post-doctoral internship and practicum programs and reviews of licensure requirements for licensed psychologists in 2015 and 2016. The Board's surveys indicated significant variances in the amount of education and training being provided to psychologists and applicants, ranging from integrating pieces of the education and training across multiple courses (not quantifiable in hours), to dedicating time in courses or training programs ranging anywhere from 6 to 50 hours. Additionally, during the Board's review of licensure requirements and drafting of the suicide prevention training requirement language, the Board held multiple meetings where we received productive feedback from the public, suicide prevention advocates, persons affected by suicide, licensed psychologists and other mental health providers, and professional associations. The Board carefully weighed the data collected and the public input received during the review process, and determined that this issue required Board leadership and action. Although psychologists are among the best trained clinicians in mental health and expert in the rendering of psychological services, the variance in training received in graduate and training programs does not adequately ensure that consumers would be consistently assisted by all of our licensees.

AB 89 is a sensible and flexible solution that enhances the state's suicide prevention efforts and protects consumers of psychological services who rely on psychologists having the basic education and training required to identify and aid a patient with suicidal ideation in finding competent treatment. Additionally, AB 89 accomplishes this using existing Board processes and resources with negligible costs to the State.

For these reasons, the Board asks for your support of AB 89 when it is heard in the Assembly Committee on Appropriations. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read 'SC Phillips', is written over a faint, light blue grid background.

STEPHEN C. PHILLIPS, JD, PsyD  
President, Board of Psychology

cc: Members of the Assembly Committee on Appropriations  
Assembly Member Marc Levine  
Lisa Murawski, Principal Consultant, Assembly Committee on Appropriations  
Jared Yoshiki, Consultant, Assembly Republican Caucus

## FLOOR ALERT

### **AB 89 (Levine): Psychologists: Suicide Prevention Training**

#### **Suicide is a Critical Public Health Issue**

Suicide is a critical public health issue in the State of California, where on average, one person dies of suicide every two hours and twice as many people die of suicide than by homicide. The Centers for Disease Control and Prevention's (CDC's) data shows that suicide is the third leading cause of death for Californians ages 15 - 34, and the tenth leading cause of death for all Californians between the years of 2000-2015. Furthermore, CDC data also shows that the overall suicide rate in California has increased by 21.4 percent during the years 2000-2015.

#### **Addressing the Issue**

The Board of Psychology (Board) reviewed survey data of training programs and graduate programs, other studies, research, input from the field, and public comment at Board and committee meetings; wherein the Board learned that there was a significant variance in the amount of training received in suicide prevention prior to licensure. Based on this input, the Board decided to take action by requiring all licensed psychologists meet a one-time requirement of six hours of suicide assessment and intervention training/coursework.

What this means for applicants for licensure is during the application process, they would provide proof of completion of coursework during their qualifying degree program, training during their supervised professional experience, or proof of completion of continuing education coursework. For current licensees, upon renewal, individuals would verify by checking a box that they had fulfilled the six-hour requirement. Upon audit (the Board typically audits 5-10% of the total licensees renewed each month), licensees would provide proof of completion of six hours of coursework during their qualifying degree program, training during their supervised professional experience, or proof of completion of continuing education courses.

#### **A Fair and Balanced Approach**

This bill aims to ensure that all psychologists receive education and training to meet a minimal level of knowledge in the assessment and treatment of this important public health issue. For those that have received the training/education, there is a mechanism in place to verify completion. This bill is not an additional mandate for those that have already received the training and is therefore a fair and balanced approach to addressing this issue.

The Board of Psychology asks for your help to **ensure that all licensed psychologists receive suicide assessment and intervention training by voting “AYE” on AB 89** when it comes to the Assembly Floor. In the absence of such a measure, some psychologists are not likely to be prepared to address this critical life threatening issue.

*The Board of Psychology's mission is to advance quality psychological services for Californians by ensuring ethical and legal practice and supporting the evolution of the profession.*

**Contacts:** Cherise Burns, Board of Psychology, (916) 574-7227 / (916) 597-3835(C), [cherise.burns@dca.ca.gov](mailto:cherise.burns@dca.ca.gov);  
Antonette Sorrick, Board of Psychology, (916) 574-7113, [antonette.sorrick@dca.ca.gov](mailto:antonette.sorrick@dca.ca.gov)  
Jenny Berg, Assembly Member Marc Levine's Office, (916) 319-2010, [jenny.berg@asm.ca.gov](mailto:jenny.berg@asm.ca.gov)

May 26, 2017

The Honorable Jerry Hill  
Chair, Senate Committee on Business, Professions and Economic Development  
State Capitol, Room 5035  
Sacramento, CA 95814

**RE: AB 89 (Levine) – Psychologists: suicide prevention training – SPONSOR**

Dear Senator Hill:

The Board of Psychology (Board) is pleased to **SPONSOR** AB 89 (Levine). This bill would, effective January 1, 2020, require all licensees and applicants for licensure as a psychologist to have completed a minimum of six (6) hours of coursework, and/or applied experience under supervision in suicide assessment and intervention. This requirement could be met through coursework in a qualifying degree program, continuing education courses, or as part of supervised applied experience. For current licensees, this requirement could be fulfilled with new or past coursework, applied experience, or continuing education courses in suicide assessment and intervention. To verify compliance with the one-time requirement, the Board would use existing Board processes and resources by incorporating verification into the initial or renewal application process and the continuing education (CE) audit process (for current licensees), and would only incur a minor and absorbable one-time cost for BreZE updates required for data collection.

Suicide is a critical public health issue in the State of California, where on average, one person dies of suicide every two hours and twice as many people die of suicide than by homicide. The Centers for Disease Control and Prevention's (CDC's) data shows that suicide is the third leading cause of death for Californians ages 15 to 34, and the tenth leading cause of death for Californians of all ages between the years of 2000-2015. Furthermore, CDC data also shows that the overall suicide rate in California has increased by 21.4 percent between the years of 2000-2015.

After much review, consideration, and deliberation, our Board feels it is time to take a leading role in this area and require suicide prevention training of our licensees. In response to the Governor's veto message of AB 2198 (Levine, 2014), the Board conducted surveys of doctoral programs and pre- and post-doctoral internship and practicum programs and reviews of licensure requirements for licensed psychologists in 2015 and 2016. These surveys indicated significant variances in the amount of education and training being provided to psychologists and applicants, ranging from integrating pieces of the education and training across multiple courses (not quantifiable in hours), to dedicating time in courses or training programs ranging anywhere from 6 to 50 hours (see attached survey data). National research also indicates a need for suicide prevention training; where a study conducted by the National Center for Biotechnology Information (NCBI), a division of the National Library of Medicine (NLM) at the National Institutes of Health (NIH), found only 40-50 percent of graduate training programs in clinical and counseling psychology include formal training on suicide assessment and management.

Additionally, during the Board's review of licensure requirements and drafting of the suicide prevention training requirement language, the Board held multiple meetings where we received productive feedback from the public, suicide prevention advocates, persons affected by suicide, licensed psychologists and other mental health providers, and professional associations. The Board carefully weighed the data collected and the public input received during the review process, and determined that this issue required Board leadership and action.

Competency in the assessment and treatment of suicidal patients is not a fixed quality, but rather requires ongoing education and training for licensees who may have received their training many years ago. By sponsoring AB 89 and highlighting the critical importance of suicide prevention training

**AB 89: SPONSOR**

May 26, 2017

in the field of psychology, the Board hopes to encourage licensees to periodically re-evaluate their level of competency in assessing and treating suicidal patients and further encourage licensees to seek additional training in suicide assessment and intervention, and encourage graduate programs, internship programs, and post-doctoral training programs to evaluate the amount of training provided in these programs to ensure that their students and trainees complete the program feeling confident that they have the training they need to practice responsibly as psychologists.

AB 89 takes a critical first step in improving the state's suicide prevention efforts by meeting one of the goals of the 2008 "California Strategic Plan on Suicide Prevention: Every Californian is a Part of the Solution," which proposed developing and implementing guidelines to promote effective and consistent suicide prevention by incorporating suicide prevention training in existing licensing, credentialing, and graduate school programs. Furthermore, AB 89 puts California in line with six other states that require psychologists and licensed health care professionals to obtain a specified minimum number of hours of education or training in suicide assessment and intervention. By ensuring all psychologists meet a minimum level of education or training in suicide prevention, AB 89 protects consumers of psychological services who rely on psychologists having the basic education and training required to identify and aid a patient with suicidal ideation in finding competent treatment, promotes public health by enhancing the states suicide prevention efforts, and puts California in a leadership role with other states that protect consumers of psychological services through mandatory training in this critical area.

AB 89 is a fair and balanced solution that enhances the state's suicide prevention efforts and protects consumers of psychological services who rely on psychologists having the basic education and training required to identify and aid a patient with suicidal ideation in finding competent treatment. This bill would ensure that all psychologists in California meet the same minimal requirements in suicide prevention training regardless of where they attained their doctoral degree and supervised professional experience. For those that have already received the training/education, there is a mechanism in place to verify completion so that this bill would not be an additional mandate. Additionally, AB 89 accomplishes this using existing Board processes and resources with negligible costs to the State.

For these reasons, the Board asks for your support of AB 89 when it is heard in the Senate Committee on Business, Professions and Economic Development. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "SC Phillips", written over a horizontal line.

STEPHEN C. PHILLIPS, JD, PsyD  
President, Board of Psychology

cc: Members of the Senate Committee on Business, Professions and Economic Development  
Assembly Member Marc Levine  
Sarah Huchel, Consultant, Senate Committee on Business, Professions and Economic Development  
Kayla Williams, Consultant, Senate Republican Caucus

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**SENATE COMMITTEE ON  
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**  
Senator Jerry Hill, Chair  
2017 - 2018 Regular

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**Bill No:** AB 89 **Hearing Date:** June 5, 2017  
**Author:** Levine  
**Version:** January 9, 2017  
**Urgency:** No **Fiscal:** Yes  
**Consultant:** Sarah Huchel and Matthew Waldron

**Subject:** Psychologists: suicide prevention training

**SUMMARY:** Requires an applicant for licensure as a psychologist to show completion of at least 6 hours of coursework or applied experience in suicide risk assessment and intervention after January 1, 2020.

**Existing law:**

- 1) Establishes the Board of Psychology (BOP) in the Department of Consumer Affairs to administer the Psychology Licensing Law. (Business and Professions Code (BPC) § 2900)
- 2) Prohibits any person from engaging in the practice of psychology, or representing themselves to be a psychologist, without a license, as specified. (BPC § 2903(a))
- 3) Requires each applicant for licensure to have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, as specified, or under suitable alternative supervision as determined by the BOP, at least one year of which shall be after being awarded the doctorate in psychology. (BPC § 2914 (d)(1))
- 4) Requires each applicant for licensure to take and pass an examination unless otherwise exempted by the BOP. (BPC § 2914 (e))
- 5) Requires each applicant for licensure to show, by evidence satisfactory to the BOP, that they have completed training in the detection and treatment of alcohol and other chemical substance dependency. (BPC § 2914 (f))
- 6) Requires each applicant for licensure to show by evidence satisfactory to the BOP that they have completed coursework in spousal or partner abuse assessment, detection, and intervention. This requirement applies to applicants who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. (BPC § 2914 (g)(1))
- 7) Requires each applicant for licensure who began graduate training on or after January 1, 2004, to show by evidence satisfactory to the BOP that he or she has completed a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of

community resources, cultural factors, and same gender abuse dynamics. An applicant may request an exemption from this requirement if he or she intends to practice in an area that does not include the direct provision of mental health services. (BPC § 2914 (g)(2))

**This bill:**

- 1) Requires an applicant for licensure as a psychologist, effective January 1, 2020, to show on his or her application the completion of a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention in one of the following ways:
  - a) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant must submit to the BOP a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.
  - b) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, formal postdoctoral placement that meets specified requirements, or other qualifying supervised professional experience. The applicant must submit to the BOP a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred, stating that the training required is included within the applied experience.
  - c) By taking a continuing education course that meets specified requirements and that qualifies as a continuing education learning activity category. The applicant must submit to the BOP a certification of completion.
- 2) Requires each licensee prior to the time of his or her first renewal, and each applicant for reactivation or reinstatement to an active license status, to have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified, effective January 1, 2020, as a one-time requirement. Proof of compliance shall be certified under penalty of perjury that he or she is in compliance and shall be retained for submission to the BOP upon request.
- 3) Declares that no reimbursement is required by this act pursuant to the California Constitution.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee analysis dated April 5, 2017, this bill has minor and absorbable workload and costs to the BOP for verifying an applicant has completed required coursework.

**COMMENTS:**

1. **Purpose.** This bill is sponsored by the California Board of Psychology. According to the Author's office, "Studies show that suicide is the 11th leading cause of death in the state and, on average, one person dies of suicide every two hours. In California, twice as many people die of suicide annually than by homicide. Studies estimate that 32 percent of people who die by suicide have had contact with mental health services within a year of their death. There is no requirement on the books that mental health professionals have training in suicide assessment, treatment, and management." This bill ensures that psychologists receive the appropriate training in suicide assessment, treatment, and management, thereby protecting public health.
2. **Background.** The Center for Disease Control and Prevention reports that in 2015, suicide was the tenth leading cause of death for individuals of all ages, and the second leading cause of death of individuals aged 15-34. According to a 2013 article in the journal, *Training and Education in Professional Psychology*, "Suicide risk assessment training for psychology doctoral programs: Core competencies and a framework for training," the authors found that "Clinical and counseling psychology programs currently lack adequate evidence-based competency goals and training in suicide risk assessment." In an attempt to remedy this, Assemblymember Levine introduced AB 2198 in 2014. This bill would have required a psychologist, marriage and family therapist, educational psychologist, professional clinical counselor and clinical social worker to complete a minimum of 15 hours of coursework on suicide and each licensee seeking renewal to take 6 hours of continuing education coursework in suicide risk assessment and intervention. The bill passed the Legislature, but the Governor vetoed the bill, urging California's "licensing boards to evaluate the issues which this bill raised and take whatever actions are needed."

With this directive, the California Board of Psychology -- which opposed the original bill -- conducted a multi-year review of suicide prevention training for psychologists. The review included two surveys of doctoral programs, pre- and post-doctoral internship and practicum programs, and a review of licensure requirements in 2015-2016. The survey indicated that while most students and trainees were receiving some level of education or training in suicide risk assessment and intervention, almost 3% of all students were not receiving training in risk assessment and over 7% were not receiving training in suicide intervention. There were also variances in the amount of education and training being provided to psychologists and applicants.

After conducting this survey, the Board of Psychology came to the conclusion that additional suicide prevention training was necessary.

This bill requires an applicant for licensure and renewal to show completion of at least 6 hours of coursework or applied experience in suicide risk assessment and intervention after January 1, 2020.

3. **Prior Legislation.** AB 2198 (Levine, 2014). This bill would have required a psychologist, marriage and family therapist, educational psychologist, professional

clinical counselor, and clinical social worker who began graduate study on or after January 1, 2016, to complete a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management before he or she may be issued a license. This bill would have also required applicants for license renewal who graduated prior to the January 1, 2016 cut-off date to six-hour continuing education course in suicide assessment, treatment, and management in order to renew his or her license. This bill was vetoed by Governor Brown who cited hesitation to exacerbate California's burdensome regulatory system as his basis for the veto, stating: "California has an extensive regulatory scheme that aims to ensure that California physicians, psychologists and counselors are skilled in the healing arts to which they have committed their lives. Rather than further legislating in this field, I would ask our licensing boards to evaluate the issues which this bill raises and take whatever actions are needed."

4. **Arguments in Support.** The California Board of Psychology writes in support, "AB 89 will not only help promote public health through improving the state's suicide prevention efforts, but also puts California in a leadership role with other states that protect consumers of psychological services through mandatory training in this critical area. AB 89 takes a critical first step in improving the state's suicide prevention efforts by meeting one of the goals of the 2008 'California Strategic Plan on Suicide Prevention: Every Californian is a Part of the Solution,' which proposed developing and implementing guidelines to promote effective and consistent suicide prevention by incorporating suicide prevention training in existing licensing, credentialing, and graduate school programs. Furthermore, AB 89 puts California in line with six other states that require psychologists and licensed health care professionals to obtain specified minimum number of hours of education or training in suicide risk assessment and intervention. By ensuring all psychologists meet a minimum level of education or training in suicide prevention, AB 89 enhances the state's suicide prevention efforts and protects consumers of psychological services who rely on psychologists having the basic education and training required to identify and aid a patient with suicidal ideation in finding competent treatment."

The president of the National Alliance on Mental Illness of Santa Cruz County writes in support, noting that her 24 year old son, Nate, died by suicide while seeing a psychiatrist, a social worker, and a therapist. All failed to properly assess Nate's risk of suicide, and failed to take the proper steps for suicide intervention.

The Trevor Project, in support of this bill, notes that according to a recent national survey, 40 percent of transgender adults have reported having made a suicide attempt, 92 percent of which attempted suicide before the age of 25. National research shows that 77 percent of those that die by suicide had contact with their primary care provider in the year before their death.

5. **Arguments in Opposition.** California Psychological Association bases their opposition to AB 89 on the premise that this bill targets psychologists, who are: "...the practitioners within our healthcare system that have the most extensive training of any behavioral health professionals." California Psychological Association is content with the current percentage of all training programs that include some sort of lesson in the principles of suicide risk assessment and intervention, which is 95 percent. California Psychological Association instead



advocates for allocating more resources to other strategies for suicide prevention that depend on the individual at risk having already been properly assessed for risk of suicide. These alternative prevention measures include: strengthening economic supports and access and delivery of suicide care, creating protective environments by reducing access to lethal means among persons at risk of suicide, promoting connectedness with peer norm programs; teaching coping and problem solving skills, and gatekeeper training.

## **SUPPORT AND OPPOSITION:**

### Support:

California Board of Psychology (Sponsor)  
American Foundation for Suicide Prevention  
American Medical Response  
California Mental Health Planning Council  
California Mental Health Services Authority  
California Professional Firefighters  
California State Sheriff's Association  
CalTrain  
Caminar for Mental Health  
Children Now  
County Behavioral Health Directors Association  
General Federation of Women's Clubs Woman's Club of Cypress  
Marin County Sheriff's Office  
National Alliance on Mental Illness of Santa Cruz County  
Project Safety Net  
San Francisco Suicide Prevention  
Santa Clara County Board of Supervisors  
Stanislaus County Sheriff's Department  
Trevor Project  
Uplift Family Services

### Opposition:

Santa Clara County Psychological Association  
California Psychological Association

-- END --