

**California Victim Compensation and Government Claims Board
Revisions to Mental Health Guidelines and Forms**

November 20, 2014

Action Requested

The Mental Health Section of the California Victim Compensation and Government Claims Board (Board) requests that the Board adopt the following proposed revisions to the Mental Health Guidelines (Guidelines), Treatment Plan, and Additional Treatment Plan currently filed with the California Secretary of State.

Background

In January 2006 the Board adopted Guidelines pursuant to Government Code section 13957.2. This statute allows the Board to adopt maximum rates and service limitations for reimbursement of mental health and counseling services without going through the regulatory process. This statutory authority gives the Board greater flexibility in the service limitation and rate setting process and enables the Board to revise, when needed, mental health counseling limitations and conditions whereby additional counseling may be authorized.

At the December 2010 Board meeting, staff was directed to make the approval of Additional Treatment Plans more restrictive. The recommended revisions to the Guidelines were adopted at the March 2011 Board Meeting. The approved revisions were the following:

- Increasing the crime severity required for additional treatment
- Including additional assessment data points to assess treatment progress
- Adding increasingly stringent review of subsequent additional treatment requests

These current proposed revisions do not impact the mental health payment rate adjustments authorized by the Board in February 2011 nor the increased restrictions of the Guidelines approved by the Board at the March 2011 Board meeting.

Proposed Revisions

1. Amend the Guidelines to provide the same mental health session limits for Good Samaritans that are currently in effect for all qualified claimants.
 - Current Provision: None.
 - Proposed Revision:
 - A Good Samaritan may receive up to 30 mental health counseling sessions.
 - A Good Samaritan may be reimbursed for additional sessions if:
 - The treatment focus is directly attributable to the qualifying crime; and
 - The treatment has progressed; or
 - The Good Samaritan is scheduled to testify in criminal proceedings related to the qualifying crime and treatment was initiated within three months of being scheduled to testify.

- Justification: Government Code section 13973(b) authorizes the Board to reimburse up to \$10,000 for injury, death, or damage sustained by a claimant who qualifies as a Good Samaritan pursuant to Government Code sections 13970-13972. Whereas a claimant qualifying as a direct victim or derivative victim is currently subject to mental health counseling limitations, no such limitations are in place for the Good Samaritan. These recommended limitations are consistent with those in effect for most derivative victims. In the past three fiscal years an average of 15 Good Samaritan applications per year were approved. Based on this data, this revision is estimated to be cost neutral.
2. Amend the Guidelines to increase the initial session limit for mental health counseling sessions for the surviving parent, sibling, child, spouse, fiancé, fiancée, or registered domestic partner of a victim who died as a result of the qualifying crime.
 - Current Provision: The initial limit for this filing status is 30 mental health counseling sessions.
 - Proposed Revision: Increase the initial limit to 40 mental health counseling sessions.
 - Justification: A data analysis of the first Additional Treatment Plans submitted for these claimants reveals that nearly 100% are approved for additional sessions. This high approval rate is directly linked to the claimant's significant trauma caused by the unexpected and violent loss of a loved one. The initial session limit increase for these claimants would be equal to that of a direct victim. Currently, the annual cost of these approved Additional Treatment Plans is \$200,000. The estimated cost of this revision is an additional \$32,000 annually.
 3. Amend the Guidelines, the Treatment Plan, and Additional Treatment Plan to comply with industry standards set forth in the DSM-5.
 - Current Provision: The Guidelines, Treatment Plan, and Additional Treatment Plan documentation requirements are influenced by the Diagnostic and Statistical Manual (DSM) of Mental Disorders, fourth edition – Text Revision (DSM-IV-TR), published by the American Psychiatric Association.
 - Proposed Revision: Base the forms and documentation requirements on the recently published DSM-5.
 - Justification: The current Guidelines, Treatment Plan, and Additional Treatment Plan are based on the fourth edition of the DSM, which had a five axes diagnostic model. The DSM-5 no longer utilizes this methodology for diagnosis and eliminated the functioning tables. The revisions to these forms incorporate mental health status and treatment modality questions in line with the DSM-5 including the Cross-Cutting Symptom Measure to assess treatment progress.
 4. Amend the Guidelines to allow any treating therapist three sessions within the session limit to assess the claimant's treatment need and to determine if treatment focus is directly attributable to the qualifying crime.

- Current Provision: A claimant who is eligible for outpatient counseling expenses may be reimbursed for the first five sessions billed to the application prior to completion of the Treatment Plan.
Proposed Revision: A claimant who is eligible for outpatient counseling expenses may be reimbursed for the first three sessions prior to the therapist preparing the Treatment Plan. This allowance would now be applicable to any subsequent therapist providing counseling and is not limited to the first therapist.
 - Justification: Currently, only the claimant's initial therapist is reimbursed for the first five sessions as an assessment period prior to preparation of a Treatment Plan. This assessment period is not granted to a claimant's subsequent therapist if the claimant changes service providers. While the revision is a reduction from five sessions to three initial sessions, this provision enables each treating therapist adequate time for treatment assessment and determining crime-relatedness of the treatment. This approach is consistent with industry standards. Key mental health stakeholders were also consulted and agree with the proposed revisions. This is estimated to be a cost neutral revision.
5. Amend the Guidelines to eliminate specific requirements that must be met for a minor derivative victim of a minor victim of sexual or severe physical abuse to qualify for additional sessions for their own benefit.
- Current Provision: A minor derivative victim may receive additional treatment for their own benefit if the criteria below is met:
 - The minor is a derivative to a minor victim of sexual or severe physical abuse,
 - The crime was perpetrated by someone residing with the victim and derivative victim, and
 - The crime resulted in the removal of both minors from the home.
- If these criteria are not met, then the treatment must be for the benefit of the direct victim.
- Proposed Revision: Remove the language requiring that the crime was perpetrated by someone residing with the victim and derivative victim and that the crime resulted in the removal of both minors from the home.
 - Justification: This revision is to ensure that the Guidelines regarding treatment of minors are aligned with industry standards. Sexual or severe physical abuse crimes perpetrated against a minor have pervasive effects on minor derivative victims and it is appropriate to have treatment focused on the derivative victims. The current requirement often prevents a minor derivative victim from receiving additional mental health services for his/her own benefit. An average of 52% of Additional Treatment Plans received for minor derivative victims of sex crimes perpetrated against their minor siblings were denied due to these specific requirements. This amendment is estimated to cost \$40,000 per fiscal year.