

**Feedback on SB 747**  
**April 1, 2011**

**Placer – Lynn Tarrant**

I would support the watch status. I do not see anything out of line with the bill. It has many aspects that would support better understanding of LGBT, cultural sensitivity of ethnic communities as well as death and dying. I read it as a one time requirement not a requirement for every renewal period. If that is correct I can support the bill.

**Orange – Alan Edwards**

OC co-sponsored such training, but one hour, for CalOptima physicians. It was quite good. Since we as MDs were also mandated to take 12 hrs of training in end-of-life care, it seems to be more common to see these "special interest" categories and topics. I would agree with the "watch" position, and CMA will bird-dog the reporting process so we don't get into new waters.

**Riverside – Steve Steinberg**

I support the idea and intent - it is certainly an area of increasing interest. Unfortunately there have been a growing number of pre- and post- licensure requirements across disciplines and this only further complicates a complex landscape - and it opens the door for more required targeted trainings related to services to specific groups. But taking a position opposing something like this does not seem smart! Guess that is why there is a "watch" option...

**Napa – Zoe Martinez**

Are there requirements in place for other minority groups? I would tend to think that this is best handled by different agencies, licensing boards, etc rather than legislated.

**San Bernardino – Maria Coronado**

The consensus is to "watch" the bill. Course work for degrees in the behavioral health field always included a chapter or sessions on the sexually sensitive areas of preference choice. Why make it a requirement now?

**Monterey – Robert Jackson**

I believe while the bill is well intended the timing considering the budget problems is not the best. Likely that just watching the bill it will die a natural death.

**Kern – Steve Devore**

While I do believe that there are few therapists who are competent in this area, I do not believe that making it a law is the right way to go. It could simply be made mandatory through the appropriate licensing boards. I do believe the training is warranted.

**San Joaquin – Paul Mascovich**

Although I agree with the intent of the bill, I don't think this is an issue that should be legislated. So I support the "watch" stance.

**CIMH – Adrienne Shilton**

I think it's a good idea, but I wonder if this issue has been adequately studied to determine if the key areas of competency for practice and licensure for these professions already contain at least some focus in this area. That would be the question I think back to them. Otherwise how can any of us say?

**Calaveras – Brock Kolby**

LGBTIQ issues are important, but these issues are already covered through a quality graduate education. Current continuing education allows the therapist to take coursework in this area. I think we do NOT need another licensure requirement. If anything, licensure requirements need to be simplified, and we should trust professional therapists to do their job. In addition, the pay in the field has not increased with the continued multiple requirements demanded by the licensure boards and regulations. Perhaps, we should mandate raising the pay of all social workers and therapists in California by 5% for each additional licensure requirement?

**San Diego – Alfredo Aguirre**

Heather, I asked my peers here in SD if they remember any CC related requirements....if not, one idea is that it be broadened to address all cultural groups (not just orientation, but race, ethnicity as well and perhaps other disabilities).

**San Diego – Marshall Lewis**

While it's a great idea, it's also another unfunded mandate - though we're all already required to give this training to our own county staffs.