

AMENDED IN SENATE JUNE 19, 2017
AMENDED IN ASSEMBLY MAY 30, 2017
AMENDED IN ASSEMBLY MAY 8, 2017
AMENDED IN ASSEMBLY MAY 2, 2017
AMENDED IN ASSEMBLY MARCH 30, 2017
CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 1315

**Introduced by Assembly Member Mullin
(Coauthor: Assembly Member Arambula)**

February 17, 2017

An act to add Part 3.4 (commencing with Section 5835) to Division 5 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1315, as amended, Mullin. Mental health: early psychosis *and mood disorder* detection and intervention.

Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee various mental health programs funded by the act. Proposition 63 requires the State Department of Health Care Services, in coordination with counties, to establish a program designed to prevent mental illnesses from becoming severe and disabling.

This bill would establish an advisory committee to the commission for purposes of creating an early psychosis *and mood disorder* detection and intervention competitive selection process to, among other things, expand the provision of high-quality, evidence-based early psychosis *and mood disorder* detection and intervention services in this state by providing funding to the counties for this purpose. The bill would require a county that receives an award of funds ~~for the purposes of these provisions~~ to contribute local funds, as specified.

This bill would prescribe the membership of the advisory committee, including the chair of the commission or his or her designee. The committee would, among other duties, provide advice and guidance on approaches to early psychosis *and mood disorder* detection and intervention programs.

This bill also would establish the Early Psychosis *and Mood Disorder* Detection and Intervention Fund within the State Treasury and would provide that moneys in the fund are continuously appropriated to, and under the administrative control of, the commission for the purposes of the bill. The fund would consist of private donations and federal, state, and private grants. The bill would authorize the advisory committee to elect not to make awards if available funds are insufficient for that purpose. *The bill would authorize the advisory committee to coordinate and provide funding for clinical research studies, as specified. The bill would require those studies to be made available annually to the public.* The bill would also state that funds shall not be appropriated from the General Fund for the purposes of the bill and that implementation of the grant program shall be contingent upon the deposit into the fund of at least \$500,000 in nonstate funds for the purpose of funding grants. By creating a new continuously appropriated fund, this bill would make an appropriation.

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

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

- 1 SECTION 1. Part 3.4 (commencing with Section 5835) is
- 2 added to Division 5 of the Welfare and Institutions Code, to read:

1 PART 3.4. EARLY PSYCHOSIS ~~DETECTION~~
2 ~~AND INTERVENTION COMPETITIVE SELECTION PROCESS~~
3 *ACT PLUS (EPI PLUS) PROGRAM*
4

5 5835. (a) This part shall be known, and may be cited, as the
6 ~~Early Psychosis Detection and Intervention Competitive Selection~~
7 ~~Process Act. Plus (EPI Plus) Program to encompass early~~
8 *psychosis and mood disorder detection and intervention.*

9 (b) As used in this part, the following definitions shall apply:

10 (1) “Commission” means the Mental Health Services Oversight
11 and Accountability Commission established pursuant to Section
12 5845.

13 (2) “Early psychosis *and mood disorder* detection and
14 intervention” refers to a program that utilizes evidence-based
15 approaches and services to identify and support clinical and
16 functional recovery of individuals by reducing the severity of first,
17 or early, episode psychotic symptoms, *other early markers of*
18 *serious mental illness, such as mood disorders*, keeping individuals
19 in school or at ~~work~~ *work*, and putting them on a path to better
20 health and wellness. This may include, but is not limited to, all of
21 the following:

22 (A) Focused outreach to at-risk and in-need populations as
23 applicable.

24 (B) Recovery-oriented psychotherapy.

25 (C) Family psychoeducation and support.

26 (D) Supported education and employment.

27 (E) Pharmacotherapy and primary care coordination.

28 (F) Use of innovative technology for mental health information
29 feedback access that can provide a valued and unique opportunity
30 to assist individuals with mental health needs and to optimize care.

31 (G) Case management.

32 5835.1. The Legislature finds and declares all of the following:

33 (a) Fifty percent of all mental illness begins by the age of 14
34 and 75 percent by the age of 24, yet young people are often afraid
35 to reach out for help.

36 (b) Psychotic symptoms, such as hallucinations, delusions,
37 unusual or disorganized behaviors or speech, and negative actions,
38 such as social withdrawal, usually emerge during late adolescence
39 or early adulthood and derail important developmental milestones,

1 such as developing relationships, completing school, or entering
2 the workforce.

3 (c) Approximately 100,000 adolescents and young adults in the
4 United States experience first episode psychosis each year.

5 (d) Untreated psychosis increases a person's risk for suicide,
6 involuntary emergency care, and poor clinical outcomes, and may
7 initiate a trajectory of accumulating disability into later adulthood.

8 (e) The average delay in receiving appropriate diagnosis and
9 treatment for psychotic disorders is 18.5 months following the
10 onset of psychotic symptoms.

11 (f) In the United States, people diagnosed with psychotic *and*
12 *mood* disorders, such as bipolar disorder, major depression, and
13 schizophrenia, die an average of 11 years earlier than the general
14 population.

15 (g) Changing the paradigm from reactive to proactive early
16 detection and treatment has demonstrated efficacy and cost benefit
17 as recognized by the National Institute of Mental Health, the federal
18 Centers for Medicare and Medicaid Services, and the federal
19 Substance Abuse and Mental Health Services Administration,
20 along with documented outcomes from other states, such as New
21 York.

22 (h) According to numerous documented reports, including
23 analyses and research conducted by the federal Substance Abuse
24 and Mental Health Services Administration, and the National
25 Institute of Mental Health, evidence-based strategies have emerged
26 to identify, diagnose, and treat the needs of individuals with early
27 serious mental illness, including psychotic symptoms and disorders.

28 (i) Clinical research conducted worldwide, and within California
29 and the United States, supports a variety of evidence-based
30 interventions for ameliorating psychotic symptoms and promoting
31 functional recovery-oriented treatment, including cognitive and
32 behavioral psychotherapy, low doses of atypical antipsychotic
33 medications, family education and support, educational and
34 vocational rehabilitation, and coordinated care approaches to case
35 management.

36 (j) Empowering patients and families with innovative social
37 media and mental health information feedback access that harnesses
38 advances in technology can provide a valued and unique
39 opportunity to assist individuals with mental health needs and to
40 optimize care.

1 (k) Comprehensive public and private partnerships at both local
2 and regional levels are necessary to develop and maintain
3 high-quality, patient-centered, and cost-effective care for
4 individuals experiencing psychotic symptoms or psychotic
5 disorders to facilitate their recovery and lead toward wellness.

6 5835.2. (a) There is hereby established an advisory committee
7 to the commission. The Mental Health Services Oversight and
8 Accountability Commission shall accept nominations and
9 applications to the committee, and the chair of the Mental Health
10 Services Oversight and Accountability Commission shall appoint
11 members to the committee, unless otherwise specified. Membership
12 on the committee shall be as follows:

13 (1) The chair of the Mental Health Services Oversight and
14 Accountability Commission, or his or her designee, who shall
15 serve as the chair of the committee.

16 (2) The director of the County Behavioral Health Directors
17 Association of California, or his or her designee.

18 (3) The director of a county behavioral health department that
19 administers an early psychosis *and mood disorder* detection and
20 intervention-type program in his or her county.

21 (4) A representative from a nonprofit community mental health
22 organization that focuses on service delivery to transition-aged
23 youth and young adults.

24 (5) A psychiatrist or psychologist.

25 (6) A representative from the Behavioral Health Center of
26 Excellence at the University of California, Davis, or a
27 representative from a similar entity with expertise from within the
28 University of California system.

29 (7) A representative from a health plan participating in the
30 Medi-Cal managed care program and the employer-based health
31 care market.

32 (8) A representative from the medical technologies industry
33 who is knowledgeable in advances in technology related to the use
34 of innovative social media and mental health information feedback
35 access.

36 (9) A representative knowledgeable in evidence-based practices
37 as they pertain to the operations of an early psychosis *and mood*
38 *disorder* detection and intervention-type program, including
39 knowledge of other states' experiences.

1 (10) A representative who is a parent or guardian caring for a
2 young child with a mental illness.

3 (11) An at-large representative identified by the chair.

4 (12) *A representative who is a person with lived experience of*
5 *a mental illness.*

6 (b) The advisory committee shall be convened by the chair and
7 shall, at a minimum, do all of the following:

8 (1) Provide advice and guidance broadly on approaches to early
9 psychosis *and mood disorder* detection and intervention programs
10 from an evidence-based perspective.

11 (2) Review and make recommendations on the commission's
12 guidelines or any regulations in the development, design, selection
13 of awards pursuant to this part, and the implementation or oversight
14 of the early psychosis *and mood disorder* detection and intervention
15 competitive selection process established pursuant to this part.

16 (3) Assist and advise the commission in the overall evaluation
17 of the early psychosis *and mood disorder* detection and intervention
18 competitive selection process.

19 (4) Provide advice and guidance as requested and directed by
20 the chair.

21 (5) *Select a core set of standardized clinical and outcome*
22 *measures that the funded programs would be required to collect,*
23 *subject to future revision. A free data sharing portal shall be*
24 *available to all participating programs.*

25 (6) *Inform the funded programs about the potential to*
26 *participate in clinical research studies.*

27 5835.3. (a) The Early Psychosis *and Mood Disorder* Detection
28 and Intervention Fund is hereby created within the State Treasury
29 and, notwithstanding Section 13340 of the Government Code,
30 continuously appropriated to, and under the administrative control
31 of, the commission for the purposes of this part. The commission
32 may use no more than five hundred thousand dollars (\$500,000)
33 of the amount deposited annually into the fund for administrative
34 expenses in implementing this part, including providing technical
35 assistance.

36 (b) There shall be paid into the fund all of the following:

37 (1) Any private donation or ~~grant for the purposes of this part.~~
38 *grant.*

39 (2) Any other federal or state ~~grant for the purposes of this part.~~
40 *grant.*

1 (3) Any interest that accrues on amounts in the fund and any
2 moneys previously allocated from the fund that are subsequently
3 returned to the fund.

4 (c) Moneys shall be allocated from the fund by the commission
5 for the purposes of this part.

6 (d) Distributions from the fund shall be supplemental to any
7 other amounts otherwise provided to county behavioral health
8 departments for any purpose and shall only be used to augment
9 services and supports identified for the purposes of this part.

10 (e) The advisory committee may elect not to make awards if
11 available funds are ~~insufficient for that purpose.~~ *insufficient*.

12 (f) Funds shall not be appropriated from the General Fund for
13 the purposes of this part.

14 5835.4. (a) It is the intent of the Legislature to authorize the
15 commission to administer a competitive selection process as
16 provided in this part to create new, and to expand and improve the
17 fidelity of existing, service capacity for early psychosis *and mood*
18 *disorder* detection and intervention services in California.

19 (b) The core objectives of this competitive selection process
20 include, but are not limited to, all of the following:

21 (1) Expanding the provision of high-quality, evidence-based
22 early psychosis *and mood disorder* detection and intervention
23 services within California.

24 (2) Improving access to effective services for transition-aged
25 youth and young adults at high risk for, or experiencing, psychotic
26 symptoms, including the prodromal phase, or psychotic disorders.

27 (3) More comprehensively and effectively measuring
28 programmatic effectiveness and enrolled client outcomes of
29 programs receiving awards in the competitive selection process.

30 (4) Improving the client experience in accessing services and
31 in working toward recovery and wellness.

32 (5) Increasing participation in school attendance, social
33 interactions, personal bonding relationships, and active
34 rehabilitation, including employment and daily living function
35 development for clients.

36 (6) Reducing unnecessary hospitalizations and inpatient days
37 by appropriately utilizing community-based services and improving
38 access to timely assistance to early psychosis *and mood disorder*
39 detection and intervention services.

1 (7) Expanding the use of innovative technologies for mental
2 health information feedback access that can provide a valued and
3 unique opportunity to optimize care for the target population. *This*
4 *may include technologies for treatment and symptom monitoring.*

5 (8) Providing local communities with increased financial
6 resources to leverage additional public and private funding sources
7 to achieve improved networks of care for the target population,
8 including transition-aged youth and young adults.

9 (c) Funds allocated by the commission ~~for the purposes of this~~
10 ~~part~~ shall be made available to selected counties, or counties acting
11 jointly, through a competitive selection process.

12 (d) (1) Notwithstanding any other law, a county, or counties
13 acting jointly, that receive an award of funds ~~for the purposes of~~
14 ~~this part~~ shall be required to provide a contribution of local funds.
15 The local funds may include local Mental Health Services Act
16 moneys and county general fund revenues.

17 (2) Upon approval of the commission, after consultation with
18 the Department of Finance and the State Department of Health
19 Care Services, other locally acquired funding, such as federal
20 grants or allocations, or other special funds, may also be recognized
21 for the purpose of contributing toward any contribution
22 ~~requirements for the purposes of this part.~~ *requirements.*

23 (e) Awards made by the commission shall be used to create, or
24 expand existing capacity for, early psychosis *and mood disorder*
25 detection and intervention services and supports. The commission
26 shall ensure that awards result in cost-effective and evidence-based
27 services that comprehensively address identified needs of the target
28 population, including transition-aged youth and young adults, in
29 counties and regions selected for funding. The commission shall
30 also take into account at least the following criteria and factors
31 when selecting recipients of awards and determining the amount
32 of awards:

33 (1) A description of need, including, at a minimum, a
34 comprehensive description of the early psychosis *and mood*
35 *disorder* detection and intervention services and supports to be
36 established or expanded, community need, target population to be
37 served, linkage with other public systems of health and mental
38 health care, linkage with schools and community social services,
39 and related assistance as applicable, and a description of the request
40 for funding.

1 (2) A description of all programmatic components, including
2 outreach and clinical aspects, of the local early psychosis *and mood*
3 *disorder* detection and intervention services and supports.

4 (3) A description of any contractual relationships with
5 contracting providers as applicable, including any memorandum
6 of understanding between project partners.

7 (4) A description of local funds, including the total amounts,
8 that would be contributed toward the services and supports as
9 required by the commission through the competitive selection
10 process, implementing guidelines, and regulations.

11 (5) The project timeline.

12 (6) The ability of the awardee to effectively and efficiently
13 implement or expand an evidence-based program as referenced in
14 this part.

15 (7) A description of core data collection and the framework for
16 evaluating outcomes, including improved access to services and
17 supports and a cost-benefit analysis of the project.

18 (8) A description of the sustainability of program services and
19 supports in future years.

20 (f) The commission shall determine any minimum or maximum
21 awards, and shall take into consideration the level of need, the
22 population to be served, and related criteria as described in
23 subdivision (e) and in any guidance or regulations, and shall reflect
24 the reasonable costs of providing the services and supports.

25 (g) Funds awarded by the commission ~~for purposes of this part~~
26 may be used to supplement, but not supplant, existing financial
27 and resource commitments of the county or counties acting jointly,
28 that receive the award.

29 (h) The commission may consult with a technical assistance
30 entity, as described in paragraph (5) of subdivision (a) of Section
31 4061, initiate an interagency agreement with another public entity,
32 including the University of California system, or contract for
33 necessary technical assistance to implement this part.

34 (i) *The advisory committee may coordinate and provide funding*
35 *for clinical research studies. The committee may allocate an*
36 *amount not to exceed 10 percent of the total amount deposited in*
37 *the Early Psychosis and Mood Disorder Detection and Intervention*
38 *Fund for clinical research studies. The advisory committee shall*
39 *determine, in conjunction with the principal investigators, the data*
40 *elements to be included in clinical research studies funded pursuant*

1 *to this subdivision. The results of the clinical research studies shall*
2 *be made available annually to the members of the public, including*
3 *stakeholders and members of the Legislature.*

4 5835.5. The commission may adopt guidelines or regulations,
5 in consultation with the advisory committee established in Section
6 5835.2, as well as other stakeholders as necessary, to exercise the
7 powers and perform the duties conferred or imposed on it by this
8 part, including defining eligible costs and determining minimum
9 and maximum awards under the competitive selection process and
10 any stipulating conditions. A guideline or regulation adopted
11 pursuant to this section shall not be subject to the requirements of
12 the Administrative Procedure Act (Chapter 3.5 (commencing with
13 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
14 Code).

15 5835.6. The commission may adopt emergency regulations to
16 expedite the award of funds pursuant to this part.

17 5835.7. Implementation of the grant program established
18 pursuant to Section 5835.4 and the adoption of regulations pursuant
19 to Sections 5835.5 and 5835.6 shall be contingent upon the deposit
20 into the fund established pursuant to Section 5835.3 of at least five
21 hundred thousand dollars (\$500,000) in nonstate funds for the
22 purpose of funding grants pursuant to this part.