
SENATE COMMITTEE ON HEALTH

Senator Ed Hernandez, O.D., Chair

BILL NO: AB 1315
AUTHOR: Mullin
VERSION: June 19, 2017
HEARING DATE: June 28, 2017
CONSULTANT: Reyes Diaz

SUBJECT: Mental health: early psychosis and mood disorder detection and intervention

SUMMARY: Establishes the Early Psychosis Intervention Plus Program whereby specified programs use evidence-based approaches and services to identify and support clinical and functional recovery of individuals by reducing the severity of first, or early, episode psychotic symptoms and mood disorders, as specified. Establishes an advisory committee, as specified, to the Mental Health Services Oversight and Accountability Commission for the purposes of advising on the administration of the program and distributing awards to counties, or counties acting jointly, as specified, for the provision of services.

Existing law:

- 1) Establishes the Mental Health Services Oversight and Accountability Commission (MHSOAC) to develop strategies to overcome stigma, advise the Governor and the Legislature on mental health policy, and oversee the implementation of the Mental Health Services Act (MHSA), enacted by voters in 2004 as Proposition 63, which provides funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults, and seniors through a 1% income tax on personal income above \$1 million.
- 2) Requires the MHSOAC to consist of 16 voting members as follows:
 - a) The Attorney General or his or her designee;
 - b) The Superintendent of Public Instruction or his or her designee;
 - c) The Chair of the Senate Health and Human Services Committee or another member of the Senate selected by the President pro Tempore of the Senate;
 - d) The Chair of the Assembly Health Committee or another member of the Assembly selected by the Speaker of the Assembly; and,
 - e) 12 members appointed by the Governor that include:
 - i) Two people with a severe mental illness;
 - ii) A family member of an adult or senior with a severe mental illness;
 - iii) A family member of a child who has or has had a severe mental illness;
 - iv) A physician specializing in alcohol and drug treatment;
 - v) A mental health professional;
 - vi) A county sheriff;
 - vii) A superintendent of a school district;
 - viii) A representative of a labor organization;
 - ix) A representative of an employer with less than 500 employees;
 - x) A representative of an employer with more than 500 employees; and,
 - xi) A representative of a health care services plan or insurer.

This bill:

- 1) Establishes the Early Psychosis Intervention Plus (EPI Plus) Program, whereby specified programs use evidence-based approaches and services to identify and support clinical and functional recovery of individuals by reducing the severity of first, or early, episode psychotic symptoms and mood disorders, as specified, through services, such as focused outreach, recovery-oriented psychotherapy, family psychoeducation and support, supported education and employment, pharmacotherapy and primary care coordination, and use of innovative technology, as specified.
- 2) Establishes an advisory committee to the MHSOAC, for which the MHSOAC is required to accept nominations and applications for committee membership. Requires members to be appointed by the chair of the MHSOAC with membership that includes, but is not limited to, representatives of the MHSOAC; county behavioral health departments, including one that administers an early psychosis and mood disorder (EPMD) detection and intervention-type program in that county; a nonprofit community mental health organization that focuses on service delivery to transition-aged youth and young adults; an entity with expertise from within the University of California system; a psychiatrist or psychologist; a parent or guardian caring for a young child with a mental illness; a person with lived experience of a mental illness; and health plans and the medical technology industry, as specified.
- 3) Requires the advisory committee to be convened by the chair and to do, at a minimum, all of the following: provide advice and guidance broadly on approaches to EPMD detection and intervention programs from an evidence-based perspective; review and make recommendations on the MHSOAC's guidelines or any regulations in the development, design, selection of awards, and the implementation or oversight of the EPI Plus program competitive selection process, as specified; assist and advise the MHSOAC in the overall evaluation of the EPMD detection and intervention competitive selection process; provide advice and guidance as requested and directed by the chair; select a core set of standardized clinical and outcome measures, as specified; and inform funded programs about the potential to participate in clinical research studies.
- 4) States Legislative intent to authorize the MHSOAC to administer a competitive selection process to create new, and to expand and improve the fidelity of existing, service capacity for EPMD detection and intervention programs in the state. States the core objectives of the competitive selection process to include, but not be limited to:
 - a) Expanding the provision of high-quality, evidence based EPMD detection and intervention services in the state;
 - b) Improving access to effective services for transition-aged youth and young adults at high risk for, or experiencing, psychotic symptoms, as specified;
 - c) Measuring, more comprehensively and effectively, programmatic effectiveness and enrolled client outcomes of programs receiving awards;
 - d) Improving client experience in accessing services and in working toward recovery and wellness;
 - e) Increasing participation in school attendance, social interactions, personal bonding relationships, and active rehabilitation, as specified;
 - f) Reducing unnecessary hospitalizations and inpatient days by using community-based services and improving access to timely assistance to EPMD detection and intervention services;

- g) Expanding the use of innovative technologies for mental health information feedback, as specified, including technologies for treatment and symptom monitoring; and,
 - h) Providing local communities with increased financial resources to leverage additional public and private funding sources, as specified.
- 5) Requires funds allocated by the MHSOAC to be made available to selected counties, or counties acting jointly. Requires counties that receive awards to provide a contribution of local funds, and permits the use of local MHSA moneys and county general fund revenues. Permits funds to supplement, but not supplant, existing financial and resource commitments, as specified.
 - 6) Permits, upon approval of the MHSOAC and after consultation with the Department of Health Care Services and the Department of Finance, other locally acquired funding, as specified, or other special funds to be recognized for the purpose of contributing toward any contribution requirements, pursuant to 5) above.
 - 7) Requires awards made by the MHSOAC to be used to create, or expand existing capacity for, EPMD detection and intervention services and supports. Requires the MHSOAC to ensure awards result in cost-effective and evidence-based services, as specified.
 - 8) Requires the MHSOAC to take into account specified criteria and factors when selecting recipients of awards and determining award amounts, including descriptions of need, programmatic components, any contractual relationships with contracting providers, local funds contributed toward the services and supports, project timeline, the ability of the awardee to implement or expand an evidence-based program, core data collection and the framework for evaluating outcomes, and the sustainability of program services and supports. Requires the MHSOAC to determine any minimum or maximum awards. Permits the MHSOAC to adopt guidelines or regulations, as specified.
 - 9) Permits the advisory committee to coordinate and provide funding for clinical research studies and to allocate an amount not to exceed 10% of the total amount deposited in the EMPD Detection and Intervention Fund. Requires the committee to determine data elements to be included in clinical research studies, as specified. Requires results of clinical research studies to be made available to the public and the Legislature, as specified.
 - 10) Creates the EPMD Detection and Intervention Fund in the State Treasury, continuously appropriated to and under the administrative control of the MHSOAC, to contain funds from any private donation or grant, any other federal or state grant, and any interest that accrues on amounts in the fund and any moneys previously allocated from the fund that are subsequently returned to the fund, for the purposes of the provisions of this bill.
 - 11) Requires moneys to be allocated from the fund by the MHSOAC for purposes of the provisions of this bill. Requires distributions to be supplemental to any other amounts otherwise provided to county behavioral health departments for any purpose, and to be used to augment services and supports for EPMD detection and intervention programs.
 - 12) Requires implementation of the EPI Plus program to be contingent upon the deposit into the fund of at least \$500,000 in non-state funds for the purpose of funding awards. Permits the

advisory committee not to make awards if available funds are insufficient. Prohibits appropriations from the General Fund for EPMD detection and intervention programs.

- 13) Makes findings and declarations about the incidence of psychotic symptoms in adolescents and young adults, and the long-term effects of delaying diagnosis and treatment in the early stages.

FISCAL EFFECT: According to the Assembly Appropriations Committee:

- 1) Upon receipt of sufficient private grant funding, costs, likely in the millions of dollars, for program grants to eligible counties (EPMD Fund, comprised of revenues potentially from federal funds or private funds).
- 2) Administrative costs, potentially in the hundreds of thousands of dollars to the MHSOAC (EPMD Fund, MHSOAC administrative funds pursuant to the MHSA may be able to be transferred to the fund, or otherwise used to pay for the administrative costs).

PRIOR VOTES:

Assembly Floor:	76 - 0
Assembly Appropriations Committee:	14 - 1
Assembly Health Committee:	14 - 0

COMMENTS:

- 1) *Author's statement.* According to the author, this bill establishes a special fund and a competitive selection process to make awards to create new, and expand existing, evidence-based EPMD detection and intervention services and supports. This private-public partnership is new and integral to achieving innovation in mental health care services for this very vulnerable target population. Changing the paradigm from reactive to proactive early detection and treatment has demonstrated efficacy and is cost beneficial. The overarching goal is to intervene early and to improve the client experience in accessing services and in working towards life-long recovery and wellness. The EPMD Detection and Intervention Fund will be created for the purpose of private donations, and the deposit of other federal or state grants as applicable. Awards from this fund will be made according to a competitive selection process across interested county behavioral health departments. Awardees will meet specified requirements for evidence-based services and supports, and provide a contribution of local funds, such as local MHSA funds. A key aspect of this bill is a focus on outcome oriented, evidence-based practices with a designated evaluation framework as a component to the competitive selection process. This bill will serve as a catalyst to invigorate evidence-based practices in California and will address a significant unmet gap in the delivery system for transition-aged youth and young adults.
- 2) *Background.* According to the National Institute of Mental Health (NIMH), mental health disorders are common among children in the U.S. and can be particularly difficult for the children themselves and their caregivers. While mental disorders are widespread, the main burden of illness is concentrated among those suffering from a seriously debilitating mental illness. Just over 20% (or one in five) children either currently or at some point during their life have had a seriously debilitating mental disorder. Fifty percent of all mental illness begins by the age of 14 and 75% by the age of 24, yet young people are often reluctant and afraid to seek help. About 100,000 adolescents and young adults experience first episode

psychosis each year. The NIMH Web Site states that results from the Recovery After an Initial Schizophrenia Episode project and related studies highlight the value of early intervention for reducing the duration of untreated illness, speeding patients' and family members' access to appropriate care, and restoring normal school and work trajectories among individuals who receive evidence-based treatment. NIMH estimates that approximately 60 clinics in the U.S. currently offer evidence-based early detection, indicated prevention, and treatment services to individuals in the earliest stages of psychotic illness. By 2017, this number will increase to over 100 clinics, as a result of new federal funding for early serious mental illness treatment programs. NIMH's Web site states that the expansion of early intervention clinics across the U.S. offers an unprecedented opportunity to develop a 21st century platform for delivering, studying, and refining evidence-based care for those at greatest risk for early serious mental illness.

- 3) *Related legislation.* AB 1372 (Levine) permits a certified crisis stabilization unit, as specified, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours, as specified. *AB 1372 passed out of this committee by a vote of 9-0 on June 21, 2017.*

AB 931 (McCarty) adds community college, 4-year college, and university undergraduate and graduate students to the targeted populations served by the California Suicide Prevention Act of 2000, as specified. *AB 931 is pending in the this committee.*

AB 917 (Arambula) requires the Board of Governors of the California Community Colleges and the Trustees of the California State University, and encourages the Regents of the University of California, to adopt policies on student suicide prevention. *AB 971 was held on the Assembly Appropriations Committee suspense file.*

- 4) *Support.* The Steinberg Institute, sponsor of this bill, and other supporters, largely advocacy groups, argue that this bill provides the opportunity to expand evidenced-based EPMD detection and intervention services and supports to transition-aged youth and young adults who are at-risk of, or experiencing, psychotic symptoms or have other serious mood disorders. Supporters argue that the mental health paradigm needs to change from reactive to proactive, and EPMD detection and treatment programs have demonstrated efficacy and are cost-beneficial to society. Supporters state that longstanding data showing that 50% of all mental illness begins by the age of 14, and 75% manifests by the age of 24. Supporters state that about 100,000 adolescents and young adults experience first-episode psychosis each year, yet the average delay in receiving diagnosis and treatment for psychotic disorders is 18.5 months following the onset of psychotic symptoms. Supporters argue that the innovative partnership that this bill offers will incentivize counties to invest in these life-saving programs and ensure that more youth will mature into healthy adults within our communities.

SUPPORT AND OPPOSITION:

Support: Steinberg Institute (sponsor)
 California Alliance of Child and Family Services
 California Chapter of the American College of Emergency Physicians
 California Council of Community Behavioral Health Agencies
 Disability Rights California
 Jed Foundation
 Mental Health Services Oversight and Accountability Commission
 Mindstrong Health

National Association of Social Workers, California Chapter
One Mind Institute
Sutter Health
United Advocates for Children and Families
Verily
Western Center on Law and Poverty

Oppose: None received

-- **END** --