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AB-1315 Mental health: early psychosis and mood disorder detection and intervention. (2017-2018)

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Assembly Bill No. 1315

CHAPTER 414

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

[Approved by Governor October 02, 2017. Filed with Secretary of State October 02, 2017.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1315, 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 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 shall be available, upon appropriation by the Legislature, to 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 commission to elect not to make awards if available funds are insufficient for that purpose. The bill would authorize the advisory committee to coordinate and recommend an allocation of funding to the commission for clinical research studies, as specified. The bill would require the results of 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 and administrative costs for the commission.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

- (a) Fifty percent of all mental illness begins by the age of 14 and 75 percent by the age of 24, yet young people are often afraid to reach out for help.
- (b) Psychotic symptoms, such as hallucinations, delusions, unusual or disorganized behaviors or speech, and negative actions, such as social withdrawal, usually emerge during late adolescence or early adulthood and derail important developmental milestones, such as developing relationships, completing school, or entering the workforce.
- (c) Approximately 100,000 adolescents and young adults in the United States experience first episode psychosis each year.
- (d) Untreated psychosis increases a person's risk for suicide, involuntary emergency care, and poor clinical outcomes, and may initiate a trajectory of accumulating disability into later adulthood.
- (e) The average delay in receiving appropriate diagnosis and treatment for psychotic disorders is 18.5 months following the onset of psychotic symptoms.
- (f) In the United States, people diagnosed with psychotic and mood disorders, such as bipolar disorder, major depression, and schizophrenia, die an average of 11 years earlier than the general population.
- (g) Changing the paradigm from reactive to proactive early detection and treatment has demonstrated efficacy and cost benefit as recognized by the National Institute of Mental Health, the federal Centers for Medicare and Medicaid Services, and the federal Substance Abuse and Mental Health Services Administration, along with documented outcomes from other states, such as New York.
- (h) According to numerous documented reports, including analyses and research conducted by the federal Substance Abuse and Mental Health Services Administration, and the National Institute of Mental Health, evidence-based strategies have emerged to identify, diagnose, and treat the needs of individuals with early serious mental illness, including psychotic symptoms and disorders.
- (i) Clinical research conducted worldwide, and within California and the United States, supports a variety of evidence-based interventions for ameliorating psychotic symptoms and promoting functional recovery-oriented treatment, including cognitive and behavioral psychotherapy, low doses of atypical antipsychotic medications, family education and support, educational and vocational rehabilitation, and coordinated care approaches to case management.
- (j) Empowering patients and families with innovative social media and mental health information feedback access that harnesses advances in technology can provide a valued and unique opportunity to assist individuals with mental health needs and to optimize care.
- (k) Early psychosis detection and intervention happens within the community and at schools, primary care providers, churches, and other social institutions that have established relationships with adolescents and young adults.
- (l) When it comes to mental health care, California must move from stage four crisis care to stage one early detection, intervention, and prevention, just as we approach treatment for other serious illnesses.
- (m) Creating public/private partnerships dedicated to expansion of evidence-based prevention and early intervention services would generate additional revenue that would enhance the ability for counties throughout California to create and fund those programs.

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

PART 3.4. Early Psychosis Intervention Plus (EPI PLUS) Program

5835. (a) This part shall be known, and may be cited, as the Early Psychosis Intervention Plus (EPI Plus) Program to encompass early psychosis and mood disorder detection and intervention.

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

(1) "Commission" means the Mental Health Services Oversight and Accountability Commission established pursuant to Section 5845.

(2) "Early psychosis and mood disorder detection and intervention" refers to a program that utilizes 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, other early markers of serious mental illness, such as mood disorders, keeping individuals in school or at work, and putting them on a path to better health and wellness. This may include, but is not limited to, all of the following:

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

(B) Recovery-oriented psychotherapy, including cognitive behavioral therapy focusing on cooccurring disorders.

(C) Family psychoeducation and support.

(D) Supported education and employment.

(E) Pharmacotherapy and primary care coordination.

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

(G) Case management.

(3) "County" includes a city receiving funds pursuant to Section 5701.5.

5835.1. (a) The Early Psychosis and Mood Disorder Detection and Intervention Fund is hereby created within the State Treasury. The moneys in the fund shall be available, upon appropriation by the Legislature, to the commission for the purposes of this part. The commission may use no more than five hundred thousand dollars (\$500,000) of the amount deposited annually into the fund for administrative expenses in implementing this part, including providing technical assistance.

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

(1) Any private donation or grant.

(2) Any other federal or state grant.

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

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

(d) Distributions from the fund shall be supplemental to any other amounts otherwise provided to county behavioral health departments for any purpose and shall only be used to fund early psychosis and mood disorder detection and intervention programs.

(e) The commission may elect not to make awards if available funds are insufficient.

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

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

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

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

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

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

(5) A psychiatrist or psychologist.

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

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

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

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

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

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

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

(13) A primary care provider from a licensed primary care clinic that provides integrated primary and behavioral health care.

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

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

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

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

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

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

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

5835.3. (a) It is the intent of the Legislature to authorize the commission to administer a competitive selection process as provided in this part to create new, and to expand and improve the fidelity of existing, service capacity for early psychosis and mood disorder detection and intervention services in California.

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

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

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

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

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

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

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

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

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

(9) Improving whole-person care by increasing access to, and coordination of, mental health and medical care services.

(c) Funds allocated by the commission shall be made available to selected counties, or counties acting jointly, through a competitive selection process, or to other entities for research, evaluation, technical assistance, and other related purposes.

(d) (1) Notwithstanding any other law, a county, or counties acting jointly, that receive an award of funds shall be required to provide a contribution of local funds.

(2) Upon approval of the commission, after consultation with the Department of Finance and the State Department of Health Care Services, other locally acquired funding, such as federal grants or allocations, or other special funds, may also be recognized for the purpose of contributing toward any contribution requirements.

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

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

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

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

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

(5) The project timeline.

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

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

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

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

(g) Funds awarded by the commission may be used to supplement, but not supplant, existing financial and resource commitments of the county or counties acting jointly, that receive the award.

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

(i) The advisory committee may coordinate and recommend an allocation of funding to the commission for clinical research studies. The committee may recommend an amount not to exceed 10 percent of the total amount deposited in the Early Psychosis and Mood Disorder Detection and Intervention Fund for clinical research studies. The advisory committee may recommend, in conjunction with the principal investigators, the data elements to be included in clinical research studies funded pursuant to this subdivision. The results of the clinical research studies shall be made available annually to the members of the public, including stakeholders and Members of the Legislature. The results of clinical research studies shall be deidentified in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191), including Section 164.514 of Title 45 of the Code of Federal Regulations, and shall not contain any personally identifiable information according to the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).

(j) The county and all award recipients shall comply with all applicable state and federal privacy laws that govern medical information, including, but not limited to, HIPAA and its implementing regulations, the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code), and Section 10850.

5835.4. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the commission may implement this part without taking

regulatory action until regulations are adopted. The commission shall adopt regulations implementing this part on or before January 1, 2019.

5835.5. Implementation of the grant program established pursuant to Section 5835.3 and the adoption of regulations pursuant to Section 5835.4 shall be contingent upon the deposit into the fund established pursuant to Section 5835.1 of at least five hundred thousand dollars (\$500,000) in nonstate funds for the purpose of funding grants and administrative costs for the commission pursuant to this part.