

MOTION BY SUPERVISOR SHEILA KUEHL

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Protecting Our Psychiatric Emergency Services System

Existing Federal and State laws require general acute care hospitals that operate an emergency department to stabilize and treat anyone who is in danger of loss of life, or serious injury or illness. This includes people who are taken into custody and are involuntarily held under State law as a result of a mental health illness, also known as a 5150 hold. Upon stabilization, if a person is assessed, as prescribed by State law, and determined to require additional mental health treatment, the general acute care hospital can transfer the patient to an acute psychiatric emergency hospital. The receiving psychiatric unit can refuse to accept a patient transfer if the psychiatric unit believes that there is no legal basis (such as a 5150 hold) under which to hold the patient, or if it believes that a voluntary transfer is unsafe without prior assessment for probable cause to detain under WIC 5150.

Psychiatric emergencies are common in Los Angeles County. Almost 60,000 acutely mentally ill individuals are involuntarily detained for emergency assessment each year. Safe transfer of individuals experiencing mental health crises requires

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Careful preliminary medical and mental health evaluation, as well as careful establishment of a basis for involuntary detention in situations in which individuals might be at risk if they were to leave prematurely.

The author of Assembly Bill 451, Assemblymember Joaquin Arambula, states that he introduced the bill to help individuals who are in mental health crises access appropriate care. However, in an effort to take patients who are experiencing mental health crises out of general Emergency Departments and move them into facilities that have more expertise in dealing with those with mental illness the mentally ill, the bill undermines the existing legal framework that ensures the safety and stability of the County's Psychiatric Emergency Services system while maintaining the rights of individuals. AB 451 would require a psychiatric unit within a general acute care hospital, a psychiatric health facility, or a freestanding acute psychiatric hospital (without an emergency department), to accept patients even if they are not on an involuntary 5150 hold and without a mental health assessment demonstrating that they need mental health treatment. As currently drafted, AB 451 bill would provide a loophole for general acute care hospitals to transfer any patient to a psychiatric facility, and shift the cost and responsibility to an already overburdened system. Furthermore, by not requiring a mental health assessment prior to transferring a patient and by undermining the laws that protect the rights of individuals to receive unwanted treatment, the bill may lead to the improper diversion of individuals to psychiatric care facilities.

For well over a decade the County has endeavored to improve the stability of our Psychiatric Emergency Services system while simultaneously increasing our system's capacity to properly and quickly treat people who are in the midst of mental health

crises. Over the past several years the County has expanded our psychiatric emergency departments, increased the number of mental health urgent care centers, implemented numerous program models to conduct street-based outreach and emergency response activities, and recently begun designating private hospitals to accept patients on involuntary holds. While there is certainly more work that must be done to further expand the capacity of our local Psychiatric Emergency Services system to meet the community's need, AB 451 includes several provisions that would undermine the stability of our current system and possibly endanger our residents.

I, THEREFORE, MOVE that the Board of Supervisors Instruct the Chief Executive Officer and the County's Sacramento advocates to express the County's opposition to AB 451 unless amended to address the County's concerns, including the following:

- 1) As currently drafted, the bill removes important protections for patients who might be involuntarily transferred;
- 2) As currently drafted, AB 451 increases the danger of inappropriate emergency room transfers of seriously mentally ill patients to psychiatric hospitals that may not be adequately equipped to provide important diagnostic services for life threatening medical conditions; and
- 3) As currently drafted, the bill may result in the shifting the cost and responsibility for patients to an already overburdened Psychiatric Emergency Services system without a guarantee of improved outcomes for the transferred patient.