

## Office of the Legislative Analyst

### Update of 2013 Bills Passed Since July 15

**\*\*SB127:** Existing law requires licensed psychotherapists to immediately report individuals who pose a serious threat of physical violence against reasonably identifiable victims. This bill defines the time frame for reporting, and requires psychotherapists to report the threat to law enforcement within 24 hours; LEA is then required to report the threat to the DOJ electronically within 24 hours. *No foreseeable fiscal implications for LACDMH. Potential LACDMH program impact: will need to review/enforce new reporting guidelines and procedures for licensed psychotherapists within LACDMH.*

**SB585:** This bill allows for the use of MHSAs dollars to fund Laura's Law implementation. In current law, MHSAs states that all services should be voluntary unless an individual is a danger to self, others, or is gravely disabled. This bill adds to those exceptions individuals who are court-ordered to receive treatment. Counties that implement Laura's Law will be permitted to use monies from the Local Revenue Fund of MHSAs in addition to Realignment Funds to pay for the services. *No foreseeable implications.*

**\*\*SB364:** This bill expands the types of facilities that can be utilized for 72-hour mental health holds under the Lanterman-Petris-Short Act. Mental health facilities certified by the Department of Health Care Services or the Department of Public Health are included. The bill also allows county or city mental health directors to specify training for mental health professionals designated to perform 72-hour holds. *Fiscal implications: unsure of the fiscal impact for LACDMH. Potential LACDMH program impact: may require LACDMH to re-clarify designated facilities within the county that can/cannot be utilized for 72-hour holds. May involve changes to 72-hour hold mental health professional training.*

**AB402:** Beginning on July 1, 2014, this bill requires short-term disability insurance coverage (2 years or less) to provide coverage for individuals with a disability caused by severe mental illness. *No foreseeable fiscal implications or programmatic impact for LACDMH.*

**\*\*AB620:** This bill requires specified health facilities to develop and comply with a notification plan regarding missing patients. The health facility is mandated to inform the patient's authorized representative in the event that the patient is missing from the facility. Exceptions are provided for specified circumstances and in cases where law enforcement is involved. Non-compliance results in a misdemeanor. State-mandated local program. *No foreseeable fiscal implications for LACDMH. Potential LACDMH impact: LACDMH programs*



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*or contracted agencies that fall under the "specified mental health facilities" will need to develop a notification plan.*

**\*\*AB1054:** This bill changes the county reimbursement rate for Institutions for Mental Disease and Skilled Nursing Facilities. Currently, this rate increases by 4.7% annually. Beginning July 1, 2014, the reimbursement rate will instead increase by 3.5% annually. *Fiscal implications: LACDMH is the department responsible for reimbursing IMDs; this will allay 1.2% of the reimbursement increase beginning next year, and 1.2% annually thereafter.*

**\*\*AB1131:** This bill increases the prohibitory period, from 6mo to 5 years, for individuals prohibited from carrying firearms based on communication of a serious threat of violence against a reasonably identifiable victim(s) to a licensed psychotherapist. Provides instruction about the processes through which an individual may appeal the decision, and have the firearm returned, sold, or transferred (to stay consistent with current law). Provides new notification policies for individuals who are detained and have had their firearm removed, including new reporting laws for psychotherapists and law enforcement (same as SB127, see above). *No foreseeable fiscal implications for LACDMH. Potential LACDMH program impact: will need to review/enforce new reporting guidelines and procedures for licensed psychotherapists within LACDMH.*

**SB330:** This bill is regarding health instruction in public schools through the State Department of Education. The bill requires the Instructional Quality Commission to consider including, and recommending for adoption, a distinct mental health education category during the next revision of the "Health Framework for California Public Schools." It also ensures that a mental health expert would be involved in the framework development of such curriculum. *No foreseeable fiscal or programmatic impact for LACDMH.*

**AB361:** This bill authorizes the Department of Health Care Services to create a health home program for Medi-Cal enrollees with eligible chronic health conditions. Entities eligible to function as a health home include a mental health plan and a community mental health center in addition to many other entity types. The bill specifies that this program can only be created if federal funds are available and no additional state General Funds, outside of limited General Fund expenses articulated in bill, are used. *No foreseeable short term direct*



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*fiscal or programmatic impact for LACDMH. State must work with federal government to determine the funding available.*

**AB549:** This bill is regarding the update of school safety plans. The legislation encourages the inclusion of creating roles and clear guidelines in school safety plans for the involvement of mental health professionals, and other school-based health and mental health providers, as it relates to school safety, climate, achievement, health, and justice programs. *No fiscal or programmatic impact for LACDMH.*

**AB720:** This bill authorizes the Board of Supervisors, in consultation with the Sheriff's Department, to designate an entity to assist in the Medi-Cal application process for jail inmates to determine eligibility. The bill also authorizes such applications to be processed by Medi-Cal. Additionally, inmates currently enrolled in Medi-Cal shall not be terminated based by sole reason of incarceration. Instead, enrolled inmates shall have their Medi-Cal benefits suspended. State mandated local program. *No foreseeable fiscal implications for LACDMH. Potential LACDMH program impact: may increase inmates' access to health services post-release, which may result in an increased number of recently released persons seeking mental health services.*

*\*\* indicates a need for review or action.*



# SB 82 – Steinberg’s Community Mental Wellness Bill

October 2013 Update

1. MHSA State Admin Fee increased back to 5%
2. One time grant funding of \$142.5 million over 3 years managed by Ca Health Financing Authority. **Los Angeles County maximum grant allocation is \$40 million. RFP and guidelines not yet issued.**
3. Ongoing grant funding of \$32 million annually to be managed by the OAC. **Los Angeles County maximum grant allocation is \$9.15 million for 172 triage workers. RFA has been issued and applications are due January 3, 2014. The OAC will fund in 3 year cycles.**
  
4. One time grant funding breakdown for Infrastructure
  - a. \$500,000. grants to leverage other funding
  - b. \$125 million statewide funds Crisis Residential Treatment facilities in an effort to add 2000 beds statewide in facilities for 8 to 16 beds
  - c. Funds Mobile Crisis Support teams with \$2.5 million statewide for car purchases and maintenance at \$100,000 each as one time funds and \$6.8 million ongoing funds (MHSA and federal funding) for crisis team staff
  - d. Funds Crisis Stabilization Units at \$15 million statewide one time General Funds for 23 hour facility or Urgent Care; services are MediCal billable ongoing
  
5. Ongoing grant funding for “triage” personnel at \$32 million statewide (\$32 million MHSA and \$22 million federal) for 600 workers statewide. Upon full implementation, the services provided by the triage workers will be MediCal billable. There will be Peer Certification prior to full implementation of the teams so that peers will become a part of the team.

The triage workers will become part of a treatment team led by County DMH and their job will include communication, coordination and referral, monitoring of service delivery to ensure access, monitoring individual progress, placement and service planning.

6. Peer Support Training - \$2 million statewide (MHSA) to train peers and certify them as members of mobile crisis teams and as triage personnel.