

Policy At A Glance:

Emergency Services: Psychiatric Emergency Medical Conditions (AB 1316)

Hospitals throughout California are caring for a growing number of mental health emergencies every day, which is leading to longer wait times in the emergency department for all patients. This brief provides an overview of the current state of behavioral health in California, the No Wrong Door for Mental Health Services policy, and proposed changes to psychiatric emergency medical care by AB 1316.

Introduction

California hospitals care for a significant and increasing number of mental health crises daily, increasing the wait time in emergency departments for all patients.¹ Since the COVID-19 pandemic, factors such as health concerns, social isolation, caregiving responsibilities, economic instability, and working on the frontlines have exacerbated the situation.² Furthermore, adolescents' visits to emergency departments for mental health crises have risen by almost one-third since the pandemic.³

While the national standard for emergency care is four hours or less, research has shown that individuals in mental health crises wait days or even weeks for an available inpatient mental health treatment bed. This is partly due to the state's shortage of psychiatric beds.¹ Therefore, the Emergency Services: Psychiatric Emergency Medical Conditions (AB 1316) aims to address these delays by clarifying that hospitals should transfer patients in crisis to accepting inpatient psychiatric hospitals, regardless of whether the patient is on an involuntary hold.^{1,4}

This brief provides an overview of the current state of behavioral health in California, the No Wrong Door for Mental Health Services policy, and changes to psychiatric emergency medical care as proposed by AB 1316.

Mental Health Care in California⁵

- 1 in 26** Adults in California experienced a serious mental illness in 2019.
- 1 in 14** Children in California had a serious emotional disturbance.
- 1 in 12** Adults in families with incomes below 100% of the federal poverty level had serious mental illness.
- 1 in 6** Women who gave birth experienced prenatal depression symptoms.
- 1 in 7** Women who gave birth experienced postpartum depression symptoms.

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State of Behavioral Health in California

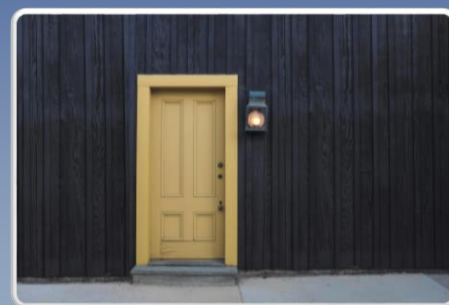
The state of behavioral health in California reveals significant challenges and disparities.⁶ In 2022, approximately 9.2% of Californians had a substance use disorder (SUD), while 4.5% had a serious mental illness (SMI). Furthermore, nearly 14 million Californians rely on Medi-Cal or county and tribal-led entities for behavioral health care. Many others receive behavioral health services through private insurers, though research has shown a significant shift from those with private insurance being served through the public behavioral health system. This suggests a lack of appropriate resources necessary to serve more severely affected individuals in the private health system.⁷

Currently, the number of Californians experiencing mental health conditions or SUD is rising.⁷ Compared to the national average, Californian adults are significantly more prone to SUD but less likely to have a SMI. However, research has shown that the prevalence of SMIs in California has increased over 50% from 2008 to 2019.^{6,8} Additionally, there is an increasing number of individuals that do not meet the clinical threshold for a SMI but have impaired daily function due to mood disorders such as mild depression and anxiety.^{6,9,10}

Additionally, many children in California are living with severe emotional disturbances (SED), and behavioral health conditions and suicide rate are continuing to rise.⁶ Demographically, low-income children and those who are Black or Latino have higher rates of having SED.^{6,11} Furthermore, the rate of suicide among youth has increased in recent years, with the COVID-19 pandemic exacerbating the situation.^{6,12} Nationwide, visits to the emergency department due to mental health crises have risen by 24% for children aged 5 to 11 and 31% for those aged 12-17.^{6,12,13}

No Wrong Door for Mental Health Services

On March 30, 2022, the Department of Health Care Services (DHCS) issued an updated outline of guidance for mental health services, known as the No Wrong Door for Mental Health Services Policy.^{14,15} The policy aims to ensure timely mental health services for beneficiaries, regardless of initial care location, and to maintain uninterrupted treatment relationships between beneficiaries and trusted providers.^{14,15,16} This policy provides specific guidance and clarification to County Mental Health Plans, Drug Medi-Cal counties, and Drug Medi-Cal Organized Delivery System counties.¹⁷



Ensuring Access to Emergency Mental Health Care

Background Context for AB 1316

In California, access to adequate mental health treatment remains a pressing concern, with nearly a quarter of adults unable to receive necessary care.¹⁸ This issue, coupled with a severe shortage of mental health and substance use disorder treatment professionals, leads to significant disparities in behavioral health care availability across counties.^{19,20} A study conducted by the RAND Corporation found that California has a deficit of over 7,500 beds for individuals with behavioral health needs in the state, with 24 counties having no in-county access to acute psychiatric hospital services.²¹ Furthermore, access to mental health services for children and adolescents is also inadequate, with nearly half unable to access the required care.^{19,22}

Therefore, it is not uncommon for individuals in mental health crises to turn towards emergency departments (ED) for days or weeks while waiting for an inpatient bed to become available.¹⁹ However, EDs frequently lack trained mental health staff, expertise in psychiatric medications, and a suitable environment for addressing mental health crises.^{19,23,24} Nationwide studies have shown that one in every eight ED visit is related to a mental health disorder and/or substance use, equating to approximately 15% of all ED visits.^{23,24}

Furthermore, issues arise when hospitals and counties must delay transferring patients to more appropriate care settings due to involuntary psychiatric holds (5150). Although the transfer process varies by community, hospitals note

significant delays when waiting for the county to secure an inpatient psychiatric bed compared to when the hospitals themselves handle transfer arrangements.¹⁹

Expanding Emergency Mental Health Care in California

Passed in the California Assembly on January 25, 2024, the Emergency Services: Psychiatric Emergency Medical Conditions (AB 1316) bill aims to ensure that Medi-Cal managed care plans reimburse hospitals for emergency care for beneficiaries in mental health crises. Furthermore, it facilitates prompt transfers of patients from the ED to appropriate inpatient care for those needing mental health services, even under involuntary holds.^{4,25}

Additionally, AB 1316 would:

- Expand the definition of psychiatric emergency medical condition to apply regardless of whether the patient is voluntarily or involuntarily detained for evaluation and treatment under certain circumstances.⁴
- Codify the Department of Health Care Services' No Wrong Door for Mental Health Services Guidance.^{4,19}
- Mandate Medi-Cal to encompass emergency services for treating defined emergency medical conditions, covering all essential professional physical, mental, and substance use treatment services along with screening exams for diagnosis.⁴

Conclusion

Although California's emergency departments are crucial for addressing urgent medical needs, they are overwhelmed by individuals seeking mental health care. In response, AB 1316 aims to alleviate this strain by allowing hospitals to promptly transfer patients experiencing a mental health crisis and/or substance-use disorders to appropriate inpatient treatment facilities even if the patient is on an involuntary psychiatric hold. By facilitating these transfers, it not only eases the burden on emergency departments, but also ensures that individuals in mental health crises receive timely and specialized care from qualified personnel.

Of note, Loma Linda University Behavioral Health was awarded \$6 million in grants in 2023 to support the implementation of two emergency psychiatric assessment, treatment, and healing (EmPATH) units.²⁶ The EmPATH unit is a hospital-based outpatient program that admits patients in psychiatric crises, even those under involuntary psychiatric commitment. Rather than serving as an alternative to inpatient care, the EmPATH unit acts as the primary destination for acute mental health patients from the emergency department.²⁷

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Did you know?

Studies have shown that within 24 hours, nearly 75% of patients treated in an EmPATH unit achieve stability and are discharged home, eliminating the need for expensive inpatient admission or prolonged stays in the emergency department.²⁸



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