Date of Hearing: March 14, 2023

ASSEMBLY COMMITTEE ON HEALTH
Jim Wood, Chair
AB 283 (Jim Patterson) – As Introduced January 24, 2023

SUBJECT: Mental Health Services Oversight and Accountability Commission.

SUMMARY: Urges the Governor when making appointments to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to consider ensuring geographic representations among the 10 geographic regions of California as defined by the 2020 census.

EXISTING LAW:

1) Establishes the 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. [Welfare and Institutions Code (WIC) §5845]

2) Requires the MHSOAC to consist of 16 voting members as follows:
   a) The Attorney General or their designee;
   b) The Superintendent of Public Instruction or their designee;
   c) The Chair of the Senate Health, Chair of the 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) Twelve 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. [WIC §5845]

FISCAL EFFECT: None.

COMMENTS:

1) **PURPOSE OF THIS BILL.** According to the author, there is no one-size-fits-all approach to mental health services, which is why it is critical that this bill be passed to strongly urge the Governor to include at least one representative from each of California's 10 regions. California is in the midst of a mental health crisis and we must work together to meet the needs of each community so that individuals facing mental health challenges receive the best

care possible. Ultimately, this bill will help address inequities suffered by vulnerable/underserved and marginalized communities. By having a representative from each region of the state, it will ensure that the issues faced by these communities are represented. The author concludes, it's these area representatives who have a unique knowledge of what each county needs to address mental health related issues.

2) BACKGROUND.

a) MHSA. Proposition 63, the MHSA was passed by voters in November 2004. The MHSA imposes a 1% income tax on personal income in excess of $1 million and creates the 16 member MHSOAC charged with overseeing the implementation of MHSA. MHSA revenues of $3.0 billion were estimated for 2020-21 with a forecast projected for annual revenues of $3.7 billion for 2021-22 and $3.8 billion for 2022-23. The MHSA addresses a broad continuum of prevention, early intervention and service needs as well as providing funding for infrastructure, technology, and training needs for the community mental health system.

The MHSA requires each county mental health department to prepare and submit a three-year plan to the Department of Health Care Services (DHCS) that must be updated each year and approved by the DHCS after review and comment by the MHSOAC. In their three-year plans, counties are required to include a list of all programs for which MHSA funding is being requested and that identifies how the funds will be spent and which populations will be served. MHSA programs are divided into the following five categories:

i) Community Services and Supports: Provides direct mental health services to the severely and seriously mentally ill, such as mental health treatment, cost of health care treatment, and housing supports. Regulation requires counties to direct the majority of its Community Services and Supports funds to Full-Service Partnerships (FSPs). FSPs are county coordinated plans, in collaboration with the client and the family to provide the full spectrum of community services. These services consist of mental health services and supports, such as peer support and crisis intervention services; and non-mental health services and supports, such as food, clothing, housing, and the cost of medical treatment.

ii) Prevention and Early Intervention: Provides services to mental health clients in order to help prevent mental illness from becoming severe and disabling;

iii) Innovation: Provides services and approaches that are creative in an effort to address mental health clients' persistent issues, such as improving services for underserved or unserved populations within the community;

iv) Capital Facilities and Technological Needs: Creates additional county infrastructure such as additional clinics and facilities and/or development of a technological infrastructure for the mental health system, such as electronic health records for mental health services; and,

v) Workforce Education and Training: Provides training for existing county mental health employees, outreach and recruitment to increase employment in the mental

health system, and financial incentives to recruit or retain employees within the public mental health system.

Counties must submit their plans for approval to the MHSOAC before the counties may spend certain categories of funding including Prevention and Early Intervention and Innovation funds.

b) MHSOAC: The MHSA creates the 16 member MHSOAC appointed by the Governor and the Legislature. In carrying out its statutory duties and responsibilities, the MHSOAC may do all of the following:

- **i)** Meet at least once each quarter at any time and location convenient to the public, as it may deem appropriate. Requires all meetings of MHSOAC to be open to the public;
- **ii)** Within the limit of funds allocated for these purposes, employ staff, including any clerical, legal, and technical assistance necessary. MHSOAC administers its operations separate and apart from DHCS and the California Health and Human Services Agency (CHHSA);
- **iii)** Establish technical advisory committees, such as a committee of consumers and family members;
- **iv)** Employ all other appropriate strategies necessary or convenient to enable it to fully and adequately perform its duties and exercise the powers expressly granted, notwithstanding any authority expressly granted to an officer or employee of state government;
- **v)** Enter into contracts;
- **vi)** Obtain data and information from DHCS, the Department of Health Care Access and Information, or other state or local entities that receive MHSA funds, for MHSOAC to utilize in its oversight, review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with MHSA funds;
- **vii)** Participate in the joint state-county decision-making process, for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system;
- **viii)** Develop strategies to overcome stigma and discrimination, and accomplish all other objectives of the MHSA;
- **ix)** At any time, advise the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness;
- **x)** If MHSOAC identifies a critical issue related to the performance of a county mental health program, it may refer the issue to the DHCS;
- **xi)** Assist in providing technical assistance to accomplish the purposes of the MHSA in collaboration with the DHCS and in consultation with the County Behavioral Health Directors Association of California (CBHDA);
- **xii)** Work in collaboration with the DHCS and the California Behavioral Health Planning Council, and in consultation with the CBHDA, in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system; requires the CHHSA to lead this comprehensive joint plan effort; and,
- **xiii)** Establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma, increase public, employee, and employer

awareness of the recovery goals of the MHSA, and provide guidance to California's employer community to put in place strategies and programs, as determined by MHSOAC, to support the mental health and wellness of employees. Require MHSOAC to consult with the Labor and Workforce Development Agency or its designee to develop the standard.

c) **2020 Census California Regions.** During the 2020 Census, California launched a statewide effort to ensure an accurate and complete count of Californians. In order to accomplish this effort, California's 58 counties were grouped into 10 regions based on their hard-to-count populations, liked mindedness of the counties, capacity of community-based organization within the counties and state Census staff workload capabilities. The 10 regions are as follow:

Region	Name of Region	Counties Included in Region
1	Superior California	Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Yolo, Yuba
2	North Coast	Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma, Trinity
3	San Francisco Bay Area	Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano
4	Northern San Joaquin Valley	Alpine, Amado, Calaveras, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tuolumne
5	Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
6	Southern San Joaquin Valley	Fresno, Inyo, Kern, Kings, Tulare
7	Inland Empire	Riverside, San Bernardino
8	Los Angeles County	Los Angeles
9	Orange County	Orange
10	San Diego - Imperial	Imperial, San Diego

d) **Governor's Veto of AB 1668 (Patterson) of 2022.** AB 1668, is identical to this bill and was vetoed by Governor Newsom. In his veto message the Governor stated that: "I am committed to having boards and commissions that represent California's diversity, including regional representation, and I already consider these factors in the appointment process. In addition to being unnecessary, this bill overlooks the fact that other officials serve on, or can designate individuals to serve on, the MHSOAC. Therefore, I cannot sign this bill."

3) **SUPPORT.** The California State Association of Psychiatrists (CSAP) in a support position states that this bill seeks to ensure that individuals facing mental health challenges are appropriately represented, regardless of where they live in the state. This bill recognizes that different regions may require different needs when it comes to mental health services, and there is no one-size-fits-all model. CSAP concludes by stating it is essential that the MHOSAC have representatives from areas throughout the state, who know the needs of their region and who are passionate about getting individuals the help that they need. It is urgent that Californians with severe mental health challenges get on their path to recovery and the

best way to achieve that goal is to have representatives that come from various areas throughout the state.

4) **RELATED LEGISLATION.** AB 289 (Holden) would expand the local stakeholder group for development of the three-year program and expenditure plans under the MHSA to also require the inclusion of youths or youth mental health organizations. AB 289 is pending hearing in the Assembly Health Committee.

5) **PREVIOUS LEGISLATION.**

a) AB 2281 (Lackey) of 2022 would have established the Mental Health Preschool Services Act to award grants to fund partnerships between qualified applicants and preschool and daycare programs for children from birth to five years of age, inclusive, to provide mental health services to those children, as specified. AB 2281 was vetoed by the Governor whose veto message stated in part:

> "I share the author's concern about supporting youth mental health. Together with the Legislature, California has taken urgent action to address this crisis by investing over $4.7 billion in the Children and Youth Behavioral Health Initiative to ensure all California kids, parents and communities have increased access to mental health and substance use services. While the goal of this proposed grant program is laudable, it requires tens to hundreds of millions of dollars that were not appropriated in this year's Budget Act."

b) SB 1283 (Bates) of 2022 would have amended the MHSA to provide the counties with more flexibility in shifting county MHSA money between programs and to include additional allowable services, including addiction treatment, case management, employment services, peer support, crisis intervention and stabilization, and family unification. SB 1283 was not heard in the Senate at the request of the author.

c) AB 465 (Eggman), Chapter 544, Statutes of 2021, requires the MHSOAC to report to specified legislative committees the outcomes for people receiving community mental health services under a FSP model, as specified, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness.

d) AB 573 (Carrillo) of 2021 would have established the California Youth Mental Health Board within CHHSA; would have required the MHSOAC by December 30, 2024, and every five years thereafter, to assess the extent to which the local youth boards have been established and to make recommendations on ways to strengthen the youth voice to support appropriate behavioral health services. AB 573 was held in the Assembly Appropriations Committee.

e) SB 604 (Bates) of 2019 would have required the MHSOAC to establish an indeterminate number of centers of excellence to provide counties with technical assistance to implement best practices related to elements of the MHSA as specified. SB 604 was held in Senate Appropriations.

f) AB 850 (Chau) of 2017 would have increased the membership of the MHSOAC to include an individual with knowledge and experience in reducing mental health

disparities, especially for racial and ethnic communities, to be appointed by the Governor. AB 850 was vetoed by the Governor Brown who stated:

> "This bill adds a member to the MHSOAC who has experience in reducing mental health disparities. I believe MHSOAC as currently constituted is up to the task entrusted to it."

6) **POLICY COMMENT.** This bill is substantially similar to AB 1668 (Patterson) of 2022 which was vetoed by the Governor. The Committee may wish to inquire from the author how he plans to address the Governor's veto as this bill moves forward.

REGISTERED SUPPORT / OPPOSITION:

Support

California State Association of Psychiatrists
Depression and Bipolar Support Alliance
Lighthouse Counselling and Family Resource Center
Madera County
Valley Children's Healthcare

Opposition

None on file.

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