SENATE COMMITTEE ON HEALTH
Senator Dr. Susan Talamantes Eggman, Chair

BILL NO: AB 283
AUTHOR: Jim Patterson
VERSION: January 24, 2023
HEARING DATE: June 7, 2023
CONSULTANT: Reyes Diaz

SUBJECT: Mental Health Services Oversight and Accountability Commission

SUMMARY: Urges the Governor to consider ensuring geographic representation among the ten regions of California, as specified, when making appointments of commissioners to the Mental Health Services Oversight and Accountability Commission.

Existing law:
1) Establishes the Mental Health Services Oversight and Accountability Commission (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. [WIC §5845]

2) Requires the MHSOAC to consist of 16 voting members as follows:

    a) The Attorney General or his or her designee;
    b) The Superintendent of Public Instruction or his or her designee;
    c) The Chair of the Senate Health and 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]

This bill: Urges the Governor to consider ensuring geographic representation among the 10 regions of California as defined by the 2020 United States Census when making appointments of commissioners to the MHSOAC.

FISCAL EFFECT: This bill is keyed nonfiscal.

PRIOR VOTES:

Assembly Floor:	74 - 0
Assembly Health Committee:	13 - 0

COMMENTS:

1) *Author's statement.* According to the author, there is no one-size-fits-all approach to mental health services, which is why it is critical that we pass this bill to strongly urge the Governor to include at least one representative from each of California's ten regions. We are 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.

2) *MHSOAC.* According to the MHSOAC, by partnering with public and private mental health agencies at all levels, it works to ensure that people get the care they need in a timely, comprehensive, effective, and culturally competent manner by vigorously promoting community collaboration. The MHSA directs the MHSOAC to empower stakeholders and put them at the center of its decision-making process. The MHSOAC's primary function is to oversee the implementation of the MHSA, and distribute grants, collect and share spending and efficacy data on local programs, spread best practices, conduct research into critical subject areas like criminal justice involvement of people with mental health needs, and engage experts to develop policy proposals and other path-breaking solutions. Data collection is also an increasingly important focus, and the MHSOAC's Transparency Suite is an online tool that provides high-level spending and outcome metrics for programs by county. The MHSOAC is also tasked with reviewing county spending of MHSA money for prevention and early intervention (PEI) programs, and distributes MHSA money for local innovation (INN) projects that pioneer new approaches to administration and treatment, like youth drop-in centers. The MHSOAC continuously endeavors to develop ways to overcome the stigma that often faces people living with mental health challenges. The MHSOAC distributes grants to expand mental health services in schools, helping to develop voluntary standards to support mental health in the workplace, and to build a statewide suicide prevention plan. The MHSOAC works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.

3) *MHSA.* The MHSA requires each county mental health program (CMHP) to prepare a three-year program and expenditure plan, as well as annual updates, that are developed with local stakeholders including adults and seniors with severe mental illness; families of children, adults and seniors with severe mental illness; providers of services; law enforcement agencies; education and social services agencies; veterans and representatives from veterans organizations; providers of alcohol and drug services; health care organizations; and, other important interests. CMHPs are required to demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update are required to be prepared and circulated for review and comment for at least 30 days to stakeholders and any interested party who has requested a copy of the draft plans. The Department of Health Care Services (DHCS) is required to provide guidelines to counties related to each component of the MHSA. In the three-year plans, CMHPs 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. It is during this local process that MHSA spending

decisions are made. CMHPs are then required to submit their three-year plans and annual updates to the MHSOAC and DHCS within 30 days after adoption. CMHPs also must submit their plans for approval to the MHSOAC before they can spend INN program funds. The MHSA provides funding for programs generally within these five components:

a) *Community Services and Supports (CSS)*: 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. Regulations require counties to direct the majority of its CSS 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, utilizing a "whatever it takes" approach to supporting those with mental illness;
b) *PEI*: Provides services to mental health clients in order to help prevent mental illness from becoming severe and disabling;
c) *INN*: 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;
d) *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,
e) *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.

4) *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 ten regions based on their hard-to-count populations, like mindedness of the counties, capacity of community-based organization within the counties, and state Census staff workload capabilities. The ten 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

5) *Related legislation.* SB 326 (Eggman) requires a county, in order to maximize federal financial participation, to submit claims for reimbursement to the Department of Health Care Services (DHCS) for a behavioral health service eligible for reimbursement through Medi-Cal when that service is paid, in whole or in part, using MHSA funds. *SB 326 is pending in the Assembly Health Committee.*

   SB 551 (Portantino) requires mental health board (MHB) membership in large counties, as specified, to consist of at least 20% employees of a local educational agency (LEA) and at least 20% individuals who are 25 years of age or younger; requires in medium counties, as specified, MHB membership to include one person employed by an LEA and one person who is 25 years of age or younger; and, requires in small counties, as specified, a strong preference for an MHB to include one person employed by an LEA and one person 25 years of age or younger. Prohibits more than 49% of the members of a MHB from owning or operating an organization or business that financially benefits from a proposed or adopted MHSA plan. *SB 551 is pending in the Assembly Health Committee.*

   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 set to be heard in this Committee on June 7, 2023.*

6) *Prior legislation.* SB 749 (Glazer and Eggman of 2022) would have required the MHSOAC, in consultation with state and local mental health authorities and upon appropriation by the Legislature, to create a comprehensive tracking program for county spending on behavioral health programs and services, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels, as specified. *SB 749 died on the inactive file on the Assembly Floor.*

   SB 970 (Eggman of 2022) would have required the California Health and Human Services Agency to establish the California MHSA Outcomes and Accountability Review, with a dedicated workgroup tasked with establishing three specified components to assist CMHPs in improving MHSA funded programs. *SB 970 died on third reading on the Assembly Floor.*

   SB 1283 (Bates of 2022) would have reduced the prudent reserve formula for CMHPs from a maximum of 33% to 30% of specified moneys received through the MHSA. *SB 1283 was not heard in this Committee at the request of the author.*

   AB 1668 (Jim Patterson of 2022) was substantially similar to this bill. *AB 1668 was vetoed by Governor Newsom who stated that he is committed to having boards and commissions that represent California's diversity, including regional representation, and he already considers the factors in this bill in the appointments 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.*

   SB 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 full service partnership 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.

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 on the Senate Appropriations Committee suspense file.*

7) *Support.* Supporters of this bill state that ensuring diverse, geographic representation will further inform the work done by the MHSOAC given California's vast differences by region. The MHSOAC currently has representation from a few more populated areas of the state (e.g., Bay Area, Sacramento, and Southern Region), with the central and northern regions of our state not being represented by MHSOAC members. By ensuring more inclusive representation, this bill will help ensure the diversity of the state is reflected.

SUPPORT AND OPPOSITION:

Support: California State Association of Psychiatrists
County Behavioral Health Directors Association
County of Fresno
County of Madera
Depression and Bipolar Support Alliance
Lighthouse Counseling and Family Resource Center
Valley Children's Healthcare

Oppose: None received

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