

**Introduced by Senators Glazer and Eggman
(Coauthors: Senators Nielsen, Rubio, and Wiener)**

February 19, 2021

An act to add Section 5845.7 to the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 749, as introduced, Glazer. Mental health program oversight: county reporting.

Existing law provides for various mental and behavioral health programs that are administered by the counties. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the provisions of the MHSA and review the county plans for MHSA spending. Existing law requires the State Department of Health Care Services, in consultation with the commission and other entities, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which identifies and evaluates county mental health programs funded by the MHSA.

This bill would require the commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels. The bill would require the counties to report specified data for the preceding fiscal year to the commission on or before July 31 of each year. The bill would also require the commission to report the results of the county

reporting to the Governor’s office and the Legislature on or before September 1 of each year, and to publish that information on its internet website in a location accessible to the public. By requiring additional reporting from the counties, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 5845.7 is added to the Welfare and
- 2 Institutions Code, to read:
- 3 5845.7. (a) The commission, in consultation with state and
- 4 local mental health authorities, shall create a comprehensive
- 5 tracking program for county spending on mental and behavioral
- 6 health programs and services, including funding sources, funding
- 7 utilization, and outcome data at the program, service, and statewide
- 8 levels.
- 9 (b) As part of the program required in subdivision (a), the
- 10 commission shall do all of the following:
- 11 (1) Explore available data and information when developing
- 12 the reporting framework, and obtain relevant data and information
- 13 from other state entities.
- 14 (2) Develop categories of mental health programs and services
- 15 tailored to inform assessments of spending patterns. These
- 16 programs and services may include, but are not limited to, the
- 17 following:
- 18 (A) Emergency services.
- 19 (B) Inpatient care.
- 20 (C) Intensive outpatient services.
- 21 (D) Basic social supports.
- 22 (E) General outpatient services.
- 23 (F) Community wellness supports.

1 (G) Outreach and education.

2 (3) Develop statewide measurements of mental health and report
3 publicly about those measurements annually so that stakeholders
4 and policymakers can assess the progress the state is making in
5 addressing mental health needs.

6 (c) On or before July 31 of each year, each county shall report
7 to the commission, in a manner to be determined by the
8 commission, all of the following for the preceding fiscal year:

9 (1) The expenditures in each of the major categories established
10 in paragraph (2) of subdivision (b).

11 (2) Unspent funding that was dedicated to mental and behavioral
12 health programs and services, from all major sources.

13 (3) Program- and service-level outcomes that enable
14 stakeholders to determine whether the county's use of funds
15 benefits individuals living with mental illnesses. These outcomes
16 may include, but not be limited to, all of the following:

17 (A) For emergency services: the response time of first
18 responders, emergency room wait time and length of stay, and the
19 frequency and timeliness of linkage to subsequent services.

20 (B) For inpatient care; the availability of beds and the timeliness
21 of placement by facility type, medication compliance, and the
22 frequency and timeliness of linkage to subsequent services.

23 (C) For intensive outpatient services: the population served and
24 the population with unmet needs, medication compliance, and the
25 incidences of hospitalization, incarceration, and other negative
26 outcomes.

27 (D) For basic support services: the population served and the
28 population with unmet needs, the average length of stay for housing
29 and shelter, and the frequency and timeliness of linkage to
30 concurrent or subsequent services.

31 (E) For general outpatient services: the population served and
32 the population with unmet needs, the frequency and timeliness of
33 linkage to concurrent or subsequent services, medication
34 compliance when applicable, and incidences of hospitalization,
35 incarceration, and other negative outcomes.

36 (F) For community wellness supports: the population served
37 and the population with unmet needs, the frequency and timeliness
38 of linkage to concurrent or subsequent services, and client-reported
39 wellness and satisfaction with programs and supports.

1 (G) For outreach and education: the population served or
2 affected by outreach and education efforts, the impact of those
3 efforts on individuals' engagement with treatment, and community
4 awareness of, and attitude toward, available services.

5 (d) (1) On or before September 1 of each year, the commission
6 shall report to the Governor's office and the Legislature the results
7 of the county reporting required by this section. The report shall
8 also be posted on the commission's internet website in an area
9 accessible to the public.

10 (2) A report to be submitted pursuant to this subdivision shall
11 be submitted in compliance with Section 9795 of the Government
12 Code.

13 SEC. 2. If the Commission on State Mandates determines that
14 this act contains costs mandated by the state, reimbursement to
15 local agencies and school districts for those costs shall be made
16 pursuant to Part 7 (commencing with Section 17500) of Division
17 4 of Title 2 of the Government Code.