## AMENDED IN SENATE AUGUST 15, 2016 AMENDED IN SENATE JUNE 13, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

## ASSEMBLY BILL

No. 2279

## **Introduced by Assembly Member Cooley**

(Coauthors: Senators Hertzberg and Nielsen)

February 18, 2016

An act to amend Section 5899 of the Welfare and Institutions Code, relating to mental health.

## LEGISLATIVE COUNSEL'S DIGEST

AB 2279, as amended, Cooley. Mental Health Services Act: county-by-county spending reports.

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. Existing law requires the State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which gathers specified information on mental health spending as a result of the MHSA, including the expenditures of funds distributed to each county.

This bill would require the department, based on the Annual Mental Health Services Act Revenue and Expenditure Report, to compile information, in total and by county on an annual basis, that includes, among other things, the total amount of MHSA revenue, the amount of

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MHSA money received and expended for each specified component of the MHSA program, and the amount of MHSA money spent on program administration. The bill would require the department to make the collected information available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.

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

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

1 SECTION 1. Section 5899 of the Welfare and Institutions Code 2 is amended to read:

3 5899. (a) The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and 4 Accountability Commission and the County Behavioral Health Directors Association of California, shall develop and administer instructions for the Annual Mental Health Services Act Revenue 8 and Expenditure Report. The instructions shall include a 9 requirement that the county certify the accuracy of this report. This report shall be submitted electronically to the department and to 10 11 the Mental Health Services Oversight and Accountability 12 Commission. The department and the commission shall annually 13 post each county's report on its website in a timely manner.

- (b) The department, in consultation with the commission and the County Behavioral Health Directors Association of California, shall revise the instructions described in subdivision (a) by July 1, 2017, and as needed thereafter, to improve the timely and accurate submission of county revenue and expenditure data.
- (c) The purpose of the Annual Mental Health Services Act Revenue and Expenditure Report is as follows:
- (1) Identify the expenditures of Mental Health Services Act (MHSA) funds that were distributed to each county.
- (2) Quantify the amount of additional funds generated for the mental health system as a result of the MHSA.
- (3) Identify unexpended funds, and interest earned on MHSA funds.
- (4) Determine reversion amounts, if applicable, from prior fiscal year distributions.
- 29 (d) This report is intended to provide information that allows 30 for the evaluation of all of the following:

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- 1 (1) Children's systems of care.
- 2 (2) Prevention and early intervention strategies.
- 3 (3) Innovative projects.

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- 4 (4) Workforce education and training.
- 5 (5) Adults and older adults systems of care.
  - (6) Capital facilities and technology needs.
- 7 (e) Based on the report required pursuant to subdivision (a), 8 the State Department of Health Care Services, no later than nine 9 months after the end of each fiscal year, shall collect and publicly 10 report all of the following information, by statewide total and by 11 individual county:
- 12 (1) Total revenue received from the Mental Health Services Act 13 (MHSA).
  - (2) The amount of MHSA funds received by the counties for each of the following components of the act:
    - (A) Community services and supports.
- 17 (B) Prevention and early intervention.
- 18 (C) Innovation.
- 19 (D) Housing that is not funded under subparagraph (A).
- 20 (E) Workforce education and training that is not funded under subparagraph (A).
  - (F) Capital facilities and technological needs that are not funded under subparagraph (A).
  - (G) Other mental health services not reflected in subparagraphs (A) to (F), inclusive.
    - (3) MHSA revenues expended in the prior fiscal year.
  - (4) The amount of the MHSA funds expended by the counties for each of the components listed in paragraph (2).
- 29 (5) Funds held in prudent reserve by each county.
  - (6) Distributions from the counties' prudent reserves.
- (7) For the most recent fiscal year, the amount of unspent MHSA
   funds for each component listed in paragraph (2).
  - (8) MHSA funds subject to reversion and funds that have reverted.
  - (f) The information required to be reported pursuant to subdivision (e) shall be reported for each fiscal year and shall include statewide totals. The information shall be updated annually, including revisions when necessary. Revisions shall be identified as figures that have been revised from prior year reports. Annual
- 40 reports shall include fiscal information for a period of not less

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than 10 fiscal years and shall include information for the most
 recent fiscal year.

- (g) (1) In addition to the information required pursuant to subdivision (e), the department shall publicly report annual county program expenditures for each of the following:
  - (A) Program administration.
  - (B) Research and evaluation.
- (C) Funds used to support joint powers authorities or other statewide entities.
- (2) A county that cannot supply some or all of the information required by paragraph (1) shall provide an explanation as to why and shall provide a timeframe for making the information available.
- (3) The department shall work with counties and other local mental health agencies to determine how best to make the information required in paragraph (1) available, including estimates. Estimated information shall be reported as an estimate.
- (h) Counties may submit to the department information about programs that address the following areas:
- (1) Homelessness.
- 21 (2) Criminal justice diversion or related programs.
- 22 (3) Suicide prevention.
- 23 (4) School-based mental health programs designed to reduce school failure.
- 25 (5) Employment or other programs intended to reduce 26 unemployment.
  - (6) Programs intended to reduce or prevent involvement with the child welfare system.
- 29 (7) Stigma reduction.
- 30 (8) Programs specifically designed to reduce racial and ethnic disparities.
- 32 (9) Programs specifically designed to meet the needs of the 33 following populations:
  - (A) Veterans.
- 35 (B) Lesbian, gay, bisexual, transgender, queer, and questioning 36 (LGBTQQ).
- 37 (C) Children.
- 38 (D) Transition-age youth.
- 39 *(E) Adults.*
- (F) Older adults.

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(i) The department shall compile the information in subdivisions (e) to (h), inclusive, collected from counties or other local mental health agencies to promote public understanding of MHSA funds that are distributed statewide and for each county, as well as how those funds are spent and what funds remain available for expenditure.

- (j) The department shall consult with the Mental Health Services Oversight and Accountability Commission, the State Controller's Office, the Department of Finance, counties and other local mental health agencies, and any other agency required to implement this section.
- (k) The department shall consolidate reporting requirements when feasible and shall propose to the appropriate policy committees of the Legislature strategies to refine and consolidate reporting requirements to meet the goals of this section.
- (l) The department shall make the information required by this section available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.

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- (m) If a county does not submit the annual revenue and expenditure report described in subdivision (a) by the required deadline, the department may withhold MHSA funds until the reports are submitted.
- SECTION 1. Section 5899 of the Welfare and Institutions Code is amended to read:
- 5899. (a) The State Department of Health Care Services, in eonsultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. This report shall be submitted electronically to the department and to the Mental Health Services Oversight and Accountability Commission.
- (b) The purpose of the Annual Mental Health Services Act Revenue and Expenditure Report is as follows:
- (1) Identify the expenditures of Mental Health Services Act (MHSA) funds that were distributed to each county.
- (2) Quantify the amount of additional funds generated for the mental health system as a result of the MHSA.

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- 1 (3) Identify unexpended funds, and interest earned on MHSA 2 funds.
- 3 (4) Determine reversion amounts, if applicable, from prior fiscal year distributions.
- (c) This report is intended to provide information that allows
   for the evaluation of all of the following:
  - (1) Children's systems of care.
- 8 (2) Prevention and early intervention strategies.
  - (3) Innovative projects.
- 10 (4) Workforce education and training.
- 11 (5) Adults and older adults systems of care.
- 12 (6) Capital facilities and technology needs.
- 13 (d) Based on the report required pursuant to subdivision (a), the
  14 State Department of Health Care Services, no later than nine
  15 months after the end of each fiscal year, shall collect and publicly
  16 report all of the following information, by statewide total and by
  17 individual country
- 17 individual county: 18 (1) Total revenu

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- (1) Total revenue received from the Mental Health Services Act (MHSA).
- 20 (2) The amount of MHSA funds received by the counties for each of the following components of the act:
  - (A) Community services and supports.
- 23 (B) Prevention and early intervention.
- 24 (C) Innovation.
- 25 (D) Housing that is not funded under subparagraph (A).
- 26 (E) Workforce education and training that is not funded under subparagraph (A).
- 28 (F) Capital facilities and technological needs that are not funded 29 under subparagraph (A).
- 30 (G) Other mental health services not reflected in subparagraphs (A) to (F), inclusive.
  - (3) MHSA revenues expended in the prior fiscal year.
- 33 (4) The amount of the MHSA funds expended by the counties 34 for each of the components listed in paragraph (2).
  - (5) Funds held in prudent reserve by each county.
- 36 (6) Distributions from the counties' prudent reserves.
- 37 (7) For the most recent fiscal year, the amount of unspent MHSA
   38 funds for each component listed in paragraph (2).
- 39 (8) MHSA funds subject to reversion and funds that have 40 reverted.

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(e) The information required to be reported pursuant to subdivision (d) shall be reported for each fiscal year and shall include statewide totals. The information shall be updated annually, including revisions when necessary. Revisions shall be identified as figures that have been revised from prior year reports. Annual reports shall include fiscal information for a period of not less than 10 fiscal years and shall include information for the most recent fiscal year.

- (f) (1) In addition to the information required pursuant to subdivision (d), the department shall publicly report annual county program expenditures for each of the following:
  - (A) Program administration.

- (B) Research and evaluation.
- (C) Funds used to support joint powers authorities or other statewide entities.
- (2) A county that cannot supply some or all of the information required by paragraph (1) shall provide an explanation as to why and shall provide a timeframe for making the information available.
- (3) The department shall work with counties and other local mental health agencies to determine how best to make the information required in paragraph (1) available, including estimates. Estimated information shall be reported as an estimate.
- (g) Counties may submit to the department information about programs that address the following areas:
  - (1) Homelessness.
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- (3) Suicide prevention.
- (4) School-based mental health programs designed to reduce school failure.
- (5) Employment or other programs intended to reduce unemployment.
- (6) Programs intended to reduce or prevent involvement with the child welfare system.
- (7) Stigma reduction.
- (8) Programs specifically designed to reduce racial and ethnic disparities.
- 37 (9) Programs specifically designed to meet the needs of the 38 following populations:
- 39 (A) Veterans.

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1 (B) Lesbian, Gay, Bisexual, Transgender, Queer, and 2 Questioning (LGBTQQ).

- 3 (C) Children.
- 4 (D) Transition-age youth.
- 5 (E) Adults.

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- (F) Older adults.
- (h) The department shall compile the information in subdivisions (d) to (g), inclusive, collected from counties or other local mental health agencies to promote public understanding of MHSA funds that are distributed statewide and for each county, as well as how those funds are spent and what funds remain available for expenditure.
  - (i) The department shall consult with the Mental Health Services Oversight and Accountability Commission, the State Controller's Office, the Department of Finance, counties and other local mental health agencies, and any other agency required to implement this section.
  - (j) The department shall consolidate reporting requirements when feasible and shall propose to the appropriate policy committees of the Legislature strategies to refine and consolidate reporting requirements to meet the goals of this section.
  - (k) The department shall make the information required by this section available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.