



## AB 100 (COMMITTEE ON BUDGET), STATUTES OF 2011 MENTAL HEALTH SERVICES ACT

### FACT SHEET DECEMBER 2011

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#### Overview

AB 100 (Committee on Budget), enacted in 2011, diverted on a one-time basis \$862 million in Mental Health Services Act (MHSA) funds to cover the state General Fund obligations for Medi-Cal Specialty Mental Health services, mental health services for special education students, and the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Additionally, AB 100 made a number of significant changes to the state's administration of the Mental Health Services Act (MHSA), including:

- Eliminated the requirement that the California Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) annually review and approve expenditures for county MHSA plans;
- Authorized the MHSOAC to provide technical assistance to counties, as needed by counties; and
- Deleted the MHSA provision requiring counties to submit to the state an annual update for the county's three-year plan, and deleted the requirement that the plans be approved by DMH after review and comment by the MHSOAC.

#### Financing Changes

Additionally, AB 100 requires the "state," rather than DMH specifically, to administer the Mental Health Services Fund, which is now *continuously appropriated* to fund the mental health programs specified in the MHSA. Additionally, AB 100:

- Requires the State Controller, commencing on July 1, 2012, to distribute to counties on a monthly basis, all unexpended and unreserved funds in the Mental Health Services Fund; and
- Reduces the amount specified for state costs for administering the MHSA (including state departments, the Mental Health Planning Council and the MHSOAC) from 5% to 3.5% annually.

#### Governance Changes

AB 100 requires the "state" to develop regulations for DMH, the MHSOAC, or designated state and local agencies to implement the Act. AB 100 also created a major paradigm shift: Counties (with their stakeholders), rather than the state, will determine how their local MHSA dollars are spent, consistent with state law.