

Date of Hearing: June 2, 2020

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Lorena Gonzalez, Chair

AB 2265 (Quirk-Silva) – As Amended May 4, 2020

Policy Committee: Health

Vote: 15-0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill provides flexibility to counties to use Mental Health Services Act (MHSA) dollars to treat someone with a co-occurring substance use and mental health disorder when such an individual would be eligible for MHSA-funded treatment services, as well as to assess such an individual for eligibility for such services.

It also specifies related procedures, requires counties to report the use of funding in the manner above to the Department of Health Care Services (DHCS) and requires DHCS to aggregate and report this data annually.

FISCAL EFFECT:

Minor and absorbable one-time costs to DHCS to specify the manner of reporting, and minor ongoing costs to receive reports from counties and report statewide data (MHSA administrative set-aside funds).

COMMENTS:

- 1) **Purpose.** According to the author, some people living with serious mental illness simultaneously experience alcohol and drug use disorders, complicating diagnosis and treatment. This bill would provide counties the flexibility to treat these individuals using MHSA dollars.
- 2) **Background.** 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 to fund counties for a broad continuum of mental health prevention, early intervention and other services. It also charges DHCS with overseeing aspects of MHSA implementation. The majority of MHSA dollars, with the exception of a set-aside for state administration, are provided to counties to fund community-based mental health services, prevention and early intervention, innovation, capital and technology needs, and workforce. Funding is allocated subject to a local community planning process. Better integration of substance use and mental health treatment for the large number of individuals with co-occurring disorders has been an emerging policy priority over the last decade.
- 3) **Related Legislation.** AB 2025 (Gipson), also to be heard in this committee, authorizes the County of Los Angeles to establish a pilot project for the provision of community-based care and treatment that addresses the interrelated and complex needs of individuals suffering from mental illness and substance use disorder, homelessness and other medical comorbidities.

AB 2576 (Gloria), also being heard today in this committee, redirects unspent MHSA to be reallocated to other counties for the purposes of providing services to individuals with mental illness who are also experiencing homelessness or who are involved in the criminal justice system and providing early intervention services to youth.

- 4) **Prior Legislation.** SB 389 (Hertzberg), Chapter 209, Statutes of 2019, authorized counties to use MHSA moneys to provide services to persons who are participating in a presentencing or post-sentencing diversion program or who are on parole, probation, post-release community supervision or mandatory supervision.

Analysis Prepared by: Lisa Murawski / APPR. / (916) 319-2081