

## CONCURRENCE IN SENATE AMENDMENTS

AB 2265 (Quirk-Silva)

As Amended August 12, 2020

2/3 vote

**SUMMARY:**

Clarifies that Mental Health Services Act (MHSA) funds are permitted to be used to fund treatment for individuals with co-occurring mental health and substance use disorders (SUD). Requires counties to report information about the individuals treated pursuant to the provisions of this bill to the Department of Health Care Services (DHCS), as specified.

**The Senate Amendments:**

- 1) Limit the programs eligible under the provisions of this bill to all MHSA-funded programs except the No Place Like Home Program;
- 2) Require SUD services pursuant to this bill to comply with applicable requirements of the MHSA;
- 3) Change "as quickly as possible" to "in a timely manner" in reference to referring those with only an SUD to appropriate treatment services;
- 4) Permit DHCS to implement, interpret, or make specific the provisions of this bill through letters, notices, bulletins, or other similar instructions, as specified; and,
- 5) Require DHCS to adopt regulations by July 1, 2025, to implement the provisions of this bill

**COMMENTS:**

- 1) *MHSA*. 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 and creates the 16 member Mental Health Services Oversight and Accountability Commission (MHSOAC) charged with overseeing the implementation of MHSA. The MHSA addresses a broad continuum of prevention, early intervention and service needs as well as providing funding for infrastructure, technology, and training needs for the community mental health system.

The MHSA requires each county mental health department to prepare and submit a three-year plan to DHCS that must be updated each year and approved by DHCS after review and comment by the MHSOAC. In their three-year plans, counties 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.

- a) *Community Services and Supports*: 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. Regulation requires counties to direct the majority of its Community Services and Supports 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;

- b) *Prevention and Early Intervention*: Provides services to mental health clients in order to help prevent mental illness from becoming severe and disabling;
- c) *Innovation*: 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.

Counties must submit their plans for approval to the MHSOAC before the counties may spend certain categories of funding including Prevention and Early Intervention and Innovation funds.

- 2) *MHSOAC Workgroup on Co-Occurring Disorders (COD)*. In November 2007, the MHSOAC authorized a 19-member Workgroup on COD. The COD Workgroup was charged with developing comprehensive recommendations to address the needs of individuals with co-occurring mental illness and substance abuse. The COD Workgroup, which met from November 2007 through June 2008, heard briefings by state leaders and experts on the status of the treatment of co-occurring disorders in California. The central finding of the COD Workgroup issued in a report entitled, "Transforming the Mental Health System Through Integration – 10/14/08) was that COD are pervasive and disabling, yet individuals with co-occurring mental illness and substance abuse are among California's most underserved.

### **According to the Author:**

Some people living with serious mental illness simultaneously experience alcohol and drug use disorders; complicating diagnosis and treatment. A third of adults who receive county mental health services for serious mental illnesses, have a co-occurring SUD. The stakes for these individuals is especially high. People with drug or alcohol use disorders are almost six times more likely to attempt suicide than those without.

### **Arguments in Support:**

The California Alliance for Child and Family Services (the Alliance), in support, states that individuals living with serious mental illness often simultaneously experience alcohol and drug use conditions; complicating diagnosis and treatment. One-third of adults who receive county mental health services for serious mental illnesses have a co-occurring substance use disorder. Removing programmatic barriers to serving these individuals with MHSA funded services is particularly important in California's effort to end homelessness and combat the crisis of suicide, particularly among our young people. The Alliance concludes by stating that this bill preserves the MHSA's focus on meeting the state's large unmet mental health needs with a more comprehensive approach.

**Arguments in Opposition:**

There is no known opposition.

**FISCAL COMMENTS:**

According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

**VOTES:****ASM HEALTH: 15-0-0**

**YES:** Wood, Mayes, Aguiar-Curry, Bigelow, Bonta, Burke, Carrillo, Flora, Limón, McCarty, Nazarian, Ramos, Rodriguez, Santiago, Waldron

**ASM APPROPRIATIONS: 18-0-0**

**YES:** Gonzalez, Bigelow, Bauer-Kahan, Bloom, Bonta, Calderon, Carrillo, Chau, Megan Dahle, Diep, Eggman, Fong, Gabriel, Eduardo Garcia, Petrie-Norris, McCarty, Robert Rivas, Voepel

**ASSEMBLY FLOOR: 76-0-3**

**YES:** Aguiar-Curry, Arambula, Bauer-Kahan, Berman, Bigelow, Bloom, Boerner Horvath, Bonta, Brough, Burke, Calderon, Carrillo, Cervantes, Chau, Chen, Chiu, Choi, Chu, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Diep, Eggman, Flora, Fong, Frazier, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Gloria, Gonzalez, Gray, Grayson, Holden, Irwin, Jones-Sawyer, Kalra, Kamlager, Kiley, Lackey, Levine, Limón, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Nazarian, O'Donnell, Obernolte, Patterson, Petrie-Norris, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Smith, Mark Stone, Ting, Voepel, Waldron, Weber, Wicks, Wood, Rendon  
**ABS, ABST OR NV:** Low, Muratsuchi, Quirk

**SENATE FLOOR: 39-0-1**

**YES:** Allen, Archuleta, Atkins, Bates, Beall, Borgeas, Bradford, Caballero, Chang, Dahle, Dodd, Durazo, Galgiani, Glazer, Lena Gonzalez, Grove, Hertzberg, Hill, Hueso, Hurtado, Jackson, Leyva, McGuire, Melendez, Mitchell, Monning, Moorlach, Morrell, Nielsen, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk  
**ABS, ABST OR NV:** Jones

**UPDATED:**

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