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.