The Mental Health Services Act (MHSA)

Known as Proposition 63, this Act implemented a 1% income tax on all personal income over one million dollars to be used to fund various county mental health programs.
Mental Health Services Oversight and Accountability Commission (MHSOAC)

Commission created to oversee the implementation of the Mental Health Services Act (MHSA)
The Mental Health Services Act and Legislation Amendments and Changes
AMENDED IN ASSEMBLY AUGUST 20, 2018
AMENDED IN ASSEMBLY JUNE 13, 2018
AMENDED IN SENATE MAY 25, 2018
AMENDED IN SENATE APRIL 16, 2018
AMENDED IN SENATE MARCH 22, 2018

SENATE BILL No. 1004

Introduced by Senators Wiener and Moorlach
(Principal coauthor: Assembly Member Mullin)
(Coauthor: Senator Portantino)
(Coauthors: Assembly Members Arambula, Chiu, Eggman, Kiley, Maienschein, Mayes, and Waldron)

February 6, 2018

An act to add a heading to Chapter 1 (commencing with Section 5840) of, and to add Chapter 2 (commencing with Section 5840.5) to, Part 3.6 of Division 5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL’S DIGEST


Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on annual incomes above $1,000,000. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. Under the MHSA, funds are distributed to counties to be expended pursuant to a local plan for specified purposes, including, but not limited to, prevention and early intervention. Existing law specifies that prevention and early intervention services include outreach, access, and linkage to medically necessary care, reduction in stigma, and reduction in discrimination. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA.

This bill would require the commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would require the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy. The bill would amend the Mental Health Services Act by requiring the portion of the funds in the county plan relating to prevention and early intervention to focus on the priorities established by the commission. The bill would authorize a county to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities. If the county chooses to include other programs, the bill would require the plan to include a description of why those programs are included and metrics by which the effectiveness of those programs are to be measured. The bill would authorize counties to act jointly to meet specified requirements. The bill would require the commission to review the plans and approve them if they meet specified requirements. This bill would declare that its provisions further the intent of the MHSA.

By requiring counties to include additional information in their local plans, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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

SECTION 1. The Legislature finds and declares all of the following:
1. Mental illness affects one in four people in the United States and is the leading cause of disability worldwide.
2. Every year, 100,000 young adults in the United States experience their first psychotic episode, frequently involving debilitating hallucinations and delusions.
3. The average delay in receiving appropriate diagnosis and treatment is an astonishing 18.5 months after the illness takes root and the patient suffers their first psychotic break.
4. The longer a mental illness goes untreated, the more likely it is that a young person will spiral down a damaging course and find themselves unable to graduate, form relationships, or hold a job.
5. Fifty percent of all mental illness begins by 14 years of age and 75 percent by 24 years of age, yet young people are often reluctant and afraid to seek help.
6. One in 10 college students has considered suicide. Suicide is the second leading cause of death among college students, claiming more than 1,100 lives nationally every year.
7. The Adverse Childhood Experiences Study, an observational study of the relationship between trauma in early childhood and morbidity, disability, and mortality in the United States, demonstrated that trauma and other adverse experiences are associated with lifelong problems in mental health, addiction, and general health.
8. Toxic stress, which is the result of frequent or prolonged biological responses to adversity, can damage a developing brain and increase the likelihood of significant mental illness and problems that may emerge immediately or in years to come.
9. In California, nearly one in seven children have experienced abuse or neglect.
10. In the United States, more than six in 10 young people have been exposed to violence within the past year, including witnessing violence, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly one in ten was injured.
11. Older adults face a significant risk of mental health conditions due to falling health, isolation, economic insecurity, and vulnerability to exploitation, often leading to depression, anxiety, and psychological trauma.
12. Early intervention in mental illness comes with a measurable cost benefit. A joint analysis by the National Academies of Sciences, Engineering, and Medicine determined that every dollar invested in prevention and early intervention for mental illnesses and addictions programs yields from $2 to $10 in savings related to health costs, criminal and juvenile justice costs, and low productivity.
13. A multiyear review by the National Institute of Mental Health found that patients with first episode psychosis who received early intervention, with coordinated specialty care, experienced greater improvement in their symptoms, relationships, and quality of life. They were also more involved in work or school compared with patients who did not receive these services.
14. A report conducted by the University of California at Los Angeles Center for Health Policy Research in 2015 states that more than 70 percent of behavioral health conditions are diagnosed and treated within the primary care setting, underscoring the critical role of primary care in linking clients to care across their lifespans.
15. As documented in “Mental Health: A Report of the Surgeon General” and its supplement, “Mental Health: Culture, Race, and Ethnicity,” racial and ethnic minorities have less access to mental health services, are less likely to receive needed care, and are more likely to receive poor quality care when treated.
16. A report, entitled “Mental Health Services for Older Adults: Creating a System That Tells the Story,” conducted by the University of California at Los Angeles Center for Health Policy Research in January 2018, states that services provided under the Mental Health Services Act are insufficient. The report identifies the need to further involve and include older adults in the Prevention and Early Intervention programs, including the planning process and outreach efforts, and improve the
Mental Health Services Act Reserves and Reversion

SB 192 (Beall) - CBHDA Support

- Established MHSA Reversion Account
- 33% of 5 year average of the CSS
Mental Health Services Act: Revenue and Expenditure Reports
SB 688 (Moorlach) – CBHDA Sponsor

- Counties report revenues and expenditures annually through ARER reports.
- Requires reports to comply with generally accepted accounting principles (GAAP) and to be submitted electronically
- Signed by Governor Brown
Mental Health Services Act: Prevention and Early Intervention
SB 1004 (Wiener) – CBHDA Support

- Requires the MHSOAC to establish statewide priorities for the use of Prevention and Early Intervention (PEI) funds by January 1, 2020
- Signed by Governor Brown
What to expect for 2019

Below is a list of the existing bills:

- AB 43 (Gloria)
- AB 480 (Salas)
- AB 306 (Ramos)
- AB 563 (Quirk Silva)
- AB 480 (Salas)
- AB 713 (Mullin)
- AB 1126 (O'Donnell)
- AB 1443 (Maienschein)
- SB 582 (Beall)
- SB 604 (Bates)
- SB 539 (Caballero)