

Mental Health Services Act

What is the Mental Health Services Act (MHSA)?

In 2004 California passed Proposition 63, known as the Mental Health Services Act. It imposes a tax on California’s millionaires and the money is used to provide Mental Health Services. The Department of Mental Health, along with the Oversight Accountability Commission and the California Mental Health Directors Association, provide guidance for the Counties for the MHSA requirements. Three components of MHSA focus on direct clinical services (Prevention and Early Intervention, Community Services and Supports, and Innovative Programs), and three focus on infrastructure (Workforce Education and Training, Capital Facilities, and Information Technology). The five essential elements of MHSA are: Community Collaboration, Consumer & Family Driven Mental Health Services, Wellness (Resilience and Recovery), Cultural Competence, and Integrated Services. MHSA funds are to be used to establish new services, or to expand services.

	Services				Infrastructure		
	Prevention & Early Intervention (PEI)	Community Services and Supports (CSS)	CSS: Housing Program	Innovative Projects	Workforce Education & Training (WET)	Capital Facilities	Information Technology (IT)
Intent	To engage persons prior to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment.	To provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness. NOTE: State requires County to have a “prudent reserve” of 50% of CSS funds by 7/1/10	To offer permanent supportive housing to the target population, with no limit on length of stay. Target population is defined as very low-income adults, or older adults, with serious mental illness, and children with severe emotional disorders and their families who are homeless or at risk for homelessness.	To increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; to increase access to services.	To strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental profession by a variety of means.	To acquire, develop or renovate buildings for the delivery of MHSA services to mental health clients and their families or for MHSA administrative offices.	To modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness. To increase consumer and family empowerment by providing the tools for secure access to health information within a wide variety of public and private settings.