
MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM COMPONENTS

Community Services and Supports (CSS)

- Programs, services, and strategies to address the unmet needs of adults with Severe Mental Illness (SMI) and children and youth with Serious Emotional Disturbance (SED) Emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations
 - Full Service Partnership (FSP) - Provide “whatever it takes” for initial populations.
 - General System Development - Improve programs, services and supports for the identified full service populations and others consistent with the target populations
 - Outreach and Engagement - Outreach and engagement of those populations that are currently receiving little or no service
- Funding: 80% of MHSA funds
 - 51% of CSS funds must be for FSPs
 - Reversion period: 3 years

Prevention and Early Intervention (PEI)

- Services & Programs designed to prevent mental illness from occurring or from becoming more severe and disabling; Address a condition early, low intensity, short duration
 - Universal: Programs and services that target the general public or a whole population group that has not been identified on the basis of individual risk
 - Selective: Programs and services that target individuals or a subgroup whose risk of developing mental illness is significantly higher than average
- Funding: 20% of local MHSA funding
 - 51% of PEI funds must be used to serve individuals age 25 and younger
 - Reversion Period: 3 years

Workforce Education and Training (WET)

- Programs designed to increase # of qualified diverse individuals working in the mental health field to address shortage individuals available to provide mental health services
 - Training Components
 - Workforce Staffing support
 - Training and Technical Assistance
 - Financial Incentive Programs
 - Residency and Internship Programs
 - Mental Health Career Pathway Programs
- Funding: 10% of local MHSA funds (one-time funding)
 - Reversion Period: 10 years

ACCESS California is a program of NorCal MHA funded by the California Mental Health Services Act (Prop 63) and by the Mental Health Services Oversight and Accountability Commission (MHSOAC)

Capital Facilities and Technology

- Buildings/Structures, housing, electronic health records, client access to records, etc. to improve the infrastructure of California's mental health system
 - Capital: Construct, acquire, and/or renovate buildings to provide mental health services
 - Technology: Develop IT system that supports the delivery of mental health services – electronic health records, interoperability with other IT systems, client access to personal health records
- Funding: 10% of local MHA funds (one-time funding)
 - Reversion period: 10 years

Innovation

- Develop & Implement promising practices-increase access by underserved groups, increase quality of service, improve outcomes, and promote collaboration
 - Focus = Contribution to learning
 - Must be: New, Adapted, or Adopted
 - Subject to time limitations
- Funding: 5% from CSS and PEI funds
 - Reversion Period: 3 years
 - Plans that are successful can be sustained by CSS funding

Housing

- Housing assistance to the target populations
 - Rental assistance or capitalized operating subsidies.
 - Security deposits, utility deposits, or other move-in cost assistance
 - Utility payments
 - Moving cost assistance
 - Capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless.
- Funding: One-Time Funding
 - Reversion Period: 10 years