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ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

Proposition 63 (2004) - The Mental Health Services Act

The Act

More than 2 million children, adults, and seniors are affected by potentially disabling mental illnesses every year in California. Thirty years ago, the State of California cut back on its services in state hospitals for people with severe mental illnesses, without providing adequate funding for mental health services in the community. Many people became homeless.

To address this issue, Proposition 63 was approved by voters in 2004. Proposition 63, also called the Mental Health Services Act, was enacted into law on January 1, 2005. It places a 1% tax on personal income above \$1 million; since that time, it has generated approximately \$15 billion.

It provided the first opportunity in many years to expand county mental health programs for all populations: children, transition-age youth, adults, older adults, families, and most especially, the un- and under-served. It was also designed to provide a wide range of prevention, early intervention, and treatment services, including the necessary infrastructure, technology, and enhancement of the mental health workforce to support it. However, the economy took a severe downturn soon after Prop 63 passed, and instead of experiencing a growth in the continuum of services, in many cases service levels could only be sustained since Prop 63 money was often the only stable source of funds.

To view or download The Mental Health Services Act as Revised January 20, 2019, please [click here](#).

No Place Like Home information (Assembly Bill 1618 chapter 43): [Read](#)

MHSA Components

Proposition 63, also known as the Mental Health Services Act (MHSA), is made up of five components: Community Services & Support; Prevention & Early Intervention; Innovation; Capital Facilities & Technological Needs; and Workforce Education & Training. For additional resources please follow the link below each component.

Community Services & Support - Community Services & Support (CSS) is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

[Access CSS County Resources such as Regional meetings materials, reporting tools, and more](#)

Prevention & Early Intervention - The goal of the Prevention & Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

[Access PEI County Resources such as Learning Collaborative materials and recordings, data reporting tools, and more](#)

Innovation - The MHSOAC controls funding approval for the Innovation (INN) component of the MHSA. The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

[Access INN County Resources such as the Innovation Toolkit, the Innovation Project Plan Recommended Template, and more](#)

Capital Facilities & Technological Needs - The Capital Facilities & Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

Workforce Education & Training - The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes, they are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

About MHSA Three-Year Programs and Expenditure Plans

Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

WIC § 5848 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.

WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

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