



## MENTAL HEALTH SERVICES ACT (MHSA) – “OVERVIEW” FACT SHEET

### Before the Mental Health Services Act (MHSA) Perspectives

California voters passed Proposition 63, now known as the [Mental Health Services Act \(MHSA\)](#), in November 2004 to expand and improve public mental health services and establish the [Mental Health Services Oversight and Accountability Commission \(MHSOAC\)](#) to provide oversight, accountability and leadership on issues related to public mental health.

At that time, California's public mental health funding was insufficient to meet the demand for services. County authorities estimated serving about half the population needing public mental health care. The majority of mental health funding went to treatment for individuals with the most severe and persistent mental illness, state hospitals and the criminal justice system. For this reason, California's mental health delivery system was frequently portrayed as a “fail first” model. The “safety net” of an under-funded system had become the criminal justice system, the courts, and emergency rooms.

In its March 2003 Report, the California Mental Health Planning Council<sup>1</sup> estimated between 500,000 and 1.7 million Californians needed mental health services but failed to receive care. In addition, cultural, racial and ethnic populations have been disproportionately affected because they use fewer mental health services.

Children under 18, for whom early diagnosis and treatment are critical, have been especially underserved. It is estimated that 75 to 80 percent of all children requiring mental health services were not receiving them.

While rigorous research demonstrated the effectiveness of numerous mental health treatments and interventions, these approaches were not implemented broadly. System investments were needed to ensure the

<sup>1</sup> California Mental Health Master Plan, A Vision for California, March 2003 (Chapter 3)

adequacy and quality of services, through effective practice documented by research, and the addition of prevention and early intervention programs into the public mental health system.

### MHSA Today

California taxpayers approved a 1% tax on incomes above \$1 million dollars to fund the MHSA and their investment is paying off by providing individuals with mental health treatment services in the communities in which they live. Mental health programs and supports are now better tailored to meet the individual needs of the diverse clientele, and the community is experiencing the benefits of expanded and improved programs to assist consumers to be active members of society. Counties are now receiving funding in an attempt to provide “whatever it takes” treatment for people with serious mental illness.

MHSA has been fully implemented by the counties with the exception of the partial completion of the Innovation component, which is one of [five components of the MHSA](#). As of December 31, 2010, 26 of 58 counties have approved Innovation program plans.

By implementing the principles and values of the MHSA, enhancing funding for effective treatment for people with serious mental illness, and initiating new prevention, early intervention and innovative services, California is moving its public mental health system to a “help first,” system with a commitment to service, support and assistance when needed.

Client outreach support services and family involvement are improving, including programs to enhance access and reduce disparities to unserved and underserved individuals throughout California.