



MHSOAC
Mental Health Services
Oversight & Accountability Commission

PREVENTION AND
PEI
EARLY INTERVENTION

MENTAL HEALTH SERVICES ACT

PREVENTION AND EARLY INTERVENTION FACT SHEET

The **Mental Health Services Act (MHSA)** was enacted in 2004 following voter approval of Proposition 63. The MHSA outlines a vision for transformational change to California's mental health system, powered by a 1 percent tax on personal incomes over \$1 million. These funds now comprise 24 percent of the entire public mental health budget. Most of this funding is allocated to California's 59 local behavioral health departments.

The MHSA has five components:

- **Community Services and Supports** for youth and adults with mental health needs
- **Prevention and Early Intervention** of mental health needs to minimize negative outcomes
- **Innovation** to develop unique methods for and approaches to improving mental health outcomes
- **Workforce Education and Training** to diversify and strengthen the mental health workforce
- **Capital Facilities and Technological Needs** to provide infrastructure and technology in support of the mental health care delivery system

Prevention and Early Intervention Component

The Prevention and Early Intervention (PEI) component of the MHSA emphasizes the delivery of evidence-guided approaches to:

- Prevent and intervene early at the onset of mental-health needs to reduce the risk of such needs hindering a person from living the life they want to live. This includes efforts to reduce negative outcomes that result from unmet mental health needs, such as homelessness, incarceration, prolonged suffering, removal of children from their homes, school failure, suicide, and unemployment
- Improve timely access to mental health services and supports, especially for inappropriately served, underserved, and unserved communities

PEI represents approximately \$400 million in investment in programs and services that target people at-risk for or showing early signs of mental health needs to connect them to appropriate, culturally and linguistically competent care and other resources as quickly as possible. The MHSA requires collaboration with community members, particularly people with lived experience with mental health needs and their family members and caregivers, in the development of PEI and other programs funded via the MHSA. Many PEI programs and services include partnerships with schools, justice systems, primary-care organizations, social services, and local community-based organizations.

Below is a visual breakdown of MHSA funding. Visit www.mhsoac.ca.gov for more information.



Mental Health Services Act

Generates state tax revenues based on a one percent tax on annual income above \$1M for the Mental Health Services Fund

5%

Supports state operations and administration.

State administrative funding is distributed to an array of state agencies to meet the mental health needs of Californians.

- Mental Health Services Oversight and Accountability Commission
- Department of Health Care Services
- California Behavioral Health Planning Council
- Office of Statewide Health Planning and Development
- Department of Public Health
- Department of Veterans Affairs

Funds available for the purposes of distribution in any fiscal year are subject to appropriation in the annual Budget Act.

95%

Supports 59 local mental health agencies to expand services in 6 components.

Counties also maintain a prudent reserve to preserve levels of care during years of extreme revenue decreases.

80%

Community Services and Supports

80% of the funds counties receive are dedicated to improve integrated mental health and support services for people with serious mental health needs. Services are driven based on a client-centered, family-driven wellness and recovery-focus approach.

20%

Prevention and Early Intervention

20% of the funds counties receive must be dedicated to support early response programs, particularly for underserved communities.

5%

Innovation

5% of CSS and PEI must be set aside for innovative projects intended to improve mental health outcomes.

DISCRETIONARY

Workforce Education and Training

Capital Facilities and Technological Needs

Prudent Reserve