



COMMUNITY SERVICES AND SUPPORTS MENTAL HEALTH SERVICES ACT (MHSA)



INFORMATION SHEET

What are Community Services and Supports (CSS)?

CSS is one of five components of Proposition 63, the Mental Health Services Act (MHSA) passed by California voters in 2004. It provides funds for direct services to individuals with severe mental illness.

CSS is the largest component of the MHSA. The focus is community collaboration, cultural competence, client and family driven mental health services and systems, and wellness for recovery and resilience. CSS also provides integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is included in the CSS component.

CSS Results:

- Elimination of disparity in access
- Improvement of mental health outcomes for racial/ethnic populations and other unserved and underserved populations

Strategies: Full Service Partnership, General System Development, Outreach & Engagement



What is a Full Service Partnership (FSP)?

FSP programs provide wraparound services to consumers. They provide integrated services to the most unserved or underserved and those at high risk for homelessness, incarceration, hospitalization, and out-of-home placement. MHSA mandates that the majority of CSS funding must be used for services to this population. This FSP strategy is a “whatever it takes” approach to engaging service recipients as partners in their own self care, treatment, and recovery. The ACT (Assertive Community Treatment) model provides comprehensive community based psychiatric treatment, rehabilitation, and support.

FSP Results:

- Decreased incarcerations
- Decreased psychiatric hospitalizations
- Decreased medical hospitalizations
- Decreased homelessness
- Increased employment

FY 15-16 FSP Programs:

- Westside Stanislaus Homeless Outreach Program (SHOP)
- Juvenile Justice

- **Integrated Forensic Team**
- **High Risk Health & Senior Access**
- **Turning Point Integrated Services Agency**

What is General System Development (GSD)?

The GSD strategy focuses on increasing capacity to provide crisis services, peer/family supports, and drop-in centers for individuals with mental illness and serious emotional disturbance. These programs are focused on reducing stigma, encouraging and increasing self-care, recovery and wellness, and accessing community resources. The goal is to increase overall well-being and decrease the need for more intensive and expensive services.

GSD Results:

- Decreased stigma
- Increased self-care
- Increased access to community resources
- Decreased need for extensive and expensive services

FY 15-16 GSD Programs:

- **Josie's Place Transitional Age Young Adult Drop-In Center**
- **Community Emergency Response Team/WarmLine**
- **Families Together at the Family Partnership Center**
- **Consumer Empowerment Center**
- **Crisis Stabilization Unit (CSU)/Operational Costs**

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What is Outreach and Engagement (O&E)?

O&E funded program strategies focus on special activities needed to reach diverse underserved communities. Services include community outreach to diverse community based organizations. Crisis-oriented respite housing was also established to avoid unnecessary incarceration, provide short-term housing, and linkages to services.

O&E Result:

Diverse and underserved communities are reached

FY 15-16 O&E Programs:

- **Supportive Housing Services (Includes Garden Gate Respite, Intensive Transitional Housing, Vine Street Emergency Housing, and Supportive Housing Services/Transitional Board and Care)**
- **Outreach and Engagement to unserved/underserved populations**



PREVENTION AND EARLY INTERVENTION MENTAL HEALTH SERVICES ACT (MHSA)



WELLNESS • RECOVERY • RESILIENCE

INFORMATION SHEET

What is Prevention and Early Intervention? (PEI)

Prevention and Early Intervention is one of five components of Proposition 63, the Mental Health Services Act (MHSA) passed by California voters in 2004. California's historic commitment to prevention and early intervention through Prop 63 moves the mental health system towards a "help-first" instead of a "fail-first" strategy. PEI identifies individuals at the risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources. PEI creates partnerships with schools, justice systems, primary care, and a wide range of social services and community groups and locates services in convenient places where people go for other routine activities. Twenty percent of Stanislaus County MHSA funding is dedicated to Prevention and Early Intervention (PEI) programs.

PEI Results:

- Prevent mental illness from becoming severe and disabling
- Reduced stigma & discrimination
- Increased timely access to underserved & unserved populations
- Decreased negative outcomes that may result from untreated mental illness
 - Suicides
 - Incarcerations
 - School failure or dropouts
 - Unemployment
 - Homelessness
 - Reduction of children removed from their homes
 - Reduce prolonged suffering

PEI Strategies:

PEI programs may employ one or more of the following strategies:

- Outreach and engagement
- Access and linkage to treatment
- Screening and referral
- Improve timely access to Mental Health services
- Provide services in convenient accessible and culturally appropriate settings
 - Primary Health Care
 - Schools
 - Family Resource Centers
 - Community-based Organizations
 - Places of Worship
 - Shelters, etc.

FY 15-16 PEI Restructuring Plan

Prevention Programs

- NAMI- Training and Education
- Peer Recovery Art Project - Adult & Social Connectedness
- RAIZ Promotoras Program
 - Aspira Net - Turlock

- Center for Human Services - Ceres, Newman, Patterson
- Oak Valley Hospital District - Oakdale
- Riverbank Unified School District- Riverbank
- Sierra Vista Child and Family Services - North Modesto/Salida, Hughson
- West Modesto King Kennedy Center - West Modesto
- Stanislaus County Office of Education - Training and Education
- Youth Leadership Initiative
 - Center for Human Services - My Life Plan
 - Sierra Vista Child and Family Services - The Bridge
 - Sierra Vista Child and Family Services - Hughson Youth
 - BHRS- South Modesto Youth Leadership
 - West Modesto King Kennedy Center- Leadership for the Future
- BHRS- Friends are Good Medicine
- BHRS- Prevention Community Trainings
 - Mental Health First Aid
 - ASIST

Early Intervention Programs *mainly Brief Intervention Counseling services (BIC)

- Aging and Veteran Services - Older Adult Services
- Catholic Charities (BIC)
- El Concilio (BIC)
- Golden Valley Health Center (BIC)
 - Integrated Behavioral Health
 - Corner of Hope
- Parents United - Child Sexual Abuse Treatment Services
- Sierra Vista Child and Family Services - LIFE Path, Early Psychosis
- School Behavioral Health Integration
 - Center for Human Services - Resiliency and Prevention Program, RaPP
 - Sierra Vista Child and Family Services - Creating Lasting Student Success, C.La.S.S
 - BHRS-School Based Services, School Consultation
 - BHRS- Aggression Replacement Training, ART
- West Modesto King Kennedy Center (BIC)

Outreach Programs for Increasing Recognition of Early Signs of Mental Illness

- Each Mind Matters Campaign/Know The Signs
- Gallo Center for the Arts Stigma Reduction

Stigma Discrimination Reduction Programs

- Each Mind Matters Campaign/Know The Signs

Suicide Prevention Programs

- Each Mind Matters Campaign/Know The Signs
- KingsView - Central Valley Suicide Prevention Hotline
- Imagen, LLC

Statewide Initiative

- CalMHSA Contribution



WORKFORCE, EDUCATION AND TRAINING (WE&T) MENTAL HEALTH SERVICES ACT (MHSA)



INFORMATION SHEET

What is Workforce, Education and Training (WE&T)?

The Workforce, Education and Training component of MHSA provides funding to help improve and build the capacity of the public mental health workforce. It's designed to help counties develop and maintain a competent and diverse workforce capable of effectively meeting the mental health needs of the public. WE&T funds are a one-time allocation and do not provide direct service. The goal is to develop a diverse and well-trained mental health workforce skilled in delivering a culturally competent integrated service experience to clients and their families. Equally important are community collaboration efforts to increase protective factors.

WE&T Results:

- Increased supply of licensed and non-licensed professional county mental health staff
- Increased diversity of public mental health workforce
- Improved quality of incoming public mental health workforce
- Improved quality of existing public mental health workforce
- Expanded capacity of existing public mental health workforce to meet county's diverse needs

WE&T Strategies:

- Expansion of the capacity of postsecondary education
- Forgiveness and scholarship programs and stipends
- Junior High through college student career development and outreach
- Regional partnerships with educational systems
- Outreach to recruit diverse workforce
- Culturally competent training curriculum development
- Promotion of employment of mental health consumers and family members
- Incorporation of consumer/family viewpoint and experiences in trainings
- Inclusion of diverse and underrepresented in mental health provider network

WE&T Services/Activities Include:

- Support for course offerings, stipends, bus passes, and field placements to build mental health provider knowledge and skills
- Supervision workshops, clinical supervision, and internships
- Outreach to junior high through college students about public mental health careers
- Support consumers/family to volunteer in public mental health
- Provide educational and financial stipends
- Training of existing workforce in community collaboration skills, resiliency and recovery, treatment of co-occurring disorders, including consumer/family perspectives and cultural competency

FY 15-16 WE&T Programs:

- **Workforce Development**
- **Consumer Family Member Training and Support**
- **Expanded Internship and Supervision**
- **Outreach and Career Academy**
- **Consumer and Family Member Volunteerism**
- **Targeted Financial Incentives to Increase Workforce Diversity**



CAPITAL FACILITIES/TECHNOLOGICAL NEEDS (CF/TN) MENTAL HEALTH SERVICES ACT (MHSA)



INFORMATION SHEET

What are Capital Facilities and Technological Needs?

The Capital Facilities (CF) and Technological Needs (TN) component of MHSA provides funding for building projects and increasing technological capacity to improve mental health service delivery.

CF funds may be used by counties to acquire, develop, or renovate buildings or purchase land to be used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices.

TN projects are designed to increase client and family empowerment by providing tools for access to health information and tools that allow clients and family members to communicate with providers. TN projects should aim to modernize information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness.

Capital Facilities Results:

- Expansion of the capacity/access of existing services or provision of new services
- Increase in peer-support and consumer-run facilities
- Development of community-based, less restrictive settings that will reduce the need for incarceration

FY 15-16 Capital Facilities Projects:

- **Crisis Stabilization Unit (CSU) - Architectural design**

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Technological Needs Results:

- Increase mental health care transparency and accountability
- Strengthening of secure client and family access to health information that is culturally and linguistically competent
- Increase in quality of care, parity, operational efficiency, and cost effectiveness
- Support of uniform interoperability standards

FY 15-16 Technological Needs Projects:

- **Electronic Health Record System**
- **Consumer Family Access to Computing Resources Project**
- **Electronic Data warehouse**
- **Electronic Document Imaging**



INNOVATION MENTAL HEALTH SERVICES ACT (MHSA)



INFORMATION SHEET

What is Innovation?

Innovation is one of five components of Proposition 63, the Mental Health Services Act (MHSA) passed by California voters in 2004. It provides funds and evaluates new approaches in mental health. An Innovation project contributes to learning about and addressing unmet needs rather than having a primary focus on providing services.

It's an opportunity to "try out" new approaches that can inform current and future practices/approaches in communities. Like all MHSA components, Innovation projects must be guided by MHSA values of community collaboration, cultural competence, a client/family driven mental health system, a wellness, recovery, and resilience focus, and integrated service experiences for clients and families.

Innovation Results:

An innovative project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges (Section 9, Part 3.2, 5830c). In other words, Innovation projects are developed to target a mental health adaptive dilemma, or a challenge that cannot be resolved through habitual or known responses. The result we hope to achieve is the **development of new best practices in mental health** by

- Increasing interagency & community collaboration for mental health services or supports
- Increasing quality of mental health services
- Increasing access to underserved populations
- Increasing access to mental health services

Innovation Strategies:

Innovation projects may employ one of the following strategies to contribute to learning.

- Introduces new mental health practices/approaches that have never been done before
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings
- Innovation projects may impact individuals, families, neighborhoods and communities

FY 15-16 Innovation Projects:

- **Father Involvement**
- **Quiet Time**
- **Youth Peer Navigators**
- **FSP Co-Occurring Disorders**
- **Suicide Prevention**

Updated on: 12/22/16 Dr