



June 24, 2020

## FACT SHEET

### How Can MHSA Be Used To Support Individuals In The Criminal Justice System?

The Mental Health Services Act (MHSA) statute acknowledges that a system of care for individuals with severe mental illness is vital for successful management of mental health. It requires a comprehensive and coordinated system of care that includes criminal justice, employment, housing, public welfare, health, and mental health to address mental illness and deliver cost-effective programs.<sup>1</sup>

Counties may use MHSA funds for:

#### **Diversion**

“Funds may be used to provide services to persons who are participating in a presentencing or postsentencing diversion program”.<sup>2</sup>

#### **Parolees**

“Funds may be used to provide services to persons [...] who are on parole, probation, postrelease community supervision, or mandatory supervision”.<sup>3</sup>

#### **Discharge**

“[T]he County may use MHSA funds for programs/services provided in juvenile halls and/or county jails only for the purpose of facilitating discharge”.<sup>4</sup>

#### **NOT in State/Federal Prisons**

“Funds shall not be used to pay for persons incarcerated in state prison”.<sup>5</sup>

Like any program funded through MHSA, the program must be set forth in the 3-year expenditure plan and annual update pursuant to W&I Code § 5847 and be vetted through a local stakeholder process.

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<sup>1</sup> Welfare & Institutions (W&I) Code § 5802.

<sup>2</sup> W&I Code § 5813.5(f).

<sup>3</sup> W&I Code § 5813.5(f).

<sup>4</sup> 9 California Code of Regulations (CCR) § 3610 (emphasis added).

<sup>5</sup> W&I Code § 5813.5(f); 9 CCR § 3610(f) includes federal prison (emphasis added).

Counties are authorized to fund the following programs under the **Community Services and Supports (CSS) Component** of MHSA:

### **MIOCR-like Programs**

Counties shall consider and include program services similar to the Mentally Ill Offender Crime Reduction Grant Program (MIOCR) in the county plan and annual update.<sup>6</sup> MIOCR-funded projects include (but are not limited to):

- Individualized Treatment Plans
- Behavioral/Mental Health Assessments/Evaluations
- Intensive Case Management
- Substance Use Treatment
- Referrals and Linkages to Community Services
- Holistic Approaches/Wraparound Services
- Combination of Interventions
- Cognitive Behavioral Therapy
- Trauma-Informed Services
- Housing Assistance
- Life Skills
- Education
- Transportation
- Medication Management
- Psychiatric Services

### **Assisted Outpatient Treatment**

When such programs are included in county plans, counties that elect to participate in the Assisted Outpatient Treatment Demonstration Project Act of 2002 may use MHSA funds for the provision of mental health services.<sup>7</sup>

### **No Place Like Home Program**

W&I Code § 5849.1, expanded MHSA funds to cover the “No Place Like Home Program.” Two billion dollars in bond proceeds are dedicated to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. “At-Risk of Chronic Homelessness” for this program means an adult or older adult, or a child with a serious mental disorder. This includes persons exiting institutionalized settings, such as jail or prison who were homeless prior to admission to the institutional setting. This also includes community crisis centers, prison, parole, jail or juvenile detention facility, or foster care. The bonds are repaid through funding from MHSA.

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<sup>6</sup> W&I Code § 5813.5.

<sup>7</sup> W&I Code § 5813.5.

In addition to CSS programs, mental health in the criminal justice system can also be addressed by diversion efforts through the **Prevention and Early Intervention (PEI) Component** of MHSA:

These programs emphasize strategies to reduce negative outcomes that may result from untreated mental illness, including but not limited to incarcerations.

To this end, counties are directed to focus on:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- Culturally competent and linguistically appropriate prevention and intervention.
- Strategies targeting the mental health needs of older adults.

### **More Information on MIOCR: An Alternative Non-MHSA Resource**

The MIOCR was created and directed by the Board of Corrections (BOC), as specified in Penal Code (PC) § 6045, to administer grants to support prevention, intervention, supervision, and incarceration-based services and strategies to reduce recidivism and improve outcomes in California's mentally ill juvenile and adult offender populations.

According to the Board of State and Community Correction (BSCC), a total of \$18.8 million of Recidivism Reduction Funds was appropriated for local assistance MIOCR projects that were facilitated by 21 counties. MIOCR grants are being funded for three (3) years, and participating counties are mandated to create, at a minimum, a four-year local plan that include mental health treatment programs, practices, and strategies that have a demonstrated evidence foundation, and are appropriate and effective correctional interventions for the identified target population ([BSCC.ca.gov](http://BSCC.ca.gov)).

MHSA funding can be versatile in its application to support individuals with mental health issues in the criminal justice system. It is important to remember that if a county is interested in using MHSA funding for such programs, every program must be reflected in the Three-Year Program and Expenditure Plan and annual update, and counties are required to partner with constituents and stakeholders throughout the planning and development process. The next county plan is due to the Mental Health Services Oversight & Accountability Commission and the Department of Health Care Services in FY 2020 and will cover FY 2020-2023.