

Mental Health Services Act (MHSA) | General Standards.

Sacramento County Behavioral Health Services (BHS) is committed to upholding the MHSA's six general standards, which are:

1. **Community Collaboration**
2. **Cultural Competence**
3. **Client Driven**
4. **Family Driven**
5. **Wellness, Recovery and Resilience Focused**
6. **Integrated Experience for Clients and their Families**

9 CCR § 3320

§ 3320. General Standards.

(a) The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

- (1) **Community Collaboration**, as defined in Section 3200.060.
- (2) **Cultural Competence**, as defined in Section 3200.100.
- (3) **Client Driven**, as defined in Section 3200.050.
- (4) **Family Driven**, as defined in Section 3200.120.
- (5) **Wellness, Recovery, and Resilience Focused**.
- (6) **Integrated Service Experiences for clients and their families**, as defined in Section 3200.190.

Community Collaboration means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

Notes: Cal. Code Regs. Tit. 9, § 3200.060 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5830(a)(3) and 5866, Welfare and Institutions Code.

Cultural Competence means incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

- (1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
- (2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.
- (3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.

- (4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.
- (5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.
- (6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.
- (7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.
- (8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.
- (9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(3), 5868(b), 5878.1(a), Welfare and Institutions Code; and Sections 2(e) and 3(c), MHSA.

Client Driven means that the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(2) and (3), 5830(a)(2) and 5866, Welfare and Institutions Code; and Section 2(e), MHSA.

Family Driven means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Note: Cal. Code Regs. Tit. 9, § 3200.120 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5822(h), 5840(b)(1), 5868(b)(2) and 5878.1, Welfare and Institutions Code.

Wellness, Recovery, and Resilience Focused: Although the CCR has not defined wellness recovery and resilience under their general standards, you will find descriptions of what it means for counties to adopt the general standards, including, but not limited to wellness, recovery, and resilience throughout the California Welfare and Institutions Code.

Integrated Service Experience means the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.

Note: Cal. Code Regs. Tit. 9, § 3200.190 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5878.1(a), 5802, 5806(b), 5813.5(d) (4) and Section 2(e), MHSA, Welfare and Institutions Code.”)

To learn more about the Mental Health Services Act (MHSA), please visit:

- [Mental Health Services Act in California Welfare and Institutions Code \(WIC\)](#) (as of January 2020)
- [MHSA in California Code of Regulations \(CCR\)](#)