

MHSA General Standards

MHSA Steering Committee

9.2023

The County is committed to upholding the Mental Health Services Act (MHSA)'s **six** general standards:

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 & Resilience
Focused

as defined in Section 5813.5(d)

6. Integrated Experience for Clients
& their Families

as defined in Section 3200.190

MHSA General Standards

Adopted into planning, implementing, and evaluating the programs and/or services funded with MHSA.

This includes, but is not limited to:

- The Community Program Planning Process,
- Development of the Three-Year Program and Expenditure Plans and updates,
- The manner in which the County delivers services and evaluates service delivery.

1. Community Collaboration

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.



2.

Cultural Competence

(1 of 4)

- Incorporating & working to achieve each of the goals (listed in next slides) into all aspects of policy-making, program design, administration & service delivery.
- Each system & program is assessed for the strengths & weaknesses of its proficiency to achieve these goals.
- The infrastructure of a service, program or system is transformed, and new protocol & procedure are developed, as necessary to achieve these goals.



2.

Cultural Competence

(2 of 4)

Goals:

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

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

2.

Cultural Competence

(3 of 4)

4. An understanding of the diverse belief systems concerning mental illness, health, healing & wellness that exist among different racial/ethnic, cultural, & linguistic groups is incorporated into policy, program planning, & service delivery.
5. An understanding of the impact historical bias, racism, & 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, & other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.



2.

Cultural Competence

(4 of 4)

7. Services & supports utilize the strengths & forms of healing that are unique to an individual's racial/ethnic, cultural, & linguistic population or community.
8. Staff, contractors, & other individuals who deliver services are trained to understand and effectively address the needs & values of the particular racial/ethnic, cultural, &/or linguistic population or community that they serve.
9. Strategies are developed & implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, & linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.



3.

Client Driven

- The client has the primary decision-making role in identifying his/her needs, preferences & strengths and a shared decision-making role in determining the services & 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 & determination of outcomes.

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

4.

Family Driven

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



5. Wellness, Recovery, and Resilience Focused

Planning for services shall be consistent with the philosophy, principles, & practices of the Recovery Vision for mental health consumers:

1. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, & self-determination.
2. To promote consumer-operated services as a way to support recovery.
3. To reflect the cultural, ethnic, & racial diversity of mental health consumers.
4. To plan for each consumer's individual needs.

Reference: Section 5813.5(d), Welfare & Institutions Code.

6. Integrated Service Experience

The client and, when appropriate, the client's family access a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.



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

- [MENTAL HEALTH SERVICES ACT As of January 27, 2020 \(saccounty.gov\)](#)
- [MHSA in California Code of Regulations \(CCR\)](#)

Thank
you

