



MHSA General Standards

WIC § 5813.5(d); 9 CCR § 3320

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

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. WIC §§ 5830(a)(3), 5866; 9 CCR § 3200.060

(2) Cultural Competence

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.

W.I.S.E is a program of Cal Voices funded by the California Mental Health Services Act (Prop 63) and administered by the Office of Statewide Health Planning and Development (OSHPD)



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.

WIC §§ 5813.5(d)(3), 5868(b), 5878.1(a); 9 CCR § 3200.100

(3) Client Driven

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.

WIC §§ 5813.5(d)(2)(3), 5830(a)(2) and 5866; 9 CCR §3200.050

(4) Family Driven

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.

WIC §§ 5822(h), 5840(b)(1), 5868(b)(2) 5878.1; 9 CCR §3200.120

(5) Wellness, Recovery, and Resilience Focused

Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers: To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. To promote consumer-operated services as a way to support recovery. WIC § 5813.5(d); MHS § 7

(6) Integrated Service Experience

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. WIC §§ 5878.1(a), 5802, 5806(b), 5813.5(d)(4); 9 CCR § 3200.190

