

COMMUNITY OUTREACH SERVICES

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LOS ANGELES COUNTY LOCAL MENTAL HEALTH PLAN



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INTRODUCTION

Background

The Los Angeles County – Department of Mental Health (LACDMH) and its network of service providers believe community outreach and engagement is a key component in providing effective mental health services to individuals who struggle with mental health issues. Community Outreach Services (COS) are central to the LACDMH community mental health system and support the goals of LACDMH service providers as well as promote the mental health of the general population.

Allocation of resources reflect current LACDMH and Service Area planning priorities that place emphasis on providing services to the severely and persistently mentally ill, groups at high risk for developing severe mental health issues, and unserved/underserved populations. Responsibility for the quality and direction of COS rests with the Director of the Department of Mental Health. Deputy Directors have the responsibility of overseeing Community Outreach Services in specific local communities and for specific focal populations. The Deputy Director of the Program Support Bureau has the responsibility of overseeing countywide Community Outreach Services and for technical support to service areas and bureau programs.

Priority in planning and delivery of COS should be given to activities that maximize the number of persons to benefit, increase mental health support services by allied social service agencies that are not a part of the mental health system, and address needs where other resources do not exist.

Purpose

The purpose of COS is to:

- ✓ Enhance the mental health of the general population by promoting mental health services and its benefits
- ✓ Prevent the onset of mental health problems in individuals and communities through education and awareness
- ✓ Provide outreach and engagement to individuals not yet receiving mental health services or who have received mental health services but are no longer engaged
- ✓ Reduce the risk or severity of mental health issues among individuals not yet identified as clients within the mental health system
- ✓ Expand the continuum of care through client-centered supportive services
- ✓ Coordinate and ensure clients' access to healthcare, substance use/abuse, and social services

- ✓ Provide supportive peer services to clients receiving services in a mental health program

This document is meant to serve as a guide for LACDMH Directly-Operated and Contracted providers in IBHIS for understanding and claiming for services under COS.

Note: COS may only be claimed by the Directly-Operated and Contracted providers who have approved COS contracts. There must be an identified funding source for the use of COS.

This manual is intended to provide the following:

- ✓ Definitions for COS and it's components, service types, and recipients
- ✓ Instructions for documenting COS services and the required data elements of the COS form

Note: COS is not linked to Medi-Cal Medical Necessity and as a result, COS activities should not be performed in response to a client's assessment and/or treatment plan.

SERVICE PHILOSOPHY

Community Outreach Services (COS) enables LACDMH and its network of providers to reach more people in the community and work with other human service agencies to foster mental health and prevent the debilitating effects of mental illness. COS are outreach and engagement services that enable the mental health system to reach the community-at-large, especially populations at risk, and provide a proactive way for the system to address the needs of those who do not, will not, or are not utilizing direct specialty mental health services.

COS are delivered in the community to special population groups, human service agencies, and to individuals, and their families, who are not usually clients of the Los Angeles County Local Mental Health Plan (State California DMH Cost Reporting Data Collection Manual). COS assists in preventing and reducing the intensity of mental illness in an indirect manner. COS is considered an indirect mental health service because it is not directly related to the assessment and treatment of a client.

COS is an avenue for LACDMH and contracted agencies to provide services to:

- Individuals who are not yet clients of the system but may have mental health concerns
- Individuals who may be experiencing significant stress but do not wish to seek traditional clinic-based services due to a multitude of factors
- Individuals who are clients of the system, but require engagement and/or re-engagement back into the mental health system

- Providers, organizations, and businesses who are not part of the county outpatient mental health system but could utilize the information and skills provided by mental health practitioners to address and attend to the mental health needs of their own clients/populations.
- Twenty four hour facilities, including mental health inpatient facilities, to assist in connecting individuals to outpatient mental health services

REIMBURSEMENT RULES

- COS may only be claimed by Directly-Operated and Contracted providers who have approved COS contracts with an identified funding source for the use of COS.
- Every claim must be supported by a COS note that is retrievable by service date.
- The reimbursable unit for COS is practitioner time reported in the DMH electronic data system and claimed in minutes. COS claims are staff based and do not identify a client (unlike direct services).
- Services shall be provided within scope of practice of the person delivering the services.
- The person delivering the service must have a National Provider Identification (NPI) number and be a practitioner within the LACDMH electronic system.
- The exact number of minutes used by the practitioner providing a reimbursable service shall be reported and billed.
- The duration of COS includes contact (face-to-face or telephone) and documentation.
 - ✓ The time required for documentation is reimbursable when the documentation is a component of the COS whether or not the documentation time is on the same day. The time required for documentation must be linked to the delivery of the COS. If documentation occurs on a day other than the date of the COS, the COS Note must still be dated the date of the service and must include the documentation on that date. There must be a reference in the note of when the documentation time occurred if on a different date than the date of the service. While, on occasion, this may result in the claimed hours on a particular day exceeding the actual hours worked on that

day, this is permissible as long as the total time accurately reflects the service/documentation time provided and when it occurred.

- For clients that receive any type of CalWorks or MHSA funding, the duration of COS can include travel time. Within the body of the COS Note, it must specifically state how much time was spent for travel for each leg of the travel.
 - ✓ Travel time should be individualized to the needs of the COS delivery. Travel time should be reasonable and appropriate given normal circumstances. If travel time is extensive, the COS Note should document distance traveled to support the claim.
 - ✓ Travel time may only be claimed from a provider site to an off-site location or from the practitioner's residence to an off-site location.
 - ✓ Travel time between provider sites (i.e. two billing providers) or from a practitioner's residence to a provider site is not reimbursable. A "provider site" is defined as a site with a provider number. This includes affiliated satellite sites and school sites.
- COS should be provided in the setting and manner most appropriate to the needs of the individual, organization/agency, or community.
- COS Notes must be legible. Notes that are not legible are not reimbursable.
- COS is not reimbursable when provided to another certified provider site or practitioner within the LACDMH electronic system with the exception of inpatient mental health providers sites. COS may not be claimed when mental health practitioners are consulting with other mental health practitioners.
- A service is considered an individual service when services are directed towards or on behalf of only one individual (i.e. the service is to or about an individual person).
- A service is considered a group service or service to the community when services are directed towards more than one individual at the same time (i.e. the service is not to or about an individual person). The duration should reflect the total duration providing the service to the group/community.
- When more than one practitioner provides a service at the same time, the total time spent by all practitioners shall be added together to yield the total claimable services.
- COS may not be claimed for attending trainings or staff meetings unless it is specifically stated in the funding plan.

- Clerical and administrative activities performed by any practitioner are not reimbursable. Examples of these activities include, but are not limited to, reviewing referrals and other documents, faxing information to individuals and/or agencies/businesses, emailing information to providers, reviewing clients' demographic information in IBHIS, and mailing information to individuals and/or agencies/businesses.
- Supervision time and time training new staff is not reimbursable. Supervision and staff training focuses on the supervisee/trainee's educational and professional growth and is never reimbursable.
- Transportation services are not claimable under COS.
- Personal care services (i.e. grooming, personal hygiene, child or respite care, housekeeping, preparation of meals) performed for the client or potential client are not reimbursable unless otherwise stated in the funding plan.
- Translation or interpretive services are not reimbursable.
- Any missed or canceled appointments with potential clients or canceled opportunities for Mental Health Promotion are never reimbursable. This includes missed/canceled appointments at provider sites, a client or potential client's home, or elsewhere in the community.

DOCUMENTATION RULES

- All providers must refer to and adhere to LACDMH Policy 401.02
- All LACDMH Directly-Operated Providers must use the DMH approved COS form or an approved electronic health record system for documentation. LACDMH Contracted Providers must incorporate all LACDMH required documentation elements as referenced in this Manual and adhere to the forms guidelines identified in DMH Policy 401.02
- Documentation must be done by the rendering provider who provided the service. If a service involves multiple providers, only one note may be written by one of the practitioners but must include the interventions and time of all practitioners.
- A COS Note must be written for each COS service provided.

- For individual services, multiple COS interventions provided may not be grouped together into a single note. A separate COS Note must be written for each contact with the individual with the duration for each contact.
- COS interventions to groups, providers or the community may be grouped into a single note with the combined duration of the intervention.

COS NOTES

DESCRIPTION

The COS form serves as the means to document Community Outreach Services. For DMH Directly-Operated programs, the COS form is available in IBHIS as the COS/MAA/QA Service Note and will be recorded and maintained in that system.

For Contracted providers, COS activities must be documented on a form that contains all of the same data elements as the COS form published by the LACDMH Quality Assurance Division. The form should include billing information (i.e. date, duration of service, etc.) as well as information describing the intervention provided. Contracted providers must maintain accurate and complete program records of all indirect services in accordance with applicable County, State, and Federal requirements.

NOTE REQUIREMENTS

COS Note Requirements:

- Date of Service
- The date the documentation was entered
- Practitioner(s)
- Duration of Service (in minutes) for each staff providing the COS
- Procedure Code (*refer to pages 13-15 for categories of COS*)
- Service Type (*refer to page 10*)
- Program Area (*refer to page 15 and Appendix 1*)
- Descriptive Information of Recipient(s) of Service including:
 - Service Recipient (*refer to page 16*)
 - Number of Persons Contacted
 - Note: If the exact number is unknown, than provide an estimate*
 - Race/Ethnicity (*refer to Appendix 2*)

- Language (refer to Appendix 2)
Note: Select the language used when providing the service
- Age Category (refer to Appendix 2)
Note: Select the age or age range of the individual(s) that is the focus of the COS service. If the age or age range cannot be determined, "multiple" or "unknown" can be selected.
- Name of Individual or Group (if applicable)
- Contact Person (if applicable)
- Phone Number of the Contact Person (if applicable)
- Location of Service
Note: Provide the address of where the service was provided. If the exact address is unknown, then identify the names of streets, if possible. If the COS service took place in a park or specific landmark, then provide the name of the park/landmark.
- Description of the COS services provided
- Future Plans & Recommendations
- The signature of the practitioner providing the service (or electronic equivalent), the practitioner's type of professional degree, licensure, or job title; and the relevant identification number (if applicable)

Signature Requirements

- The signature (or electronic equivalent) of the practitioner providing the COS including the practitioner's type of professional degree, licensure or job title; and the relevant identification number (if applicable) must be on every COS note.
- When more than one practitioner participates in the same COS, the names of each participating practitioner must be included in the note with his/her specific intervention/contribution and time.

Retention/Storing for COS

- Since COS claims are not client based, the original COS forms must be maintained separately from client charts for the purpose of retrieval for audit. If the service was directed towards an individual with a clinical record, a copy of the COS Note may be placed in the clinical record.
- COS forms that contain any protected health information (PHI) should be safeguarded as with other PHI.

SERVICE TYPES

DEFINITION

Service types identify the reimbursable interventions under Community Outreach Services. They identify the intervention provided to individuals, groups, agencies/organizations, and/or the community-at-large.

SERVICE TYPES

Access

Access services involve helping individuals receive appropriate direct mental health services thus preventing potential future crises. Services involve identifying and addressing individual barriers to accessing mental health services, assisting individuals with receiving timely and responsive treatment for emotional and/or mental health concerns when requested, and ensuring that individuals expressing with mental health concerns are taken seriously. Practitioners may assist individuals, the family members of potential clients, specific target populations, and/or the general community by sharing general information about the availability of direct mental health services within the community.

Case Management Support

Case Management Support services involve referring and linking an individual to ancillary services (i.e. medical, alcohol, drug treatment, social, educational) as needed, and monitoring and following-up of the service provision, including adjusting services when appropriate. Case management support includes activities such as communication, planning, facilitation, care coordination, evaluation, and advocacy to meet an individual's and family's ancillary service needs.

Community Organization

Community Organization involves services to the community aimed at bringing desired improvement in the social well-being of individuals, groups, and neighborhoods. Services include collaborating (e.g. through task forces, coalitions, etc.) to help identify community mental health needs, locating appropriate resources, maximizing the mental health benefits in the community, and initiating problem-solving actions with the goal of developing or modifying mental health, social and other community systems. Any meetings and collaboration done for the purpose of community organizing should be for a specific goal. Practitioners and staff utilizing this service type should be actively engaged in developing or modifying the mental health, social support, or other community system.

Consultation/Technical Assistance

Consultation services involve mental health professionals sharing culturally and linguistically appropriate mental health knowledge and skills with community providers, caregivers, groups, or individuals with the goal of increasing their capabilities, efficiency, and effectiveness in meeting the mental health needs of the population they serve. Consultation/technical assistance services tend to be informal, ad hoc, or unscheduled in nature and typically focus on a specific topic, issue, and/or individual.

Crisis Response

Crisis response services include evaluating the level of need for a crisis response, providing a mental health and lethality evaluation for an individual in crisis, assisting an individual or his/her family members in the stabilization of a crisis, and arranging for hospital transport or other linkages to assist in the stabilization of a crisis. Unlike crisis intervention, a crisis response is an indirect service that does not involve providing an assessment and diagnosis.

Disaster Response

Disaster Response services involve mental health professionals providing either an emergency response or a recovery response during a human-oriented or natural disaster.

- ✓ An emergency response is an immediate response of relatively short duration where workers aim to sustain life, promote safety and survival, comfort and reassurance, and provide protection.
- ✓ A recovery response is a longer-term and integrative process where services should be available in readily accessible places in the community, or through outreach programs working in collaboration with other community recovery programs. The primary helping response should be supportive counseling and if necessary, specialized referral and treatment.

Education/Training

Education/Training services involve mental health professionals formally imparting professional knowledge and self-help strategies to other professionals, individuals, family members, communities, other organizations, and/or the general public with the goal of:

- ✓ Expanding factual and informational knowledge in mental health
- ✓ Strengthening skills, abilities, and knowledge
- ✓ Teaching new personal and interpersonal skills

Services aim to develop overall awareness regarding mental health information, resources, and the factors that would necessitate mental health interventions (i.e. dissemination of information about mental health resources in the community, hours of operation, program changes, significant legislation, etc.).

Engagement

Engagement is a strengths-based process through which individuals with mental health conditions, and their family members, form a healing connection with people that support their recovery and wellness within the context of family, culture, and community.

This can include engagement services at the individual level where mental health professionals build rapport with potential clients and their families, make individuals aware of mental health services and attempt to involve them in needed services, promote interest in mental health services, change any negative emotional responses or attitudes towards mental health, keep individuals connected and engaged in services, and re-engage individuals back into the mental health system. Engagement can also be done at the community level where organizations and individuals build ongoing and permanent relationships with a community for the purpose of applying a collective vision that will benefit the community and move it towards positive change.

Media Outreach

Media Outreach services involve utilizing media (i.e. radio, television, social media, websites, newspapers, magazines) to promote and share knowledge about mental health and the benefits of mental health treatment, and inform the general public about mental health and mental health services.

Peer Support

Peer Support services involve individuals/consumers who have personal experiences of recovery from mental health, trauma, or substance use providing knowledge, assistance, and emotional, social, and practical support to their peers or individuals with similar experiences. This includes actions that can improve/enhance peers' recovery, quality of life, and ability to cope with daily life issues. Often both parties benefit from the peer support interaction. Peer support services can include peer mentoring, peer-led support groups, and recovery centers.

Program/Resource Development:

Program/Resource Development services consist of assisting with the development of specific programs to increase mental health and related resources within existing organizations/groups in the community. These services may also involve addressing problems encountered in the efforts to increase the number, scope, or quality of mental health resources available in the community.

Referral/Linkage

Referral/Linkage services involve referring and connecting potential clients, and their family members, to direct mental health services within the community that meet their specific mental health needs and following-up to determine if their needs were met. Referral and linkage involve mental health staff directing individuals and family members to specific providers within their communities that may meet their mental health needs.

Screening/Triage

Screening and triage services aim to gather information and prioritize the urgency of mental health related problems. More specifically, the LACDMH Mental Health Triage is a documented evaluation of an individual presenting for services to whom a standard assessment will not be conducted on the same day the individual presents. This documented evaluation is designed to determine immediate service needs and

scheduling priority. A core function of a mental health triage is to evaluate an individual's level of risk in order to determine whether that individual is at risk of harming themselves or others as a result of their mental state, and to assess other risk factors related to mental health. This service also includes conducting Universal Screening and tracking referrals via the Service Request Log. LACDMH defines Universal Screening as a standard set of questions used to evaluate all initial requests for services in order to determine if an individual should receive an initial appointment for services, and if so, the timeframe for providing services. Areas of inquiry in Universal Screening include the request, the referring party, the potential client, and the disposition. The Service Request Log is a log for documenting information about initial requests for services through Universal Screening.

CATEGORIES OF COS

DEFINITION

There are categories of Community Outreach Services: Mental Health Promotion and Community Client Services. The two categories are differentiated by the procedure code used. Each COS category consists of associated service types, or interventions, that may be used to meet the purpose of the particular category of COS.

MENTAL HEALTH PROMOTION

Definition

Mental health service activities directed toward (1) enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups and (2) providing education and/or consultation to individuals and communities regarding mental health service programs in order to prevent the onset of mental health related problems (State California DMH Cost Reporting Data Collection Manual).

Service Types

Mental health promotion services include one or more of the following service types:

- ✓ Community Organization
- ✓ Consultation
- ✓ Education/Training

- ✓ Program/Resource Development
- ✓ Outreach
- ✓ Screening/Triage

Claiming (Mode, Service Function and Procedure Code)

Mental Health Promotion COS services are claimed under Mode 45, Service Function 10. The following procedure code is utilized:

- 200 – Mental Health Promotion
- 200SC – The SC modifier would be added for any COS done over the phone
- 200HK* – The HK modifier would be added for any COS done with a specific client, if the practitioner wants a copy of that COS note in IBHIS
- 200SCHK* – The SC and HK modifier would be added for any COS done with a specific client over the phone, if the practitioner wants a copy of that COS note in IBHIS

**Note: The HK modifier is only available to DMH Directly Operated Programs using IBHIS.*

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to COS. COS shall be claimed in accord with Scope of Practice and the Guide to Procedure Codes.

Additional Reimbursement Rules

- Time can be claimed for any time spent in preparation of literature, mass media advertisement, and mass media preparations.
- Time may be claimed when attending meetings for mental health program/resource development if the meetings are specifically held for that purpose.

COMMUNITY CLIENT SERVICES

Definition

Mental health service activities directed towards assisting individuals and their families who have had no prior involvement or have no current involvement in the mental health system to achieve a more adaptive level of functioning through a single contact or occasional contact or reengaging recipients of mental health services into active services.

Service Types

Community client services include one or more of the following service types:

- ✓ Access
- ✓ Case Management Support
- ✓ Consultation
- ✓ Crisis Response
- ✓ Disaster Response
- ✓ Education/Training
- ✓ Engagement
- ✓ Outreach
- ✓ Peer Support
- ✓ Referral/Linkage
- ✓ Screening/Triage

Claiming (Mode, Service Function and Procedure Code)

Community Client Services are claimed under Mode 45, Service Function 20. The following procedure code is utilized:

- 231 – Community Client Services
- 231SC – The SC modifier would be added for any COS provided over the phone
- 231HK* – The HK modifier would be added for any COS with a specific client, if the practitioner wants a copy of that COS note in IBHIS
- 231SCHK* – The SC and HK modifier would be added for any COS with a specific client over the phone, if the practitioner wants a copy of that COS note in IBHIS

**Note: The HK modifier is only available to DMH Directly Operated Programs using IBHIS*

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to COS. COS shall be claimed in accord with Scope of Practice and the Guide to Procedure Codes.

Additional Reimbursement Rules

- Time cannot be claimed for preparation time or internal planning meetings.

PROGRAM AREA

Program Area describes the general setting/system where service providers operate. It can also be the program where a client is currently receiving services or will be linked for future treatment. Please refer to Appendix 1 on page 23 for a list of Program Area values. Entering a Program Area value is optional. Programs should refer to their

funding sources for any specific requirements regarding COS and to determine if entering in a specific Program Area value is required.

SERVICE RECIPIENT

Service recipients describe the individual, group of individuals, organization/agency, and/or community-at-large receiving the Community Outreach Service. Community Outreach Services, whether Mental Health Promotion or Community Client Services, are directed towards the service recipient(s). The service recipient can be 1) an organization, agency, or larger system that provides services to clients and potential clients (e.g. Veterans Affairs, Educational System), or 2) the individuals, or groups of individuals, seeking or receiving services from the organization, agency, or larger system (e.g. veterans, students).

When selecting a service recipient, practitioners should select the option that best describes the recipient(s) that is the focus of, or reason for, the Community Outreach Service. Practitioners should also specify whether the recipient(s) is an organization/agency or an individual(s) served by an organization/agency. In instances where a practitioner(s) is providing COS to a recipient(s) that is defined by more than one service recipient type, the type that describes the primary reason for engaging in the COS activity should be selected. For example, if tasked with engaging homeless individuals and one individual happens to be a Veteran, "Homeless (individual)" should be selected. If tasked with engaging veterans and one veteran happens to be homeless, "Veteran (individual)" should be selected.

⇒ **24-Hour Facility**

A 24 Hour Facility is any health or mental health inpatient facility, such as a hospital, residential, or similar setting that provides diagnosis and treatment that requires individuals at least one overnight stay. See "Mental Health Involved" if providing COS to an individual receiving services from a 24 Hour Facility.

⇒ **Adult Protective Services (APS)**

APS is a government agency that provides preventative and remedial activities performed on behalf of elders and dependent adults and investigates all situations involving seniors (age 65 and older) and dependent adults (age 18-64 and physically or mentally impaired) who are reported to be endangered by physical, sexual, or financial abuse, isolation, neglect, or self-neglect. See "Victim of Abuse/Neglect" if providing COS to an individual served by APS.

⇒ **Blind (individual)**

Blind individuals are individuals, or group of individuals, that can experience total blindness (the inability to tell light from dark or the total inability to see) or visual impairment/low vision (a severe reduction in vision that cannot be corrected with

standard glasses or contact lenses and reduces a person's ability to function at certain or all tasks). See "Business" if providing COS to an agency/organization that provides services to blind individuals.

⇒ **Business**

Business is any business, agency, or organization that is not owned or operated by the government and is not better described by any of the other service recipient agencies. The dictionary value of "Business" can be selected if there is not a more specific service recipient value available that describes the agency/organization.

⇒ **Child Welfare Dependency System**

Child Welfare Dependency System is any government agency that is responsible for providing services designed to protect minors from abuse and/or neglect, support and care for minors who have been removed from the care of their biological parents, and encourage family stability. See "Victim of Abuse/Neglect" if providing COS to an individual served by the Child Welfare Dependency System.

⇒ **Community-at-Large**

Community-at-Large is the general public or community. The dictionary value of "Community-at-Large" can be selected if there is not a more specific service recipient value available that describes the individuals. Community-at-Large can also be selected when COS is being provided in a large community setting.

⇒ **Deaf/Hard of Hearing (individual)**

Deaf/hard of hearing individuals are individuals, or group of individuals, who identify as deaf or hard of hearing and experience a partial or total inability to hear. See "Business" if providing COS to an agency/organization that provides services to deaf/hard of hearing individuals.

⇒ **Department of Public Health (DPH)**

DPH is a government agency that aims to protect health, prevent disease, and promote the health and well-being of the general population. See "Medical Issues (individual)" if providing COS to an individual receiving services from DPH.

⇒ **Developmentally Disabled (Individual)**

Developmentally Disabled are individuals, or group of individuals, who present with mental and/or physical impairments that cause difficulties in certain areas of life. See "Regional Center for Developmental Disabilities" if providing COS to an agency/organization that provides services to developmentally disabled individuals.

⇒ **Disaster Assistance Agency**

Disaster Assistance Agency is any agency or organization that provides assistance to individuals, or groups of individuals, who are victims of a disaster, and as a result of the disaster, are experiencing emotional distress. See "Disaster Survivor (individual)" if providing COS to an individual who is the victim of a disaster.

⇒ **Disaster Survivor (Individual)**

Disaster Survivor are individuals, or group of individuals, who are the victims of a disaster, and as a result of the disaster, are experiencing emotional distress. See “Disaster Assistance Agency” if providing COS to an agency/organization that provides services to disaster survivors.

⇒ **Domestic Violence Assistance Agency**

Domestic Violence Assistance Agency is any agency that provides support, protection, assistance, advocacy, and resources to victims of domestic violence and intimate partner violence of all forms. See “Victim of Abuse/Neglect” if providing COS to an individual served by any Domestic Violence Assistance Agency.

⇒ **Educational System**

Educational System is any publicly or privately funded schools including pre-school, elementary, junior high, high school, college, vocational, and professional/trade schools. The educational system also includes teachers and school administrators. See “Student (individual)” if providing COS to an individual who attends school.

⇒ **Employment Agency**

Employment agencies are organizations that help individuals seeking employment find jobs or help employers find individuals to fill open positions. See “Unemployed/underemployed” if providing COS to an unemployed or underemployed individual.

⇒ **Faith-Based/Spiritual (Individual)**

Faith-based/spiritual are individuals, or group of individuals, who are affiliated with a faith-based/spiritual organization. See “Faith-Based/Spiritual Organization” if providing COS to an agency/organization that provides services to faith-based/spiritual individuals.

⇒ **Faith-Based/Spiritual Organization**

A faith-based/spiritual organization is an organization that has a mission based in a faith-based or spiritual-based system/religion. Examples include churches, synagogues, or other religious groups. See “Faith-Based/Spiritual (individual)” if providing COS to an individual affiliated to the faith-based/spiritual organization.

⇒ **Family Members**

Family members are individuals, not including parents/guardians/caregivers, that are united by marriage, ancestry, adoption, or consensual union with the individual requiring assistance. Family members may or may not live together in the same household.

⇒ **Homeless Assistance Agency**

Homeless Assistance Agency describes any agency or organization that provides assistance or advocacy to the homeless population. See “Homeless (individual)” if providing COS to a homeless individual and/or group of individuals.

⇒ **Homeless** (Individual)

Homeless are individuals, or group of individuals, who lacks a fixed, regular, and adequate nighttime residence. This includes those that are living in a homeless shelter, car, or RV; or are in an institution such as a hospital or jail and will be homeless upon release. See “Homeless Assistance Agency” if providing COS to an agency/organization that provides services to homeless individuals.

⇒ **Justice Involved** (Individual)

Justice involved are individuals, or group of individuals, who are involved with any government system directed towards upholding social control, deterring/mitigating crime, sanctioning those who violate laws, and rehabilitating offenders such as the Courts, public defenders, jails, and law enforcement. See “Justice System” if providing COS to any organization/agency within the justice system.

⇒ **Justice System**

The justice system involves practices and institutions of government directed at upholding social control, deterring and mitigating crime, sanctioning those who violate laws, and rehabilitating offenders. The system includes the Courts, public defenders, jails, and law enforcement. See “Justice Involved (individual)” if providing COS to an individual involved with the justice system.

⇒ **LGBTQ Assistance/Advocacy Agency**

LGBTQ Assistance/Advocacy Agency is any agency/organization that provides services to LGBTQ individuals and communities. See “LGBTQ (individual)” if providing COS to LGBTQ individuals.

⇒ **LGBTQ** (individual)

LGBTQ is an acronym that stands for Lesbian, Gay, Bisexual, Trans and Queer/Questioning, and is used to designate an individual’s, or group of individuals, sexual or gender identity. See “LGBTQ Assistance/Advocacy Agency” if providing COS to an agency/organization that provides services to LGBTQ individuals.

⇒ **Legal Aid/Human Rights Agency**

Legal Aid/Human Rights Agencies are any organization that provides legal assistance, support, and advocacy to poor and low-income communities and dedicates efforts to protecting human rights and ending human rights abuses. See “Victim of Abuse/Neglect,” “Mental Health Involved,” or “Justice Involved” if providing COS to an individual served by Legal Aid/Human Rights Agencies.

⇒ **Medical Issues** (individual)

Medical Issues are individuals, or group of individuals, who are affiliated with primary care and may be receiving or are registered to receive medical treatment. See “Primary care/Department of Health Services (DHS)” if providing COS to a primary care organization or DHS.

⇒ **Mental Health Involved (individual)**

Mental health involved is any individual, or group of individuals, who are involved with the mental health system. These individuals may be potential clients or clients. Mental health involved may also describe individuals or group of individuals who may benefit from mental health services but have not yet sought any information about mental health treatment. The dictionary value of “Mental Health Involved” can be selected if there is not a more specific service recipient value available that describes the individual. See “Business” or “24 Hour Facility” if providing COS to an agency/organization that provides services to a Mental Health Involved individual.

⇒ **Other**

“Other” may be selected in the unlikely event that the service recipient does not fall into any other available service recipient type listed.

⇒ **Parent/Guardian/Caregiver**

A parent/guardian/caregiver is either the biological father or mother of an individual, or an adult (either related or non-related) who is responsible for the care and well-being of a minor or dependent adult who is unable to manage his/her own affairs. The dictionary value of “Parent/Guardian/Other” describes the parent/guardian/other of the individual requiring assistance.

⇒ **Political System/Government**

Political System/Government is any organization constituted or appointed by the federal, state, county, or city government such as City Councils, Planning Commissions, and legislative committees.

⇒ **Primary Care/Department of Health Services (DHS)**

Primary Care is a patient’s first point of entry into the health care system, is the continuing focal point for all needed health care services and provides general healthcare. DHS is a government agency that provides a spectrum of healthcare services through its integrated health system of clinics and hospitals. See “Medical Issues (individual)” if providing COS to an individual with medical issues.

⇒ **Regional Center for Developmental Disabilities**

Regional Centers for Developmental Disabilities are nonprofit, private corporations that contract with the Department of Developmental Services to provide or coordinate services and support for individuals with developmental disabilities. See “Developmentally Disabled (individual)” if providing COS to developmentally disabled individuals.

⇒ **Social Services/Department of Public Social Services (DPSS)**

Social Services is a government agency, like DPSS, that provides a range of public services designed to build stronger communities and promote opportunities. DPSS specifically provides health care coverage through Medi-Cal, financial aid/cash assistance, employment services/assistance, food subsidies, supportive services, and

subsidized housing. See “Unemployed/Underemployed (individual)” or “Uninsured (individual)” if providing COS to an individual receiving services from Social Services/DPSS.

⇒ **Student (Individual)**

Student are individuals, or group of individuals, who attends any educational institution including any publically or privately funded school. See “Educational System” if providing COS to the educational system.

⇒ **Substance Use Disorder Agency**

A Substance Use Disorder Agency is an agency that provides prevention, treatment, and recovery support services proven to reduce the impact of substance use, abuse, and addiction. See “Substance Use Involved (individual)” if providing COS to an individual receiving services from a substance use disorder agency.

⇒ **Substance Use Involved (Individual)**

Substance Use Involved are individuals, or group of individuals, who are using any controlled substance, typically drugs and/or alcohol. See “Substance Use Disorder Agency” if providing COS to any agency/organization that provides services to substance use involved individuals.

⇒ **Under-Served Cultural Community**

Under-Served Cultural Community is a specific population, or agency/organization that services the specific population, that has documented low levels of access and/or use of services, face barriers to participation in policy making related to services, have low rates of insurance coverage for care, and/or have been identified as priorities for access to services. See “Under-Served Cultural (individual)” if providing COS to an under-served cultural individual.

⇒ **Under-Served Cultural (Individual)**

Under-Served Cultural are individuals, or group of individuals, from an under-served cultural community. See “Under-Served Cultural Community” if providing COS to an agency/organization providing services to under-served cultural individuals.

⇒ **Unemployed/Underemployed (Individual)**

Unemployed individuals, or group of individuals, are without a paid job but are available and able to work and are actively seeking work. Underemployed individuals, or group of individuals, are employed less than full-time or have jobs that are inadequate with respect to their training/education or economic needs. See “Employment Agency” or “Social Services/Department of Public Social Services (DPSS)” if providing COS to any agency/organization providing services to unemployed and underemployed individuals.

⇒ **Uninsured (Individual)**

Uninsured are individuals, or group of individuals, who lack health insurance. See “Social Services/DPSS” or “Business” if providing COS to an agency providing services

to an uninsured individual.

⇒ **Veteran (Individual)**

Veteran are individuals, or group of individuals, who have served in the military, naval, or air service. See “Veteran Affairs (VA)” if providing COS to an agency/organization providing services to veterans.

⇒ **Veterans Affairs (VA)**

The VA is a government agency that provides a range of services to veterans. See “Veteran (individual)” if providing COS to an individual who identifies as a veteran.

⇒ **Victim of Abuse/Neglect (individual)**

Victim of abuse/neglect are individuals, of any age, or group of individuals, who have been harmed, injured, or suffered physically and/or emotionally due to the abuse or neglect inflicted by another individual or group of individuals. See “APS,” “Child Welfare Dependency System,” “Domestic Violence Assistance Agency,” or “Legal Aid/Human Rights Agency” if providing COS to an agency providing services to the victim of abuse/neglect.

APPENDIX 1: PROGRAM AREA LIST

For any questions regarding Program Areas related to PEI, please contact the Prevention and Early Intervention (PEI) Administration Division.

PROGRAM AREA			
1	Birth to Five	30	PEI Prevention - Child Help
2	Child Welfare	31	PEI Prevention - Erika's Lighthouse
3	Consumer Advocacy/Patient's Rights	32	PEI Prevention - Guiding Good Choices
4	Co-Occurring/Dual Diagnosis	33	PEI Prevention - Healthy IDEAS
5	Countywide Community Based Program	34	PEI Prevention – Life Skills Training
6	Disaster Services	35	PEI Prevention – Love Notes
7	EOB/PMRT	36	PEI Prevention – MPAP
9	Forensic Services	37	PEI Prevention – Mindful Schools
10	FSP	38	PEI Prevention – More Than Sad
11	Housing/Community Care	39	PEI Prevention – PeaceBuilders
12	IMD/Residential and Bridging	40	PEI Prevention – PIER Model
13	Integrated Services	41	PEI Prevention – Project Fatherhood
14	LPS/Public Guardian	42	PEI Prevention – Project LEARN
15	MHSA Innovative Services	43	PEI Prevention – Psychological First Aid
17	Veteran Affairs	44	PEI Prevention – SCALE
18	Client-Run	45	PEI Prevention - Second Step
19	Suicide Prevention	46	PEI Prevention – Senior Reach
20	Anti-Stigma and Discrimination	47	PEI Prevention – Shifting Boundaries
21	Cultural Competency	48	PEI Prevention – Teaching Kids to Cope
22	Benefit Establishment	49	PEI Prevention - Triple P
23	Employment/Vocational	50	PEI Prevention – Why Try
25	Community Capacity Building	51	PEI Prevention - Outreach
26	PEI Prevention - AAFEN	52	PEI Prevention - FOCUS
27	PEI Prevention - Active Parenting	53	QPR - Suicide Prevention
28	PEI Prevention - AILS	54	Mental Health First Aid
29	PEI Prevention – ARISE	55	Recovery, Resilience & Reintegration

APPENDIX 2: OTHER DEMOGRAPHICS

AGE CATEGORY

1 0-15	2 16-25	3 26-59	4 60+	5 Multiple	6 Unknown
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RACE/ETHNICITY

1 African-American	10 Eastern European	19 Mexican	28 Other White
2 American Indian/Alaska Native	11 Filipino	20 Mien	29 Puerto Rican
3 Armenian	12 Guamanian	21 North African	30 Samoan
4 Asian Indian	13 Hawaiian Native	22 Other	31 South American
5 Cambodian	14 Hmong	23 Other Asian	32 Southern African
6 Central African	15 Iranian	24 Other Black	33 Unknown/Not Reported
7 Central American	16 Japanese	25 Other Hispanic or Other Latino	34 Vietnamese
8 Chinese, Cuban	17 Korean	26 Other Middle Eastern	35 West African
9 East African	18 Laotian	27 Other Pacific Islander	36 White

LANGUAGE

001 English	016 German	031 Czech	046 Konkani	061 Singhalese
002 Spanish	017 American Sign	032 Danish	047 Lao	062 Swahili
003 Mandarin	018 Armenian	033 Dutch	048 Lingala or Ngal	063 Swedish
004 Swatowese	019 Afghan, Pashto, Pusho	034 Ethiopian	049 Lithuanian	064 Taiwanese
005 Toisan	020 Afrikaans	035 Greek	050 Marathi	065 Telegu
006 Cantonese	021 Arabic	036 Mie	051 Norwegian	066 Thai
007 Chinese, other	022 Farsi	037 Hindi	052 Pakistani	067 Tonga
008 Japanese	023 Bengali	038 Hindustani	053 Pangasinan	068 Turkish
009 Korean	024 Bulgarian	039 Hmong	054 Other Sign	069 Urdu
010 Samoan	025 Burman or Burmese	040 Hungarian	055 Polish	070 Ukrainian
011 Filipino, Tagalo	026 Calo	041 Ibonese	056 Portuguese	071 Visayan
012 Vietnamese	027 Cambodian	042 Igorot	057 Punjabi	072 Yao
013 Hebrew	028 Cebuano	043 Italian	058 Romanian	073 Yorba
014 Yiddish	029 Choctaw	044 Ilocano or Iloko	059 Russian	074 Other Non-English
015 French	030 Creole	045 Ilongot	060 Serbo-Croatian	098 Unknown/Not Reported
				099 Other

