

Los Angeles County Department of Mental Health



Glossary of Terms

A helpful text for mental health advocacy

June 2013 Edition



Los Angeles County Department of Mental Health

Glossary of Terms

This glossary was created under the Community and Government Relations Division (CGRD) of the Los Angeles County Department of Mental Health. Beginning in 2008, as a project of UCLA MSW Intern, Stephanie Bartsch, this document has since then been updated by the following MSW interns:

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This text was envisioned to help persons interested in mental health advocacy to understand the terminologies and concepts used within the mental health system and to have a working knowledge of certain policies that affect the system. The definitions in this text are taken from various sources including existing documents, personnel, and committees.

The 2013 edition was planned to include the Spanish translation of the terms but the translation has not yet been completed so an update will be posted at a later time. Our gratitude goes to Sr. Mary Yun, MSW and Luis Orozco, LCSW of the Community and Government Relations Division for their assistance in editing this document.

This is a living document and it is open to the addition/deletion of terms or feedback. Please send comments or suggestions to Adrienne Cedro Hament, LCSW at ahament@dmh.lacounty.gov.

Directory of Terms

#

[1115 Waiver](#)
[200% Poverty](#)
[5150](#)

A

[AB 100 \(Mental Health Services Act](#)
[\(See MHSA for definition of MHSA\)](#)
[AB130 \(California Dream Act\)](#)
[AB131 \(California Dream Act\)](#)
[AB 2034](#)
[AB3632 \(Mental Health Services for](#)
[Special Education\)](#)
[AB540](#)
[Access](#)
[ACCESS Center](#)
[ADA](#)
[Advance Directive](#)
[Alternate Crisis Services \(ACS\)](#)
[Annual Liability](#)
[Assessment](#)
[Assisted Outpatient Treatment \(AOT\)](#)
[Association of Community Human](#)
[Service Agencies \(ACHSA\)](#)
[At Risk for Suicide](#)
[At Risk Mental State \(ARMS\)](#)
[Auditor-Controller](#)

B

[Block Grant](#)
[Benefits Establishment](#)
[Board letter](#)
[BOS](#)
[Bundling and Unbundling of Service](#)
[Codes](#)

C

[California Dream Act](#)
[CAMP](#)
[CAO](#)

[Cash Flow Advance](#)
[CBO](#)
[Central Authorization Unit](#)
[CCAC \(Cultural Competence Advisory](#)
[Committee\)](#)
[CCC](#)
[CCHIT.](#)
[CDAD](#)
[CDE](#)
[CEO](#)
[CGRD](#)
[Children and Youth in Stressed](#)
[Families](#)
[Children's Countywide Case](#)
[Management](#)
[Children's System of Care Program](#)
[CiMH](#)
[Client Congress](#)
[Client Supportive Services](#)
[CMHDA](#)
[CMHPC](#)
[CMS](#)
[COD](#)
[COS](#)
[Community Capacity](#)
[Community Clinic](#)
[Community-Designed Integrated](#)
[Service Management Model \(ISM\)](#)
[Community Outreach Service](#)
[Community Treatment Facility](#)
[Conservatorship](#)
[Consumer](#)
[Consumer-run](#)
[Contract Discrepancy Report](#)
[Contract Providers](#)
[Co-occurring/Comorbidity](#)
[Coordination of Benefits](#)
[Cost Reimbursement \(CR\)](#)
[County Counsel](#)
[Countywide Resource Management](#)
[CORS](#)
[Court Liaison Program \(CLP\)](#)
[Credentialing](#)

DMH GLOSSARY

[CSAC](#)
[CSS](#)
[Culture](#)
[Cultural Competency](#)
[CW](#)

D

[Day Treatment Rehabilitation](#)
[DBH](#)
[DCEO](#)
[DCFS](#)
[Deferred Action for Childhood Arrivals \(DACA\)](#)
[Delegated Authority](#)
[Delegates](#)
[Department of Health and Human Services \(HHS\)](#)
[Department of State Hospitals](#)
[Deputy Chief Executive Officer \(DCEO\)](#)
[Deputy Director](#)
[Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition, Text Revision Manual \(DSM-IV-TR\)](#)
[Differential Response](#)
[Directly Operated Facility\(ies\)](#)
[Duration of Untreated Psychosis \(DUP\)](#)
[Division of Empowerment and Advocacy](#)
[DMH](#)
[Drop-In Centers](#)
[Dual Diagnosis](#)

E

[Early Intervention](#)
[Electronic Data Interchange](#)
[Electronic Health Record](#)
[Empowerment & Advocacy \(E&A\)](#)
[EMT](#)
[Emerging Best Practices](#)
[Enhanced Emergency Shelter Program \(ESSP\)](#)
[EOB](#)
[Episode Data](#)
[Episode of Care](#)
[EPSDT](#)
[ERT](#)

[Established Maximum Allowable Rate](#)
[Evidence-based Practices \(EBP\)](#)
[Explanation of Balance](#)

F

[Facility](#)
[Family to Family](#)
[Family Specialist](#)
[FAQ](#)
[Federal Financial Participation](#)
[Fee-for-Service](#)
[Field Capable Clinical Services \(FCCS\)](#)
[First 5 California](#)
[First Onset \(or First Break\)](#)
[Fiscal Intermediary](#)
[Fiscal Year \(FY\)](#)
[Full Service Partnerships \(FSP\)](#)
[Full-time equivalent \(FTE\)](#)
[Fully Served](#)

G

[Gatekeeper](#)
[Grant-in-aid](#)
[Greater Avenues for Independence \(GAIN\)”](#)
[Gross Program Budget](#)
[GROW](#)
[Guide to Procedure Codes](#)

H

[Head of Service](#)
[Health-based Interventions](#)
[Health Center](#)
[Healthcare Common Procedure Coding System \(HCPCS\)](#)
[Health Deputies](#)
[Health Level Seven \(HL7\)](#)
[Healthy Families](#)
[Healthy Families Procedures Manual](#)
[HealthyWay LA](#)
[HIPAA](#)
[HIPAA Final Security Rules](#)
[Historical Trauma](#)
[HOPE](#)
[HOT](#)
[Housing Specialists](#)

I

[ICD-9](#)
[IIHI](#)
[IMD](#)
[IMP](#)
[INN \(Innovations\)](#)
[Inappropriately served](#)
[Independent Living Program \(ILP\)](#)
[Indigent](#)
[Indigent Medication Program \(IMP\)](#)
[Individuals Experiencing Onset of
Serious Psychiatric Illness](#)
[Information System \(IS\)](#)
[Inpatient Fee-for-Services](#)
[Intake Period](#)
[Integrated Plan](#)
[Integrated System \(IS\)](#)
[Integrated Clinic Model](#)
[Integrated Mobile Health Team
\(IMHT\)](#)
[Interagency Placement Screening
Committee](#)
[Internal Services Department \(ISD\)](#)
[International Organization for
Standardization \(ISO\)](#)
[Intervention](#)
[Invitation for Bid \(IFB\)](#)

J

[Juvenile Justice Facility](#)
[Juvenile Justice Transition Aftercare
Services \(JJTAS\) Program](#)

K

[Katie A.](#)

L

[LACDHM](#)
[LAC PPP](#)
[LAHSA](#)
[Laura's Law](#)
[LCSW](#)
[Licensed Clinical Social Worker
\(LCSW\)](#)
[Legal Entity](#)
[LGBTQIA](#)
[Lived Experience](#)

[Los Angeles Mental Health Plan System
\(LAMHPS\)](#)
[Los Angeles Public
Administration/Guardian Information
Systems \(LAPIS\)](#)
[LPS](#)

M

[Managed Care](#)
[Managed Risk Medical Insurance
Board](#)
[Management Inquiries](#)
[Master Agreement List](#)
[MCA](#)
[Medi-Cal](#)
[Medi-Cal Eligibility Data System
\(MEDS\)](#)
[Medical Director](#)
[Medical Model](#)
[Medical Necessity](#)
[Medicare](#)
[Medicaid Waivers](#)
[Medicare Fiscal Intermediary](#)
[Megan's Law](#)
[Member or Title XXI Healthy Families
Program Member \(HFPM\)](#)
[MET](#)
[Mental Health Disorder](#)
[Mental Health Fee-for-Service
\(MHFFS\)](#)
[Mental Health Management
Information System \(MHMIS\)](#)
[Mental Health Integration](#)
[Mental Health Problem](#)
[Mental Health Promotion](#)
[MFT](#)
[MHC](#)
[Mental Health Professional Shortage
Area \(MHPSA\)](#)
[MHPSA Designation](#)
[MHSA](#)
[MHSOAC](#)
[Mission](#)
[MOU](#)

N
[NAMI](#)

DMH GLOSSARY

[National Council for Prescription Drug Programs \(NCPDP\)](#)
[National Drug Code \(NDC\)](#)
[National Provider Identifier \(NPI\)](#)
[National Registry of Evidence-based Programs and Practices \(NREPP\)](#)
[Negotiation Package](#)
[Negotiated Rate \(NR\)](#)
[Net Program Budget](#)
[Non-governmental Agency \(NGA\)](#)
[Non-repudiation](#)
[Non-traditional Mental Health Settings](#)
[Notice of Action \(NOA\)](#)

O

[OCA](#)
[Office of Family Advocate \(OFA\)](#)
[OMA](#)
[Office of the Medical Director \(OMD\)](#)
[Office of Multicultural Services \(OMS\)](#)
[Onset](#)
[Oral Presentation](#)
[Outcome Measures Application \(OMA\)](#)
[Outreach & Engagement \(O&E\)](#)
[Over Threshold Authorization Request \(OTAR\)](#)
[Over-Threshold Specialty Mental Health Services](#)

P

[PAI](#)
[PAP](#)
[Parent Partner](#)
[Parity](#)
[Patient's Rights Office](#)
[PBC](#)
[Peer](#)
[Peer Bridger](#)
[Peer to Peer](#)
[Peer Model/Peer Support Model](#)
[Peer-Run](#)
[Peer Specialist](#)
[PEI](#)
[PEI Principles](#)
[PEI Project](#)
[PET](#)
[Pharmacy Benefits Manager \(PBM\)](#)

PhD

[Point of Service](#)
[Posttraumatic Stress Disorder \(PTSD\)](#)
[Pre-Screen Proposals](#)
[Prescription Authorization and Tracking System \(PATS\)](#)
[Prevention](#)
[PRCH](#)
[Primary Care](#)
[Primary Contact](#)
[PRISM](#)
[Priority Population](#)
[Probation Camp Services](#)
[Prodrome \(Prodromal Syndrome\)](#)
[Professional Services Unit](#)
[Program Head](#)
[Project 50](#)
[Projects for Assistance in Transition from Homelessness Federal grant funds \(PATH\)](#)
[Project Management Methodology \(PMM\)](#)
[Promising Practice](#)
[Promotores de Salud](#)
[Proposition 63 \(Prop. 63\)](#)
[Protected Health Information \(PHI\)](#)
[Protection and Advocacy Inc \(PAI\)](#)
[Proselytize](#)
[Provider](#)
[Provider Director](#)
[Prudent Reserve](#)
[PsyD](#)
[Psychotropic Medication Authorization \(PMA\)](#)
[Psychiatric Advance Directive](#)
[Psychiatric Health Facility \(PHF\)](#)
[Psychiatric Mobile Response Team \(PMRT\)](#)
[Public Guardian](#)
[Public Guardian Office \(PGO\)](#)

Q

[Quality Assurance Activities](#)
[Quality Improvement Program](#)
[Qualified Proposer](#)

R

[RCL Certification Unit \(RCL\)](#)
[Re-alignment Money](#)
[Recovery](#)
[Recovery Model](#)
[Referral](#)
[Religion](#)
[Rendering Provider](#)
[RFI](#)
[RFP](#)
[RFS](#)
[RFSQ](#)
[Residential & Bridging Services](#)
[Resilience](#)

S

[SAMHSA](#)
[Schiff Cardenas Crime Prevention Act](#)
[School-based Interventions](#)
[School Failure](#)
[School Threat Assessment Response](#)
[Team \(START\)](#)
[Screening](#)
[SD](#)
[SDMH](#)
[Serious Emotional Disturbance \(SED\)](#)
[Serious Mental Illness \(SMI\) or Disorder](#)
[Service Area Advisory Council \(SAAC\)](#)
[Service Area District Chief](#)
[Service Coordination Inquiries](#)
[Service Extenders](#)
[Service Function Code \(SFC\)](#)
[Service Area Navigators](#)
[Service Planning Areas \(SPA\)](#)
[Share of Cost](#)
[Short-Doyle Act](#)
[Single Fixed Point of Responsibility \(SFPR\)](#)
[Skilled Nursing Facility \(SNF-STP\)](#)
[Sliding Fee Schedule](#)
[Small County](#)
[SMART](#)
[SOC](#)
[Social Inclusion](#)
[Specialized Intensive Foster Care](#)
[Spirituality](#)

[SSDI](#)

[SSI](#)

[Stakeholder](#)
[State General Fund \(SGF\)](#)
[Statement of Qualifications \(SOQ\)](#)
[Statement of Work \(SOW\)](#)
[Stigma and Discrimination](#)
[Substance Abuse](#)
[Supportive Residential Programs \(Enriched Residential and IMD Step-Down\)](#)
[Supportive and Therapeutic Options Program \(STOP\)](#)
[System for Treatment Authorization Request \(STAR\)](#)
[System Leadership Team \(SLT\)](#)
[System of Care](#)

T

[Tarasoff](#)
[TAY](#)
[Target Community](#)
[The Project-Based Operational Subsidy](#)
[Therapeutic Behavioral Services \(TBS\)](#)
[Threshold Language](#)
[Title IV](#)
[Title XXI](#)
[Traditionally Underserved Populations](#)
[Transformation](#)
[Trauma-Exposed Individuals](#)
[Treatment Authorization Request \(TAR\)](#)
[Triage](#)

U

[Underserved/Inappropriately Served](#)
[Undocumented Youth](#)
[Uniform Bill-04 \(UB-04\)](#)
[Uniform Bill-92 \(UB-92\)](#)
[Uniform Method of Determining Ability to Pay \(UMDAP\)](#)
[Unit of Service](#)
[Unserved](#)
[UREP](#)
[Urgent Care Centers \(UCCs\)](#)

DMH GLOSSARY

V

[Very Small County](#)

[Vision](#)

W

[Welfare and Institutions Code \(WIC\)](#)

[Wellness Center](#)

[WET](#)

[Whatever It Takes](#)

[WRAP](#)

[Wraparound](#)

X

Y

Z

<#>

DMH GLOSSARY

"1115 Waiver" known as the "Bridge to Reform," waiver proposal approved by Centers for Medicare and Medicaid Services (CMS) on November 2, 2010. Through the Section 1115 waiver, California aims to advance Medi-Cal program changes (using 10 billion dollars) that will help the state transition to the federal health reforms that will take effect in January 2014. Changes under the waiver involve expanding coverage today for those who will become "newly eligible" in 2014 under health care reform, implementing models for more comprehensive and coordinated care for some of California's most vulnerable residents, and testing various strategies to strengthen and transform the state's public hospital health care delivery system to prepare for the additional numbers of people who will have access to health care once health care reform is fully implemented.

"200% Poverty" references the Federal Poverty Level. 200% poverty means those making less than twice the poverty level. See diagram below.

2013 200% of Federal Poverty Level

Persons in Family/Household	Gross Annual Income	Gross Monthly Income
1	\$22,980	\$1,915
2	\$31,020	\$2,585
3	\$39,060	\$3,255
4	\$47,100	\$3,925
5	\$55,140	\$4,595
6	\$63,180	\$5,265
7	\$71,220	\$5,935
8	\$79,260	\$6,605

SOURCE: *Federal Register*, 78 FR 5182, 5182 -5183, January 24, 2013

"5150" refers to Section 5150 is a section of California's Welfare and Institutions Code (specifically, the Lanterman-Petris- Short Act or "LPS") which allows a qualified officer or clinician to involuntarily confine a person deemed a danger to himself, herself, and/or others[1] and/or gravely disabled. A qualified officer, includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, 5150 can informally refer to the person being confined or to the declaration itself.

A

AB 100 (Mental Health Services Act (See MHSA for definition of MHSA)) This bill would require the state, instead of the department, to administer the fund. The bill would authorize continued financial support for mental health programs to come from the Local Revenue Fund 2011 in the State Treasury, and would, commencing July 1, 2012, require the Controller to distribute to the counties all unexpended and unreserved funds on deposit in the Mental Health Services Fund monthly. The bill, for the 2011-2012 fiscal year, would allocate specified funds in the Mental Health Services Fund for new purposes: Medi-Cal specialty mental health services, mental health services for special education pupils, and the Early and Periodic Screening, Diagnosis, and Treatment program.

“AB130” (California Dream Act) Assembly Bill 130 provides undocumented students, who qualify for AB 540, to receive scholarships derived from non-state funds for the purpose of attending a credited college (i.e. UC, CSU, and Community College). This bill gives undocumented students the ability to receive private scholarships through the University.

“AB131” (California Dream Act) Assembly Bill 131 provides undocumented students, who qualify for AB 540, to receive state financial aid such as Cal Grants, the Board of Governors Fee Waiver, and departmental and institutional scholarships. This bill provides access to higher education for low-income undocumented students. Undocumented students who qualify for AB 131 must complete an application, meet deadlines and follow through with requirements. For more information please visit www.csac.ca.gov

"AB 2034" Assembly Bill No. 2034 provided State general funds that allowed localities to provide comprehensive, integrated services to adults who have serious mental illness and who are homeless or at risk of becoming homeless; or who have recently been released from a county jail or state prison; or who are at significant risk of incarceration or homelessness and do not have access to needed services and supports. Funding for this program was eliminated from the Fiscal Year 07/08 state budget in a line-item veto by the Governor. The AB 2034 program was honored as a model program for individuals with mental illness who are homeless under the President's New Freedom Commission. The program's success provided both inspiration and data on effective practices and helped spur public support for the Proposition 63 ballot initiative enacted into law as the Mental Health Service Act of 2004 (MHSA).

"AB3632 (Mental Health Services for Special Education)" Assembly Bill 3632 aligns with the Individuals with Disabilities Education Act (IDEA), which ensures that children with disabilities are entitled to a free, appropriate public education in the least restrictive environment. Special education pupils may require mental health services in any of the 13 disability categories. To be eligible to receive services, they must have a current individualized education program (IEP) on file. Services are free to all eligible students regardless of family income or resources.

“AB540” Assembly Bill 540 is a bill that provides California in-state tuition for nonresident students (including legal permanent residents, U.S. citizens and undocumented students) who have attended a CA high school and have received a high school diploma or equivalent. Often, undocumented students are referred as AB540 students to identify them in a safe manner.

"Access" is the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services.

DMH GLOSSARY

“ACCESS Center” operates 24 hours/day, 7 days/week as the entry point for mental health services in Los Angeles County. Services include deployment of crisis evaluation teams, information and referrals, gatekeeping of acute inpatient psychiatric beds, interpreter services and patient transport.

"ADA" known as the Americans with Disabilities Act (ADA) was signed into law under President George H. W. Bush in 1990. It applies to all private and state-run businesses, employment agencies and unions with more than fifteen employees. The goal of the ADA is to make sure that no qualified person with any kind of disability is turned down for a job or promotion, or refused entry to a public-access area.

"Advance Directive" Legal documents or statements, including a living will, which are witnessed and allow an individual to convey in expressed instructions or desires concerning any aspect of an individual's health care, such as the designation of a health care surrogate, the making of an anatomical gift, or decisions about end-of-life care ahead of time. An Advance Directive provides a way for an individual to communicate wishes to family, friends and health care professionals, and to avoid confusion about end-of-life care ahead of time.

"Alternate Crisis Services (ACS)" provides a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, reduce homelessness, and prevent incarceration.

"Annual Liability" The Annual Liability, also known as UMDAP liability, is based on a sliding scale fee and applies to services extended to the client and dependent family members. The annual liability is determined by using the adjusted monthly income amount and the number dependent on the adjusted monthly income. A client is responsible for the annual liability amount or the actual cost of care, whichever is less. The annual liability period runs from the date of the client's first visit through end of the subsequent eleven calendar months (e.g. An initial liability determination made of Jan 5, 2012 would be valid through December 31, 2012) and each 12-month period thereafter during which the client continues to receive services. It is renewed annually, provided the client continues to receive services, with the new 12-month period beginning on the 1st day of the month during which liability was originally determined (e.g. using the earlier example, the next annual liability period would run from Jan 1, 2013 through December 31, 2013). Note: Admissions and/or readmissions during the 12-month period do not change the sliding scale fee period.

“Assessment” means a professional review and evaluation of an individual’s mental health needs and conditions, in order to determine the most appropriate course of treatment, if indicated, and may ascertain eligibility for specific entitlement or mandated programs.

DMH GLOSSARY

“Assisted Outpatient Treatment (AOT)” Assisted outpatient treatment is sustained and intensive court-ordered treatment in the community for those most overcome by the symptoms of severe mental illness. The treatment mechanism is only used until a person is well enough to maintain his or her own treatment regimen. Serving as a bridge to recovery for those released from inpatient facilities as well as an alternative to hospitalization, assisted outpatient treatment can stop the “revolving door” of repeated hospitalizations, jailings, and homelessness

“Association of Community Human Service Agencies (ACHSA)” represents more than 75 nonprofit community agencies that provide a wide range of child welfare, mental health, and juvenile justice services for vulnerable individuals and families in Los Angeles County. The mission is to promote the role of the private nonprofit sector in mental health and child welfare service delivery and to provide mutual support in pursuit of a more effective community.

“At Risk for Suicide” means those individuals or population groups who demonstrate a higher likelihood than average to commit suicide.

“At Risk Mental State (ARMS)” “At Risk Mental State” means the condition of individuals who are at risk for developing a psychotic illness and are experiencing signs or symptoms that are indicative of high risk for psychotic illness. These individuals have not yet been diagnosed with a psychotic illness.

“Auditor-Controller” is the department within the County that is responsible for auditing business operations and paying debts.

B

“Block Grant” In a federal system of government, a block grant is a large sum of money granted by the national government to a regional government with only general provisions as to the way it is to be spent. This can be contrasted with a categorical grant which has more strict and specific provisions on the way it is to be spent. An advantage of block grants is that they allow regional governments to experiment with different ways of spending money with the same goal in mind.

“Benefits Establishment” is a program of the Comprehensive Community Care plan (CCC). It was discovered that many clients of LACDMH are eligible for MediCal but did not apply for it. It was resolved that clients would be screened and given help in applying for MediCal so that LACDMH could receive income for providing services to these clients and thereby increase income for the county.

DMH GLOSSARY

“Board letter” This is the official proposal/request to the Board of Supervisors to use department funding for a specific purpose. The Board Letter must be approved by the Supervisors in order for any funding to be released.

“BOS” stands for Board of Supervisors and refers to the Los Angeles County Board of Supervisors that oversee all county departments, including LACDMH. This Board is an elected body

“Bundling and Unbundling of Service Codes” bundling or unbundling that occurs when the actual services performed and reported for payment on a claim can be represented by a different group of procedure codes.

C

“California Dream Act” (please see AB 130 and AB 131)

“CAMP” is the Los Angeles Police *Department Case Assessment and Management* Program.

“CAO” is the Chief Administrative Officer. This position was replaced by the CEO in the restructuring of 2007.

“Cash Flow Advance” County General Funds (CGF) furnished by County to Contractor for cash flow purposes in expectation of Contractor repayment pending Contractor’s rendering and billing of eligible services/activities.

“CBO” is a Community-based organization.

“Central Authorization Unit” a unit of the managed care division in the DMH Office of the Medical Director that conducts monitoring and authorization of services. Specific service authorizations include Over Threshold Authorization, psychological testing, Day Treatment/TBS Authorization and requests for authorization of out-of-county services.

“CCAC (Cultural Competence Advisory Committee)” The California Department of Mental Health (CDMH) Director established the Cultural Competence Advisory Committee (CCAC) as a statewide advisory group to CDMH Office of Multicultural Services as mandated in the Federal Waiver Request. This group plays a critical role in supporting the Department in the development and direction of cultural competency standards. The CCAC is comprised of representatives from the California Mental Health Directors Association, mental health consumers and family members, cultural competency consultants, ethnic-specific programs, and university affiliates.

DMH GLOSSARY

“CCC” is the Comprehensive Community Care plan developed in 2000 under the direction of Dr. Southard. This plan focused on redesigning the current system to become a client and family focused system through changes in both philosophy (Client focused model) and structure (more community involvement, changes in delivery of services).

“CCHIT” Certification Commission for Healthcare Information Technology is a recognized certification authority for electronic health record products in the United States, setting the industry bar for functionality, interoperability of products and networks, and security.

“CDAD” Department of Mental Health Contracts and Development Administrative Division.

“CDE” stands for Community-defined Evidence. CDE is defined as a set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.

“CEO” is the Chief Executive Officer. Currently, this position is held by Bill Fujioka.

“CGRD” is the Community and Government Relations Division. This division reports directly to Dr. Southard and Kumar Menon is the head of this division.

“Children and Youth in Stressed Families” means children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses, or lack of care-giving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.

“Children's Countywide Case Management” is a division within the DMH Child, Youth and Family Programs Administration oversees a variety of Countywide

“Children’s System of Care Program” This program provides mental health services through interagency collaboratives and integrated services system that provides case management, outpatient and day treatment. Collaborating partners are the Department of Mental Health, Department of Children and Family Services, Group Homes, School Districts, Parent Advocates, Vocational agencies, and Substance Abuse Agencies. Children from birth to age 19 are served.

DMH GLOSSARY

“CiMH” is the California Institute for Mental Health. The mission of CiMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.

“Client Congress” the Client Congress of the County of Los Angeles Department of Mental Health is an association composed of groups and individuals dedicated to enhancing and enriching the experience of hope, wellness and recovery/resilience through promoting social inclusion. The Client Congress is the vehicle for linking members and groups, integrating advocacy efforts, organizing countywide public service activities, and developing an annual community event dedicated to exploring issues important to mental health clients and their families.

“Client Supportive Services” are essential services that may not be reimbursable under Medi-Cal or other benefits programs (e.g., outreach and engagement services, housing services, employment services, transportation, etc.).

“CMHDA” is the California Mental Health Director’s Association. CMHDA provides assistance, information, training, and advocacy to the public mental health agencies that are its members. The mission of the Association is to provide leadership, advocacy, expertise and support to California’s county and city mental health programs (and their system partners) that will assist them in serving persons with serious mental illness and serious emotional disturbance.

“CMHPC” is the California Mental Health Planning Council. PL 106-310 re-authorized the Community Mental Health Services Block Grant and reaffirmed the requirement that each state must have a mental health planning council in order to receive the block grant. Federal law requires the Planning Council to perform the following functions: Review the State mental health plan and the annual implementation report and submit to the State any recommendations for modification. Advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems. Monitor, review, and evaluate annually the allocation and adequacy of mental health services within the State.

“CMS” stands for the Centers for Medicare and Medicaid Services, the US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.

“COD” Co-occurring disorders means two or more disorders occurring to one individual simultaneously. Clients said to have COD have more than one mental, developmental, or substance-related disorder, or a combination of such disorders. COD exists when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

“**COS**” Stands for Community Outreach Services.

“**Community Capacity**” (growing) the community’s knowledge of and active support for practices that support consumers’ social inclusion free of stigma and support consumers’ good mental health.

“**Community Clinic**” means a clinic operated by a tax-exempt nonprofit corporation that is supported in whole or in part by donations, bequests, gifts, grants, government funds, or contributions. Any charges to the patient shall be based on the patient’s ability to pay, utilizing a sliding fee scale. These clinics provide essential health services to primarily uninsured and under-served men, women, and children.

“**Community-Designed Integrated Service Management Model (ISM)**” envisions a holistic model of care whose components are defined by specific ethnic communities and also promotes collaboration and community based partnerships to integrate health, mental health, and substance abuse services together with other needed non-traditional care to support the recovery of consumers. The five ethnic communities targeted are: **African Immigrant / African American, American Indian / Alaska Native, Asian Pacific Islander, Eastern European / Middle Eastern and Latino.** The ISM model consists of discrete teams of specially-trained and culturally competent “service integrators” that help clients use the resources of both formal” (i.e., mental health, health, substance abuse, child welfare, and other formal service providers) and nontraditional” (i.e., community defined healers) networks of providers, who use culturally-effective principles and values. The ISM Model services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations

“**Community Outreach Service**” services provided to the community-at-large, who include special population groups, human service agencies, and individuals and families who are not clients of the mental health system.

“**Community Treatment Facility**” the specific licensing term associated with a high level residential treatment facility for youth. A CTF facility is a higher level of care than an RCL 14 facility.

“**Conservatorship**” is granted when an individual is “gravely disabled” meaning they are unable to provide for their basic personal needs of food, clothing, or shelter. A person or entity is charged with the responsibility of making decisions on behalf of the conserved individual. For Mental Health (LSP) Conservatorships, a mental disorder is required and referrals are made through the Public Guardian’s Office (PGO).

“**Consumer**” refers to people who are or have received services for serious mental illness and who disclose this voluntarily. The terms are intended to include people who may

DMH GLOSSARY

not be ordinarily associated with the terms consumer or client, or who do not identify with these labels, such as high school youth who speak with peers about feeling suicidal, celebrities or leaders who disclose mental health struggles, etc.

“Consumer-run” refers to agencies, programs, services or supports provided by people who are or have received services for serious mental illness (‘consumers’) and who disclose this history voluntarily.

“Contract Discrepancy Report” a written report prepared by the County to identify Contractor’s specific failures in meeting contract standards.

“Contract Providers” LACDMH contracts with community based providers for the delivery of mental health services and supports. Contract providers offer services throughout the county and for all ages.

“Co-occurring/Comorbidity” In general, the existence of two or more illnesses – whether physical or mental – at the same time in a single individual. With SAMHSA, the term usually means the co-existence of mental illness and substance abuse.

“Coordination of Benefits” a process for determining the respective responsibilities and priority order of two or more insuring entities that have some financial responsibility for a medical claim.

“Cost Reimbursement (CR)” the arrangement for the provision of mental health services based on the reasonable actual and allowable costs of services provided under this Agreement, less all fees paid by or on behalf of patients/clients and all other revenue, interest and return resulting from the same services.

“County Counsel” is the legal body of the county. This department provides legal counsel for the county. Every plan must go through the council to make sure that it is not in violation of the law.

“Countywide Resource Management” an organizational division within the DMH that centrally tracks capacity and prospectively authorizes access to approximately one thousand, three hundred (1,300) beds distributed across institutes for Mental Disease, a Psychiatric Health Facility, state hospitals, intensive residential facilities, and inpatient facilities servicing indigent clients.

DMH GLOSSARY

“CORS” or Crisis-oriented recovery services is the department’s newest strategy for mental health care delivery, offering short-term services for clients in crisis.

“Court Liaison Program (CLP)” is a collaboration between the Los Angeles County Department of Mental Health (DMH) and the Los Angeles County Superior Court. It is staffed by a team of 14 mental health clinicians who are co-located at 23 courts countywide. This recovery based program serves adults with a mental illness or co-occurring mental health and substance abuse disorder who are involved with the criminal justice system. The program is part of DMH’s system of supports and services offered throughout the criminal justice continuum from arrest to release. This program incorporates the “no wrong door” philosophy by offering the courtroom as an entry point for services. The objectives of the program are to increase coordination and collaboration between the criminal justice and mental health systems, improve access to mental health services and supports, and enhance continuity of care. The **CLP** further aims to provide ongoing support to families and to educate the court and the community at large regarding the specific needs of these individuals. Participation is voluntary and available to those 18 and above.

“Credentialing” is a process of review to approve a provider who applies to participate in a health plan. Specific criteria and prerequisites are applied in determining initial and ongoing participation in the health plan. **CSAC”** is the California State Association of Counties. The primary purpose of CSAC is to represent county government before the California Legislature, administrative agencies and the federal government. CSAC places a strong emphasis on educating the public about the value and need for county programs and services.

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“CSS” is Community Services and Supports. The Community Services and Supports Plan, in general, references planned community-based mental health services and support programs funded under the Mental Health Services Act. The plan must demonstrate community collaboration, cultural competence, client- and family-driven mental health systems and other components that support a recovery and resilience oriented system of care. The CSS plan is the first of five (5) plans that is funded through the California Department of Mental Health for the MHSA.

“Culture” The integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. (Cross, et al, 1989). Culture defines the preferred ways for meeting needs. Culture may include parameters such as ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disability, religious and

DMH GLOSSARY

spiritual beliefs, and sexual orientation (California Department of Mental Health, 2002)

“Cultural Competency” is the practice of continuous self-assessment and community awareness by service providers to ensure a focus on the specific needs regarding linguistic, socioeconomic, educational, spiritual and ethnic experiences of consumers and their families/support systems relative to their care.

“CW” stands for Countywide.

D

“Day Treatment Rehabilitation” is a structured program of therapeutic services and activities, in the context of a therapeutic milieu, designed to improve, maintain and restore personal independence and functioning consistent with age-appropriate learning and development. It provides services to a distinct group of clients. Day Rehabilitation is a packaged program with services available at least three (3) hours and less than twenty-four (24) hours each day the program is open. In Los Angeles County these services must be authorized by the Central Authorization Unit.

“DBH” is the Department of Behavioral Health.

“DCEO” stands for Deputy Chief Executive Officer. In the restructuring of 2007 the CAO was replaced by the CEO. DCEO positions were created to oversee different county clusters. The cluster that LACDMH is in reports to DCEO Sheila Shima.

“DCFS” is the Department of Children and Family Services.

“Deferred Action for Childhood Arrivals” (DACA) grants some undocumented youth temporary protection from removal proceedings and work authorization for a period of two years. Those who qualify must complete an application, go through a biometrics screening process (“background check”), and pay fees for biometric services. For more information visit www.uscis.gov

“Delegated Authority” Contractor providers are allowed delegated authority to adjust their budget within 20% of their MCA without the approval from the Board of Supervisors.

“Delegates” The Delegates are an advisory group made up of over 100 stakeholders from the community, service providers, consumers, family members and LACDMH staff who together formulated the first MHSA plan, the Community Supports and Services

DMH GLOSSARY

(CSS) plan. This advisory group is currently working on the next MHSA plan, the Prevention and Early Intervention (PEI) plan.

“Department of Health and Human Services (HHS)” is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

“Department of State Hospitals” will eliminate the DMH at the state level to streamline administrative policies, procedures and reporting by staff to increase focus on the provision of care. In addition, the new structure would provide the flexibility to hospitals to target staffing based on patient need. The new DSH structure will be implemented at California’s five mental health hospitals: Metro, Atascadero, Napa, Coalinga and Patton, along with two psychiatric programs at Vacaville and Salinas Valley state prisons.

“Deputy Chief Executive Officer (DCEO)” in the restructuring of 2007 the CAO was replaced by the CEO and DCEO positions were created to oversee different county clusters. The cluster that DMH reports to is the DCEO.

“Deputy Director” an executive management position in the DMH that may have responsibility for multiple Service Areas (of which DMH has 8) as well as provide oversight for a particular type of Countywide program (e.g. Adult Systems of Care); and alternatively, may have responsibility for certain administrative functions (e.g., Program Support, Planning, and Training).

“Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition, Text Revision Manual (DSM-IV-TR)” that is published by the American Psychiatric Association and provides diagnostic criteria and other information related to all psychiatric disorders.

“Differential Response” means a process by which counties respond commensurate to the individual reports of abuse and neglect that child welfare agencies receive each year. This approach improves a community’s ability to keep children safe. This is accomplished by responding earlier and more meaningfully to reports of abuse and neglect, before family difficulties escalate to the point of harm.

“Directly Operated Facility(ies)” County mental health service delivery site that operates under the DMH’s jurisdiction, and are staffed by County employees.

“Duration of Untreated Psychosis (DUP)” means the period of time that may range from days to years (depending on recognition of the illness and access to services) between the time an individual experiences symptoms for a psychotic illness and the time

DMH GLOSSARY

when they first receive treatment. (This is an important measure, as studies indicate that a lower DUP will provide better overall outcomes for the individual.)

“Division of Empowerment and Advocacy” the mission of the Division of Empowerment & Advocacy (E&A) is to expand the range of the client voice in the Department of Mental Health to be more representative of the diversity found in the County of Los Angeles, and to achieve greater empowerment and social inclusion through advocacy. Current goals include reaching out to existing client groups within DMH and inviting them to form alliances around a common vision (Client Congress), interacting with programs that serve children, transition age youth, adults and older adults in order to engage in mutually beneficial empowerment and advocacy efforts, and supporting peer advocates and other people with lived experience in their development in their jobs and in their careers.

“DMH” the California Department of Mental Health or CDMH regulated portions of the delivery of mental health services. In December of 2011, the CDMH announced its blueprint to establish the Department of State Hospital (DSH). As of July 1, 2012 the mental health programs within CDMH were transitioned into the Department of Health Care Services (DHCS) while the long term care programs were transitioned into DSH.

“Drop-In Centers” Drop-In Centers provide temporary safety and basic supports for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) TAY who are living on the streets or in unstable living situations. Drop-In Centers provide “low-demand, high tolerance” environments in which TAY can make new friends, participate in social activities, access computers, books, music, and games. As the youth is ready, staff persons can connect them to the services and supports they needs in order to work toward stability and recovery.

“Dual Diagnosis” occurs when an individual has two separate but interrelated diagnoses of a mental illness and a chemical dependency.

E

“Early Intervention” in mental health, stands for diagnosing and treating metal illnesses early in their development. Studies have shown that early intervention can result in higher recovery rates. However, many individuals do not have the advantage of early intervention because the stigma of mental illness and other factors keep them from pursuing help until later in the illness’ development.

“Electronic Data Interchange” a set of standards for structuring information to be electronically exchanged between and within businesses, organizations, government entities and other groups.

DMH GLOSSARY

“Electronic Health Record” an electronic health record provides secure, real-time, patient-centric information to aid clinical decision-making by providing access to a patient’s health information at the point of care.

“Empowerment & Advocacy (E&A)” advances the realization of consumer-centered, family-focused system of mental health services and supports by promoting wellness, eliminating stigma and discrimination associated with mental illnesses, removing barriers to recovery and community integration and improving the quality of life of the citizens of Los Angeles County through comprehensive implementation of the recovery model in county mental health services, policy and programming. E&A develops, promotes, and sustains recovery-based practices and policies to enhance advocacy, support systems change, expand peer support and foster consumer and family empowerment.

“EMT” stands for the Executive Management Team. This team includes Dr Southard (Director), Dr. Robin Kay (Chief Deputy Director), Dr. Roderick Shaner (Medical Director), Carlotta Childs-Seagle (Deputy Director, Older Adult Program Administration), Cathy A. Warner (Deputy Director, Adult Systems of Care), Dennis Murata (Deputy Director, Program Support Bureau), Dr. Karl S. Burgoyne (Critical Care), Dr. Kathleen Daly (Deputy Director, Adult Justice, Housing, Employment and Educational Services), Connie D. Draxler (Deputy Director of Public Guardian), Margo Morales (Administrative Deputy), Bryan Mershon (Deputy Director, Children and Youth Program Administration), Dr. Robert Greenless (Chief Information Officer), Sandra Thomas (Deputy Director, Specialize Children and Youth Services Bureau), Dr. Tony Beliz (Deputy Director, EOB), Kimberly Nall, (Chief Finance Officer, Financial Services Bureau), and Dr. Paul Arns (Chief, Clinical Informatics).

“Emerging Best Practices” means those treatments and services with a promising, but less thoroughly documented, evidentiary base.

“Enhanced Emergency Shelter Program (ESSP)” The Enhanced Emergency Shelter Program contained in the Mental Health Services Act (MHSA) Plan will serve the immediate and urgent housing needs of the Seriously Emotionally Disturbed (SED)/Severely Persistently Mentally Ill (SPMI) TAY population. The goal of this program is to ensure availability in all eight (8) Service Areas and to ensure countywide coverage and geographic accessibility. The primary objective of this program is to provide temporary shelter for TAY clients in a supportive housing environment for up to 29 nights (including extensions) while pursuing the long-term goals of secure, permanent housing.

“EOB” is the Emergency Outreach Bureau. The EOB is responsible for the administration and coordination of all mobile response services. These include: Psychiatric Mobile Response Teams, LACDMH-Law Enforcement Teams, Homeless Outreach Teams, Emergency Response Teams, MET, and SMART.

“Episode Data” information collected regarding a patient that is associated with an Episode of Care.

“Episode of Care” the time period between the opening and closing of a case within a mental health provider site and the services delivered during that time period through that provider site. It is possible for a client to have multiple episodes of care open at a given point of time.

“EPSDT” stands for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the child health component of Medi-Cal. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services.

“ERT” is the emergency response team. ERT provides on-scene consultation and crisis intervention for natural disasters, critical incidents, and terrorist acts.

“Established Maximum Allowable Rate” the Short-Doyle/Medi-Cal maximum reimbursement for a specific SFC unit as established by SDMH.

“Evidence-based Practices (EBP)” refers to practices that have quantitative and qualitative data showing positive outcomes. These practices have been subject to expert/peer review that has determined that a particular approach or program has a significant level of evidence of effectiveness in public health research literature.

“Explanation of Balance” for Title XIX Short-Doyle/Medi-Cal services which is the State Department of Health Services adjudicated claim data and `Explanation of Benefits' for Medicare which is the Federal designated Fiscal Intermediary's adjudicated Medicare claim data.

F

“Facility” a building or place that provides a particular service or is used for a particular industry.

“Family to Family” is the NAMI Family-to-Family Education Program. It is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members. All instruction and course materials are free to class participants. Over 115,000 family members have graduated from this national program.

DMH GLOSSARY

“Family Specialist” is a person with lived experience as a family member of someone with mental illness who has been trained in the skills to utilize their experience in providing mental health recovery supports to other family members. Family Specialists must have completed at least one certified family advocacy or support training and completed a designated number of volunteer or service hours (as defined by LAC-DMH) in order to receive the Family Specialist designation.

“FAQ” stands for frequently asked questions.

“Federal Financial Participation” are the Short-Doyle/Medi-Cal services and/or Medi-Cal Administrative Activities as authorized by Title XIX of the Social Security Act, 42 United States Code Section 1396 et seq.

“Fee-for-Service” a funding mechanism whereby a provider is reimbursed based on services delivered.

“Field Capable Clinical Services (FCCS)” This “Mental Health Services Act” program (see MHSA below) embeds mental health services within primary care clinics. FCCS DMH mental health teams are physically located at Health Clinics and work hand-in hand with primary care doctors for screening and seamless care of the “whole person.”

“First 5 California” is funded by revenues under Proposition 10 and this group works to help children five and under to thrive. Programs funded through First 5 focus on building strong physical and emotional well-being. In 2003, First 5 identified children with mental health needs as a special needs target population.

“First Onset (or First Break)” means the first time an individual meets DSM-IV-TR criteria for a psychotic illness. (DSM-IV-TR diagnoses for psychotic illness include schizophrenia, schizoaffective disorder, brief reactive psychosis, schizophreniform disorder, bipolar disorder with psychotic features, and major depression with psychotic features. All of these diagnoses include symptoms of psychosis.).

“Fiscal Intermediary” County acting on behalf of the Contractor and the Federally designated agency in regard to and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities.

“Fiscal Year (FY)” for LACDMH starts July 1 and ends June 30.

“Full Service Partnerships (FSP)” is the primary category of funding in the Community Supports and Services (CSS) Plan that the MHSA enabled LA County to develop. Alliances between consumers, families and health professionals, FSPs do "whatever

DMH GLOSSARY

it takes" to help consumers move from their illness to hope and then from recovery to wellness. FSPs help not just individuals but families break free from the sort of harmful dependent relationships that can lead to hardships such as homelessness, hospitalization and even incarceration.

“Full-time equivalent (FTE)” is a way to measure a worker's completed weekly hours. An FTE of 1.0 means that the person is equivalent to a full-time worker (40 hours/week), while an FTE of 0.5 signals that the worker is only half-time (20 hours/week).

“Fully Served” Clients and their family members who receive the full spectrum of mental health services and other community services and supports needed to advance the client’s recovery, wellness and resilience are considered to be fully served.

G

“Gatekeeper” means those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk for mental health problems or suicide and refer them to treatment or supporting services as appropriate.

“Grant-in-aid” monies allocated by one level of government to another level of government to be used for specific purposes.

“Greater Avenues for Independence (GAIN)” helps CalWORKs participants prepare for and find employment. Services include job finding workshops, supervised job search, vocational assessment, remedial education, vocational skills training, and work experience. Post employment services are also available to help employed participants retain their jobs, work toward a better one, and ultimately move to financial independence. GAIN also offers help with transportation, child care, special job-related expenses such as uniform and tools, as well as domestic violence, substance abuse and mental health counseling.

“Grievance” An expresión of dissatisfaction by beneficiary/client.

“Gross Program Budget” the sum total of the Net Program Budget and all “Third Party Revenues” shown in the Financial Summary.

“GROW” stands for General Relief Opportunities for Work. Provides employment and training services to help employable General Alivio (GR) participants obtain jobs and achieve self-sufficiency. Participants are assigned to a GROW Case Manager (GCM) who will work with them to achieve their employment goals.

“Guide to Procedure Codes” a manual created by DMH that defines specific mental health services covered under this contract and the acceptable codes that can be used to claim those services.

H

“Head of Service” identified at the Reporting Unit Level (defined in section 2.9.1), this is the licensed clinician who is clinically responsible at the provider level as listed on the Provider File Adjustment Request (PFAR) Form and the “LAC-DMH Head of Service Directory.”

“Health-based Interventions” means mental health programs and interventions designed to be used within a healthcare setting to assist trained healthcare providers in identifying, screening, assessing, and treating or referring, individuals with, or at risk for, mental health problems.

“Health Center” means a health center serving as a non-profit organization that provides primary and preventive health care services for uninsured and underserved populations in collaboration with other community providers.

“Healthcare Common Procedure Coding System (HCPCS)” is a standardized coding system for describing the specific items and services provided in the delivery of health care for Medicare, Medicaid, and other health insurance programs to ensure that insurance claims are processed in an orderly and consistent manner.

“Health Deputies” Each Supervisor’s office has a deputy for each county department. The deputy reports to the Supervisor and is the eyes and ears for them on that topic. Each Supervisor has a Deputy for Health that reports to the Supervisory on mental health, public health, health and behavioral services.

“Health Level Seven (HL7)” are the standards for electronic interchange of clinical, financial, and administrative information among health care oriented computer s systems.

“Healthy Families” is the federally subsidized health insurance program administered by the State of California for the provision of comprehensive health services (including medical, dental and vision care) to children ages birth through 19th birthday from low income families.

DMH GLOSSARY

“Healthy Families Procedures Manual” is DMH’s Healthy Families Procedures Manual for providers. The HF Procedure Manual contains the formal requirements, policies and procedures governing Healthy Families and is incorporated into this Agreement by reference. Contractor hereby acknowledges receipt of the HF Procedures Manual upon execution of this Agreement.

“HealthyWay LA” is a no cost health program that provides health care coverage to low income uninsured adult citizens and legal residents. The County of Los Angeles - Department of Health Services (DHS) has a user friendly website to inform the public of the Healthy Way L.A. health program at: <http://www.ladhs.org/wps/portal/HWLA>.

“HIPAA” The Health Insurance Portability and Accountability Act (HIPAA) was enacted by the U.S. Congress in 1996. Title II of HIPAA defines numerous offenses relating to health care and sets civil and criminal penalties for them. It also creates several programs to control fraud and abuse within the health care system. However, the most significant provisions of Title II are its Administrative Simplification rules. Title II requires the Department of Health and Human Services (HHS) to draft rules aimed at increasing the efficiency of the health care system by creating standards for the use and dissemination of health care information.

“HIPAA Final Security Rules” are the rules dealing specifically with electronic protected health information, which lay out three types of security safeguards required for compliance: administrative, physical, and technical.

“Historical Trauma” means memories passed from one generation to the next; e.g., hardships experienced by Native American populations, Japanese internment or Holocaust victims, refugees escaping war, slavery descendents, etc. Also referred to as “intergenerational trauma.”

“HOPE” is the Pasadena Police Department Homeless Outreach Psychiatric Evaluation team.

“HOT” is the Homeless Outreach Team. HOT is dedicated to assisting mentally ill homeless persons at risk for incarceration or involuntary psychiatric hospitalization.

“Housing Specialists” develop comprehensive housing resource lists, assist SED/SPMI TAY with completing applications for rental subsidies, and prepare consumers for the interview with prospective property owners or housing managers. One of the major functions of a Housing Specialist is to act as an advocate and negotiator for consumers with poor credit and poor housing histories while establishing a professional relationship with property owners and managers.

I

“ICD-9” stands for the International Classification of Diseases, Ninth Revision. The ICD-9 is used to provide a standard classification of diseases for the purpose of health records.

“IIHI” Individually Identifiable Health Information.

“IMD” stands for Institute for Mental Disease; defined under statute as hospitals, nursing facilities, or other institutions that diagnose, treat and care for persons with mental illness, including medical attention, nursing care and other related services. The federal Olmstead Act of 2000 required that individuals with mental illness be served in the least restrictive environment possible. Current federal law prohibits Medicaid reimbursement for any person over age 21 and under age 65 who resides in an IMD. This creates an incentive to develop and fund a variety of community-based mental health programs. Also, MHSA funds cannot be used to pay for IMD treatment.

“IMP” stands for Indigent Medication Program. Administered by the Medical Director, IMP indigent clients can participate in pharmaceutical companies’ Patient Assistance Programs (PAP) to receive free medications if unable to afford out of pocket cost. LACDMH clinics are required to identify clients eligible for PAP in order to reduce indigent individuals’ medication cost.

“INN (Innovations)” is focused on identifying new practices for the primary goal of learning and increasing the array of creative and effective approaches that can be applied to mental health services for specified populations under the Mental Health Services Act (MHSA). INN funded projects seek to further develop: (1) novel, creative and/or ingenious mental health practices and approaches that contribute to learning; (2) mental health practices and approaches through a community informed process that are representative of the communities to be served, especially unserved, underserved and inappropriately served communities; and (3) new mental health practices and approaches that can be replicated and adapted to other populations and other counties if proven successful with specific populations.

“Inappropriately Served” are clients currently receiving mental health services but services are not culturally appropriate to meet the client’s needs.

“Independent Living Program (ILP)” provides financial assistance to current and former foster/probation youth, 16-20 years of age. You may receive the help you need as a student in high school, college, or a vocational program. You may also qualify for

DMH GLOSSARY

services if you are working or need assistance with dorm or rent. To receive ILP assistance, you must be ILP eligible.

“Indigent” a person so poor and needy that he/she cannot provide the necessities of life (food, clothing, decent shelter) for himself/herself - uninsured adults who cannot afford care.

“Indigent Medication Program (IMP)” A program managed by DMH Pharmacy Services division that coordinates the enrollment of indigent clients in pharmaceutical company Patient Assistance Programs that enables indigent clients to receive free medications if they are unable to pay. Once an application is approved, replacement medications are shipped by the relevant pharmaceutical company PAP to DMH Pharmacy Services, which in turn ships those medications to the dispensing contract pharmacy.

“Individuals Experiencing Onset of Serious Psychiatric Illness” means those individuals identified by providers, including but not limited to primary health care, as presenting signs of mental illness “first onset” (or “first break”) including those who are unlikely to seek help from any traditional mental health service.

“Information System (IS)” is DMH’s integrated system, which services to track client care and money spent by the county on individual clients.

“Inpatient Fee-for-Services” are services provided at a FFS/Medi-Cal Hospital. Such hospitals submit reimbursement claims for Medi-Cal psychiatric inpatient hospital services through DMH as the fiscal intermediary. Within DMH, this process is managed by the Medi-Cal Inpatient Consolidation.

“Intake Period” (LAC-DMH Policy No. 104.9) Initial clinical evaluations must be completed within 60 days of intake for a new admission (no open episodes), or within 30 days when the client is being opened to a new service but has other open episodes.

“Integrated Plan” MHSA has five plans and each plan has its own timeline. However, all five plans will end at the same time (in five years) and one year before they end the County must create an integrated plan that combines all five plans. This new plan will be the “integrated plan” and will then be the only plan for MHSA funding.

“Integrated System (IS)” a custom-developed Web-based wrapper of the MHMIS developed in order to generate HIPAA-compliant claims. ISD hosts this application that runs on the Intel platform.

“Integrated Clinic Model (ICM)” combines physical health, mental health, and substance abuse services in a community-based site, such as a primary care clinic or mental health clinic, to more fully address the spectrum of needs of individuals who are homeless, uninsured, and/or members of under-represented ethnic populations (UREP). This strategy seeks to increase access to the aforementioned services to those for whom services are fragmented and resources limited. This strategy could potentially transform access in Los Angeles County as it increases the capacity for physical health, mental health, and substance abuse programs in organizations and systems where people in the community already go. It also seeks to increase the quality of services, including better physical health and mental health outcomes, as providers work together to coordinate care across practices. The utilization of existing infrastructure and the leveraging of other programs will create an efficient and cost-effective system that promotes interagency collaboration between Los Angeles County departments and providers.

“Integrated Mobile Health Team Model (IMHT)” is a client-centered, housing-first approach that uses harm reduction strategies across all modalities of mental health, physical health, and substance abuse treatment. In this model, the primary goal is to address the fragmentation of services to the homeless population, many of whom are uninsured and are members of UREP. This model proposes to deploy a mobile, enhanced, integrated, multi-disciplinary team that includes physical health, mental health, and substance abuse professionals and specially-trained peers and that is managed under one agency or under one point of supervision. This model will develop individualized client care plans that contains physical health, mental health, and substance abuse client-centered treatment goals and objectives. Another unique feature of this model is that individuals will have access to the Integrated Mobile Health Team services through multiple points of entry, whether initially seeking assistance with physical health, mental health, substance abuse, or housing. It will increase access to services and leverage multiple funding sources including capital for housing development and Federal Qualified Health Center funding.

“Interagency Placement Screening Committee” is a committee consisting of DMH and other community agencies that recommends and authorizes residential placement for children and adolescents with severe emotional disorders. This committee is coordinated by the DMH Countywide Children’s Case Management Program.

“Internal Services Department (ISD)” provides wide area network services throughout the County and County-level information security oversight.

“International Organization for Standardization (ISO)” is an international organization that consists of member bodies that are the national standards bodies of most of the countries of the world. ISO is responsible for the development and publication of international standards in various technical.

“Intervention” means the act of intervening, interfering or interceding with the intent of modifying the outcome. In health and mental health, an intervention is usually undertaken to help treat or cure a condition.

“Invitation for Bid (IFB)” is a solicitation based on a very specific and non-negotiable Statement of Work.

J

“Juvenile Justice Facility” encompasses detention centers, shelters, reception or diagnostic centers, training schools, ranches, forestry camps or farms, halfway houses, group homes and residential treatment centers for young offenders.

“Juvenile Justice Transition Aftercare Services (JJTAS) Program” focuses on youth transitioning from Probation camp settings back to their home communities by utilizing Evidence Based Practices and linkage services.

K

“Katie A.” The National Center for Youth Law (NCYL) is co-counsel in the case of Katie A. v. Bontá, a child welfare reform class action against the California Department of Health Services (DHS), Los Angeles County’s Department of Children and Family Services (DCFS), and the California Department of Social Services (CDSS). Advocates seek the establishment and implementation of a community-based mental health service delivery system for California’s children in state foster care or at imminent risk of out-of-home placement. L.A. County entered into negotiations and settled in March of 2003. The settlement obligates the County to a number of comprehensive reforms, including better identification of mental health needs, enhancement of permanency planning, and prompt provision of individualized services designed to promote stability and ensure quality care for children in custody. Plaintiffs also succeeded in committing the County to offering family-based wraparound services to children with mental, emotional, or behavioral issues with the aim of facilitating family reunification and reducing multiple and arbitrary placements.

L

“LACDHM” stands for the Los Angeles County Department of Mental Health.

“LAC PPP” denotes Los Angeles County Department of Health Services Public-Private Partnership.

DMH GLOSSARY

“LAHSA” The Los Angeles Homeless Services Authority (LAHSA) is a Joint Powers Authority established in 1993 as an independent agency by the County and the City of Los Angeles. LAHSA is the lead agency in the Los Angeles Continuum of Care, and coordinates and manages over \$60 million dollars annually in Federal, State, County and City funds for programs providing shelter, housing and services to homeless persons in Los Angeles City and County.

“Laura’s law” AB 1421 (also known as “Laura’s law”) makes assisted outpatient treatment (AOT) available in California. Assisted outpatient treatment’s sustained and intensive court-mandated treatment in the community now can help those most overcome by the symptoms of a severe mental illness. The treatment mechanism is used until a person is well enough to again maintain his or her own treatment regimen. And eligibility for assisted outpatient treatment is not predicated solely on dangerousness. A progressive eligibility standard allows programs created under AB 1421 to help people who are vitally in need of care but who do not meet LPS’ restrictive dangerousness threshold for inpatient hospitalization.

“LCSW” stands for Licensed Clinical Social Worker.

“Licensed Clinical Social Worker (LCSW)” A person with a license to practice as a clinical social worker granted by the State Board of Behavioral Science Examiners. A licensed clinical social worker candidate, who is registered or waived, may assume certain roles and responsibilities of a licensed clinician, within scope of practice; e.g., provide therapy and develop and sign Client Care/Coordination Plans. Registered/waivered staff may document in the clinical record without co-signatures.

“Legal Entity” is the legal organization structure under California law.

“LGBTQIA” stands for lesbian, gay, bisexual, transgender, queer and questioning, intersex, ally and asexual.

“Lived Experience” refers to an individual who has or has had experiences of psychiatric distress and who has sought mental health professional help that has led to treatment of a mental health diagnosis. One outcome of this process can be a willingness to share these experiences in an effort to help people with similar experiences.

“Los Angeles Mental Health Plan System (LAMHPS)” is a browser-based system used by Provider Relations to assist in maintaining credentials for contract providers. The LAMHPS is on an SQL server that is located in the Provider Relations office. The system contains information on:

- Credentials

- Contracts

- Demographics

DMH GLOSSARY

- Group Members/Staff
- Billing Address
- License Number
- Languages
- Specialties
- Contact Persons

The data for this system is keyed in by the Provider Relations staff. There is an external interface with the MHMIS. The provider ID and license number is extracted from LAMHPS and stored in a DB2 table on MHMIS.

“Los Angeles Public Administration/Guardian Information Systems (LAPIS)” is the information system that provides accounting, information management, and office automation for conservatorship, investigation and case management, placement tracking, funeral arrangement, and fiscal tracking.

“LPS” stands for the Lanterman-Petris-Short Act. This Act went into effect July 1, 1972 in California. The Act in effect ended all hospital commitments by the judiciary system, except in the case of criminal sentencing (e.g. convicted sexual offenders) and those who were "gravely disabled" defined as unable to obtain food, clothing, or housing. It expanded the evaluative power of psychiatrists and created provisions and criteria for holds.

M

“Managed Care” is the organized system for delivering comprehensive mental health services that allows the managed care entity to determine what services will be provided to an individual in return for a prearranged financial payment as defined by SAMHSA.

“Managed Risk Medical Insurance Board” is the State of California administrator of Healthy Families.

“Management Inquiries” inquiries regarding services or risk management issues regarding a client from sources such as LAC-DMH Managers, the Board of Supervisors, or juvenile delinquency court judges.

“Master Agreement List” is a list of contractors who have submitted a Statement of Qualifications (SOQ) in response to County’s Request for Statement of Qualifications (FRSQ), have met the minimum qualifications listed in the RFSQ, and have an executed Master Agreement.

“MCA” stands for Maximum Contract Allowance. The predetermined budget agreed upon between LACDMH and contract providers. Providers are not allowed to bill over their MCA.

“Medi-Cal” is the name of the Medicaid program in the State of California. It is jointly administered by the California State Department of Health Services and the Centers for Medicare and Medicaid Services (CMS), operating as a Medical Assistance Program under Title XIX of the Social Security Act.

“Medi-Cal Eligibility Data System (MEDS)” is the data system maintained by the California Department of Health Services that contains information on Medi-Cal eligibility. This database is the authority for determining a beneficiary’s eligibility for Medi-Cal specialty mental health services and the County responsible for authorization and payment of services.

“Medical Director” is the director responsible for the supervision of the psychiatric/medical service and leadership in the development and execution of clinical services provided under the DMH. The current medical director is Roderick Shaner, MD.

“Medical Model” describes the approach to illness which is dominant in Western medicine. It aims to find medical treatments for diagnosed symptoms and syndromes and treats the human body as a very complex mechanism. Critics state that because mental illness cannot be diagnosed like heart disease or broken bones with ancillary tests that it contradicts the medical model of diagnosis and treatment. In addition, this model focuses on the disease (pathology) and the treatment course is determined by the diagnosis.

“Medical Necessity” is a United States legal doctrine, related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care. Medicare uses medical necessity as a way to determine if consumers should pay for goods or services. Medical necessity is used by mental health consumers to claim eligibility for Medicare.

“Medicare” is a health insurance program administered by the United States government, covering people who are either age 65 and over, or who meet other special criteria, such as a disabling illness (i.e. severe mental illness). It was originally signed into law on July 30, 1965 by President Lyndon B. Johnson as amendments to Social Security legislation.

“Medicaid Waivers” In 1995: LACDMH worked with federal and state officials to negotiate an “1115 Medicaid waiver” to help L.A. County do a number of things, including: increasing the efficacy of health care delivery to large numbers of uninsured and coping with the decreased ability of private hospitals to provide uncompensated care. In 2010, LACDMH worked with state and federal officials to

DMH GLOSSARY

design a new waiver that would, ideally, balance Sacramento's desire to cut costs with LACDMH's mission to preserve the "whatever it takes" programs that are sometimes needed to ensure people's long-term mental health.

"Medicare Fiscal Intermediary" are private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the administration of claims payment.

"Megan's law" California's Megan's Law provides the public with certain information on the whereabouts of sex offenders so that members of local communities may protect themselves and their children. Megan's Law is named after seven-year-old Megan Kanka, a New Jersey girl who was raped and killed by a known child molester who had moved across the street from the family without their knowledge. In the wake of the tragedy, the Kankas sought to have local communities warned about sex offenders in the area. All states now have a form of Megan's Law.

"Member or Title XXI Healthy Families Program Member (HFPM)" is an enrollee in any Healthy Families Health Plan through Healthy Families.

"MET" This is the Los Angeles County Sheriff's Department Mental Health Evaluation Team. This team responds to 911 or other calls requesting help with psychotic, suicidal or homicidal persons. They are authorized to hospitalize people against their will if they are too ill for outpatient treatment. The Long Beach Police Department also has a MET team called **LB MET**.

"Mental Health Disorder" means a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

"Mental Health Fee-for-Service (MHFFS)" is the back end system that applies edits to FFS claims before they are forwarded to the State as HIPAA compliant claims via the IS.

"Mental Health Management Information System (MHMIS)" Legacy mainframe based applications that encompass a number of distinct applications including PATS.

"Mental Health Integration" means to combine mental health prevention assessment intervention, treatment and referral into the primary health care system for the purpose of preventing the development of serious emotional disorders and mental illness and increasing access to mental health services for underserved populations.

"Mental Health Problem" means diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met.

“Mental Health Promotion” means an action or series of actions taken to emphasize mental health and well-being in the community.

“MFT” is a Marriage and Family Therapist.

“MHC” is the Mental Health Commission. State law requires that each county have a Mental Health Board or Commission. Members are appointed by the Board of Supervisors for three-year terms. Those terms may be extended. Commissioners advise the Board of Supervisors and the Director of Mental Health on various aspects of local mental health programs.

“Mental Health Professional Shortage Area (MHPSA)” is a geographic area designated by the Federal Government as having a shortage of mental health staff, given a Population to Psychiatrist ratio that meets their threshold requirements.

“MHPSA Designation” is the designation required for an area to be eligible for the California state (offered by the Office of Statewide Health Planning and Development) and national (offered by the National Health Service Corps) educational loan repayment programs. If an MSSA receives the designation, any licensed mental health professional providing services at an eligible site to low income clients will be able to apply for the loan repayment programs.

“MHSA” stands for the Mental Health Services Act. Proposition 63, (MHSA), became effective on November 2004. Through a 1% tax on personal income above 1 million dollars, the MHSA provides increased funding, personnel and other resources to help county mental health programs deliver recovery, wellness and resilience-oriented services and supports.

“MHSAOC” is the Mental Health Services Oversight and Accountability Commission. This commission was created by the MHSA.

“Mission” refers to the Los Angeles County Department of Mental Health mission:
Enriching lives through partnerships designed to strengthen the community’s capacity to support recovery and resiliency.

“MOU” stands for Memorandum of Understanding. MOU’s are drafted to distribute information to staff and other Departments. An MOU outlines in writing, a clear understanding of the purpose, commitment, expectations, and responsibilities of parties involved.

N

“NAMI” is the National Alliance on Mental Illness. Founded in 1979, NAMI has become the nation’s voice on mental illness, serving as the nation’s largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. With the support of over 1100 state and local organizations across the country, NAMI is able to achieve its mission of advocacy, research, support, and education. The California chapter of NAMI is known as CAMI.

“National Council for Prescription Drug Programs (NCPDP)” is the American National Standards Institute accredited standards development organization. NCPDP creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry.

“National Drug Code (NDC)” is a medication-labeling mechanism used in the United States. A unique 10-digit, 3-segment number identifying the labeler, product, and trade package size that is assigned to each listed drug product.

“National Provider Identifier (NPI)” is a unique, ten-digit numeric identifier assigned to covered health care providers by the National Plan and Provider Enumeration System. This identifying number does not carry any information about health care providers, such as the state in which they practice or their provider type or specialization. The intent of the NPI is to improve the efficiency and effectiveness of electronic transmission by allowing providers and business entities to submit the same identification number(s) to all payers, such as insurance plans, clearinghouses, systems vendors, and billing services.

“National Registry of Evidence-based Programs and Practices (NREPP)” is a searchable online registry of more than 230 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. For a list of EBPs visit: <http://www.nationalregistry.samhsa.gov/idex.asp>

“Negotiation Package” are detailed documents submitted by Contractor consisting of five major parts: Agency Identification; Program Description; Budget; Corporate Capability; and Required Supplemental Documentation.

“Negotiated Rate (NR)” is the total amount of reimbursement, including all revenue, interest and return, which is allowable for delivery of a SFC unit as defined by Director and which is shown on the Financial Summary. An NR is the gross rate of reimbursement which is generally determined by dividing Contractor's gross program cost of delivering a particular SFC by the number of such SFC units to be delivered.

DMH GLOSSARY

All fees paid by or on behalf of patients/clients and all other revenue, interest and return resulting from the same service shall be deducted from the cost of providing the mental health services covered by the Negotiated Rate. A portion of the State-approved NR, which in some cases may be higher than the contracted NR, may be retained by County as County's share of reimbursement from SDMH.

“Net Program Budget” is the Maximum Contract Amount which is the sum total of all “Allocations” and “Pass Through” amounts shown in the Financial Summary. Unless otherwise provided in this Agreement, or separately agreed to in writing between the parties, it is the intent of the parties that the Net Program Budget shall be equal to the Maximum Contract Amount.

“Non-governmental Agency (NGA)” is any organization other than a unit of government or agency. Includes private profit and nonprofit organizations.

“Non-repudiation” is verification that the sender and the recipient were in fact the parties who claimed to send or receive the message.

“Non-traditional Mental Health Settings” means systems and organizations not traditionally defined as mental health; i.e., school and early childhood settings, primary health care systems including community clinics and health centers, and community settings with demonstrated track records of effectively serving ethnically diverse and unserved or underserved populations.

“Notice of Action (NOA)” is a required document that is given to Medi-Cal beneficiaries informing them of denials, terminations, reductions or modifications of requested specialty mental health services from the County of Los Angeles Department of Mental Health Local Mental Health Plan, and the beneficiary’s right to appeal.

O

“OCA” was the Office of Consumer Affairs. This office was created seven years ago and predates MHSA. This office has been involved in client movement and has been an advocate for consumers who are receiving services and those who wish to work or volunteer in system. This office also created Client coalitions as a means to advocate for consumers. This office merged into the Division of Empowerment and Advocacy, in 2007.

“Office of Family Advocate (OFA)” The OFA addresses the needs of families as they seek to secure mental health services for their loved ones. OFA often works in collaboration with NAMI and has specifically done outreach to Spanish speaking

DMH GLOSSARY

families in LA County. This office is now under the Division of Empowerment and Advocacy.

“OMA” is the Outcome Measure Application. OMA is used to measure client outcomes during intensive services such as FSP and FCCS.

“Office of the Medical Director (OMD)” is a division of DMH that has Department-wide professional responsibility for the design, implementation, and quality management of clinical services.

“Office of Multicultural Services (OMS)” the California Department of Mental Health (DMH) Office of Multicultural Services (OMS), was established in 1998. This provided leadership and direction to DMH in promoting and establishing culturally and linguistically competent mental health services within the public mental health system through actions targeted both within and external to DMH. OMS worked with community partners to eliminate racial, ethnic, cultural and language disparities in access and quality of care within mental health programs and services. With the support of the DMH Director, OMS coordinated efforts to reduce disparities in access and quality of care for California’s racial, ethnic, and cultural unserved and underserved communities. OMS worked to foster change in policy, access, language, clinical practice, research, and intervention practices. With the elimination of the State Department of Mental Health, OMS was transitioned in 2012 to the Department of Public Health in its newly created Office of Health Equity (OHE).

“Onset” means the beginning of a serious psychiatric illness that can be diagnosed by the DSM IV. In this respect, onset can include the onset of depression in an older adult or a new mother experiencing the onset of post-partum depression. Onset can apply to any psychiatric illness. Individuals may experience onset of a serious psychiatric illness a number of times.

“Oral Presentation” is an explanation and/or clarification of information stated in the Proposal. Presentations may be requested by the Proposer or the Department.

“Outcome Measures Application (OMA)” is the Custom-developed system to capture and report MHSA-related outcome measures.

“Outreach & Engagement (O&E)” is a vital component within the Mental Health Services Act (MHSA), which aims to inform the public about MHSA, gather community input, and integrate feedback into the planning process. O&E activities focus on organizing the wide diversity of backgrounds and perspectives represented within the county, with a special emphasis on underserved and unserved populations. It seeks to facilitate the creation of an infrastructure that supports partnerships with historically

DMH GLOSSARY

disenfranchised communities, faith based organizations, schools, community-based agencies, and other county departments.

“Over Threshold Authorization Request (OTAR)” is a custom developed application to track TAR requests for authorization of treatment beyond a threshold of services not requiring pre-authorization during a given trimester of care. OTAR is used by the DMH Medi-Cal Professional Services division to manage mental health care provided through the Fee-for-Service Outpatient network. County anticipates replacing this application with the IBHIS System.

“Over-Threshold Specialty Mental Health Services” are all services provided which exceed eight (8) sessions per trimester period are considered over-threshold and require prior authorization from the CAU. Over threshold limits and authorization are limited to specialty mental health services being delivered to Medi-Cal funded clients being served by Fee-for-Service Network providers.

P

“PAI” stands for Protection and Advocacy Inc. This is an organization of lawyers that advocate for the disenfranchised. This organization has been involved in suing the state to ensure funding for specific programs, including mental health programs.

“PAP” stands for Patient Assistance Program. PAP is a program by pharmaceutical companies to provide free medication to indigent clients that are unable to afford their prescriptions.

“Parent Partner” is a person who is a parent or former parent of children with Serious Emotional Disorders (SED) who disclose this lived experience voluntarily and who utilizes their skills and experience in providing mental health recovery support to other parents.

“Parity” On July 1, 2010, a new set of federal rules went into play to prohibit group health insurance plans—typically offered by employers—from restricting access to care by limiting mental health benefits and requiring higher patient costs than those that apply to general medical or surgical benefits. The new law requires that any group health plan that includes mental health and substance use disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out of-pocket costs, benefit limits and practices such as prior authorization and utilization review. But in May 2010, insurance companies and employer groups began lobbying the Obama Administration to delay and rework the rules on “mental health parity.” Insurers and many employers supported the law, but they say the rules go far beyond the intent of Congress and would cripple their cost-control techniques while raising out-of-pocket costs for some patients. Advocates for patients generally support the

DMH GLOSSARY

rules, saying they will eliminate many forms of insurance discrimination against people with mental illness. In California, AB 154 (Jim Beall) would require health plans and health insurers to provide coverage for mental health and substance abuse treatment at parity with other medical conditions. The bill currently stands in the Senate Health Committee.

“Patient’s Rights Office” The Patients’ Rights Office of the Los Angeles County

Department of Mental Health was created in response to legislation requiring each county mental health director to appoint a patients’ rights advocate(s) to protect and further the Constitutional and statutory rights of mental health care recipients. Some of the duties of this office include; investigation of complaints, representation of patients at certification review and medication capacity hearings, beneficiary services program, residential care advocacy, minors’ rights program, jail advocacy program, LPS designation functions, training and consultation, monitoring Electroconvulsive treatment (ECT), data collection, legislative interaction, missing person locator and peer advocacy program.

“PBC” stands for Performance Based Contracting. PBC ties the contractor’s payment and contract extension to their achievements or program outcomes.

“Peer” Any individual who uses their personal or family lived experience related to mental health, mental illness services and treatment, to advance the well-being of others in a mental health supportive program setting. The term ‘peer’ is often used as synonymous with “consumer” or “client”. “Peer” can also be used as a reference to the relational quality of shared experience that fosters another’s recovery and wellness. Thus family members are peers to other family members, consumers to consumers, parents to parents etc.

“Peer Bridger” A consumer peer model services provider who focuses on assisting individuals transition between programs, communities and/or institutional settings. Peer bridgers serve to keep people connected in peer support to help manage the stress of major life, residential and other changes.

“Peer to Peer” is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. The course was written by Kathryn Cohan McNulty, a person with a psychiatric disability who is also a former provider and manager in the mental health field and a longtime mutual support group member and facilitator. The program is offered through NAMI.

“Peer Model/Peer Support Model” The mental health supports model that is based on peer supportive relationships that foster recovery, as opposed to traditional

DMH GLOSSARY

provider/recipient relationships. Peer support services include a broad set of programs and personal interactions which emphasize empowerment, self determination and personal growth. In most cases peer model providers are trained and certified in intentional peer support services and certain practices specific to them.

“Peer-Run” The term ‘peer-run’ is often used as synonymous with “consumer-run”. This term also refers to agencies, programs, services or supports provided by people who are or have received services for serious mental illness (‘consumer’) and/or Family members of such and/or current or former Parents of children with Serious Emotional Disorders (SED) who disclose this lived experience voluntarily.

“Peer Specialist” A person with lived experience of mental illness (as a consumer or client) who has been trained in the skills to utilize their experience in providing mental health recovery supports to others and to practice the Peer Model in program or community settings. Consumer peers must have completed at least one certified or certified training and completed a designated number of volunteer or service hours (as defined by LAC-DMH) in order to receive the Peer Specialist designation.

“PEI” stands for Prevention and Early Intervention. This is the second of the five Mental Health Services Act plans. MHSA requires that CDMH reaches out to five key areas, called “sectors,” in making the plans for how to do prevention and early intervention for mental illness. The five required sectors are underserved communities, education, health, social services and law enforcement. The plan will contain programs for all ages groups, possibly some universal programs for all residents of LA County (ex: suicide prevention) and some programs that target specific groups at risk for mental illness (ex: childhood abuse survivors).

“PEI Principles” means the Prevention and Early Intervention Principles and Criteria defined in the MHSAOAC PEI Recommendations paper, adopted in January 2007. These principles, which serve as the foundation for PEI, more information may be found at: <http://www.cimh.org/Learning/Online-Learning/Webcasts/Prevention-and-Early-Intervention.aspx>

“PEI Project” means a PEI program or combination of programs, policies and approaches that is designed to address one or more PEI Key Community Needs and one or more PEI Priority Populations, consistent with PEI Principles, to meet specific PEI individual/family and/or program/system outcomes.

“PET” is the psychiatric evaluation team. PET responds to calls to evaluate whether someone needs to be hospitalized. This term is not used as much in LACDMH anyone because the LA police department and the sheriff’s department have their own names for these teams for example SMART and MET.

DMH GLOSSARY

“Pharmacy Benefits Manager (PBM)” is a company that allows health plans to outsource the administration of their prescription drug benefit for plan members. This includes prescription claims adjudication, formulary/prior authorization management, manufacturer’s rebate negotiation and data submission.

“PhD” denotes Doctor of Philosophy.

“Point of Service” is a Medi-Cal program that gives providers the most current information available on Medi-Cal client accounts.

“Posttraumatic Stress Disorder (PTSD)” means an anxiety disorder that develops as a result of witnessing or experiencing a traumatic occurrence, especially lifethreatening events.

“Pre-Screen Proposals” using the Pre-Evaluation tool, Contracts Division staff determines if the Proposer’s documents demonstrate general responsiveness to the RFP and meet minimum requirements.

“Prescription Authorization and Tracking System (PATs)” is the electronic prescribing and pharmacy billing module hosted by ISD.

“Prevention” means the Prevention element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as Universal and Selective, both occurring prior to a diagnosis for a mental illness. (For MHSA purposes, IOM’s indicated prevention category fits into the operational definition for Early Intervention, as explained in the next section).

“PRCH” stands for Peer-Run Crisis House program as through the Peer-Run Crisis House Project.

“Primary Care” means the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

“Primary Contact” the individual at a Billing Provider who discusses specific client service needs with the client and/or Rendering Providers and is identified in the LAC-DMH electronic database at the episode level.

DMH GLOSSARY

“PRISM” Peer-Run Integrated Services Management is a program that employs peer support and peer services to help integrate health, wellness and recovery resources for mental health clients.

“Priority Population” means a specific group of individuals defined by the OAC as a population who should receive priority consideration by counties when determining who will receive PEI services. Priority populations include:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children and Youth in Stressed Families
- Trauma-Exposed Individuals
- Children and Youth at Risk for School Failure
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

“Probation Camp Services” provides services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with SED, SPMI, those with co-occurring substance disorders and/or those who have suffered trauma. Services in the Probation Camps are critical in assisting this population to reach their maximum potential and eventually transition back to the community rather than continue their involvement in the criminal justice system as adults.

“Prodrome (Prodromal Syndrome)” means the period in the course of a disorder when some signs and symptoms are present but the full-blown criteria are not yet met. Typically, the prodrome can be defined only retrospectively, after the individual has met the full criteria for the disorder.

“Professional Services Unit” the Administrative unit of managed care division in the DMH Office of the Medical Director that oversees the Central Authorization Unit and manages the credentialing of Fee-for-Service Network Medi-Cal providers.

“Program Head” a program head oversees personal, budget, and hiring of their specific program.

“Project 50” as known as the Homeless Initiative Act, targets 50 of the most vulnerable homeless individuals on Skid Row and provided them with supportive services including housing and mental health. As of late 2008, 49 of the 50 individuals had been located and linked to housing and supportive services.

“Projects for Assistance in Transition from Homelessness Federal grant funds (PATH)” is a program that provides services to individuals who have a severe mental illness or who have co-occurring severe mental illness and substance abuse disorders, and who are homeless or at imminent risk of becoming homeless.

“Project Management Methodology (PMM)” is a highly detailed description of the procedures to be followed in a project life cycle. Often includes forms, charts, checklists, and templates to ensure structure and consistency.

“Promising Practice” means programs and strategies that have some quantitative or qualitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. A promising practice has an evaluation design in place to move towards demonstration of effectiveness; however, it does not yet have evaluation data available to demonstrate positive outcomes. These practices have support from communities or providers. In addition, promising practices are especially relevant in ethnic communities that do not have the means to perform research studies to support their practices.

“Promotores de Salud” are volunteer and paid community health workers who are trusted members of and/or have an unusually close understanding of the community served. Promotores de Salud generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve.

“Proposition 63 (Prop. 63)” is the ballot initiative which passed in November 2004, and became the Mental Health Services Act (MHSA) of 2004.

“Protected Health Information (PHI)” is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. This is interpreted rather broadly and includes any part of a patient's medical record or payment history.

“Protection and Advocacy Inc (PAI)” this is an organization of lawyers that advocate for the disenfranchised. This organization has been involved in suing the state to ensure funding for specific programs, including mental health programs.

“Proselytize” To induce someone to convert to one's faith or spiritual beliefs.

“Provider” A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in CCR, Title 9, Chapter 11 and in Division 3, Subdivision 1 of Title 22. Provider includes licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, and hospitals. The MHP is a provider when direct services are provided to clients by employees of the MHP.

“Provider Director” identified at the Billing Provider level, this is the person who has administrative and financial responsibility as listed on the Provider File Adjustment Request (PFAR) Form and also on the “LAC-DMH Head of Service Directory.”

“Prudent Reserve” The Mental Health Services Act requires that some of the funding not be spent but instead be put in a special account that can be used at a later date when other funding sources are cut. For example, before the MHSA, counties would spend all the money they were given in a year because if they did not spend it, it would be absorbed back into the state budget and they would lose it. This would then leave counties vulnerable without any extra money to fall back on during years when state or federal budgets for mental health were cut. The Prudent Reserve is like a savings account for a rainy day for mental health and that money can stay in each county’s account for 3 years after which it is absorbed into a statewide account that is controlled by the CDMH.

“PsyD” refers to Doctor of Clinical Psychology.

“Psychotropic Medication Authorization (PMA)” is a web application that allows doctors and clerks to enter medical and background information on Child and Transition Age Youth clients which require prescribed medications. The information is sent to the Courts for their approval.

“Psychiatric Advance Directive” is an Advance Directive specific to healthcare concerns associated with a psychiatric condition and the care provided for that condition. See Advance Directive.

“Psychiatric Health Facility (PHF)” is a health facility licensed by the State Department of Mental Health, that provides 24 hour acute inpatient care on either a voluntary or involuntary basis to mentally ill persons. This care shall include, but not be limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.

“Psychiatric Mobile Response Team (PMRT)” is a field-based, directly-operated service delivery programs that provides evaluations and interventions (including the initiation of an involuntary psychiatric hold, if indicated) of clients experiencing a psychiatric crisis in the community. These programs operate under the DMH Emergency Outreach Bureau. Similar field based programs (MET, SMART, HOPE) pair DMH staff with local law enforcement agencies.

DMH GLOSSARY

“Public Guardian” The Los Angeles County Office of the Public Guardian was established in 1945 - the first in the state. Initially, the primary responsibility was for the finances of persons civilly committed to psychiatric facilities. As society evolved and the laws changed to meet new social challenges, the role of the Public Guardian broadened to include more responsibility for the care of the individual. The landmark LPS Act of 1969 and subsequent changes to the Probate Code meant that the Public Guardian became the substitute decision maker for vulnerable populations of the county, such as the frail elderly and persons with serious mental illness. The Los Angeles County Office of the Public Guardian is organizationally located within the Department of Mental Health. Dr. Marvin Southard, Director of the Department of Mental Health has been appointed by the Board of Supervisors as the Public Guardian and County Conservatorship Investigator. Office of the Public Guardian operations is managed by Deputy Director Connie D. Draxler.

“Public Guardian Office (PGO)” this office receives referrals from mental health professionals who wish to evaluate clients for both “grave disability” and mental disorder. The Director of the Los Angeles County Public Guardian Office acts as the conservator for individuals and their estate when the court has determined—based on the results of the evaluation—that the individual cannot provide for their basic needs of food, clothing, and shelter.

Q

“Quality Assurance Activities” are indirect activities defined by the Federal government that assist a Local Mental Health Plan in insuring and improving the quality of care delivered by its organization that are not provided as a service to or in relation to a specific client of the Department. Claiming for these services is currently paperbased. Only licensed professionals may claim for QA activity.

“Quality Improvement Program” is a DMH program involving DMH leadership, management, staff, consumers and family members intended to create and sustain a culture of system wide involvement and continuous improvement to the delivery of care.

“Qualified Proposer” is a bidder, lawfully able to conduct business in the state, which is solvent, not in financial distress, and is willing and able to meet the requirements of the RFP.

R

“RCL Certification Unit” is a unit of the Childrens’ Countywide Case Management division within the DMH Child, Youth and Family Programs Administration that issues placement certifications to residential care facilities to provide care for youth in need of this level of care. The unit also monitors the care being provided in these facilities.

“Re-alignment Money” In the 1960s, mental hospitals were closed with the promise that community based services would be provided. However, there was no funding for these services and so they failed to materialize. In 1992, the State of California passed a law that allocated a percentage of the vehicle license tax and sales tax to be given to support mental health services. This tax was “re-aligned” to mental health to guarantee funding for services. This funding became known as “re-alignment money.”

“Recovery” refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. We believe that recovery is possible and we are committed to providing meaningful and appropriate support to individuals and families at every step along the pathway to recovery and wellness. We are committed to providing education about mental health issues and how they affect individuals and families; and teach and promote self-advocacy. We are also committed to encouraging individuals, families, and communities to share responsibility to support one another.

“Recovery Model” is a goal for mental health care, in which consumers are able to self direct their lives in a positive manner outside of a mental health system. Recovery will be individualized for every person.

“Referral” means the process of sending an individual from one practitioner to another for health care, mental health or other services and supports.

“Religion” A set of beliefs and practices designed to help an individual or group express and carry out their spirituality. (Provided by the DMH Clergy Advisory Committee.)

“Rendering Provider” Staff who provide services to clients (i.e., psychiatrist, psychologist, psychiatric social worker, case manager, therapist, etc.)

“RFI” stands for Request for Information. LACDMH uses the RFI when they want to solicit ideas about possible ways to address needs in the County and they are unsure of how to best meet these needs. Agencies are invited to submit their ideas for possible programs which are then reviewed and a program strategy is selected.

“RFP” stands for Request for Proposal. LACDMH creates a Request for Proposal when they are seeking a new program or working with a new contracted agency. An RFP is the way the LACDMH advertises to the community that they would like to contract a

DMH GLOSSARY

new program and agencies are invited to submit a proposal (similar to an application) to provide the program and receive the funding.

“RFS” stands for Request for Services. An RFS is a solicitation based on proposed solutions in response to a defined need of the County. After evaluation of submitted Proposals, Contract(s) are recommended for award to the Proposer(s) who submits the Proposal deemed to be in the overall best interest of the County (generally the highest-ranking Proposer). An RFS is used when the county wants to add an additional service to an already existing program or contract agency.

“RFSQ” stands for Request for Statement of Qualification. LACDMH receives many Requests for Services from agencies seeking funding but many of the agencies do not meet the requirements of the proposal. Therefore, LACDMH created a filtering process or a pre-application process in which agencies submit a short statement verifying that they can meet the requirements (financial stability, staff, facilities, etc.) before they can submit the much longer RFP or RFS.

“Residential & Bridging Services” provide DMH program liaisons and peer advocates to assist in the coordination of psychiatric services and supports for individuals being discharged from County Hospital Psychiatric Emergency Services, Urgent Care Centers (UCCs), Institutions for Mental Disease (IMD), and crisis residential, supportive residential, substance abuse, and other specialized programs.

“Resilience” is defined as the ability to recover from or adjust easily to significant challenges such as misfortune or change.

S

“SAMHSA” stands for Substance Abuse and Mental Health Services Administration. SAMHSA is a division of the United States Department of Health and Human Services. SAMHSA provides federal funding (known as the SAMHSA Block Grant) to counties for mental health programs. SAMSHA’s vision is: “a life in the community for everyone, based upon the principle that people of all ages with or at risk for substance abuse disorders and mental illnesses should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.”

“Schiff Cardenas Crime Prevention Act” is the State Assembly Bill 1913 administered as the Juvenile Justice Crime Prevention Act, providing a source of funding for community-based solutions to locally identified juvenile crime prevention needs.

“School-based Interventions” means a unifying intervention framework and strategic plan for school-based Prevention and Early Intervention programs. The framework and plan must encompass a comprehensive approach to enhance regular classroom

DMH GLOSSARY

strategies to enable learning; support students during vulnerable periods of transition (e.g., to a new school or to a new class); increase and strengthen home and school connections; identify and support trauma-exposed students; respond to and prevent crises; increase and strengthen community involvement and support (e.g., health services, tutoring, volunteer programs, mentoring programs, family resource centers); and facilitate student and family access to effective services and special assistance as needed.

“School Failure” means the process of an individual experiencing continued lack of academic success and achievement based on learning disabilities, emotional disorders, family stress, and/or other conditions that, if not resolved, may result in suspension, truancy, and/or expulsion.

“School Threat Assessment and Response Team (START)” provides training, early screening and identification, assessment, intervention, case management and monitoring services in collaboration with school districts, colleges, universities and technical school, and in partnership with local and federal law enforcement agencies. The program’s services are designed to prevent targeted school violence.

“Screening” means a process used to identify individuals with an increased risk of having mental health disorders that warrant immediate attention, intervention, or more comprehensive review.

“SD” stands for Supervisory District. There are five Supervisors in Los Angeles County and each has their own district. (*See Board of Supervisors above*)

“SDMH” stands for California State Department of Mental Health.

“Serious Emotional Disturbance (SED)” refers to a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance abuse disorder or developmental disorder, that result in behavior inappropriate to the child’s age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

“Serious Mental Illness (SMI) or Disorder” means a mental disorder that is severe in degree and persistent in duration and that may cause behavioral disorder or impair functioning so as to interfere substantially with activities of daily living. Serious mental disorders include schizophrenia, major affective disorders, and other severely disabling mental disorders.

“Service Area Advisory Council (SAAC)” represents each of the eight service areas in LA County have an advisory council of stakeholders and community members that meet to advise LACDMH on current and future policies and practices (*See SAAC chart attached for contact information*).

“Service Area District Chief” is a middle management position within the Los Angeles County Department of Mental Health that provides administrative oversight of directly-operated and contracted mental health service providers within one of Los Angeles County DMH’s eight Service Areas. These individuals report to a Deputy Director.

“Service Coordination Inquiries” are inquiries regarding coordination of services or clinical issues regarding a client from sources such as line-level staff within the LAC-DMH System of Care or other direct-service providers in the community.

“Service Extenders” Service Extenders are volunteer peer counselors who work with licensed mental health professionals to find and help older adults with mental illness whose needs aren’t being met. Minimizing the social isolation felt by many seniors, Service Extenders deliver services in community settings where older adults congregate—such as health clinics, faith-based institutions and senior centers. To meet with seniors who have trouble getting out, Service Extenders also visit senior housing complexes and even seniors’ own homes. Since many older adults are affected by the stigma of mental illness and will not go to mental health clinics, Service Extenders are always out trolling the field.

“Service Function Code (SFC)” as defined by Director, for a particular type of mental health service, and/or Title XIX Medi-Cal administrative claiming activity.

“Service Area Navigators” The County of Los Angeles - Department of Mental Health Stakeholder group unanimously supported the creation of Service Area Navigator Teams that would, across age groups, assist individuals and families in accessing mental health and other supportive services and network with community-based organizations in order to strengthen the array of services available to clients of the mental health system. Such networking would create portals of entry in a variety of settings that would make the Department’s long-standing goal of no wrong door achievable.

“Service Planning Areas (SPA)” Los Angeles County is administratively divided into eight (8) geographically-based Service Planning Areas, also referred to as “Service Areas”. This organizational structure facilitates closer coordination among agencies providing services in that geographic area.

“Share of Cost” is a monthly dollar amount some Medi-Cal recipients must pay, or agree to pay, toward their medical expenses before they qualify for Medi-Cal benefits. A Medi-Cal recipient’s SOC is similar to a private insurance plan’s out-of-pocket deductible.

“Short-Doyle Act” was implemented in 1957. The act was designed to organize and finance community mental health services for persons with mental illness through locally administered and locally controlled community health programs.

“Single Fixed Point of Responsibility (SFPR)” is a specifically designated individual or team within a clinic or agency who has responsibility for maintaining the Client Care Coordination Plan and for coordinating and authorizing services provided to clients who are receiving ongoing mental health services.

“Skilled Nursing Facility (SNF-STP)” is a facility licensed by the State Department of Health Services, with an added Special Treatment Program certified by the State Department of Mental Health.

“Sliding Fee Schedule” is the charge for services based upon the income and family size of the individual or family requesting services.

“Small County” means a county in California with a total population of less than 200,000, according to the most recent projection by the California State Department of Finance.

“SMART” is the Los Angeles City Police Department System-wide Mental Assessment Response Team. This team responds to 911 or other calls requesting help with psychotic, suicidal or homicidal persons. They are authorized to hospitalize people against their will if they are too ill for outpatient treatment.

“SOC” stands for system of care. **CSOC** refers to Children System of Care, **ASOC** refers to Adult System of Care and **OASOC** refers to Older Adult System of Care.

“Social Inclusion” is the full participation of consumers in social relationships, housing, employment, and education without regard to their status as consumers of mental health services.

DMH GLOSSARY

“Specialized Intensive Foster Care” is a community-based alternative placement for children who require out-of-home care along with therapy and specialized services including those children who are emotionally and behaviorally disturbed, developmentally disabled, and medically disabled. Specialized Intensive Foster Care programs involve the application of specific evidence-based practices designed to treat this population.

“Spirituality” is a person’s deepest sense of belonging and connection to a higher power or transcendent life philosophy which may not necessarily be related to an organized religious institution (Adapted from California Mental Health & Spirituality Initiative). Spirituality is a process of pursuing meaning and purpose in life.

“SSDI” is Social Security Disability Income.

“SSI” is Supplemental Security Income.

“Stakeholder” is either a person or group of people who impacts or is directly impacted by mental health services or, a person who represents others’ interests relative to mental health services.

“State General Fund (SGF)” California SGF used as FFP match.

“Statement of Qualifications (SOQ)” stands for a contractor’s response to an RFSQ.

“Statement of Work (SOW)” is a written description of services desired by County for a specific work order.

“Stigma and Discrimination” is a mark of shame or discredit. A sign of social unacceptability that is often attributed to those suffering from mental health related issues. Research suggests that stigma can be an obstacle to help seeking and recovery for those who need mental health support. Discrimination means the unlawful and intentional action taken to deprive individuals of their rights to mental health services, based on feelings and reactions to stigma.

“Substance Abuse” The addiction to illegal and legal substances including alcohol and prescription and non-prescription drugs.

“Supportive Residential Programs (Enriched Residential and IMD Step-Down)”
Provide supportive on-site mental health services at selected licensed Adult Residential Facilities, and in some instances, assisted living, congregate housing, or

DMH GLOSSARY

other independent living situations to serve persons being discharged from IMD, acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care.

“Supportive and Therapeutic Options Program (STOP)” a program for children who do not qualify for any other type of funding for a particular service or support. The main goal of intervention or support is to help bring the child home, maintain the child in the home, or return the child to his/her community.

“System for Treatment Authorization Request (STAR)” tracks inpatient days approved and denied TAR. County anticipates to fully replacing this application with the IBHIS System.

“System Leadership Team (SLT)” this team was created by the Delegates (see above) during the first MHSA plan, the Community Supports and Services (CSS) plan in order to have a smaller decision making body to address specific concerns. The SLT is made up of Delegates, stakeholders and LACDMH staff. Currently, the SLT serves as an oversight committee for the implementation and revision of the CSS plan and eventually the other MHSA plans once they are put into practice.

“System of Care” stands for a partnership of mental health, education, child welfare and juvenile justice agencies as well as teachers, children with serious emotional disturbances and their families and other caregivers. These agencies and individuals work together to ensure children with mental, emotional and behavioral problems and their families have access to the services and supports they need to succeed. Together, this team creates an individualized plan that builds on the unique strengths of each child and each family. The plan is then implemented in a way that is consistent with the family’s culture and language.

T

“Tarasoff” *Tarasoff v. Regents of the University of California* was a case in which the Supreme Court of California held that mental health professionals have a duty to protect individuals who are being threatened with bodily harm by a patient. The original 1974 decision mandated warning the threatened individual, but a 1976 rehearing of the case by the California Supreme Court called for a "duty to protect" the intended victim. The professional may discharge the duty in several ways, including notifying police, warning the intended victim, and/or taking other reasonable steps to protect the threatened individual. On June 21, 2001, Geno Colello asked his father to loan him a gun. When his father refused, Colello said he would get another gun and "kill" the "kid" who was then dating his ex-girlfriend. Colello's father relayed this threat to Goldstein, his son's psychotherapist, who urged him to take Colello to Northridge Hospital Medical Center. Later that evening a hospital social worker evaluated Colello. Colello's father told the evaluator about his son's threat. Colello was admitted to the hospital as a voluntary patient but discharged the

DMH GLOSSARY

next day. The following day he shot and killed Ewing and then himself. The California Court of Appeal concluded in *Ewing v. Goldstein* and *Ewing v. Northridge Hospital Medical Center* that the defendants' duty to warn could have been triggered by the statements Collelo's father made to Goldstein and the social worker regarding his son's threats. The court saw no difference between threats conveyed directly by the patient and those related by an immediate family member of the patient.

“TAY” means Transition Age Youth. This term applies to youth and young adults between the age 16 and 25. This age group became a focus of treatment in the MHSA.

“Target Community” means a subset of the priority service population, such as those residing in a geographic area or school catchment area, or a countywide target population (e.g., children and youth in foster care) that will be the focus for a PEI project

“The Project-Based Operational Subsidy” The Project-Based Operational Subsidy funds provide subsidies for Unit-based Permanent Supportive Housing programs and "Youth-Oriented" board and care-type (non-licensed) programs to address the longterm housing needs of SED/SPMI TAY who are eligible for Full Service Partnerships (FSP) and others coming directly from transitional housing programs or directly from foster care or group homes.

“Therapeutic Behavioral Services (TBS)” TBS is a short-term intensive intervention that may be included as one component of a comprehensive mental health service plan. TBS provides one-to-one support for full scope Medi-Cal children and youth under the age of twenty one (21) years, who are experiencing a life crisis or when a life crisis is imminent, who need additional support to transition from a higher to lower level placement or to prevent movement to a higher level of care. In Los Angeles County, these services must be authorized by the Central Authorization Unit.

“Threshold Language” The California Department of Mental Health tracks how many people are served in each county in mental health. If a county has 3,000 Medi-Cal consumers that speak a certain language then that language becomes a “threshold language” and the county is required to provide services and written materials in that language. Los Angeles County has 13 threshold languages; most counties in California have 1-3 languages. These languages are Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other- Chinese, Russian, Spanish, Tagalog, Arabic and Vietnamese.

“Title IV” Title IV of the Social Security Act, 42 United States Code Section 601et seq.; XX. "Title XIX" means Title XIX of the Social Security Act, 42 United States Code Section 1396 et seq.

“Title XXI” Title XXI of the Social Security Act, 42 United States Code Section 1396 et seq.

“Traditionally Underserved Populations” any group of individuals with mental health needs, who because of mental health issues, geographic location, race, ethnicity, gender, sex, sexual orientation, spiritual/religious, age, socio-economic status, or disability status, have not historically sought, been eligible for, or received mental health services.

“Transformation” is applied to the overall change in the mental health system that now focuses not just on providing services but seeing outcomes. There is now a system of accountability in place to measure the effectiveness of our services to ensure that we are employing the recovery model and seeing positive results. Evidence based practices (EBP) and Full service partnerships (FSP) are two ways that transformation of the system is evident.

“Trauma-exposed Individuals” means those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.

“Treatment Authorization Request (TAR)” is a request submitted to DMH administration requesting authorization for the provision of a particular service or type of service of medication.

“Triage” is a process for sorting injured people into groups based on their need for immediate medical treatment.

U

“Underserved/Inappropriately Served” is an individual who has been diagnosed with serious mental illness or serious emotional disturbance, and their families who are receiving some service, but whose services do not provide the necessary opportunities to move forward and pursue their wellness/recovery goals.

“Undocumented Youth” (also see AB540 student) an immigrant youth who does not possess an immigrant visa, legal permanent residency card (i.e. “green card”) or U.S. citizenship to legally reside in the United States.

“Uniform Bill-04 (UB-04)” a standardized form from the Centers for Medicare and Medicaid Services used to electronically submit claims for health care received in an institutional setting to payers.

“Uniform Bill-92 (UB-92)” Starting May 23, 2007, all of paper claims must use the UB-04 since the UB-92 will no longer be acceptable. See Uniform Bill-04.

“Uniform Method of Determining Ability to Pay (UMDAP)” is the process by which annual liability is determined.

“Unit of Service” is the increment unit of time used to capture the quantity of services provided (e.g. 1 minute = 1 Unit of Service) during mental health service procedure. Claims are generated based upon service provided and multiplied by the rate for that procedure.

“Unserved” is an individual in need of mental health services but does not receive services due to various social, personal, institutional and environmental factors.

“UREP” stands for Under Represented Ethnic Populations. Examples of these populations are American Indian/Alaskan Native, Eastern European/Middle Easter, African/African-American, Latina/o/ Hispanic, Asian/Pacific Islander, Refugee groups, Lesbian/Gay/Bisexual/Transgender/Queer & Questioning/Intersex/Asexual.

“Urgent Care Centers (UCCs)” Provide intensive crisis services to individuals who otherwise would be brought to emergency rooms for up to 23 hours of immediate care and linkage to community-based solutions. UCCs provide crisis intervention services, including integrated services for co-occurring substance abuse disorders and are geographically located throughout the County. UCCs focus on recovery and linkage to ongoing community services and supports that are designed to impact unnecessary and lengthy involuntary inpatient treatment.

V

“Very Small County” means a county in California with a total population of less than 100,000 according to the annual projections published by the Department of Finance.

“Vision” refers to the Los Angeles County Department of Mental Health vision statement: Partnering with clients, families and communities to create hope, wellness and recovery.

W

“Welfare and Institutions Code (WIC)” is the code enacted to insure the rights or physical, mental or moral welfare of children are not violated or threatened by their present

DMH GLOSSARY

circumstances or environment. WIC establishes programs and services designed to provide protection, support or care of children and provides protective services to the fullest extent deemed necessary by the juvenile court, probation department or other public agencies designated by the Board of Supervisors to perform the duties prescribed by this code.

“Wellness Center” is MHSA-funded and designed to infuse our entire system with the philosophy and principles of recovery. Multicultural and welcoming environments, Wellness Centers provide a place where clients help one another achieve community reintegration, wellness and meaningful social connections. These “consumer-driven” or “client-run” centers try to increase people’s self-reliance and community involvement by providing a comprehensive array of self-help, educational, social, and recreational activities.

“WET” stands for Workforce, Education and Training. This is one of the five plans of the Mental Health Services Act that focuses on improving the capacity of mental health professionals in implementing the recovery model and transforming the mental health system.

“Whatever It Takes” refers to a wide array of clinical and supportive services beyond mental health care, such as housing and employment services, for individuals with a serious mental illness or a serious emotional disturbance to support recovery and/or resilience. The approach helps individual and families regain their lives. For most clients, full recovery requires more than clinical interventions.

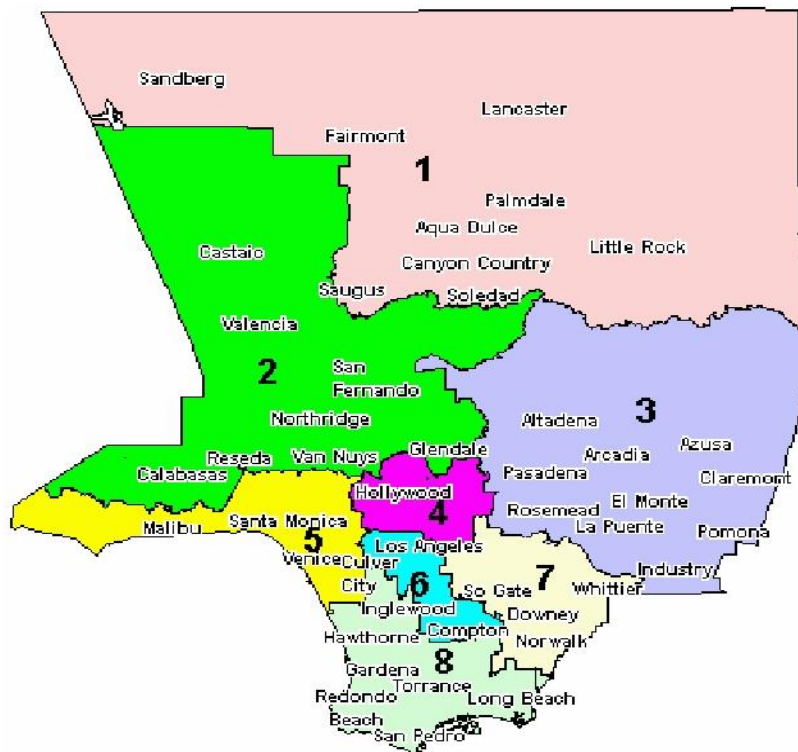
“WRAP” Wellness Recovery Action Plan. A client centered plan that includes a daily maintenance plan, triggers and action plan, early warning signs, crisis plan, and post crisis plan. Ideally, WRAP concepts are modeled by clinicians who are working with consumers who are also working on their WRAP.

“Wraparound” stands for the process of providing individualized, comprehensive, community-based services and supports to children and youth with serious emotional and/or behavioral disturbances so they can be reunited and/or remain with their families and communities. Wraparound helps families develop an effective support network, increase their competence, and teaches new skills for managing the special needs of their child. Wraparound is one of the effective services that children’s MHSA-funded programs are built upon.

X
Y
Z

The Los Angeles County Department of Mental Health

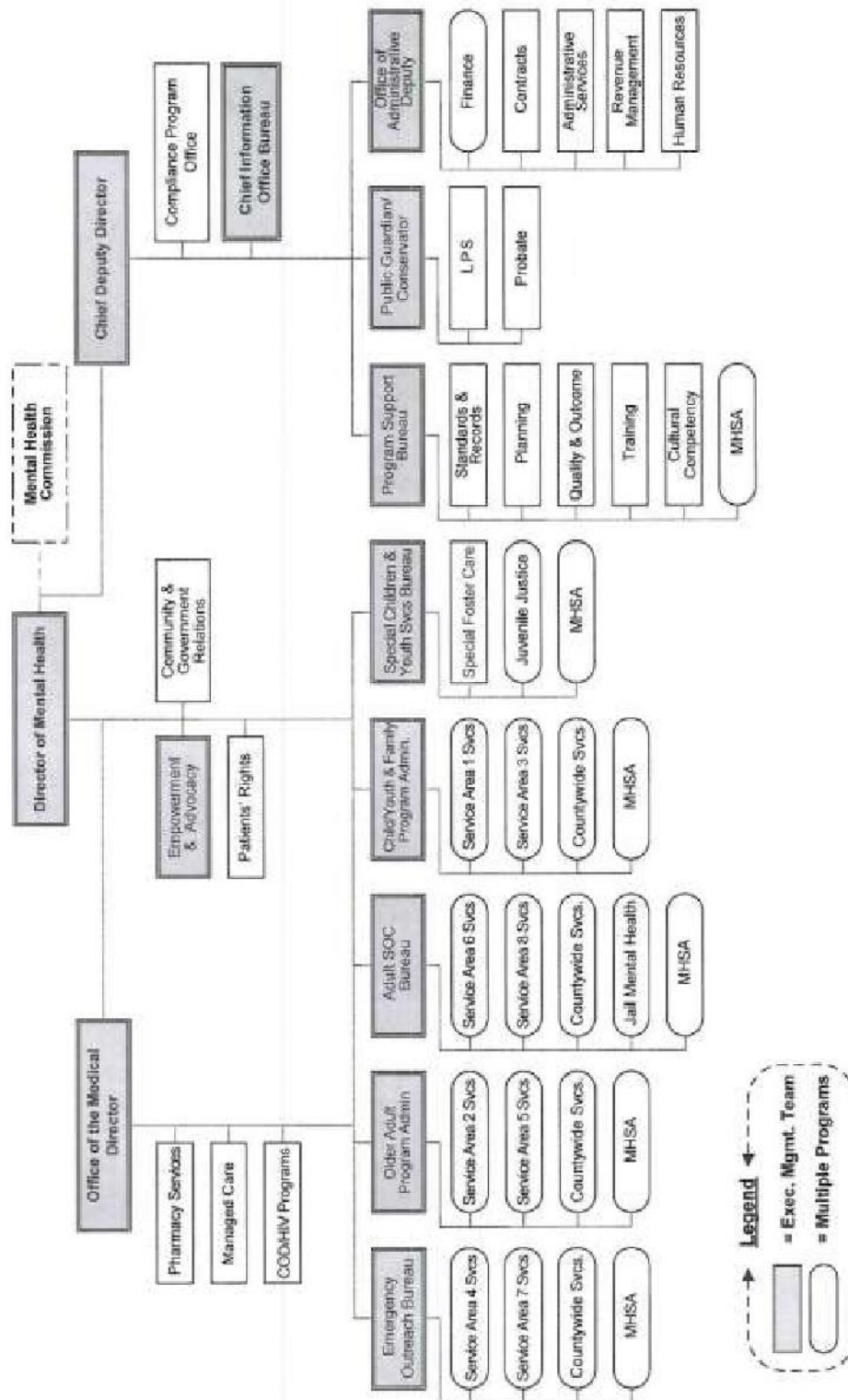
Service Areas



- SA 1 (Antelope Valley)
- SA 2 (San Fernando)
- SA 3 (San Gabriel)
- SA 4 (Metro)
- SA 5 (West)
- SA 6 (South)
- SA 7 (East)
- SA 8 (South Bay/Harbor)



ATTACHMENT RFP 1 - DMH FUNCTIONAL ORGANIZATIONAL CHART



ATTACHMENT RFP 1 - DMH Functional Organization Chart

