

GLOSSARY OF TERMS AND ACRONYMS

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| AB2034 | AB 2034 is a "whatever-it-takes" program to end homelessness, incarceration and psychiatric hospitalization for adults with severe mental illness, and to support consumers in recovery and self-sufficiency. The hallmark of this program is that it is supported by non-Medi-Cal flexible funding. This flexible funding sustains formerly homeless people in housing by providing housing subsidies, rental assistance, a range of comprehensive integrated services and the intensive staff support. Peer support services are offered by consumers who are well into their recovery and have been in the public mental health system. AB 2034 programs were funded to support the "cultural shift" that must take place for real cultural change to occur on the individual, program and system levels. These programs were identified as a national model for delivering services to homeless people with severe mental illness in the report by the President's New Freedom Commission on Mental Health. The MHSA's Full Service Partnership model was based on the AB2034 program. |
| AB3632 | Is California Law that reiterates Federal that entitles all children with disabilities to a free, appropriate public education that prepares them to live and work in the community. Mandates Mental Health Services to Special Education Pupils. |
| ACBHCS or BHCS | Alameda County Behavioral Health Care Services. This department is part of the Alameda County Health Care Services Agency. |
| ACT | Assertive Community Treatment |
| Acute Psychiatric Inpatient Hospital Services | Services provided in general acute care hospitals, acute psychiatric hospitals, and psychiatric health facilities. These facilities provide service 24/7. Services include routine hospital services, all hospital-based ancillary services, and professional services. Routine hospital services include but are not limited to all medical, nursing and other support services usually provided to an inpatient by a psychiatric inpatient hospital. Included are psychotherapy, consultation, case conference, case management, occupational therapy, pharmacy, medication management, school/education/tutoring, translation/language support, and financial counseling. |
| Administrative Costs | Cost of operating and managing the overall county* mental health program. These costs cannot be tied to the provision of specific services. |
| Adolescent | Youth between the ages of 12 and 17. |
| Adult | Individuals between the ages of 18 and 59. |
| Agreement | The formal contract between ACBHCS and the Contractor |
| AOD | Alcohol and Other Drug Services |
| Assessment | A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures. |
| BASN | Bay Area Services Network. BASN is a drug and alcohol recovery program for people on California state parole. |
| BERT | Behavioral Emergency Response Team |
| Best Practice | A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment. |
| BOS | Board of Supervisors |
| Budget | Estimate of proposed expenditures prior to actually incurring the expenditures. May or may not reflect actual expenditures. Should be developed using the best information available at the time the budget is developed. |
| Calendar Year | Twelve month period from January 1 st to December 31 st |
| CalWorks | (California Work Opportunity and Responsibility to Kids) is a program that provides cash aid, employment services and other benefits to eligible needy families. Provides AOD and MH services if needed for mothers on public assistance to allow their return to work. |
| CAO | County Administrators Office |
| Case Management | The total provision of services to a consumer that addresses the needs of the client to function at his or her best level in the community, often arranging for appropriate services and support. A case manager coordinates mental health, social work, educational, health care, vocational, housing, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the consumer and family are met. (This definition does not apply to managed care). See also definition of Personal Care Coordinator in Full Service Partnership section of the glossary. |

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| CGF | County General Fund |
| Chronically Homeless | Under the HUD definition applicable to the HOST Shelter Plus Care Certificates, the term “chronically homeless” or “chronically homeless individual” or “homeless person” is an unaccompanied homeless individual with a disabling condition who has either: a) been continuously homeless for a year or more, or; b) has had at least four (4) episodes of homelessness in the past three (3) years. |
| COLA | Cost Of Living Allowance |
| COLA | Cost of Living Adjustment |
| Community Collaboration | The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility. |
| Community Service And Support | A general reference to community-based mental health services and support programs, which includes a variety of services, a wide range of intensities and purpose. This term often refers to a continuous system of care” model able to respond to a variety of user needs. See “Integrated Services” and “System of Care”, below. |
| Consumer Empowerment | Consumers have the authority to choose from a range of options and to participate in all decisions including the allocation of resources that will affect their lives and are educated and supported in doing so. Consumers have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires and aspirations. |
| Consumer Involvement | Consumers share their unique expertise by directly and significantly participating and affecting the mental health system at all levels, in policy development, program planning, implementation, management, oversight, and evaluation, as well as service delivery and training. |
| Consumer/Client | A consumer is a person who has experienced mental health issues that have disrupted his or her education, employment, housing, social connections and/or quality of life. He or she has utilized mental health services and has a personal experience of stigma, discrimination or social exclusion. |
| Consumer-Driven | In a consumer -driven system, consumers choose their own programs and the providers that will help them most. Their needs and preferences drive the policy and financing decisions that affect them. Care is consumer-centered, with providers working in full partnership with the consumers they serve to develop individualized plans of care. |
| Consumer-Run | Defined as services that are planned, operated and evaluated by consumers. Consumer-run or operated services do not preclude non-consumers or professionals from being involved, but the inclusion of non-consumers is within in the control of consumer operators. |
| Cost Report | An annual document prepared by each county that shows the actual costs of various services and programs using accepted accounting methods. The cost report is used as the basis for determining the amount of Medi-Cal funding to which a county is entitled. Also referred to as Short-Doyle/Medi-Cal cost report. |
| Crisis Intervention | A service of less than 24 hours duration for a condition which requires a more timely response than a regularly scheduled visit. Crisis intervention may include, but is not limited to, assessment, collateral, and therapy. The service can be delivered at any site that has been certified by the MHP or State to provide crisis intervention services. |
| Crisis Service/Program | An outpatient program offering either crisis intervention or stabilization services. |
| Crisis Stabilization | A service of less than 24 hours duration for a condition which requires more timely response than a regularly scheduled visit. Crisis stabilization may include, but is not limited to, assessment, collateral, therapy. The service can only be delivered at a site that has been certified by the MHP or State to provide crisis stabilization services. |
| Cultural Competence/Multi-Culturalism | The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care. |

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| Detoxification | The process that supports withdrawal from alcohol and other substance overuse. |
| DHS | State of California, Department of Health Services |
| Direct Service Costs | Costs of providing services to clients. |
| DMC | Drug Medi-Cal |
| DMH | State of California, Department of Mental Health |
| Early Intervention | Usually joined in phrase with the term Prevention, it means providing services or treatment early on at the onset of an illness with the goal of reducing the duration of the disorder. |
| EPSDT | Early Periodic Screening Diagnosis and Treatment (Federal MediCaid/California MediCal). Settlement of lawsuit against the state in 1995 expanded MediCal services to beneficiaries less than 21 years of age needing specialty mental health services to correct or ameliorate mental illnesses. |
| Evidence Based Practice | An approach to managing behavioral health services that uses data, which shows consistent evidence of improved outcomes to support decision making. |
| Expenditure | An actual incurred cost. |
| Family Involvement | The full participation of family members in all levels of our systems of care including: direct service peer support, system development workgroups, clinical teams, training, management, administration, policy development and legislative advocacy. |
| Family Member | An individual who is now or was in the past, either the primary caregiver or a concerned and involved person who provides a significant level of support to a person who is living with a SMI, SED or other mental health issues. |
| Family Partnership | This term has two meanings: 1) Family Partnership is an intentional focus on working with the consumer as a member of a family unit that offers insight, strength and support to the consumer's treatment team. 2) Family Partnerships are programs that include Family Partners as a peer professional position in the treatment team or direct service unit. Family Partners are persons who have been primary caregivers of persons with SED/SMI and have undergone significant training in multi-disciplinary settings to assist families in understanding and navigating the behavioral health care system, as well as other systems that they will interact with to become their own advocates for their families. |
| Family, Significant Other, Significant Support Person | A person, who has provided primary support for, is a primary caregiver of, or whose daily life is impacted by, being a family member (by personal or biological definition) of a person who is living with symptoms of mental illness. Family members may be the biological parents, foster parents, siblings, spouses, children, aunts, uncles, cousins, friends, or anyone else whom the consumer defines as “their family members.” |
| Family-Driven | A system of care that involves the family of a youth/consumer in the process of assessment, identifying treatment options and developing a treatment plan that is based on and adapted to the youth/consumer’s individual needs. |
| Fiscal Year (FY) | Twelve month period from June 30 th -July 31 st . The FY calendar is used in the County accounting and contracting system. |
| FMR | Financial Management Rewards. This involves assigned departmental targets for end of year savings. Upon meeting their target, a department is able to use their FMR savings in the next fiscal year. |
| FSP | Full Service Partnership |
| Full-Time Equivalents (FTEs) | The number of positions calculated assuming a full fiscal year (2,080 hours) after allowing for vacation time, sick leave, holidays, etc. |
| GA | General Assistance financial support for eligible adults with no other means of support. |
| GART | Geriatric Assessment and Response Team |
| HCSA | Health Care Services Agency (Alameda County) |
| Homeless, Homeless Individual, or Homeless Person | Under the HUD definition applicable to the HOST Shelter Plus Care Certificates: (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is— (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; |

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| | or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings |
| IMD | Institutions for Mental Disease a Federal term for any 24 hour facility with a census of 50% or greater of people with mental illness |
| Inappropriately Served Populations | Groups that have received services that may not have resulted in improved mental health outcomes. |
| Innovation | New and creative approaches and programs that increase access, quality of services and/or collaboration. |
| Integrated Services | The range of community and supportive services available to a consumer that are coordinated, integrated and reflect common values and focus on the delivery of services. |
| Integrated Services & Supports Plan (ISSP) | A strength-based planning tool that each enrollee is required to develop with a Personal Services Coordinator. It includes goals and provides a map of the steps that the enrollee identifies as necessary to move along his/her recovery path. |
| Involuntary | Actions taken without regard to the willingness, or in opposition to the intentions of the client and/or his parent/guardians. |
| LPS | Lanterman/Petris/Short Act: a national model of mental health legislation; it “Deinstitutionalized” mental health services, supported the Civil Rights of people with mental illness, established “due process” prior to involuntary treatment, served people with mental health disabilities in the community rather than in state hospitals. |
| Maintenance of Effort | A required contribution in order to receive funding. In the case of the MHSA, the maintenance of effort is based on a prior level of funding used for mental health services. |
| Major Mental Disorder | ACBHCS defines a major mental disorder or illness to be a condition associated with a diagnosis within the DSM-IV-TR that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Severe Mental Illness. |
| Managed Care | A system requiring that a single individual in the provider organization is responsible for arranging and approving all services needed under the contract. Embraced by employers, mental health authorities, and insurance companies, managed care helps to ensure that individuals receive appropriate and reasonable health care services. |
| Measure A | Local voter approved ½ cent sales tax for health services . 75% to Alameda County Medical Center. 25% for other health services |
| MediCal FFP | Medi-Cal Federal Financial Participation Program – 50% ratio currently |
| Medical Services | Health care services other than mental health services |
| Medication Support | Services which include the prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. Medication support may include evaluation of the need for medication, evaluation of its clinical effectiveness and side effects, obtaining informed consent, medication education, and plan development related to the delivery of the service and/or assessment of the client/patient. |
| MHP | Mental Health Plan |
| MHS | Mental Health Services |
| MHSA | Mental Health Services Act. Also known as Prop 63. |
| MOE Budget | Maintenance of Effort Budget: The cost of providing the same services in a subsequent Fiscal Year as in the prior Fiscal Year (including adjustments for Cost of Living Adjustments, etc). |
| MOU | Memorandum of Understanding |
| Outpatient Mental Health Services | All mental health services except those services that are provided within a psychiatric hospital inpatient service. |
| Outreach and Engagement | The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to, come forth to seek it. |
| Peer Counselor | Partners in the multidisciplinary team who have experience as consumers in the public mental health system and whose duties include a peer support role, contributing significantly to the recovery culture and client orientation of the team. |
| Planning Estimate | A calculated maximum amount of funding available to each county* for expanded mental health |

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| | services under the MHSA. |
| Pre-Implementation Funding | Funds available to counties* for continued planning efforts while their Community Services and Supports Program and Expenditure Plan is reviewed by the State. |
| Prevention | Services using interventions that reduce the likelihood of an onset of a severe illness or disorder. |
| Proposed Budget per Member per Month | A calculation that shows the budgeted amount estimated to be spent on each participant per month based on the best information available at the time the budget was prepared. <i>This does not represent a case rate, which is a pre-determined payment amount per client.</i> |
| Proposition 36 | See SACPA (Substance Abuse Crime Prevention Act) |
| Proposition 63 | See MHSA |
| PSC | Personal Services Coordinator |
| Realignment | Enacted in 1991 by the Bronzan-McCorquodale Act. Provided Mental Health with a revenue source (½ Cent Increase in State Sales Tax and part of the State Vehicle License Fee) that flows directly to counties, and shifted authority from state to counties for operation of mental health programs |
| Recovery | A process where mental health clients learn how to self-direct their lives and mental health, regain hope and optimism and reclaim positive social experiences beyond the mental health system. |
| Request For Proposal (RFP) | Shall mean this document, which is the County of Alameda’s request for contractor’s/bidder’s proposal to provide the goods and/or services being solicited herein. Also referred herein as RFP. |
| Reserve | An amount set aside and not spent to ensure sufficient funding in years where there is a decline in MHSA revenues. |
| Resilience | The enduring ability of someone to recover from assaults to their person, whether physical, mental or emotional and, in the midst of that, maintain a sense of spirit and hope. |
| SACPA | Substance Abuse Crime Prevention Act (Prop 36) was passed by voters in 2000. The vote changed California state law to allow first and second time nonviolent crime drug possession offenders the option of receiving substance overuse treatment as an alternative to incarceration. Provides treatment in lieu of incarceration for non-violent drug offences. |
| SAMHSA | Substance Abuse Mental Health Services Administration (Federal Agency) |
| SAPT | Substance Abuse Prevention and Treatment. Funding is “block granted” to state and allocated to Counties by formula. |
| SDFSC | Safe and Drug Free Schools and Communities Grant provides substance abuse prevention activities in schools |
| Serious Mental Illness (SMI) | ACBHCS defines a Severe Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder. |
| Service Provider | Individuals, groups, and organizations, including County-operated programs, that deliver services to clients and patients under an agreement or contract with ACBHCS |
| SGF | State General Fund |
| Specialty Mental Health Services | Rehabilitative services which include mental health services, medication support services, intensive day treatment, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services. |
| SSI | Supplemental Security Income-Cash benefit to eligible individuals, such as homeless individuals, the elderly and those living with mental and physical health issues. |
| Stakeholder | (a) A person or group of people who impacts or is impacted by mental health services; (b) A person who represents others’ interests relative to mental health services. |
| State Audit | A detailed review by the State Department of Mental Health of each county’s financial records. Audit primarily focuses on allowability of expenditures and allocation of costs between programs and accounting for revenue off-sets. Audit typically conducted four to five years after the end of the fiscal year. |
| Substance Overuse | refers to the use of alcohol and/or other drugs that interfere with day to day living. |
| Supplant | Literally means to take the place of and serve as a substitute for. Thus, MHSA funds are not to take the place of and serve as a substitute for (or replace) existing state or county funds utilized to provide mental health services. |

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| System of Care (SOC) | A multi-disciplinary, multi-agency delivery system of services that supports a consumer through a continuum of care and that uses a "person first" approach to build on the strengths of the person being served and his or her support system. |
| Tobacco Master Settlement Agreement | The TMSA is funding to states resulting from lawsuits against the tobacco industry for Medicaid costs associated with smoking-related diseases. |
| Transform | To wholly change the mental health services system in appearance, structure, nature or function. |
| Transition Age Youth (TAY) | Young adults between the ages of 16 and 25 years. |
| Treatment | Specified mental health, medical and appropriate ancillary services to be assessed, prescribed, implemented, and monitored for clients by the contractor or BHCS designees. |
| Uniform Method of Determining Ability to Pay (UMDAP) | Sliding fee scale used by counties* to calculate the amount charged to a client for services. Calculated as an annual amount based on a client's income and assets. |
| Unerved or Underserved Populations | Groups that have received no services or are receiving a low rate of services as compared to the estimated prevalence of mental health issues for that population (as defined by the state). |
| VBB Budget | Values Based Budget: adjustments to a Department's requested Budget based on values and priorities established by the Board of Supervisors |
| Voluntary | To receive services by request and/or consent. In the case of a minor, refers to the request and/or consent of a parent, guardian, or other responsible agent unless the minor may give consent. |
| Wellness, Recovery & Resiliency | Effective mental health services and supports offer people opportunities to build their <i>resiliency</i> , giving people the internal resources required to fully pursue <i>recovery</i> and manage <i>wellness</i> . Wellness is the experience of health across the dimensions of mind, body and spirit; Recovery refers to the process of people returning to a meaningful life, guided by their own choices, in their natural community; Resiliency is a person's innate capacity for positive growth and transformation across the life span despite difficult challenges |
| 5150 | 5150 is a designated California Welfare and Institutions Code which allows a professional person designated by the County to transport individuals to a psychiatric facility for involuntary 72-hour treatment and evaluation |