Glossary of Mental Health System Terms[1]

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AB100	In 2011, AB 100 diverted on a one-time basis $862 million in MHSA funds to cover state General Fund obligations for Medi-Cal Specialty Mental Health services, mental health services for special education students, and the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. AB 100 also made a number of significant changes to the state's administration of the Mental Health Services Act (MHSA), including: 1) Eliminated the requirement that the California Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) annually review and approve expenditures for county MHSA plans. 2) Authorized the MHSOAC to provide technical assistance to counties, as needed by counties. 3) Deleted the MHSA provision requiring counties to submit to the state an annual update for the county's three-year plan, and deleted the requirement that the plans be approved by DMH after review and comment by the MHSOAC.
AB109	Together, California Assembly Bill 109 (AB 109), Senate Bill 87 (SB 87), and Assembly Bill 111 (AB 111) were intended to address the fiscal emergency declared on January 20, 2011, pursuant to the California Constitution. For cost-saving purposes, AB 109 allows non-violent, non-serious, and non-sex offenders to serve their sentence in county jails instead of state prisons. [2] The law took effect on October 1, 2011.AB 109 distinguishes between offenses that result in a prison sentence and offenses that result in a county jail sentence in two ways. First, it amends the Penal Code to specify which crimes are violent, serious, or sex offenses, therefore resulting in a prison sentence under the reapportioned system. Second, at the request of law enforcement, it codifies a list of 60 additional crimes that are

[1] The former Client Stakeholder Project (CSP), funded by the CA Mental Health Services Oversight & Accountability Commission (MHSOAC) through PEERS and CAMHPRO added to the original glossary, previously created by Christa Thompson in her county work. She generously shared this document with another MHSA coordinator, Michele Violett, who also contributed to its entries to use in her work with counties. **Likewise, CAMHPRO continues to contribute to this as well and has adapted definitions based on CAMHPRO values and principles.**

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	not defined as serious or violent offenses in the Penal Code but nevertheless must result in a prison sentence rather than a county jail sentence under the reapportioned system. The remainders of crimes that are not listed in either place are classified as non-violent, non-serious crimes and result in a county jail sentence. SB 87 provides revenue to counties to cover costs associated with their AB 109 implementation plans. AB 111 gives funding preference to those counties buying or building jails that had the largest proportion of inmates out of the total inmate population in 2010.
AB 1421	AB1421 is the initial legislation passed in 2002 authorizing Assisted Outpatient Treatment or also called Involuntary Outpatient Treatment in California. IOT allows individuals to be court ordered to involuntarily treatment in the community based on history and predictive criteria. IOT also mandates that comprehensive rehabilitative services be offered the person placed on an involuntary court order. The law is voluntary for each County to enact following certain prescribed procedures and findings. The law is due to expire in January, 2017, but a bill AB 59 (2016), which passed both CA houses, if signed by the Governor, would extend it to January, 2022.
AB 1467	AB 1467, the omnibus health trailer bill for the 2012-13 state budget (chaptered into law on June 27, 2012), contains numerous changes to implement the legislature's budget plan, including: 1) Codifying into statute language from the MHSA innovations guidelines issued by DMH in 2009. 2) Retaining the role of MHSOAC in approving county innovations plans. 3) Clarifying and broadening parameters for expenditure of prevention and early intervention funds. 4) Expanding the role of the MHSOAC in the area of technical assistance and evaluation. 5) Requiring three-year plans and annual updates to be adopted by the county Board of Supervisors and submitted to the MHSOAC. 6) Requiring three-year plans and annual updates to include specified elements, including certification by the county mental health director and auditor/controller of compliance with regulations and laws related to stakeholder engagement, non-sup plantation, and fiscal accountability. 7) Requiring counties to involve alcohol and

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	drug services and health care organizations in the planning process, as well as demonstrate a "partnership with constituents and stakeholders throughout the process." 8) Codifying into statute the requirement that counties submit an annual MHSA revenue and expenditure report.
Affordable Care Act	On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. This act requires most U.S. citizens and legal residents to have health insurance. It creates state-based American Health Benefit Exchanges through which individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400% of the federal poverty level (the poverty level is $19,530 for a family of three in 2013) and creates separate Exchanges through which small businesses can purchase coverage. Require employers to pay penalties for employees who receive tax credits for health insurance through an Exchange, with exceptions for small employers. Impose new regulations on health plans in the Exchanges and in the individual and small group markets. Expand Medicaid to 133% of the federal poverty level.
California Association of Local Mental Health Board and Commissions (CALMHBC)	The California Association of Local Mental Health Boards and Commissions (CALMHB/C) is a statewide organization that supports the work of local mental health boards. The Association was established in 1993 as a 501(c)(3) to assist local mental health boards and commissions to carry out their mandated functions and to advocate at the state level as a unified voice for local mental health boards and commissions' concerns. The Association seeks to improve the quality and cultural competency of mental health services deliverable to the people of California.
California Association of Mental Health Peer Run Organizations (CAMHPRO)	CAMHPRO, founded in 2012, is a 501(c)3 non-profit incorporated consumer-run statewide organization consisting of member entities, which are established, independent and successful consumer-run organizations, and individual consumer members. CAMHPRO's mission is "to transform communities and the mental health system throughout California to empower, support, and ensure the

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	rights of consumers, eliminate stigma, and advance self-determination for all those affected by mental health issues by championing the work of consumers and consumer-run organizations." The specific purpose of CAMHPRO is to promote the work and mission of peer run organizations devoted to advocacy and empowerment for mental health consumers.
California Association of Social Rehabilitation Agencies (CASRA)	CASRA is a statewide organization of member agencies that service clients and family members of the California public mental health system. CASRA has designed a curriculum in Psychosocial Rehabilitation for use in community colleges, universities, and behavioral health organizations.
California Department of Mental Health (DMH)	DMH originally had oversight of the California mental health system and ensured effective, efficient, culturally competent services. This was accomplished through advocacy, education, outreach, oversight, monitoring, quality improvement, and the provision of direct services.
California Institute for Behavioral Health Services (CiBHS) formerly the California Institute of Mental Health (CiMH)	The vision of CIBHS is that California will be the national leader in the provision of mental health and substance use disorder services and support systems that successfully advance hope, wellness, resiliency, recovery and full community integration for all adults, children and families across their life spans.
County Behavioral Health Directors Association (CBHDA)	Combined of the former County Mental Health Directors Association (CMHDA) and County Alcohol and Drug Program Administrators Association of California (CADPAAC). The mission of the Association is assure the accessibility of quality, cost effective, culturally competent behavioral health care for the people of the State of California by providing the leadership, advocacy, and support to public behavioral health programs.
California Coalition for Mental Health (CCMH)	The California Coalition for Mental Health is made up of 30 organizations with a membership of 115,000 mental health professionals, citizen advocates, clients and their family members across the state. As an advocacy alliance, the CCMH's common goal is to "restore California to a position

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	of leadership as an initiator of state of the art treatment and rehabilitation of people who have mental illness." The role of the CCMH is to monitor the implementation of the Mental Health Services Act (MHSA) by acting as a forum to ensure that the vision behind the MHSA is being implemented at the local level. CCMH also offers trainings and other information regarding the MHSA.
California Council of Community Mental Health Agencies (CCC MHA)	CCCMHA promotes comprehensive, responsive, and integrated service systems by enhancing the ability of nonprofit member agencies to provide mental health services that empower the people we serve to lead full and productive lives.
California Department of Health Care Services (DHCS)	DHCS funds services to low-income Californians &/or people with disabilities, it sets policy & develops public medical insurance plans, it sets MHSA regulations (except for PEI & INN). DHCS figures how MHSA allocations for counties are calculated and coordinates with the State Controller for allocating those funds to counties. DHCS also provides technical assistance to counties regarding CSS, CF, TN. DHCS mission is to preserve and improve the health status of all Californians. After AB 100 was enacted, DHCS became responsible for the state-level administration of MHSA and other functions previously held by the California Department of Mental Health (DMH).
California Health & Human Services (CHHS)	CHHS is the hub over 12 state Departments including Aging, Child Support, Health Care Services, Public Health, Rehabilitation, Social Services, State Hospitals & the Office of State Health Planning and Development (OSHPD).
California Mental Health Planning Council (CMHPC)	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. Members are appointed by the Director of DHCS.

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California Mental Health Services Authority (CalMHSA)	The California Mental Health Services Authority (CalMHSA) is an Independent Administrative and Fiscal Governments Agency focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels. At this time, CalMHSA is primarily focused on implementing state-level Prevention and Early Intervention projects including Suicide Prevention, Student Mental Health, and Stigma and Discrimination Reduction.
Capital Facilities and Technological Needs (CF/TN)	MHSA Funding Component: CF/TN supports infrastructure associated with the growth of the public mental health system, software mandates related to Electronic Health Records (EHR), and other technological needs. • CF funding is limited to the purchase and/or rehabilitation of county-owned facilities used for mental health treatment and services and/or administration. • TN may cover expenditures including the purchase of electronic billing and records software, computers for staff or consumers, and other software or hardware.
Career Pathways	A category of the MHSA Workforce Education and Training component to increasing the number of consumer and family members enrolled in mental health education programs and the number employed in the public mental health system.
Centers for Medicare and Medicaid Services (CMS)	The U.S. Centers for Medicare & Medicaid Services, CMS, is part of the Department of Health and Human Services (HHS). CMS reviews and approves **State Plan Amendment** (see below) proposals made by each state, an agreement between a state and the Federal government describing how that state administers its Medicaid (Medi-CAL). It gives an assurance that a state will abide by Federal rules and may claim Federal matching funds for its program activities. CMS issued guidance in 2007[2] and again in 2012[3] to all states to create billing codes for peer support services.

[2] https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd081507a.pdf

[3] https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Clarifying-Guidance-Support-Policy.pdf

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Client-driven	MHSA Core Value: The client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client-driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes. (Title 9, California Code of Regulations, §§3320 and 3200-050)
Community Collaboration	MHSA Core Value: A process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals (Title 9, California Code of Regulations, §§3320 and 3200-060)
Community Services and Supports (CSS)	MHSA Funding Component: CSS is the first and largest component funded under MHSA. This component focuses on those with serious emotional disturbances or mental illness for the following target populations: • Children and Families • Transitional Age Youth • Adults • Older Adults CSS funding is allocated to "systems of care" that focus on the target populations. Counties are required to implement these three components within their CSS programs to serve the groups above: • Full Service Partnerships • System Development • Outreach and Engagement MHSA guidelines emphasized that the majority of funding should be spent on Children and Youth, Full Service Partnerships, and historically underserved groups
Consumer	A person who has (or had) a mental health issue that has disrupted his or her education, employment, physical health, housing, social connections and/or quality of life and has used behavioral health (mental health) services and/or used or sought out alternative culturally relevant supports. He or she has experienced stigma, been

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	discriminated against or socially excluded because of this condition.
Consumer Operated Program	Consumer Operated Programs have been called "Mixed" in the literature. They are embedded in a traditional provider but have peer staff and middle management peer positions. The upper level management are non-identified peers and part of the county behavioral health department or traditional provider. Peers do not have to be in leadership positions.[4]
Consumer Run Organization:	"An organization that is controlled and managed by mental health consumers and is dedicated to improving mental health and recovery support services to be consumer- driven by enhancing consumer participation and voice in systems change. A consumer- controlled organization must have a board of directors comprised of more than 50 percent consumers who are individuals with serious mental illness and/or have received services from the public mental health systems as a result of a diagnosis of mental illness."[5] *[see peer-run organization below also]*
Consumer Run Programs	Consumer Run Program indicates that although the board is not a majority of consumers, the executive director and staff are consumers. These programs are usually attached (financially and legally) to a traditional provider, and are not independent 501(c) (3) non-profit organizations.[6]
Consumer Stakeholder Project (CSP)	CSP was a 2012-2014 partnership of CAMHPRO and Peers Envisioning and Engaging in Recovery Services (PEERS), funded by the Mental Health Services Oversight and Accountability Commission (MHSOAC). In 2015, MHSOAC awarded CAMHPRO another contract with the same goals, a program of which was named STAKE.

[4] "Peer Respite Programs for Mental Health Crises: Research and Practice Initiatives in the United States Peer Respite Programs for Mental Health Crises: Research and Practices Initiatives in the United States." Laysha Ostrow, MPP, PHD candidate, November 26, 2013 presentation to the MHSOAC.

[5] Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Statewide Consumer Network Program, Funding Opportunity Announcement (FOA) No. SM-16-002, November 16 2015.

[6] "Peer Respite Programs for Mental Health Crises: Research and Practice Initiatives in the United States Peer Respite Programs for Mental Health Crises: Research and Practices Initiatives in the United States." Laysha Ostrow, MPP, PHD candidate, November 26, 2013 presentation to the MHSOAC."Peer-Run Crisis Respites: A review of the model and opportunities for future developments in research and innovation." Laysha Ostrow, MPP and Dan Fisher MD, PhD, 2011.

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Co-Occurring Disorders (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.
Cultural Responsiveness	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.
Cultural Competence	MHSA Core Value: Incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration, and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program, or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals. (1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities. (2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations. (3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities. (4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery. (5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery. (6) An understanding of the impact bias, racism, and other forms

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	of discrimination have on the mental health of each individual served is incorporated into service delivery. (7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community. (8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve. (9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community. (Title 9, California Code of Regulations, §§3320 and 3200-100)
Day at the Capitol	The Day at the Capitol Is a free half-day event at the capitol in Sacramento where CAMHPRO members and friends of consumers (individuals with lived experience) come together in opposition of or in support of legislation that has impact on consumers. The day's event include a resource fair of community based organizations, an educational rally, and visits to legislators and their staff. This is an opportunity to meet and develop relationships with elected legislators and inform them of the important issues facing consumers.
Department of Mental Health (DMH), State of California	A state agency that oversaw services provided by the California Mental Health System. Dismantled in 2012.
The Department of State Hospitals (DSH)	Manages the California state hospital system, which provides mental health services to patients admitted into DSH facilities. DSH oversees five state hospitals and three psychiatric programs located in state prisons.
Disability Rights California (DRC)	DRC's mission is to advocate, investigate and litigate to advance and protect the rights of Californians with disabilities.
Electronic Health Record (EHR)	An electronic health record provides secure, real-time, patient-centric information to aid clinical decision-making

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	by providing access to a patient's health information at the point of care.
Evidence-Based Practice (EBP)	"Evidence-based Practice" means the range of treatment and services of well-documented effectiveness. An evidence-based practice has been, or is being evaluated and meets the following criteria: 1) Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive public health outcomes. 2) Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in public health research literature.
Family-driven	MHSA Core Value: Families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family-driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes. (Title 9, California Code of Regulations, §§3320 and 3200-120)
Family Member	Family members refer to relatives of past or present consumers or those eligible to receive services from the public mental health system.
Federal Funding	The majority of federal funding that California receives for public mental health care is used to reimburse the state and counties for services provided to Medi-Cal beneficiaries. Federal payment match state spending based on the federal Medicaid assistance percentage. Because Medi-Cal is a federal entitlement program it has a legal obligation to pay for all medically necessary covered, services for eligible individuals. The state cannot set predetermined spending limits for Medi-Cal beneficiaries. Federal funding also includes Substance Abuse and Mental Health Services Administration (SAMHSA) block grants.
Federal Financial	Federal Financial Participation for Short-Doyle/Medi-Cal services and/or Medi-Cal Administrative Activities as

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Participation (FFP)	authorized by Title XIX of the Social Security Act, 42 US Code Section 1396 et seq.
Full Service Partnerships (FSPs)	In a FSP, individuals (and sometimes their families) enroll in a voluntary program that provides a broad range of supports to accelerate their recovery. These include: • Assignment of a single point of responsibility service coordinator • Access team with a low enough caseload to ensure 24/7 availability • Linkages to, or provision of, supportive services defined by the client • "Whatever-it-takes" commitment to progress on concrete recovery goals • Additional Access to System Development services below Clarification on FSP Requirements from DMH, now DHCS http://www.dhcs.ca.gov/services/MH/Documents/FSP_FAQs_04-17-09.pdf
Health Insurance Portability and Accountability Act (HIPAA)	The U.S. Congress enacted HIPAA 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.
Holistic Model	Holistic model describes the approach to mental wellness as encompassing an individual's whole life, including mind, body, spirit, and community. Holistic services embrace all aspects of life including housing, employment, education, mental health and healthcare treatment and services, complimentary and naturalistic services addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. (Adapted from SAMHSA definition of Recovery consensus statement.)
Innovation (INN)	MHSA Funding Component: INN funds learning-based projects that are intended to affect an aspect of mental health

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	practices and/or assess a new or changed application. INN projects must address one of the following: • Increase access to underserved groups • Increase the quality of services including measurable outcomes • Promote interagency and community collaboration • Increase access to services Guidelines for INN Component from DMH http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf
Integrated Service Experiences for Clients and their Families	MHSA Core Value: The client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner. (Title 9, California Code of Regulations)
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 children in state foster care or at imminent risk of out-of-home placement.
Lanterman-Petris-Short Act (LPS)	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 violent to self or others) or "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.
Laura's Law,	See AB 1421
Maintenance of Effort (MOE)	The level of spending required by Counties required to receive their portion of the state sales tax revenue for mental health services. The MOE varies from county to county based on size.

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Mental Health Program Shift	In the 2011- 2012, the Governor's budget eliminated the Department of Mental Health. Responsibility for various tasks related to community mental health programs were shifted to other departments. The Department of State Hospitals (DSH) was created to administer the state hospitals and in-prison programs. (SB87 authorized the transition of positions and employees perform administrative functions for EPSDT and MPH from DMH to DHCS.) Proposition 63 oversight shifted from DMH to DHCS. The Proposition 63 Workforce Program shifted from DMH to the Office of Statewide Health Planning and Development (OSHPD). Various mental health consumer empowerment and county training contracts and responsibility for Proposition 63 technical assistance and program evaluation was shifted from DMH to Mental Health Oversight and Accountability Commission (MHOAC) Licensing functions for mental health rehabilitation centers and psychiatric health facilities was shifted from the Department of Social Services (DSS). These functions were later shifted to DHCS. A new office of Health Equity was created in the Department of Public Health that included the Department of Mental Health office of Multicultural Services.
Mental Health Services Act (MHSA) -Proposition 63	California created a new permanent revenue source for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services. Voters approved the MHSA (or Proposition 63) in 2004 to tax CA millionaires at 1% of their income exceeding one million to increase county mental health funding. MHSA is creating an innovative mental health system that promotes wellness, recovery, and resiliency—and decreases stigma. Services are culturally responsive, easier to access, and more effective in preventing and treating serious mental illness. MHSA is based on five essential core values (see each in glossary for definitions):

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Mental Health Services Act-Prop 63 *continued*	1. Community Collaboration 2. Consumer and Family Driven Services 3. Focus on Wellness, Recovery, Resiliency 4. Cultural Competence 5. Integrated Service Experience To meet these goals, funding is provided for the MHSA components: • Community Services and Supports (CSS) • Prevention and Early Intervention (PEI) • Workforce Education and Training (WET) • Innovation Projects (INN) • Capital Facilities & Technological Needs (CF/TN) See http://prop63.org/about/prop-63-today/ Additional funding was provided for Community Program Planning (CPP) to ensure meaningful stakeholder participation in all planning, budgeting, implementing and evaluating public mental health services. Also funding for Permanent Supportive Housing (PSH) for those with Serious Mental Illness who are homeless or at risk of homelessness was added. • Welfare & Institutions Code Section 5847-5848 (Original MHSA Statute from 2004) http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5845-5848 • Assembly Bill 100 (First Modification to MHSA passed in March 2011) http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0051-0100/ab_100_bill_20110314_amended_sen_v98.pdf • MENTAL HEALTH SERVICES ACT As Revised September 2013: http://www.mhsoac.ca.gov/sites/default/files/documents/2016-02/MHSA_AsRevisedSept2013_ForPosting_120613.pdf

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Mental Health Services Oversight and Accountability Commission (MHSOAC)	Mental Health Services Oversight and Accountability Commission (MHSOAC) oversees the implementation of the Mental Health Services Act (MHSA). The MHSOAC is also responsible for developing strategies to overcome stigma. At any time, the MHSOAC may advise the Governor or the Legislature on mental health policy. In the past, the MHSOAC was responsible for review and approval of county plans. Now the Commission shifted from review and approval of county plans to providing training and technical assistance for county mental health planning as needed. It still reviews and approves County INN proposals. Additionally, the Commission evaluates MHSA-funded programs throughout the State.
Mental Health Services Act Revised September 2013 Expanded Stakeholder input language	**MENTAL HEALTH SERVICES ACT As Revised September 2013:** http://www.mhsoac.ca.gov/sites/default/files/documents/2016-02/MHSA_AsRevisedSept2013_ForPosting_120613.pdf ***5846. (d) The commission [MHSOAC, above] shall ensure that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations.***
Medi-Cal Specialty Mental Health Services, include Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Prior to 1993, California's Medicaid program – called Medi-Cal -- historically included two components of service for persons with mental illness. All Medi-Cal beneficiaries were entitled to fee-for-service medically necessary inpatient services and limited outpatient services to treat diagnosed mental illness. In addition, counties operated the Short-Doyle Medi-Cal program, serving seriously mentally ill adults and seriously emotionally disturbed children. When public mental health clients were Medi-Cal- eligible, counties could claim federal matching Medicaid funds for their medically necessary services. In 1991, public mental health funds for the 'target population' of seriously mentally ill adults and children, including Short-Doyle clients, were realigned, with responsibility for planning, managing and delivering services shifted to counties.

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	In 1993, California opted for the federal Medicaid Rehabilitation Option for Short-Doyle Medi-Cal, offering counties the option of using a wide range of licensed practitioners (social workers, nurses, and counselors, in addition to psychiatrists and psychologists) to deliver services in a variety of sites, including homes, schools, senior centers, etc. During the period 1995-97, California consolidated the fee-for-service system for specialty mental health services and the Short-Doyle system into a single consolidated mental health system. Counties were offered the first opportunity to manage this system, including accepting the risk for a fixed amount of funds for the adult portion of the service. To date, all counties except one tiny county have accepted the system. A federal 'freedom of choice' waiver was granted, to permit the state to establish a single 'Mental Health Plan' in each area.
Medical Model	The medical model describes the approach to illness that 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 and the treatment course is determined by the diagnosis instead of determined by the strengths and functionality of the individual.
Medical Necessity	Medical Necessity is a United States legal doctrine, related to activities that 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. Mental health consumers use medical necessity to claim eligibility for Medicare.
Mental Health America of California (MHAC)	The mission of Mental Health America of California is to ensure that people of all ages, sexual orientation, gender, ethnicity, etc. who require mental health services and supports are able to live full and productive lives, receive the mental health services and other services that they

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	need, and are not denied any other benefits, services, rights, or opportunities based on their need for mental health services. MHAC provides advocacy and education for state decisions in Sacramento and in all communities throughout the state. MHAC aims to ensure that there is adequate funding, elimination of mental health disparities, insurance coverage and access to needed services. MHAC also educates Californians about mental illness, about the efficacy of treatment and about the outdated myths that cause stigma and denial of services.
National Alliance of Mental Illness, California	NAMI (National Alliance on Mental Illness) California is a grass roots organization of families and individuals whose lives have been affected by serious mental illness. It advocates for lives of quality and respect, without discrimination and stigma, for all our constituents. It provides leadership in advocacy, legislation, policy development, education and support throughout California. NAMI California has 71 local affiliates and represents 19,000 people to the California Legislature and Governor on mental illness issues.
Notice of Action (NOA)	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 Local Mental Health Plan, and the beneficiary's right to appeal.
Office of Statewide Health Planning and Development (OSHPD)	OSHPD's Healthcare Workforce Development Division develops and administers workforce plans and budget, particularly for the MHSA WET funding.
Outreach and Engagement (OE)	Historically, a number of groups have been un-served, underserved, or inappropriately served by public mental health. Outreach and engagement to these groups includes: • Identifying those in need • Reaching out to target populations Connecting those in need to appropriate treatment
Peer	A Peer is someone who shares a like experience or background with someone else as part of a group. In the context of Behavioral Health Services, it is someone who shares personal experience with mental illness and or

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	substance abuse. May also provide services or support to other peers.
Peer-Run Organization	"A peer-run organization is defined as a program or organization in which a majority of persons who oversee the organization's operation and are in positions of control have received mental health services. Peers must constitute a majority of the board or advisory group, and the director and a majority of staff, including volunteers, must identify as peers or consumers."[7] [*Also see Consumer- Run, Operated… above]*
Peer Support	Peer Support is mutual support, including the sharing of experiential knowledge and skills and social learning and plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
Peers Envisioning & Empowering Recovery Services (PEERS)	PEERS, an Alameda County peer-run organization was the partner agency with CAMHPRO contracted by the MHSOAC in 2012 through December, 2014 to develop the State Client Stakeholder Project (CSP) and curriculum, that this glossary was a section of.
Prevention and Early Intervention (PEI)	PEI focuses on interventions and programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness and preventing mental illnesses from becoming severe and disabling. • Prevention includes programs provided prior to a diagnosis for a mental illness. • Early Intervention includes programs that improve a mental health problem very early, avoiding the need for more extensive treatment, or that prevent a problem from getting worse. Guidelines for PEI Component from DMH http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Rev_PEI_Guidelines_Referencing_RM.pdf
Promising Practices	Programs and strategies that have some scientific research or data showing positive outcomes in delaying an

[7] Leadership and Characteristics of Nonprofit Mental Health Peer-Run Organizations Nationwide. (Laysha Ostrow, Ph.D., M.P.P., and Stephania L. Hayes, M.A., O.T.R.) *Psychiatric Services in Advance, February 2, 2015; doi: 10.1176/appi. ps.201400080.*

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	untoward outcome, but do not have enough evidence to support generalizable conclusions.
Promotoras	Promotoras are lay Hispanic/Latino community members who receive specialized training to provide basic health education in the community, although they are not professional health care workers. While most of their work entails educating target audiences about health issues affecting their community they also provide guidance in accessing community resources associated with health care. Often promotoras are residents and identified leaders in their community who work for community-based health promotion projects or as part of a research group. Thus, promotoras serve as liaisons between their community, health professionals, human and social service organizations. As liaisons, they often play the roles of an advocate, educator, mentor, outreach worker, role model, and translator. Depending on the organizations with which they work, promotoras may volunteer their time, draw a salary or receive a stipend. Promotoras have been predominantly volunteers if they assist only through delivery of educational material. However, since 2004 there has been a significant increase in the number of promotoras who are hired as staff and not only receive reimbursements for costs associated with their job (e.g., mileage reimbursement). Traditionally, promotoras have been Latino women. However, more men are entering the field and the gender-neutral term "promotores" is increasingly being used to be more inclusive.
Proposition 63 See Mental Health Services Act	Proposition 63 is the ballot initiative which passed in November 2004, and became the Mental Health Services Act.
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

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	money to fall back on during years when state or federal budgets for mental health were cut.
Protected Health Information (PHI)	PHI is any information about health status, provision of health care, or payment for health care that can be linked to an individual. This term is specifically defined under HIPAA.
Public Safety Realignment	Together, California Assembly Bill 109 (AB 109), Senate Bill 87 (SB 87), and Assembly Bill 111 (AB 111) were intended to address the fiscal emergency declared on January 20, 2011. See additional information under AB109.
Psychosocial Rehabilitation	Psychosocial Rehabilitation, or Social Rehabilitation, is based on a fundamental belief in the capacity of individuals to grow beyond the disabling effects of their diagnosis. Psychosocial Rehabilitation involves the creation of an intentional community with attention on the interconnections of consumers with their social and physical environments.
Realignment	In the 1960s, mental hospitals were closed and community based services were promised. 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	"A process of change through which individuals improve their health and wellness, live a self -directed life, and strive to reach their full potential." From SAMHSA News Release, 12-22/2011
Recovery Model	
Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)	REMHDCO is a statewide coalition of non-profit state wide and local organizations whose mission is to work to reduce mental health disparities through advocacy for racial and ethnic communities.
Substance Abuse and	Funding awarded by the Federal Government. The funding is awarded by the state to counties based on a legislative

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Mental Health Services Administration (SAMHSA) block grants	formula and application process. The SAMHSA grants are flexible funding source for services for adult and children ineligible for Medi-Cal and with no other coverage.
Serious Emotional Disturbance (SED)	"Serious Emotional Disturbance" means 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 use 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)	"Serious Mental Illness" 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.
Share of Cost	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.
Small County	"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.
Stakeholder	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.
Stakeholder Training Activating Key Empowerment (STAKE)	STAKE is a program funded by the Mental Health Services Oversight and Accountability Commission (MHSOAC) with MHSA monies. CAMHPRO held this contract 2015/2016. CAMHPRO revised and delivered training originally developed in partnership with Peers Envisioning and Engaging in Recovery Services (PEERS) for the former Client Stakeholder Project ("CSP").

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State Funding for public mental health services	A portion of the state's revenues from sales tax and vehicle license fees is directed to California's 58 counties for administration of mental health services. The mental Health Services Act (MHSA) is another source of state mental health funding.
State Peer Support Specialist Certification	As of 2014, there are 42 states in the country with protocols for State Certification of Peer Support Specialists and another four states in the process of finalizing state certifications. Of those states, over 30 even have unique Medicaid (Medi-CAL) billing codes for peer support specialists, which allow states to draw down matching federal funds. California has no State Certification. Senate Bill 614 (2015-2016) would have created such a process, but DHCS refused to open up the State Plan for an Amendment [see next] that would give CA this option too, even though the bill easily passed both houses of the California legislature.
State Plan Amendment (SPA)	A Medicaid and Children's Health Insurance Program (CHIP) state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs. It gives an assurance that a state will abide by Federal rules and may claim Federal matching funds for its program activities. The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state. When a state is planning to make a change to its program policies or operational approach, states send state plan amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) for review and approval. States also submit SPAs to request permissible program changes, make corrections, or update their Medicaid or CHIP state plan with new information. https://www.medicaid.gov/state-resource-center/medicaid-state-plan-amendments/medicaid-state-plan-amendments.html
Steinberg	Retired Senate Chair, Darrel Steinberg was instrumental in passing key mental health legislation: Investment in Mental

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	Health Wellness Act of 2013 – SB 88. Established funds for crisis facilities. Mobile crisis units. Some funds being used for capacity building for respite houses.
Stigma Discrimination	"Stigma" means the feelings, reactions and stereotypes that people experience when they encounter mental illness and the adults and children who face it. "Discrimination" means the unlawful and intentional action taken to deprive individuals of their rights to mental health services, based on those feelings and reactions.
Strength Based	The strength based approach focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life role (e.g., partner, caregiver, friend, student, employee). (Adapted from SAMHSA Consensus statement Recovery)
Supported Education	Supported education is the process of helping people with a diagnosis of mental illness and/or substance abuse addiction to participate in an education program so they may receive the education and training they need to achieve their learning and recovery goals.
System Development (SD)	SD refers to the development of core services funded through CSS, utilizing a recovery and resiliency lens, centering on the consumer. These services include but are not limited to: • Peer Support • Case Management • Clinical Interventions (including medication assistance) • Wellness Recovery Action Planning (WRAP) • Supported Education and Employment
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.
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

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	to transition from a higher to lower level placement or to prevent movement to a higher level of care.
Transition Age Youth (TAY)	This term applies to youth and young adults between the age 16 and 25. This age group is focus of treatment in the MHSA because across all races and ethnicities, TAY have the highest estimated prevalence of serious mental health issues.
Underserved/ Inappropriately Served	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.
United Advocates for Children and Families (UACF)	United Advocates for Children and Families (UACF) is a non-profit organization with a mission to improve the quality of life for all children and youth with mental, emotional, and behavioral challenges and to eliminate institutional discrimination and social stigma. UACF forms collaborations and educates the community about important issues involving families and children with mental health disorders. UACF also operates a direct services program for and by families in various counties of the state [of California].
Very Small County	"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.
Wellness, Recovery, and Resilience-focused	MHSA Core Value: Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers: To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. To promote consumer-operated services as a way to support recovery. (MHSA Section 7, W&I §5813.5(d))
"Whatever It Takes"	This term 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

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	and families regain their lives. For most clients, full recovery requires more than clinical interventions.
Workforce Education and Training (WET)	MHSA Funding Component: WET funding ends in 2018, unused funds revert back to the State; provides funding to remedy the shortage of staff available to address serious mental illness, to promote the employability of consumers and family members with lived experience and to train and retain staff to provide services in accordance with MHSA core principles. WET funds in these five categories: • Workforce Staffing Support • Training and Technical Assistance • Mental Health Career Pathway Programs • Residency and Internship Programs • Financial Incentive Programs
WRAP Plan, Wellness Recovery Action Plan	The registered trademarks for a recovery model authored and designed by Mary Ellen Copeland and The Copeland Center for Wellness and Recovery. It is an evidence-based best practice, consisting of a personalized wellness and crisis plan development program, and is included on the SAMHSA National Registry for Evidence-Based Programs and Practices. The WRAP model was developed with the help of a team of people with lived experience.
Wraparound	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 them new skills for managing the specials needs of their child. Wraparound is one of the services that children's MHSA programs are built upon.