

# Amador County Behavioral Healthcare Mental Health Services Act Primer



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## Proposition 63 / Mental Health Services Act (MHSA)

**Purpose:** MHSA (or Proposition 63) was approved by voters in 2004 to tax millionaires 1% of their income 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 competent, easier to access, and more effective in preventing and treating serious mental illness.

### MHSA is based on five essential elements:

- **Community Collaboration**
- **Cultural Competence**
- **Consumer and Family Driven Services**
- **Focus on Wellness, Recovery, Resiliency**
- **An Integrated Service Experience**

To meet these goals, funding is provided for:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation Projects (INN)
- Workforce Education and Training (WET)
- Capital Facilities & Technological Needs (CF/TN)

Additional funding was provided for Community Program Planning (CPP) and for Permanent Supportive Housing (PSH) for those with Serious Mental Illness who are homeless or at risk of homelessness.

MHSA funding is allocated as follows:

- 75-80% of the county's annual MHSA funds are allocated to CSS with a 3-year reversion period
- 15-20% of the county's annual MHSA funds are allocated to PEI with a 3-year reversion period
- 5% of the county's annual MHSA funds are allocated to INN with a 3-year reversion period (The county is required to utilize 5% of the total funding for CSS and PEI for Innovative Programs)
- One-time funds were allocated to WET, CF/TN, and PSH, with a 10-year reversion period (Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 07-08)

Counties must establish and maintain a Prudent Reserve to ensure the county program will continue to be able to serve the MHSA target populations during years in which revenues for the Mental Health Services Fund are below recent averages. Most counties set aside 50% of their FY 2008/09 CSS amounts.

Initially, MHSA funds were released to the county upon state approval of component expenditure plans and annual updates. After Assembly Bill 100 and 1467 were passed, plans and expenditures were approved locally and funds were distributed by the state controller on a monthly cash-in/cash-out basis.

### References:

- 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](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0051-0100/ab_100_bill_20110314_amended_sen_v98.pdf)
- Assembly Bill 1467 (Second Modification to MHSA passed in July 2012)  
[http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1451-1500/ab\\_1467\\_bill\\_20120613\\_amended\\_sen\\_v98.pdf](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1467_bill_20120613_amended_sen_v98.pdf)

## Community Services and Supports (CSS)

**Purpose:** 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.

**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 case manager
- 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

**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

**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

## References:

- Clarification on FSP Requirements from DMH  
[http://www.dmh.ca.gov/Prop\\_63/MHSA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

## Prevention and Early Intervention (PEI)

**Purpose:** PEI focuses interventions and programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness.

- 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.

### References:

- 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](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Rev_PEI_Guidelines_Referencing_RM.pdf)

## Innovation (INN)

**Purpose:** INN funds learning-based projects that are intended to affect an aspect of mental health 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

### References:

- Guidelines for INN Component from DMH  
[http://www.dmh.ca.gov/DMHDocs/docs/notices09/09-02\\_Enclosure\\_1.pdf](http://www.dmh.ca.gov/DMHDocs/docs/notices09/09-02_Enclosure_1.pdf)

## Workforce Education and Training (WET)

**Purpose:** WET provides funding to remedy the shortage of staff available to address serious mental illness and to promote the employability of consumers. 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

## Capital Facilities and Technological Needs (CF/TN)

**Purpose:** 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.

# Amador County Behavioral Healthcare Local Implementation Executive Summary



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## Mental Health Services Act

After an extensive community planning process for each plan, Amador County began implementing the following MHSa components.

- 2007: Community Services and Supports
- 2010: Prevention and Early Intervention
- 2010: Innovation Projects
- 2010: Workforce Education and Training
- 2012: Capital Facilities and Technological Needs

**Allocation:** Initially, funding was released annually upon state approval of MHSa plans. In 2012, MHSa shifted to local plan approval and monthly allocations (see AB 1467). Below is an overview of funding:

Amador County MHSa Funding (CSS, PEI, INN)				
FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
\$ 1,775,600	\$2,236,600	\$1,971,300	\$1,729,878	\$2,083,883*

\*Estimated

## Community Services and Supports (CSS)

- FY 2006/07: SD was implemented internally via the Integrated Recovery Team (IRT) model
- FY 2008/09: O&E was implemented via contracts with Mental Health America (MHA), ATCAA, First 5 Amador, NAMI (transitioned to PEI in FY 2012/13 Annual Update), the Amador Senior Center (no longer funded), and Sierra HOPE (no longer funded).
- FY 2008/09: FSPs were implemented internally via the IRT
- Annually: An average of 250 served through SD and 3,000 through OE
- Annually: An average of 45 FSPs served via the IRT

**Allocation:** CSS receives 75 - 80% of all MHSa funding each year. Below is an overview of funding:

Amador County Community Services and Supports Funding				
FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
\$1,298,300	\$1,648,300	\$1,435,100	\$1,357,100	\$1,560,665*

\*Estimated

## Prevention and Early Intervention (PEI)

- FY 2009/10: Intervention for Anxiety & Depression was funded internally
- FY 2009/10: Primary Care/Mental Health Liaison was funded internally
- FY 2009/10: Support for Parenting Grandparents was funded via the Resource Connection
- FY 2009/10: The Youth Empowerment Program was funded through MHA & ATCAA
- FY 2009/10: Promotores de Salud was funded through ATCAA
- FY 2010/11: Building Blocks for Resiliency was funded through ATCAA

- FY 2010/11: Isolated Senior Project was funded through the Amador Community Foundation
- Annually: Approximately 950 individuals and 60 families are served through PEI

**Allocation:** PEI receives 15 - 20% of all MHSA annual funding. Below is an overview of funding:

<b>Amador County Prevention and Early Intervention Funding</b>				
FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
\$227,600	\$327,600	\$227,100	\$199,700	\$188,025*

*\*Estimated*

### **Innovation (INN)**

- FY10/11: Community-Driven Delivery of Self-Management Practices funded for 80 persons for:
  - Wellness Recovery Action Planning (WRAP)
  - Mindfulness-Based Stress Reduction (MBSR)
  - Meridian Tapping Techniques (MTT)

**Allocation:** INN receives exactly 5% of all MHSA annual funding. Below is an overview of funding:

<b>Amador County Innovation Funding</b>				
FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
\$115,200	\$115,200	\$194,600	\$80,000	\$87,400*

*\*Estimated*

### **Workforce Education and Training (WET)**

- FY 2010/11: IRT Development & Training funded internally and contracted through Zia Partners
- FY 2010/11: 2 Student Interns placed and utilized internally from CSU Sacramento
- FY 2010/11: WET Career Pathways Program contracted through MHA
- FY 2010/11: Participation in WET Regional Projects through CiMH

**Allocation:** Amador received a one-time amount of \$450,000 in FY 2007/08 for a 10 year period.

### **Capital Facilities and Technological Needs (CF/TN)**

- FY 2012/13: Drafted CF/TN plan to purchase Anasazi, contracted through Kings View for support
  - Amador currently uses Avatar, which is not able to meet the department's productivity demands or the state and federal requirements for a fully electronic record.
- FY 2012/13: Exploration of Crisis Residential Treatment & Adult Residential Treatment options

**Allocation:** Amador received a one-time amount of \$788,500 in FY 2008/09 for ten years.

### **Permanent Supportive Housing (Under CSS)**

Amador was allocated a one-time Permanent Supportive Housing fund in the amount of \$501,800 to assign to the California Housing Finance Agency to administer to a qualified developer within a ten year period. A qualified housing project and developer has yet to be identified within the county.

## **GLOSSARY OF MENTAL HEALTH TERMS**

### **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 and/or gravely disabled. A qualified officer, who 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.

### **AB 100**

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.

### **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-supplantation, and fiscal accountability. 7) Requiring counties to involve alcohol and 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.

### **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 Healthcare Services (DHCS)**

The Department of Health Care Services' (DHCS) mission is to preserve and improve the health status of all Californians. DHCS works closely with health care professionals, county governments and health plans to provide a health care safety net for California's low-income and persons with disabilities. 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 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 by advocacy, education, outreach, oversight, monitoring, quality improvement, and the provision of direct services.

#### **California Institute for Mental Health (CiMH)**

The mission of CiMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.

#### **California Mental Health Directors Association (CMHDA)**

CMHDA provides leadership, advocacy, expertise and support to California's county and city mental health programs (and their system partners) to assist them in promoting the recovery of persons with serious mental illness and serious emotional disturbance. Their goal is to assist in building an equitable public mental health system that ensures the accessibility of quality, cost-effective mental health care.

#### **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.

#### **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)**

CF/TN is intended to support the needed infrastructure associated with the growth of the public mental health system as a result of increased funding from MHSA and to keep up with State and federal mandates requiring the conversion to Electronic Health Records (EHR). Capital Facilities funding is limited to the purchase and/or rehabilitation of county-owned facilities for the provision of mental health services and/or administration. Technological Needs may cover any number of expenditures including the purchase of electronic billing and records software, computers for staff or consumers (such as in a consumer-run clubhouse), and other software or hardware needed to conduct business.

#### **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.

#### **Community Services and Supports (CSS)**

CSS is the first and largest component funded under MHSA. CSS focuses on children and families, transitional age youth, adults, and older adults who have the most severe and persistent mental illness

or serious emotional disturbances, including those who are at risk of homelessness, jail, or being put or kept in other institutions because of their mental illness. This component must demonstrate community collaboration, cultural competence, consumer and family-driven services and other aspects that support a recovery and resilience oriented system of care. CSS funding is allocated to “systems of care” (i.e. teams focusing on children or adults) which are required to meet these needs: Full Service Partnerships, System Development, and Outreach and Engagement. A one-time allocation to develop Permanent Supportive Housing is included under CSS.

### **Consumer**

Per MHSA, consumers are active or past clients of the public mental health system.

### **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 Competency**

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.

### **Electronic Health Record (EHR)**

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.

### **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 Member**

Family members refer to relatives of past or present consumers of the public mental health system.

### **Federal Financial Participation (FFP)**

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

### **Full Service Partnerships (FSPs)**

FSPs are a required program under MHSA CSS. In a FSP, individuals and, where appropriate, their families enroll in a voluntary program designed to ensure that the person(s) receiving services are provided the broad range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each individual is assigned to a single point of responsibility case manager (personal service coordinator) and team with a low enough caseload to ensure 24/7 availability. Services include linkages to, or provision of, all needed services as defined by the client and/or family in consultation with the case manager. Services are founded on a “whatever-it-takes” commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being.



### **Health Insurance Portability and Accountability Act (HIPAA)**

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.

### **Innovation (INN)**

INN funds learning-based projects that are intended to affect an aspect of mental health practices and/or assess a new or changed application. INN projects must address one of the following as their primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services. Projects must also do one of the following: a) introduce a new mental health practice or approach, including but not limited to prevention and early intervention b) make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or c) introduce to the mental health system of a promising community-driven practice or approach or a practice/approach that has been successful in non-mental health contexts or settings.

### **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 "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**

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.

### **Mental Health Services Act (MHSA)**

MHSA (or Proposition 63) was approved by voters in 2004 to impose a 1% tax on income in excess of \$1 million to increase county mental health funding for the purpose of improving services. MHSA is based on five essential elements: Community Collaboration; Cultural Competence; Consumer and Family Driven Services; a Focus on Wellness, Recovery, and Resiliency; and an Integrated Service Experience for Consumers and their Family Members. To transform public mental health at the county level, MHSA

addresses system development, outreach and engagement, early onset of mental illness and preventative care, as well as the infrastructure, technology, and education needed to support the growth of the system. MHSA was intended to promote new ways of doing business in public mental health, specifically toward increasing access to services, especially for those who had been historically un-served, underserved, or inappropriately served.

#### **Mental Health Services Oversight and Accountability Commission (MHSOAC)**

In the past, the MHSOAC was responsible for review and approval of county plans for PEI and INN. After the passage of AB 100 in March 2011, the role of the Commission shifted from review and approval of county plans to providing training and technical assistance for county mental health planning as needed. Additionally, the Commission evaluates MHSA-funded programs throughout the State.

#### **Medical Model**

The 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 and the treatment course is determined by the diagnosis.

#### **Medical Necessity**

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.

#### **Mental Health Services Act (MHSA)**

The MHSA, adopted by the California electorate on November 2, 2004 creates 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.

#### **National Alliance on Mental Illness (NAMI)**

NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a national organization including NAMI organizations in every state and in over 1100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support, and education.

#### **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.

#### **Outreach and Engagement (OE)**

Historically, a number of groups have been un-served, underserved, or inappropriately served by public mental health. OE refers to the process of reaching out to and engaging those groups to seek appropriate mental health treatment as needed. Ideally, persons with personal, lived experience perform OE services as they have the most relatable backgrounds to those in need.

## **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 substance abuse. May also provide services or support to other peers.

## **Peer Support**

Peer Support is a concept of mutually interdependent relationships which promote wellness, harmony, and a culturally-congruent sense of self beyond the disabling effects of the condition known as mental illness. S/he encourages the individual to exercise choice and the right of self-determination.

## **Prevention and Early Intervention (PEI)**

PEI is the second largest component of MHSA and focuses interventions and programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness. "Prevention" 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. (Examples: suicide prevention, stigma reduction, and anti-bullying campaigns.) "Early Intervention" includes programs directed toward individuals and families for whom a short-duration (usually less than one year), relatively low intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. (Examples: mental health consultation/with interventions in child care environments; parent-child interaction training for children with behavioral problems; anger management guidance; and socialization programs with a mental health emphasis for home-bound older adults with signs of depression).

## **Proposition 63**

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 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.

## **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**

Recovery in a mental health context refers to regaining a meaningful quality of life by someone with mental illness. Recovery is a deeply personal, non-linear experience, which begins with acceptance of the illness and occurs as the individual develops a new sense of self, which incorporates the reality of having a severe mental illness. Recovery in a substance abuse context refers to the process of reducing the dependence of a substance abuse or alcohol addiction.

### **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.

### **Stigma and 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.

### **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)**

System Development (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, and medication assistance. Examples of SD include supported housing, education, and employment; Wellness Recovery Action Planning (WRAP).

#### **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 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 became a focus of treatment in the MHSA.

#### **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.

#### **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.

#### **“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 and families regain their lives. For most clients, full recovery requires more than clinical interventions.

#### **Workforce Education and Training (WET)**

WET provides dedicated funding to remedy the shortage of qualified individuals available to provide services to address serious mental illness and to promote the empowerment and employability of consumers and family members in the public mental health workforce. To ensure local needs are met, each county was required to conduct a workforce needs assessment. Based on their needs assessments, counties have up to ten years to spend their one-time WET funds in these five categories: Workforce Staffing Support, Training and Technical Assistance, Mental Health Career Pathway Programs, Residency and Internship Programs, and Financial Incentive Programs.

#### **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 special needs of their child. Wraparound is one of the services that children’s MHSA programs are built upon.

## MENTAL HEALTH ACRONYMS

3632	AB 3632; County educationally-related mental health services
501c3	Non-Profit Organization
AB	Assembly Bill
ACSW	Associate Clinical Social Worker (also Academy of Certified Social Workers)
ACT	Assertive Community Treatment
ADRDA	Alzheimer's Disease and Related Disorders Association
ADT	Admission, Discharge, and Transfer
AHA	American Hospital Association
AIDS	Acquired Immune Deficiency Syndrome
AMA	American Medical Association
AMHA	Association of Mental Health Administrators
AMI	Alliance for the Mentally Ill
APA	American Psychiatric Association or American Psychological Association
ARC	AIDS Related Complex
ASH	Atascadero State Hospital
ASO	Administrative Services Organization
ASOC	Adult's System of Care
BCP	Budget Change Proposal
BHI	Boarding Homes and Institutions
BMQA	Board of Medical Quality Assurance (Now known as the Medical Board of California)
BPT	Board of Prison Terms
CADPAAC	County Alcohol and Drug Program Administrators Association of California
CAHF	California Association of Health Facilities
CAL	Citizens Action League (aka CAL-MH)
CALMH	California Association of Local Mental Health Boards and Commissions
CalMHSA	California Mental Health Services Authority
CAL-OSHA	California Occupational Safety and Health Act
CALQIC	California Quality Improvement Coordinators
CALWORKS	California Work Opportunity and Responsibility to Kids
CAMFT	California Association of Marriage and Family Therapists
CAMHAAO	California Association of Mental Health Advocates for Older Adults
CAMHPRA	California Association of Mental Health Patient Rights Advocates
CAO	County Administrative Officer
CARCH	California Association of Residential Care Homes
CASIG	Client Assessment of Strengths, Interests and Goals
CASRA	California Association of Social Rehabilitation Agencies
CASSP	Child and Adolescent Service System Program
CATPA	Computer Assisted Treatment Plan – Atascadero
CBT	Cognitive Behavioral Therapy
CC	Cultural Competency
CCAC	Cultural Competence Advisory Council
CCCMHA	California Council of Community Mental Health Agencies
CCF	Community Care Facility
CCH	California Association of Children's Homes
CCR	California Code of Regulations
CCTF	Cultural Competency Task Force
CDADP	California Department of Alcohol and Drug Programs

CDC	California Department of Corrections
CDS	Client Data System (Predecessor of CSI)
CF	Capital Facilities
CFMTF	Client & Family Member Task Force
CFR	Code of Federal Regulations
CHA	California Health Care Association
CHSA	California Health and Human Services Agency
CIMH	California Institute for Mental Health
CIT	Crisis Intervention Team
CLR	Community Liaison Representative
CMA	California Medical Association
CMAC	California Medical Assistance Commission
CMC	California Men's Colony
CMF	California Medical Facility (Vacaville)
CMHACY	California Mental Health Advocates for Children and Youth
CMHC	Community Mental Health Center
CMHDA	California Mental Health Directors Association
CMHPC	California Mental Health Planning Council
CMHS	Center for Mental Health Services (Federal)
CNA	California Nurses Association
CNMHC	California Network of Mental Health Clients (aka "the Network")
COBCP	Capital Outlay Budget Change Proposal
COLA	Cost of Living Adjustment
CON	Certificate of Need
CONREP	Forensic Conditional Release Program
CPA	California Psychiatric Association
CRC	Caregiver Resource Center
CRCAC	Community Residential Care Association of California
CR/DC	Cost Reporting and Data Collection System
CRTS	Community Residential Treatment Systems
CSAC	California State Association of Counties
CSEA	California State Employees Association
CSI	Client Services Information System
CSOC	Children's System of Care
CSPA	California State Psychological Association
CSS	Community Services and Supports
CSSP	Community Support System Project
CSP	Community Support Program
CSU	California State University
CTF	Community Treatment Facility
CWDA	California Welfare Directors Association
CSW	Clinical Work Station
CYA	California Youth Authority
DBT	Dialectical Behavioral Therapy
DD	Developmentally Disabled
DDS	Department of Developmental Services
DDTF	Dual Diagnosis Task Force
DGS	Department of General Services

DHHS	Department of Health and Human Services (Federal)
DHS	Department of Health Services
DMH	Department of Mental Health
DOF	Department of Finance
DOIT	Department of Information Technology
DOR	Department of Rehabilitation
DPA	Department of Personnel Administration
DR	Department of Rehabilitation
DRGs	Diagnostically Related Groups
DSM IV	Diagnostic and Statistical Manual of Mental Disorders Fourth Edition
DSS	Department of Social Services
EAP	Employee Assistance Program
EBP	Evidenced Based Practice
ECT	Electroconvulsive Therapy
ED	Executive Director
EEO	Equal Employment Opportunity
EHR	Electronic Health Record
EMHI	Early Mental Health Initiative
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ERA	Expense Reimbursement Agreement
ERMHS	Educationally-related mental health services
FEMA	Federal Emergency Management Administration
FFP	Federal Financial Participation
FFS/MC	Fee-for-Service Medi-Cal
FFY	Funding Fiscal Year
FI	Fiscal Intermediary
FSP	Full Service Partner/ship
FTE	Full Time Equivalent (Staff)
FY	Fiscal Year
GC	Government Code
HAC	Hospital Automation Committees
HAS	Hospital Automation System
HCDF	Health Care Deposit Fund
HCFA	Health Care Financing Administration (Federal)
HFP	Healthy Families Program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus (clinical name of the AIDS virus)
HMO	Health Maintenance Organization
HOAC	Health Officers Association of California
HSA	Health Systems Agency
HTLV-III	Previously the preferred clinical name of the AIDS virus (see HIV)
HWA	Health and Welfare Agency (predecessor of CHHSA)
HWDC	Health and Welfare Data Center (now known as HHSDC)
HHSDC	Health and Human Services Data Center (formerly HWDC)
IA	Interagency Agreement
ICD-10	International Classification of Diseases (Tenth Edition)
ICF	Intermediate Care Facility
ICF/PR	Intermediate Care Facility/Psychiatric Rehabilitation



ICF/SA	Intermediate Care Facility/Sub-Acute
IDEA	Individuals with Disabilities Education Act of 1990
IEP	Individualized Education Plan
IFB	Invitation for Bid
IMD	Institution for Mental Disease
INN	Innovation
IRB	Institutional Review Board
ISA	Integrated Services Agency
ISO	Information Security Officer
IST	Incompetent to Stand Trial
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JC/PC	Judicially Committed/Penal Code
JPA	Joint Powers Authority
LAN	Local Area Network
LAO	Legislative Analyst's Office
LCC	Lower of Cost or Charges (Federal Reimbursement Policy)
LCSW	Licensed Clinical Social Worker
LEA	Local Education Agency
LEAP	Limited Examination and Appointment Program
LOC	Level of Care
LPCC	Licensed Professional Clinical Counselor
LPS	Lanterman-Petris-Short Act
LTCS	Long Term Care Services
LVN	Licensed Vocational Nurse
MAA	Medi-Cal Administrative Activity (Claiming)
MC/OS	Medi-Cal Oversight
MCP	Managed Care Plan
MD	Mentally Disabled or Mentally Disordered (or Doctor of Medicine)
MDO	Mentally Disordered Offender
MDSO	Mentally Disordered Sex Offender
MEDS	Medi-Cal Eligibility Data System
MFCC	Marriage, Family and Child Counselor
MFT	Marriage and Family Therapist
MFTI	Marriage and Family Therapist Intern
MHAC	Mental Health Association of California (aka MHA)
MHB/C	Mental Health Advisory Board (in each county) (Sometimes a Commission)
MHP	Mental Health Plan
MHRC	Mental Health Rehabilitation Centers
MHS	Mental Health Services
MHSA	Mental Health Services Act (Proposition 63)
MHSOAC	Mental Health Services Oversight and Accountability Commission
MIA	Medically Indigent Adult
MNC	Medical Necessity Criteria
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MSH	Metropolitan State Hospital
MSW	Master of Social Work

NAMI	National Alliance for the Mentally Ill
NASMHPD	National Association of State Mental Health Program Directors
NASW	National Association of Social Workers
NFP	Nominal Fee Provider
NGI	Not Guilty by Reason of Insanity
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute of Drug Abuse
NIMH	National Institute of Mental Health
NLOC	Non-Level of Care - staffing
NNA	Negotiated Net Amount
NOA	Notice of Action
NorQIC	Northern California Quality Improvement Coordinators
NR	Negotiated Rate
NSH	Napa State Hospital
OA	Office Automation
OAL	Office of Administrative Law
OBRA	Omnibus Budget Reconciliation Act
OBS	Organic Brain Syndrome
OE	Outreach and Engagement
OL	Office of Legislation (DMH)
OMS	Office Multicultural Services (DMH)
OSHPD	Office of Statewide Health Planning and Development
PACT	Programs for Assertive Community Treatment
PAI	Protection & Advocacy, Inc.
PASRR	Preadmission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness
PC	Penal Code
PEI	Prevention and Early Intervention
PHF	Psychiatric Health Facility
PHP	Prepaid Health Plan
PIO	Public Information Office or Public Information Officer
PM	Property Management
PSH	Permanent Supportive Housing
POS	Physicians Orders System
PSH	Patton State Hospital
PSRO	Professional Standards Review Organization
PST	Planned Scheduled Treatment
PSW	Psychiatric Social Worker
PT	Psychiatric Technician or Physical Therapy/Therapist
QA	Quality Assurance
QI	Quality Improvement
RCF	Residential Care Facility
RFA	Request for Application
RFI	Request for Interest
RFP	Request for Proposal
RN	Registered Nurse
SAM	State Administrative Manual
SAMHSA	Substance Abuse and Mental Health Services Administration

SB	Senate Bill
SCO	State Controller's Office
SD/OE	System Development/Outreach and Engagement
SD	Short-Doyle Act
SD/MC	Short-Doyle/Medi-Cal
SE	Supported Employment
SED	Seriously Emotionally Disturbed
SEP	Special Education Pupils
SH	Supportive Housing
SFT	Solution Focused Therapy
SFY	State Fiscal Year
SGF	State General Fund
SHAB	State Hospital Advisory Board
SHIA	Supportive Housing Initiative Act
SMA	Schedule of Maximum Allowances
SMH	Student Mental Health
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
SOC	Systems of Care
SOCCO	Society of Community Care Operators
SOCI	Staff Observations and Client Information
SoCQIC	Southern California Quality Improvement Coordinators
SOPS	Structured Out-Patient Services
SOTEP	Sex Offender Treatment and Evaluation Project
SP	Suicide Prevention
SPB	State Personnel Board
SPMP	Skilled Professional Medical Personnel
SSI/SSP	Supplemental Security Income/State Supplementary Program
STP	Special Treatment Program
SVP	Sexually Violent Predator
TANF	Temporary Assistance to Needy Families
TAR	Treatment Authorization Request
TBI	Traumatic Brain Injury
T-CON	Temporary Conservatorship
TDC	Teale Data Center
Title 9	Portion of California Code of Regulations Community Mental Health Services
TIRU	Department of Finance, Technology Investment Review Unit
TOS	Treatment Outcome System
UMDAP	Uniform Method of Determining Ability to Pay
UR	Utilization Review
VLF	Vehicle License Fees
VOC-REHAB	Related to Vocational-Rehabilitation Issues
VPP	Vacaville Psychiatric Program
WET	Workforce Education and Training
WIC	Welfare and Institutions Code
WIT	Worker Injury Tracking
WRAP	Wellness Recovery Action Plan