

Stanislaus County Behavioral Health and Recovery Services (BHRS)

Glossary of Key Terms and Acronyms

(Compiled in August 2010 – subject to ongoing revision/update)

**AB 34 & AB 2034:** In 1999, the State Legislature passed Assembly Bill (AB) 34 which provided \$10 million for pilot programs to provide services for homeless individuals in Stanislaus, Los Angeles, and Sacramento counties. The pilot programs were very successful in reducing the number of homeless days, jail days, and psychiatric hospital days experienced by enrollees. As a result of this success, the legislature passed AB 2034 which expanded the pilot programs and created additional programs statewide directed at serving homeless persons, parolees, and probationers with serious mental illness. Despite its success, this funding was eliminated in Fiscal Year 2007- 2008.

**ABSAP:** Advisory Board on Alcohol & Drug Problems - a body established by California law to advise the Alcohol and Drug Program Administrator regarding the expenditure of public funds for services.

**Access:** The extent to which an individual who needs care and services is able to receive them.

**ACT:** Assertive Community Treatment - sometimes referred to as Program of Assertive Community Treatment (PACT), is a team-based approach to the provision of treatment, rehabilitation, and support services.

**Administration Costs:** Costs of operating and managing programs not directly tied to the provision of specific services.

**Allocation:** Distribution of funds for specified purpose or component.

**AOD:** Alcohol & Other Drug Programs - part of services offered by Behavioral Health and Recovery Services.

**Arrears:** Refers to "being behind" because final auditing of MHSA (Mental Health Services Act) tax receipts are determined two years after the filing date of the tax return. As a result, MHSA initial allocations are based on estimated tax receipts. When final allocation amounts are determined, the difference is adjusted to counties' allocations two years in arrears.

**ASOC:** Adult System of Care.

**BHRS:** Behavioral Health and Recovery Services.

**BOS:** Stanislaus County Board of Supervisors.

**Budget:** A spending plan that includes estimates of proposed expenditures and revenues. Developed using the best information available at the time the budget is developed.

**Capacity-building:** Strengthening the ability of communities to act on their own behalf to promote the wellbeing of their members.

**CAPFAC/TN or CFTN:** Capital Facilities and Technology Needs - a component of MHSA.

**CBO:** Community-based organization.

**CCR:** California Code of Regulations.

**CDSS:** California Department of Social Services.

**Children's Wraparound:** An integrated, multi-agency, community-based planning process grounded in a philosophy of unconditional commitment to support families to safely and competently care for their children. The most important outcome of the Wraparound approach is a child thriving in a permanent home and supported by normal community services and informal supports.

**CIMH:** California Institute for Mental Health.

**CMHDA:** California Mental Health Directors Association.

**COLA:** Cost of Living Increase.

**Community:** A group of people who know each other well enough that they can act together and support each other.

**Community Collaboration:** Bringing various stakeholders, including groups of individuals and families, agencies, organizations and businesses together to share information and resources to accomplish a shared vision.

**Co-Occurring Conditions:** Often used to indicate an individual with a mental health disorder and substance abuse disorders (alcohol and/or drug dependence or abuse), but can be used to describe other combinations of disorders.

**Consumer or Client:** Any individual who has or receives mental health, alcohol, drug and other care services.

**Consumer-Driven:** A client-centered system of mental health care tailored to an individual's needs, preferences, and timetables that views providers and family as partners.

**Cost Report:** An annual document prepared by each county that shows the actual costs of various services and programs using accepted accounting methods.

**CPI:** Consumer Price Index.

**CSI:** Client and Services Information System.

**CSOC:** Children's System of Care.

**CSS:** Community Services and Supports - a component of MHSA

**Cultural Competence:** The practice of continuous self-assessment and community awareness on the part of service providers to ensure a focus on the cultural, linguistic, socioeconomic, educational, and spiritual experiences of consumers and their families/support systems relative to their care.

**DHCS:** Department of Health Care Services

**Direct Service Costs:** Costs of providing services to clients.

**DMH:** Department of Mental Health (State of California).

**DSM:** Diagnostic and Statistical Manual of Mental Disorders.

**Dual Diagnosis:** A term used to indicate the co-occurrence of mental health disorders and substance abuse disorders (alcohol and/or drug dependence or abuse), although can be used to indicate other combinations of disorders.

**EPSDT:** The Early and Periodic Screening, Diagnostic, and Treatment service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21.

**Family-Driven:** Care that involves the family of a youth/consumer in the process of assessment, identifying treatment options and developing a treatment plan that is based on and adapted to the youth/consumer's individual needs.

**Family Member:** An individual who is now or was in the past, either the primary caregiver or a concerned and involved person who provides a significant level of support to a person who is living with a mental illness.

**Forensic Mental Health:** A system of services designed to support individuals who have SMI (Serious Mental Illness) and frequent contact with the criminal justice system.

**FSOC:** Forensic System of Care.

**FSP:** Full Service Partnership - one of three categories of MHSA Community Services and Supports (CSS) denoting funds that provides all necessary services and supports for designated populations.

**Full-Time Equivalents (FTEs):** The number of staff positions calculated assuming a full fiscal year (2,080 hours) after allowing for vacation time, sick leave, holidays, etc.

**GSD:** General System Development - one of three categories of MHS funding denoting funds used to improve programs, services and supports.

**INN:** Innovation – a component of MHS.

**Integrated Service Experience:** Services that are "seamless" to service recipients and clients and families do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency.

**Learning Edge:** A place where focused learning can significantly advance the transformation of the system.

**LGBTQ:** Lesbian, gay, bisexual, transgender and questioning

**LPS (Mental Health) Conservatorship:** Lanterman-Petris-Short - a legal arrangement making one adult (called the conservator) responsible for an adult with mental illness (called the conservatee). These conservatorships are only for adults with mental illnesses listed in the DSM.

**Maintenance of Effort:** A required contribution in order to receive funding. In the case of the MHS, the maintenance of effort is based on a prior level of funding used for mental health services.

**Medicaid:** A joint federal and state program that helps with medical costs for some people with low incomes and limited resources.

**Medi-Cal:** California's Medicaid program.

**Medicare:** The federal health insurance program for people 65 years of age or older, certain younger people with disabilities; e.g., those receiving SSDI, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

**MHB:** Mental Health Board - Established pursuant to Mental Health Services Act, §5604 of Welfare and Institutions Code.

**MHS:** Mental Health Services Act - It became law in California on January 1, 2005.

**MHS Guidelines:** Information released by California Department of Mental Health which identify how MHS Funding may be spent, detail out the community planning process required for each component; and provide a structure for writing the plans required to receive funding and implement services.

**MHS Housing:** A component of MHS-CSS that provides money to build long-term supported housing for mental health consumers and their families.

**MHSOAC or OAC:** Mental Health Services Oversight and Accountability Commission

**OASOC:** Older Adult System of Care

**Operating or Prudent Reserve:** An amount set aside and not spent to ensure sufficient funding in years where there is an unexpected program expense (operating) or a downturn in MHS revenues (prudent). Each type of reserve is subject to its own rules.

**OSHPD:** Office of Statewide Health Planning and Development

**Outreach and Engagement:** One of three categories of MHS Community Service and Supports (CSS) denoting funds used for outreach and engagement of populations currently receiving little or no service.

**PEI:** Prevention and Early Intervention - a component of MHS.

**Planning Estimate:** A calculated maximum amount of funding available to each county for expanded mental health services under MHSA.

**Proposition (Prop) 63:** A California ballot initiative that called for an additional tax of one percent be imposed on taxpayers' personal income over \$1 million to provide dedicated funding for the expansion of mental health services and programs. After passing with 53.4% of the vote, in November 2004 Proposition 63 became the Mental Health Services Act (MHSA).

**RBA:** Results Based Accountability aka Results Accountability (RA) – a disciplined way of thinking and taking action that communities can use to improve conditions in the community and agencies can use to improve performance of programs.

**Realignment:** In 1991, a major change occurred in the funding of human service programs in the State of California with enactment of the Bronzan-McCorquodale Act, (Chapter 89, Statutes of 1991), referred to as "realignment."

**Reversion:** Refers to the rule that MHSA funds must be expended before the end of three years from effective period of planning estimate, if issued prior to the start of the fiscal year or by the end of the 1<sup>st</sup> quarter of the fiscal year. If they are not expended by the reversion deadline they "go back" into state funds.

**SAMHSA:** Substance Abuse and Mental Health Services Administration - a branch of the United States Department of Health and Human Services charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

**SB 163:** Legislation signed by California Governor to create a program for flexible use of foster care funding statewide. The primary focus is to keep youth at home or close to home and avoid placements away from natural supports.

**SED:** Seriously Emotionally Disturbed - diagnosable disorders in children and adolescents that severely disrupt their daily functioning at home, school, or community.

**Short/Doyle Medi-Cal (SD/MC):** Federal Medicaid funding in California used for the "public" mental health treatment services.

**SLT:** Senior Leadership Team of BHRS

**SMI:** Serious Mental Illness – defined in Section 1912(c) of the Public Health Service Act.

**SOC:** System of Care - a multi-disciplinary, multiagency delivery system of services that supports a consumer through a continuum of care and that uses a "person first" approach to build on the strengths of the person being served and his/her support system.

**SSDI:** Social Security Disability Insurance.

**SSI/SSP:** Supplemental Security Income/State Supplementary Program.

**Stakeholder:** (a) A person or group of people who impacts or is impacted by mental health services; (b) A person who represents others' interests relative to mental health services.

**State Audit:** A detailed review by the State Department of Mental Health of each county's financial records. Audit primarily focuses on allowability of expenditures and allocation of costs between programs and accounting for revenue off-sets. Audit typically conducted within five years after the end of the fiscal year being audited.

**Supplant:** Literally means to take the place of and serve as a substitute for. Thus, MHSA funds are not to take the place of and serve as a substitute for (or replace) existing state or county funds utilized to provide mental health services.

**TAY:** Transition-Age Youth, a.k.a. TAYA – Transition-age young adult.

**Title 9 CA Code of Regulations:** Regulations governing services to Medi-Cal beneficiaries

**WET:** Workforce Education and Training - a component of MHSA

**W&I Code:** Welfare and Institutions Code - California laws governing substance abuse and mental health treatment.