

## GLOSSARY OF TERMS

San Diego County League of Women Voters,  
Committee to Update Mental Health Care Position, February 2015

**Assertive Community Treatment (ACT)** – team-based approach to delivering comprehensive and flexible treatment, support and services; provides extensive services for individuals who experience serious mental illness; clients typically have needs that have not been effectively addressed by traditional, less intensive mental health services. San Diego County has three ACT programs for adults, one for older adults, one for transitional age youth, and one for individuals who have been in the criminal justice system. In Home Outreach Team and Next Step are considered outreach programs but are multidisciplinary as is ACT.

**Assisted Outpatient Treatment (AOT)** - individual found to meet strict eligibility criteria is placed under court order to comply with an approved treatment plan as a condition of remaining in the community and receives intensive case management and monitoring; criteria and treatment vary by state; AOT in California is called Laura’s Law.

**Behavioral Health Board** – a combination of the previous Mental Health Board and the Alcohol and Drug Services Advisory Board; Board members are appointed by the Board of Supervisors and report to the Supervisors; the Mental Health Board is mandated by State legislation as is its community representation; contracted service providers are prohibited from serving on the Board.

**Behavioral Health Court (BH Court)** – alternative court for offender with a mental illness; purpose is to reduce the recidivism of defendants by connecting them with community treatment services and to find appropriate dispositions to the criminal charges.

**Behavioral Health Department (BHD)** – a department of San Diego County’s Health and Human Services Agency comprised of the former Mental Health Department and Alcohol and Drug Services Department.

**CADRE** – Change Agents Developing Recovery Excellence; a growing number of providers cross-trained to ensure that individuals with co-occurring disorders get to the right services for them regardless of where they enter the system.

**Case Management (CM)** – services which support people with long-term mental health problems to maintain housing, obtain financial assistance and medical and psychiatric treatment, and links to other community services.

**Case Management Program, Transitional** – short-term CM services to link persons with serious mental illness with needed services and resources in the community, often used on discharge from the inpatient setting.

**Clubhouse** – a community meeting place governed by its members who are living with serious mental illness; the activities help a person learn skills, gain employment, find quality housing, obtain community services, continue or complete education, and socialize with peers. San Diego

County has 14 clubhouses serving various regions, ages, the Deaf and Hard of Hearing, and utilizing varying philosophies.

**Community Services and Supports (CSS)** – largest Mental Health Services Act component (45%); half of these funds support Full Service Partnerships and related services programming.

**Consumer** – one of the terms for the person living with a mental illness; term changes depending on the situation; also – patient, client, peer, individual with lived experience of mental illness (or mental health challenges).

**Co-occurring Disorder** – often called Dual Diagnosis but allows for more specificity such as a mental illness with co-occurring substance use disorder or mental illness with co-occurring intellectual disability. Since many individuals have complex conditions and needs, the co-occurring list may include several diagnoses.

**Coordinated Care Initiative (CCI)** - integrates delivery of medical, behavioral, and long-term care services and also provides a road map to integrate Medicare and Medi-Cal for people in both programs - called “dually eligible” beneficiaries.

**Dashboard Report** - easy to read, often single-page graph of the current status (snapshot) and historical trends of key performance indicators; BHD report usually includes the number of unique admissions to different levels of care, length of stay, number of readmissions, and involuntary admissions.

**Emergency Psychiatric Unit (EPU)** - located adjacent to County Psychiatric Hospital but not part of the hospital, it provides walk-in emergency mental health services for adults and older adults.

**Emergency Screening Unit (ESU)** – provides walk-in emergency screening for children and youth located in Chula Vista.

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT)** – another name for Medi-Cal insurance for children.

**Fee-For-Services (FFS)** – spread out over the county, these are services primarily from licensed clinicians in private practice who get reimbursed for services; they represent a diversity of disciplines, cultural-linguistic groups, and genders; they contract with the San Diego County Mental Health Plan to provide Specialty Mental Health Care to individuals with serious mental illnesses.

**Federal Financial Participation (FFP)** – the amount that the federal government contributes to Medicaid costs; in California, it is 50% for traditional Medicaid (known in California as Medi-Cal) and 100% (decreasing to 90%) for expanded Medicaid.

**Full Service Partnership (FSP)** - "whatever it takes" commitment to assist in individualized recovery; based upon evidence from such programs as ACT, which has effectively reduced homelessness and hospitalizations while improving outcomes.

**Institutes for Mental Disease (IMD)** – inpatient facilities of more than 16 beds whose patient population is more than 51% people with serious mental illness.

**IMD Exclusion** – Federal Medicaid matching payments are prohibited for IMDs with a population between the ages of 22 and 64. The exclusion is mandated by Congress and effectively reduces the number of beds available to people with serious mental illness.

**Individuals with Disabilities Education Act (IDEA)** – the federal law that governs how states and public agencies must provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

**Innovation Programs** – a Mental Health Services Act component, these are novel mental health practices that are evaluated to determine if previously untried services and supports are effective in the local mental health community.

**Integrated Services and Supports** – this term is broadly used to indicate some form of coordinated communication between behavioral health and physical health programs/clinics that partner with each other to share clients; could include a clinician from behavioral health or from physical health embedded in the counterpart's clinic, or one or more clinicians from one area co-located in the other's facility. Ideally, a full range of clinicians work in a structured environment in a medical home.

**Long Term Care (LTC), Institutional Setting** – services provided in locked long-term care facilities that include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).

**Medicaid, Traditional** – called Medi-Cal in California, this is medical insurance for children, adults over 64, and people with disability determinations; it is a needs-based entitlement program.

**Medicaid, Expanded** – called Expanded Medi-Cal in California, this is medical insurance for childless adults who meet the financial criteria.

**Medical Home** – a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. The patient goes to a specific medical facility or center for routine primary care, rather than an emergency room.

**Medicare** – health insurance for Americans 65 or older who have paid into the system and for people eligible for Social Security Disability Insurance after a two-year waiting period.

**Mental Health Services Act (MHSA)** – funded by Proposition 63, this was passed by California voters in 2004 and assesses a 1% surcharge on all taxable income over \$1 million; its intent is to supplement mental health funding and programming (available at the time) so focus of funds could be placed on new programs; implementation was one component at a time.

**NAMI Family-to-Family Education Program** – an experiential 12-module education program presented to family members of people with serious mental illness by their peers, who are trained family members with similar experiences.

**Outpatient (OP)** – treatment, rehabilitation, and recovery services; these include screening and assessment, medication management, crisis intervention, and group and individual short-term therapy; some programs offer case management and homeless outreach.

**Prevention and Early Intervention (PEI)** – MHSA component; its goal is to bring mental health awareness into the lives of all members of the community, facilitate access to supports at the earliest possible signs of illness, and build capacity for mental health early intervention services at sites where people go for other routine activities.

**Psychiatric Emergency Response Team (PERT)** – pairs of licensed, experienced, and professional mental health clinicians who work with specially trained law enforcement officers/deputies.

**Realignment** — the transfer of administrative control of public funds from the state to counties which is unique to California and plays a critical role in the state’s mental health financing.

**Short Term Acute Residential Treatment (START)** – often termed crisis houses, these places offer a short-term residential alternative to hospitalization for voluntary adults who are experiencing a severe mental health crisis which cannot be managed on an outpatient basis and may include substance use.

**Supplemental Security Income (SSI)** – a federal general fund entitlement program to help financially eligible individuals with disability determinations meet their basic needs.