



**LAC  
DMH**  
LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH

# Glossary of Terms

*\*A helpful text for mental health advocacy\**

*May 2010 Edition*



## **Los Angeles County Department of Mental Health Glossary of Terms**

**This glossary was created under the Community and Government Relations Division (CGRD) of the Los Angeles County Department of Mental Health. Started in 2008 as a project of UCLA MSW Intern, Stephanie Bartsch, it was later updated in 2009 by two MSW interns, Kimberly Ngiangia from UCLA and Alicia Powell from CSULB. This document has been updated again by UCLA MSW Intern, Alex Raksin, and USC MSW Intern, Nadia Wright.**

**This document was created to help persons interested in the mental health advocacy to understand the terminologies and concepts used within the mental health system and to have a working knowledge of certain policies that affect the system.**

**This is a living document and it is open to the addition of terms or feedback. To comment or add to this document please email Adrienne Hament, LCSW at [ahament@dmh.lacounty.gov](mailto:ahament@dmh.lacounty.gov).**

“**200% Poverty**” references the Federal Poverty Level. 200% poverty means those making less than twice the poverty level.

“**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[1] and/or gravely disabled. A qualified officer, which 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.

2009 Countable Income Limits 200% Federal Poverty Level		
Family Size	Gross Annual Income*	Gross Monthly Income*
1	\$1,805	\$21,660
2	\$2,429	\$29,140
3	\$3,052	\$36,620
4	\$3,675	\$44,100
5	\$4,299	\$51,580
6	\$4,922	\$59,060
7	\$5,546	\$66,540
8	\$6,170	\$74,020
9	\$6,794	\$81,500
10	\$7,418	\$88,980

Source: Federal Register, Vol. 74, No. 14, January 23, 2009

“**AB 2034**” Assembly Bill No. 2034 provided State general funds that allowed localities to provide comprehensive, integrated services to adults who have serious mental illness and who are homeless or at risk of becoming homeless; or who have recently been released from a county jail or state prison; or who are at significant risk of incarceration or homelessness and do not have access to needed services and supports. Funding for this program was eliminated from the Fiscal Year 07/08 state budget in a line-item veto by the Governor. The AB 2034 program was honored as a model program for individuals with mental illness who are homeless under the President’s New Freedom Commission. The program’s success provided both inspiration and data on effective practices and helped spur public support for the Proposition 63 ballot initiative enacted into law as the Mental Health Service Act of 2004 (MHSA).

“**AB 3632**” Assembly Bill No. 3632 entitles students with mental health needs, to a free and appropriate public education in the least restrictive environment.

“**ACHSA**” is the Association of Community Human Service Agencies. ACHSA represents more than 75 nonprofit community agencies that provide a wide range of child welfare, mental health, and juvenile justice services for vulnerable individuals and families in Los Angeles County. The mission is to promote the role of the private nonprofit sector in mental health and child welfare service delivery and to provide mutual support in pursuit of a more effective community.

“**AOT**” stands for Assisted Outpatient Treatment. Assisted outpatient treatment is sustained and intensive court-ordered treatment in the community for those most overcome by the symptoms of severe mental illness. The treatment mechanism is only used until a person is well enough to maintain his or her own treatment regimen. Serving as a

bridge to recovery for those released from inpatient facilities as well as an alternative to hospitalization, assisted outpatient treatment can stop the “revolving door” of repeated hospitalizations, jails, and homelessness.

**“Block Grant”** In a federal system of government, a block grant is a large sum of money granted by the national government to a regional government with only general provisions as to the way it is to be spent. This can be contrasted with a categorical grant which has more strict and specific provisions on the way it is to be spent. An advantage of block grants is that they allow regional governments to experiment with different ways of spending money with the same goal in mind.

**“Benefits establishment”** is a program of the Comprehensive Community Care plan (CCC). It was discovered that many clients of LACDMH are eligible for MediCal but did not apply for it. It was resolved that clients would be screened and given help in applying for MediCal so that LACDMH could receive income for providing services to these clients and thereby increase income for the county.

**“Board letter”** This is the official proposal/request to the Board of Supervisors to use department funding for a specific purpose. The Board Letter must be approved by the Supervisors in order for any funding to be released.

**“BOS”** stand for Board of Supervisors and refers to the Los Angeles County Board of Supervisors that oversee all county departments, including LACDMH. This Board is an elected body.



**“CAMP”** is the Los Angeles Police Department Case Assessment and Management Program.

**“CAO”** is the Chief Administrative Officer. This position was replaced by the CEO in the restructuring of 2007.

**“CBO”** is a Community-based organization

**“CEO”** is the Chief Executive Officer. Currently, this position is held by Bill Fujioka.

**“CCAC (Cultural Competence Advisory Committee)”** The California Department of Mental Health (CDMH) Director established the Cultural Competence Advisory Committee (CCAC) as a statewide advisory group to CDMH Office of Multicultural

Services as mandated in the Federal Waiver Request. This group plays a critical role in supporting the Department in the development and direction of cultural competency standards. The CCAC is comprised of representatives from the California Mental Health Directors Association, mental health consumers and family members, cultural competency consultants, ethnic-specific programs, and university affiliates.

“**CCC**” is the Comprehensive Community Care plan developed in 2000 under the direction of Dr. Southard. This plan focused on redesigning the current system to become a client and family focused system through changes in both philosophy (Client focused model) and structure (more community involvement, changes in delivery of services).

“**CDE**” stands for Community Defined Evidence. CDE is defined as a set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.

“**CGRD**” is the Community and Government Relations Division. This division reports directly to Dr. Southard and Kumar Menon is the head of this division.

“**CiMH**” is the California Institute for Mental Health. The mission of CiMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.

“**CMHDA**” is the California Mental Health Director’s Association. CMHDA provides assistance, information, training, and advocacy to the public mental health agencies that are its members. The mission of the Association is to provide leadership, advocacy, expertise and support to California's county and city mental health programs (and their system partners) that will assist them in serving persons with serious mental illness and serious emotional disturbance.

“**CMHPC**” is the California Mental Health Planning Council. PL 106-310 re-authorized the Community Mental Health Services Block Grant and reaffirmed the requirement that each state must have a mental health planning council in order to receive the block grant. 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.

“**CMS**” stands for the Centers for Medicare and Medicaid Services, the US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.

**“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.

**“Conservatorship”** is granted when an individual is “gravely disabled” meaning they are unable to provide for their basic personal needs of food, clothing, or shelter. A person or entity is charged with the responsibility of making decisions on behalf of the conserved individual. For Mental Health (LSP) Conservatorships, a mental disorder is required and referrals are made through the Public Guardian’s Office (PGO).

**“Contract Providers”** LACDMH contracts with community based providers for the delivery of mental health services and supports. Contract providers offer services throughout the county and for all ages.

**“County Counsel”** is the lawyer part of the county. This department provides legal council for the county. Every plan must go through the council to make sure that it is not in violation of the law.

**“CORS”** or Crisis-oriented recovery services is the department’s newest strategy for mental health care delivery, offering short-term services for clients in crisis.

**“CSAC”** is the California State Association of Counties. The primary purpose of CSAC is to represent county government before the California Legislature, administrative agencies and the federal government. CSAC places a strong emphasis on educating the public about the value and need for county programs and services.

**“CSS”** is Community Services and Supports. The Community Services and Supports Plan, in general, references planned community-based mental health services and support programs funded under the Mental Health Services Act. The plan must demonstrate community collaboration, cultural competence, client- and family-driven mental health systems and other components that support a recovery and resilience oriented system of care. The CSS plan is the first of five (5) plans that is funded through the California Department of Mental Health for the MHSA.

**“Cultural Competency”** is 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.

**“DBH”** is the Department of Behavioral Health.

**“DCEO”** stands for Deputy Chief Executive Officer. In the restructuring of 2007 the CAO was replaced by the CEO. DCEO positions were created to oversee different county clusters. The cluster that LACDMH is in reports to DCEO Sheila Shima.

**“DCFS”** is the Department of Children and Family Services.

**“Delegated Authority”** Contractor providers are allowed delegated authority to adjust their budget within 20% of their MCA without the approval from the Board of Supervisors.

**“Delegates”** The Delegates are an advisory group made up of over 100 stakeholders from the community, service providers, consumers, family members and LACDMH staff who together formulated the first MHSA plan, the Community Supports and Services (CSS) plan. This advisory group is currently working on the next MHSA plan, the Prevention and Early Intervention (PEI) plan.

**“Division of Empowerment and Advocacy”** is a new division that will be fully funded by MHSA to focus on consumers and their families. Eduardo Vega is the division chief.

**“DMH”** is the Department of Mental Health. The California Department of Mental Health or CDMH regulates portions of the delivery of mental health services. CDMH must approve the local Mental Health Services Act plans to ensure that they are meeting the standards of the act. In addition, CDMH regulates state mental hospitals and some forensics programs.

**“DSM IV-TR”** is the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

**“Dual Diagnosis”** occurs when an individual has two separate but interrelated diagnoses of a mental illness and a chemical dependency.

**“EMT”** stands for the Executive Management Team. This team includes Dr Southard (Director), Dr. Robin Kay (Chief Deputy Director), Dr. Rod Shaner (Medical Director), Dr. Beliz (Deputy Director, EOB), Dennis Murata (Deputy Director, Program Support Bureau), Lyn Wallensak (Administrative Deputy), Sandra Thomas (Deputy Director, Specialize Children and Youth Services Bureau), Chris Fierro (Deputy Director of Public Guardian), Dr. Burgoyne (Designee for Academic Partnership), Olivia Celis (Deputy Director, Children and Youth Program Administration), Eduardo Vega (Division Chief, Empowerment and Advocacy), Robert Greenless (Chief Information Officer), Carlotta Childs Seagle (Acting Deputy Director, Older Adult Program Administration), Cathy Warner (Deputy Director, Adult Systems of Care).

**“EOB”** is the Emergency Outreach Bureau. The EOB is responsible for the administration and coordination of all mobile response services. These include: Psychiatric Mobile

Response Teams, LACDMH-Law Enforcement Teams, Homeless Outreach Teams, Emergency Response Teams, MET, and SMART.

**“EPSDT”** stands for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the child health component of Medi-Cal. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services.

**“ERT”** is the emergency response team. ERT provides on-scene consultation and crisis intervention for natural disasters, critical incidents, and terrorist acts.

**“EBP (Evidence Based Practices)”** refers to practices that have quantitative and qualitative data showing positive outcomes. These practices have been subject to expert/peer review that has determined that a particular approach or program has a significant level of evidence of effectiveness in public health research literature.

**“Family to Family”** is the NAMI Family-to-Family Education Program. It is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members. All instruction and course materials are free to class participants. Over 115,000 family members have graduated from this national program

**“FAQ”** stands for frequently asked questions.

**“FCCS (Field Capable Clinical Services).”** This “Mental Health Services Act” program (see MHSA below) embeds mental health services within primary care clinics. FCCS DMH mental health teams are physically located at Health Clinics and work hand-in-hand with primary care doctors for screening and seamless care of the “whole person.”

**“First 5 California”** is funded by revenues under Proposition 10 and this group works to help children five and under to thrive. Programs funded through First 5 focus on building strong physical and emotional well-being. In 2003, First 5 identified children with mental health needs as a special needs target population.

**“FSP (Full Service Partnership)”** is the primary category of funding in the Community Supports and Services (CSS) Plan that the MHSA enabled LA County to develop. Alliances between consumers, families and health professionals, FSPs do "whatever it takes" to help consumers move from their illness to hope and then from recovery to wellness. FSPs help not just individuals but families break free from the sort of harmful dependent relationships that can lead to hardships such as homelessness, hospitalization and even incarceration.

**“Fully Served”** Clients and their family members who receive the full spectrum of mental health services and other community services and supports needed to advance the client's recovery, wellness and resilience are considered to be fully served.



**“Health Deputies”** Each Supervisor’s office has a deputy for each county department. The deputy reports to the Supervisor and is the eyes and ears for them on that topic. Each Supervisor has a Deputy for Health that reports to the Supervisory on mental health, public health, health and behavioral services.

**“HIPAA”** The Health Insurance Portability and Accountability Act (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.

**“HOPE”** is the Pasadena Police Department Homeless Outreach Psychiatric Evaluation team.

**“HOT”** is the Homeless Outreach Team. HOT is dedicated to assisting mentally ill homeless persons at risk for incarceration or involuntary psychiatric hospitalization.

**“IMD”** stands for Institute for Mental Disease; defined under statute as hospitals, nursing facilities, or other institutions that diagnose, treat and care for persons with mental illness, including medical attention, nursing care and other related services. The federal Olmstead Act of 2000 required that individuals with mental illness be served in the least restrictive environment possible. Current federal law prohibits Medicaid reimbursement for any person over age 21 and under age 65 who resides in an IMD. This creates an incentive to develop and fund a variety of community-based mental health programs. Also, MHSAs funds cannot be used to pay for IMD treatment.

**“IMP”** stands for Indigent Medication Program. Administered by the Medical Director, IMP indigent clients can participate in pharmaceutical companies’ Patient Assistance Programs (PAP) to receive free medications if unable to afford out of pocket cost. LACDMH clinics are required to identify clients eligible for PAP in order to reduce indigent individuals’ medication cost.

**“Integrated Plan”** MHSAs has five plans and each plan has its own timeline. However, all five plans will end at the same time (in five years) and one year before they end the County must create an integrated plan that combines all five plans. This new plan will be the “integrated plan” and will then be the only plan for MHSAs funding.

**“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 California's children in state foster care or at imminent risk of out-of-home placement. L.A. County entered into negotiations and settled in March of 2003. The settlement obligates the County to a number of comprehensive reforms, including better identification of mental health needs, enhancement of permanency planning, and prompt provision of individualized services designed to promote stability and ensure quality care for children in custody. Plaintiffs also succeeded in committing the County to offering family-based wraparound services to children with mental, emotional, or behavioral issues with the aim of facilitating family reunification and reducing multiple and arbitrary placements.

**“LACDHM”** stands for the Los Angeles County Department of Mental Health.

**“LAHSA”**----- the Los Angeles Homeless Services Authority (LAHSA)---- is a Joint Powers Authority established in 1993 as an independent agency by the County and the City of Los Angeles. LAHSA is the lead agency in the Los Angeles Continuum of Care, and coordinates and manages over \$60 million dollars annually in Federal, State, County and City funds for programs providing shelter, housing and services to homeless persons in Los Angeles City and County.

**“Laura’s law”** AB 1421 (also know 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.

**“LGBT”** stands for lesbian, gay, bisexual and transgender.

**“LGBTQQ”** stands for lesbian, gay, bisexual, transgender, queer and questioning.

**“LPS”** stands for the Lanterman-Petris-Short Act. 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.

**“Managed Care”** is the organized system for delivering comprehensive mental health services that allows the managed care entity to determine what services will be provided to an individual in return for a prearranged financial payment as defined by SAMHSA.

“**MCA**” stands for Maximum Contract Allowance. The predetermined budget agreed upon between LACDMH and contract providers. Providers are not allowed to bill over their MCA.

“**Medi-Cal**” is the name of the Medicaid program in the State of California. It is jointly administered by the California State Department of Health Services and the Centers for Medicare and Medicaid Services (CMS), operating as a Medical Assistance Program under Title XIX of the Social Security Act.

“**Medicaid Waivers.**” In 1995: LACDMH worked with federal and state officials to negotiate an “1115 Medicaid waiver” to help L.A. County do a number of things, including: increasing the efficacy of health care delivery to large numbers of uninsured and coping with the decreased ability of private hospitals to provide uncompensated care. In 2010, LACDMH worked with state and federal officials to design a new waiver that would, ideally, balance Sacramento’s desire to cut costs with LACDMH’s mission to preserve the “whatever it takes” programs that are sometimes needed to ensure people’s long-term mental health.

“**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 (pathology) and the treatment course is determined by the diagnosis.

“**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.

“**Medicare**” is a health insurance program administered by the United States government, covering people who are either age 65 and over, or who meet other special criteria, such as a disabling illness (i.e. severe mental illness). It was originally signed into law on July 30, 1965 by President Lyndon B. Johnson as amendments to Social Security legislation.

“**Megan’s law**” California's Megan's Law provides the public with certain information on the whereabouts of sex offenders so that members of local communities may protect themselves and their children. Megan's Law is named after seven-year-old Megan Kanka, a New Jersey girl who was raped and killed by a known child molester who had moved across the street from the family without their knowledge. In the wake of the tragedy, the Kankas sought to have local communities warned about sex offenders in the area. All states now have a form of Megan's Law.

“**MET**” This is the Los Angeles County Sheriff’s Department Mental Health Evaluation Team. This team responds to 911 or other calls requesting help with psychotic, suicidal or homicidal persons. They are authorized to hospitalize people against their will if they are too ill for outpatient treatment. The Long Beach Police Department also has a MET team called **LB MET**.

“**MFT**” is a Marriage and Family Therapist.

“**MHC**” is the Mental Health Commission. State law requires that each county have a Mental Health Board or Commission. Members are appointed by the Board of Supervisors for three-year terms. Those terms may be extended. Commissioners advise the Board of Supervisors and the Director of Mental Health on various aspects of local mental health programs.

“**MHSA**” stands for the Mental Health Services Act. Proposition 63, (MHSA), became effective on November 2004. Through a 1% tax on personal income above 1 million dollars, the MHSA provides increased funding, personnel and other resources to help county mental health programs deliver recovery, wellness and resilience-oriented services and supports.

“**MHSOAC**” is the Mental Health Services Oversight and Accountability Commission. This commission was created by the MHSA.

“**MOU**” stands for Memorandum of Understanding. MOU’s are drafted to distribute information to staff and other Departments. An MOU outlines in writing, a clear understanding of the purpose, commitment, expectations, and responsibilities of parties involved.

“**NAMI**” is the National Alliance on Mental Illness. Founded in 1979, NAMI has become the nation’s voice on mental illness, serving as the nation’s largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. With the support of over 1100 state and local organizations across the country, NAMI is able to achieve its mission of advocacy, research, support, and education. The California chapter of NAMI is known as CAMI.

“**OCA**” was the Office of Consumer Affairs. This office was created seven years ago and predates MHSA. This office has been involved in client movement and has been an advocate for consumers who are receiving services and those who wish to work or volunteer in system. This office also created Client coalitions as a means to advocate for consumers. This office merged into the Division of Empowerment and Advocacy, in 2007.

“**Office of Family Advocate (OFA)**” The OFA addresses the needs of families as they seek to secure mental health services for their loved ones. OFA often works in

collaboration with NAMI and has specifically done outreach to Spanish speaking families in LA County. This office is now under the Division of Empowerment and Advocacy.

**“OMA”** is the Outcome Measure Application. OMA is used to measure client outcomes during intensive services such as FSP and FCCS.

**“OMS (Office of Multicultural Services)”** The Office of Multicultural Services, established in December 1997, provides leadership direction to the California Department of Mental Health (CDMH) in promoting culturally competent mental health services within California’s Public Mental Health System. The Office of Multicultural Services is charged with a leadership role in the development of the Cultural Competency Plan, ensuring culturally appropriate treatment intervention, services, and assessment in each of California’s diverse counties. These elements are fundamental to the successful implementation and delivery of managed mental health services. Each county Mental Health Plan (MHP) is responsible for providing an annual Cultural Competency Plan to CDMH that enumerates the planned strategies for providing cultural and linguistically competent care.

**“PAI”** stands for Protection and Advocacy Inc. This is an organization of lawyers that advocate for the disenfranchised. This organization has been involved in suing the state to ensure funding for specific programs, including mental health programs.

**“PAP”** stands for Patient Assistance Program. PAP is a program by pharmaceutical companies to provide free medication to indigent clients that are unable to afford their prescriptions.

**“Parity”** On July 1, 2010, a new set of federal rules went into play to prohibit group health insurance plans—typically offered by employers—from restricting access to care by limiting mental health benefits and requiring higher patient costs than those that apply to general medical or surgical benefits. The new law requires that any group health plan that includes mental health and substance use disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out-of-pocket costs, benefit limits and practices such as prior authorization and utilization review. But in May 2010, insurance companies and employer groups began lobbying the Obama Administration to delay and rework the rules on “mental health parity.” Insurers and many employers supported the law, but they say the rules go far beyond the intent of Congress and would cripple their cost-control techniques while raising out-of-pocket costs for some patients. Advocates for patients generally support the rules, saying they will eliminate many forms of insurance discrimination against people with mental illness. By mid-2010 the outcome of the debate remained uncertain.

**“Patient’s Rights Office”** The Patients’ Rights Office of the Los Angeles County Department of Mental Health was created in response to legislation requiring each county mental health director to appoint a patients’ rights advocate(s) to protect and

further the Constitutional and statutory rights of mental health care recipients. Some of the duties of this office include; investigation of complaints, representation of patients at certification review and medication capacity hearings, beneficiary services program, residential care advocacy, minors' rights program, jail advocacy program, LPS designation functions, training and consultation, monitoring Electroconvulsive treatment (ECT), data collection, legislative interaction, missing person locator and peer advocacy program.

**“PBC”** stands for Performance Based Contracting. PBC ties the contractor's payment and contract extension to their achievements or program outcomes.

**“Peer to Peer”** is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. The course was written by Kathryn Cohan McNulty, a person with a psychiatric disability who is also a former provider and manager in the mental health field and a longtime mutual support group member and facilitator. The program is offered through NAMI.

**“PEI”** stands for Prevention and Early Intervention. This is the second of the five Mental Health Services Act plans. MHSa requires that CDMH reaches out to five key areas, called “sectors,” in making the plans for how to do prevention and early intervention for mental illness. The five required sectors are underserved communities, education, health, social services and law enforcement. The plan will contain programs for all ages groups, possibly some universal programs for all residents of LA County (ex: suicide prevention) and some programs that target specific groups at risk for mental illness (ex: childhood abuse survivors).

**“PET”** is the psychiatric evaluation team. PET responds to calls to evaluate whether someone needs to be hospitalized. This term is not used as much in LACDMH anyone because the LA police department and the sheriff's department have their own names for these teams for example SMART and MET.

**“PMRT”** is the Psychiatric Mobile Response Team.

**“Project 50”** as known as the Homeless Initiative Act, targets 50 of the most vulnerable homeless individuals on Skid Row and provided them with supportive services including housing and mental health. As of late 2008, 49 of the 50 individuals had been located and linked to housing and supportive services.

**“Promising Practice”** means programs and strategies that have some quantitative or qualitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. A promising practice has an evaluation design in place to move towards demonstration of effectiveness; however, it does not yet have evaluation data available to demonstrate positive outcomes. These practices have support from communities or providers. In

addition, promising practices are especially relevant in ethnic communities that do not have the means to perform research studies to support their practices.

**“Proposition 63 (Prop. 63)”** is the ballot initiative which passed in November 2004, and became the Mental Health Services Act (MHSA) of 2004.

**“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. The Prudent Reserve is like a savings account for a rainy day for mental health and that money can stay in each county’s account for 3 years after which it is absorbed into a statewide account that is controlled by the CDMH.

**“PGO”** stands for the Public Guardian Office. The Public Guardian Office received referrals from mental health professionals who wish to evaluate clients for both “grave disability” and mental disorder. The Director of the Los Angeles County Public Guardian Office acts as the conservator for individuals’ and their estate when the court has determined, based on the results of the evaluation, that the individual can not provide for their basic needs of food, clothing, and shelter.

**“Re-alignment Money”** In the 1960s, mental hospitals were closed with the promise that community based services would be provided. 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 Model”** is a goal for mental health care, in which consumers are able to self-direct their lives in a positive manner outside of a mental health system. Recovery will be individualized for every person.

**“RFP”** stands for Request for Proposal. LACDMH creates a Request for Proposal when they are seeking a new program or working with a new contracted agency. An RFP is the way the LACDMH advertises to the community that they would like to contract a new program and agencies are invited to submit a proposal (similar to an application) to provide the program and receive the funding.

**“RFS”** stands for Request for Services. An RFS is a solicitation based on proposed solutions in response to a defined need of the County. After evaluation of submitted Proposals, Contract(s) are recommended for award to the Proposer(s) who submits the Proposal deemed to be in the overall best interest of the County (generally the

highest-ranking Proposer). An RFS is used when the county wants to add an additional service to an already existing program or contract agency.

**“RFI”** stands for Request for Information. LACDMH uses the RFI when they want to solicit ideas about possible ways to address needs in the County and they are unsure of how to best meet these needs. Agencies are invited to submit their ideas for possible programs which are then reviewed and a program strategy is selected.

**“RFSQ”** stands for Request for Statement of Qualification. LACDMH receives many Requests for Services from agencies seeking funding but many of the agencies do not meet the requirements of the proposal. Therefore, LACDMH created a filtering process or a pre-application process in which agencies submit a short statement verifying that they can meet the requirements (financial stability, staff, facilities, etc.) before they can submit the much longer RFP or RFS.

**“SAAC”** stands for Service Area Advisory Council. Each of the eight service areas in LA County have an advisory council of stakeholders and community members that meet to advise LACDMH on current and future policies and practices (*See SAAC chart attached for contact information*).

**“SAMHSA”** stands for Substance Abuse and Mental Health Services Administration. SAMHSA is a division of the United States Department of Health and Human Services. SAMHSA provides federal funding (known as the SAMHSA Block Grant) to counties for mental health programs.

**“SD”** stands for Supervisory District. There are five Supervisors in Los Angeles County and each has their own district. (*See Board of Supervisors above*)

**“SED”** stands for Serious Emotional Disturbance which refers to 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 abuse 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.

**“Service Extenders.”** Service Extenders are volunteer peer counselors who work with licensed mental health professionals to find and help older adults with mental illness whose needs aren’t being met. Minimizing the social isolation felt by many seniors, Service Extenders deliver services in community settings where older adults congregate—such as health clinics, faith-based institutions and senior centers. To meet with seniors who have trouble getting out, Service Extenders also visit senior housing complexes and even seniors’ own homes. Since many older adults are affected by the stigma of mental illness and will not go to mental health clinics, Service Extenders are always out trolling the field.



**“Short-Doyle Act”** was implemented in 1957. The act was designed to organize and finance community mental health services for persons with mental illness through locally administered and locally controlled community health programs.

**“SMART”** is the Los Angeles City Police Department System-wide Mental Assessment Response Team. This team responds to 911 or other calls requesting help with psychotic, suicidal or homicidal persons. They are authorized to hospitalize people against their will if they are too ill for outpatient treatment.

**“SOC”** stands for system of care. **CSOC** refers to Children System of Care, **ASOC** refers to Adult System of Care and **OASOC** refers to Older Adult System of Care.

**“SLT”** is the System Leadership Team. This team was created by the Delegates (see above) during the first MHSA plan, the Community Supports and Services (CSS) plan in order to have a smaller decision making body to address specific concerns. The SLT is made up of Delegates, stakeholders and LACDMH staff. Currently, the SLT serves as an oversight committee for the implementation and revision of the CSS plan and eventually the other MHSA plans once they are put into practice.

**“SMI”** stands for severely mentally ill. SMI can be severe and persistent but people can recover from it. SMI includes mental, behavioral and emotional disorders. SMI symptoms cause functional impairment and/or substantially interfere with or limit one or more major life activities. This term applies only to adults.

**“SPA”** stands for Service Planning Area. Los Angeles County is divided into eight SPA’s for planning purposes. Each SPA is responsible for planning and implementing services for their constituents within their boundaries. Most County Departments (i.e. Department of Children and Family Services, etc.) utilize SPA’s to organize service delivery. Service Area (SA) is the equivalent to SPA within the Los Angeles Department of Mental Health.

**“SSDI”** is Social Security Disability Income.

**“SSI”** is Supplemental Security Income.

**“Stakeholder”** is either 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.

**“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. The original 1974 decision mandated warning the threatened individual, but a 1976 rehearing of the case by the California Supreme Court called for a "duty to protect" the intended victim. The professional may discharge the duty in several ways, including notifying police, warning the intended victim, and/or taking other

reasonable steps to protect the threatened individual. On June 21, 2001, Geno Colello asked his father to loan him a gun. When his father refused, Colello said he would get another gun and "kill" the "kid" who was then dating his ex-girlfriend. Colello's father relayed this threat to Goldstein, his son's psychotherapist, who urged him to take Colello to Northridge Hospital Medical Center. Later that evening a hospital social worker evaluated Colello. Colello's father told the evaluator about his son's threat. Colello was admitted to the hospital as a voluntary patient but discharged the next day. The following day he shot and killed Ewing and then himself. The California Court of Appeal concluded in *Ewing v. Goldstein* and *Ewing v. Northridge Hospital Medical Center* that the defendants' duty to warn could have been triggered by the statements Colello's father made to Goldstein and the social worker regarding his son's threats. The court saw no difference between threats conveyed directly by the patient and those related by an immediate family member of the patient.

**“TAY”** means Transition Age Youth. This term applies to youth and young adults between the age 16 and 25. This age group became a focus of treatment in the MHS.

**“Threshold Language”** The California Department of Mental Health tracks how many people are served in each county in mental health. If a county has 3,000 Medi-Cal consumers that speak a certain language then that language becomes a “threshold language” and the county is required to provide services and written materials in that language. Los Angeles County has 13 threshold languages; most counties have 1-3 languages. These languages are Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other- Chinese, Russian, Spanish, Tagalog, and Vietnamese.

**“Transformation”** this term is applied to the overall change in the Mental health system that now focuses not just on providing services but seeing outcomes. There is now a system of accountability in place to measure the effectiveness of our services to ensure that we are employing the recovery model and seeing positive results. Evidence based practices (EBP) and Full service partnerships (FSP) are two ways that transformation of the system is evident.

**“Unserved”** is an individual in need of mental health services but fails to receive services.

**“Inappropriately served”** are clients currently receiving mental health services but services are not culturally appropriate to meet the client's needs.

**“UREP”** stands for Under Represented Ethnic Populations. Examples of these populations are Native American, African-American, Hispanic/Latino, Asian/Pacific Islander, African Refugee, Other Refugee groups, Lesbian/Gay/Bisexual/Transgender and other underserved communities.

**“Vision”** refers to the Los Angeles County Department of Mental Health vision statement: “The Los Angeles County Department of Mental Health (LADMH) strives to make our community better by providing world class mental health care. We improve the

lives of thousands of people each year because we believe treatment works and recovery is possible.”

**“Wellness Center”** MHSA-funded “Wellness Centers” are designed to infuse our entire system with the philosophy and principles of recovery. Multicultural, welcoming environments, Wellness Centers provide a place where clients help one another achieve community reintegration, wellness and meaningful social connections. About one-half of all staffers at the centers are “peers,” people treated by the mental health system who are now helping others. These consumer-driven or “client-run” centers try to increase people’s self-reliance and community involvement by providing a comprehensive array of self-help, educational, social, and recreational activities. Wellness Centers have served 12,199 people since January 2007; in 2010 they are expected to serve more than double that.

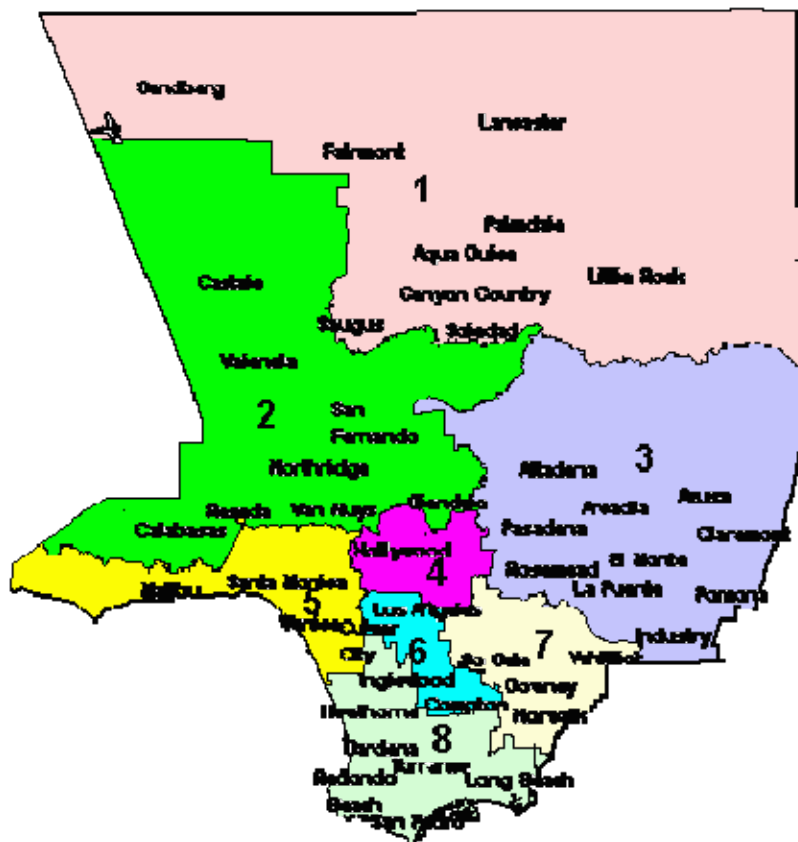
**“WET”** stands for Workforce, Education and Training. This is one of the five plans of the Mental Health Services Act that focuses on improving the capacity of mental health professionals in implementing the recovery model and transforming the mental health system

**“Whatever It Takes”** 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.

**“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 effective services that children’s MHSA-funded programs are built upon.

# *The Los Angeles County Department of Mental Health*

## Service Areas



- SA 1 (Antelope Valley)
- SA 2 (San Fernando)
- SA 3 (San Gabriel)
- SA 4 (Metro)
- SA 5 (West)
- SA 6 (South)
- SA 7 (East)
- SA 8 (South Bay/Harbor)