

Resource D: Glossary of Terms

Adapted from Placer County Department of Health and Human Services Documents, March, 2014

1.0 DEFINITIONS

- 1.1 **Adult.** "Adult" means an individual 18 years of age through 59 years of age. (CCR Title 9, § 3200.010)
- 1.2 **Children and Youth.** "Children and Youth" means individuals from birth through 17 years of age. Individuals age 18 and older who meet the conditions specified in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code are considered children and youth and are eligible to receive services. (CCR Title 9, § 3200.030)
- 1.3 **Client Driven.** "Client Driven" means that the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes. (CCR Title 9, § 3200.050)
- 1.4 **Community.** A group of individuals who know each other well enough that they already act together, or can imagine acting together and supporting each other.
- 1.5 **Cultural Competence.** "Cultural Competence" means incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.
 - A. Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
 - B. Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.
 - C. Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.
 - D. An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.

- E. An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.
 - F. An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.
 - G. Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.
 - H. Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.
 - I. Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community. (CCR Title 9, § 3200.100)
- 1.6 **Early in Emergence.** Initial or new mental health diagnosis that occurred within the last 12 months.
- 1.7 **Early Intervention.** Treatment and other interventions intended to address a mental health disorder early in its emergence.
- 1.8 **Family Driven.** "Family Driven" means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes. (CCR Title 9, § 3200.120)
- 1.9 **Older Adult.** "Older Adult" means an individual 60 years of age and older. (CCR Title 9, § 3200.230)
- 1.10 **Outreach and Engagement.** Reaching out to people who may need services but are not getting them.
- 1.11 **Peer Support Model.** A service or program that is designed and implemented by, for, and from those with lived experience as consumers of mental health services. Program need is identified by the peer group, and peers are involved at all levels including program design, operation, and staffing. These programs can include a range of support services from early engagement up to and including support during a psychiatric crisis.

- 1.12 Prevention Services. A set of activities to bring about mental health and related functional outcomes including reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly higher than average and, as applicable, their parents, caregivers, and other family members. The goal of this program is to reduce risk factors for developing a potentially serious mental illness and to build protective factors.
- 1.13 Recovery. Recovery refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope. (Source: California Department of Mental Health (2002) Community Services and Supports Three-Year Program and Expenditure Plan Requirements).
- 1.14 Resilience. Resilience means the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence. Research has shown that resilience is fostered by positive experiences in childhood at home, in school and in the community. (Source: California Family Partnership Association, (2005). (Source: California Department of Mental Health (2002) Community Services and Support's Three-Year Program and Expenditure Plan Requirements).
- 1.15 Stigma and Discrimination Reduction Programs. Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their family.
- 1.16 Transition Age Youth. "Transition Age Youth" means youth 16 years to 25 years of age. (CCR Title 9, § 3200.280)
- 1.17 Underserved. "Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of or experiencing homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services. (CCR Title 9, § 3200.300)
- 1.18 Unserved. "Unserved" means that individual who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the county may be considered unserved. (CCR Title 9, § 3200.310)