

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	Mental Health Services
	Policy Number	02-08
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Title: <b>Definitions of Common Terms Used in the Service Contracts</b>	Functional Area: <b>Contract Administration</b>	
Approved By: <i>Signed version available upon request</i>		
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**Background/Context:**

Sacramento County Division of Behavioral Health Services (DBHS) utilizes a variety of terms in order to explain the types of services needed and how these services should be delivered.

**Purpose:**

To establish a common understanding of terminology used by DBHS in the provision of services.

**Details:**

Below is a list of common terms, and their definitions, that are used in mental health contracts. These definitions are used as points of reference when developing contracts, providing services, or in communicating the service requirements contained in a specific contract.

- A. Access Team – A DBHS team of licensed mental health professionals who provide Sacramento County residents with referrals and linkages to mental health services. Team members determine eligibility for services based on referral information contained in a service request and by conducting a phone assessment in the individual’s primary language. Bilingual staff, interpreters and Telephone Typewriter/Telecommunication Device for the Deaf (TTY/TDD) are available at no cost. The Access Team refers to an extensive network of culturally competent and linguistically proficient mental health service providers. The Access Team also conducts authorization and reauthorization for indicated programs based on pre-determined cycles.
  
- B. AVATAR – A web-based Electronic Health Record (see definition, item K) used by DBHS, contracted mental health providers and contracted alcohol and drug services providers. Users document services, manage billing, and produce data reports. It includes a Clinical Work Station (see definition, item E) and Practice Management Software (PMS) for billing needs. Source: [QM P & P 00-07 AVATAR Document Management for Clinical Records.](#)

- C. Child and Family Team (CFT) - a team of individuals comprised of the youth and family and all of the ancillary individuals who are working with them toward their mental health goals and their successful transition out of the child welfare system. Source: [Pathways to Mental Health Services Core Practice Model Guide](#).
- D. Client – An individual who is open to a DBHS mental health program or meets target population (see definition, item FF) and medical necessity criteria for either children with serious emotional disturbance or adults with serious and persistent mental illness in accordance with Quality Management (QM) Policy & Procedure No. 01-07, Determination for Medical Necessity and Target Population. Source: [QM P & P 01-07 Determination for Medical Necessity and Target Population](#).

Clients must also be Sacramento County residents, including clients for whom presumptive transfer (see definition, item Y) was assigned to Sacramento County.

- E. Clinical Work Station – a part of the AVATAR system that contains clinical/medical data collection instruments for the clinical tools such as treatment planning, progress notes and assessments.
- F. Cognitive Behavior Therapy (CBT) – CBT is a type of therapy that is focused on cognitive processes, structured and relatively short-term. CBT is based on two key concepts: (1) cognitions have a strong influence on our emotions and behaviors and (2) how we think can influence behaviors and emotions. Therapists work collaboratively with clients to teach them to recognize maladaptive cognitive skills, learn new cognitive skills and adaptive forms of behaviors. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) adds trauma as a focus of the CBT therapy and is a registered evidence based practice in Sacramento County.
- G. Co-Occurring Disorder (COD) – For Sacramento County Behavioral Health Services, COD refers to having one or more diagnosable mental health disorders and one or more diagnosable substance use disorders, with concomitant functional disability in one or more areas of psychosocial function.

Within Adult Mental Health Services, the mental health diagnosis must meet Target Population or Expanded Target Population criteria.

- H. Community Care Team (CCT) – An interdisciplinary team of people across provider settings and systems of care, working together to facilitate client-centered health care and social service connections that are culturally and generationally appropriate, high-quality, and cost-effective. CCT incorporates a range of clinical and paraprofessional health providers such as community health workers, peers, and/or navigators.
- I. Consumer Perception Survey - A semi-annual survey conducted by DBHS and submitted to the California Department of Health Care Services to collect data for reporting on the federally determined national outcome measures. Source: [Mental Health Substance Use Disorder Information Notice No. 18-044](#)
- J. Cultural Competence – A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among consumer providers, family member providers, and professionals that empower that system, agency or those consumer providers, family member providers, and professionals to work effectively in cross-cultural situations. Cultural competence includes

language competence. Culturally and language competent programs and services are considered as methods for the elimination for racial and ethnic mental health disparities. Source: Paul Pedersen PhD (1988).

- K. Electronic Health Record (EHR) – A systematized collection of client electronically-stored health information in a digital format.
- L. Full Time Equivalent (FTE) – Is a unit that indicates the workload of an employed person(s) in a way that makes workloads comparable across various context. Usually an FTE could be one or more staff employed 80 hours per two-week period.
- M. Geographic Managed Care (GMC) – A Managed Care model established to provide medical care for Medi-Cal recipients in specified aid code categories for a capitated fee. GMC serves beneficiaries in two counties: Sacramento and San Diego.
- N. Group Session – A group consists of at least two (2) clients and does not exceed fifteen (15) clients per session. Group sessions are not less than 45 minutes in duration, nor exceed 120 minutes in duration. Rehabilitative or skill building groups provided by staff (both licensed and unlicensed) will be documented under this category. Programs may include a second facilitator for a given group session that has at least three (3) clients in attendance.
- O. Group Therapy – A clinical treatment approach targeting specific diagnoses, illnesses or behaviors with specific outcomes and lengths of treatment. Group therapy must be provided by licensed or license-waivered staff within their respective scope of services, practice and privileges within the Mental Health Plan (see definition, item U).
- P. Homelessness
  - 1. Literally Homeless – Chronically Homelessness\*: Client is currently sleeping in an emergency shelter, hotel/motel paid by the County or social services provider, or location not meant for human habitation and meets the requirements for chronic homeless status. Chronic homeless status requires that the client lacks a regular fixed nighttime residence and has continuously lived in a place not meant for human habitation, including emergency homeless shelters, for at least 12 months consecutively or at least on 4 separate occasions adding up to 12 months in the last 3 years. For example: Client may be living in an unconverted garage or trailer, without connection to water or electricity and also meets the requirements for chronic homeless status.
  - 2. Literally Homeless – Not Chronically Homeless\*: Client does not meet chronic homeless status and client is currently sleeping in an emergency shelter, hotel/motel paid by the County or social services provider, or location not meant for human habitation. For example, client recently moved into an unconverted garage or trailer for example, without connection to water or electricity and does not meet the criteria for chronic homelessness.
  - 3. Imminent Risk for Homelessness: An individual or family that without intervention or change in circumstances will likely lose housing in the next 14 days without an alternative permanent housing situation secured and without the resources or support networks needed to obtain other permanent housing. Client may be living in their own home, living with family/friends, or couch surfing with a move-out date within the next 14 days, a formal eviction notice, Notice to Quit, or Notice to Terminate.

- Q. Housing First - is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, without prerequisites of sobriety or treatment compliance, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. Source: National Alliance to End Homelessness April 20, 2016.
- R. Intensive Care Coordination (ICC) – a Medi-Cal covered service that includes facilitating assessment, care planning and coordination of services, including urgent services for children/youth. Source: Pathways to Mental Health Services Core Practice Model Guide.
- S. Intensive Home Based Services (IHBS) - are individualized, strength-based mental health treatment interventions designed to ameliorate mental health conditions that interfere with a child's functioning. Interventions are aimed at helping the child and their identified support network build and support the skills necessary for successful functioning in the home and community, and improving the child's family's ability to help him/her. Source: Pathways to Mental Health Services Core Practice Model Guide.
- T. Intensive Placement Team (IPT) – IPT is a small team of designated adult mental health staff who evaluate referrals, provide service authorization, monitor the care and treatment within a secured setting, collaborate with treatment teams, offer input in individuals treatment plans, attend utilization reviews, provide consultation when needed, and assist with discharge planning. IPT works collaboratively with mental health contractors and the appointed conservator with the purpose of developing tailored approaches to better assist clients through the continuum of care. Source: [MH P & P 04-05 IPT Placement Philosophy](#).
- U. Level of Care Utilization System (LOCUS) – The LOCUS is a tool which provides a standardized assessment approach in determining level of care and service needs. Source: MH P & P 01-03 Levels of Care.
- V. Mental Health Plan (MHP) – provides or arranges for the provision of specialty mental health services to Medi-Cal beneficiaries in the county that meet medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals. Source: California Department of Health Care Services.
- W. Monthly and Quarterly Report Monitoring Tool - a document used by DBHS Program Coordinators to monitor contracts and by providers to monitor their performance. Source: [MH P & P 02-05 Quarterly Reports](#).
- X. Outcome Measurement Method – is a systematic way to assess the extent to which a program has achieved its intended goals. Outcome Measures are stated explicitly in each contract.
- Y. Performance Measures – are indicators developed to measure progress in ameliorating the negative outcomes of mental illness and achieving outcomes specified in statute for the adult system of care and the children's system of care. Source: California Mental Health Planning Council Performance Indicators for Evaluating the Mental Health System.
- Z. Presumptive Transfer – a prompt transfer of the responsibility for the provision of, or arrangement and payment for specialty mental health services from the county of original

jurisdiction to the county in which the foster child resides. Determination is made by Child Protective Services (CPS) or Probation in the county of original jurisdiction and is the responsibility of the chosen county to fund mental health services. [Source: Department of Health Care Services All County Letter No. 17-77](#)

- AA. Primary Care Physician (PCP) – a specialist in Family Medicine, Internal Medicine or Pediatrics who provides definitive care to the patient at the point of first contact, and takes responsibility for providing the patient’s comprehensive care. Source: American Academy of Family Physicians.
- BB. Recovery – Recovery is a treatment philosophy used within Sacramento County Behavioral Health Services. A process of change through which individuals improve their health and wellness, live self-directed lives, and start to reach their full potential. Source: SAMHSA National Consensus Statement.
- CC. Seriously Emotionally Disturbed (SED) – California Welfare & Institutions (W&I) Code Section 5600.3(a)(2): A child or adolescent is considered to have a serious emotional disturbance if they have he/she has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use or developmental disorder, which results in behavior inappropriate to the child’s age according to expected developmental norms.
- DD. Staffing Ratio - the number of staff providing direct services to a cohort of enrolled clients and can be contacted by those clients for support and information.
- EE. Strength-based – an approach that allows practitioners to acknowledge that every individual has a unique set of strengths and abilities they can rely on to overcome challenges. Source: US National Library of Medicine.
- FF. Target Population - For the purposes of county mental health services, target population refers to individuals with severe disabling conditions that require mental health treatment giving them access to available services based on these conditions. Public mental health systems are obligated to serve those identified individuals across the age spectrum and acuity of need. Services for each target population are based on acuity of need and impairment as well as varying eligibility criteria. Uninsured individuals are served to the extent resources are available. (W&I 5600.2, W&I 5600.3).
- GG. Threshold languages – The languages identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or 5% of the beneficiary population. There are currently six threshold languages in Sacramento County: Spanish, Russian, Hmong, Vietnamese, Arabic, and Chinese (Cantonese).
- HH. Transition Age Youth (TAY) – Individuals typically from 16 to 25 years of age, or ages as designated in a TAY contract.
- II. Units of Service – The measurement method used to determine the length of a service. One (1) unit of mental health service is typically equal to one (1) minute. In a residential program, a unit of service is typically equal to a continuous 24 hour time period.

JJ. Wellness – An active, lifelong process of becoming aware of and making choices toward a more healthy and fulfilling life.

**Related Policies:**

[QM P & P 00-07 AVATAR Document Management for Clinical Records](#)

[QM P & P 01-07 Determination for Medical Necessity and Target Population](#)

[MH P & P 02-05 Quarterly Reports](#)

[MH P & P 04-05 IPT Placement Philosophy](#)

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