

PREVENTION AND EARLY INTERVENTION GLOSSARY  
OF ACRONYMS, TERMS, AND DEFINITIONS

ACRONYMS

<b>CCR:</b>	California Code of Regulations
<b>CMHDA:</b>	California Mental Health Directors Association
<b>CSS:</b>	Community Services and Supports
<b>DMH:</b>	Department of Mental Health (State of California)
<b>DSM IV:</b>	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
<b>MHSA:</b>	Mental Health Services Act
<b>MHSOAC:</b>	Mental Health Services Oversight and Accountability Commission
<b>IOM:</b>	Institute of Medicine
<b>OAC:</b>	Mental Health Services Oversight and Accountability Commission
<b>PEI:</b>	Prevention and Early Intervention
<b>PCP:</b>	Primary Care Provider
<b>SAMHSA:</b>	Substance Abuse and Mental Health Services Administration
<b>W&amp;I Code:</b>	Welfare and Institutions Code

TERMS AND DEFINITIONS

**Access**

“Access” means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services.

[adapted from SAMHSA]

**Assessment**

“Assessment” means a professional review and evaluation of an individual’s mental health needs and conditions, in order to determine the most appropriate course of treatment, if indicated, and may ascertain eligibility for specific entitlement or mandated programs.

[adapted from SAMHSA]

**At Risk for Suicide**

“At Risk for Suicide” means those individuals or population groups who demonstrate a higher likelihood than average to commit suicide.

**At Risk Mental State (ARMS)**

“At Risk Mental State” means the condition of individuals who are at risk for developing a psychotic illness and are experiencing signs or symptoms, that are indicative of high risk for psychotic illness. These individuals have not yet been diagnosed with a psychotic illness.

**Children and Youth in Stressed Families**

“Children and Youth in Stressed Families” means children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses, or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.

**Community-defined Evidence**

“Community-defined evidence” means practices that have a community-defined evidence base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway that will develop specific criteria by which effectiveness may be documented using community-defined evidence that will eventually give the procedure equal standing with current evidence-based practices.

[National Network to Eliminate Disparities Latino Work Group]

**Co-occurring Disorders (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.

**Community Clinic and Health Center**

“Community clinic” means a clinic operated by a tax-exempt nonprofit corporation that is supported in whole or in part by donations, bequests, gifts, grants, government funds, or contributions. Any charges to the patient shall be based on the patient’s ability to pay, utilizing a sliding fee scale. These clinics provide essential health services to primarily uninsured and under-served men, women, and children.

[H&S Code, Section 1204]

“Health center” means a health center serving as a non-profit organization that provides primary and preventive health care services for uninsured and underserved populations in collaboration with other community providers.

**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.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.

(3) 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.

(4) 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.

(5) 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.

(6) 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.

(7) 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.

(8) 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.

(9) 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 Section 3200.100]

### **Differential Response**

“Differential Response” means a process by which counties respond commensurate to the individual reports of abuse and neglect that child welfare agencies receive each year. This approach improves a community's ability to keep children safe. This is accomplished by responding earlier and more meaningfully to reports of abuse and neglect, before family difficulties escalate to the point of harm.

[California Family Resource Association]

### **Duration of Untreated Psychosis (DUP)**

“Duration of Untreated Psychosis” means the period of time that may range from days to years (depending on recognition of the illness and access to services) between the time

an individual experiences symptoms for a psychotic illness and the time when they first receive treatment. (This is an important measure, as studies indicate that a lower **DUP** will provide better overall outcomes for the individual.)

### **Early Intervention**

“Early Intervention” means the Early Intervention element of the MHSA PEI component which is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. (Examples: mental health consultation/with interventions in child care environments; parent-child interaction training for children with behavioral problems; anger management guidance; and socialization programs with a mental health emphasis for home-bound older adults with signs of depression).

For individuals participating in PEI programs, the Early Intervention element:

- Addresses a condition early in its manifestation
- Is of relatively low intensity
- Is of relatively short duration (usually less than one year)
- Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services
- May include individual screening for confirmation of potential mental health needs

### **Emerging Best Practices**

“Emerging Best Practices” means those treatments and services with a promising, but less thoroughly documented, evidentiary base.

[President's New Freedom Commission]

### **Evidence-based Practice**

“Evidence-based Practice” means the range of treatment and services of well-documented effectiveness. An evidence-based practice has been, or is being evaluated and meets the following criteria:

- Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive public health outcomes.
- Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in public health research literature.

[President's New Freedom Commission; Association of MCH Programs]

### **First Onset**

“First Onset” (or “First Break”) means the first time an individual meets DSM-IV criteria for a psychotic illness. (DSM-IV diagnoses for psychotic illness include schizophrenia, schizoaffective disorder, brief reactive psychosis, schizophreniform disorder, bipolar disorder with psychotic features, and major depression with psychotic features. All of these diagnoses include psychotic symptoms.)

### **Gatekeeper**

“Gatekeeper” means those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk for mental health problems or suicide and refer them to treatment or supporting services as appropriate.

[adapted from the National Strategy for Suicide Prevention]

### **Health-based Interventions**

“Health-based interventions” means mental health programs and interventions designed to be used within a healthcare setting to assist trained healthcare providers in identifying, screening, assessing, and treating or referring, individuals with, or at risk for, mental health problems.

### **Historical Trauma**

“Historical Trauma” means memories passed from one generation to the next; e.g., hardships experienced by Native American populations, Japanese internment or Holocaust victims, refugees escaping war, slavery descendents, etc. Also referred to as “intergenerational trauma.”

### **Individuals Experiencing Onset of Serious Psychiatric Illness**

“Individuals Experiencing Onset of Serious Psychiatric Illness” means those individuals identified by providers, including but not limited to primary health care, as presenting signs of mental illness “first onset” (or “first break”) including those who are unlikely to seek help from any traditional mental health service.

[MHSOAC]

### **Intervention**

“Intervention” means the act of intervening, interfering or interceding with the intent of modifying the outcome. In health and mental health, an intervention is usually undertaken to help treat or cure a condition.

[MedicineNet.co]

### **Juvenile Justice Involvement**

“Juvenile Justice Involvement” means children and youth at risk of or experiencing Juvenile Justice involvement—those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

[MHSOAC]

### **Mental Health Disorder**

“Mental Health Disorder” means a diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities.

[Australia’s MH Action Plan]

### **Mental Health Integration**

“Mental Health Integration” means to combine mental health prevention assessment intervention, treatment and referral into the primary health care system for the purpose of preventing the development of serious emotional disorders and mental illness and increasing access to mental health services for underserved populations.

### **Mental Health Problem**

“Mental Health Problem” means diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met.

[Australia’s MH Action Plan]

### **Mental Health Promotion**

“Mental Health Promotion” means an action or series of actions taken to emphasize mental health and well-being in the community.

### **Non-traditional Mental Health Settings**

“Non traditional mental health settings” means systems and organizations not traditionally defined as mental health; i.e., school and early childhood settings, primary health care systems including community clinics and health centers, and community settings with demonstrated track records of effectively serving ethnically diverse and unserved or underserved populations.

### **Onset**

“Onset” means the beginning of a serious psychiatric illness that can be diagnosed by the DSM IV. In this respect, **onset** can include the onset of depression in an older adult or a new mother experiencing the onset of post-partum depression. Onset can apply to any psychiatric illness. Individuals may experience onset of a serious psychiatric illness a number of times.

### **PEI Principles**

“PEI Principles” means the Prevention and Early Intervention Principles and Criteria defined in the MHSOAC PEI Recommendations paper, adopted in January 2007. These principles, which serve as the foundation for PEI , may be found at:

[www.dmh.ca.gov/MHSOAC/docs/FinalOAC\\_RecforMHSAPeIprogs-11-10-06.pdf](http://www.dmh.ca.gov/MHSOAC/docs/FinalOAC_RecforMHSAPeIprogs-11-10-06.pdf)

### **PEI Program**

“PEI program” means any program selected for implementation by a county that comprises or is a part of a PEI project and is likely to meet PEI outcomes desired for addressing PEI Key Community Needs and for PEI Priority Populations.

### **PEI Project**

“PEI project” means a PEI program or combination of programs, policies and approaches that is designed to address one or more PEI Key Community Needs and one or more PEI Priority Populations, consistent with PEI Principles, to meet specific PEI individual/family and/or program/system outcomes.

### **Posttraumatic Stress Disorder**

“Posttraumatic Stress Disorder” means an anxiety disorder that develops as a result of witnessing or experiencing a traumatic occurrence, especially life-threatening events.

[SAMHSA]

### **Prevention**

“Prevention” means the **Prevention** element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as **Universal** and

**Selective, both occurring prior to a diagnosis** for a mental illness. (For MHSA purposes, IOM's **Indicated** prevention category fits into the operational definition for Early Intervention, as explained in the next section).

Prevention interventions may be classified according to their target groups (IOM):

Universal: target the general public or a whole population group that has not been identified on the basis of individual risk. (Examples: education for school-aged children and youth on mental illnesses; gatekeeper training on warning signs for suicide and how to intervene).

Selective: target individuals or a subgroup whose risk of developing mental illness is significantly higher than average. (Examples: mental health consultation to support groups for older adults who have lost a spouse; screening women for post partum depression and targeting children of parents with depression for intervention; mental health consultation to facilitators of group sessions for youth engaged in substance use/abuse and children of substance-abusing parents; and mental health consultation to child care centers and family child care homes).

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. MHSA calls for an approach to prevention that is integrated, accessible, culturally competent, strengths-based, effective, and that targets investments with the aim of avoiding costs (in human suffering and resources) for treatment services.

Generally, there are no time limits imposed on prevention programs. Cost sharing is a viable option for many prevention programs, especially those that serve multiple purposes (e.g., universal access to voluntary early childhood or maternal depression screening; youth development; constructive parenting education; social and support groups; health guidance).

There may be a role for PEI funds to be used in mental health oriented activities within broad community-wide health promotion approaches targeting one or more PEI priority populations when these are collaboratively planned, funded and implemented with other organizations and achieve PEI mental health outcomes at the individual/family, program/system or community levels.

### **Primary Care**

“Primary Care” means the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

[Institute of Medicine]

### **Priority Population**

“Priority Population” means a specific group of individuals defined by the OAC as a population who should receive priority consideration by counties when determining who will receive PEI services. Priority populations include:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children and Youth in Stressed Families
- Trauma-Exposed Individuals
- Children and Youth at Risk for School Failure
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

### **Prodrome (Prodromal Syndrome)**

“Prodrome” means the period in the course of a disorder when some signs and symptoms are present but the full-blown criteria are not yet met. Typically, the prodrome can be defined only retrospectively, after the individual has met the full criteria for the disorder.

### **Promising Practice**

“Promising Practice” means programs and strategies that have some quantitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. It 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.

[The Association of Maternal and Child Health Programs]

### **Referral**

“Referral” means the process of sending an individual from one practitioner to another for health care, mental health or other services and supports.

[Adapted from Plexis Managed Care Glossary]

### **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. When children encounter negative experiences at home, at school and in the community, mental health programs and interventions that teach good problem solving skills, optimism and hope can build and enhance resilience in children.

[California Family Partnership Association, March 2005]

### **School-based Interventions**

“School-based interventions” means a unifying intervention framework and strategic plan for school-based Prevention and Early Intervention programs. The framework and plan must encompass a comprehensive approach to enhance regular classroom strategies to enable learning; support students during vulnerable periods of transition (e.g., to a new school or to a new class); increase and strengthen home and school connections; identify and support trauma-exposed students; respond to and prevent crises; increase and strengthen community involvement and support (e.g., health services, tutoring, volunteer

programs, mentoring programs, family resource centers); and facilitate student and family access to effective services and special assistance as needed.

**School Failure**

“School Failure” means the process of an individual experiencing continued lack of academic success and achievement based on learning disabilities, emotional disorders, family stress, and/or other conditions that, if not resolved, may result in suspension, truancy, and/or expulsion.

**Screening**

“Screening” means a process used to identify individuals with an increased risk of having mental health disorders that warrant immediate attention, intervention, or more comprehensive review. [MedicineNet.com]

**Serious Emotional Disturbance (SED)**

“Serious Emotional Disturbance” means 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 use 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. [H&S Code, Article 5.6, Sec. 1374.72]

**Serious Mental Illness or Disorder**

“Serious Mental Illness or Disorder” means a mental disorder that is severe in degree and persistent in duration and that may cause behavioral disorder or impair functioning so as to interfere substantially with activities of daily living. Serious mental disorders include schizophrenia, major affective disorders, and other severely disabling mental disorders. [H&S Code, Part 2, Chap. 1, Sec. 5600.3]

**Small County**

“Small County” means a county in California with a total population of less than 200,000, according to the most recent projection by the California State Department of Finance. [CCR Section 5778]

**Stigma and Discrimination**

"Stigma" means the feelings, reactions and stereotypes that people experience when they encounter mental illness and the adults and children who face it.

"Discrimination" means the unlawful and intentional action taken to deprive individuals of their rights to mental health services, based on those feelings and reactions.

[from: *Mental Health: A Report of the Surgeon General, 1999*]

**Target Community**

“Target Community” means a subset of the priority service population, such as those residing in a geographic area or school catchment area, or a countywide target population (e.g., children and youth in foster care) that will be the focus for a PEI project.

**Trauma**

“Trauma” means a psychological or emotional reaction to an event or to an enduring condition, in which the individual’s emotional experience is overwhelming, or they experience a perceived threat to life, bodily integrity, or sanity.

[Sidran Traumatic Stress Foundation]

**Trauma-exposed Individuals**

“Trauma-exposed” means those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.

[MHSOAC]

**Very Small County**

“Very small county” means a county in California with a total population of less than 100,000 according to the annual projections published by the Department of Finance.

[CA Department of Finance]