

Appendix A: Glossary of Terms

ACCESS: The pathway individuals seeking mental health services follow to obtain care.¹

CARE COORDINATION (case management): The process of assisting those with mental health disabilities to identify, secure, and sustain the environmental and personal resources needed to live, work, and recreate as part of the larger community.²

CHOICE: “Refers to the central role people with psychiatric disabilities and/or addictions play in their own treatment, rehabilitation, recovery, and life. Within the behavioral health system, people in recovery need to be able to select services and supports from among an array of meaningful options based on what they will find most responsive to their condition and effective in promoting their recovery. Both inside and outside of the behavioral health system, people in recovery have the right and responsibility for self-determination and making their own decisions, except for those rare circumstances in which the impact of the illness or addiction contributes to their posing imminent risks to others or to themselves.”³

COMPREHENSIVE SERVICES ACT: A 1993 Virginia law that pooled eight specific funding streams into one, which is used to purchase services for high-risk youth. The purpose of this money is to provide high-quality, child-centered, family-focused, cost-effective, community-based services to high-risk youth and their families.⁴

CONSUMER: An individual receiving mental health services. In accordance with the Commission’s emphasis on person-first language, the phrases “individuals receiving mental health services” and “individuals with psychiatric disabilities” have been substituted for the term “consumer” in this report. “Consumer” is used in Appendix C (the survey summary).

CONTINUITY OF CARE: “Phrase used to underscore the importance of sustained, consistent support over the course of recovery. Such support can come from living within a community of shared experience and hope, but also can refer to the reliable and enduring relationship between the individual in recovery and his or her recovery coach. Such sustained continuity is in marked contrast to the transience of relationships experienced by those who have moved through multiple levels of care or undergone multiple treatment relationships.”⁵

CO-OCCURRING DISORDERS: “refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.”⁶

CORPORATION FOR SUPPORTIVE HOUSING: A national nonprofit intermediary organization that helps communities create permanent housing with services to prevent and end homelessness.⁷

CULTURAL COMPETENCE: “The level of knowledge-based skills required to provide effective clinical care to [individuals] from a particular ethnic or racial group.”⁸ Specifically, “cultural competence is an approach to delivering mental health services grounded in the assumption that services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. The Surgeon General defined cultural competence in the most general terms as ‘the delivery of services responsive to the cultural concerns of racial and ethnic minority groups, including their languages, histories, traditions, beliefs, and values.’ In most cases, the term cultural competence refers to sets of guiding principles, developed to increase the ability of mental health providers, agencies, or systems to meet the

needs of diverse communities, including racial and ethnic minorities.”⁹

DECOMPENSATION: “Temporary return to a lower level of psychological adaptation or functioning, often occurring when an individual is under considerable stress or has discontinued psychiatric medication against medical advice.”¹⁰

EVIDENCE-BASED PRACTICES: “Clinical, rehabilitative, and supportive practices that have scientific support for their efficacy (under ideal conditions) and effectiveness (in real world settings). Advocacy of evidence-based practice is a commitment to use those approaches that have the best scientific support, and, in areas where research is lacking, a commitment to measure and use outcomes to elevate those practices that have the greatest impact on the quality of life of individuals, families, and communities.”¹¹

HOPE: Refers to the notion that “recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.”¹²

LINGUISTIC COMPETENCE: The communication of information in a manner that is easily understood by diverse audiences including the deaf population as well as persons of limited English proficiency, low literacy skills, and/or linguistic disabilities.¹³

MEDICAID: A “jointly funded, federal/state health insurance program for low-income and disabled people who meet needs-based eligibility requirements. Nationally, it covers approximately 36 million individuals including children, the aged, the blind, and/or disabled and people who are eligible to receive federally assisted income maintenance payments.”¹⁴

MEDICARE: “Federal health insurance program primarily for older Americans and people who retired early due to disability.”¹⁵

MENTAL HEALTH: “Mental health is more than the absence of mental disorders.... Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health is the foundation for well-being and effective functioning for an individual and for a community.”¹⁶

PEER: Refers to someone “who has experienced first-hand, and is now in recovery from, a mental illness and/or addiction.”¹⁷

PERSON-CENTERED CARE: Care that is built around an individual’s personal assessment of hopes, aspirations, desires, and goals.¹⁸ A person-centered care plan is highly individualized, established in conversation with the individual being served, and respectful of the unique preferences, assets, strengths, and dignity of the individual.¹⁹

PRIMARY HEALTH CARE: Care “provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern.... Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, and diagnosis and treatment of acute and chronic illnesses in a variety of health care settings.”²⁰

RECOVERY: A journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”²¹

RECOVERY ORIENTED SYSTEMS INDICATORS (ROSI): A survey tool available through the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services that was developed by individuals receiving mental health services in cooperation with Columbia University to measure the extent to which a mental health system is oriented toward recovery goals.

RECOVERY-ORIENTED PRACTICE: “A practice oriented toward promoting and sustaining a person’s recovery from a behavioral health condition.... A recovery-oriented practice is one that identifies and builds upon each individual’s assets, strengths, and areas of health and competence to support the person in managing his or her condition while regaining a meaningful, constructive, sense of membership in the broader community.”²²

RESILIENCE: Means “the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.”²³

SOCIAL SECURITY DISABILITY INSURANCE (SSDI): “Individuals who worked are ‘insured’ by the Social Security taxes...that are withheld from their earnings to replace part of a person’s earnings upon retirement, disability, or for survivors with a worker dies. If insured workers (and, in some cases, their dependents or survivors) become disabled, they may become eligible for SSDI benefits. The amount received is dependent upon how many years an individual has worked and the individual must apply to determine if (s)he is eligible for benefits.”²⁴

SSI/SSDI OUTREACH, ACCESS, AND RECOVERY (SOAR): A federal program that can expedite disability determination for the homeless population.

STIGMA: Refers to “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses.... Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.”²⁵

SUPPLEMENTAL SECURITY INCOME (SSI): “The SSI program was established in 1974 as a mechanism for incorporating various state programs into one federal program. SSI is a program that provides direct federal payments to the aged, blind, and disabled people who have limited income and resources.”²⁶

SUPPORTIVE HOUSING: “A system of professional and/or peer supports that allows a person with mental illness to live independently in the community. Such supports may include regular staff contact and assistance as needed with household chores, as well as the availability of crisis services or other services designed to prevent relapse, such as mental health, substance abuse, and employment. Also known as supported housing.”²⁷

SYSTEM OF CARE: A system of care “incorporates a broad array of services and supports...[in] a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.”²⁸

WELLNESS RECOVERY ACTION PLANNING (WRAP): A self-help approach to psychiatric illness management and promotion of wellness developed by Mary Ellen Copeland.²⁹ This is a structured program in which an individual works with a case

manager to develop a personal written plan aimed at managing or reducing troubling symptoms and making other desired changes in his or her life. WRAP plans emphasize overall wellness and health, and avoid providing information about specific disorders.³⁰

Acronyms Used in This Report:

ASP: Application Service Provider

CHCN: Community Health Care Network

COD: Co-occurring Disorders

CSA: Comprehensive Services Act

CSB: Community Services Board

DBT: Dialectical Behavioral Therapy

DFS: Department of Family Services

DIT: Department of Information Technology

DRS: Department of Rehabilitation Services

EHR: Electronic Health Record

FCPS: Fairfax County Public Schools

FQHC: Federally Qualified Health Center

HIE: Health Information Exchange

HIPAA: Health Insurance Portability and Accountability Act

MIS: Management Information System

NAMI: National Alliance on Mental Illness

NASMHPD: National Association of State Mental Health Program Directors

NOMs: National Outcome Measures

PACT: Program of Assertive Community Treatment

PHR: Personal Health Record

RFI: Request for Information

ROSI: Recovery Oriented Systems Indicators

SAMHSA: Substance Abuse and Mental Health Services Administration

S-CHIP: State Children's Health Insurance Program

SOAR: SSI/SSDI Outreach, Access, and Recovery

SSA: Social Security Administration

SSDI: Social Security Disability Insurance

SSI: Supplemental Security Income

WRAP: Wellness Recovery Action Planning