ADDENDUM A

**GLOSSARY OF TERMS**

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| **Blueprint or Framework** |
| To encourage statewide replication of MHSA projects, the RC shall submit a project blueprint or framework. This blueprint or framework will outline a step-by-step action plan serving as a guide for others who wish to replicate this project.  This blueprint or framework shall be one or more pages, shall be submitted to DDS by December 31st, 2025, and shall be posted on the RC project website.  Additional documents may be included with your blueprint (such as digital video recording(s), PowerPoint presentations, organizational charts, etc.). The RC shall also include a list of subcontractors, presenters, speakers, trainers, etc., for future collaboration efforts. An example is listed below:  Westside Regional Center completed a project manual for their MHSA funded project, *The Los Angeles Mental Health and Developmental Disabilities Education Program*. This manual provides an overview of the program, including an outline of program steps in developing and implementing the program, and includes information regarding the *Cohort-Based Training Collaborative Series* and the *Southern California Stakeholder’s Conference.*  The manual is located online at the following link:  <http://reachacrossla.org/wp-content/uploads/2016/07/ProjectManual2012.pdf> |
| **Evidence-based** |
| Per WIC 4686.2.(d)(3) “Evidence-based practice” means a decision making process that integrates the best available scientifically rigorous research, clinical expertise, and individual’s  characteristics. Evidence-based practice is an approach to treatment rather than a  specific treatment. Evidence-based practice promotes the collection, interpretation,  integration, and continuous evaluation of valid, important, and applicable individual or family-reported, clinically-observed, and research-supported evidence. The best  available evidence, matched to consumer circumstances and preferences, is applied to  ensure the quality of clinical judgments and facilitates the most cost-effective care. |
| **Full Service Partnership** |
| “Full Service Partnership,” as defined in California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14, Mental Health Services Act, Article 2, Definitions, Section 3200.130 means the collaborative relationship between the County and the consumer, and when appropriate the consumer’s family, through which the County plans for and provides the full spectrum of community services so that the consumer can achieve the identified goals.  DDS encourages RCs to work collaboratively with their local county mental health, through full-service partnerships, to meet the needs of RC consumers with dual diagnoses. |
| **Fundamental MHSA Concepts** |
| These definitions are defined in the California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14, Mental Health Services Act, General Requirements, Section 3320 General Standards.   * **Client Driven**, as defined in Section 3200.050, 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. * **Community Collaboration**, as defined in Section 3200.060, means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.      * **Cultural Competence**, as defined in Section 3200.100, means incorporating and working to achieve each of the goals listed below into all aspects of policymaking, program design, administration, and service delivery. Each system and program are 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.      1. Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.      1. 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.      1. 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.      1. 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.      1. 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.      1. 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.      1. 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.      1. 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. |
| **Family Driven** |
| As defined in Section 3200.120, 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. |
| **Integrated Service Experiences for consumers and their families** |
| As defined in Section 3200.190, means the consumer, and when appropriate the consumer's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner. |
| **Wellness, Recovery, and Resilience Focused** |
| Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:  (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.  (2) To promote consumer-operated services as a way to support recovery.  (3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.  (4) To plan for each consumer's individual needs. [W&I Code §5813.5(d)] |
| **Performance-based** |
| “Performance-based” is a systematic approach to performance improvement through an ongoing process of establishing strategic performance objectives; measuring performance; collecting, analyzing, reviewing, and reporting performance data; and using that data to drive performance improvement. |
| **Web Accessibility** |
| “Web Accessibility” is how individuals with disabilities access electronic information using assistive devices on the Internet or online systems for work or personal business.  Web Accessibility encompasses all disabilities that affect online access or any online Information Technology (IT) Systems, including visual, auditory, physical, speech, cognitive, and neurological disabilities.  Section 508 of the Rehabilitation Act, [Section 508, Rehabilitation Act of 1973 | U.S. Department of Labor (dol.gov)](https://www.dol.gov/agencies/oasam/regulatory/statutes/section-508-rehabilitation-act-of-1973) as amended in 1998, is a federal mandate that requires that information technology be accessible to people with disabilities. It requires that electronic and information technology (EIT) developed, procured, maintained, or used by the federal government be accessible to people with disabilities, including employees and members of the public.  Any websites, IT systems, or electronic deliverables paid for with state funds must abide by Section 508 and California standards and this language should be included in the contract(s).  Accessibility Standards for California   1. Compliance with California Government Code 11135 including Federal Rehabilitation Act [Section 508](https://www.section508.gov/manage/laws-and-policies/). 2. Conformance Level A and Level AA Success Criteria are satisfied per the Web Content Accessibility Guidelines (WCAB) 2.1 at <http://www.w3.org/WAI/WCAG21/quickref/> |