

**County of Orange Social Services Agency
Family Self-Sufficiency Division**

Program/Area: Welfare-to-Work

Title: Behavioral Health Services

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PURPOSE

This policy contains guidelines to be used when referring a Welfare-to-Work (WTW) participant for a Behavioral Health Services (BHS) evaluation and assessment.

POLICY

Regulations require that Mental Health and Substance Abuse services (hereafter known as Behavioral Health Services [BHS]) be provided to CalWORKs WTW participants in order to remove barriers to employment and facilitate successful participation in a WTW activity. Time spent in a treatment plan to resolve identified barriers can be part of a WTW plan, and counted toward the mandated monthly participation requirement. The Health Care Agency (HCA) co-locates BHS Regional Coordinators at each regional office to accept referrals from CalWORKs staff. HCA contracted providers complete the initial evaluation of a participant's BHS needs, and arrange or provide necessary treatment services.

WHO MAY BE REFERRED

Referrals will only be accepted on behalf of mandatory or voluntary WTW participants except in emergent situations or under Extraordinary Client Circumstances (refer to Policy 405 Extraordinary Client Circumstances for additional information). Behavioral Health Services are voluntary. If the WTW participant declines services, a referral is not made. The worker should document in CalWIN Case Comments that the participant declined Behavioral Health Services.

Mandatory and voluntary WTW participants who accept services may be referred for BHS under circumstances that include, but are not limited to, the following:

- The participant self-identifies a behavioral health issue.
- The participant fails to make satisfactory progress in an assigned WTW activity due to a suspected behavioral health issue.
- A referral is indicated as the result of an assessment, appraisal, or through contact with a CalWORKs partner agency.
- The participant is referred for Family Reunification Services by Children and Family Services (CFS) staff.
- The participant is identified as having a suspected behavioral health issue during a Multi-Disciplinary Team (MDT) meeting.
- As a result of being referred to the Domestic Abuse Services Unit (DASU) or to the Family Stabilization Program.

CASE MANAGER RESPONSIBILITIES

The Case Manager (CM) will evaluate the need for BHS at Appraisal or at any other point during participation in WTW to ensure that proper support is offered. The Behavioral Health Services Brochure provides general information about available Behavioral Health Services and includes a confidential self-test. The brochure is included in the CalWORKs application packet and may be shared with participants when discussing behavioral health issues.

During Appraisal or other contacts where behavioral health may be discussed, the CM will:

- Provide the participant with the Behavioral Health Questionnaire (F063-41-153). There is no limit to the number of times this questionnaire may be offered.

Note: The questionnaire is a tool to facilitate an interactive conversation with the WTW participant about his or her potential BHS needs.

- Recommend a referral for BHS if the participant answers “yes” to any of the seven questions on the questionnaire.
- Explain that BHS may be allowed as a WTW activity.
- Complete a Behavioral Health Services Referral (F063-41-113) when the participant agrees to a referral and forward to the appropriate regional BHS mailbox attachment 2 with a copy of the Behavioral Health Questionnaire (F063-41-153).

Note: The participant is required to sign the “Applicant/Recipient Authorization to Release Information” section on the referral. The electronic referral should indicate “signature on file,” and the hard copy containing the participant’s signature should be scanned into OnBase.

- At the time of initial referral, allow five hours in the WTW plan for the BHS assessment and evaluation.
- Notify HCA staff immediately when an individual becomes exempt from, or is otherwise no longer participating in the WTW program, by emailing the BHS Regional Coordinator at the appropriate regional BHS mailbox.

Note: In emergent situations the CM should contact the BHS Regional Coordinator directly to arrange immediate services.

**BHS STAFF
RESPONSIBILITIES**

BHS Regional Coordinators receive referrals through the appropriate regional BHS mailbox. After initial outreach and contact completed by the BHS Regional Coordinator with the participant, the referral and questionnaire are printed and faxed to the appropriate BHS Contracted Supervisor for assignment to a counselor. Upon notification of assignment by the BHS Contracted Supervisor, the BHS Regional Coordinator will forward the counselor's name to the CM via phone or email. The BHS Regional Coordinator will also update CalWIN to reflect the assigned counselor's name. If within 10 working days initial outreach efforts are unsuccessful, the BHS Regional Coordinator will contact the CM by phone or email to indicate that the referral is being closed. CalWIN will be updated to reflect the new information.

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**BHS CONTRACTED
PROVIDER RESPONSIBILITIES**

Upon receipt of a Behavioral Health Services Referral (F063-41-113), BHS Contracted Supervisors will assign a counselor and fax the counselor's name back to the designated BHS Regional Coordinator.

The BHS counselor will:

- Schedule an initial interview with the participant as soon as possible.
- Advise the participant of the purpose of the referral, and that information regarding their diagnosis, treatment plan, and treatment is confidential and will not be shared with anyone other than the persons he/she designates.
- Explain that the CM will be advised of the outcome of the referral and recommended participation hours for consideration in development of the WTW plan.
- Obtain necessary authorizations from the participant in order to respond to the CM regarding the status of the referral, and to obtain information from current and/or future treatment providers to monitor cooperation with treatment as a component of the WTW plan.
- Complete an evaluation of the participant's BHS issues and need for treatment.
- Work with the participant to develop a treatment plan.
- Forward a copy of the Behavioral Health Services Response (F063-41-112) to the assigned CM within 72 hours of the initial appointment detailing the preliminary service plan, the number of days and hours of participation, and the initial treatment schedule.
- Advise the CM when the participant has entered a state-licensed residential treatment facility that requires him/her to stay at the program site at least three hours daily and three days per week.
- Notify the CM immediately if issues arise regarding the individual's attendance or participation, including unexcused absences and significant changes in treatment hours.
- Recommend good cause and/or exemptions for non-participation in WTW activities when appropriate. Good cause and/or exemptions may include, but are not limited to:
 - Psychiatric symptoms which require medication for stabilization
 - Crisis intervention
 - Detoxification
 - Intensive Recovery Treatment Services

BHS AND WTW PARTICIPATION

If based on the BHS evaluation a participant is determined to have a mental health and/or substance abuse issue, the CM will develop the WTW plan based on the results of the evaluation.

- The plan may include appropriate treatment requirements including assignment to a substance abuse program.
- Hours spent in mental health and substance abuse services may count toward the Federal core-hour participation requirement under the Job Search/Job Readiness activity (refer to Policy 202 Work Participation Hours and Activities).
- An individual may not participate in a substance abuse treatment program longer than six months without assignment to a concurrent WTW activity. The concurrent activity should be determined by the CM and participant, in conjunction with the treatment provider.
- When an individual resides at a state-licensed residential treatment facility or receives services from a certified non-residential substance abuse program that requires him/her to stay at the program site at least three hours daily and three days per week (nine hours), or otherwise not to participate in non-treatment program activities, the requirements of the program will satisfy the individual's WTW hourly requirement.

BEHAVIORAL HEALTH SERVICES RESPONSE (F063-41-112)

The Behavioral Health Services Response (F063-41-112) is completed by the BHS counselors to report the status of new cases, monthly progress, and discontinuance (discharge) of treatment services. Attendance and changes to participation barriers, accommodations, or supportive service needs are also documented on the form.

Each month the BHS counselor completes and submits the form to the BHS Regional Coordinator who, after reviewing for completeness, forwards the form to the assigned CM by the 10th of the month. For new and discharged cases, the form is to be forwarded to the CM within two working days.

WTW PLANS, GOOD CAUSE, NON-COMPLIANCE

WTW plans for individuals with mental, emotional, and substance abuse disorders will be developed based on results of the evaluation completed by BHS staff. The plan will include appropriate treatment and rehabilitation activities, employment accommodations, restrictions, and supportive services necessary to overcome barriers to employment. The plan may also include assignment to a substance abuse treatment program. Participants who fail to comply with requirements outlined in their WTW plan must be evaluated for good cause and/or noncompliance. When an individual, whose WTW plan includes assignment to a substance abuse treatment program, fails or refuses to comply with requirements of the program, the CM will determine if good cause exists. The determination must be made in consultation with the treatment provider.

If the CM determines that an individual assigned to a substance abuse treatment program is out of compliance with a program requirement other than participation in the treatment program, the CM must determine if the substance abuse problem is a contributing factor to the noncompliance. The treatment provider must also be consulted in this situation.

If a voluntary WTW participant accepts a referral for BHS and subsequently fails to attend appointments, cause determination procedures are not initiated. Refer to Policy 240 Good Cause/Compliance/Sanction and Policy 211 Welfare-to-Work Plan for additional information.

CASE COMMENTS AND CALWIN ENTRIES

CalWIN Case Comments must be updated to reflect information obtained during client contacts including, but not limited to:

- Cooperation
- Information specific to the WTW activity including attendance and progress
- Type of counseling (i.e. individual or group)
- Other identified needs or referrals

Disclosures irrelevant to WTW participation should not be recorded. In addition, information regarding diagnosis and medication is not to be shared or recorded. Any disclosures that may assist the CM or BHS contracted staff should be managed professionally, on a "need to know" basis.

The CalWIN Data Collection and Employment Services subsystems must be updated to reflect BHS referrals, new or revised WTW plans, and any changes to an individual's WTW activity, attendance, and/or participation hours.

Refer to the following CalWIN Resources Guides for additional instructions:

- Case Comments
- Appraisal
- Participation Tracking
- Noncompliance and WTW Sanction Process
- Welfare-to-Work Plan

ATTACHMENTS

- Behavioral Health Services Brochure
- Behavioral Health Questionnaire F063-41-153
- Behavioral Health Services Referral F063-41-113
- Behavioral Health Services Response F063-41-112
- Regional BHS Mailbox List

POLICIES

- Policy 405 Extraordinary Client Circumstances
- Policy 202 Work Participation Hours and Activities
- Policy 240 Good Cause/Compliance/Sanction
- Policy 211 Welfare-to-Work Plan

REFERENCES

EAS Manual 42-711
EAS Manual 42-716

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