

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
COMMUNITY SERVICES AGENCY/ ACTION AGENDA SUMMARY

DEPT: BEHAVIORAL HEALTH & RECOVERY SERVICES

BOARD AGENDA # B-6

Urgent \_\_\_\_\_ Routine X

AGENDA DATE MAY 1, 2001

CEO Concurs with Recommendation YES ph NO \_\_\_\_\_  
(Information Attached)

4/5 Vote Required YES \_\_\_\_\_ NO X

SUBJECT:

AUTHORIZE COMMUNITY SERVICES AGENCY TO ENTER INTO AN AGREEMENT WITH THE BEHAVIORAL HEALTH AND RECOVERY SERVICES FOR THE PROVISION OF STANISLAUS RECOVERY CENTER SERVICES.

STAFF RECOMMENDATIONS:

- 1. AUTHORIZE COMMUNITY SERVICES FUNDS TO ENTER INTO A TWO-YEAR AGREEMENT WITH THE BEHAVIORAL HEALTH AND RECOVERY SERVICES FOR THE PROVISION OF STANISLAUS RECOVERY CENTER SERVICES USING CALWORKS INCENTIVE FUNDS.

FISCAL IMPACT:

The total amount of the requested two-year contract is \$1,500,000. Appropriations and corresponding revenues are included in the CSA's Fund 1631 Budget Unit, per the CalWORKs Welfare-to-Work (WtW) Incentives Program Budget approved in concept by the Board on January 23, 2001. Appropriations and corresponding revenues for the succeeding years will be included in the appropriate fiscal year CSA budget request to the Board.

(Fiscal Impact Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2001-327

On motion of Supervisor Mayfield, Seconded by Supervisor Blom and approved by the following vote,

Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

Motion:

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

By: Christine Ferraro Deputy

File No.

AUTHORIZE COMMUNITY SERVICES AGENCY TO ENTER INTO AN AGREEMENT WITH THE BEHAVIORAL HEALTH & RECOVERY SERVICES FOR THE PROVISION OF STANISLAUS RECOVERY CENTER SERVICES.

Page 2

FISCAL  
IMPACT  
(CONT'D)

CalWORKs Incentive Funds are currently 100% Federal Temporary Assistance to Needy Families (TANF) dollars and do not have a County Share requirement. There will be no cost to the County General Fund as a result of this substance abuse and mental health in- and out-patient treatment services program. The term of this agreement will be July 1, 2001 through June 30, 2003.

DISCUSSION:

**TITLE: BEHAVIORAL HEALTH AND RECOVERY SERVICES**

In January 2001, the Board of Supervisors approved "in concept" the Welfare Incentive Expenditure Plan presented by the Community Services Agency (CSA). CSA was directed to return to the Board with specific information regarding each program recommendation. Following is the one of several recommendations that will be returning to the Board for consideration.

**DESCRIPTION:** Alcohol and Other Drug residential and intensive outpatient treatment at the Stanislaus Recovery Center in Ceres for adults including women with their children in perinatal programs.

**TARGET POPULATION:** Needy families. Adults and young adults with a substance abuse problem. Many customers will have a coexisting mental health diagnosis. These individuals and their families are **at risk** of domestic violence, medical problems, going on public assistance, having their children placed in foster care, and entering the criminal justice system.

**NEEDS TO BE ADDRESSED:** Alcohol and other drug treatment, life skills, employment readiness, parenting, health care including nutrition and mental health.

**EXPECTED OUTCOMES:**

- **# SERVED:** Approximately 1/3, or 28 of the 85 residential beds and 28 of the 83 adult out-patient treatment slots each month can be funded for the needy families population with WTW Incentive money during fiscal year 2001/2002.
- **OUTCOMES:** Reunification of families, reduced criminal activity, reduced emergency room visits, jobs obtained, kids graduate from high school, improved parenting and discipline skills, and participation in on-going recovery programs such as AA. The 1994 California Drug and Alcohol Treatment Assessment study indicated that "most of the cost savings for California were due to the decrease in the treatment clients' criminal activity, which includes avoided costs to the criminal justice system and the victims of crime."

AUTHORIZE COMMUNITY SERVICES AGENCY TO ENTER INTO AN AGREEMENT WITH THE BEHAVIORAL HEALTH & RECOVERY SERVICES FOR THE PROVISION OF STANISLAUS RECOVERY CENTER SERVICES.

Page 3

DISCUSSION  
(CONT'D):

- **COST BENEFITS:** The California Legislative Analyst's Report dated July 13, 1999, states that substance abuse treatment services are cost-effective to society. The report cited the 1994 California Drug and Alcohol Treatment Assessment study conducted by the National Opinion Research Center in conjunction with State of California that analyzed costs and outcomes for California residents who received treatment between October 1, 1991 and September 30, 1992. "Researchers calculated that \$200 million spent on treatment during that time yielded \$1.5 billion in avoided costs to society in the first year after treatment, a **7:1 return on investment.**"

**DURATION OF PROGRAM:** There are varying lengths of treatment. The adult residential treatment averages 1 month while the adolescent residential treatment would be from 3 to 6 months. The residential perinatal program for women with their children would average 6 months. The day treatment for adults would average 3 to 6 months while the adolescent school and treatment programs would be for a full year.

The term of this agreement between CSA and BHRS is July 1, 2001 through June 30, 2003.

**SUSTAINABILITY:** Continuous grant application process to obtain funds to fully fund treatment at the Stanislaus Recovery Center.

**FISCAL IMPACT:** A 7:1 savings or cost avoidance could yield \$10.5 million for Stanislaus County residents in reduced jail costs, health care, foster care placement, and public assistance payments.

POLICY  
ISSUE:

Approval of this agreement supports the Board's priority of economic development, community service delivery, and multi-jurisdictional cooperation by providing the services provided by the Stanislaus Recovery Center.

STAFFING  
IMPACT:

None.

**COUNTY OF STANISLAUS  
COMMUNITY SERVICES AGENCY  
CONTRACT TO PROVIDE  
SUBSTANCE ABUSE AND MENTAL HEALTH  
IN- AND OUT-PATIENT TREATMENT SERVICES  
JULY 1, 2001 THROUGH JUNE 30, 2003**

**I. DECLARATION**

This agreement, made and entered into as of July 1, 2001, between the Stanislaus County Community Services Agency, hereinafter called "CSA" and **Stanislaus County Behavioral Health and Recovery Services**, hereinafter referred to as "BHRS" is for the purpose of providing Substance Abuse and Mental Health In-and Out-Patient Treatment Services to the StanWORKs program as described in ATTACHMENT A.

The mission of Stanislaus County to children is to promote family responsibility. It is our commitment to provide children and their families with access to essential resources and effective strategies to become contributing and interdependent members of the community. Collaboration between agencies in partnership with the community is the most effective means of providing services. These services are to be provided in a manner that is culturally sensitive, promotes a sense of self-worth, and protects the safety of children, families and community.

**II. DEFINITIONS**

See ATTACHMENT A for the service plan.

**III. DUTIES AND RESPONSIBILITIES**

A. CSA and BHRS shall have the following joint responsibilities:

1. BHRS shall provide CSA, in writing, the name and address of the person who has primary responsibility for liaison and coordination of contract activities. CSA shall provide a similar liaison person to BHRS.
2. These persons will act on behalf of their respective organizations to ensure compliance with all contract provisions.

B. BHRS Responsibilities

1. BHRS will provide Substance Abuse and Mental Health In- and Out-Patient Treatment Services as described in ATTACHMENT A. Services to be provided at the Stanislaus Recovery Center.
2. BHRS shall establish a procedure acceptable to CSA to ensure that all employees or agents performing services under this contract report child abuse or neglect to a child protective agency as defined in Penal Code Section 11165.9. BHRS shall require each employee, volunteer, consultant, subcontractor or agency to sign a statement that he or she knows of the

reporting requirements as defined in Penal Code Section 11166(a) and will comply with the provisions of the Code section.

3. Confidentiality

BHRS shall comply and require its officers and employees to comply with the provisions of Section 18951 of the Welfare and Institutions Code and Division 19 of the CDSS Manual of Policies and Procedures to assure that:

- a. All applications and records concerning any individual made or kept by public officer or agency in connection with the administration of the provision of the Welfare and Institutions Code relating to any form of public social services for which grants in aid are received by this State or by the Federal government will be confidential and will not be open to examination for any purpose not directly connected with the administration of public social services.
- b. No person will publish or disclose, or use or permit, or cause to be published, disclosed or used, any confidential information pertaining to an applicant or recipient.
- c. BHRS shall inform all of its employees, agents, subcontractors and partners of the above provision and that any person knowingly and intentionally violating the provisions of said State law is guilty of misdemeanor.
- d. Allowances shall be made for persons who serve on multi-disciplinary teams, as defined in WIC Section 10850.1, to disclose to one another information which is relevant to the services provided to any person(s) under the terms of this contract.

4. Grievance

Provide a system by which recipients of service shall have the opportunity to express and have considered their views, grievances, and complaints regarding BHRS's delivery of services.

5. Record Maintenance

BHRS agrees to maintain all program, fiscal, statistical and management records locally and make such records available for inspection by county, state and federal representatives at all reasonable times to the degree allowable by state and federal confidentiality statutes. The records to be kept and maintained in connection with this program shall include, but are not limited to: CSA's assessment of need; case opening and closing dates; billing invoices; records and recipient/contractor business related correspondence; and records of administrative expenditures.

6. Records Retention

BHRS agrees to maintain all records pertaining to service delivery and fiscal and administrative controls for a minimum of five (5) years after final payment has been made, or until all pending county, state and federal audits are completed, whichever is later. Upon request, BHRS shall make these records available in the county to all authorized County, State, and Federal personnel.

7. Disposal of Records

Fiscal records shall be destroyed in accordance with CDSS MPP Division 23, Section 350.

**IV. FISCAL PROVISIONS**

A. Cost Rates

1. The maximum amount of this contract for the period July 1, 2001 through June 30, 2003 shall not exceed \$1,500,000.
2. This is a fixed cost contract. Costs specific to the requirements of the CalWORKs and StanWORKs programs are included in the fees identified in ATTACHMENT B.
4. Costs must conform with federal costs regulations OMB Circular A-87, A Guide for State and Local Government Agencies.
5. To fully utilize State funds available, BHRS should ensure that mental health services provided meet the California Department of Mental Health requirements for Federal reimbursement.

B. Billings

1. BHRS shall submit monthly billings within thirty (30) days following the end of the month in which services were delivered to:

Contracts Administrator  
Community Services Agency  
P.O. Box 42  
Modesto, CA 95353-0042

or through County interdepartmental (ID) mail to:  
Contracts Administrator (E4A)  
Community Services Agency

2. The final June invoice for each year of this contract must be received no later than 10 working days following the end of the month in order to expedite the accounting year-end closing process.

3. Invoices shall identify case name, case number and hours/days of service.

C. Payments

If the conditions set forth in this contract are met, CSA shall pay via journal voucher the sum of money claimed by the approved billings, less any credit due CSA for adjustments of current or prior billing. If the conditions are not met, CSA shall pay when the necessary processing is completed.

D. General Accountability

1. In the event of an audit exception, the party responsible for not meeting the program requirements or requirements shall be responsible for the deficiency.
2. In the event of any State hearing award or lawsuit award resulting from the failure of BHRS to perform as required by this contract, reimbursement shall be made to the damaged party by BHRS.

E. Monitoring/Audit Provisions

1. Authorized representatives of County, State and Federal governments shall have the right to monitor and audit all aspects of operations under this contract.
2. BHRS agrees that their financial records shall contain itemized records of all costs and be available for inspection within three (3) working days of request by County, State or Federal agencies.

F. Availability of Funds

Payment of all services provided in accordance with the provisions of this contract are contingent upon the availability of County, State and Federal Funds.

V. GENERAL PROVISIONS

A. Term

The terms of this contract shall commence on July 1, 2001 and terminate on June 30, 2003.

B. Termination

1. This contract may be terminated by either CSA or BHRS with or without cause when a sixty (60) day written notice is provided to the other party.
2. This contract may be terminated immediately, or at any time specified, upon mutual written agreement between CSA and BHRS.

C. Totality of Contract

This contract contains all the terms and conditions agreed upon by CSA and BHRS and no other understanding, oral or otherwise, regarding this contract, shall be deemed to exist or to bind any of the parties to this contract.

D. Alterations, Modifications

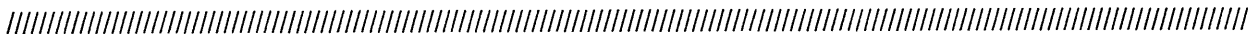
Any amendments, alterations, variations, modifications or waivers of provisions of this contract shall be valid only when reduced to writing, duly signed and attached to the original of this contract.

E. Laws Governing Contract

This Agreement shall be governed and construed in accordance with all of the laws and regulations of the State of California and the United States of America, in addition to any other laws cited herein.

F. Supplantation

BHRS shall not supplant any Federal, State or County funds intended for the purposes of this contract with any funds made available under this contract. BHRS shall not claim reimbursement from CSA for, or apply sums received from CSA with respect to that portion of its obligations which have been paid by another source of revenue. BHRS agrees that it will not use funds received pursuant to this contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining State funds under any State program or County funds under any County programs without prior written approval of CSA.



IN WITNESS WHEREOF, the parties have executed this contract in Modesto, California.

APPROVED AS TO CONTENT:

**COUNTY OF STANISLAUS  
COMMUNITY SERVICES AGENCY  
SERVICES**

**COUNTY OF STANISLAUS  
BEHAVIORAL HEALTH AND RECOVERY**

BY: \_\_\_\_\_  
Jeff Jue,  
Director

\_\_\_\_\_  
Larry Poaster, Ph.D.  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



APPROVED AS TO FORM:  
MICHAEL H. KRAUSNICK  
COUNTY COUNSEL

By Linda S. Macy 4-20-01  
Linda S. Macy  
Deputy County Counsel

## INTRODUCTION

The StanWORKs Behavioral Health Plan will assist StanWORKs recipients to achieve and maintain employment. The design of this plan was a collaborative effort between Stanislaus County Community Services Agency (CSA) and Stanislaus County Behavioral Health and Recovery Services (BHRS). The plan addresses screening, assessment, services, and training aspects of providing supplemental behavioral health services to CSA customers.

BHRS administers the local Mental Health services, the County's Alcohol and Drug Programs, Public Guardian services, and operates the Stanislaus Behavioral Health Center, a 67-bed behavioral health hospital as well as the Stanislaus Recovery Center. BHRS is in an ideal position to propose and manage an integrated behavioral health service delivery system for CSA customers.

CSA will contract with BHRS for the substance abuse and mental health in- and out-patient treatment services described in this plan. BHRS will use Short-Doyle and Drug Medi-Cal programs, whenever the service is eligible for reimbursement under these programs. These funds will be used to expand employment-related behavioral health services to CSA' customers.

For the purpose of this proposal, behavioral health services are defined as mental health, alcohol and drug treatment services. Individuals often suffer from more than one problem area. While each aspect of behavioral health will be assessed in its own right, often there is a dynamic interaction between these different aspects. This interaction will be assessed and addressed in designing treatment services for CSA's customers. These problems often affect the entire family and may create barriers to employment and/or sustaining employment.

## ASSESSMENT AND AUTHORIZATION FUNCTIONS

### Introduction

CSA customers who are screened by CSA case managers, as having a possible mental illness, alcohol and/or drug, or family violence-related barrier to employment, will be assessed by the integrated Mental Health/Alcohol and Drug/Domestic Violence Assessment Team. No mental health, alcohol and/or drug, nor domestic violence services pursuant to this plan will be provided without the authorization of the Assessment Team.

### Assessment Team Composition

The Assessment Team will be composed of experienced Mental Health Professionals (Licensed and waived), Substance Abuse Counselors and Domestic Violence Specialists.

## Assessment Process

A key aspect of the assessment process will be the effective engagement of recipients who may deny behavioral health problems, are distrustful and resentful, or who may attempt to manipulate the process. Care and sensitivity must be demonstrated by Assessment Team members despite unreliable or uneasy reporting which may occur by recipients. In eliciting an alcohol and other drug history, team members need to be alert to the characteristic defenses utilized by some recipients, i.e. rationalization and projection, and to take note of what the individual is attempting to conceal or contain while at the same time maintain an environment conducive to continued engagement.

Each assessment will be composed of at least one face-to-face interview with the recipient. Recipients will be assessed for mental illness, alcohol and other drugs, and domestic violence problems. Past relevant history, past treatment and diagnosis, current symptoms, and functioning will be considered in the assessment. Historical and current information about domestic violence, employment, family, health, legal concerns, and personal functioning will be elicited. Whenever possible, collateral and other independent reports will also be considered. An alcohol and drug use history will be gathered on all recipients. Additional diagnostic procedures may also be utilized, e.g. standardized assessment instruments, protective testing and physical examinations. DSM IV diagnosis(es) will be established for each recipient assessed.

The assessment will be family focused and strengths based. All families, no matter how troubled, have inherent strengths that can be built upon. It is also true that barriers to the employment of the adults in a household may involve all family members. Services may be authorized to address the entire family's needs, to enhance the family strengths and to maximize existing support systems.

## Confidentiality

All persons screened as requiring an Assessment will be informed prior to the assessment of their rights and responsibilities. No assessment or treatment services will be provided without the written consent of the recipient. All information obtained will be treated as confidential pursuant to existing confidentiality statutes. A recipient's reluctance to disclose sensitive information is often lessened by a frank discussion about why this information is important and how it will be used, as well as safeguards to confidentiality. But no assessment or services will be provided unless recipients consent to the sharing and release of relevant information necessary to meet Welfare-to-Work requirements to appropriate CSA Staff.

## **SUBSTANCE ABUSE AND MENTAL HEALTH IN- AND OUT-PATIENT TREATMENT SERVICES**

### Specialty Mental Health and Alcohol and Drug Treatment Services

Specialty Mental Health services are those provided by the local Mental Health Plan for which CSA customers may be eligible. Where CSA customers are eligible for Specialty Mental Health Services and would be better served by such services, they will be referred to the Stanislaus Recovery Center. Services to be provided at the Stanislaus Recovery could include:

- Individual, Group, and Intensive Group Counseling
- Mental health Services/Case Management Services
- Adolescent, adult and perinatal residential programs

#### Communication and Linkage

Recommendations will be documented and presented in writing to the CSA case management Unit to which the recipient is assigned. Family Action Plans and Behavioral Health Service Plans will be monitored in weekly multi-disciplinary meetings between the assessment team and CSA case management units.

#### Documentation

Relevant history, findings of diagnostic tests, observations, functional assessments, and justification for DSM IV diagnoses, as well as recommendations and service plans, will be documented. They will be entered into a confidential written record. The record will be the property of the BHRS and will be subject to BHRS Medical Records Policies.

In order to coordinate services efficiently and in order to comply with the existing confidentiality requirements, information will be shared between agencies upon completion of the Interagency Release/Exchange of Information Form, which is signed by the CSA customer and is included in the confidential written file.

### **SUMMARY**

The substance abuse and mental health in- and out-patient treatment program, as part of overall CSA StanWORKs Plan, will provide services to move TANF recipients from dependency to employment and self-sufficiency. The BHRS will be the provider of these services as described in this plan.

ATTACHMENT B

**SUBSTANCE ABUSE AND MENTAL HEALTH  
IN- AND OUT-PATIENT TREATMENT SERVICES  
JULY 1, 2001 THROUGH JUNE 30, 2003**

This is a fixed rate contract based on the Alcohol and Drug Treatment negotiated rate for the Stanislaus Recovery Center. BHRS shall be reimbursed as follows:

- \$100.00 per day for residential treatment
- \$125.00 per hour for assessment
- \$94.00 per hour for individual counseling
- \$30.00 per hour for group counseling
- \$90.00 a day for intensive group counseling
- \$120.00 per hour for Mental Health services/Case Management services

**COUNTY OF STANISLAUS  
COMMUNITY SERVICES AGENCY  
CONTRACT TO PROVIDE  
SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT SERVICES  
JULY 1, 2002 THROUGH JUNE 30, 2003**

**I. DECLARATION**

This agreement, made and entered into as of July 1, 2002, between the Stanislaus County Community Services Agency, hereinafter called "CSA" and **Stanislaus County Behavioral Health and Recovery Services**, hereinafter referred to as "BHRS" is for the purpose of providing Substance Abuse and Mental Health Treatment Services to Temporary Aid To Needy Families (TANF) eligible recipients of aid in the StanWORKs program as described in Exhibit A.

The mission of Stanislaus County to children is to promote family responsibility. It is our commitment to provide children and their families with access to essential resources and effective strategies to become contributing and interdependent members of the community. Collaboration between agencies in partnership with the community is the most effective means of providing services. These services are to be provided in a manner that is culturally sensitive, promotes a sense of self-worth, and protects the safety of children, families and community.

**II. DEFINITIONS**

See Exhibit A for the service plan.

**III. DUTIES AND RESPONSIBILITIES**

A. CSA and BHRS shall have the following joint responsibilities:

1. BHRS shall provide CSA, in writing, the name and address of the person who has primary responsibility for liaison and coordination of contract activities. CSA shall provide a similar liaison person to BHRS.
2. These persons will act on behalf of their respective organizations to ensure compliance with all contract provisions.

B. CSA Responsibilities:

1. CSA shall administer the CalWORKs Program in accordance with the guidelines and regulations set forth in Assembly Bill 1542 (Section 114 and Section 115), and identified in CFL No. 97/98-16, and detailed further in the StanWORKs Behavioral Health Services (BHS) Plan, Exhibit A, which is hereby incorporated by reference and made a part hereof.
2. Office Space, Supplies, Equipment, Etc.

Unless otherwise stated in Exhibit A, CSA shall provide such office space, supplies, and equipment (including facility telephone service) as is necessary for BHRS to provide the services identified in Exhibit A to this agreement.

3. Confidentiality

Comply and require its officers and employees to comply with the provisions of Section 5328 of the Welfare & Institutions Code and USC, para. 1306(a) and Federal Regulations 42 CFR, Part 2, and Stanislaus County Behavioral Health and Recovery Services Policy 16.1.0.1 to assure that:

- a. Information and clinical records obtained in the course of providing services to recipients of services shall be confidential. Information and clinical records may be disclosed only as specified in the above noted Code sections, Federal Regulations and BHRS Policies.
- b. Allowances shall be made for persons who serve on multi-disciplinary teams as defined in WIC Section 10850.1 to disclose to one another information which is relevant to the services provided to any person(s) under the terms of this contract.

C. BHRS Responsibilities

1. BHRS will provide Substance Abuse and Mental Health Treatment Services as described in Exhibit A.
2. BHRS shall establish a procedure acceptable to CSA to ensure that all employees or agents performing services under this contract report child abuse or neglect to a child protective agency as defined in Penal Code Section 11165(k). BHRS shall require each employee, volunteer, consultant, subcontractor or agency to sign a statement that he or she knows of the reporting requirements as defined in Penal Code Section 11166(a) and will comply with the provisions of the Code section.
3. Confidentiality

BHRS shall comply and require its officers and employees to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Division 19 of the CDSS Manual of Policies and Procedures to assure that:

- a. All applications and records concerning any individual made or kept by public officer or agency in connection with the administration of the provision of the Welfare and Institutions Code relating to any form of public social services for which grants in aid are received by this State or by the Federal government will be confidential and will not be open to examination for any purpose not directly connected with the administration of public social services.
- b. No person will publish or disclose, or use or permit, or cause to be published, disclosed or used, any confidential information pertaining to an applicant or recipient.

- c. BHRS shall inform all of its employees, agents, subcontractors and partners of the above provision and that any person knowingly and intentionally violating the provisions of said State law is guilty of misdemeanor.
- d. Allowances shall be made for persons who serve on multi-disciplinary teams, as defined in WIC Section 10850.1, to disclose to one another information which is relevant to the services provided to any person(s) under the terms of this contract.

4. Grievance

Provide a system by which recipients of service shall have the opportunity to express and have considered their views, grievances, and complaints regarding BHRS's delivery of services.

5. Record Maintenance

BHRS agrees to maintain all program, fiscal, statistical and management records locally and make such records available for inspection by county, state and federal representatives at all reasonable times to the degree allowable by state and federal confidentiality statutes. The records to be kept and maintained in connection with this program shall include, but are not limited to: CSA's assessment of need; case opening and closing dates; billing invoices; records and recipient/contractor business related correspondence; and records of administrative expenditures.

6. Records Retention

BHRS agrees to maintain all records pertaining to service delivery and fiscal and administrative controls for a minimum of five (5) years after final payment has been made, or until all pending county, state and federal audits are completed, whichever is later. Upon request, BHRS shall make these records available in the county to all authorized County, State, and Federal personnel.

7. Disposal of Records

Fiscal records shall be destroyed in accordance with CDSS MPP Division 23, Section 350.

**IV. FISCAL PROVISIONS**

A. Cost Rates

- 1. The maximum amount of this contract for the period July 1, 2002 through June 30, 2003 shall not exceed \$2,649,487.
- 2. The 2002/2003 allocated amount for Mental Health Treatment Services is \$1,249,257 in State General Funds. The 2002/2003 allocated amount for Substance Abuse Treatment Services is \$1,216,230 in State General Funds. The remainder, \$184,000, is CalWORKs Single Allocation.



3. This is a cost reimbursement contract. Startup funds are not provided in these allocations. Attendant costs specific to the requirements of the CalWORKs and StanWORKs programs and client population needs are included in the contract budget and identified in Exhibit B, which is hereby incorporated by reference and made a part hereof.
4. Costs must conform with federal costs regulations OMB Circular A-87, A Guide for State and Local Government Agencies.
5. To fully utilize State funds available, BHRS should ensure that mental health services provided meet the California Department of Mental Health requirements for Federal reimbursement.
6. All funds unspent at year-end cannot be carried forward.

B. Billings

1. BHRS shall submit monthly billings within thirty (30) days following the end of the month in which services were delivered to:

Contracts Manager  
Community Services Agency  
P.O. Box 42  
Modesto, CA 95353-0042

or through County interdepartmental (ID) mail to:  
Contracts Manager (F01)  
Community Services Agency

2. The final June invoice must be received no later than 10 working days following the end of the month in order to expedite the accounting year-end closing process.
3. Invoices shall identify case name, case number and hours of service.

C. Payments

If the conditions set forth in this contract are met, CSA shall pay via journal voucher the sum of money claimed by the approved billings, less any credit due CSA for adjustments of current or prior billing. If the conditions are not met, CSA shall pay when the necessary processing is completed.

D. Outcomes

1. Contractor shall meet the following Outcomes during the term of this agreement:  
  
See Exhibit C, Contractor Scorecard, for outline of Expected Outcomes, which is hereby incorporated by reference and made a part hereof.
2. Contractor shall establish an Internal Monitoring Plan to monitor and meet the outcomes set forth in this agreement.

E. General Accountability

1. In the event of an audit exception, the party responsible for not meeting the program requirements or requirements shall be responsible for the deficiency.
2. In the event of any State hearing award or lawsuit award resulting from the failure of BHRS to perform as required by this contract, reimbursement shall be made to the damaged party by BHRS.

F. Monitoring/Audit Provisions

1. Authorized representatives of County, State and Federal governments shall have the right to monitor and audit all aspects of operations under this contract.
2. BHRS agrees that their financial records shall contain itemized records of all costs and be available for inspection within three (3) working days of request by County, State or Federal agencies.

G. Availability of Funds

Payment of all services provided in accordance with the provisions of this contract are contingent upon the availability of County, State and Federal Funds.

V. GENERAL PROVISIONS

A. Term

The terms of this contract shall commence on July 1, 2002 and terminate on June 30, 2003.

B. Termination

This contract may be terminated by either CSA or BHRS with or without cause when a sixty (60) day written notice is provided to the other party.

C. Totality of Contract

This contract contains all the terms and conditions agreed upon by CSA and BHRS and no other understanding, oral or otherwise, regarding this contract, shall be deemed to exist or to bind any of the parties to this contract.

D. Alterations, Modifications

Any amendments, alterations, variations, modifications or waivers of provisions of this contract shall be valid only when reduced to writing, duly signed and attached to the original of this contract.

E. Laws Governing Contract

This Agreement shall be governed and construed in accordance with all of the laws



**STANISLAUS COUNTY  
StanWORKs BEHAVIORAL HEALTH SERVICES PLAN**

**INTRODUCTION**

The StanWORKs Behavioral Health Plan will assist StanWORKs recipients to achieve and maintain employment. The design of this plan was a collaborative effort between Stanislaus County Community Services Agency (CSA) and Stanislaus County Behavioral Health and Recovery Services (BHRS). The plan addresses screening, assessment, services, and training aspects of providing supplemental behavioral health services to StanWORKs recipients.

BHRS administers the local Mental Health services, the County's Alcohol and Drug Programs, Public Guardian services, and operates the Stanislaus Behavioral Health Center, a 67-bed behavioral health hospital. The BHRS is in an ideal position to propose and manage an integrated behavioral health service delivery system for StanWORKs recipients.

CSA will develop several "multi-service" sites. Behavioral health services will be provided at the same site as CSA staff, except as noted below, to facilitate easy access to StanWORKs recipients; communication with Welfare-to-Work staff; and to better integrate behavioral health services with employment related services.

For the purpose of this agreement, behavioral health services is defined as mental health, alcohol and drug, and domestic violence assessment and treatment services. Individuals often suffer from more than one problem area. While each aspect of behavioral health will be assessed in its own right, often there is a dynamic interaction between these different aspects. This interaction will be assessed and addressed in designing treatment services for StanWORKs recipients. These problems often affect the entire family and may create barriers to employment and/or sustaining employment.

**SCREENING**

The screening process is the means by which StanWORKs recipients are identified and referred for an assessment which will determine their need for supplemental behavioral health services. A Behavioral Health Services Screening Tool (attached) has been developed for this purpose. The tool is designed to screen for mental health, alcohol and other drugs, domestic violence, and family problems.

A Family Action Plan will be completed by CSA staff for all StanWORKs recipients prior to screening. The screening process may be initiated at any time during the Welfare-to-Work Program in response to a recipient's failure to secure or maintain employment, or to meet their obligations under their Family Action Plan. There may also be incidents when a recipient discloses information which presents a barrier to employment and causes a screening to be initiated. The decision to screen a recipient for supplemental behavioral health services will be made by the CSA case manager.

Completed screening instruments will be submitted to the Behavioral Health Assessment Team for review. Based on the results of the screening instrument, an assessment with the recipient will be scheduled, additional information may be requested from the CSA case manager, or a decision will be made that a behavioral health assessment is not necessary. All decisions related to a screening will be documented and communicated to the CSA case manager.

## **ASSESSMENT AND AUTHORIZATION FUNCTIONS**

### Introduction

StanWORKs adults who are screened by CSA Family Services Specialists (FSS) as having a possible mental illness, alcohol and/or drug, or family violence-related barrier to employment, will be assessed by the BHS integrated Mental Health/Alcohol and Drug/Domestic Violence Assessment Team. No mental health, alcohol and/or drug, nor domestic violence services pursuant to this plan will be provided without the authorization of the BHS Assessment Team.

### Assessment Team Composition

The BHS Assessment Team will be composed of experienced Mental Health Professionals (Licensed or waived), Substance Abuse Counselors and Domestic Violence Specialists.

### Assessment Process

A key aspect of the assessment process will be the effective engagement of recipients who may deny behavioral health problems, are distrustful and resentful, or who may attempt to manipulate the process. Care and sensitivity must be demonstrated by Assessment Team members despite unreliable or uneasy reporting which may occur by recipients. In eliciting an alcohol and other drug history, team members need to be alert to the characteristic defenses utilized by some recipients, i.e. rationalization and projection, and to take note of what the individual is attempting to conceal or contain while at the same time maintain an environment conducive to continued engagement.

Each assessment will be composed of at least one face-to-face interview with the recipient. Recipients will be assessed for mental illness, alcohol and other drugs, and domestic violence problems. Past relevant history, past treatment and diagnosis, current symptoms, and functioning will be considered in the assessment. Historical and current information about domestic violence, employment, family, health, legal concerns, and personal functioning will be elicited. Whenever possible, collateral and other independent reports will also be considered. An alcohol and drug use history will be gathered on all recipients. Additional diagnostic procedures may also be utilized, e.g. standardized assessment instruments (ASI-LITE and ASAM), and psychological testing. DSM IV diagnosis(es) will be established for each recipient assessed.

The assessment will be family focused and strengths based. All families, no matter how troubled, have inherent strengths that can be built upon. It is also true that barriers to the employment of the adults in a household may involve all family members. Services may be authorized to address the entire family's needs, to enhance the family strengths and to maximize existing support systems.

## Confidentiality

All persons screened as requiring an Assessment will be informed prior to the assessment of their rights and responsibilities. No assessment or treatment services will be provided without the written consent of the recipient. All information obtained will be treated as confidential pursuant to existing confidentiality statutes. A recipient's reluctance to disclose sensitive information is often lessened by a frank discussion about why this information is important and how it will be used, as well as safeguards to confidentiality. But no assessment or services will be provided unless recipients consent to the sharing and release of relevant information necessary to meet Welfare-to-Work requirements to appropriate CSA Staff.

## Authorization Process

Recommendations will be developed as a part of each assessment. These recommendations will be incorporated into the recipient's Family Action Plan. In addition, a Behavioral Health Service Plan will be developed which specifies goals, responsibilities of recipients and authorized behavioral health services. Any changes to the Behavioral Health Service Plan must be authorized by the Behavioral Health Services Assessment Team.

Alcohol and drug treatment recommendations and placements will be based on the American Society of Addiction Medicine Criteria adapted for use in California Alcohol and Drug Programs. Mental Health Service authorizations will be based on Short-Doyle Medi-Cal service categories. Domestic Violence service authorizations will be based on the California Alliance Against Domestic Violence criteria.

## Determination of Disability

BHS Assessment Team members will be generally familiar with Social Security/SSI psychiatric disability determination criteria. If as a result of an assessment it is determined that a recipient may be eligible for a social security disability and/or SSI, an application will be initiated and facilitated.

## Referral to Existing Systems of Care

Some StanWORKs recipients may have serious and persistent mental illnesses, serious alcohol and other drug addictions, family problems, or children who are seriously emotionally disturbed. If it is determined a recipient may be eligible for and may be better served by the Adult System of Care, Alcohol and Drug System of Care, or the Children and Youth System of Care Services and are not currently served by them, a referral will be facilitated to the BHRS Access Team. They will not receive their services from StanWORKs Behavioral Health Services, but from the existing specialty mental health and alcohol and drug services as part of the BHS continuing care.

## Communication and Linkage

Recommendations will be documented and presented in writing to the CSA Family Services Specialist (FSS) Unit to which the recipient is assigned. Family Action Plans and BHS Client Care Plans will be monitored in weekly multi-disciplinary meetings between the BHS Assessment Team and CSA FSS units.

## Documentation

Relevant history, findings of diagnostic tests, observations, functional assessments, and justification for DSM IV diagnoses, as well as recommendations and client care plans, will be documented. They will be entered into a confidential written record. The record will be the property of the BHRS and will be subject to BHRS Medical Records Policies.

In order to coordinate services efficiently and in order to comply with the existing confidentiality requirements, information will be shared between agencies upon completion of the Interagency Release/Exchange of Information Form, which is signed by the StanWORKs recipient and is included in the confidential written file.

## **CASE MANAGEMENT AND TREATMENT SERVICES**

A four-tier model will be utilized to provide mental health and alcohol and drug treatment services to adult StanWORKs recipients: General Support Services; Supplemental Services; Specialty Services; and Wellness/Recovery Services.

### General Support Services

General support services are intended for the general TANF population attempting and/or succeeding with employment, not necessarily those who need supplemental behavioral health services. They are intended to integrate behavioral health concepts and skill development with employment related services. These services will be available to all providers in the StanWORKs plan:

- Consultation and technical assistance to employment services providers regarding integrating behavioral health concepts in employment related activities.
- Introduction to Recovery. Education and materials to beneficiaries regarding behavioral health recovery concepts. Intended for those individuals who may have behavioral health problems, but which are not barriers to employment.
- Support Systems Development for TANF recipients who are working toward employment. May be delivered as consultation to providers or direct work with groups of recipients. Intended to help recipients who may not have behavioral health barriers to employment but need personal support from family and friends to make the transition to employment.
- Group Co-Facilitation with employment service providers or peers.
- Relapse Prevention Education Groups for persons who have been successful in achieving employment but who have behavioral health problems.
- Parenting Skills Development. Many parents may find barriers to employment related the behavior or parenting needs of their children. This service is intended to address this need in the general TANF population.

### Supplemental Behavioral Health Services

The core services of this plan are the supplemental behavioral health services which are designed to assist individuals in overcoming behavioral health barriers to employment. These will be primarily provided at the "multi service" sites. They are delivered by a special team separate from existing BHRS service Systems. It can be conceptualized as a new employment oriented System of Care.

- Ongoing evaluation/assessment services to identify barriers and needs not initially identified.
- Individualized treatment planning.
- Behavioral Health Case Management Services (Individual Life Skills Management, Linkage, Coordination).
- Short Term Transition Support Services.
- Medication Evaluation/Assessment and Referral Services. Initial psychiatric evaluation will be provided to those individuals needing a specialty assessment otherwise psychiatric medication needs will be coordinated with primary care providers.
- Time limited, brief psychotherapy delivered individually or primarily in groups.
- Individual and group Relapse Prevention services.
- Family counseling and support services.
- Referral and linkage to community based support services.
- Service coordination with CSA staff.
- Domestic Violence Education and Intervention.

### Specialty Mental Health and Alcohol and Drug Services

Specialty Mental Health services are those provided by the local Mental Health Plan for which TANF recipients may be eligible. Where TANF recipients are eligible for Specialty Mental Health Services and would be better served by such services, they will be referred to the Mental Health Access Team. Specialty Alcohol and Drug Services will be provided by the Alcohol and Drug System of Care and/or will be purchased from the existing Alcohol and Drug Treatment contract providers. TANF recipients who are eligible for Specialty Alcohol and Drug services will be referred to the Alcohol and Drug System of Care.

- Emergency Psychiatric Services do not need pre-authorization.
- Psychiatric Inpatient are primarily for persons who are an immediate danger to themselves or others or who are gravely disabled.
- System of Care (Children/Youth, Adult and Older Adult) services are comprehensive team delivered services including intensive case management, individual, group and family therapy, employment and housing services and day treatment services for seriously and persistently mentally ill adults or emotionally disturbed children and youth.
- Residential Alcohol and Drug Treatment Services.
- Opiate Detoxification and/or Methadone Maintenance Services.
- Perinatal Substance Abuse Services.

### Peer/Recovery Services

Supplemental behavioral health services after recipients have exceeded their eighteen or twenty-four month time limits will be delivered through peer support and recovery oriented groups.

- Peer Support Service which are groups and other services sponsored by Substance Abuse Services Alumni Association and the Peer Advocacy Network, consumer organizations associated with BHRS.
- Relapse Prevention are time limited, professionally and peer facilitated groups focused on developing skills necessary to understand, anticipate and prevent relapse of alcohol and other drug abuse and mental illness symptoms.
- Family Mentoring Services are provided by successful consumer families who assist and support other families who are experiencing difficulty within their families.



- Recovery Support Groups are peer led, ongoing, open ended recovery oriented groups.
- Life Transition Skills are time limited, professionally and peer facilitated groups focused on the support and skills necessary to make the transition from welfare dependency to work and recovery from behavioral health problems.
- TANF Support Groups will be peer led support groups utilizing TANF recipients as group leaders and role models. Purpose is to encourage and support TANF recipients in maintaining employment.
- Paid and community service positions will be created to deliver many of the services in the general support and ongoing support services after time limits. BHRS will provide the necessary training, supervision and support.

## TRAINING

It is the intent of the BHRS, in partnership with CSA and Haven Women's Center's training staff and other resources within Stanislaus County, to develop a training plan that will meet the training needs of the three Departments. This will require cross-training for all parties as there are distinct languages and cultures inherent in each agency.

### Anticipated training needs of behavioral health staff include:

- Welfare-to-Work program requirements and time limits;
- StanWORKs program structure and processes;
- Philosophy and attitudes employed in the program;
- Available employment related services;
- The role of Employment Services Coordinators and Case Managers;
- Service planning processes;
- Cultural Competence; and,
- Engagement strategies for persons who are ethnically diverse and with behavioral health problems.

### Anticipated training needs of Welfare-to-Work and employment services providers include:

- Overall structure and processes of the StanWORKs behavioral health plan;
- How behavioral health problems manifest themselves as employment barriers;
- Use of the Supplemental Behavioral Health Services Screening Tool;
- Characteristics of persons with behavioral health problems that may be manifested in StanWORKs (e.g. denial, minimizing, etc);
- Cultural Competence;
- Engagement strategies for persons who are ethnically diverse and with behavioral health problems;
- Limitations of services provided under the behavioral health plan;
- Possibility of and methods of avoiding beneficiaries "splitting" and pitting of one provider against another;
- The role of peer support and recovery concepts that can be used with individuals;
- The process of behavioral health assessment; and,
- Types of behavioral health supplemental and specialty services available.

The BHRS recommends that special focus be placed on exploring attitudes toward welfare recipients and the barriers they encounter in entering the work force. The barriers targeted in this case include mental health, drug and alcohol and domestic violence issues. A central goal of the training program will be for CSA, BHRS and Haven staff to view program participants as able to work.

The BHRS recommends that the training plan includes the involvement of current and/or former AFDC/TANF recipients and persons recovering from alcohol and other drug problems, mental illness, domestic violence, and professional staff from all three agencies.

### **SUMMARY**

The Behavioral Health Services Program, as part of overall CSA StanWORKs Plan, will provide integrated, multi-disciplinary, family focused, culturally relevant, supplemental, specialty, and peer support services to move TANF recipients from dependency to employment and self-sufficiency. The BHS Program will be the provider of mental health and alcohol and drug services as described in this plan. The Haven will be the provider of domestic violence services. In addition, general support services will be provided to eligible TANF recipients who may need such services as part of their Family Action Plan. Finally, employment opportunities and community service positions will be provided within the behavioral health services plan for beneficiaries who will be trained to provide peer oriented support services.

## Behavioral Healthcare Services Screening Tool

To be completed by Employment Coordinator with the participant's help at the time the participant fails to secure and/or maintain employment. May also be completed at the time the participant discloses issues related to Mental Illness, Substance Abuse or Domestic Violence which pose barriers to gaining employment.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

1. Do you have any family problems?  
A disabled or handicapped child? \_\_\_\_\_ Elderly or disabled relative?  
Child behavior problems? \_\_\_\_\_ Family conflicts?  
Other \_\_\_\_\_?
  
2. Are you handicapped or disabled or do you have any serious injury or illness which would affect your employment? **Y or N** If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Are you taking any medications? **Y or N** If yes, please list name and purpose of each: \_\_\_\_\_  
\_\_\_\_\_
  
4. How many days per week do you normally drink alcohol? \_\_\_\_\_ How much do you drink when you drink? \_\_\_\_\_ When was your last drink? \_\_\_\_\_
  
5. Have you ever used:  
Heroin? **Y or N** Date last used? \_\_\_\_\_  
Marijuana (Pot)? **Y or N** Date last used? \_\_\_\_\_  
Cocaine? **Y or N** Date last used? \_\_\_\_\_  
PCP/LSD? **Y or N** Date last used? \_\_\_\_\_  
Amphetamine? **Y or N** Date last used? \_\_\_\_\_  
Other drugs? **Y or N** Date last used? \_\_\_\_\_  
(Specify other drug) \_\_\_\_\_
  
6. Has drug treatment ever been recommended to you? **Y or N**
  
7. Have you ever participated in alcohol/drug treatment? **Y or N**

8. Do you attend AA and or /NA? **Y** or **N** If yes how long is your clean time? \_\_\_\_\_
9. Have you ever lost or been denied a job due to your use of alcohol or drugs?  
**Y** or **N**
10. Have you ever failed an employment drug screening? **Y** or **N**
11. Have you ever been convicted of a alcohol/ drug or related offense or a DUI?  
**Y** or **N**
12. Have you ever seen a counselor, a psychologist or a psychiatrist? **Y** or **N**
13. Have you ever been hospitalized for emotional problems? **Y** or **N**
14. Have you ever experienced emotional problems such as sadness/depression, nervousness, nervous breakdown, mood changes, etc. **Y** or **N**.
15. Have you been under any stress lately that has caused problems with your partner?  
**Y** or **N**
16. Do your fights with your spouse or significant other ever become physical? **Y** or **N**  
Have you ever been hit? **Y** or **N**
17. Are you involved in an abusive relationship? **Y** or **N**
18. Have any of these ever prevented you from getting or keeping a job? **Y** or **N**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitting Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Disposition:

- Referral to Behavioral Health assessment team
- Referral back to Employment Services

**COUNTY OF STANISLAUS**  
**COMMUNITY SERVICES AGENCY**  
**CONTRACT TO PROVIDE**  
**SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT SERVICES**  
**JULY 1, 2002 THROUGH JUNE 30, 2003**

<u>Budget Item:</u>	<u>CSA Contract</u>	<u>DET Funding</u>	<u>Total Costs</u>
Salaries and Benefits	\$1,417,562	\$0	\$ 1,417,562
Services and Supplies (less Contracts)	167,182	0	167,182
Contracts	155,000	0	155,000
Other Charges/Treatment	707,434	16,000	723,434
Intrafund (Includes First Step Perinatal Treatment)	202,309	0	202,309
<b>Total Budget</b>	<b><u>\$2,649,487</u></b>	<b><u>\$16,000</u></b>	<b><u>\$2,665,487</u></b>