COUNTY OF LOS ANGELES

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BOARD OF SUPERVISORS

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DEPARTMENT OF MENTAL HEALTH

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Reply To: (213) 738-4601
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June 19, 2012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

38 June 19, 2012

SACHI A. HAMAI
EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL TO AWARD CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS FUNDING TO 20 LEGAL ENTITY SERVICE PROVIDERS TO PROVIDE MENTAL HEALTH SUPPORTIVE SERVICES FOR FISCAL YEARS 2012-13 THROUGH 2014-15 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to award funding to 20 Legal Entity contract service providers to provide mental health supportive services to participants of the California Work Opportunity And Responsibility To Kids program as successful awardees in response to the Request for Proposal issued on January 11, 2010.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to add State California Work Opportunity And Responsibility To Kids (CalWORKs) funding to 20 Department of Mental Health (DMH) Legal Entity (LE) contracts, two of which are new CalWORKs service providers, to provide CalWORKs mental health supportive services. These actions will be accomplished through an Amendment (Attachment I). The maximum three-year estimated cost is $40,408,377, with an annual funding total of $13,469,459 (Attachment II), and will be fully funded by the State CalWORKs Mental Health Allocation. The term of the LE Agreements is three years commencing on July 1, 2012, and continuing through June 30, 2015. The allocation for each LE contractor is as shown on Attachment II.

2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to these LE Agreements, and establish as a new Maximum Contract Amount (MCA) the aggregate of the original Agreement and all amendments, provided that: 1) the County's total payments to a contractor under each agreement for each fiscal year does not exceed a 20 percent increase from the applicable Board-approved annual MCA; 2) any such increase will be used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) County and contractor may, by written amendments, reduce programs or services and revise the applicable MCA; 5) approval by County Counsel, or designee, is obtained prior to any such amendment; and 6) the Director notifies your Board and the Chief Executive Officer (CEO) of agreement changes in writing within 30 days after execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will allow DMH to enter into Agreement amendments with contractors to provide CalWORKs supportive mental health services to CalWORKs participants with barriers to employment.

The Department of Public Social Services (DPSS) allocates State CalWORKs Mental Health/Substance Abuse funding to County departments, specifically DMH for CalWORKs mental health supportive services, and Department of Public Health (DPH) – Substance Abuse and Prevention Control for substance abuse services. DMH is charged with providing a wide range of mental health treatment services that are specifically designed to help individuals overcome barriers hindering them from obtaining and retaining employment. The following is the range of mental health services that are available to CalWORKs welfare-to-work (WtW) participants: crisis, crisis intervention, pre-employment, employment preparation and support services, clinical assessment, individual, family and group counseling, medication support, education, rehabilitation, employment services, case management and other services under the Mental Health Rehabilitation Option.

California's WtW program is designed to assist individuals who are receiving assistance through CalWORKs to transition as rapidly as possible from dependency on public assistance into unsubsidized employment and self-sufficiency. The WtW program helps participants acquire the skills to secure employment. Parents or caretakers in families on welfare, unless exempted, are required to meet work requirements by participating in WtW activities such as unsubsidized employment, subsidized employment, work experience, vocational training, mental health treatment, substance abuse treatment and domestic violence services, and educational services.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal 3, Integrated Services Delivery.

FISCAL IMPACT/FINANCING

The total estimated maximum cost for the 20 LE contract amendments to provide CalWORKs mental health supportive services for the three-year period of July 1, 2012, through June 30, 2015 is $40,408,377, with the maximum annual amount of $13,469,459. The costs for these contract

amendments are fully funded with the State CalWORKs Mental Health Allocation through an Intrafund Transfer from DPSS. The funding for Fiscal Year (FY) 2012-13 is included in DMH's Recommended Budget. The allocation for each LE contractor is as shown on Attachment II. The distribution for each Service Area will be allocated based on the Greater Avenues for Independence (GAIN) Employment Activity and Reporting System (GEARS) data as shown in Attachment III.

For FYs 2013-14 and 2014-15, funding will be requested through DMH's annual budget process. The State CalWORKs Mental Health Allocation may be subject to change due to the uncertainty of State funding.

The CalWORKs funding will not be included when computing the monthly Cash Flow Advance provided to each LE contractor per the terms of the LE contract.

There is no net County cost associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

These actions will allow DMH to award contractors CalWORKs funding through a now completed competitive solicitation process as directed by DPSS. The awarding of CalWORKs funding to contractors will meet DMH's State requirements for allocation of CalWORKs funding in Los Angeles County.

On August 11, 1997, Governor Wilson signed Assembly Bill (AB) 1542 conforming California's Welfare Federal Changes; however, AB 1542 was initially introduced in 1977 to create new jobs for welfare recipients to transition from WtW. The new program is intended to ensure that welfare is a temporary support in times of crisis, rather than a way of life, to encourage and reward personal responsibility and accountability by recipients, and to foster a "Work First" attitude by strict work requirements.

In California, Aid to Families with Dependent Children (AFDC) was replaced by CalWORKs, a welfare program that provides temporary financial assistance and employment services to families with minor children. Temporary Assistance for Needy Families (TANF) is the federal block grant welfare funding source replacing AFDC. CalWORKs sets statewide eligibility standards but gives counties flexibility to design programs to meet local needs. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food, and other necessary expenses. Families may be eligible to receive cash aid, Medi-Cal and/or Food Stamps. Most aided parents are required to participate in the WtW program.

The attached amendment format has been approved as to form by County Counsel. Clinical and administrative staff of DMH will also continue to administer and monitor contractors' adherences to the agreements, evaluate programs to ensure that quality services are being provided to clients, and ensure that Agreement provisions and Departmental policies are being followed.

CONTRACTING PROCESS

On January 11, 2010, DMH issued the CalWORKs Request for Proposal (RFP). The RFP was

distributed to an estimated 1,200 agencies on the Departmental Bidders' list; announcements were published in local community and ethnic newspapers, as well as DMH's own internet site. On February 2, 2010, DMH held a mandatory Proposers' Conference that was attended by approximately 170 people, representing 106 agencies. DMH received 54 completed proposals on or before the final submission date of February 23, 2010. Seven panels consisting of five evaluators and one facilitator met between March 15 and March 24, 2010, to score the program components of the proposals using a standard evaluation tool. The evaluation panels were comprised of individuals representing DPH, DPSS and DMH.

After notification of the RFP results, 21 debriefings were requested by 15 agencies, some of whom submitted proposals for multiple service areas. After completing the 21 requested debriefings, four agencies requested Proposed Contractor Selection Review (PCSR) in five different service areas. To allow for the protest process, your Board approved four additional six-month funding extension periods, between July 1, 2010, to June 30, 2012. Specifically, on June 9, 2010, the first extension was approved for the period of July 1, 2010, through December 31, 2010; on November 30, 2010, the second extension was approved for the period of January 1, 2011, through June 30, 2011; on June 14, 2011, the third extension was approved for the period of July 1, 2011, through December 31, 2011; on November 29, 2011, the fourth extension was approved for the period of January 1, 2012, through June 30, 2012, for existing CalWORKs providers to continue services without interruption. DMH conducted a thorough review of the various issues raised in the five separate PCSRs, and after several months, the PCSR process was completed, and there was no change in the award results.

Subsequently, three agencies in four different service areas elected to proceed to the next and final level of appeals (County Review Panel).

On April 16, 17, and 18, 2012, four sessions of the Countywide Review Panel were convened whereby each appealing agency was afforded the opportunity to present their assertions in detail to a three-member panel. The final report and recommendations of the Countywide Review Panel were forwarded to the Director of DMH. The Countywide Review Panel did not find any basis upon which to change the Department's award recommendations.

The final award recipients are listed on Attachment II. The 20 CalWORKs successful proposers have been notified of the final awards for CalWORKs funding.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

These amendments to the LE contracts with mental health services contractors allow for them to provide a broad range of mental health services to CalWORKs participants and their families, pursuant to the California Welfare and Institutions Code (WIC), Division 5, Part 2, Chapter 1, Section 5602. These mental health services include, but are not limited to, diagnosis, evaluation, treatment, case management, employment services, referral, consultation and vocational services. It is anticipated that service levels and quality will be maintained, if not enhanced.

Respectfully submitted,

MARVIN J. SOUTHARD, D.S.W.

Director of Mental Health

MJS:MM:CW:RK:yl

Enclosures

c: Chief Executive Officer
County Counsel
Chairperson, Mental Health Commission
Executive Officer, Board of Supervisors

ATTACHMENT I

CONTRACT NO. _____

AMENDMENT NO. _____

THIS AMENDMENT is made and entered into this ___ day of _____, 2012, by and between the COUNTY OF LOS ANGELES (hereafter "County") and _____ (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated June 6, 2012, identified as County Agreement No. _____, (hereafter "Agreement"); and

WHEREAS, for Fiscal Years (FY) 2012-13, 2013-14, and 2014-15, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, County and Contractor intend to award to Contractor funding for the provision of services to participants of the California Work Opportunity And Responsibility To Kids (CalWORKs) program based on Contractor's success in a Request for Proposals (RFP) process; and

WHEREAS, effective July 1, 2012, County and Contractor intend to amend Agreement to **add** California Work Opportunity And Responsibility To Kids (CalWORKs) funding in the amount of $_____, $_____, and $_____, for FYs 2012-13, 2013-14, and 2014-15, respectively; and

WHEREAS, for FYs 2012-13, 2013-14, and 2014-15, the Maximum Contract Amounts (MCA) will increase by $_____, $_____, and $_____, and the new MCAs will be $_____, $_____, and $_____, respectively.

WHEREAS, for FYs 2012-13, 2013-14, and 2014-15, CalWORKs funding will not be included when computing monthly Cash Flow Advances and in no event shall County be obligated to pay contractor for start up costs and/or one-time expenses.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended effective July 1, 2012 only as follows:

1. Effective July 1, 2012, California Work Opportunity And Responsibility To Kids (CalWORKs) funding is **added** in the amount of $_____, $_____, and $_____, for FYs 2012-13, 2013-14, and 2014-15, respectively.

2. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraphs C (Reimbursement for Initial Period) and D (1) and (2) (Reimbursement If Agreement is Automatically Renewed) shall be deleted in their entirety and the following substituted therefor:

"C. REIMBURSEMENT FOR INITIAL PERIOD

(1) The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) of the Legal Entity Agreement shall not exceed _____ DOLLARS ($_____) and shall consist of Funded Programs as shown on the Financial Summary.

D. REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED

(1) Reimbursement For First Automatic Renewal Period: The Maximum Contract Amount for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____

DOLLARS ($_____) and shall consist of Funded Programs as shown on the Financial Summary.

(2) Reimbursement For Second Automatic Renewal Period: The Maximum Contract Amount for the Second Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____ DOLLARS ($___ _____) and shall consist of Funded Programs as shown on the Financial Summary."

3. Notwithstanding and other provision to the contrary, CalWORKs funding shall not be included when computing monthly Cash Flow Advances and in no event shall County be obligated to pay contractor for start up costs and/or one-time expenses.

4. Financial Summary for FY 2012-13, shall be deleted in its entirety and replaced with Financial Summary - ___ for FY 2012-13 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for FY 2012-13, shall be deemed amended to state "Financial Summary - __ for FY 2012-13".

5. Financial Summary for FY 2013-14, shall be deleted in its entirety and replaced with Financial Summary - ___ for FY 2013-14 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for FY 2013-14, shall be deemed amended to state "Financial Summary - ___ for FY 2013-14".

6. Financial Summary for FY 2014-15, shall be deleted in its entirety and replaced with Financial Summary - ___ for FY 2014-15 attached hereto and incorporated

herein by reference. All references in Agreement to Financial Summary for FY 2014-15, shall be deemed amended to state "Financial Summary - ___ for FY 2014-15".

7. Financial Summary Subprogram Schedule for FY 2012-13, shall be deleted in its entirety and replaced with Financial Summary Subprogram Schedule - __ for FY 2012-13 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary Subprogram Schedule for FY 2012-13, shall be deemed amended to state "Financial Summary Subprogram Schedule - __ for FY 2012-13".

8. Attachment V, Service Delivery Site Exhibit, shall be deleted in its entirety and replaced with Attachment V, Service Delivery Exhibit - ___ attached hereto and incorporated herein by reference. All references in Agreement to Service Delivery Site Exhibit - ___, shall be deemed amended to state "Service Delivery Site Exhibit - ___."

9. Service Exhibits, Attachment VI, shall be deleted in its entirety and replaced with Service Exhibits - Attachment VI, attached hereto and incorporated herein by reference. All references in Agreement to Service Exhibits, Attachment VI, shall be deemed amended to state "Service Exhibits - ___."

10. Service Exhibit No. 1060 - <u>CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) To Provide Mental Health Supportive Services</u> shall be added to Agreement attached hereto and incorporated herein by reference.

11. Contractor shall provide services in accordance with Contractor's FY _____ Negotiation Package for this Agreement and any addenda thereto approved in writing by director.

12. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By_____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

_____
CONTRACTOR

By _____

Name_____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

yl:CalWORKs SRF #216

SERVICE EXHIBIT ___

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
To Provide Mental Health Supportive Services

STATEMENT OF WORK (SOW)

1.0 INTRODUCTION

1.1 OVERVIEW

The California Work Opportunity and Responsibility to Kids (CalWORKs) is a welfare program that provides temporary financial assistance and employment services to families with minor children (see CalWORKs Administration (2008) CalWORKs 101, Exhibit 2, Item 4). Temporary Assistance to Needy Families (TANF) is the federal block grant welfare funding source. In California, TANF replaced the old Aid to Families with Dependent Children (AFDC) program. California's Welfare-To-Work (WtW) program is designed to assist individuals who are receiving assistance through the CalWORKs Program to transition as rapidly as possible from dependence on public assistance into unsubsidized employment and self-sufficiency. The WtW program services are locally operated by each county welfare department or its contractors. In Los Angeles County, the WtW program is operated by the Department of Public Social Services (DPSS). The overall goal of the Los Angeles County CalWORKs program is to improve the lives of children and families by assisting them to become economically self-sufficient.

In Los Angeles County (County), the CalWORKs program also includes specialized supportive services for mental health, domestic violence and substance abuse treatment services to assist participants in overcoming barriers to employment, attaining job maintenance and job advancement. Since the fall of 1997, the County Department of Mental Health (DMH), and the Department of Public Health - Alcohol & Drug

Program Administration (ADPA) have been involved in planning with DPSS and appropriate constituencies to develop these services.

The DPSS WtW program helps family members acquire skills needed to get a job. Parents or caretakers of families on welfare, unless exempted, are required to meet work requirements by participating in WtW activities such as unsubsidized employment, subsidized employment, work experience, community service, vocational training, mental health treatment, substance abuse treatment and domestic violence services, and educational services. All CalWORKs participants are advised of the availability of supportive services for domestic violence, mental health and substance abuse. CalWORKs supportive services are designed to remove barriers to employment (Marrone, Foley & Selleck, 2005; Exhibit 2, Item No. 7).

CalWORKs mental health treatment providers are required to deliver mental health assessment and treatment services to CalWORKs WtW participants who have a mental health barrier to employment. Mental health services can be included in a CalWORKs participant's WtW plan when identified as a barrier for employment. Mental health services can include: outreach and engagement activities, pre-crisis and crisis intervention, clinical assessment, individual and family counseling, group counseling, medication management, support and education, rehabilitation and peer support services, supported employment services, case management, substance abuse and domestic violence counseling, and other services available.

In Los Angeles County, CalWORKs WtW services are provided by Greater Avenues for Independence (GAIN) Program which is the County's comprehensive WtW program for families receiving TANF/CalWORKs. The primary objective of GAIN is to help CalWORKs WtW participants develop financial self-sufficiency through employment. After aid is approved, DPSS individuals are required to participate in WtW activities. GAIN provides

motivational and goal setting workshops, intensive job finding workshops, short-term job-focused training and education. It pays for child care and transportation once the participant in enrolled in GAIN.

Mental health treatment, substance abuse treatment and domestic violence services are available to participants as a supportive service activity to assist them in overcoming barriers to employment. The GAIN Services Worker (GSW), together with the CalWORKs participant, develops the WtW plan to include treatment services in any and all supportive services CalWORKs Administration (2008). CalWORKs 101 Exhibit 2, Item 4.

In addition to mental health services, this Statement of Work (SOW) requires an intensive and coordinated approach which includes other supportive services, such as domestic violence and substance abuse programs. There is also a strong supported employment component which will need the involvement of an employment specialist. DMH CalWORKs Administration has available a CD-ROM with a large number of resources about these components. It is expected that services will be calibrated to the specific needs of clients within a general framework. This SOW includes a statement of this framework. It includes various levels of treatment to which clients can be assigned after comprehensive clinical assessment and case conference to determine the appropriate disposition.

1.2 HEADINGS/ACRONYMS AND TERMS/DEFINITIONS

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The words as used herein shall be construed to have the meanings described in the attached Exhibit 1, unless otherwise apparent from the context in which they are used.

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2.0 SCOPE OF WORK

2.1 CalWORKs MENTAL HEALTH SERVICES and ELIGIBILITY

Contracted Contractors shall deliver mental health treatment services utilizing evidence-based practices in order to reduce mild, moderate, and/or severe psychiatric symptoms. Such symptoms and/or impairments must be documented as barriers to employment. Participants must meet diagnostic criteria for at least one mental disorder, as defined by the Diagnostic and Statistical Manual, Fourth Edition, Text Revision American Psychiatric Association, (2000), (Exhibit 2, Item 1) but ***do not*** have to meet DMH's medical necessity criteria for Medi-Cal reimbursement. The Contractors shall be expected to provide the following mental health services as outlined below.

2.2 TYPES OF TREATMENT SERVICES

An individual may receive services at an agency contracted to provide CalWORKs mental health services. Treatment services are to be family focused and designed to remove mental health barriers to employment. (County DMH Provider Network (2009, Exhibit 2)

2.2.1 Assessment:

Contractors shall conduct clinical assessments using DMH's Adult Initial Assessment. Per DMH, an "assessment" is a clinical analysis of a client's history and a current status of mental, emotional, or behavioral disorder; relevant to cultural issues and history; diagnosis and testing procedures. Specific emphasis is given to the functioning of the family as a whole. The assessment must document signs and symptoms that support the diagnosis and demonstrate clearly how symptoms operate as barriers to employment. Contractors will be allowed up to 60 days to complete the assessment.

2.2.1.1 Engagement:

Contractors will be allowed up to 30 days beyond the assessment to engage participant in treatment. This extension will allow Contractor to hold a case conference to assign participant to a level of treatment by utilizing the Models of CalWORKs Service Delivery. (Exhibit 4)

Contractor shall provide treatment planning relative to clinical need in conformity with Exhibit 4, and any addenda thereto, which may be subject to change as determined by DMH based on program evaluation and outcomes. Any such change may be accomplished through an administrative amendment to the Agreement.

2.2.2 Individual Therapy:

Contractors shall provide individual therapy utilizing evidence-based practices in order to reduce mental health symptoms demonstrated to be barriers to employment and self-sufficiency. Services shall be provided on a weekly basis, and if deemed clinically necessary, on a more frequent basis. If needed, treatment maybe provided in the home or in other community locations based on the needs of the participant and his/her family. Sessions to collaterals, such as family members and significant support persons, shall be offered in order to enhance the mental health functioning of the CalWORKs participant.

2.2.3 Group Therapy:

Contractors shall provide group therapy to participants. A group shall be defined as two or more CalWORKs participants who are treated at the same time in order to reduce barriers to employment. Treatment topics may include, but are not limited to, anger management, co-occurring disorders, management of anxiety and depression, and parenting issues.

2.2.4 Medication Support Services:

Contractors shall provide medication support services to participants who, based on medical assessment, would appear to benefit from pharmacological intervention. Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications as well as ongoing evaluation

for the need for medication; evaluation of clinical effectiveness and side effects; and follow-up and face-to-face services

2.2.5 Crisis Intervention:

Contractors shall provide face-to-face crisis intervention services to participants who are experiencing an acute exacerbation of psychiatric symptoms that, if left untreated, could present an imminent threat to the participant or others.

2.2.6 Case Management:

Contractors shall offer intensive and family-focused case management services to participants and families in order to provide support and services necessary to remove barriers to employment and to meet service plan objectives. Referrals and linkage provided include legal aid, peer support, child care, and transportation as well as other community resources to enhance movement towards the participants and family's self-sufficiency.

2.2.7 Rehabilitation Services:

Contractors shall provide rehabilitation services which include assistance in improving, maintaining, or restoring one or more individuals' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, and support resources. Contractors will be expected to implement the CalWORKs Administration (2009) Life Skills Support Group Curriculum (Exhibit 2, Item 5) designed to enhance a participant's skill set in the areas of motivation, communication, assertiveness, and money management.

2.3 OUTREACH SERVICES

Contractor shall provide community outreach services. Outreach Services are to be provided to the community-at-large, who include special population groups, human service agencies, and individuals and families who are not clients of the mental health system to educate them about CalWORKs.

DMH will specify an allowable percentage of each provider's allocation for outreach activities. The allowable percentage will be based on the potential number of participants who may need to access treatment services within each GAIN Region. Outreach program services are described below:

2.3.1 Mental Health Promotion (MHP) is directed to educating participants with mental health barriers to employment, and dispelling myths regarding mental illness, its stigma, its effects on their benefits, ability to be gainfully employed, etc. These activities can occur at DPSS/GAIN offices, job clubs, community colleges, faith-based organizations, social and health service agencies, and community gatherings.

2.3.2 Community Client Services (CCS) are directed to a more specific population of CalWORKs participants. CCS is typically directed towards identifying CalWORKs participants who may go to a clinic for treatment services but have not been assessed for services. CCS can be used to prevent exacerbation of mental health problems in individuals and occurrences of these problems in the communities and to assist those persons who are not reached by traditional mental health treatment services, but who have mental health barriers to employment; to obtain a more adaptive level of functioning.

2.3.3 Engagement is defined as the process by which a trusting relationship between a service provider and an individual is established. Engagement may be brief or may occur over multiple encounters with a participant.

2.4 SUPPORTED EMPLOYMENT SERVICES

Contractor shall provide Supported Employment services. Supported Employment services is an evidence-based approach to helping persons with mental disorders find and keep competitive employment (Becker & Drake, 2003; California Institute of Mental Health (CIMH), 2009 Exhibit 2, Items 2 & 3). For participants who are not already working, not working to

capacity, or for whom it is believed the employment-related services available through GAIN will not be appropriate or sufficient, providers are required to provide supported employment services. Supported employment programs shall be staffed by employment specialists who are ordinarily employed by the provider and are part of the mental health services team.

Supported Employment services will be provided in coordination with the participant's GSW, the Los Angeles County Office of Education, Vocational specialist and be incorporated into the CalWORKs WtW participant's WtW plan. In describing supported employment services in the proposal, the Contractor may reference the Substance Abuse and Mental Health Services Administration toolkit 2009, which includes a Fidelity Scale (Exhibit 2, Item 8), may be referenced.

2.5 ANCILLARY SERVICES

Contractor shall provide ancillary services which must include services to children, substance abuse treatment, domestic violence services, peer support, and coordination and linkages, and may also include incentive or rewards programs.

2.5.1 Services to Children of CalWORKs WtW Participants are to be provided on-site assessment or screening to assess the needs of participants' children. For agencies that have the capacity to provide treatment services to children, a referral procedure must be in place with ongoing consultation with the child's treatment team/clinician. An agency that does not have on-site children services must be able to provide a brief screening to determine whether a referral for treatment is needed. All referrals must be followed up with advocacy, linkage, and consultation to ensure linkage and access to treatment. The screening of a participant's child can be billed as a collateral session. (For list of providers, refer to Exhibit 2, Item 6).

2.5.2 Substance Abuse Services shall be provided on-site for participants with a primary diagnosis of mental illness and a secondary diagnosis of substance abuse. Substance abuse treatment is provided through screening, assessment, and a range of intervention strategies including psycho-education groups, multi-family groups, twelve-step groups, or more intensive collateral treatments with a chemical abuse treatment provider. Providers must provide evidence that an on-site treatment professional has appropriate training and/or background in co-occurring disorders in order to provide these services. Providers shall collaborate with substance abuse providers as required to provide inpatient, residential and detoxification services to the CalWORKs WtW participant.

2.5.3. Domestic Violence Services are to be provided on-site to participants with a primary diagnosis of mental health with concurrent domestic violence issues. Providers must be capable of offering individual and group domestic violence counseling. . Providers must provide evidence that an on-site treatment professional has appropriate training and/or background in order to provide these services, i.e. 40-hour certification program and/or other specialized training. For participants in need of additional domestic violence treatment services, such as, immediate shelter or legal services, can be referred out to other CalWORKs domestic violence agencies in the community.

2.5.4 Peer Support: Each mental health agency must offer peer support on- site opportunities to participants who have removed or stabilized their barriers to employment.

2.5.5 Use of Incentives: Providers must develop an incentive system which can be used to support a participant's completion of treatment, involvement in employment and or continued education towards their transition to self-sufficiency. Each provider can

develop an incentives program that is specific to their CalWORKs population.

2.6 SERVICES DELIVERED IN THE HOME OR IN THE FIELD

Services may be delivered in the field, at the participant's place of residence, employment, school sites or appropriate setting as needed.

2.6.1 To provide effective supportive employment services, it is required that staff frequently visit local employers, job fairs and other sites participants may utilize in their employment activities.

2.6.2 Should participants fail to attend treatment despite telephone prompts, case managers should visit participants in the field to help them overcome barriers to attending treatment. Limited clinical service will be provided at the participant's home with the goal of transitioning participants into office visits.

2.6.3 Field visits will be provided to participants who experience difficulties navigating systems, i.e. DPSS, DMH, schools, housing, medical and child care agencies.

2.7 COORDINATION WITH DPSS/CalWORKs/GAIN

2.7.1 Contractor must collaborate and coordinate services to participants with DPSS CalWORKs and GAIN programs. Contractor **shall:**

2.7.1.1 Provide an appointment to CalWORKs WtW participant in accordance to DPSS levels as specified on Department of Public and Social Services (DPSS) Administrative Directive 4730 (Exhibit) and to be in compliance with DMH.

2.7.1.2 Keep a tracking mechanism for employment and/or concurrent activities.

2.7.1.3 Keep a tracking mechanism for participants who successfully complete treatment, participants who fail to

comply with treatment, and participants who return for services.

2.7.1.4 Conduct a verification of enrollment in CalWORKs by contacting the GSW and/or other appropriate DPSS/GAIN staff. A direct referral from GAIN, accompanied by referral forms (GN 6006 A&B) secures eligibility for CalWORKs WtW participants.

2.7.1.5 Give notification of a participant's progress and/or termination of services to DPSS/GAIN on a quarterly basis using GN 6008. When a GAIN participant terminates treatment due to completion of treatment and/or fails to comply with treatment, a CalWORKs Supportive Services Enrollment Termination Notice must be sent immediately using the GN 6007.

2.7.2 DMH is required to respond whether or not the participant showed up for his/her initial clinical assessment, agreed to treatment, refused treatment and/or agreed to participate in full time treatment which is up to 32 hours of WtW activities weekly. DMH must also report to DPSS whether or not an exempt participant volunteers for treatment services.

3.0 STAFFING AND SPECIFIC TASKS

Contractor shall ensure that the following staff and volunteer requirements are met:

3.1 Staffing

3.1.1 Background and Security Investigations: Contractor shall ensure that criminal clearances and background checks have been conducted for all Contractor's staff, volunteers and all Subcontractor staff, prior to beginning and continuing work under any resulting Contract. The cost of such criminal clearances and background checks is the responsibility of the Contractor whether or not the

Contractor or Subcontractor's staff pass or fail the background and criminal clearance investigations.

3.1.2 Language Ability: Contractor's personnel, as well as all Subcontractor staff who are performing services under this Contract, shall be able to read, write, speak, and understand English in order to conduct business with the County. In addition to having competency in English, Contractor shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served which is to include threshold languages: Chinese, Cambodian, Korean, Russian, Armenian, Spanish, Tagalog, Vietnamese and Farsi.

3.1.3 Service Delivery: Contractor shall ensure all professional, paraprofessional staff and volunteers providing CalWORKs services are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community the Contractor proposes to provide services.

3.1.4 Driver's License: Contractor shall maintain copies of current driver's licenses, including current copies of proof of auto insurance of staff providing transportation on an as-needed basis to clients.

3.1.5 Driving Record: Contractor shall maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all Contractors' drivers providing service under this Contract. Reports shall be available to DMH on request. County reserves the option of doing a DMV check on Contractor's drivers.

3.1.6 Experience: Contractor shall be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to provide services required in this SOW. Contractor shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of

an accrediting agency authorized by the U.S. Secretary of Education.

3.2 SPECIFIC TASKS

3.2.1 Staff Training: Contractor shall train all professional and paraprofessional staff, interns and volunteers providing CalWORKs services within 30 business days of their start date.

3.2.2 Documentation: Contractor shall maintain documentation in the personnel files of all Professional and Paraprofessional Staff, interns, and volunteers of: (1) all training hours and topics; (2) copies of resumes, degrees, and professional licenses; and (3) current criminal clearances. Contractor shall provide DMH, at the beginning of each Contract term and within 30 days of any staff change(s), a roster of all staff that includes: (1) name and positions; (2) work schedule; and (3) fax and telephone numbers.

3.2.3 Changes: Contractor shall advise DMH in writing of any change(s) in Contractor's key personnel at least twenty-four (24) hours before proposed change(s), including name and qualifications of new personnel. Contractor shall ensure that no interruption of services occurs as a result of the change in personnel.

3.2.4 Meetings: Contractor is required to send a representative to attend monthly CalWORKs service area and quarterly CalWORKs providers meetings.

3.2.5 Report Cards: Contractor is required to submit monthly Report Cards by the 15th of each month to DMH CalWORKs Administration.

3.2.6 Customer Satisfaction Survey and Client Status Report: Contractor is required to submit information quarterly from clients regarding their clinical progress and satisfaction with the program.

3.2.7 Civil Rights Compliance with the Resolution Agreement: Threshold Language Capability: Contractor must provide threshold language services using bilingual staff or through the use of an interpreter

provided by the use of language line services. Contractor will send at least (2) staff to DMH/DPSS Civil Rights Training.

3.2.8 CalWORKs Outcomes: Contractor is required to participate in an outcome study involving a contractor for evaluation purposes.

4.0 OUTCOME MEASUREMENT

In the first year of the contract the following outcome system will be utilized. Its purpose is to monitor participant achievements with respective client satisfaction, clinical progress, and employment. Although providers are required to participate in the outcomes monitoring, the system is intended to reflect overall outcomes in the system as a whole and for particular client groups (by diagnosis, for example); it is not designed to compare providers.

The elements of the outcome monitoring system are:

4.1. Client Satisfaction Measures: Brief measures of client satisfaction are to be submitted for each participant on a quarterly basis (Exhibit 5). These measures replace the sample-based annual client satisfaction survey previously conducted by California Institute of Mental Health (CIMH).

4.2. Client Functional Status and Staff Functional Status Ratings: Brief measures of the client's clinical status (with a focus on functional capacities) are to be submitted for each participant at baseline and on a quarterly basis thereafter. Staff ratings are to be made by a licensed clinician (Exhibit 5).

4.3. Client Status at Termination of the Mental Health Component: A detailed checklist of the reason the component is ending is required within 60 days of the submission of Form GN 6011 to DPSS. In addition, a licensed clinician is required to complete the CalWORKs Discharge Summary/Clinical Global Impression Improvement Scale Rating and the two supplementary questions (Exhibit 6).

5.0 ADMINISTRATIVE TASKS

5.1 Record Keeping: Contractor shall keep a record of services that are provided.

5.2 Data Entry: Contractor shall be responsible for collecting and entering data via the data collection instrument developed by DMH and the State on all clients referred to the agency. Contractor shall ensure the data is entered electronically at network sites and downloaded at the DMH centralized Integreted System (IS) database. At a minimum, the data collection shall include demographic data, and number of prior case openings and case closings with services recommended and received.

5.3 Days/Hours of Operation: Contractor shall provide the name and telephone number of contact person for after-hours services. Contractor's service delivery sites shall be open at a minimum from Monday through Friday, from 8:00 A.M. until 5:00 P.M. Weekend coverage and extended hours should be offered as needed. In addition, Contractor's Project Manager or County approved alternate shall have full authority to act for Contractor on all matters relating to the daily operation of this Contract and shall be available during the County's regular business hours of Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to County inquiries and to discuss problem areas.

5.4 Computer and Information Technology Requirements: Contractor shall acquire a computer system, within 30 days of commencement of the Contract with sufficient hardware and software and an agreement for its on-site maintenance for the entire term of this agreement to comply with the terms of the contract.

5.5 Cooperation: Contractor shall work cooperatively with DMH Information Technology Services staff and any contracted program evaluator, if applicable. Contractor shall provide data entry staff to process electronic or fully automated invoices for DMH web-based IS implemented by DMH. Contractor shall electronically invoice County on a monthly basis.

6.0 SERVICE DELIVERY SITE(S)

6.1 Contractor must be in compliance with all Federal, State and local laws and regulations pertaining to certification rules as identified in the contract

between the Los Angeles County Mental Health Plan and the State of Department of Mental Health, referred to as State, or SDMH.

6.2 Services shall be delivered at the service delivery sites listed by Contractor. Contractor shall request approval from the DMH Program Manager in writing a minimum of 30 days before terminating services at any of the location(s) listed before commencing services at any other location(s) not previously approved in writing by the DMH Program Manager. All service delivery sites listed by Contractor shall be operational within 30 days of the commencement of the Contract.

6.3 All changes must be made in accordance with Amendments of the contract.

7.0 QUALITY CONTROL

7.1 The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to DMH for review and approval. The Plan shall be effective on the Contract start date and shall be updated and re-submitted for DMH approval as changes occur.

7.2 The plan shall include an identified monitoring system covering all the services listed in this SOW. The system of monitoring to ensure that contract requirements are being met shall include:

7.2.1 Activities to be monitored, frequency of monitoring, samples of forms to be used in monitoring, title/level and qualifications of personnel performing monitoring functions.

7.2.2 Ensuring the services, deliverables, and requirements defined in the contract are being provided at or above the level of quality agreed upon by the County and the Contractor.

7.2.3 Ensuring that professional staff rendering services under the contract have the necessary prerequisites.

7.2.4 Identifying and preventing deficiencies in the quality of service before the level of performance becomes unacceptable.

7.2.5 Taking any corrective action, if needed, including a commitment to provide to the County upon request a record of all inspections, the

corrective action taken, the time the problem is first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action.

7.2.6 Continuing to provide services to the County in the event of a strike or other labor action of the Contractor's employees.

7.2.7 A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

8.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance using the quality assurance procedures as defined in DMH's Quality Assurance Reimbursable Activities Guide, Revised November 21, 2008.

9.0 CONTRACT DISCREPANCY REPORT *(Exhibit 7)*

Verbal notification of a Contract discrepancy will be made to the Contract Project Monitor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor. The County Contract Project Monitor will determine whether a formal Contract Discrepancy Report (CDR) shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to the County Contract Project Monitor within five (5) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the CDR shall be submitted to the County Contract Program Manager within ten (10) workdays.

10.0 COUNTY OBSERVATIONS

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

11.0 DATA COLLECTION

The Contractor shall have the ability to collect, manage and submit data as directed by DMH to demonstrate client outcomes inclusive of the guidelines set forth by DMH and the State. Contractor shall perform data entry to support these activities.

12.0 INFORMATION TECHNOLOGY REQUIREMENTS

12.1 FUNCTIONAL REQUIREMENTS

12.1.1 Contractor shall enroll clients and provide basic clinical and demographic information, services detail, and ongoing assessment and outcomes data, and submit claims for services provided in an electronic form.

12.1.2 Throughout the duration of the contracted services, Contractor shall obtain, certify, submit, and review comprehensive information on client status and the outcomes of the service in accordance with Mental Health Services Act requirements. Contractor shall comply with all deadlines to be specified by DMH for time-specific processes for the submittal and delivery information. These include:

1. Claims for reimbursement that shall be submitted timely to avoid penalty, payment delays, or outright denial of a claim.
2. Comprehensive enrollment-time information about the status of the client.
3. Assessment information at enrollment, quarterly assessment updates, and reports of key event indicators during the period of service.

12.1.3 For claims related enrollment, units of service reporting and claiming, Contractor shall submit information to the DMH IS by one of two methods: 1) Electronic Data Interchange (EDI), which is electronically submitting Health Insurance Portability and Accountability Act (HIPAA) compliant claims transactions, and 2)

Direct Data Entry (DDE), which is entering claims data directly into the IS. EDI is strongly preferred by DMH.

12.1.4 Contractor shall provide status and outcomes information by one of the following methods:

1. Contractor shall transmit the information electronically to DMH from provider, billing company, or clearinghouse systems using an Extensible Markup Language (XML) format that DMH will provide that is substantially similar to what the State requires DMH to submit, or
2. Contractor shall use DDE as above into a web-based DMH Outcomes Measurement System.

12.1.5 For both claiming and outcomes information, an Internet Explore 7 connection shall be required. Broadband shall be essential.

13.0 PRIVACY AND ELECTRONIC SECURITY

13.1 Contractor shall comply with federal and State laws as they apply to Protected Health Information Individually Identifiable Health Information, and electronic information security.

13.2 Any Contractor that is deemed a "Covered Entity" HIPAA shall comply with the HIPAA privacy and security regulations independently of any activities or support of DMH or the County of Los Angeles.

13.3 Any Contractor that is deemed a "Business Associate" of County under HIPAA shall enter into a Business Associate Agreement with the County of Los Angeles to ensure compliance with the privacy and electronic security standards.

14.0 TECHNOLOGY REQUIREMENTS

14.1 Contractor must acquire, manage, and maintain its own information technology and systems in order to meet the functional and privacy/security requirements. For both claiming and outcomes information, an Internet connection will be required. Broadband will be essential.

14.2 A Contractor who elects to connect to DMH systems for DDE must maintain an Internet Connection and use a Web browser at the level of Internet Explorer 7.0 or better. Neither the IS nor the Outcomes Measurement System has been tested using a Macintosh and DDE using a Macintosh, while theoretically possible, is not supported by DMH. The most effective systems for this purpose will be Microsoft Windows-based PCs equipped with Internet Explorer 7.0 or better.

14.3 A Contractor who elects to submit internally generated electronic information to DMH must use Secure Internet File Transfer protocol to do so. DMH will provide the XML specifications for the outcomes data. Claiming, remittance advice, enrollment, eligibility, and other financial transactions must comply with the HIPAA standard for transactions and code sets. The applicable trading partner agreements and specifications are available at the DMH website and will be provided at the time the Agreement is executed. DMH does not maintain and will not support a private network of any kind.

14.4 Contractor shall be solely responsible for complying with all applicable State and federal regulations affecting the maintenance and transmittal of electronic information.

15.0 SUBCONTRACTOR(S)

15.1 If Contractor intends to employ a Subcontractor(s) to perform some of the services described in this SOW, the transmittal letter shall clearly indicate the other agency(s) involved and Contractor shall describe the role of the Subcontractor. A statement from all Subcontractors indicating their willingness to work with the Contractor and the intent to sign a formal agreement between the parties shall be submitted over the signature of the person authorized to bind the subcontracting organization.

15.2 If Contractor is selected for funding, Contractor shall obtain prior written approval from DMH in order to enter into a particular subcontract and all requests shall be in writing. Contractor shall remain responsible for any and all performance required of it under the Contract.

15.3 All Subcontracting Agreements shall be required for County review and the official record after award of the Contract, if any.

15.4 The role that the Subcontractor will play in the CalWORKs program must be fully described in the proposal narrative.

16.0 GREEN INITIATIVES

16.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

16.2 Contractor shall notify County's Program Manager of contractor's new green initiatives prior to the contract commencement.

17.0 PERFORMANCE REQUIREMENTS SUMMARY

All listings of services used in the Performance Requirements Summary (PRS) are intended to be completely consistent with the Contract and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the SOW. In any case of apparent inconsistency between services as stated in the Contract and the SOW and this PRS, the meaning apparent in the Contract and the SOW will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Contract and the SOW, that apparent service will be null and void and place no requirement on Contractor (Exhibit 3).

EXHIBITS

EXHIBIT 1	List of Acronyms - Terms and Definitions
EXHIBIT 2	References/Suggested Readings
EXHIBIT 3	Performance Requirements
EXHIBIT 4	Models of CalWORKs Service Delivery
EXHIBIT 5	Client Baseline and Quarterly Rating of Satisfaction and Status
EXHIBIT 6	CalWORKs Discharge Summary Information
EXHIBIT 7	Contract Discrepancy Report

STATEMENT OF WORK
CalWORKs PROGRAM

LIST OF ACRONYMS

1)	**AFDC**	Aid to Families with Dependent Children
2)	**AU**	Assisted Unit
3)	**BOS**	Board of Supervisors
4)	**CalWORKs**	California Work Opportunity and Responsibility to Kids
5)	**CBO**	Community Based Organization
6)	**CCS**	Community Client Services
7)	**CDR**	Contract Discrepancy Report
8)	**CGF**	County General Funds
9)	**CIMH**	California Institute of Mental Health
10)	**COD**	Co-Occurring Disorders
11)	**CR**	Cost Reimbursement
12)	**DDE**	Direct Data Entry
13)	**DMH**	Department of Mental Health
14)	**DMV**	Department of Motor Vehicles
15)	**DPSS**	Department of Public Social Services
16)	**DV**	Domestic Violence
17)	**EDI**	Electronic Data Interchange
18)	**EW**	Eligibility Worker
19)	**GAIN**	Greater Avenues for Independence
20)	**GEARS**	GAIN Employment Activity and Reporting System
21)	**GSW**	GAIN Services Worker
22)	**HIPAA**	Health Insurance Portability and Accountability Act
23)	**IS**	Integrated System
24)	**LAMHPS**	Los Angeles Mental Health Plan System
25)	**LAPIS**	Los Angeles Public Administration/Guardian Information Systems
26)	**MHP**	Mental Health Promotion
27)	**NGA**	Non-Governmental Agency
28)	**NPI**	National Provider Identifier
29)	**NR**	Negotiated Rate
30)	**PC**	Personal Computer
31)	**PHI**	Protected Health Information
32)	**PRS**	Performance Requirements Summary
33)	**RFP**	Request For Proposals
34)	**SA**	Service Area
35)	**SAMHSA**	Substance Abuse and Mental Health Services Administration
36)	**SDMH**	State Department of Mental Health
37)	**SED**	Serious Emotional Disturbance
38)	**SFPR**	Single Fixed Point Response
39)	**SOW**	Statement of Work
40)	**TANF**	Temporary Assistance for Needy Families
41)	**WIC**	Welfare and Institutions Code
42)	**WtW**	Welfare-to-Work
43)	**XML**	Extensible Markup Language

TERMS & 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.

Administrative Directives – Documents used to disperse newly enacted regulations or to update existing ones as determined by DPSS. These updates supplement and enhance the GAIN Program Handbook and should be filed therein under the applicable chapter and subject matter.

Assessment (DPSS) - This is a primary tool for developing the WtW plan. The evaluation of work history, inventory of employment skills, knowledge and abilities; education history, present educational competency level; level of English competency and need for English-as-a-Second Language courses; work and educational history; inventory of their skills, knowledge, and abilities acquired in the country in which they were raised, educated or had prior work history; primary language literacy level, need for supportive services; employability given current skills and local labor market conditions; and physical limitations or mental conditions that limit the ability to work or participate.

Assessment (Mental Health) - "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.

Barriers – Personal or other problems/issues that interfere with participation in WtW activities, employment, and job search. This can be temporary or long term.

Board Letter - This is the official proposal/request to the Board of Supervisors to use department funding for a specific purpose. The Board Letter must be approved by the Supervisors in order for any funding to be released.

Board of Supervisors (BOS) - This refers to the Los Angeles County Board of Supervisors that oversee all county departments, including DMH. This Board is an elected body.

California Institute for Mental Health (CIMH) - The mission of CIMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.

California Work Opportunity and Responsibility to Kids (CalWORKs) (DPSS) – California's name for the federal TANF Program to provide temporary financial assistance and employment-focused services to families with minor children who may

or may not have income, and their property limit is below state maximum limits for family size.

Case Management (DMH) - Targeted Case Management are services that assist a client to access needed medical, educational, social, pre-vocational, vocational, rehabilitative, or other community services for eligible clients. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client's access to service and the service delivery system; monitoring of the client's progress; and plan development.

Case Management (DPSS) – The coordination of services and activities in a linguistic and the culturally appropriate manner, including but not limited to: assessing the participant's employability and need for supportive services; tracking and evaluating the participant's attendance and progress in work activities; identifying and authorizing supportive services; making a recommendation of cause for failure to participate; referring the participant to community resources for work activities, counseling and assisting in accessing community resources and resolving problems; documenting in the physical and electronic case file; and completing other required documents.

Cash Aid – The CalWORKs aid payment.

Cash Flow Advance - County General Funds (CGF) furnished by County to Contractor for cash flow purposes in expectation of Contractor repayment pending Contractor's rendering and billing of eligible services/activities

Community Based Organization (CBO) - An organization that demonstrates their presence and their level of commitment and experience to the Service Area(s) to be served by them and their collaboration with other agencies in the community.

Collateral - A service activity to a significant support person in a client's life with the intent of improving or maintaining the mental health status of the client. The client may or may not be present for this service activity. Outside agency staff, school teachers, and board and care operators are **not** significant support persons.

Community Client Services (CCS) – A service directed to a specific population.

Community Mental Health Clinic - "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.

Community Outreach Services - Services provided to the community-at-large, who include special population groups, human service agencies, and individuals and families who are not clients of the mental health system.

Co-Occurring Disorders (COD) - "Co-Occurring disorders" means two or more disorders occurring for 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.

Contract Discrepancy Report - A written report prepared by the County to identify Contractor's specific failures in meeting contract standards.

Contract Provider - A person/group/organization that contracts with DMH to provide any type of mental health services (e.g., direct services, indirect services, consultation).

Cost Reimbursement (CR) - The arrangement for the provision of mental health services based on the reasonable actual and allowable costs of services provided under this Agreement, less all fees paid by or on behalf of patients/clients and all other revenue, interest and return resulting from the same services.

Crisis Intervention - A service lasting less than 24 hours to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit and is delivered at a site other than a Crisis Stabilization program. Service activities include but are not limited to Assessment, Collateral, and Therapy.

Credentialing - A process of review to approve a provider who applies to participate in a health plan. Specific criteria and prerequisites are applied in determining initial and ongoing participation in the health plan.

Deputy Director - An executive management position in the DMH that may have responsibility for multiple Service Areas (of which DMH has 8) as well as provide oversight for a particular type of Countywide program (e.g. Adult Systems of Care); and alternatively, may have responsibility for certain administrative functions (e.g., Program Support, Planning, and Training).

Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition, Text Revision (DSM IV-TR) - Manual that is published by the American Psychiatric Association and provides diagnostic criteria and other information related to all psychiatric disorders.

Director - Los Angeles County's Director of Mental Health or his/her authorized designee.

Directly Operated Facility(ies) - County mental health service delivery site that operates under the DMH's jurisdiction, and are staffed by County employees.

Domestic Violence - A pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation.

Electronic Data Interchange - A set of standards for structuring information to be electronically exchanged between and within businesses, organizations, government entities and other groups.

Electronic Health Record - An electronic health record provides secure, real-time, patient-centric information to aid clinical decision-making by providing access to a patient's health information at the point of care.

Eligibility Worker (EW) – The County employee responsible for the initial and ongoing eligibility determination for CalWORKs assistance.

Episode Data - Information collected regarding a patient that is associated with an Episode of Care.

Episode of Care - The time period between the opening and closing of a case within a mental health provider site and the services delivered during that time period through that provider site. It is possible for a client to have multiple episodes of care open at a given point of time.

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.

Exemption – A condition or circumstance that excludes the recipient from participation in a WtW activity for as long as the condition or circumstance continues to exist, subject to frequent review.

Fiscal Year - County's Fiscal Year which commences July 1 and ends the following June 30.

GAIN – Acronym for "Greater Avenues for Independence", program established on September 26, 1985 with the passage of the State of California Assembly Bill 2580. The GAIN Program establishes a comprehensive system of services to assist CalWORKs applicants/recipients in obtaining unsubsidized employment.

GAIN Services Worker (GSW) – The employee of the DPSS GAIN Line Operations who directly provides case management to GAIN program participants.

GEARS – GEARS is the acronym for "GAIN Employment Activity and Reporting System", which is the automated data management system used to support the GAIN program in Los Angeles County by tracking participants, authorizing payments, generating reports, maintaining inventories of available resources, and providing program monitoring data.

Group Therapy - Group Therapy is a mental health services activity delivered to more than one client at the same time (this includes services to a family/families or other collaterals when claims will be submitted for more than one client represented during the contact) which focuses on the mental health needs of the client(s).

Guide to Procedure Codes - A manual created by DMH that defines specific mental health services covered under this contract and the acceptable codes that can be used to claim those services.

Health Insurance Portability and Accountability Act (HIPAA) - HIPAA was enacted by the U.S. Congress in 1996. Title II of HIPAA defines numerous offenses relating to health care and sets civil and criminal penalties for them. It also creates several programs to control fraud and abuse within the health care system. However, the most significant provisions of Title II are its Administrative Simplification rules. Title II requires the Department of Health and Human Services (HHS) to draft rules aimed at increasing the efficiency of the health care system by creating standards for the use and dissemination of health care information.

Individual therapy - A service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.

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.

Integrated System (IS) - A custom-developed Web-based wrapper of the Mental Health Management Information System (MHMIS) developed in order to generate HIPAA-compliant claims. Internal Services Department hosts this application that runs on the Intel platform.

Interns - Interns are students, who obtain skills in a new career through on-the-job training as part of their school requirements, rather than employment.

Los Angeles Mental Health Plan System (LAMHPS) - A browser-based system used by Provider Relations to assist in maintaining credentials for contract providers. The LAMHPS is on an SQL server that is located in the Provider Relations office. The system contains information on:

- Credentials
- Contracts
- Demographics
- Group Members/Staff
- Billing Address
- License Number
- Languages
- Specialties
- Contact Persons

The data for this system is keyed in by the Provider Relations staff. There is an external interface with the MHMIS. The provider ID and license number is extracted from LAMHPS and stored in a DB2 table on MHMIS.

Los Angeles Public Administration/Guardian Information Systems (LAPIS) - Information system that provides accounting, information management, and office automation for conservatorship, investigation and case management, placement tracking, funeral arrangement, and fiscal tracking.

Legal Entity - The legal organization structure under California law.

Maximum Contract Amount (MCA) - The sum total of all "Allocations" shown in the Financial Summary; except that the "MCA" shall not include "Third Party Revenue" shown in the Financial Summary.

Medical Director - The psychiatrist who is responsible for the supervision of the psychiatric/medical service and leadership in the development and execution of clinical services provided under the DMH.

Medication Support - Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biological necessary to alleviate the symptoms of mental illness which are provided by a staff person, within the scope of practice of his/her profession.

Mental Health Disorder - "Mental Health Disorder" means a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

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

Mental Health Rehab Option - A service activity which includes assistance in improving, maintaining, or restoring one or more individuals' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, and support resources.

Mental Health Services - "Mental Health Services" mean those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

National Provider Identifier (NPI) - A unique, ten-digit numeric identifier assigned to covered health care providers by the National Plan and Provider Enumeration System. This identifying number does not carry any information about health care providers, such as the state in which they practice or their provider type or specialization. The intent of the NPI is to improve the efficiency and effectiveness of electronic transmission by allowing providers and business entities to submit the same identification number(s) to all payers, such as insurance plans, clearinghouses, systems vendors, and billing services.

Negotiation Package - Detailed documents submitted by Contractor consisting of five major parts: Agency Identification; Program Description; Budget; Corporate Capability; and Required Supplemental Documentation.

Negotiated Rate (NR) - The total amount of reimbursement, including all revenue, interest and return, which is allowable for delivery of a Service Function Code (SFC) unit as defined by Director and which is shown on the Financial Summary. A NR is the gross rate of reimbursement which is generally determined by dividing Contractor's gross program cost of delivering a particular SFC by the number of such SFC units to be delivered. All fees paid by or on behalf of patients/clients and all other revenue, interest and return resulting from the same service shall be deducted from the cost of providing the mental health services covered by the NR. A portion of the State-approved NR, which in some cases may be higher than the contracted NR, may be retained by County as County's share of reimbursement from State DMH (SDMH).

Net Program Budget - The MCA which is the sum total of all "Allocations" and "Pass Through" amounts shown in the Financial Summary. Unless otherwise provided, or

separately agreed to in writing between the parties, it is the intent of the parties that the Net Program Budget shall be equal to the MCA.

Non-Compliance – The process by which the County penalizes participants who fail to meet the requirements of the GAIN program. Although the GAIN program's mission is to increase participation and work with the individual in achieving employment and dependency from CalWORKs, sanctions via non-compliance procedures can be an effective tool in securing participation when all other efforts fail.

Non-governmental Agency (NGA) - Any organization other than a unit of government or agency. This includes private profit and nonprofit organizations.

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.

Oral Presentation - An explanation and/or clarification of information stated in the Proposal. Presentations may be requested by the Proposer or the Department.

Participant – A person who receives CalWORKs WtW benefits and services. (i.e., a client).

Patient's Rights Office - The Patients' Rights Office of the Los Angeles County DMH was created in response to legislation requiring each county mental health director to appoint a patients' rights advocate(s) to protect and further the Constitutional and statutory rights of mental health care recipients. Some of the duties of this office include; investigation of complaints, representation of patients at certification review and medication capacity hearings, beneficiary services program, residential care advocacy, minors' rights program, jail advocacy program, LPS designation functions, training and consultation, monitoring Electroconvulsive treatment (ECT), data collection, legislative interaction, missing person locator and peer advocacy program.

Peer Support - When people such as colleagues, members of self help organizations and others meet as equals to give each other emotional or practical support on a reciprocal basis.

Point of Service - A Point-of-Service Medi-Cal program that gives providers the most current information available on Medi-Cal client accounts.

Pre-Screen Proposals - Using the Pre-Evaluation tool, Contracts Division staff determines if the Proposer's documents demonstrate general responsiveness to the RFP and meet minimum requirements.

Program Manager - Program Manager oversees personal, budget, and hiring of their specific program.

Proposer - Agency applying to provide mental health services in response to a RFP.

Protected Health Information (PHI) - Any information about health status, provision of health care, or payment for health care that can be linked to an individual. This term is specifically defined under HIPAA.

Quality Assurance (QA) Activities - Indirect activities defined by the Federal government that assist a Local Mental Health Plan in insuring and improving the quality of care delivered by its organization that are not provided as a service to or in relation to a specific client of the Department. Claiming for these services is currently paper-based. Only licensed professionals may claim for QA activity.

Quality Improvement Program - A DMH program involving DMH leadership, management, staff, consumers and family members intended to create and sustain a culture of system wide involvement and continuous improvement to the delivery of care.

Qualified Proposer - A bidder, lawfully able to conduct business in the state, which is solvent, not in financial distress, and is willing and able to meet the requirements of the RFP.

Recovery - Recovery is a goal for mental health care, in which consumers are able to self-direct their lives in a positive manner outside of a mental health system. Recovery will be individualized for every person.

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

Request for Proposals (RFP) - All documents, whether attached or incorporated by reference, utilized for soliciting proposals. Solicitation based on proposed solutions in response to a defined need of the County.

Rehabilitation Option/Targeted Case Management Manual - SDMH's Short-Doyle/Medi-Cal Manual for the Rehabilitation Option and Targeted Case Management.

Sanction – A penalty consisting of a reduction in the family's grant by removing a non-complying participant from the Assistance Unit (AU) for a period of time. The term "sanction" applies when participant fails or refuses, without good cause, to participate in a mandated activity associated with WtW requirements.

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.

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.

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.

Service Planning Areas - Los Angeles County is administratively divided into eight (8) geographically-based Service Planning Areas, also referred to as "Service Areas". This organizational structure facilitates closer coordination among agencies providing services in that geographic area.

Service Function Code - SFC, as defined by Director, for a particular type of mental health service, and/or Title XIX Medi-Cal administrative claiming activity.

Single Fixed Point of Responsibility (SFPR) - A specifically designated individual or team within a clinic or agency who has responsibility for maintaining the Client Care Coordination Plan and for coordinating and authorizing services provided to clients who are receiving ongoing mental health services.

Severely Mentally Ill (SMI) - SMI can be severe and persistent but people can recover from it. SMI includes mental, behavioral and emotional disorders. SMI symptoms cause functional impairment and/or substantially interfere with or limit one or more major life activities. This term applies only to adults.

State General Fund (SGF) - California SGF used as Federal Financial Program match.

State - The State of California.

Statement of Work (SOW) - A written description of services desired by County for a Specific Work Order.

Substance Abuse - The overindulgence in and dependence of a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

Threshold Language - The SDMH tracks how many people are served in each county in mental health. If a county has 3,000 Medi-Cal consumers that speak a certain language then that language becomes a "threshold language" and the county is required to provide services and written materials in that language. Los Angeles County has 13 threshold languages, most counties have 1-3 languages.

Title IV - Title IV of the Social Security Act, 42 United States Code Section 601et seq.; XX. "Title XIX" means Title XIX of the Social Security Act, 42 United States Code Section 1396 et seq.

Title XXI - Title XXI of the Social Security Act, 42 United States Code Section 1396 et seq.

Triage - A process for sorting injured people into groups based on their need for immediate medical treatment.

UMDAP - SDMH's Uniform Method of Determining Ability to Pay. Process by which annual liability is determined.

Unit of Service - The increment unit of time used to capture the quantity of services provided (e.g. 1 minute = 1 Unit of Service) during mental health service procedure. Claims are generated based upon service provided and multiplied by the rate for that procedure.

Vision - Refers to the DMH vision statement: "To improve the quality of life in the County by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well being and prosperity of individual families, business and communities".

Volunteers - People who work on behalf of others without being motivated by financial or material gain.

Welfare and Institutions Code (WIC) - Code enacted to insure the rights or physical, mental or moral welfare of children are not violated or threatened by their present circumstances or environment. WIC establishes programs and services designed to provide protection, support or care of children and provides protective services to the fullest extent deemed necessary by the juvenile court, probation department or other public agencies designated by the Board of Supervisors to perform the duties prescribed by this code.

Welfare-to-Work Plan – A plan developed with the participant based on an assessment. Of a participant's skills, education, and work history. The plan includes specific activity assignments, the hours of participation, services and time frames for completing the assigned WtW activity. Additionally, the plan is used to guide the participant into unsubsidized employment. Approved work activities include: English-as-a-Second Language training, unsubsidized employment, on-the-job training, job search and job readiness assistance, community service, work experience, vocational training, community service, mental health, substance abuse and domestic violence treatment services, and educational and job skills training directly related to employment.

Welfare-to-Work Activities – A list of allowable welfare-to-work activities to which the participant may be assigned as specified under the CalWORKs program rules and regulations.

Work Participation Rate Requirements – The number of hours per week a participant is required to engage in WtW activities and the federal requirements for states and counties to have a percentage of participants meeting these rates.

RFP Terms and Definitions updated 11/25/2009

EXHIBIT 2

REFERENCES/Suggested Readings

1. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (Fourth ed.). Washington, DC: American Psychiatric Association.
2. Becker, D. R., & Drake, R. E. (2003). *A working life for people with severe mental illness*. New York: Oxford University Press.
3. California Institute of Mental Health. (2009). *Services for Adults/Older Adults.* Retrieved September 14, 2009, from http://www.cimh.org/Services/Adults-Older-Adults/EvidenceBased-Practice/Integrated-Dual-Disorders-Treatment.aspx
4. CalWORKs Administration (2008). *CalWORKs 101*. Los Angeles Department of Mental Health.
5. CalWORKs Administration (2009). *Life Skills Support Group Curriculum CalWORKs*. Los Angeles: Los Angeles County Department of Mental Health.
6. Los Angeles County Department of Mental Health. (2009). *DMH Provider Network.* Retrieved September 14, 2009, from http://dmh.lacounty.gov/ProviderLocator/dmh_provider_network.html
7. Marrone, J., Foley, S., & Selleck, V. (2005). How Mental Health And Welfare To Work Interact: The Role Of Hope, Sanction, Engagement, And Support. *American Journal of Psychiatric Rehabilitation, 8*(1), 81-101.
8. Substance Abuse & Mental Health Services Administration. (2009). *Evidence-Based Practices: Shaping Mental Health Services Foward Recovery.* Retrieved

September 14, 2009, from

http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/

9. Los Angeles County Department of Mental Health (2009). Mental Health Rehabilitation Manual (Quality Assurance Reimbursable Activities Guide) http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/Organizational_Providers_Manual.pdf

EXHIBIT 3

PERFORMANCE REQUIREMENTS SUMMARY

PERFORMANCE REQUIREMENTS	METHOD OF COLLECTION	PERFORMANCE TARGETS
Contractor's representative to attend monthly service and quarterly meetings	Attendance noted on sign-in sheets	Contractors to be up-to-date and in compliance with DMH and DPSS CalWORKs policies and changes.
Contractor is required to submit monthly Report Card to DMH by the 15th of the following month	DMH Administration will track reports received monthly	Contractors are to submit an electronic report card and must be filled out completely to be accepted. Failure to submit will result in a discrepancy report.
Contractor is required to complete a minimum of 75% of the client customer satisfaction	Agency must participate on the 90 day satisfaction and progress scales	Contractor must be available to conduct the annual survey among CalWORKs participants.
Contractor is required to track the movement of participants throughout their levels of treatment and to track at each level of treatment	An evaluation organization will be contracted with to assist in administering the outcomes system, to analyze the outcomes and satisfaction data, and to make recommendations regarding future outcome monitoring or research. The contractor will be required to cooperate with the evaluation organization.	Contractor must assign participant to levels of care and must be document on a tracking log and the clinical chart.
Contractor is required comply with DPSS Performance Requirements and DMH Clinical Documentation Requirements	During formal and informal site visits, DMH CalWORKs Administration will review Clinical Charts to ensure compliance	Contractor must have a chart as specified by DMH policy and procedures.
Contractor must follow procedures regarding appointments for CalWORKs participants and submit non-	DMH Administrative will complete a list of providers on a monthly basis. Document will be shared with DPSS for	Contractor must submit the information to DMH Administration the 5th working day of the month

PERFORMANCE REQUIREMENTS SUMMARY

availability report contractor cannot accept participants	referral purposes.	
PERFORMACE REQUIREMENTS	**METHOD OF COLLECTION**	**PERFORMANCE TARGETS**
Contractor is required to track employment and/or concurrent activities and must be documented on the Report Card and clinical chart.	DMH will track and monitor the information as obtained on the report card. Tracking log will be reviewed at formal and informal site visits by DMH CalWORKs Administration.	

EXHIBIT 4

MODELS OF CalWORKs SERVICE DELIVERY

LEVEL	CalWORKs BARRIERS TO EMPLOYMENT	PROGRESS TOWARDS EMPLOYMENT	TREATMENT PARAMETERS
4	***CalWORKs Participants May Experience the following:*** • Significant psychosocial stressors • History of poor compliance with previous treatment • May deny any mental health problems and /or substance abuse issues • May experience great difficulty coping with life • No work history • Skills deficits • Poor parenting skills • Unable to manage finances independently	***CalWORKs Participants May Experience the following:*** • May have received past sanctions for non-compliance with WtW requirements • May or may not participate in WtW activities • May be a candidate for peer advocacy/support group or sheltered employment	***Treatment*** 1. Intensive treatment to last up to 4-5 hours per week 2. Duration 1-2 months ***Treatment may consist of the following:*** • 1 Individual Session – 60 minutes per week • 1 Case Management Visit 60 minutes per session per week • 1 Medication Support -15 minutes session p/month • 1 Rehabilitation Group (Skill building/supported employment)120 minutes per week • 1 Team Case Conference to determine treatment parameters at the end of 60 days or before

EXHIBIT 4

MODELS OF CalWORKs SERVICE DELIVERY

LEVEL	CalWORKs BARRIERS TO EMPLOYMENT	PROGRESS TOWARDS EMPLOYMENT	TREATMENT PARAMETERS
3	***CalWORKs Participants May Experience the following:*** • Managing symptom distress • May use alcohol and drugs that create or contribute to intermittent disruption in their lives • Have intermittently participated in mental health treatment in the past • Need ongoing support	***CalWORKs Participants May Experience the following:*** • Partially involved on WtW activities (up to 20 hours) • Demonstrates ability to work and engage in school • Learning parenting skills Learning to manage finances	***Treatment*** 1. Moderate treatment to approximately last 3-4 hours per week 2. Duration 1-2 months ***Treatment may consist of the following:*** • 1 Individual Session – 60 minutes per week • 1 Case Management Visit 60 minutes per session per week • 1 Medication Support -15 minutes session per month • 1 Rehabilitation Group (Skill building/supportive employment)120 minutes per week • 1 Team Case Conference to determine treatment parameters at the end of 60 days or before

EXHIBIT 4

MODELS OF CalWORKs SERVICE DELIVERY

LEVEL	CalWORKs BARRIERS TO EMPLOYMENT	PROGRESS TOWARDS EMPLOYMENT	TREATMENT PARAMETERS
2	***CalWORKs Participants May Experience the following:*** • Minimum impairment from alcohol or drugs • Functioning well in most life areas and needs minimal ongoing case management • Coping well with psychosocial stressors but not fully self-sufficient • Needs periodic coaching and support	***CalWORKs Participants May Experience the following:*** • Independently maintains progress towards vocational goals • Working part time/full time or full participation in 32 hours of WtW activities	***Treatment*** 1. Mild treatment to approximately last 2-3 hours per week 2. Duration 1-2 months ***Treatment may consist of the following:*** • 2 Individual Session – 60 minutes per month • 1 Case Management visit per month • 1 Medication Support -15 minutes session per month • 1 Rehabilitation Group (Skill building/supported employment/peer support involvement) - 120 minutes per week • 1 Team Case Conference to determine treatment parameters at the end of 60 days or before

EXHIBIT 4

MODELS OF CalWORKs SERVICE DELIVERY

LEVEL	CalWORKs BARRIERS TO EMPLOYMENT	PROGRESS TOWARDS EMPLOYMENT	TREATMENT PARAMETERS
1	***CalWORKs Participants May Experience the following:*** • Coping well with family issues • Ability to access resources independently (child care & transportation) • Managing mental health symptoms well • Managing financing without difficulty • May have completed Life Skills curriculum • May have completed substance abuse/DV program/counseling • May need periodic individual/groups/and or peer support group • Continuing medications as needed • May not need medication or have ongoing medication, if needed	***CalWORKs Participants May Experience the following:*** • Working full time or participating in 32 hours WtW activities	Treatment 1. Reduce treatment to approximately last 1 hour per month 2. Duration 1-2 months ***Treatment may consist of the following:*** • 1 Case Management Session - 60 minutes per month • 1 Medication Support -15 minutes session per month • 1 Rehabilitation Group (Skill building/supportive employment/peer support involvement) - 120 minutes per week • 1 Team Case Conference to determine treatment parameters at the end of 60 days or before

EXHIBIT 5

Client DMH ID:_____ Staff ID:_____

Client Baseline and Quarterly Rating of Satisfaction and Status

Please participate in this study of mental health programs in Los Angeles County. Your answers will be used to improve services for all CalWORKs participants who use mental health services.

Your answers will not be shown to anyone on your treatment team unless you choose to share them. Your answers will not affect the benefits or services you receive in any way. Please answer these questions then seal the form in the envelope and return it to the person who provided it to you.

How are you doing?

Please rate how your life has been in the past week. When you are finished answering all three questions please give them back to the person who gave them to you.

1. Please rate your mental health problems during the past week by circling the number next to the most accurate response:

   0 None
   1 Minimal
   2 Mild
   3 Moderate
   4 Severe
   5 Extreme

2. Overall, how much have your mental health problems caused difficulties in your life in the past week? [Consider your social life, work or school, and family life and home responsibilities.]

   0 Not at all
   1 A little bit
   2 A moderate amount
   3 Quite a bit
   4 Extremely

3. In general, how would you rate your overall quality of life in the past week?

   0 Very good, my life could hardly be better
   1 Pretty good, most things are going well
   2 The good and bad parts are about equal

Client DMH ID:_____ Staff ID:_____

3 Pretty bad, most things are going poorly

4 Very bad, life could hardly be worse

Client DMH ID:_____ Staff ID:_____

How are we doing?

Please tell us how well our services are meeting your needs.

1. Overall, how satisfied are you with the services you received at this agency? *(Please circle one number.)*

   1. VERY SATISFIED
   2. SOMEWHAT SATISFIED
   3. SOMEWHAT DISSATISFIED
   4. VERY DISSATISFIED

2. Have you been treated with respect by everyone at this program?

   1. YES
   2. ONLY BY SOME PEOPLE
   3. NOT BY ANYONE

3. Would you recommend this program to a friend with the same kinds of problems?

   1. YES
   2. NO

5. Overall, how much have the services you have received from the agency help you to improve your situation or deal with your problems? *(Please circle the number in front of the best answer. Only circle one number.)*

   1. HELPED A LOT
   2. HELPED SOME
   3. HELPED A LITTLE
   4. DID NOT HELP AT ALL
   5. MADE THINGS WORSE

Thank you very much!

Client DMH ID:_____ Staff ID:_____

Staff Baseline and Quarterly Rating

CLINICAL GLOBAL IMPRESSIONS SCALE - SEVERITY

How severe are the client's mental health problems at this time?" (Rate as of last visit with a licensed clinician)

Please circle the number in front of the most accurate statement regarding the client

1 Normal – no psychiatric disorder

2 Borderline psychiatric disorder, subtle or suspected pathology

3 Mildly ill, clear symptoms, minimal distress or difficulty in social/occupational functioning

4 Moderately ill, overt symptoms, noticeable but modest functional impairment

5 Markedly ill, intrusive symptoms, distinctly impair social/occupational function

6 Severely ill, disruptive pathology, behavior and function compromised, requires assistance from others

7 Extremely ill, drastic interference in function, may need hospitalization

EXHIBIT 6

CalWORKs Discharge Summary Information

Client DMH identifier:_____

Client DPSS identifier:_____

Staff identifier:_____

Discharge information

Information to be submitted to DMH at the time the client's mental health component ends and concurrent with submission of DPSS form GN 6007B, Enrollment Termination Notice. The form should be completed jointly in a treatment team meeting if possible. Or the primary therapist or case manager may complete the form, depending who has the greatest information about the client.

Clinical Global Impression Improvement Scale Rating

Please rate the client as they were in the week of the last visit with the staff member doing the rating.

Consider behaviors, symptoms and functioning in all aspects of patient's life (including work-related, home and school) since initiation of the current treatment episode

1 Very much improved, good functioning, minimal symptoms, substantial change

2 Much improved, notably better, significant reduction of symptoms, though some remain, increased functioning

3 Minimally improved, little reduction of symptoms and/or little increase in functional capacity

4 No change, symptoms and functioning unchanged

5 Minimally worse, little change in symptoms or functional capacity

6 Much worse, increase in symptoms and/or diminished functioning

7 Very much worse, severe exacerbation of symptoms and/or loss of functioning

Please turn page over and complete the detailed information on circumstances regarding the client's termination of services.

EXHIBIT 6

CalWORKs Discharge Summary Information

Reasons for termination of the CalWORKs mental health component

Please circle the number of the one most relevant reason for termination.

COMPLETED TX	1.	Client and clinician agree client has met goals relevant to removing mental health barriers to employment
	2.	Client chooses to terminate even though all goals not attained; choice is *not* based on dissatisfaction with services
	3.	Client is working regularly and time or place of work interfered with attendance at mental health services
DISSATIS-FACTION	4.	Client states the reason for leaving is dissatisfaction with services or with progress being made (can include any reason for dissatisfaction including hours, location, therapist, treatment modality, or linguistic incompatibility)
	5.	Provider has decided to terminate services due to client non-compliance with treatment requirements or client not having a mental disorder that is a barrier to work
LOST ELIGIBILITY	6.	Client is transferring to SSI (and/or became Target Population client)
	7.	Exempt volunteer did not reach 32 hours per month of welfare to work activities within six months
	8.	Client has been sanctioned, or GSW removed from mental health services, or client timed off of welfare
	9.	Client does not have any eligible children (e.g. oldest child turned 18 or children went to live with other parent)
	10.	DPSS has removed from welfare to work requirements for good cause (such as family problems or domestic violence or work activities interfere with treatment)
	11.	Client is exempt due to poor health, pregnancy, or other valid reason
	12.	Other loss of CalWORKs eligibility
EASONS	13.	Drop out due to practical difficulties including such things as transportation, child care, child health, illness, becoming homeless, several young children, or assuming responsibility for more children[1]
	14.	Drop out due to behavioral health difficulties (include here substance abuse, domestic violence, jail time)
	15.	Client moved out of county
	16.	Client moved to another mental health service area in Los Angeles County
	17.	Drop out, other *Please describe* _____

[1] If practical difficulties relate to dissatisfaction with services, rate in #4; if practical difficulties resulted in good cause excuse from services, rate in #10; if practical difficulties resulted from work conflict, rate in #4. Rate here in #13 if practical difficulties were cited by client at termination visit or on a follow-up call or visit after client dropped out.

EXHIBIT 7

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: **Prepared:** _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

_____

_____

_____ _____

Signature of County Representative Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

_____

_____

_____ _____

Signature of Contractor Representative Date

COUNTY ACTIONS: _____

_____

_____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date _____

ATTACHMENT II

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEM OF CARE

CalWORKs RFP
Award to be effective July 1, 2012
Fiscal Year 2012-13

	Proposer's Name	Allocation	Current MCA	Revised MCA
1	1736 Family Crisis Center	$ 225,000	$ 154,000	**379,000**
2	Alma Family	1,010,209	11,185,450	**12,195,659**
3	Child & Family Guidance Center	592,656	24,975,239	**25,567,895**
4	Children's Institute Inc.	1,097,762	20,521,233	**21,618,995**
5	Didi Hirsch	963,067	30,963,484	**31,926,551**
6	El Centro de Amistad	592,656	2,942,666	**3,535,322**
7	ENKI Health & Research Inc.	1,010,209	29,233,676	**30,243,885**
8	Hillsides	875,515	16,184,243	**17,059,758**
9	Hillview Mental Health Center	592,656	10,069,885	**10,662,541**
10	Pacific Asian Counseling	505,105	3,671,194	**4,176,299**
11	Pacific Clinics	1,346,946	76,338,311	**77,685,257**
12	Penny Lane	673,471	24,376,452	**25,049,923**
13	Prototypes	538,778	6,235,329	**6,774,107**
14	Providence Community Service (College Community Services)	471,431	6,458,457	**6,929,888**
15	San Fernando Valley MHC	592,656	31,262,860	**31,855,516**
16	Shields for Families	457,962	12,494,626	**12,952,588**
17	South Central Health Rehab	457,962	9,558,437	**10,016,399**
18	Special Services for Group	336,737	34,024,490	**34,361,227**
19	The Guidance Center	536,025	11,389,878	**11,925,903**
20	The Help Group	592,656	11,938,307	**12,530,963**
	Grand Total	**$ 13,469,459**		

DEPARTMENT OF PUBLIC SOCIAL SERVICES
WELFARE-TO-WORK GAIN EMPLOYMENT ACTIVITY AND REPORTING SYSTEM (GEARS) DATA

SA	Percentage	Proposed Allocation
1	5%	$ 673,473
2	22%	$ 2,963,281
3	20%	$ 2,693,892
4	10%	$ 1,346,946
5	3%	$ 404,084
6	17%	$ 2,289,808
7	14%	$ 1,885,724
8	9%	$ 1,212,251
Total:	**100%**	**$ 13,469,459**