

# **GAIN: THE BRIDGE TO INDEPENDENCE**

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## 1270 **OVERVIEW**

Substance Abuse (SA) services are available to CalWORKs Welfare-to-Work (WtW) participants to assist them in overcoming barriers to employment and obtaining self-sufficiency.

A participant has the right to request a third-party Clinical Assessment (CLA) if he/she does not agree with the results of the first CLA. See [Chapter 812.7 – Third Party Assessments](#). A participant has the right to refuse any SA services; however, he/she must attend the mandatory CLA. If the participant agrees to the recommended services, satisfactory participation is mandatory unless Good Cause is established. SA services are based upon a professional evaluation and are a part of the participant's WtW Plan. See [Chapter 500 – Appraisal](#).

## 1271 **KEY POINTS**

- Once CalWORKs eligibility is established, the participant will be expedited into GAIN if he/she self-declares or is identified with a need for SA services via the GN 6140, Screening for Mental Health and Substance Abuse – for Eligibility Worker Use Only. See [Chapter 200 – GAIN Eligibility](#).
- LEADER will identify the case as a Specialized Supportive Services (SSS) case and relay that information to GEARS. GEARS will identify SSS cases and will allow the GAIN Scheduling Clerk to expedite the scheduling of a GAIN Appraisal appointment for a participant with an SSS need. See [Chapter 100.113 – Appraisal](#). The GAIN Coordinator at each District Office shall function as the SSS Coordinator who is responsible for facilitating the expedition into GAIN.
- No participant is to be denied or delayed SA services simply because he/she is not yet in GAIN. This means that a CalWORKs-approved participant can begin his/her services prior to entry into GAIN if he/she is: 1) a mandatory participant who is not yet enrolled in GAIN; or 2) a non-mandatory participant who has voluntarily enrolled in GAIN. Services may begin the date any County-contracted service provider notifies DPSS of the participant's status as a client/patient in their program via a PA 1923, Treatment/Services Verification. Services cannot be authorized prior to the participant's CalWORKs approval date.
- The GAIN Services Worker (GSW) is to inform the participant of available SSS and screen all participants for potential SA barriers by using a GN 6140A, Screening for Mental Health and Substance Abuse Instructions for GAIN Staff Only, and when appropriate, refer the participant to an SSS GSW. A GSW may direct a participant to a mandatory CLA at any time he/she believes that the participant's SA needs may limit or preclude him/her from satisfactory completion of the goal of obtaining and retaining long-term employment.

- The case-carrying GSW is to immediately transfer the case to the SSS Unit via the GAIN Service Supervisor when a participant self-declares or is identified as having a need for SA services via the existing screening instrument, GN 6140A. The SSS GSW is to refer the participant directly to the Community Assessment Services Center for CLA. See [Exhibit .1 – Community Assessment Service Centers \(CASC\) Contact List](#) for CLA referral and advocacy services on the same day in which the participant is identified as having a need for SA services.
- SA services include CLA, Case Management, Treatment and Rehabilitation Services, Employment Counseling, and Provision of Community Service Jobs, or other appropriate services.
- A participant may receive supportive services, such as child care payments, transportation funds, and/or work-related expenses for SA services.
- All participants newly enrolled in SA are granted Good Cause from meeting the full-time participation requirement for the initial 90 days of treatment.
- All SA participants who are determined by the treatment services provider to only be able to participate in WtW activities/employment part-time must be evaluated for an exemption.
- All SA participants must attend a Status Determination Appointment at the end of the 90-day Good Cause period.
- The Maintain SSS Tracking Resource (MSTR) screen is to be completed:
  - 1) After a participant has been screened for SA via the GN 6140A;
  - 2) After the CLA; and
  - 3) After the Status Determination Appointment
- A participant receiving SA service, who chooses to participate in Post-Employment activities or Post-Time Limit service activities, may continue to receive SA services and work-related expenses, as appropriate. See [Chapter 900 – Post-Assessment Welfare-to-Work Activities](#).
- A case is considered an SSS case whenever a participant:
  - 1) Self-declares a need for SA services;
  - 2) Answers “yes” to one (1) or more of the pre-screening questions on the GN 6140A, indicating a need for SA;

- 3) Shows obvious, observable signs of having a SA issue; and/or
- 4) Is identified as having a SA need via receipt of a PA 1923.

## **1272 POLICY**

A participant can be identified as having a SSS need not only through self-disclosure or the GN 6140A, but also through observation. Once CalWORKs eligibility is established, a participant with a need for services will be expedited into GAIN so that he/she can be referred to a County-contracted service provider. See [Eligibility Specialized Supportive Services Flowchart](#), Section 1273.1 and [GAIN Specialized Supportive Services Flowchart](#), Section 1273.2.

A participant is to be informed that disclosure of an SSS need will not impact his/her eligibility to CalWORKs or result in an automatic referral to the Department of Children and Family Services. It is essential that the participant is informed at every opportunity of the numerous services available, despite any language obstacles. The documents listed below are available in all threshold languages to assist staff in providing SSS information to participants to remove barriers that may interfere with their ability to obtain and/or maintain employment:

CAL -1, CalWORKs Supportive Services for Mental Health and Substance Abuse Brochure

GN 6140, Screening for Substance Abuse and Mental Health

GN 6140A, Screening for Mental Health and Substance Abuse Instructions for GAIN Staff Use Only

SA cases shall be identified on GEARS for special handling and tracking. Whenever a participant is identified as needing SA services after entering GAIN, the GSW is to complete a GN 6138, Identification of Participants with Supportive Services Needs. The GN 6138 is to be forwarded to the appropriate CalWORKs District office. This will ensure that the CalWORKs case is transferred to a SSS Eligibility Worker (EW). The GN 6138 shall also be completed and forwarded to the District Office anytime a SA, Mental Health (MH), or Family Preservation participant is no longer receiving services so that the case is transferred to a Non-SSS EW.

## **.1 Identifying the Need for SA Services**

### **.11 Substance Abuse Service Needs**

#### **.111 Signs of SA Service Needs**

Some signs of SA service needs may include, but are not limited to:

- (a) Burned fingertips or lips;
- (b) Belligerency;
- (c) Needle marks or tracks;
- (d) A blank stare/stupor;
- (e) Non-responsiveness;
- (f) Skin abscesses;
- (g) Tremors (shaking or twitching of hands/eyelids);
- (h) Staggering or loss of balance;
- (i) Dilated pupils; and/or
- (j) The smell of alcohol.

### **.12 Self-Declaration**

If a participant self-declares that he/she has a SA service need, the GSW will transfer the case to the SSS Unit and make a direct referral for CLA. See [Substance Abuse Services Flowchart](#), Section 1273.2.

### **.13 Notification from Vocational Assessor**

If the Vocational Assessor determines that a participant may have a potential SA service need, the Assessor shall refer the participant back to the case-carrying GSW. The GSW will transfer the participant to the SSS unit, where the SSS GSW will screen the participant via the GN 6140A and make a referral for a CLA. If the Vocational Assessor determines that a dual need for services may exist, the Assessor will advise the GSW. See [Chapter 800 – Vocational Assessment](#).

**.14 Screening for Substance Abuse**

EWs will screen participants for SA in the District Office via the GN 6140. GSWs will screen participants for SA via the GN 6140A. Homeless Case Managers (HCMs) shall use the GN 6140.

Participants identified by EWs as having a need for SSS will be expedited into GAIN, where they will be re-screened by the SSS GSW. Each District Office shall utilize the GAIN Coordinator as the designated SSS Coordinator in order to facilitate expediting into GAIN those participants who are identified through the GN 6140.

Participants identified by the case carrying GSW, whether through self-declaration, the GN 6140A, or staff observation, shall be immediately transferred to the SSS Unit. These cases must be transferred the same day. The GSW shall inform the participant that due to an identified or self-declared need for SSS, a SSS GSW will continue processing the case to better serve him/her.

**.15 Referral for Substance Abuse Clinical Assessment**

All referrals for SA CLA will be made directly by the SSS GSWs, utilizing the GN 6006A, CalWORKs Provider Referral and CLA Results form.

As a general rule, the CLA appointment should **not be** re-scheduled more than once. However, the re-scheduling of CLA appointments (both MH and SA) shall ultimately be at the discretion of the SSS GSW in consultation with the SSS GSS. The participant may be re-scheduled if he/she has requested to re-schedule prior to the appointment date, or if he/she presents Good Cause for not attending on a past date. If a provider re-schedules a CLA appointment, for any reason, that provider must notify the SSS GSW within one day of re-scheduling the appointment.

Failure of a participant to attend a mandatory CLA appointment, without Good Cause, may result in Non-Compliance and Sanction. See [Chapter 400 – Exemptions and Good Cause](#) and [Chapter 1312.2 – Compliance Process](#).

**.16 Notification from Clinical Assessor**

The GSW is to direct a participant to a mandatory CLA at any time he/she believes that a participant's SA issue may prevent him/her from participating in WtW activities. See [Substance Abuse Clinical Assessment Process](#), Section 1273.3. The GSW is to transfer the case to the SSS Unit, where the SSS GSW will screen the

participant via the GN 6140A.

.161 CLA Process

- (a) If it is determined by the Clinical Assessor that the participant has a SA issue, he/she will refer the participant to SA services at the provider's site. However, if the participant does not want to access services, he/she will be referred back to the SSS GSW.
- (b) The Clinical Assessor will forward the results of the CLA to the SSS GSW. The evaluation by the Clinical Assessor may also include any prior diagnoses, assessment, or evaluations that the participant provides.
- (c) The Clinical Assessor is to forward a copy of the GN 6006A, Clinical Assessment Provider Referral, to the SSS GSW, if the participant chooses to participate in SA services.
- (d) Participants determined by the Clinical Assessor to have severe SA issues, as well as evidence of another disability (i.e., MH and/or Domestic Violence [DV]), may qualify for aid under Supplementary Security Income/State Supplementary Payment. A referral will be made by the Clinical Assessor.
- (e) If the participant does not agree with the results of the CLA, he/she can request a third-party CLA, which will be binding; however, despite the outcome, accepting services is optional.
- (f) If a participant is currently receiving SA services with a County-contracted service provider (where there is evidence of another disability), he/she can bypass the CLA, as it would have already been completed by the County-contracted service provider.
- (g) If a participant is currently receiving SA services from a non-County-contracted service provider, he/she must be referred for a CLA. If the Clinical Assessor determines that the participant has a SA issue, the participant may continue to receive services from the non-County-contracted service provider. However, if the non-County-contracted provider fails to complete and

return the necessary paperwork, the case may be considered to be in non-compliance.

**.17 Dual Diagnosis Service Needs**

A participant declaring a DV service need, in addition to a SA service need, shall not be referred to CLA until the DV need is addressed. **In all instances, a DV need shall take priority over a SA need.**

Additionally, if both MH and SA services are needed, the services are to be provided concurrently. However, if detoxification is needed, this service is to be considered first, even if the participant has dual service needs.

**.2 Substance Abuse Services**

**.21 Available Substance Abuse Services**

.211 SA Services Include:

- (a) CLA;
- (b) Case Management;
- (c) Treatment and/or Rehabilitation Services;
- (d) Employment Counseling;
- (e) Provision of Community Service Jobs; and/or
- (f) Other appropriate services.

**.22 Request for Substance Abuse Services**

The SSS GSW/CCM/RCM must have the participant sign a GN 6135 each time the participant accepts a referral to SA Services.

**.23 Supportive Services**

Participants may receive supportive services, such as child care payments, transportation funds, and/or work-related expenses, for SA services. See [Specialized Supportive Services Activity Flowchart](#), Section 1273.4.

**.24 Refusing Substance Abuse Services**

If a participant is identified as having a SA issue and he/she initially refuses services, he/she can choose to be referred for services anytime thereafter.

**.25 Waiver of Substance Abuse Services**

The SSS GSW must have the participant sign a GN 6135, Request for Specialized Supportive Services - Part I or Waiver of Specialized Supportive Services - Part II, each time he/she advises a participant identified as needed SA services that he/she can receive services and that he/she has currently refused services.

**.26 Substance Abuse Services and the Welfare-to-Work Plan**

Based on the results of the referral to the treatment services provider, the SSS GSW will develop a WtW Plan with the participant to include SA services. See [Chapter 300 – Role of the GAIN Services Worker](#).

**.3 Participation Requirements**

**.31 Initial Ninety-Day (90) Good Cause Period**

For the initial ninety (90) days of treatment services (beginning on the Start Date of the treatment activity), participants will be allowed to participate in their SA activity for the number of hours determined by the treatment services provider, even if it is less than the 32/35-hour-per-week requirement. The initial 90-day period affords the treatment services providers sufficient time to assess the participant's ability to participate in WtW activities.

During this initial 90-day period, participants will be granted Good Cause from meeting the 32/35-hour requirement via the Maintain Good Cause Reason (MGCR) Screen with the Good Cause Reason "Participant's Physical/Mental Disability Impairs Participation."

**.32 Full-Time and Part-Time Participation**

At the end of the initial 90-day period, full-time (32/35 hours per week) participation in GAIN is mandatory for participants enrolled in SA services and the SA services hours are counted toward the work participation requirements. However, if it is determined by the treatment services provider, that a participant is unable to fulfill the 32/35-hour-per-week/full-time rule, he/she may be eligible for a

“Code 05 Exemption: Incapacity” due to his/her mental or physical incapacity.

Code 05 Exemptions apply to individuals who have a physical or mental impairment that is expected to last at least 30 calendar days and prevents them from engaging in employment or other WtW activities. See [Chapter 412.31 – Code 05: Incapacity](#). These participants may choose to participate part-time as Exempt Volunteers.

### **.33 Exemption Due to Incapacity**

After the initial 90-Day Good Cause period, the treatment services provider will document the participant’s ability to participate full-time in WtW activities/employment on the GN 6008, Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Service Provider Progress Report form.

When updating the SA Services component on the Participant Component Assignment Maintenance (MCAT) Screen, the SSS GSW will complete the “Able to participate 32/35 hours per week?” field with a “Y” if the participant is able to participate full-time and an “N” if the participant is only able to participate part-time (this field should not be updated for participants with an Unable to Maintain Employment (UME) – SA extender). GEARS will automatically send the CW 61, Authorization to Release Medical Information form to the SA provider for participants who have been determined to not be able to participate at least 32/35 hours per week. The treatment services provider shall request the participant’s permission to complete this form.

The CW 61 must be completed by a health care professional/treatment services provider who is licensed by the State of California to treat or diagnose physical/mental impairments. All County-contracted SA treatment services providers have staff eligible to complete the CW 61 form.

Completion of the CW 61A, Physical Capacities and CW 61B, Mental Capacities, are not required for the SSS GSW to make an exemption eligibility determination; however, it may assist the case manager in selecting an appropriate concurrent activity, if applicable. The CW 61A and CW 61B forms are not programmed to be auto-generated by GEARS. Use of these forms must be manual.

### **.34 Status Determination Appointment**

All SA participants will be required to attend a Status Determination Appointment at the end of the Initial 90-Day Good Cause period, which is to be scheduled via the GN 6010-3, GSW Appointment Letter to Discuss Assignment/Supportive Services. The purpose of the Status Determination Appointment is to identify the most appropriate participation level, determine the Exempt Volunteer status and possible concurrent participation status of part-time participants, and the next appropriate activity for full-time participants.

During the Status Determination Appointment and on every appropriate occasion, both the SSS GSW and SA treatment services providers shall discuss the benefits of becoming an Exempt Volunteer with participants who have been determined to only be able to participate part-time. See [Specialized Supportive Services Activity Flowchart](#), Section 1273.4.

As there are instances other than the Code 05 in which participants may be exempted, the GN 6368, Participant Exempt Volunteer Status Notification form, shall be completed and mailed to the provider **ANYTIME** a SA participant has been granted an exemption, regardless of the exemption origin, so that the provider will be aware of a participant's decision to volunteer.

### **.35 Up-Front Mandatory Vocational Assessment**

All participants who have been identified by the SA provider as being able to participate in a WtW activity full-time, after participating in services at least ninety (90) days, will be assigned to the Up-Front Mandatory Vocational Assessment during the Status Determination Appointment. Participants who have been determined by the treatment services provider as only able to participate part-time, but able to participate in concurrent activities shall also be assigned to a Vocational Assessment, however, as these participants are exempt, the Vocational Assessment is not mandatory. If a Vocational Assessment has been completed within the past two years and the employment goal/plan still applies, results from that Assessment may be used in lieu of the participant completing a Vocational Assessment. See [Chapter 800 – Vocational Assessment](#).

The SSS GSW must update the GN 6006, Service Provider Referral, for the Vocational Assessment activity. In the comment section, include the SSS component in which the participant is enrolled, the number of hours of participation per week in the SSS

component, the start and expected completion time of the mandatory Vocational Assessment, and the amount of time left on the participant's time clock. The SSS GSW must inform the participant that by signing the GN 6006, he/she is authorizing the release of the information contained on the GN 6006 to the vocational assessor. **A diagnosis is never discussed, as only the treatment services provider has that information.**

Due to the fact that participant information is now being shared by three parties (GAIN, the SA treatment services provider, and the vocational assessor) it is imperative that the participant consents to the release of information. SSS GSWs must obtain an Authorization for Request or Use/Disclosure of Protected Health Information (PHI) form from the SA service provider, which informs the participant that by signing the form, he/she is authorizing the treatment services provider to share non-diagnostic information with the vocational assessor.

The results of the assessment will be shared with the treatment services provider within five (5) workdays of receipt from the vocational assessor in order to facilitate communication regarding the most appropriate WtW plan.

### **.36 Participation in Treatment and Concurrent Activities**

Once the SA provider determines that a participant is **not** able to participate full-time, the GSW grants the participant an exemption (as appropriate), and the participant may participate on a part-time basis as an Exempt Volunteer. As such, Exempt Volunteer participants may participate solely in treatment services for any amount of hours per week as determined by the provider, or they may participate in any appropriate concurrent WtW activity, in addition to treatment services, even if the total number of hours per week is less than full-time for the duration of the exemption, as documented on the CW 61. A new WtW Plan must be signed for Exempt Volunteers with the volunteer status annotated.

As an Exempt Volunteer, the participant may choose to reduce his/her hours of participation per week. However, if the reduced number of hours per week is substantially lower than the treatment services provider's recommendation, the integrity of the treatment plan may be compromised. As such, the treatment services provider may make enrollment in treatment services contingent upon the participant's adherence to the treatment plan, which indicates the number of hours per week a participant is able to participate in treatment.

**.37 Maintain Specialized Supportive Services Tracking Resource Screen (MSTR)**

The purpose of the MSTR screen is to track the case status of participants enrolled in MH/SA treatment services and populates a report to provide this data to program staff. The first section of the MSTR screen, Specialized Supportive Services Screening Results, shall be utilized by all GSWs upon the completion of Appraisal or anytime the GN 6140A is administered.

The second section, CLA Results must be completed by the SSS GSW each time a participant is assigned to CLA. The SSS GSW will receive an alert: "Complete the Specialized Supportive Service Screening Results and the Clinical Assessment Results sections of the MSTR screen," seven calendar days after the CLA (001) component Start Date.

The third section, Specialized Supportive Services Status, must be completed by the SSS GSW immediately following the Status Determination Appointment and anytime the following case information has changed:

- The number of hours per week a participant is able to participate;
- A new exemption has been granted;
- An exemption has ended;
- Participant's decision to be an Exempt Volunteer;
- Participant's ability to participate concurrently; and
- The date a subsequent GN 6368 was mailed to a provider.

The SSS GSW will receive an alert: "Complete the SD Results section of the MSTR screen," 120 days after the Services 4 component Start Date.

**.4 Progress Reporting**

**.41 Satisfactory Participation**

Satisfactory participation in the WtW Plan, which includes SA services, is required unless Good Cause is established.

**.42 GN 6006A, Clinical Assessment Provider Referral**

The GN 6006A includes the Clinical Assessor's information and the participant's consent for release of information. This form is used by the SSS GSW when referring a participant to CLA for MH and/or SA.

**.43 GN 6006B, Service Provider Referral**

The GN 6006B includes the treatment services provider's information and additional information required when opening an SSS activity and/or component. This form is used by the SSS GSW when referring the participant directly to a SA service provider or by the Clinical Assessor when referring the participant to MH and/or SA services after the CLA. This form is also used when referring participants to DV services.

**.44 GN 6007A, Notification of Change from Specialized Supportive Services Provider**

The GN 6007A is used by the treatment services provider to notify the SSS GSW anytime the participant's ability to participate in a WtW activity/employment, ability to participate concurrently or supportive services needs have changed.

**.45 GN 6007B, CalWORKs Supportive Services Enrollment Termination Notice**

The GN 6007B is used by the treatment services provider to notify the SSS GSW whenever a participant is no longer receiving services at their agency.

**.46 GN 6008, Mental Health/Substance Abuse/Domestic Violence/Family Preservation Program Service Provider Progress Report**

The GN 6008 is used by the treatment services provider to notify the SSS GSW of the participant's progress in SA services and includes information required when updating the participant's progress on GEARS, such as the recommendation of a concurrent activity, completion, termination, and/or any other significant changes. This form is automatically generated by GEARS every ninety (90) days and mailed to the County-contracted service providers. For non-County-contracted service providers, the form is completed manually by the SSS GSW and mailed every ninety (90) days.

**.47 Significant Changes**

Both the SSS GSW and the treatment services provider share an equal responsibility to report significant changes that could impact an individual's participation in services. Even if the changes do not result in a non-compliance determination, significant changes need to be communicated by the SSS GSW or the treatment services provider in writing, or by phone, within five (5) workdays of the event.

**.5 Non-Compliance**

**.51 Failure or Refusal to Comply with Substance Abuse Services or with the Welfare-to-Work Plan**

Participants identified as having a SA issue are required to participate in a service program if it is a part of their WtW Plan. Failure to do so, without Good Cause, may result in a non-compliance determination by the SSS GSW, in consultation with the treatment services provider. See [Chapter 1312.2 - Compliance Process](#).

**.52 Good Cause Determination**

When a participant's WtW Plan includes both SA services and other WtW activities and the participant is in non-compliance with the concurrent WtW activities **only**, the SSS GSW, in consultation with the SA service provider, must consider whether the SA issue caused, or substantially contributed to the participant's failure to comply with program requirements. If so, a Good Cause determination can be made.

**.521 Good Cause Determination Includes:**

- (a) Lack of appropriate services;
- (b) Danger to oneself or others;
- (c) Lack of child care; and/or
- (d) Incarceration.

**.53 Sanctions**

Prior to imposing a sanction, the last known treatment services provider is to be contacted and consulted. The SSS GSW is to obtain any new or additional information necessary to determine if a

sanction should be imposed. See [Chapter 1312.2 - Compliance Process](#).

## **.6 Follow-Up and Completion**

### **.61 Post-Employment Activities**

SA services are included in the array of services available under Post-Employment Services which are limited to one (1) year. A participant, who is in a Post-Employment activity, may access SA services and receive work-related expenses, as appropriate. See [Chapter 1000 – Post-Employment Services](#).

### **.62 Post-Time Limit Services Activities**

SA services are included in the array of services available under Post-Time Limit Services. A participant, who is in a Post-Time Limit activity after the 48-month time limit, may access SA services and receive work-related expenses, as appropriate. See [Chapter 1400 - Changes in CalWORKs Eligibility Status Affecting GAIN](#).

### **.63 Time-Limit Extender**

Participants may be granted an extension to the 48-month time limit clock using the UME–SA extender if the SA service provider indicates on the GN 6006B/GN 6008 that the participant continues to need treatment. Participants will continue to receive SA services and receive an extension to the 48-month time limit clock as long as SA services are needed, as indicated in the most recent GN 6008.

The extender end date shall be the same date indicated by the SA provider on the most recent GN 6006B/GN 6008 forms. The extender must be re-evaluated prior to the SA component end date or once every twelve months, which ever is first. See [Chapter 412.8 – Time Limit Extenders](#).

#### **.631 Post 48-Month Time Limit:**

A participant who has exhausted the 48-month time limit prior to requesting SA services may receive an extender if he/she enrolls in treatment services as a result of the CLA.

.632 Reverse Referral:

A participant who is enrolled in treatment services as a result of a Reverse Referral shall be granted an extender once the PA 1923 is received from the provider.

.633 Time Limit Reviewer:

The Time Limit Reviewer shall administer the GN 6140A upon self-declaration of a participant for a SA service need during the review. If the participant screens positive, or screens negative and requests services, the Time Limit Reviewer shall transfer the case to a SSS GSW for a CLA referral. The CLA shall be assigned as a PTL activity utilizing the Services 1 component. See [Chapter 2100 – Post Time Limit Services](#).

A participant receiving SA services, who is only able to participate part-time (less than 32/35 hours per week) in WtW activities, as determined by the SA provider prior to reaching their 48-month time limit, should NOT time-off.

.634 Two-Parent Households:

In order for a participant to qualify for an extender, all aided adults in the home must also qualify for an extender. See [Chapter 400.81 – Extender Criteria](#). Participants may receive an extender to the 48-month time limit if the other adult is not in the assistance unit and has not received aid for 48-months. If a participant in a two-parent household requests an UME–SA extender and the second adult in the household does not qualify for an extender, the former participant may receive SA services under PTL services for up to 12 months from their time-off date. See [Chapter 2100 – Post Time Limit Services](#).

.635 Supportive Services:

Participants who are within 12 months after reaching their 48-month time limit may be issued transportation for the CLA appointment utilizing PTL services. Participants who have been timed-off more than 12 months are NOT eligible to receive transportation for the CLA appointment. Once verification is received by the SSS GSW from the treatment services provider indicating that the participant is being referred to and is subsequently enrolled in SA services (as

documented on the GN 6006A/GN 6006B), the participant will qualify for an extender and supportive services.

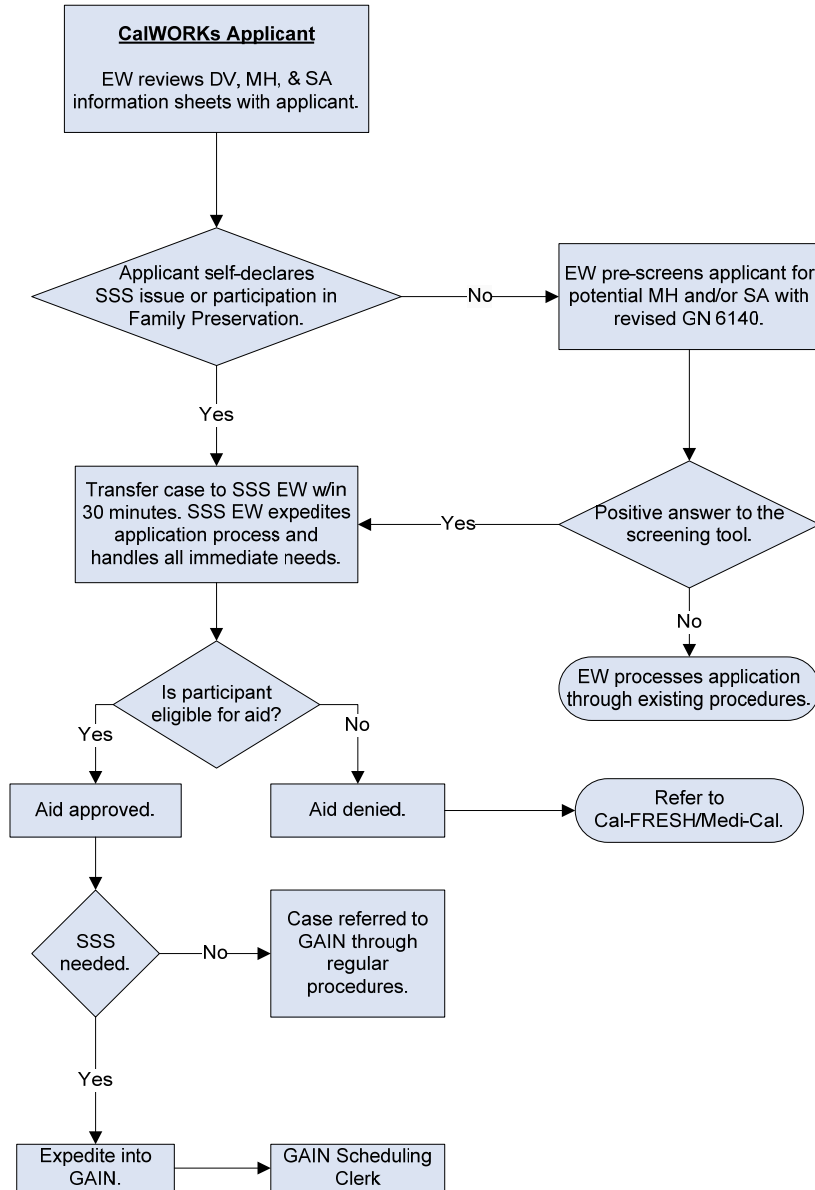
.636 Compliance:

Participants granted an UME–SA extender are mandatory GAIN participants and are required to participate in WtW activities for the amount of hours designated by the SA provider. If a participant stops attending his/her treatment services without Good Cause, as documented on the GN 6007B/GN 6008 forms, he/she will no longer receive the extender. Once a participant completes his/her SA treatment as documented on the GN 6007B/GN 6008 forms, the time limit extender will end. If a participant stops attending or completes his/her SA treatment prior to the extender end date, the SSS GSW shall inform the GAIN Coordinator via the GN 60016, Notice of Change, of the date the participant no longer qualifies for an extender so that the participant is no longer aided. See [Chapter 412.8 – Time Limit Extenders](#).

# CHAPTER 1200 – SUPPORTIVE SERVICES

## 1273 DECISION CHARTS

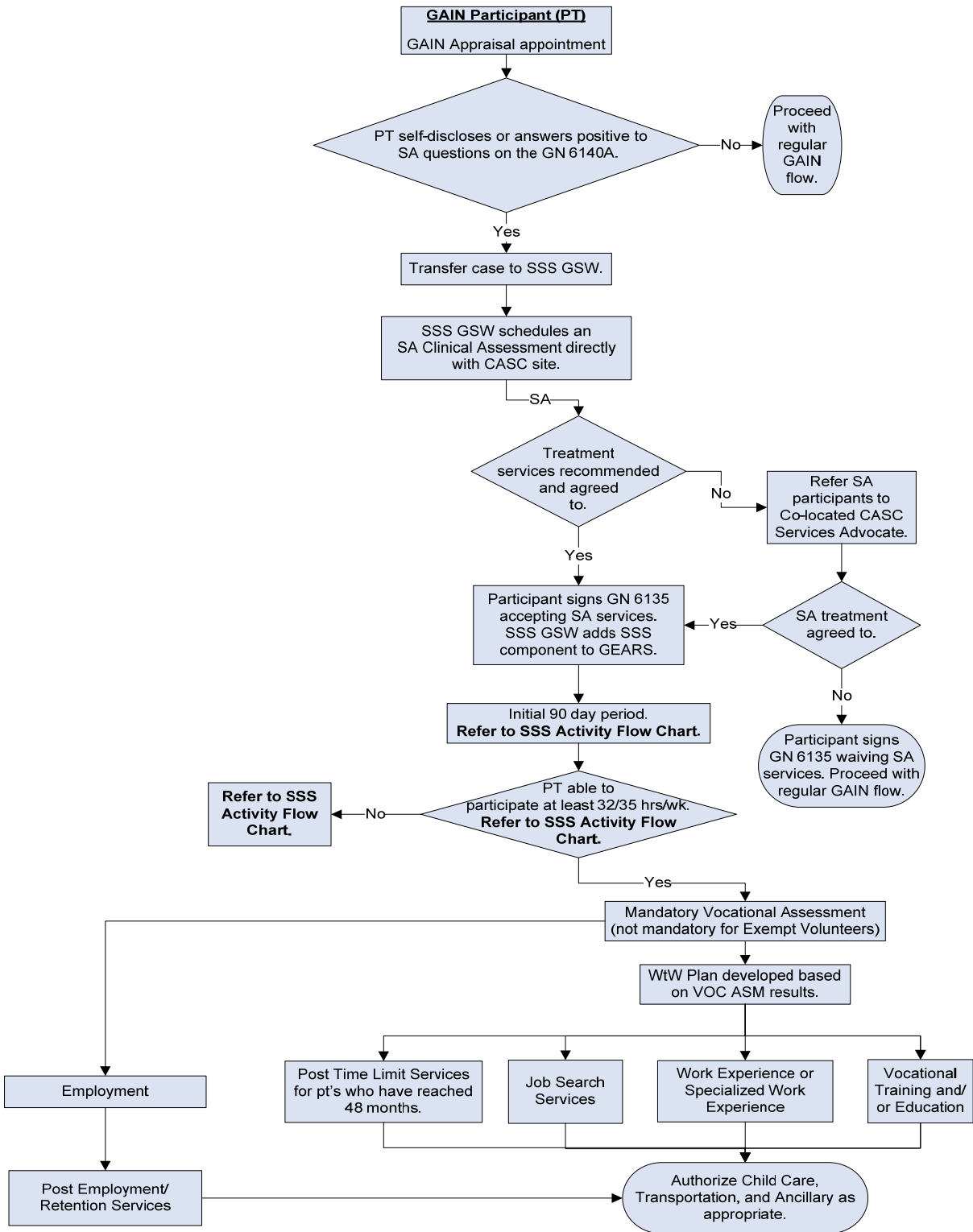
### .1 Eligibility Specialized Supportive Services Flowchart



## CHAPTER 1200 – SUPPORTIVE SERVICES

### 1273 DECISION CHARTS

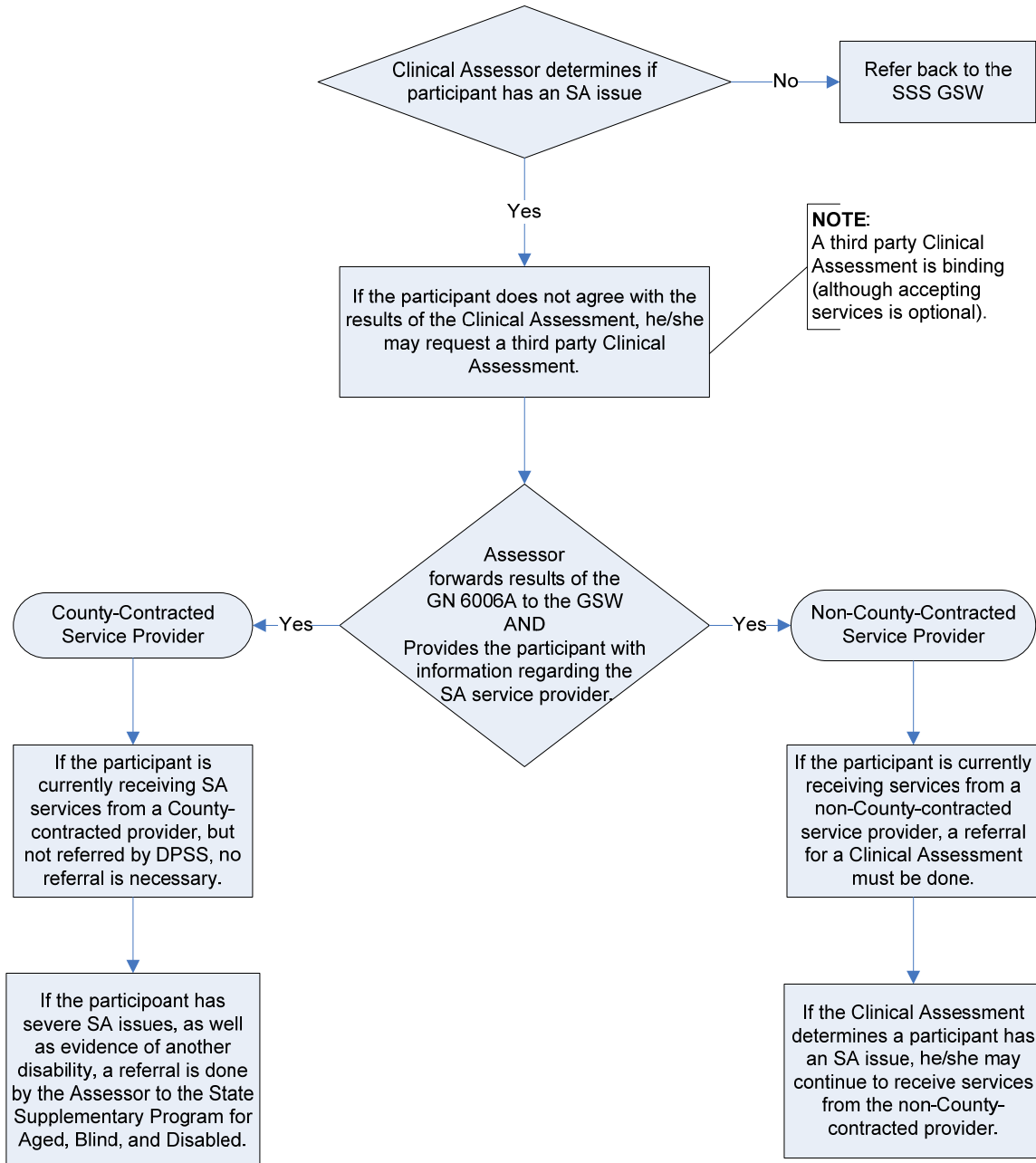
#### .2 Substance Abuse Services Flowchart



## CHAPTER 1200 – SUPPORTIVE SERVICES

### 1273 DECISION CHARTS

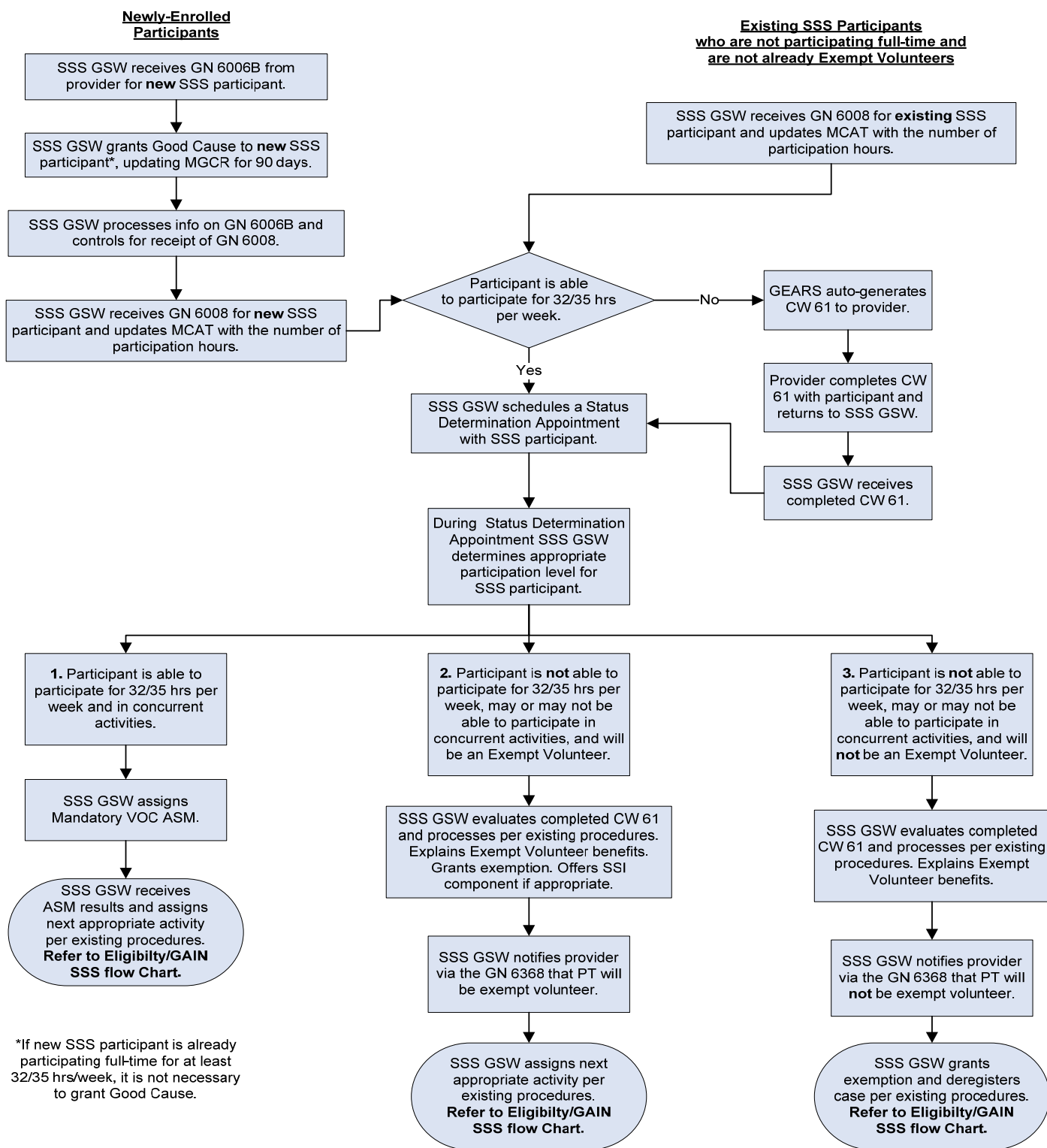
#### .3 Substance Abuse Clinical Assessment Process



## CHAPTER 1200- SUPPORTIVE SERVICES

### 1273 DECISION CHARTS

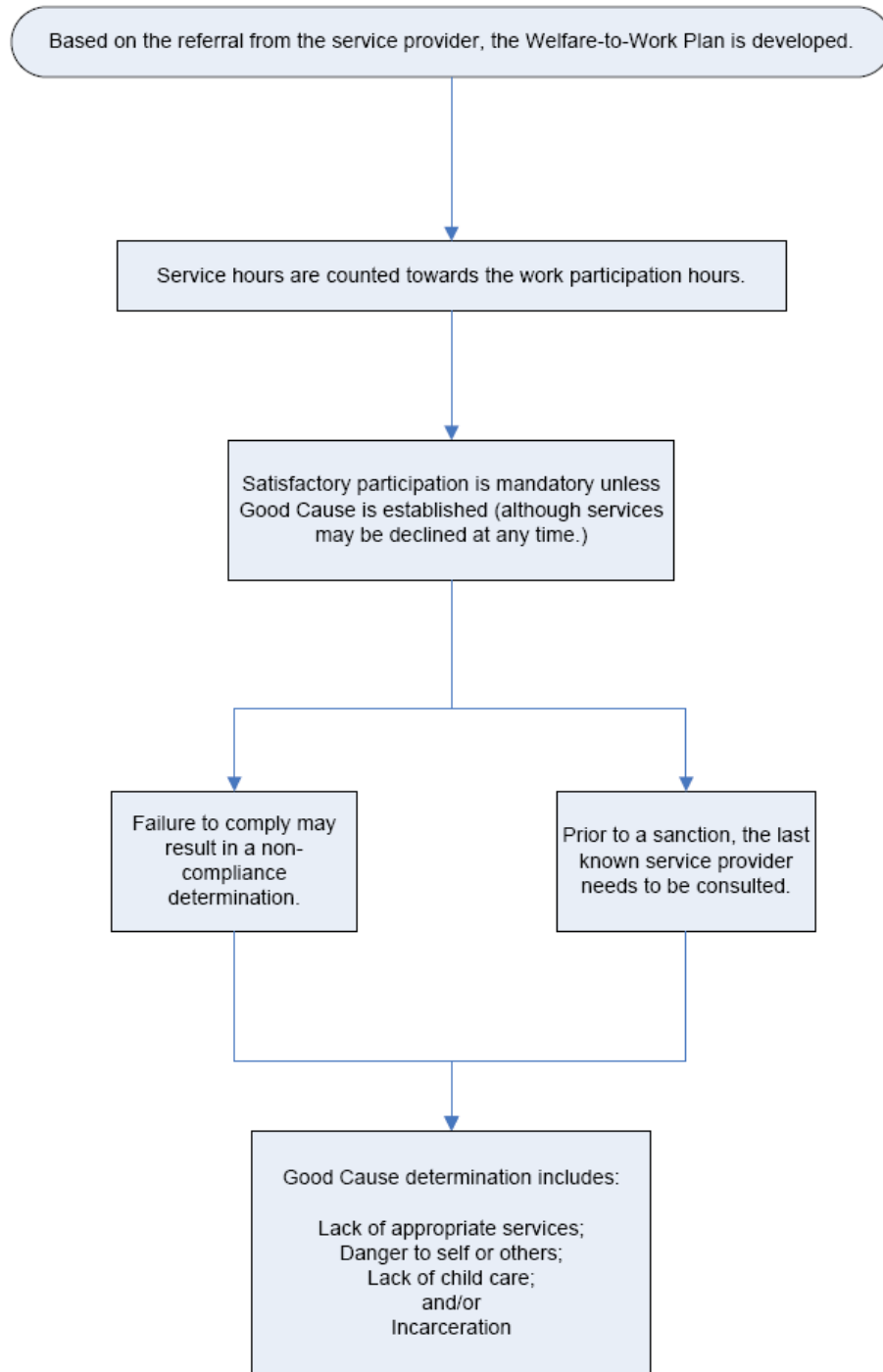
#### .4 Specialized Supportive Services Activity Flowchart



## CHAPTER 1200 – SUPPORTIVE SERVICES

### 1273 DECISION CHARTS

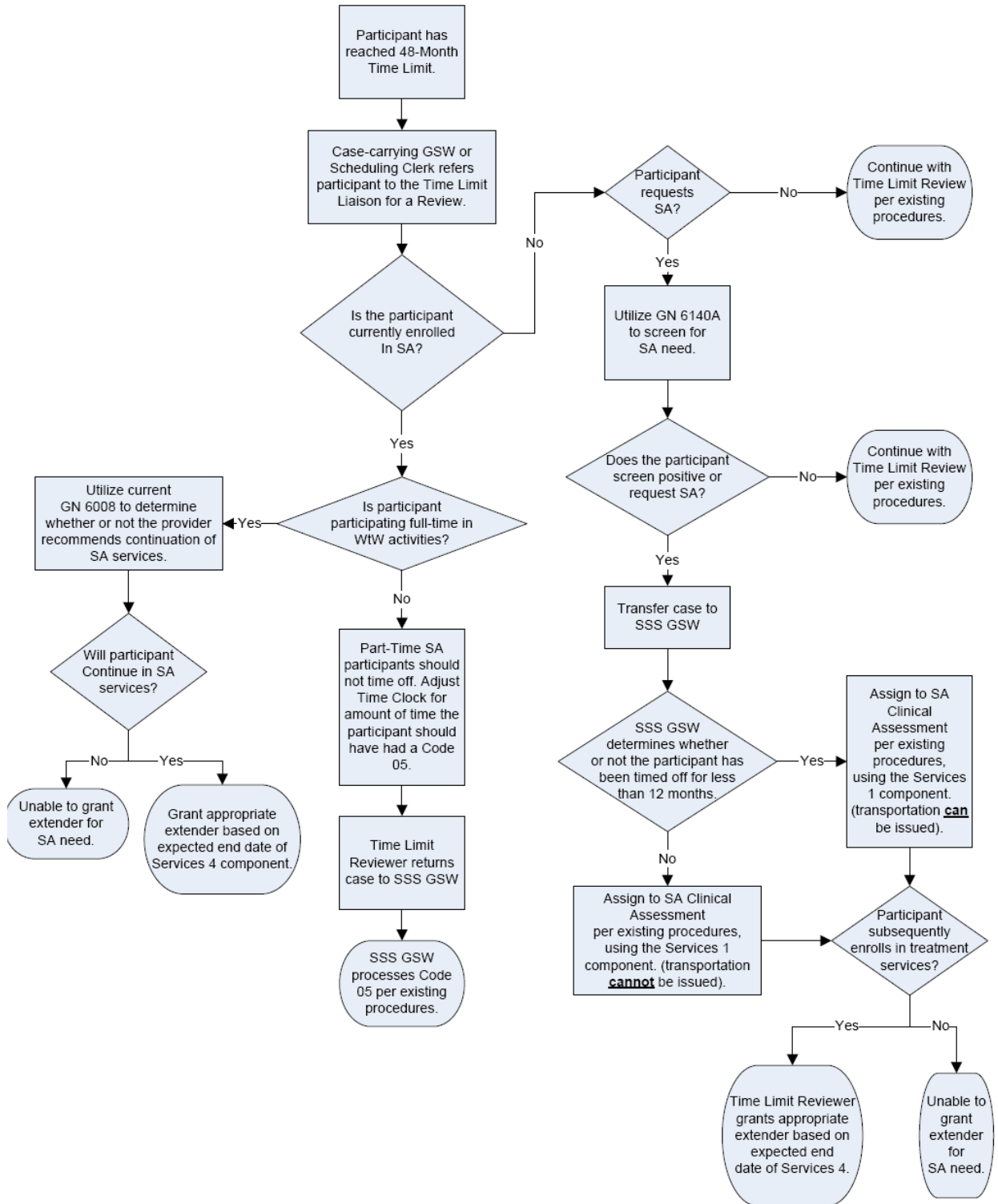
#### .5 Welfare-to-Work Plan



## CHAPTER 1200 – SUPPORTIVE SERVICES

### 1273 DECISION CHARTS

#### .6 48-Month Time Limit and Substance Abuse Services



## 1274 EXHIBITS

### .1 Community Assessment Service Centers (CASC) Contact List

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL  
COMMUNITY ASSESSMENT SERVICES CENTERS (CASC)**

ASSESSMENT LOCATIONS	(SITE#)	SERVICE PLANNING AREA (SPA)	CASC DIRECTOR	CONTACT
Tarzana Treatment Center 44447 North 10 <sup>th</sup> Street West Lancaster, CA 93534	(LA) (1)	1	Alesia Ping-Difiore Phone# (661) 726-2630 Fax (661) 952-1172 <a href="mailto:apingdifiore@tarzanatc.org">apingdifiore@tarzanatc.org</a>	- Navid Daei x4113  <a href="mailto:ndaee@tarzanatc.org">ndaee@tarzanatc.org</a>
San Fernando Valley CMHC 2151 E. Palmdale Blvd. Palmdale, CA 93550	(1A)		Serina Rosenkjar, Ph.D. Phone# (661) 266-4517 Fax (661) 266-9176 <a href="mailto:srosenkjar@sfvcmhc.org">srosenkjar@sfvcmhc.org</a>	- Ben Medina  <a href="mailto:bmedina@sfvcmhc.org">bmedina@sfvcmhc.org</a>
San Fernando Valley CMHC 5935 Van Nuys Blvd. Van Nuys, CA 91401	(LA) (2)	2	Serina Rosenkjar, Ph.D. Phone# (818) 285-1900 x 104 Fax (818) 285-1906 <a href="mailto:srosenkjar@sfvcmhc.org">srosenkjar@sfvcmhc.org</a>	- Ben Medina  <a href="mailto:bmedina@sfvcmhc.org">bmedina@sfvcmhc.org</a>
Tarzana Treatment Center 18646 Oxnard Street Tarzana, CA 91356	(2A)		Lupe Morales x 3837 Phone# (818) 996-1051 CASC – (818) 654-3853 Fax (818) 996-1753 <a href="mailto:lmorales@tarzanatc.org">lmorales@tarzanatc.org</a>	- Lucia Leon x 2062  <a href="mailto:lleon@tarzanatc.org">lleon@tarzanatc.org</a>
Prototypes - San Gabriel Valley 11100 E. Valley Blvd. Suite 116 El Monte, CA 91731	(LA) (3)	3	Sharmelle Parker Phone# (626) 444-0705 Fax (626) 444-0710 <a href="mailto:sparker@prototypes.org">sparker@prototypes.org</a>	- Alicia Trivison - Madrigal <a href="mailto:atrivison-madrigal@prototypes.org">atrivison-madrigal@prototypes.org</a>
Prototypes – Pomona 831 E. Arrow Hwy., Pomona, CA 91767	(3A)		Sharmelle Parker Phone# (909) 398-4383 Fax (909) 398-0125 <a href="mailto:sparker@prototypes.org">sparker@prototypes.org</a>	- Stephanie Armbruster  <a href="mailto:sarmbruster@prototypes.org">sarmbruster@prototypes.org</a>
Prototypes – Pasadena 2555 Colorado Blvd., Suite 308 Pasadena, CA 91107	(3B)		Sharmelle Parker Phone# (626) 449-2433 Fax (626) 449-2665 <a href="mailto:sparker@prototypes.org">sparker@prototypes.org</a>	- Stephanie Armbruster  <a href="mailto:sarmbruster@prototypes.org">sarmbruster@prototypes.org</a>
Homeless Health Care 2330 Beverly Blvd. Los Angeles, CA 90057	(LA) (4)	4	Delia Mojarro x 137 Phone# (213) 342-3114 Fax (213) 342-3124 <a href="mailto:dmojarro@hhcla.org">dmojarro@hhcla.org</a>	- Hector Martinez X135  <a href="mailto:hmartinez@hhcla.org">hmartinez@hhcla.org</a>
BHS Hollywood 6838 W. Sunset Blvd. Hollywood, CA 90028	(4A)		Celia Aragon Phone# (323) 461-3161 Fax (323) 461-5683 <a href="mailto:caragon@bhs-inc.org">caragon@bhs-inc.org</a>	- Jovita Hernandez
BHS East L.A. 3421 E. Olympic Blvd. Los Angeles, CA 90023	(4B)		Celia Aragon Phone# (323) 262-1786 Fax (323) 262-2659 <a href="mailto:caragon@bhs-inc.org">caragon@bhs-inc.org</a>	- John Romero
Didi Hirsch CMHC 11133 Washington Blvd. Culver City, CA 90230	(LA) (5)	5	RuthAnn Markusen Phone# (310) 895-2339 Fax (310) 895-2395 <a href="mailto:rmarkusen@didihirsch.org">rmarkusen@didihirsch.org</a>	- Lucille Scott  <a href="mailto:lscott@didihirsch.org">lscott@didihirsch.org</a>
ICS – LA 5715 S. Broadway Ave. Los Angeles, CA 90037	(LA) (6)	6	Lynette Parker Phone# (323) 948-0444 x116 Fax (323) 948-0443 <a href="mailto:lparker@hopics.org">lparker@hopics.org</a>	- Jaysanna Collins  <a href="mailto:jeollins@hopics.org">jeollins@hopics.org</a>
Shields for Families 11601 S. Western Avenue, Los Angeles, CA 90047	(6A)		Charlotte Mims Phone# (323) 242-5000 x 1253 Fax (323) 242-5011 <a href="mailto:cmims@shieldsforfamilies.org">cmims@shieldsforfamilies.org</a>	- Sara Tienda (323) 242-5000 x 1276 <a href="mailto:stienda@shieldsforfamilies.org">stienda@shieldsforfamilies.org</a>

**1274 EXHIBITS****.1 Community Assessment Service Centers (CASC) Contact List**

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
 SUBSTANCE ABUSE PREVENTION AND CONTROL  
 COMMUNITY ASSESSMENT SERVICES CENTERS (CASC)**

ASSESSMENT LOCATIONS	(SITE#)	SERVICE PLANNING AREA (SPA)	CASC DIRECTOR	CONTACT
Cal Hispanic 9033 Washington Blvd. Pico Rivera, CA 90660	(LA) (7)	7	Larry Fernandez Phone# (562) 942-9625 x11 Fax (562) 942-9695 <a href="mailto:lfernandez@chcada.org">lfernandez@chcada.org</a>	- Natasha Medina  <a href="mailto:nmedina@chcada.org">nmedina@chcada.org</a>
Cal Hispanic 5801 E. Beverly Blvd Los Angeles, CA 90022	(7A)		Larry Fernandez Phone# (323) 722-4529 Fax (323) 722-4450	- Natasha Medina  <a href="mailto:nmedina@chcada.org">nmedina@chcada.org</a>
BHS – Gardena 15519 Crenshaw Blvd. Gardena, CA 90249	(LA) (8)	8	Lisa Sandoval Phone# (310) 973-2272 x 289 Fax (310) 973-7813 <a href="mailto:lsandoval@bhs-inc.org">lsandoval@bhs-inc.org</a>	- Celia Aragon x 288  <a href="mailto:caragon@bhs-inc.org">caragon@bhs-inc.org</a>
BHS – Inglewood 404 Edgewood Street Inglewood, CA 90302	(8A)		Lisa Sandoval Phone# (310) 973-2272 x 289 Fax (310) 973-7813 <a href="mailto:lsandoval@bhs-inc.org">lsandoval@bhs-inc.org</a>	- Celia Aragon x 288  <a href="mailto:caragon@bhs-inc.org">caragon@bhs-inc.org</a>
BHS – Wilmington 1316 N. Avalon Blvd, Suite A Wilmington, CA 90744	(8B)		Lisa Sandoval Phone# (310) 973-2272 x 289 Fax (310) 973-7813 <a href="mailto:lsandoval@bhs-inc.org">lsandoval@bhs-inc.org</a>	- Celia Aragon x 288  <a href="mailto:caragon@bhs-inc.org">caragon@bhs-inc.org</a>
BHS – Long Beach 1775 N. Chestnut Ave. Long Beach, CA 90813	(8C)		Lisa Sandoval Phone# (310) 973-2272 x 289 Fax (310) 973-7813 <a href="mailto:lsandoval@bhs-inc.org">lsandoval@bhs-inc.org</a>	- Celia Aragon x 288  <a href="mailto:caragon@bhs-inc.org">caragon@bhs-inc.org</a>
DPH/DPSS Liaison		SAPC- Community Program Services	Steven Reyes Phone# (626) 299-4138 Fax (626) 458-6823 <a href="mailto:streves@ph.lacounty.gov">streves@ph.lacounty.gov</a>	

Armenian Speaking clients from Glendale and Echo Park are referred to the Tarzana Treatment Center in Tarzana

- (LA) is the lead agency in each SPA.

**COUNTY OF LOS ANGELES  
 DEPARTMENT OF PUBLIC HEALTH**

**SUBSTANCE ABUSE PREVENTION AND CONTROL  
TOLL – FREE HELP LINE**

**1-800 564-6600**

**MEETING SCHEDULES AND OTHER ALCOHOL AND DRUG PROGRAMS  
 INFORMATION IS ACCESSIBLE AT THE FOLLOWING WEBSITE**

<http://publichealth.lacounty.gov>