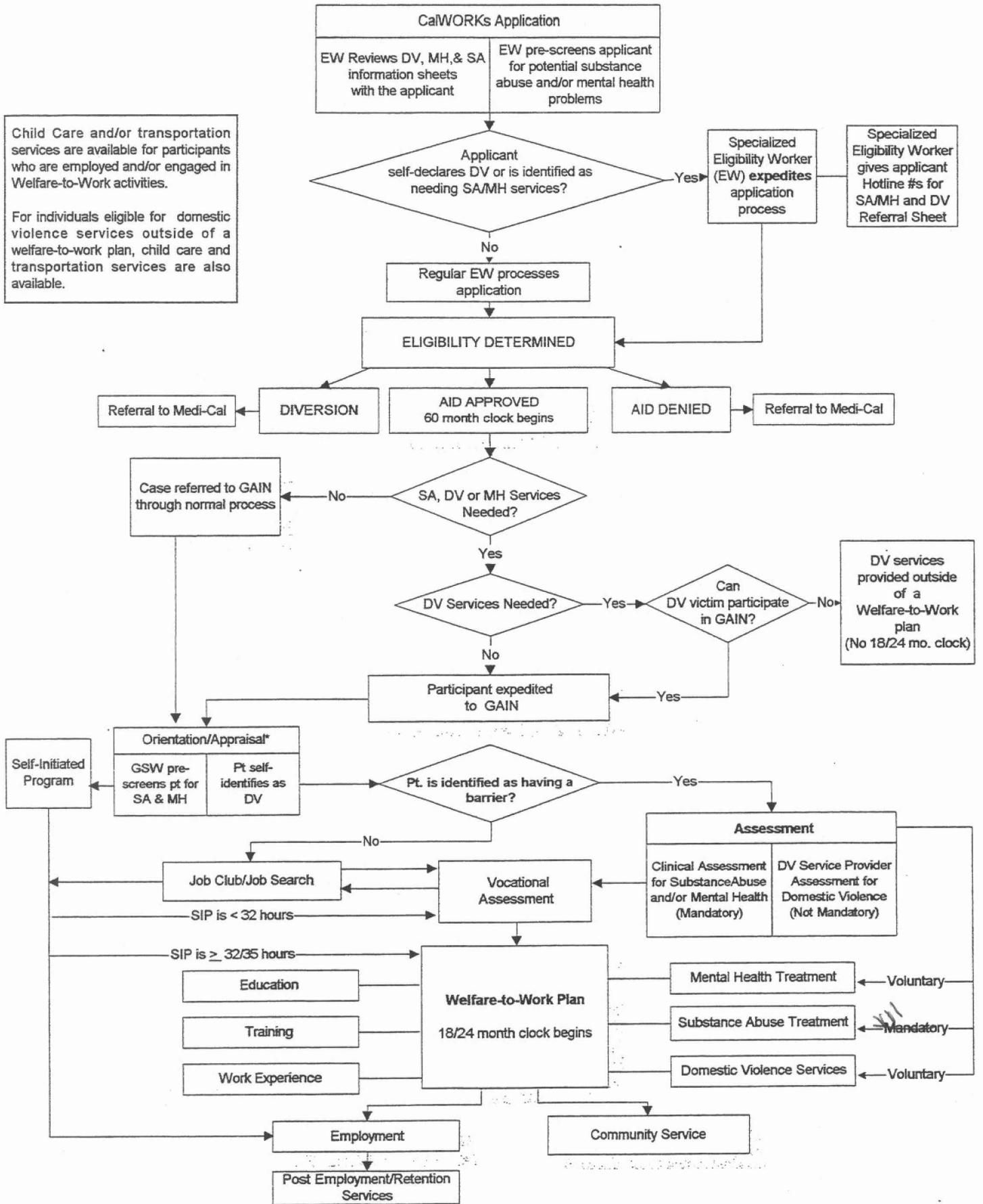


CalWORKs SUPPORTIVE SERVICES FLOW

Child Care and/or transportation services are available for participants who are employed and/or engaged in Welfare-to-Work activities.

For individuals eligible for domestic violence services outside of a welfare-to-work plan, child care and transportation services are also available.



* Not mandatory for SIPs and persons needing SA, MH and/or DV services, if Orientation interferes with SIP or SA, MH or DV services

Behavioral Health Services Inc.
Community Assessment Service Center

CASC

In Collaboration with The Department of Public Social Services,
Cal WORKs(California Work Opportunity Responsibility to Kids), LACOE(Los Angeles
County Office of Education, and GAIN(Greater Avenues of Independence).

CASC Service Advocate, This designated position is co-located at DPSS, GAIN office. The GAIN participants are able to disclose and engage in Supportive Services including Mental Health and Substance Abuse treatment, hence preventing any communication, documentation barriers between GWs, (Gain Workers)participants, and treatment providers. Outcome reports have indicated positive with all participating agencies and participants having an immediate appointment for needed services (reports enclosed).

Orientation, Orientation of Supportive Services is presented to Cal WORKs participants upon application and yearly renewal of services at District offices in The Department of Public Social Services. CASC is primarily responsible for coordinating the schedule and ongoing training. Orientation is also presented in Job Club services in the LACOE facility. At most locations on-site assessments are permissible which drastically help participants follow through with compliance.

Gain Sanction Home Visits, In collaboration with the GAIN Sanction Home Visit Team, a CASC Peer Advocate/Counselor will accompany a GSW(Gain Sanction Worker) to a home visit where a participant has had a history of receiving supportive services in the past. The CASC Peer Advocate/ Counselor will again re-inform the participant of available supportive services and assist in re-engaging the participant into mental health and or substance abuse services.

PROTOTYPES

CASC – SPA 3

Job Description

Position Title: Peer Community Specialist *Home visit*

Classification: Full Time, Non Exempt

Under the Supervision of the CASC Director and/or designee

Position Summary: Staff shall inform the clients of available SSS and how the clients can access services such as MH, SA, DV and/or other services offered by the CASC and other community agencies. Also staff shall provide any additional outreach services related to the clients' SSS needs.

Duties and Responsibilities:

- Provide one-on-one peer counseling and SSS (MH, SA, DV, HIV) education.
- Conduct outreach services by conducting in home initial screening intakes with Department of Public Social Services (DPSS) representative
- Coordinate with Mental Health Specialist scheduling of clients for assessment appointments and conduct follow up to ensure clients' showed to assessment
- Create and maintain a monthly report and provide to CASC Director and other designee
- Administer the automated assessment for persons presenting with problems of alcohol and drug abuse as needed
- Conduct outreach and orientation services through DPSS (GAIN and Job Club presentations) as needed
- Link clients to ancillary services through the use of contracted agency lists and/or resource directory
- Answering the telephone hotline requests
- Assist in training the DPSS staff including coordinating all documents related to these trainings
- Liaison with SPA 3 and other mental health, substance abuse, and domestic violence providers, and DPSS staff (General Relief and Calworks)
- Attend designated meetings and trainings as required

Qualifications:

High school diploma or GED. Experience working with welfare recipients and/or substance abuse population. Must have a certificate in Alcohol and Drug Abuse Counseling with a minimum of job-related experience of two (2) years or show verification of registration. Bilingual Spanish/English preferred. **Class C license and insurance required along with transportation to fulfill job requirements.**

PROTOTYPES

CASC – SPA 3

Job Description

Position Title: **CalWorks CASC Advocate**

Classification: Full Time, Non Exempt

Under the Supervision of the CASC Director and/or designee

Location: Co-Location at designated DPSS office during assigned hours, other hours will be at designated CASC site per CASC Director (County closed for operations due to holiday and/or other designated reason by the County)

Position Summary: Staff shall provide on site CASC Advocacy services (walk-ins and appointments) at designated DPSS office to assist CalWorks participants with referrals and access to mental health, substance abuse, and/or domestic violence treatment services. Staff will serve as a liaison and link participants to available resources in the community which will best serve the participants' ancillary needs. Staff shall provide orientation to CalWorks participants regarding mental health, substance abuse and domestic violence services in order to promote engagement and motivate participants to attend mental health, substance abuse and domestic violence services. Service activities may include, but are not limited to, information sharing regarding available specialized supportive services, orientation to these services, advocacy on behalf of the participant, direct linkage to services, coordination of appointments and follow-up to ensure participant's access to needed services.

Duties and Responsibilities:

- Coordinating and securing MH and SA appointments (through appropriate CASC site) and following DPSS referral procedures for a participant who may qualify for DV treatment services,
- Providing one-on-one peer advocacy services by providing SSS (MH, SA, DV, HIV) education that dispels myths, fears, and misconceptions regarding MH/SA/DV treatment,
- Assisting with communication gaps and providing overall coordination between DPSS GSW, mental health and substance abuse treatment providers, and other ancillary service providers,
- Coordinate with CASC to schedule substance abuse assessment appointments for clients and conduct follow up to ensure clients' showed to assessment at the CASC,
- Interacting and communicating actively with DPSS and/or GAIN staff regarding participants, and completing and submitting required documentation for monitoring progress,
- Educating participants about the purpose and types of services, how to make use of services and benefits/value of same along with educating participants about the goal of CalWorks specialized supportive services; removing barriers to employment,
- Link participants to ancillary services through the use of contracted agency lists and/or resource directory,
- Educating participants about the relationship between CalWorks and mental health, substance abuse and/or domestic violence treatment services, reinforcing the importance of keeping appointments as well as discussing potential consequences of not attending scheduled appointment for CASC assessment and/or treatment services,
- Monitoring the progress of participants and keeping them engaged in treatment services and/or providing monitoring of ancillary services if deemed necessary,
- Assisting participants in preparing for the appointment(s), such as advising participants about necessary paperwork they will need to take to the assigned appointments (e.g. Medi-cal card, ID, SS card, bottles and/or list of current and/or past medications for MH or medical conditions),

- Conduct outreach and orientation services through GAIN as scheduled by Calworks CASC Coordinator (DPSS and Job Club presentations as assigned also)
- Assist in training the DPSS staff including coordinating and processing all documents related to these trainings
- Answering telephone hotline requests
- Maintain individual charts for each participant along with accurately documenting all contact done with both the participant and outside entities (i.e. GAIN, treatment providers) in regards to any and all advocacy services provided to this CalWorks participant,
- Maintain a daily log on computer program (Excel) that indicates client contact and outcomes and follow all necessary procedures in providing this information to appropriate parties as designated by the CASC Director,
- Provide a monthly log on computer format (Excel) to the CalWorks CASC Coordinator by the 2nd business day of the following month that indicates all required information as designated by both funding entities,
- Conduct follow-ups on participants along with also documenting accurately,
- Attend designated meetings and trainings as required
- Additional job duties and responsibilities may be assigned as deemed necessary by CASC Director
- All other duties assigned

Qualifications:

Bachelor Degree in social sciences or related field preferred or a high school diploma or GED with at least three (3) years of experience in working with this population (welfare recipients and/or substance abuse/mental health/domestic violence population) and/or have a certificate in Alcohol and Drug Abuse Counseling or registered to obtain licensure and one (1) year of experience. Bi-lingual Spanish/English preferred. **Class C license and insurance required along with transportation to fulfill job requirements.**

J. Talking Points – DPSS CalWORKS Orientations

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION

PROGRAM DEVELOPMENT AND TECHNICAL ASSISTANCE

May 17, 1999

Revised 12/07/04

TO: CalWORKs Treatment Agencies

FROM: Dick Browne

SUBJECT: TALKING POINTS - ORIENTATION FOR CALWORKS APPLICANTS

This is to provide you with standardized talking points for providers who will provide orientation on substance abuse services to perspective CalWORKs recipients at the time of application. These talking points were developed in consultation with provider substance abuse steering committee members.

Each orientation should include the following elements:

- Discussion on how substance abuse impacts one's ability to obtain and retain employment.
- Discussion on the need to seek treatment if you, or someone you know, has a problem.
- Information that treatment services are available free to all CalWORKs participants and family members.
- Discussion of what treatment is and how treatment works, and the types of programs/modalities available.
- Discussion of the fact that self-declaration of the need for (or desire to enter) an alcohol or drug program will not necessarily mean an automatic referral to CPS and the loss of one's children.

DPSS Orientation for ADFC/TANF Applicants

Presentation by CalWORKs Providers

Based on Dick Browne's Memo on Talking Points
For Orientation to CalWORKs Applicants

- I. Discussion on how Substance Abuse, Domestic Violence and Mental Health impacts one's ability to obtain and retain employment.

When a person is involved with substance abuse or alcohol misuse or is in a state of active addiction it becomes apparent to those around us. It becomes difficult to make a positive impression of oneself and affects how one performs on the job and job tasks become more difficult to perform and one makes more mistakes.

We become less motivated behind drug and alcohol misuse and often have an aura of lethargy connected to us. We become unreliable often showing up late for work or not at all. The ability to take direction is affected and we become confused. We may even have personality conflicts that are connected to our substance misuse.

- II. Discussion on the need to seek treatment if you, or someone you know has a problem.

Seeking treatment may be one of the most important things you or your spouse will do to become productive and important members of mainstream society. Treatment has proven to be successful in removing substance misuse, which is one of the greatest barriers to employment along with mental health issues and domestic violence.

- III. Information that treatment services are available free to all CalWORKs participants and their family members.

All CalWORKs participants are eligible for free treatment services for substance misuse, domestic

DPSS Orientation for ADFC/TANF Applicants Presentation by CalWORKs Providers

If you are in treatment or self-declare that you have a substance misuse problem the facility that you are referred to can advocate for you with various agencies including DPSS, CPS and other agencies that can provide services for you and your family.

NOTE: this is a work in progress and is subject to change by ADPA or DPSS and will have to include discussion of Mental Health Supportive Services.

REB:ld:fb

W/H/CW:CWTLKNG PTS.1204

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
CALWORKS PROVIDERS INSTRUCTIONS

POLICY AND PROCEDURE

SUBJECT: CalWORKs PROCEDURES - COMMUNITY ASSESSMENT SERVICE CENTERS (CASC)
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PURPOSE: To provide instructions for agencies contracted to provide services under the California Work Opportunity and Responsibility to Kids (CalWORKs) program. CalWORKs participants will be referred to treatment agencies from Community Assessment Service Centers (CASC) and the Greater Avenues to Independence (GAIN) Services Workers (GSW) at the Department of Public Social Services (DPSS) offices.

POLICY: Effective April 1, 1998, the Los Angeles County Board of Supervisors approved the DPSS CalWORKs Plan. DPSS and the Department of Health Services Alcohol and Drug Program Administration (ADPA) developed a program to help CalWORKs participants with alcohol and other drug (AOD) problems recover from their chemical dependency, and to assist participants with other problems, which may be a barrier to employment.

The plan provides that anyone assessed and clinically determined to need treatment, may participate in a treatment program as a part of their GAIN Welfare-to-Work services through CalWORKs. GAIN participants may receive a continuum of services including residential detoxification, residential and outpatient alcohol and other drug treatment, and perinatal services.

During FY 1998-99 DPSS approved amending ADPA contracts to allow outpatient treatment programs to expand their activities aimed at identifying and engaging participants. The new services include providing advocacy, orientation, and outreach in an effort to identify and enroll more participants. These services are designed to engage potential participants by contacting them in various venues and educating them on the benefits and services available through the CalWORKs program.

GUIDELINES: PARTICIPANT IDENTIFICATION
All persons applying for CalWORKs benefits previously known as Aid to Families with Dependent Children (AFDC), will be offered a variety of supportive services including AOD treatment, mental health assistance, and domestic violence support. Participants who state that they have an "immediate need for AOD or mental health services" will have their cases

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EFFECTIVE DATE: 04/01/98

APPROVED BY: 05/01/05

POLICY AND PROCEDURE

SUBJECT: CalWORKs PROCEDURES - COMMUNITY ASSESSMENT SERVICE CENTERS (CASC)

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The CASC is responsible for placing participants in a treatment recovery program, where needed, based upon the results of the clinical assessment. Participants identified as a result of the orientation process are referred to the CASC for assessment and may be directed to any treatment program within the CalWORKs treatment network. The CASC will consider the participants needs when making referrals. Participants will be placed in programs based upon the level and intensity of services required, availability of space, proximity to their residence, and any special needs including language limitations. The CASC will notify the GSW of the results of the participants' clinical assessment by faxing the Clinical Assessment Results form (GN 6006A, page 2) to the GSW within five (5) working days of the assessment appointment.

ACCEPTANCE INTO TREATMENT

Providers may admit existing CalWORKs participants (persons already receiving CalWORKs cash assistance benefits) onto a CalWORKs contracted slot/bed including persons that are referred directly to the program by a GSW. Treatment providers will initiate notice to DPSS via a PA 1923 that the participant is in treatment and request that the case be expedited to GAIN. Persons who access treatment directly in this manner are known as "Back Door Admissions." These persons may be placed on CalWORKs contracted slot/bed. Notice to DPSS must be timely and comply with the procedures outlined in Provider Directive Number 7 (see VI DPSS Directives). Receipt of the GN 6149 eligibility verification must be retained on file.

On Referrals from the CASC, treatment providers must complete and return the tracking form to the CASC and fax the GN 6006B to the GSW within **three** business days of the appointment to begin treatment. This will provide notice that the participant was accepted into treatment or that (s)he failed to keep the appointment. Providers must also maintain copies of all paperwork on the participant's case records, as an audit trail documenting referrals and verifying eligibility.

TERM OF TREATMENT

Participants are eligible to receive from 6 to 18 months of treatment services. In most cases, a treatment extension may be approved for additional time based upon the AOD treatment agency's clinical justification. Participants may continue to receive services as long as AOD abuse is a barrier to getting and keeping a job; while they are either receiving CalWORKs benefits or receiving post-employment services.

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EFFECTIVE DATE: 04/01/98

APPROVED BY: 05/01/05

POLICY AND PROCEDURE

SUBJECT: CalWORKs PROCEDURES - COMMUNITY ASSESSMENT SERVICE CENTERS (CASC)

are scheduled and coordinated by the CASC lead agency for each Service Planning Area. ADPA has developed a set of "Talking Points," that detail the specific items that must be presented in each orientation session (see V. Appendices). Orientation sessions are to be conducted by individuals who have in-depth knowledge and expertise in the area of AOD, as well as an understanding of the alcohol and drug treatment and recovery system in Los Angeles County.

OUTREACH SERVICES

Outreach services will be conducted in the field, at locations potentially frequented by CalWORKs and or GAIN recipients. Outreach services are formal presentations conducted to identify, educate, and engage potential or existing CalWORKs participants, and the community at large on CalWORKs program benefits and the supportive services that are available. Outreach services must be documented on the ADPA approved form and maintained at the agency (VII. ADPA Bulletin 05-01). Outreach services are not conducted at DPSS, GAIN, or Job Club sites.

Treatment Providers shall be compensated based upon a fee-for-service hourly rate as set forth in the Contracts Schedule(s) or Budget(s). Only services performed by designated staff position titles shall be reimbursable.

Treatment providers will follow the procedures outlined below when serving CalWORKs participants:

PROCEDURE :

PERSON RESPONSIBLE

ACTION

Assessment Centers Process

CASC will:

1. Receive calls from GSWs and schedule appointments to assess CalWORKs participants.
2. Receive calls and schedules assessment appointments from participants requesting services, and programs participating in Special Pilot Projects.
3. Receive participants with Clinical Assessment Provider Referral Form (Attachment A) GN 6006A from the GSWs requesting an AOD clinical assessment.

EFFECTIVE DATE: 04/01/98

APPROVED BY: 05/01/05

POLICY AND PROCEDURE

SUBJECT: CalWORKs PROCEDURES - COMMUNITY ASSESSMENT SERVICE CENTERS (CASC)

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CASC will (cont.):

listing of Specialized Mental Health and
AOD Programs. V. Appendix B.

8. Contact appropriate treatment providers, based upon the results of the ASI schedule the participant for admission to the program. Use the list of CalWORKs Contracted Treatment Providers (V. Appendix C).

A. Give the participant a written referral to treatment (see sample form Attachment B) CalWORKs Treatment Referral Form.

Note:

Participant Appeals

When the participant contests the results of the ASI (clinical assessment) and refuses to enter treatment, the CASC will notify the GSW that the participant is contesting the results of the assessment. The GSW will schedule the participant for a second assessment, by a 3rd party. The results of the 3rd party assessment are binding for all parties.

9. Complete the CalWORKs Clinical Assessment Results form (IV. Attachment C) GN 6006A, page #2, providing information on the treatment provider site address, modality of services, and other requested information to the GSW.

10. Maintain a copy of the referral, results form, and other forms as appropriate. Fax the assessment results form to the GSW.

Note:

The GSW is the central point of contact for all CalWORKs participants and is responsible for tracking the participant's movement, developing and maintaining the participant's WtW plan.

CASC will (cont.):

11. Schedule and coordinate orientation services for each Service Planning Area. ADPA has developed a set of "Talking Points," that detail the specific items, which must be covered in each orientation session (see IV. Attachment F).

H:\CalWORKs\MANUAL1.PRO.CASC

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EFFECTIVE DATE: 04/01/98

APPROVED BY: 05/01/05

El Monte District #04/San Gabriel Valley District #20 On Site Orientation Schedule

Location: DPSS Office: 3350 Aerojet Avenue, El Monte CA 91731, 1ST FLOOR Hours: 8-3 pm

Elba Rangel at 626-569-3680/El Monte Dist #04 or Sylvia Foster at 626-569-3611/San Gabriel Dist #20

Questions about schedule: Contact Georgina Yoshioka/Sonia Gutierrez-Guardado of PROTOTYPES CASC at (626) 927-2683 or (626) 444-0705

Please call the CASC if there is a change to your scheduled day and time at DPSS Orientations.

Presenters:

Asian Pacific – Michelle/Venus/Ha/Derek

Latino Family- Dolores

Pacific Clinics-Melinda / Josie

Pasadena Council-Barbara

Family Counseling-Laura/Holly, Molly, Alicia

Mid Valley-Cynthia Lujan

BHS-Brenda

MELA Counseling-Lisa

Social Model-Merely

Revised 9/28/2007 *If you are unable to be present on your day, please either send a replacement staff member or contact the CASC immediately. Thank you.*****

October 2007 DPSS Presentations: El Monte

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Latino Family SA 8-11 a.m. # 2 Social Model SA 10-4 p.m. #1	2 Mid Valley SA 8-3 p.m. # 1 Family Counseling SA 10-2 p.m. #1 MELA Counseling SA 8-3 p.m. #2	3 Family Counseling SA 9-1 p.m.# 2 Asian Pacific MH 8:30-11 a.m. #1 Pacific Clinics: Glendora MH 9-11 a.m. #2	4 Family Counseling-SA-10-2 p.m. # 2 Social Model SA 11-3 p.m. # 1 Asian Pacific MH 9-11 a.m. #	5 Latino Family SA 8-12 p.m. #1 Pasadena Council SA 8-2 p.m.#2	6
7	8 Columbus Day Holiday County Offices Closed	9 Mid Valley SA 8-3 p.m. # 1 Family Counseling SA 10-2 p.m. #1 MELA Counseling SA 8-3 p.m. #2	10 Family Counseling SA 9-1 p.m. # 2 BHS SA 1-3 p.m. # 2 Asian Pacific-MH-8:30-11 a.m.#1	11 Family Counseling-SA-10-2 p.m. # 2 Social Model SA 11-3 p.m. # 1 Asian Pacific MH 9-11 a.m. #1	12 Latino Family SA 8-12 p.m. #1 Pasadena Council SA 8-2 p.m.#2	13
14	15 Latino Family SA 8-11 a.m. # 2 Social Model SA 10-4 p.m. #1	16 Mid Valley SA 8-3 p.m. # 1 Family Counseling SA 10-2 p.m. #1 MELA Counseling SA 8-3 p.m. #2	17 Family Counseling SA 9-1 p.m.# 2 Asian Pacific MH 8:30-11 a.m. #1 Pacific Clinics: Glendora MH 9-11 a.m. #2	18 Family Counseling-SA-10 2 p.m. # 2 Social Model SA 11-3 p.m. # 1 Asian Pacific MH 9-11 a.m. #1	19 Latino Family SA 8-12 p.m. #1 Pasadena Council SA 8-2 p.m.#2	20
21	22 Latino Family SA 8-11 a.m. # 2 Social Model SA 10-4 p.m. #1	23 Mid Valley SA 8-3 p.m. # 1 Family Counseling SA 10-2 p.m. #1 MELA Counseling SA 8-3 p.m. #2	24 Family Counseling SA 9-1 p.m. # 2 BHS SA 1-3 p.m. # 2 Asian Pacific-MH-8:30-11 a.m.#1	25 Family Counseling-SA- 10-2 p.m. # 2 Social Model-SA 11-3 p.m. # 1 Asian Pacific-MH -9-11 a.m. #1	26 Latino Family SA 8-12 p.m.#1 Pasadena Council SA 8-2 p.m.#2	27
28	29 Latino Family SA 8-11 a.m. # 2 Social Model SA 10-4 p.m. #1	30 Mid Valley SA 8-3 p.m. #1 Family Counseling SA 10-2 p.m. #1 MELA Counseling SA 8-3 p.m.#2	31  Happy Halloween Family Counseling SA 9-1 p.m.# 2 Asian Pacific MH 8:30-11 a.m. #1 Pacific Clinics: Glendora MH 9-11 a.m. #2			
30	Attention: Codes are as follows : San Gabriel-Lobby B =#1 El Monte-Lobby A=# 2		***** Attention ***** Please look at Calendar some Agencies have been moved to different lobby's Also Lobby 1 has been moved to the GR side			

PROTOTYPES PRESENTATION CALENDAR

Questions about schedule: Contact Georgina Yoshioka/Sonia Gutierrez-Guardado of PROTOTYPES CASC at (626) 927-2683 or (626) 444-0705

OCTOBER 2007 Fast Track DPSS Presentations: El Monte/San Gabriel

<i>SUN</i>	<i>MON</i>	<i>TUE</i>	<i>WED</i>	<i>THU</i>	<i>FRI</i>	<i>SAT</i>
	1	2	3	4	5	6
7	8 COLUMBUS DAY HOLIDAY County Offices Closed	9	10	11	12	13
14	15	16	17	18	19	20
21	22 DPSS Presentation SA 9:30 a.m. In the Basement	23	24	25	26	27
28	29	30	31  Happy Holloween			

Revised 9/28/2007

Job Club: Location: 10656 Valley Blvd., El Monte CA 91731

Phone number: 626-579-1224

Questions: Contact Georgina Yoshioka/Sonia Gutierrez-Guardado at PROTOTYPES CASC at (626) 927-2683 or (626) 444-0705

If you are unable to be present on your day, please either send a replacement staff member or contact the CASC immediately. Thank you.

Revised 9/28/07

OCTOBER 2007 Job Club / GAIN: El Monte Site

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
Reminder: Please make sure to fax your daily contact sheet to the EL Monte CASC @626-444-0710 on the same day that you present. Thank you. SA=Substance Abuse MH= Mental Health				Presenters: Prototypes CASC – Sonia/ Debra Prototypes HCFP- Pedro /Kara Latino Family Center. – Dolores		
	1 (GAIN LACOE Orientation at Job Club El Monte Office 10:30-11:00am Presenter: Latino Family-English PROTOTYPES CASC	2	3 (Job Club El Monte Office) MH 1:20 pm-1:40 pm English Presenter: Prototypes HCFP- ***** SA 1:40 pm-2:00 pm English Presenter: Latino Family	4	5	6
7	8 COLUMBUS DAY HOLIDAY County Offices Closed	9	10 (Job Club El Monte Office) MH 1:20 pm-1:40 pm Spanish Presenter: Prototypes HCFP- ***** SA 1:40 pm-2:00 pm Spanish Presenter: Latino Family	11	12	13
14	15 (GAIN LACOE Orientation at Job Club El Monte Office 10:30-11:00am Presenter: Latino Family-English PROTOTYPES CASC	16	17 (Job Club El Monte Office) MH 1:20 pm-1:40 pm English Presenter: Prototypes HCFP- ***** SA 1:40 pm-2:00 pm English Presenter: Latino Family	18	19	20
21	22 (GAIN LACOE Orientation at Job Club El Monte Office 10:30-11:00am Presenter: Latino Family-Spanish PROTOTYPES CASC	23	24 (Job Club El Monte Office) MH 1:20 pm-1:40 pm SPANISH Presenter: Prototypes HCFP- ***** SA 1:40 pm-2:00 pm SPANISH Presenter: Latino Family	25	26	27
28	29 (GAIN LACOE Orientation at Job Club El Monte Office 10:30-11:00am Presenter: Latino Family-English PROTOTYPES CASC	30	31  Happy Holloween			

El Monte District #04/San Gabriel Valley District #20 On Site GAIN Orientation Schedule

Location: GAIN Office: 3216 Rosemead Blvd., 1st Floor El Monte CA 91731, Hours: 10:30-11:50 am

Questions about schedule: Contact Georgina Yoshioka/Sonia Gutierrez-Guardado of PROTOTYPES CASC at (626) 927-2683 or (626) 444-0705

Please call the CASC if there is a change to your scheduled day and time at GAIN Orientations.

Presenters: Mid Valley-Cesar Prototypes CASC-Sonia/Debbie Social Model- Merly

Revised 9/28/07

If you are unable to be present on your day, please either send a replacement staff member or contact the CASC immediately. Thank you.

OCTOBER 2007 GAIN / Job Club (LACOE) Orientations: Rosemead

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4	5	6
7	8 <u>Presentation moved</u> → COLUMBUS DAY HOLIDAY COUNTY OFFICES CLOSED	9 English (SA/MH) GAIN OFFICE: El Monte 10:30-11:00 a.m. Presenter: <u>Social Model</u> -Merly Presenter: <u>Mid Valley</u> - Cesar CASC Sonia/Debbie	10	11	12	13
14	15	16	17	18	19	20
21	22 English (SA/MH) GAIN OFFICE: El Monte 10:30-11:00 a.m. Presenter: <u>Social Model</u> - Merly Presenter: <u>Mid Valley</u> - Cesar CASC Sonia/Debbie	23	24	25	26	27
28	29	30	31  Happy Holloween			

REMINDER: Please make sure to fax your daily client contact sheet to the El Monte CASC @ 626-444-0710 on the same day that you present. Thank you very much!!

Pomona District #36/San Gabriel Valley District #20 On Site Orientation Schedule
Location: DPSS Office: 2040 W. Holt Blvd., Pomona, CA 91768 Hours: 9 am-1 pm
Phone number: 909-397-7908 Location: Contact: David Medina 909-397-7906

**Questions about schedule: Contact Georgina Yoshioka/Sonia Gutierrez-Guardado of PROTOTYPES CASC at
 (626) 927-2683 or (626) 444-0705**

Please call the CASC if there is a change to your scheduled day and time at DPSS Orientations.

PRESENTERS: Prototypes Outpatient: Lina Walker Social Model : Merley

Prototypes Residential: Retha, Shelly, Melissa, Robin, Stephanie, Tina, Angelica American Recovery: Brenda Pacific Clinics: Yesenia

Revised 9/28/07

***** If you are unable to be present on your day, please either send a replacement staff member or contact the CASC immediately. Thank you.*****

October 2007 DPSS Presentations: Pomona

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 Prototypes- (R & OP)-SA 9-12 p.m.	2 American Recovery-SA 9-1 p.m. Prototypes- (R)-SA 9-12 p.m.	3 American Recovery-SA 9-11 a.m. Social Model-SA 11-2 p.m.	4 ***** Prototypes- (OP)-SA 9-12 p.m.	5 Pacific Clinics-MH 9-12 p.m.	6
7	8 COLUMBUS HOLIDAY County Offices Closed	9 American Recovery-SA 9-1 p.m. Prototypes -(R)-SA 9-12 p.m.	10 American Recovery-SA 9-11 a.m. Social Model-SA 11-2 p.m.	11 ***** Prototypes- (OP)-SA 9-12 p.m.	12 Pacific Clinics-MH 9-12 p.m.	13
14	15 Prototypes- (R & OP)-SA 9-12 p.m.	16 American Recovery - SA 9-1 p.m. Prototypes -(R)-SA 9-12 p.m.	17 American Recovery-SA 9-11 a.m. Social Model-SA 11-2 p.m.	18 ***** Prototypes- (OP)-SA 9-12 p.m.	19 Pacific Clinics-MH 9-12 p.m.	20
21	22 Prototypes- (R & OP)-SA 9-12 p.m.	23 American Recovery - SA 9-1 p.m. Prototypes -(R)-SA 9-12 p.m.	24 American Recovery-SA 9-11a.m. Social Model-SA 11-2 p.m.	25 ***** Prototypes- (OP)-SA 9-12 p.m.	26 Pacific Clinics-MH 9-12 p.m.	27
28	29 Prototypes- (R & OP)-SA 9-12 p.m.	30 American Recovery - SA 9-1 p.m. Prototypes -(R)-SA 9-12 p.m.	31  Happy Holloween American Recovery-SA 9-11a.m. Social Model-SA 11-2 p.m.			

REMINDER: Please make sure to fax your daily client contact sheet to the El Monte CASC @ 626-444-0710 on the sheet to the El Monte CASC @ 626-444-0710 on the sheet on the much.

Attention Providers: Starting this month PROTOTYPES Residential will be documented as **PROTOTYPES- R**
 PROTOTYPES Outpatient will be documented as **PROTOTYPES-OP**
 for both Offices it will be documented **PROTOTYPES- R & OP**

Pasadena District #03/San Gabriel Valley District #20 On Site Orientation Schedule

Location: DPSS Office: 955 N. Lake Avenue, Pasadena, CA 91104 Hours: 8-3 pm

Phone number: (626) 791-6302

**Questions about schedule: Contact Georgina Yoshioka/Sonia Gutierrez-Guardado of PROTOTYPES CASC at
(626) 927-2683 or (626) 444-0705**

Please call the CASC if there is a change to your scheduled day and time at DPSS Orientations.

Presenters: Impact – Jose Family Counseling – Irene Pasadena Council-Amy / Barbra City of Pasadena- Ann Scott

Revised 9/28/07

If you are unable to be present on your day, please either send a replacement staff member or contact the CASC immediately. Thank you

October 2007 DPSS Presentations: Pasadena

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 Family Counseling-SA-9-11 a.m	2	3 City of Pasadena SA 11-1 p.m. ***** Pasadena Council-SA 1-3:00 p.m.	4 Impact-SA 10-12 p.m.	5	6
7	8 COLUMBUS DAY HOLIDAY County Offices Closed	9	10 City of Pasadena SA 11-1 p.m. ***** Pasadena Council-SA 1-3:00 p.m.	11 Impact-SA 10-12 p.m.	12	13
14	15 Family Counseling-SA-9-11 a.m.	16	17 City of Pasadena SA 11-1 p.m. ***** Pasadena Council SA 1-3:00 p.m.	18 Impact-SA 10-12 p.m.	19	20
21	22 Family Counseling-SA-9-11 a.m.	23	24 City of Pasadena SA 11-1 p.m. ***** Pasadena Council-SA 1-3:00 p.m.	25 Impact-SA 10-12 p.m.	26	27
28	29 Family Counseling-SA-9-11 a.m.	30	31 🍎 Happy Halloween City of Pasadena SA 11-1 p.m. ***** Pasadena Council-SA 1-3:00 p.m.			

REMINDER: Please make sure to Fax your daily client contact sheet to the El Monte CASC@ (626) 444-0710 on the same day that you present. Thank you very much

Schedule Sep-07

Monday	Tuesday	Wednesday	Thursday	Friday
3 Gain V @ 11:00-1130 follow up with participants 1130-1230 SPANISH 1100-1130	4	5	6 Job Club Reg V BHS/CASC 8:30-9:30	7
10 Gain V @ 11:00-1130 follow up with participants 1130-1230	11	12	13 Job Club Reg V BHS/CASC 8:30-9:30 SPANISH 9-10	14
17 Gain V @ 11:00-1130 follow up with participants 1130-1230 SPANISH 1100-1130	18	19	20 Job Club Reg V BHS/CASC 8:30-9:30	21
24 Gain V @ 11:00-1130 follow up with participants 1130-1230	25	26	27 Job Club Reg V BHS/CASC 8:30-9:30 SPANISH 9-10	28

South Family DPSS Orientation Schedule

SA-SUBSTANCE ABUSE

Sep-07

MH-MENTAL HEALTH

Monday	Tuesday	Wednesday	Thursday	Friday
<p>3 HOLIDAY</p>	<p>4 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm SA/NCADD-WTW 1:00-4:00</p>	<p>5 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>6 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>7 SA/NCADD-So Bay 8:00-4:00 SA/NCADD-WTW 1:00-4:00</p>
<p>10 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>11 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm SA/NCADD-WTW 1:00-4:00</p>	<p>12 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>13 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>14 SA/NCADD-So Bay 8:00-4:00 SA/NCADD-WTW 1:00-4:00</p>
<p>17 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>18 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm SA/NCADD-WTW 1:00-4:00</p>	<p>19 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>20 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>21 SA/NCADD-So Bay 8:00-4:00 SA/NCADD-WTW 1:00-4:00</p>
<p>24 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>25 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm SA/NCADD-WTW 1:00-4:00</p>	<p>26 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>27 SA/NCADD-So Bay 8:00-4:00 Cambodian Association 8-12pm</p>	<p>28 SA/NCADD-So Bay 8:00-4:00 SA/NCADD-WTW 1:00-4:00</p>

IF YOU ARE UNABLE TO SHOW OR NEED TO MAKE CHANGES CONTACT YVETTE JORQUEZ OFFICE(310)549-2710 CELL(310)283-3047

Paramount DPSS Orientation Schedule

SA-SUBSTANCE ABUSE

Sep-07

MH-MENTAL HEALTH

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
HOLIDAY	SA-BHS/CASC 8:00-12:00 SA-JOINT EFFORTS 1:00-4:00	AADAP 8:00-12:00 SA-BHS/CASC 1:00-330 (yj) DV-NCADD 8-12 , 1-4	SA-JOINT EFFORTS 9-12 P.M. SA/MHNCADD WTW 1:00-4:00	SA-SAF. 8:00-12:00 DV-NCADD 8-12
10	11	12	13	14
SA-BHS/CASC 830-12 (lw) NCADD-WTW 1:00-4:00 DV-NCADD 8-12	SA-BHS/CASC 8:00-12:00 SA-JOINT EFFORTS 1:00-4:00	AADAP 8:00-12:00 SA-BHS/CASC 1:00-330yj DV-NCADD 8-12 , 1-4	SA-JOINT EFFORTS 9-12 P.M. SA/MHNCADD WTW 1:00-4:00	SA-SAF. 8:00-12:00 DV-NCADD 8-12
17	18	19	20	21
SA-BHS/CASC 830-10:45 (lw) NCADD-WTW 1:00-4:00 DV-NCADD 8-12	SA-BHS/CASC 8:00-12:00 SA-JOINT EFFORTS 1:00-4:00	AADAP 8:00-12:00 SA-BHS/CASC 1:00-330yj DV-NCADD 8-12 , 1-4	SA-JOINT EFFORTS 9-12 P.M. SA/MHNCADD WTW 1:00-4:00	SA-SAF. 8:00-12:00 DV-NCADD 8-12
24	25	26	27	28
SA-BHS/CASC 830-12 (lw) NCADD-WTW 1:00-4:00 DV-NCADD 8-12	SA-BHS/CASC 8:00-12:00 SA-JOINT EFFORTS 1:00-4:00	AADAP 8:00-12:00 SA-BHS/CASC 1:00-330 (yj) DV-NCADD 8-12 , 1-4	SA-JOINT EFFORTS 9-12 P.M. SA/MHNCADD WTW 1:00-4:00	SA-SAF. 8:00-12:00 DV-NCADD 8-12

IF YOU ARE UNABLE TO SHOW OR NEED TO MAKE CHANGES CONTACT YVETTE JORQUEZ OFFICE(310)549-2710 CELL(310)283-3047

DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADMINISTRATIVE DIRECTIVE



NUMBER: 4537	DATE: 10/31/05
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SUBJECT: GAIN SANCTION HOME VISIT OUTREACH IMPLEMENTATION IN COUNTY-OPERATED GAIN REGIONS

REFERENCE:

CANCELS: Administrative Directive No. 4510 (01/20/05) FILE IN: GAIN Program Handbook Chapter 1300

CANCEL DATE: 6/30/06

SPECIAL ATTENTION:
 CALWORKs/GAIN
 ACS/MAXIMUS

REPORT REQUIRED: YES NO
SURVEY REQUIRED: YES NO

I. PURPOSE/BACKGROUND

This Administrative Directive (AD) issues instructions to all County-operated GAIN regions on the implementation of the GAIN Sanction Home Visit Outreach (GSHVO) project. The project will be expanded to contracted Regions and non-English/non-Spanish speaking participants in 2006.

The project provides outreach to participants with or without specialized supportive services needs, who are at risk of being sanctioned, or who are currently sanctioned. The purpose of the outreach is to enable a participant to cure his/her noncompliance/sanction and access needed specialized supportive services, if needed.

The project is being implemented in all the County-operated GAIN regions based on the success of a pilot in GAIN Region I. During the pilot, over 70% of the noncompliance/sanctions were resolved. Based on this success, the project is being expanded to all regions. This is one of the interventions/strategies to achieve the 2005/2006 goal to reduce the number of sanctioned persons by nearly 4,500.

These instructions are effective October 31, 2005.

II. OVERVIEW

In November 2005, the GSHVO project will focus on participants who have previously been identified with a Specialized Supportive Services (SSS) need, i.e., Mental Health and/or Substance Abuse need and have:

- o entered into noncompliance, or
- o been recommended for a first instance sanction, or
- o a first instance sanction imposed.

II. OVERVIEW (continued)

DPSS staff will have an additional opportunity beyond those assigned to the case-carrying GSW, to establish contact and engage participants who have past and present SSS needs. The specialized staff will assist participants in identifying and accessing the appropriate SSS to overcome barriers, enable them to complete their WtW component, and move towards self-sufficiency. Outreach for this group will be provided by Home Visit Specialized GAIN Services Workers (HV SGSWs) and, to the extent available, by Community Assessment Service Center (CASC) staff.

Beginning in December 2005 and ongoing, the project will serve all English/Spanish speaking participants, including those with an SSS history as well as the general GAIN population, who are in noncompliance or in a first sanction.

III. KEY POINTS

- GEARS will generate at each Region daily listings of participants for the GSHVO.
- If the noncompliance or sanction issue has not been resolved or cured, a home visit appointment letter will be sent to the participant manually.
- Participants will be called within two business days of the scheduled home visit to remind them of the home visit appointment.
- If the participant does not respond to the appointment letter or telephone call, a home visit will be made.
- The home visit is not mandatory. Refusal by the participant to allow a home visit is not, in itself, grounds for a noncompliance/sanction action.
- A designated Unit Assistant (UA) is responsible for clerical functions of the GSHVO.
- A Home Visit Specialized GAIN Services Worker (HV SGSW) and a CASC member, as needed, will conduct home visits to participants with an SSS history. Home visits to participants with no SSS history will be conducted by the HV SGSW.
- Participants, who disclose at the home visit a need for SSS, will be linked by the HV SGSW or CASC staff to the appropriate services.
- The HV SGSWs have been trained on the essentials of home visits, assessing participant barriers to self-sufficiency, and potential safety issues and precautions to take while conducting home visits.
- The home visit will be accommodating and non-confrontational.

III. KEY POINTS (continued)

- The home visit will focus on reaching a positive resolution to the participant's noncompliance and sanction issue(s), which may include the granting of an exemption or good cause, participation in a GAIN activity, or a referral to a SSS provider.
- The HV SGSWs have the ability to resolve the noncompliance and sanction issues with the assistance of the case-carrying GSW or the GAIN scheduling clerk, if there is no assigned GSW.
- The HV SGSWs will conduct the SSS screening using the GN 6140, Screening for Substance Abuse and Mental Health, and PA 1913, Domestic Violence Information.
- Cases with a Domestic Violence (DV) identifier on GEARS are not subject to a home visit.
- The HV SGSW will make every effort to conduct the SSS screening in a confidential setting. If this cannot be done, the HV SGSW will make other arrangements with the participant.
- Issues discussed during the home visit process will be documented in the GAIN GN 6050, GAIN Activity Record.
- A follow-up case review will be conducted by the case-carrying GSW within 15 business days after the home visit is completed to verify that all offers of assistance have been made and clearly explained to facilitate active re-engagement or application of other appropriate procedures, as necessary (e.g., processing exemption requests).
- The HV SGSW will complete a checklist (Attachment I) manually for each GSHVO participant to document the outreach efforts until GEARS programming is completed.
- The Regions will complete a monthly report to document the GSHVO activity (Attachment II). The monthly report shall be electronically mailed (e-mailed) to GAIN Program Division by the 10th of each month. Electronic templates shall be provided to Regions immediately after training of case management staff has been completed.

IV. POLICY

A. GAIN Sanction Home Visit Outreach Project

The GSHVO will provide outreach to participants who have entered noncompliance, have a pending sanction, or are in a first instance sanction.

Home visits are scheduled for participants as follows:

IV. POLICY (continued)

A. GAIN Sanction Home Visit Outreach Project (continued)

1. **For participants in noncompliance:** The scheduled home visit appointment date must be within the 20 calendar day period allowed for completion of the noncompliance. In instances where adherence to the 20 calendar day period cannot be achieved, the noncompliance period shall be extended with a Compliance Plan, per existing procedures, as specified in GAIN Handbook Section 1300.

Note: If a participant refuses the home visit, he/she should be reminded that he/she must enter into a Compliance Plan before the expiration of the 20 days in order to avoid a sanction. A participant's refusal to allow a home visit is not, in itself, a basis for a sanction.

2. **For participants with a recommended sanction:** For participants who have exhausted the 20 calendar day compliance timeframe and for whom a sanction recommendation has been made, every effort shall be made to schedule a home visit within 20 calendar days of the initiation of the sanction recommendation.

The HV SGSW shall work closely with CASC staff when conducting home visits and making telephone contact when addressing participation issues related to SSS. Participants who declare a need for SSS are referred to CASC staff and/or are referred to the appropriate services. Such referrals may occur at the home visit, as a result of telephone contact with the participant, or as a result of a meeting with the participant following telephone contact.

During the home visit, the HV SGSW and CASC staff will provide information on GAIN services, including SSS, and complete the following activities:

- Engage participants by providing information on services offered by GAIN, including SSS;
- Identify the reason(s) for failure or refusal to cooperate with GAIN program requirements;
- Inform the participant about the compliance process and provide information on how to resolve noncompliance issues or to cure the sanction;
- Negotiate the conciliation plan or steps to cure the sanction and all applicable WtW activity agreements;
- Make necessary referrals to the local DV service provider and/or CASC for SA and MH services. If the participant has completed Clinical Assessment (CA) and believes he/she no longer has a need for MH services, he/she can opt to be reassigned to a GAIN activity within the regular GAIN flow; and

IV. POLICY (continued)

A. GAIN Sanction Home Visit Outreach Project (continued)

- Assess the need for child care, transportation, and ancillary/work-related expenses.

The home visit shall be accommodating to the participant and will not be confrontational. The HV SGSW shall not get involved in and/or discuss CalWORKs eligibility issues. The GSHVO home visit is not to detect fraud; if either worker discovers inconsistencies involving GAIN Program or CalWORKs eligibility during the home visit, the worker shall not address these issues with the participant. Upon return to the GAIN office, HV SGSW shall follow existing policy and procedures for making a fraud referral, as appropriate.

The noncompliance/sanction instance is considered resolved for the GSHVO process when one of the conditions below exist and is supported with pertinent documentation and is documented in the GN 6050 Activity Case Record.

- The participant provided "Good Cause" documentation and returned to the appropriate GAIN activity or was reassigned to a new GAIN activity.
- The participant provided documentation to verify employment or need for exemption.
- The participant did not have "Good Cause" but agreed to sign a Conciliation Plan, extending the conciliation period, and to participate in the appropriate activity in order to cure or avoid the sanction.
- The participant, despite disclosing a history of DV, elects to waive the offer of DV services, is granted "Good Cause," as per existing GAIN policy and procedures.
- The HV SGSW completed the SSS screening and referred the participant to CASC or to the SSS provider during the home visit via telephone, or during the office visit.

IV. POLICY (continued)

A. GAIN Sanction Home Visit Outreach Project (continued)

The GSHVO process is considered complete when one of the above conditions exists and all of the following have been met:

- The GSHVO home visit appointment letter is sent;
- The GAIN Home Visit Outreach Checklist is completed; and
- GEARS screen MCOM is completed with required information.

B. GEARS

- On a daily basis, GEARS will identify GSHVO participants who are in noncompliance, have a recommended sanction or have a sanction imposed.
- GEARS will print daily reports at each GAIN Region identifying the participants for the GSHVO project.
- A new GEARS screen GHVO is under development and is expected to be in production in December 2005. The screen will capture HSHVO data for tracking and reporting purposes. Pending completion of this report, the HV GSS will complete the GSHVO monthly report manually and submit to GAIN Program Division by the 10th of each month (Attachment II).

C. TOOLS

The following tools are provided for the HV SGSW for performing necessary GAIN case management functions/duties outside the GAIN office:

- A cellular telephone personally assigned to each worker to use when he/she makes home visits, for use in case of an emergency, to contact a service provider, make referrals/contacts for the participant, and to report or request case information to/from the HV Program UA and/or the case-carrying GSW.
- Contact phone numbers for CASC staff, Domestic Violence service providers, and the GAIN Region.
- Business cards.
- A home visit packet for each participant prepared by the Home Visit Program Unit Assistant (UA).

V. PROCEDURES

A. Unit Assistant

The Home Visit Program UA is responsible for maintaining the clerical workload/functions for a specialized unit of six (6) HV SGSWs and one (1) HV GSS. The following responsibilities are not all inclusive, as additional responsibilities may be added and/or responsibilities may be changed.

On a daily basis, the UA shall:

1. Prepare and make a home visit folder for each case and include the following information:
 - a. A copy of pertinent GEARS screens (compliance, as well as, other screens, as appropriate.)
 - b. A copy of the appointment letter (Attachments III A or III B), which shall include English and Spanish versions as needed.
 - c. Forms (e.g. PA 853, Affidavit, GN 6050, GN 6151, GN 6196, etc.), brochures, in English and Spanish versions as needed, and other supplies deemed necessary.
 - d. The GAIN HV Outreach Checklist (Attachment I)
 - e. Map and driving directions for each home visit scheduled.
2. Provide the completed packets to the appropriate HV SGSW.
3. Answer telephones, take messages, and direct calls/inquiries regarding the home visit to the assigned HV SGSW or HV GSS, as appropriate.
4. Order supplies, as needed.

B. GAIN Services Supervisor

1. Prior to the home visit. The HV GSS shall:
 - a. Receive listings from GEARS of participants assigned to the GSHVO and ensure DV participants are not scheduled for a home visit.
 - b. Review the GN 6050, GAIN Activity Record in the participant's case folder and call CASC staff to verify if there are extenuating circumstances that may compromise the safety of the HV SGSW and CASC staff while in the field. Extenuating circumstances may involve a domestic violence situation, unsafe residential premises, etc.

V. PROCEDURES (continued)

B. GAIN Services Supervisor (continued)

1. Prior to the home visit. The HV GSS shall: (continued)

- c. Consult with the GSS of the case-carrying GSW to determine whether a home visit will be made or whether the noncompliance process will continue. For example, a home visit will not be scheduled if:
 - 1) The participant contacted the GSW and expressed no willingness to cooperate or does not want home call; or
 - 2) There are safety issues that would jeopardize staff's safety.
- d. Ensure the case is documented with pertinent information needed for the home visit.
- e. Provide the scheduled appointments to the HV SGSW.

2. Upon completion of the HV attempt, the HV GSS shall:

- a. Receive the home visit folder from the HV SGSW, review the GN 6050, and ensure the home visit is properly documented.
- b. Review GEARS screen and ensure all necessary data has been updated.
- c. Document and approve in the GN 6050 the home visit process.
- d. Return GSHVO home visit folder to case-carrying GSW.

3. On a monthly basis and until GEARS programming is completed, the HV GSS shall complete the GSHVO monthly report and submit the report to GAIN Program Division by the 10th of each month.

C. Specialized Home Visit GAIN Services Worker

1. Preparing for the HV for Noncompliant Participants

Prior to the home visit appointment, the HV SGSW shall:

- a. Receive scheduled appointments from the HV GSS. Prepare a field itinerary for HV GSS approval.
- b. Initiate the GSHVO outreach checklist.

V. PROCEDURES (continued)

C. Specialized Home Visit GAIN Services Worker (continued)

1. Preparing for the HV for Noncompliant Participants (continued)

Prior to the home visit appointment, the HV SGSW shall:

- c. Prepare the home visit appointment letter and send to the participant manually.
- d. Contact the case-carrying GSW or GSS (if the GSW is unavailable) to determine if the participant has provided necessary documentation to resolve the noncompliance issue. If yes, the HV SGSW shall:
 - 1) Document the GN 6050 Case Activity.
 - 2) Update the GSHVO outreach checklist.
 - 3) Return the home visit folder to the HV GSS for approval.
- e. If the participant has not provided necessary documentation to resolve the noncompliance issue, the HV SGSW shall:
 - 1) Track the 20-calendar day noncompliance period to ensure the home visit is scheduled or rescheduled within this time limit.
 - 2) Call the participant within two days of the scheduled home visit to remind him/ her about the home visit appointment.
 - 3) Attempt to resolve the noncompliance issue over the phone. Do not conduct home visit if the participant provides "Good Cause" verification prior to the scheduled home visit. Review the case and information provided by the participant to determine if an exemption is appropriate. Assist the participant in determining if a need exists for SSS and whether the related circumstances prevented compliance. If there is a need for SSS, inform the participant that there may be a basis for either "Good Cause" for noncompliance or, if applicable, an exemption.
 - 4) Refer participant to CASC staff if participant self-declares need for SSS during the telephone contact and schedule a Clinical Assessment appointment.
 - 5) Advise the participant of the 20-calendar day noncompliance process to cancel/deny proposed sanction.

V. PROCEDURES (continued)

C. Specialized Home Visit GAIN Services Worker (continued)

1. Preparing for the HV for Noncompliant Participants (continued)

- e) If the participant has not provided necessary documentation to resolve the noncompliance issue, the HV SGSW shall: (continued)
 - 6) If necessary, reschedule HV appointment.
 - 7) Assign the participant to a GAIN activity (with case carrying GSW's assistance), if he/she agrees to comply.
 - 8) If necessary, open Compliance Plan.
 - 9) If the participant has a history of SSS, contact the CASC staff assigned to the GSHVO project to confirm home visit appointment date and time. If a CASC staff member is unable to attend the home visit, the HV SGSW shall be paired with another HV SGSW and proceed to conduct the home visit.
 - 10) Discuss with CASC staff any pertinent information pertaining to SSS provided by the participant during the telephone contact.
 - 11) Update GEARS screen MCOM with appropriate information.

2. Preparing for the HV for Participants in First Sanction Status

If participant has not provided necessary documentation to rescind the sanction issues, the HV SGSW shall:

- a) Call the participant within two days of scheduled home visit to remind him/her about the home visit appointment. If necessary, reschedule home visit appointment.
- b) Attempt to resolve the sanction issue over the phone and determine if an exemption is appropriate. Do not conduct home visit if the participant agrees to cure the sanction. To re-engage the participant at the point participation stopped prior to the sanction, make arrangements for the next appropriate appointment. Please note: do not initiate an OAP appointment, if the participant completed OAP within the past 12 months.
- c) Assist the participant in determining if a need exists for SSS and whether those needs resulted in the participant's sanction. If SSS needs exist, inform the participant that those needs can be a basis for "Good Cause" for noncompliance and assess whether an exemption is appropriate.

V. PROCEDURES (continued)

C. Specialized Home Visit GAIN Services Worker (continued)

2. Preparing for the HV for Participants in First Sanction Status (continued)

- d) Refer participant to SGSW and CASC staff if participant self-declares need for SSS during the telephone contact.
- e) Advise the sanctioned participant of the process to cure an imposed sanction and discuss possible resolution steps needed to cure the sanction.
- f) If the participant has a history of SSS, contact the CASC staff assigned to the GSHVO project to confirm home visit appointment date and time. If a CASC staff member is unable to attend the home visit, the HV SGSW shall be paired with another HV SGSW and proceed to conduct the home visit.
- g) Discuss with CASC staff any pertinent information pertaining to SSS provided by the participant during the telephone contact.
- h) If participant does not respond to the letter or telephone call, the home visit is made.

3. At the participant's home

The HV SGSW staff conducts himself/herself in a polite, courteous, and professional manner. He/she does not identify himself/herself as a County DPSS employee until he/she has verified that he/she is addressing the GAIN participant.

If someone answers the door, the HV SGSW and CASC (if present) will identify himself/herself as follows, "Good morning/afternoon. I am Mr. /Ms. (SGSW name) and this is Mr./Ms. (CASC staff member, if present) and we are here to see Mr. /Ms. Smith. He/she is expecting us."

- a) If the person answering the door identifies himself/herself as the GAIN participant:
 - 1) Introduce himself/herself and inform the participant that they are there to help the participant avail themselves of GAIN services. At this point the CASC staff (if present) advises the participant that they are available to assist with any needs pertaining to MH, SA and/or DV. Allow the participant to make the next move since most likely he/she will tell the HV SGSW why there was no response to the noncompliance appointment letter (i.e., did not receive it, could not understand it, barriers, etc.).

V. PROCEDURES (continued)

C. Specialized Home Visit GAIN Services Worker (continued)

3. At the participant's home (continued)

- a) If the person answering the door identifies himself/herself as the GAIN participant: (continued)
 - 2) Provide overview presentation on GAIN Program policy and procedures as it pertains to the noncompliance/sanction process and information on available SSS.
 - 3) Market the GAIN program to sell the idea that participation is essential and beneficial.
 - 4) Inform the participant that he/she is there to assist in overcoming whatever barriers are keeping the participant from participating in GAIN.
 - 5) Explain SSS in detail, advise on SSS availability, and inform the participant that MH, SA, and DV services may be a part of the Welfare-to-Work (WtW) plan.

Note: CASC staff shall inform the participant of available SSS and how the participant can access services such as MH, SA, and DV and/or other services offered by community agencies and shall provide any additional outreach related to the participant's SSS needs.

- 6) Determine the reason(s) for noncompliance or first instance sanction based on participant's responses and GEARS case information. Assess whether an SSS need contributed to noncompliance or sanction or if an exemption is appropriate.
- 7) Attempt to resolve the reasons for noncompliance or first instance sanction. Screen the participant, per existing procedures, for any additional SSS need not previously identified.
- 8) Use the cell phone to make the referral directly from the participant's home. If the participant needs an MH/SA referral, request the CASC staff member to give the participant an appointment within the next five business days, based on the participant's availability; or contact the case-carrying GSW and instruct him/her to make the referral no later than the next work day.
- 9) Verify and resolve any conflicting information with the case-carrying GSW, GEARS, or service provider. Example: The participant states that he/she has completed an activity and GEARS shows the participant dropped out of the assigned activity.

V. PROCEDURES (continued)

C. Specialized Home Visit GAIN Services Worker (continued)

3. At the participant's home (continued)

- a) If the person answering the door identifies himself/herself as the GAIN participant (continued)
 - 10) Work with the participant to resolve GAIN participation issues, in accordance with existing noncompliance/sanction procedures. If the participant is not already sanctioned, he/she must be advised of the 20-calendar day conciliation period and of approximate time frame to cure sanction process.
 - 11) Arrange issuances with the case-carrying GSW if the participant needs supportive services (e.g., transportation, childcare, and/or ancillary), schedule an appointment with case-carrying GSW (by contacting the case-carrying GSW or GSS via cellular phone) for pick-up of issuances, as appropriate.
 - 12) If the participant is already sanctioned and there is no assigned GSW, contact the GAIN scheduling clerk to schedule the participant's next appointment at the Regional office. The GAIN scheduling clerk shall inform the participant of the newly assigned case-carrying GSW's name and phone number. The HV SGSW shall also arrange for provision of transportation and childcare as needed.
 - 13) Accept documents (e.g., pay stubs, doctor's letter, etc.) and provide receipt. Copies and mails the documents back to the participant.
 - 14) Accept a PA 853, Affidavit to document and/or resolve the participant's compliance issues.
 - 15) Assist the participant to resolve issues with other agencies (e.g., doctor's office, unemployment insurance agency, employer, etc.), to the extent possible. For example, with the participant's written consent, contact participant's treating doctor regarding any limitation due to disability, time period, etc.
 - 16) Request that the participant complete a PA 853 indicating his/her refusal if the participant refuses any of the above and leave the participant's home.
 - 17) Document the issues discussed during the home visit process using the GAIN HV Outreach Checklist and document the GN 6050.
 - 18) Forward the Checklist and the HV folder to the HV GSS within five business days of the home visit.

V. PROCEDURES (continued)

C. Specialized Home Visit GAIN Services Worker (continued)

3. At the participant's home (continued)

b) If the home visit is not completed because:

- 1) The participant refused the home visit, the HV SGSW will thank the participant for his/her time; offer a business card and leave.
- 2) The person answering the door is not the GAIN participant, and states that the GAIN participant lives there, but is not available. The HV SGSW shall leave his/her name and telephone number and an appropriate time for the participant to call. The HV SGSW shall not provide any other information to this third party.
- 3) No one is home. Verify the address and attempt another contact as soon as possible at a different time of the day (i.e., morning rather than afternoon or vice-versa).

D. Case-Carrying GAIN Services Worker

The case-carrying GSW shall:

1. Continue to work with the participant to resolve issues and barriers, per existing procedures.
2. Inform the HV SGSW immediately if the compliance process is resolved or the sanction is cured in order to avoid the unnecessary home visit.
3. Receive the GAIN home visit folder from his/her GSS after the home visit.
4. Contact the participant within fifteen business days, by phone or mail, and/or the provider if applicable, to confirm the participant is now in compliance with GAIN requirements.
5. Work with the participant to resolve issues, per existing procedures, if the participant is not participating as agreed.

Note: If the participant requires SSS, transfer the case to SSS unit per existing procedures.

6. Forward the completed GAIN HV folder to the case-carrying GSS.
7. Initiate the next appropriate compliance action, per existing procedures, if the participant does not respond or cooperate.

V. PROCEDURES (continued)

D. Case-Carrying GAIN Services Worker (continued)

8. Document the follow-up contact(s) with the participant. Document issuances, referrals made, or any other activity on the GAIN HV Outreach Checklist and on GN 6050 in the GAIN activity folder.

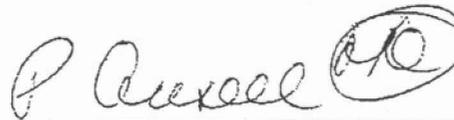
Note: In cases where there is no assigned GSW, the HV SGSW/HV GSW shall contact the GAIN scheduling clerk at the Region Office to schedule an appointment for the participant with a new GSW.

E. Case-Carrying GAIN Services Supervisor

The case-carrying GSS shall:

1. Receive completed HV case folder from the HV UA, and ensure the case-carrying GSW completes the required actions.
 2. Set a control for the 15-business day follow-up.
 3. Ensure the case-carrying GSW completes required follow-up activities and documents the case within the established time frame.
 4. Delete GEARS alert.
- D. Document the actions taken in the GN 6050.
- E. Return the completed GAIN HV case folder to the HV UA.

Questions regarding this material may be directed by administrative staff to GAIN Program Division.



PHIL ANSELL, DIRECTOR
BUREAU OF PROGRAM AND POLICY

APPROVED:

BPP BWS BSO BAS OIT

PA:MQ
RL:fa

Attachments

LIST I, II, III, & IV

GAIN SANCTION HOME VISIT OUTREACH CHECKLIST

CASE NAME:	PARTICIPANT NAME:	FILE NO./CASE NUMBER:
------------	-------------------	-----------------------

Resolved prior to sending home visit appointment letter? Yes/No _____
 Exempt, Good Cause, agree to participate or already participating? _____
 Date home visit scheduled: _____ Start Time of Visit: _____ a.m./p.m.
 Resolved prior to home visit? Yes/No If Yes state: _____
 Identification Verified: Yes No Type Seen: _____ No.: _____
(e.g. California ID, Driver's License, etc.)

- Participant refused Home Visit Issue(s) resolved prior to Home Visit
 Participant refused to complete Home Visit

Issues Reviewed:

- | | | |
|--|---|--|
| <input type="checkbox"/> CalWORKs Time Limits
<input type="checkbox"/> Welfare-to-Work Requirements
<input type="checkbox"/> Learning Disability | <input type="checkbox"/> GAIN Participation/Activities
<input type="checkbox"/> Specialized Supportive Services (DV/MH/SA)
<input type="checkbox"/> Child Care Services | <input type="checkbox"/> Transportation Services
<input type="checkbox"/> Ancillary Expenses
<input type="checkbox"/> Post-Employment Services |
|--|---|--|

Notices:

- Can not read notices
- Does not understand notices
- Notices are confusing
- Untimely notices
- Notices not in spoken language
- Mail sent to wrong address
- Problems receiving mail
- Other: _____

Communication:

- Unable to reach GSW by telephone
- Problems communicating with GSW
- Other: _____
- _____
- _____

Supportive Services:

- Non-receipt of child care
- Non-receipt of transportation
- Non-receipt of work related expenses
- Mental health problems
- Domestic violence problems
- Substance abuse problems
- Other: _____

Possible Exemption:

- Participant is working 32/35 hrs
- Claims to be sick or disabled
- Claims to have a sick or disabled family member
- Claims an exemption (specify): _____
- Other: _____

Family Problems:

- Family problems/crisis
- Legal problems
- Child has school problems
- Other: _____

Other:

- Negative Experience with GAIN
- Stay home with child
- Attending school or training program
- Other: _____

Was the participant in non-compliance as a result of a SA, MH or DV service need? Yes No

Was a referral made to the SGSW? Yes No, or Case transferred? Yes No

Was the referral made from the participant's home? Yes No

Was the participant sanctioned as a result of a SA, MH, or DV service need? Yes No

Brochures/Community Resource Referral/Info Line Referral/Informational Notices Given to Applicant: _____

Questions for Participant:

What do you like the most about the GAIN Program? _____

What do you like the least about the GAIN Program? _____

What can the GAIN Program do to make it easier for you to participate in GAIN? _____

Home visit resolution: _____

Home Visit GSW Signature:	Date:	Time Home Visit Concluded:
Participant Signature:	Date:	Time Home Visit Concluded:

**GAIN PROGRAM DIVISION
GAIN SANCTION HOME VISIT OUTREACH PROJECT
Monthly Report**

Report Month/Year:

Number of Pts. in Non-Compliance/Sanction in Report Month	
Exemption or Good Cause Granted Prior to Sending of Home Visit Appointment Letter	
Agreed to Participate or Already Participating Prior to Sending of Home Visit Appointment Letter	
Number of Home Visit Appointment Letters Mailed	
Number of Exemptions or Good Cause Following Receipt of Home Visit Appointment Letter	
Number of Agreements to Comply as a Result of Receipt of Home Visit Appointment Letter	
Number of Home Visits Scheduled in Report Month	
Of the Scheduled Home Visits:	
Number of Home Visits Made with Participant Contact	
Number of Home Visits Made but Participant not home or incorrect address	
Of the Home Calls with Participant contact:	
Exemption or Good Cause	
Agreed to Participate	
Number of Unresolved Non-Compliances/sanctions with Home Visit	

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

REPLY TO: GAIN Regional Office Address	
PARTICIPANT'S NAME:	
CASE NUMBER:	PID:
DATE:	

Participant's Name
Street Address
City
State & ZIP code

Dear _____

Our records show that you did not:

- Sign your Welfare-to-Work Plan on _____.
- Participate in _____ on _____.
- Make good progress in your _____ activity because _____.
- Accept a job at _____.
- Keep your job at _____.
- Keep the same amount of earnings.

As a result, you may be sanctioned and your cash aid may be reduced. You may have received or will receive another letter explaining any changes to your cash aid.

We can assist you to avoid this sanction. If you have problems with transportation, child care, work-related expenses, or any other problem that is keeping you from participating, we may be able to help you take care of the problem(s) so that you can comply with GAIN requirements.

To find out how we can help you, we have scheduled a GAIN home visit at your home on the date and time indicated below:

DATE OF HOME VISIT: MONTH/DAY/YEAR
TIME: BETWEEN 0:00 AM AND 00:00 AM

Note: If you wish to reschedule the home visit please call the GAIN Services Worker at the number below as soon as possible, but no later than the day before the scheduled home visit date.

If you do **not** want us to visit your home, please call the GAIN Services Worker at the number below no later than the date before the scheduled home visit date. We may be able to resolve this problem over the telephone or we may be able to arrange for you to come into the office to provide the required proof of good cause. If you are a victim of domestic violence, please call (800) 978-3600.

If you have any questions regarding this notice or the GAIN home visit, please call the GAIN Services Worker listed below.

GAIN Services Worker: _____

Telephone Number: _____

CONDADO DE LOS ANGELES

DEPARTMENT DE SERVICIOS SOCIALES PUBLICOS

NOMBRE DEL PARTICIPANTE:	
NUMERO DE CASO:	PID:
FECHA:	

Estimada:

Usted no cumplió con el Programa para la Transición de la Asistencia Pública al Trabajo (Welfare to Work - WTW). Como consecuencia, usted podría ser sancionado y su ayuda monetaria reducida.

Nosotros podemos ayudarle a evitar esta sanción. Si usted tiene problemas con transportación, cuidado de niños, gastos relacionados con el trabajo, o cualquier otro problema que le impida participar en el programa de GAIN, nosotros podríamos ayudarle a que cumpla con los requisitos del programa. Para darle más información acerca de nuestros servicios, hemos hecho una cita para visitarle en su casa en la fecha indicada a continuación:

FECHA DE VISITA: _____

HORA: ENTRE: _____

Si usted desea cambiar la fecha de la cita, por favor llame a su trabajador de GAIN al número que aparece en la parte de abajo de esta hoja, a más tardar un día antes de su cita. Si usted no quiere que le visitemos, por favor llame a su Trabajador de GAIN al mismo número a más tardar un día antes de su cita. Podríamos resolver el problema por teléfono o hacerle una cita para que usted venga a la oficina.

Si usted es víctima de Violencia Domestica, usted puede llamar a la línea de ayuda para víctimas de Violencia Doméstica al (800) 978-3600.

Trabajador de GAIN Número de Teléfono

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

REPLY TO: GAIN Regional Office Address	
PARTICIPANT'S NAME:	
CASE NUMBER:	PID:
DATE:	

Participant's Name
Street Address
City
State & ZIP code

Dear _____

Our records show that your cash aid was reduced as of _____. As a result, your cash aid is less. You are not receiving your part of the cash aid.

We would like to help you get your part of the CalWORKs cash aid back. If you have problems with transportation, child care, work-related expenses, or any other problem that is keeping you from participating in the GAIN program, we may be able to help you so that you are able to do what GAIN requires.

To find out how we can help you, we have scheduled a GAIN home visit at your home on the date and time indicated below:

DATE OF HOME VISIT: MONTH/DAY/YEAR

TIME: BETWEEN 0:00 AM AND 00:00 AM

Note: If you wish to reschedule the home visit please call the GAIN Services Worker at the number below as soon as possible, but no later than the day before the scheduled home visit date.

If you do not want us to visit your home please call the GAIN Services Worker at the number below no later than the date before the scheduled home visit date. We may be able to resolve this problem over the telephone or we may be able to arrange for you to come into the office to provide the required proof of good cause. If you are a victim of domestic violence, please call (800) 978-3600.

If you have any questions regarding this notice or the GAIN home visit, please call the GAIN Services Worker listed below.

GAIN Services Worker: _____ Telephone Number: _____

CONDADO DE LOS ANGELES DEPARTAMENTO DE SERVICIOS SOCIALES PUBLICOS

NOMBRE DEL PARTICIPANTE:	
NUMERO DE CASO:	PID:
FECHA:	

--

Estimado/a :

Nuestros archivos indican que su ayuda monetaria fue reducida a partir de _____ y usted no esta recibiendo la parte de ayuda que le corresponde.

Nos gustaría ayudarle a recuperar su parte de ayuda monetaria del programa de CalWORKs. Si tiene algún problema con transporte, cuidado de niños, gastos relacionados con el trabajo, o algún otro problema que le impida participar en el programa de GAIN, nosotros podríamos ayudarle a que cumpla con los requisitos del programa. Para darle más información acerca de nuestros servicios, hemos hecho una cita de GAIN para visitarle en su casa en la fecha indicada.

FECHA DE VISITA: _____

HORA: ENTRE _____

Si usted desea cambiar la fecha de la cita, por favor llame a su trabajador de GAIN al número que aparece en la parte de abajo de esta hoja, a más tardar un día antes de su cita. Si usted **no** quiere que le visitemos, por favor llame a su trabajador de GAIN al mismo número a más tardar un día antes de su cita. Podríamos resolver el problema por teléfono o hacerle una cita para que usted venga a la oficina.

Si usted es víctima de Violencia Domestica, usted puede llamar a la línea de ayuda para víctimas de Violencia Doméstica al (800) 978-3600.

Trabajador de GAIN Número de Teléfono

DEPARTMENT OF PUBLIC SOCIAL SERVICES ADMINISTRATIVE DIRECTIVE



NUMBER: Revised 4590	DATE: 01/25/07
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SUBJECT: ENHANCED ROLE OF THE COMMUNITY ASSESSMENT SERVICE CENTER (CASC) IN GAIN OFFICES

REFERENCE: Administrative Directive No. 4584, dated 08/01/06

CANCELS: Administrative Directive No. 4502, dated 11/1/04
Administrative Directive No. 4502, Supp. I, dated 5/12/05
Forms Manual Letter No. 4624, dated 1/12/06

CANCEL DATE: 10/23/07

FILE IN: GAIN Program Handbook
Chapter 1200

SPECIAL ATTENTION:

GAIN LACOE
 MAXIMUS/JVS, Inc. CASC
 CalWORKs

REPORT REQUIRED: Yes [] No
SURVEY REQUIRED: [] Yes No

I. PURPOSE/BACKGROUND

The purpose of this Administrative Directive (AD) is to issue instructions to Greater Avenues for Independence (GAIN), Contracted Case Management (CCM), Los Angeles County Office of Education (LACOE) and the Community Assessment Service Center (CASC) staff on the enhanced role of CASC staff, who will be co-located in GAIN Regional offices and County Contracted sites.

Effective upon the release of this AD, GAIN participants who self-disclose or are identified as having a need for Mental Health (MH) and/or Substance Abuse (SA) services, will be referred to the co-located CASC Service Advocate for referrals to Clinical Assessment (CLA) and advocacy services.

As background, in January 2005, the California Institute for Mental Health (CIMH) published a study that documented the effects of providing mental health, substance abuse and domestic violence services to CalWORKs participants in Los Angeles County. The study focused on four (4) major areas: 1) Identification and Referral; 2) Engagement; 3) Completion; and 4) Outcomes.

In response to the CIMH study, in April 2005, the Specialized Supportive Services (SSS) Section formed a workgroup of stakeholders, comprised of key representatives from other County departments, service providers, advocates and the Commission for Public Social Services, to assess enhancement opportunities for the CalWORKs SSS program.

I. **PURPOSE/BACKGROUND (Cont'd.)**

The workgroup members recommended modifying and enhancing the role of the CASC from that of primarily conducting assessments, to providing service advocacy and coordinating CLA and MH and/or SA treatment referrals with the goal of increasing the number of participants who engage in SSS.

II. **KEY POINTS**

CASC Service Advocates will:

- Co-locate at GAIN Regional and County Contracted offices.
- Coordinate CLA appointments and treatment referrals for participants who have been identified as having an SSS need.
- Provide support and advocacy to ensure participants access and engage in CLA and treatment services.

III. **POLICY**

Upon self-disclosure, or the receipt of the results obtained from administering the existing screening instrument for mental health and substance abuse, the GSW/CCM shall immediately transfer the case to the SSS Unit via the GAIN Services Supervisor (GSS), per existing procedures.

The SSS GSW/CCM will refer the GAIN participant to the co-located CASC Service Advocate for a CLA referral and advocacy services on the same day in which the participant is identified as having a need for SA and/or MH services.

IV. **PROCEDURES**

A. **Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities**

1. **LACOE Staff**

- a. When a GAIN participant informs LACOE staff that he/she is in need of SSS during **GAIN Orientation at the GAIN Regional Office**, LACOE staff will:

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

1. LACOE Staff (Cont'd.)

- i) Have the GAIN participant meet with the co-located CASC Service Advocate to discuss the availability of SSS and/or obtain a referral for a CLA appointment; or
- ii) If the co-located CASC Service Advocate is not available, contact the GAIN Region's existing designated Specialized Supportive Services Liaison (SSSL) to meet with the GAIN participant.

NOTE: If the participant self-declares a need for SSS during GAIN Orientation, LACOE staff will allow the participant a 10-minute timeframe to meet with the co-located CASC Service Advocate to make arrangements to attend CLA appointment. If the participant does not declare a medical emergency or crisis, which may include thoughts of suicide or thoughts of causing bodily harm to self or others, the CASC Service Advocate will advise the participant to return to his/her GAIN Orientation. The CASC Service Advocate will provide the participant a same-day appointment to return after the completion of GAIN Orientation to complete the CLA appointment referral process.

However, if the CASC Service Advocate recommends that the participant be excused from his/her GAIN Orientation due to his/her existing barrier, the GSW/CCM/LACOE staff shall follow procedures included in this AD.

The initial CASC Service Advocate process should take no more than 10 minutes. LACOE staff shall also excuse the participant from attending Job Club on the date he/she is scheduled to attend the CLA appointment (**one day only**).

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

1. LACOE Staff (Cont'd.)

- b. When a GAIN participant informs LACOE staff that he/she is in need of SSS during the **Off-site GAIN Orientation at the LACOE location**, LACOE staff will:
- i) Have the GAIN participant meet with the SSS Presenter at that site; or
 - ii) If the SSS Presenter is unavailable, instruct the GAIN participant to contact his/her GSW/CCM to obtain an appointment to meet with the co-located CASC Service Advocate, per existing procedures.

Note: If the GAIN participant self-declares a need for SSS, the SSS Presenter will contact the co-located CASC Service Advocate at the GAIN Region to obtain a CLA appointment and document the result of the contact on the SSS Presenter's Clinical Assessment Appointment Referral Log (Attachment I). This log must be faxed by the SSS Presenter, to the SSSL, at the end of each workday. Also, LACOE staff should excuse the participant from attending Job Club on the date he/she is scheduled to attend the CLA appointment (**one day only**).

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff

a. Off-site SSS Presenter at LACOE Location

The SSS presenter will provide SSS presentations for both MH and SA at the off-site LACOE location. If a GAIN participant informs the SSS presenter that he/she is in need of SSS, the SSS presenter will perform the following tasks **on the same day**, according to the type of need identified:

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff (Cont'd.)

a. Off-site SSS Presenter at LACOE Location (Cont'd.)

- i) Contact the co-located CASC Service Advocate at the participant's GAIN Regional office to secure an MH and/or SA CLA appointment within five (5) workdays and document the results of the contact on Page 1 of the SSS Presenter's Clinical Assessment Appointment Referral Log.
- ii) Complete page 1 and Section A of page 2 of the GN 6006A, CalWORKs Clinical Assessment Results (Attachment II).
- iii) Provide a copy of page 1 of the GN 6006A to the GAIN participant with his/her appointment information.
- iv) Provide, and have the participant complete, a copy of the ABCDM 228, Applicant's Authorization for Release of Information (Attachment III).
- v) Fax completed copies of the GN 6006A and the ABCDM 228 to the SSSL in the participant's GAIN Regional office.
- vi) On the same day, fax page 2 of the GN 6006A to the SA clinical assessor and/or MH treatment provider, completing Section A only.
- vii) Complete the GN 6330, Notice of Acknowledgment of Referral for Clinical Assessment Services (Attachment IV), and if there is no medical emergency/crisis, instruct the participant to return to complete the GAIN activity.

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff (Cont'd.)

a. Off-site SSS Presenter at LACOE Location (Cont'd.)

For participants who are deemed physically or mentally unable to continue participating in the current GAIN activity:

viii) Complete the GN 6343, Participation Stop Notice (Attachment V).

ix) Contact the co-located CASC Service Advocate at the participant's GAIN Region and arrange a same-day appointment for the participant to meet with the co-located CASC Service Advocate to discuss advocacy services.

If the CASC Service Advocate does not have any available time slots, schedule an appointment with the CASC Service Advocate for the next day. Document the results of the contact on Page 2, CASC Service Advocate Appointment Log, of the SSS Presenter's Clinical Assessment Appointment Referral Log.

x) Provide the GAIN participant with a GN 6340, CASC Service Advocate Referral Results form (Attachment VI), for a same-day appointment to meet with the CASC Service Advocate.

xi) Contact and inform the SSSL via telephone that the GAIN participant is being referred for a same-day appointment with the co-located CASC Service Advocate.

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff (Cont'd.)

a. Off-site SSS Presenter at LACOE Location (Cont'd.)

- xii) Instruct the GAIN participant to go to the GAIN Region and inform the receptionist that he/she has an appointment to meet with the co-located CASC Service Advocate. Additionally, instruct the GAIN participant to contact the SSSL if he/she waits in the lobby longer than **20 minutes** to meet with the co-located CASC Service Advocate and or GSW/CCM.
- xiii) Provide/fax a copy of the GN 6330 or GN 6343 to LACOE/SSSL.

b. Co-located CASC Service Advocate Staff

CASC Service Advocate staff will provide referrals to CLA and advocacy services throughout the day to all GAIN participants who have self-declared or have been identified with an SSS need during GAIN Orientation or any other welfare-to-work (WtW) activity. The co-located CASC Service Advocate will perform the following tasks according to the need identified:

- i) For MH CLA, review the MH Wait Time for Assessment and Treatment Appointment Chart (Attachment VII) to refer the GAIN participant to an MH treatment provider that is not identified on this list as having a delay and who can provide an MH CLA appointment within five (5) working days from the date of referral. This chart will be provided by SSS Program staff to the CASC Service Advocate by the 10th of each month.

If an MH treatment provider is unavailable, refer the participant back to the GSW/CCM.

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff (Cont'd.)

b. Co-located CASC Service Advocate Staff (Cont'd.)

- ii) For substance abuse contact the CASC to obtain a substance abuse CLA appointment.
- iii) For participants with potential co-occurring disorders, contact the CASC to obtain a SA CLA appointment, and contact the Mental Health Treatment Provider to obtain a MH CLA appointment. Every effort should be made to schedule two (2) CLA appointments for the participant. However, in the event that only one (1) of the CLA appointments could be scheduled, provide the participant with the CLA appointment with the provider who has the first available appointment, and follow-up to obtain the second CLA appointment. Establish a control to ensure that the participant receives and attends his/her second CLA appointment.
- iv) Secure an appointment for MH and/or SA CLA and complete page 1 of the GN 6006A and Section A of page 2 of the CalWORKs Clinical Assessment Results form.
- v) Provide a copy of page 1 of the GN 6006A to the participant, along with his/her appointment information.
- vi) Complete the GN 6330 form and submit a copy to the GAIN Region's designated SSSL.
- vii) Direct the participant back to the GAIN Orientation, Enhanced Job Club or his/her current WtW activity if he/she is able to continue in the current GAIN activity.
- viii) Complete the GN 6343 form if the participant is deemed physically or mentally unable to continue participating in the current GAIN activity.

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff (Cont'd.)

b. Co-located CASC Service Advocate Staff (Cont'd.)

- If the participant is unable to complete the GAIN Orientation or any other activity due to his/her existing barrier, the co-located CASC Service Advocate shall take the participant to the Reception area to notify the receptionist that the participant needs to meet with the SSSL.
- ix) Provide a copy of the forms to LACOE staff and the GAIN Region's SSSL if the participant was identified as having an SSS need during GAIN Orientation. For those participants who were identified as having an SSS need during any other WTW activity, provide a copy of the forms to the GSW/CCM.
- x) Educate the participant regarding the purpose and type of services aimed at removing barriers to employment.
- xi) Dispel myths, fears, and misconceptions regarding MH and SA treatment.
- xii) Reinforce the importance of keeping all scheduled appointments, and discuss the potential consequences of not attending scheduled appointments or treatment.
- xiii) Advise the participant of necessary paperwork he/she will need to take to the CLA appointment.
- xiv) Assist in ensuring that the participant accesses needed services.
- xv) Provide a completed and signed copy of the ABCDM 228 form to the participant. Submit the completed copy of the ABCDM 228 form to the SSSL.

IV. PROCEDURES (Cont'd.)

A. Los Angeles County Office of Education (LACOE) and Off-site SSS Presenter/Co-located Community Assessment Service Centers (CASC) Service Advocate Responsibilities (Cont'd.)

2. Off-site SSS Presenter/Co-located CASC Service Advocate Staff (Cont'd.)

b. Co-located CASC Service Advocate Staff (Cont'd.)

- xvi) On the same day, complete only Section A of page 2 of the GN 6006A and fax it to the SA clinical assessor and/or MH treatment provider.
- xvii) On the same day, provide a copy of pages 1 and 2 (with Section A completed) of the GN 6006A to the SSSL.
- xviii) Provide GAIN staff with a centrally-located Daily Co-located CASC Service Advocate Appointment Log (Attachment VIII).
- xix) Complete and return the GN 6340 to the SSSL.

Note: CASC Service Advocate staff must complete and provide a GN 6340, to the SSSL for GAIN participants who received advocacy services during GAIN Orientation and were referred to the CASC Service Advocate by the SSS Presenter.

- xx) Adhere to DPSS customer service policy that states that no GAIN participant shall remain in the lobby more than **20 minutes** at any given time without being seen by DPSS staff.
- xxi) Place a reminder call to the participant two (2) workdays prior to CLA appointment.

IV. PROCEDURES (Cont'd.)

B. GAIN and Contracted Staff)

1. Specialized Supportive Services Liaison (SSSL)

Upon receipt of completed copies of the ABCDM 228 and pages 1 and 2 of the GN 6006A from the co-located CASC Service Advocate at the GAIN Regional office, or the SSS Presenter at the off-site LACOE location, the SSSL shall:

- a. Inform the SSS GSS that a participant who has been identified as having an SSS need is waiting in the lobby to meet with the SSS GSW/CCM.
- b. Provide the SSS GSS with the copy of pages 1 and 2 of the completed GN 6006A.
- c. Receive the completed copies of the GN 6330, GN 6343 and ABCDM 228 or Clinical Assessment Appointment Referral Log from the co-located CASC Service Advocate staff, or the faxed copies of these forms from the SSS Presenter located at the off-site LACOE site.
- d. Ensure the appropriate GAIN staff receives the above-mentioned forms.
- e. Ensure the GAIN participant, who has been identified with an SSS need by the co-located CASC Service Advocate staff or the SSS Presenter located at the off-site LACOE location, and who is unable to complete his/her current activity, does not wait in the lobby longer than **20 minutes**.

Note: *The GAIN participant will be instructed by the SSS Presenter located at the off-site LACOE site to contact the SSSL if he/she waits in the lobby longer than **20 minutes** to meet with the co-located CASC Service Advocate and/or GSW/CCM.*

2. Specialized Supportive Services GAIN Services Supervisor (SSS GSS)

The SSS GSS will:

- a. Collect the GN 6330, GN 6343, and pages 1 and 2 of the GN 6006A from the SSSL.

IV. PROCEDURES (Cont'd.)

B. GAIN and Contracted Staff (Cont'd.)

2. Specialized Supportive Services GAIN Services Supervisor (SSS GSS) (Cont'd.)

- b. Transfer the case to a SSS GSW/CCM.
- c. Ensure the participant does not wait in the lobby longer than **20 minutes** before seeing the SSS GSW/CCM.
- d. Ensure the Advocacy Referral Service (ARS) and the CLA components (001S and 001M) are added to GEARS.

Note: *The existing CLA component will serve as the component to attach all ancillaries, transportation and child care.*

- e. Ensure any supportive services, i.e., child care and/or transportation, are arranged by the SSS GSW/CCM.

3. Specialized Supportive Services GAIN Services Worker/Contracted Case Management Staff (SSS GSW/CCM)

The SSS GSW/CCM will:

- a. Review the case received from the SSS GSS.
- b. Sign the participant up for a same-day appointment with the co-located CASC Service Advocate via the centrally-located CASC Service Advocate Appointment Log.
- c. Complete page 1 of the GN 6340 and provide a copy to the participant.
- d. If the co-located CASC Service Advocate is unavailable, follow existing CLA procedures as follows:
 - *For a substance abuse CLA, select a CASC site from the Clinical Assessment Services Centers Contact List (Attachment IX)*

IV. PROCEDURES (Cont'd.)

B. GAIN and Contracted Staff (Cont'd.)

3. Specialized Supportive Services GAIN Services Worker/
Contracted Case Management Staff (SSS GSW/CCM) (Cont'd.)

- *For a mental health CLA, contact a mental health service provider listed on the DMH Mental Health Provider Listing 2006-2007 (Attachment X).*
 - *For participants with potential co-occurring disorders, contact the CASC to obtain a SA CLA appointment, and contact the Mental Health Treatment Provider to obtain a MH CLA appointment. Every effort should be made to schedule two (2) CLA appointments for the participant. However, in the event that only one (1) of the CLA appointments could be scheduled, provide the participant with the CLA appointment with the provider who has the first available appointment, and follow-up to obtain the second CLA appointment. Establish a control to ensure that the participant receives and attends his/her second CLA appointment.*
- e. Open the ARS component on GEARS.
- Note:** *The existing CLA component will serve as the component to attach all ancillaries, transportation and child care.*
- f. Discuss and obtain the participant's signature on the GN 6137, Clinical Assessment Activity Agreement (Attachment XI).
- g. Instruct the participant to check-in with the receptionist and to inform the receptionist of his/her appointment with the CASC Service Advocate.
- h. Obtain page 2 of the GN 6340 from the CASC Service Advocate within 30 minutes of the scheduled appointment time.
- i. Enter the information on GEARS upon receipt of the GN 6340 specifying the results of the referral and the CLA appointment date.

IV. PROCEDURES (Cont'd.)

B. GAIN and Contracted Staff Responsibilities (Cont'd.)

3. Specialized Supportive Services GAIN Services Worker/
Contracted Case Management Staff (SSS GSW/CCM) (Cont'd.)

- j. File a completed copy of the GN 6343 obtained from the SSSL.

Note: If the participant is in crisis and unable to continue in his/her current activity, the CASC Services Advocate will have the participant complete the GN 6343.

- *The GSW/CCM will update the current component in GEARS as SG, "Drop out; stopped attending with good cause." A GN 6011, Service Provider Cancellation or Stop Notice, will be automatically generated.*

- k. File a completed copy of the GN 6330 in the GAIN Program Retention Folder (GPRF) obtained from the SSSL.

Note: If the participant is able to participate in his/her current activity, the CASC Services Advocate will have the participant complete the GN 6330.

- l. Obtain page 2 of the GN 6006A from the Clinical Assessor indicating the results of the CLA, within five (5) workdays of the CLA appointment.

- m. Upon receipt of the GN 6006A, update GEARS accordingly and file the document in the GPRF.

- n. Review and obtain the participant's signature on the GN 6135, Request for Services or Waiver of Services (Attachment XII).

- ***If the participant agrees to receive the recommended treatment services, complete Part I of the GN 6135 and continue to Step "o" below.***

IV. PROCEDURES (Cont'd.)

B. GAIN and Contracted Staff Responsibilities (Cont'd.)

3. Specialized Supportive Services GAIN Services Worker/
Contracted Case Management Staff (SSS GSW/CCM) (Cont'd.)

- *If the participant does not need a referral to treatment services or does not agree to treatment services, complete Part II of the GN 6135 and proceed through the regular GAIN process, per existing procedures.*
- o. Complete page 1 of the GN 6006B, CalWORKs Supportive Services Provider Referral (Attachment XIII), based on information obtained from Page 2 of the GN 6006A; provide a copy of page 1 of the GN 6006B to the participant; and provide a copy of page 2 of the GN 6006B to the treatment services provider.
- p. Authorize transportation, if needed.
- q. Discuss and arrange child care, if needed.
- r. Ensure receipt of page 2 of the GN 6006B, completed by the service provider, within 5 workdays of the scheduled appointment.
- s. File pages 1 and 2 of the GN 6006B in the GPRF.
- t. File the ABCDM 228 obtained from the SSSL in the GPRF.
- u. Thoroughly document all the activities that transpired as a result of the interview with the CASC Service Advocate, and any referrals made, on the GN 6050, GAIN Activity Record.
- v. Provide SSS Program staff with the monthly report, Mental Health/Substance Abuse Clinical Assessment Services Direct Referral Log (Attachment XIV), for all GAIN participants assigned to CLA by the GSW/CCM, by the 15th of the following month.

IV. PROCEDURES (Cont'd.)

B. GAIN and Contracted Staff Responsibilities (Cont'd.)

3. Specialized Supportive Services GAIN Services Worker/
Contracted Case Management Staff (SSS GSW/CCM) (Cont'd.)

Note: For GAIN participants who are attending GAIN Orientation or any other WtW activity: If the CASC Service Advocate completes the GN 6343 form indicating that the barrier prevents the GAIN participant from participating in GAIN Orientation or his/her current WtW activity, close the component on GEARS as SG, "Drop out; stopped attending with good cause," and notify LACOE that the participant will not complete GAIN Orientation. A GN 6011, Service Provider Cancellation or Stop Notice, will be automatically generated.

Questions regarding this release may be directed by administrative staff to the designated Human Services Administrator I, CaWORKs Division, Specialized Supportive Services Section, 12820 Crossroads Parkway South, City of Industry, CA 91746.

PA:CL
NM:jd


PHIL ANSELL, DIRECTOR
BUREAU OF PROGRAM AND POLICY

Attachments

CLEARANCE/APPROVAL:

<input checked="" type="checkbox"/> BAS	<input checked="" type="checkbox"/> BSO	<input checked="" type="checkbox"/> BCTS
<input checked="" type="checkbox"/> BPP	<input checked="" type="checkbox"/> BWS	<input checked="" type="checkbox"/> DPH
<input checked="" type="checkbox"/> DMH	<input checked="" type="checkbox"/> CSS	

Lists I, II, III & IV

CalWORKs
CLINICAL ASSESSMENT PROVIDER REFERRAL

[(Participant's Name and Address)] [(GAIN Regional Office)]

[(GSWCCM Name/File Number)] [(Participant Case Number)]

IMPORTANT CLINICAL ASSESSMENT APPOINTMENT NOTICE

Completed by Referring Individual

The following appointment has been scheduled for you to attend a clinical assessment for:

Mental Health

Substance Abuse

On: / / at
Date Time

Address: _____

Phone No.: _____

Fax No.: _____

Contact Person: _____

It is important for you to keep this appointment and take this notice with you.

If for any reason you cannot keep this appointment or have a problem, please contact your CASC Service

Advocate immediately. Your CASC Service Advocate is _____ and the telephone number to reach him/her is _____.

Person Referring and Title:	File No:	Phone No.: ()	Fax No.: ()
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I understand that I am being referred to Clinical Assessment as indicated above. If I fail to attend this appointment, I understand I may be subject to additional contact by a service provider. If additional contact is unsuccessful, I may be put into non-compliance.

GAIN Participant's Signature

Date

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

CalWORKs CLINICAL ASSESSMENT RESULTS

[To: (GAIN Regional Office)] [From: (Name & Address of Facility)]

Attention: _____
GSW/CCM Name/File Number

Fax No.: _____

Section A - Completed by Referring Individual

Participant Name:		CalWORKs Case Number:	
Residence Address: (Do not use for domestic violence if confidential address is requested.)		Mailing Address:	
Primary Language:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number: (Confidential for DV) ()
		Phone No.: (Confidential for DV) ()	

Section B - Completed by Clinical Assessor (Complete and return to the GAIN Services Worker within 5 workdays.)

Results of the assessment appointment:		IMMEDIATE NEED <input type="checkbox"/>	
<input type="checkbox"/> Participant did not appear/complete the assessment. <input type="checkbox"/> Participant completed the assessment, but does not need a referral for treatment. <input type="checkbox"/> Participant completed assessment & needs a referral, but does <u>not</u> agree to treatment for <input type="checkbox"/> Participant completed assessment and agrees to recommended treatment for <input type="checkbox"/> Participant completed assessment and does not agree; requests third party assessment.		<input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> MH <input type="checkbox"/> SA	
REFERRAL MADE FOR:		<input type="checkbox"/> MH and/or <input type="checkbox"/> SA	
<i>Referred to:</i>		On: ____/____/____ at ____:____	
Name of Provider: _____		Date	
Address: _____		Time	
Phone No.: _____			
Fax No.: _____			
Contact Person: _____			
Name of Assessor:		Facility Name:	
		Phone No.: ()	

Section C - Completed by GAIN Participant

I authorize the release of information to DPSS regarding the results of my assessment and possible need for treatment services and recommended service plan.	
_____	_____
GAIN Participant's Signature	Date

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

I, _____, RESIDING AT _____

HEREBY AUTHORIZE YOU TO RELEASE TO THE

SPECIFIC

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE _____

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

NOTICE OF ACKNOWLEDGMENT OF REFERRAL FOR CLINICAL ASSESSMENT SERVICES

PARTICIPANT NAME:	CASE NUMBER:
SOCIAL SECURITY NUMBER:	GSW NAME/FILE NO.:

You self-declared or have been identified as having a need for mental health and/or substance abuse supportive service. As a result, you will be referred to a clinical assessor. The clinical assessor will determine if you will need to include mental health and/or substance abuse treatment as part of your welfare-to-work plan.

Please complete the following:

COMPLETED BY PARTICIPANT:

I understand that I have self-declared or have been identified as needing:
 mental health and/or substance abuse services.

I am being referred to mandatory clinical assessment.

Additionally, I understand that I must actively continue to participate in my activity, until my clinical assessment appointment date, and unless I am told otherwise, I should return to my activity upon completing my clinical assessment activity.

Please check activity:

GAIN Orientation

Enhanced Job Club

Other Welfare-to-Work Activity

Participant Signature: _____ Date: _____

GN 6140 Attached

Received by:

GAIN Services Supervisor _____
Date Signed

PARTICIPATION STOP NOTICE

PARTICIPANT NAME:	CASE NUMBER:
SOCIAL SECURITY NUMBER:	GSW NAME/FILE NO.:

Please complete the following:

COMPLETED BY COMMUNITY ASSESSMENT SERVICES CENTER (CASC) SERVICE ADVOCATE OR SPECIALIZED SUPPORTIVE SERVICES (SSS) PRESENTER

The above participant is in crisis and is unable to complete the following:

- GAIN Orientation
- Enhanced Job Club
- Other Welfare-to-Work Activity

The participant has an appointment for clinical assessment on _____ with

(Agency)

CASC Service Advocate/SSS Presenter Signature: _____

Date: _____

Notice received by:

LACOE Staff

Date Signed

GAIN Services Supervisor

Date Signed

CASC SERVICE ADVOCATE REFERRAL RESULTS

[To: (GAIN Regional Office)] [From: (Name & Address of Facility)]

Attention: _____
GSW/CCM Name/File Number

[Fax No.: _____] []

A - Completed by Referring Individual:

Participant Name:		CalWORKs Case No.:		
Residence Address: (Do not use for domestic violence if confidential address is requested):		Mailing Address:		
Primary Language:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No.: (Confidential for DV)	Phone No.: (Confidential for DV) ()

B - Completed by CASC Service Advocate (Complete and return to the GSW/CCM within 30 minutes of the scheduled appointment)

I. SUBSTANCE ABUSE AND/OR MENTAL HEALTH (Complete when applicable)

- Participant failed to appear for appointment.
- Participant is scheduled for a clinical assessment on: ____/____/____.

II. DOMESTIC VIOLENCE CASE MANAGEMENT AND/OR LEGAL SERVICES : (Complete when applicable)

- Participant referred to DV services.

III. OTHER SUPPORTIVE SERVICES NEEDS: (Complete when applicable)

Child care Public transportation

Ancillary work/related expenses such as: Books, Fees, Uniforms and/or Tools

IV. CERTIFICATION: I certify that a release of confidentiality form has been signed by the participant and a copy is on file.

Signature/Print Name of Person Completing this form	Title:	Phone No.: ()	Date:
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C - Completed by GAIN Participant:

I authorize the Department of Public Social Services to release information to the above CASC Service Advocate regarding the status of my CalWORKs application/case as it applies to my CalWORKs Welfare-to-Work Plan.

I am aware that my mental health and/or substance abuse services will be incorporated in my CalWORKs Welfare-to-Work plan.

I am aware that my domestic violence services may be incorporated now or eventually in a CalWORKs Welfare-to-Work plan. The determination will be made by my GSW in consultation with the service provider.

Participant's Signature Date



**County of Los Angeles – Department of Mental Health
COUNTYWIDE COMMUNITY-BASED SERVICES
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES**

Attachment VII

WAITING TIME FOR ASSESSMENT AND TREATMENT APPOINTMENTS – January 2007

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
SERVICE AREA 1 – ANTELOPE VALLEY						
Antelope Valley MHS (661) 723-4260 M.JonesChambers@lacdmh.org	1/2/07	Makesha Jones-Chambers	No wait	No wait	--	English
Palmdale MHC (661) 575-1800 C.Ballenger@lacdmh.org ciferquison@lacdmh.org	1/4/07	Christina Ballenger, New contact person for appointments	No wait	No wait	--	English, Russian
Penny Lane (861) 286-4783 lalfonso@pennylane.org	1/3/07	Lisa Alfonso	Closed until further notice	Closed until further notice	We are unable to accept new referrals until further notice based on the number of clients (67) that we are currently servicing we will be over-budget for the 06-07 fiscal year. – Lisa Alfonso	Spanish, Arabic, Hebrew, Korean, Japanese, Thai
San Fernando Valley CMHC (818) 838-1352 cgiles@sfvcmhc.org	1/3/07	Christina Giles	Next open date for English-spkg appt is 4/12/07 Spanish-spkg appts are not available	No wait	Closed for Spanish-speaking Only. Employee is moving to North Hollywood site Jan 3, 2007	English, Spanish
SERVICE AREA 2 – SAN FERNANDO VALLEY						
Child & Family Center (861) 286-2562 Deborah.Evans@childfamilycenter.org	1/2/07	Deborah Evans	No wait	No wait	--	English, Spanish
Child & Family Guidance Center (818) 993-9311 pgruberblatt@childguidance.org	1/2/07	Claudia Steinberg	No wait	No wait	--	English, Spanish
El Centro De Amistad (818) 347-8565 – Canoga Park (818) 898-0223 – S.F. (Fridays) luann_r@elcentrodeamistad.org	1/2/07	Luann Rollens	No wait	No wait	Canoga Park site is open to appts San Fernando site is currently closed to appts.	Spanish, English, Farsi
Hillview MHC (818) 898-1161 colermanke@earthlink.net	1/2/07	Dr. Esther Coleman	Closed until further notice	Closed until further notice	No specified open date given.	English

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
Pacific Asian Counseling Services (formerly WRAP Family Services) (818) 989-9214 de.eugene@pacsla.org	1/2/07	Dominique Eugene, LMFT	No wait	No wait	They Need CalWORKs referrals. Please call them.	Chinese, Japanese, Korean, Tagalog, Cambodian
San Fernando MHS (818) 832-2400 RCabuyay@sfvcmhc.org	1/2/07	Rod Gabuya	No wait	No wait	Intake appointments for English weekly: Tuesday and Thursday 9:30 AM Intake appointments for Spanish Weekly: Monday and Wednesday 12:30 PM	Armenian, Spanish, Russian, English, Tagalog, Vietnamese, Korean, Greek
San Fernando Valley CMHC (818) 838-1352 cgiles@sfvcmhc.org	1/3/07	Christina Giles	No wait for English-spkg appts. Spanish-spkg appts are not available	No wait	Closed for Spanish-speaking Only. Employee is moving to North Hollywood site Jan 3, 2007	English, Spanish
San Fernando Valley CMHC: Center for family Living Van Nuys (818) 838-1352 cgiles@sfvcmhc.org	1/3/07	Christina Giles	Next open date for English-spkg and Spanish-spkg appt is 2/1/07	No wait	-	English, Spanish
San Fernando Valley CMHC: MacDonald Carey OP (818) 838-1352 cgiles@sfvcmhc.org	1/3/07	Christina Giles	Next open date for English-spkg and Spanish-spkg appt is 2/12/07	No wait.	-	English, Spanish
Santa Clarita Valley MHC (661) 222-2800 rmarks@dmh.co.la.ca.us	1/2/07	Ruth Marks	No wait	No wait	-	English, Spanish, Tagalog and Hindi
Stirling Behavioral Health Institute (818) 378-0134 hedman3172@aol.com	1/2/07	Heien Edmondson-Poteshman, Psy.D.	No wait	No wait	-	Spanish, Farsi
The HELP Group (818) 267-2813 jwolfe@thehelpgroup.org	1/2/07	Jaime Wolfe, MFTI	Next open date is 2/1/07	No wait	January will be closed to referrals. Possible re-opening to appts in February 2007	English, Spanish
Verdugo MHC (818) 244-7257 JenHgrowitz@aol.com	1/3/07	Jennifer Horowitz, PhD	No wait	No wait	6 slots open as of 1/3/07	English, Armenian, Spanish, Arabic, Farsi
West Valley MHC (818) 598-6900 lkatz@dmh.co.la.ca.us	1/2/07	Lisa Katz	No wait	No wait	-	Spanish, Farsi, Arabic, Japanese, Chinese, Armenian, Russian.
SERVICE AREA 3 – SAN GABRIEL VALLEY						
Arcadia MHS (626) 821-5858 cweatherspoon@dmh.co.la.ca.us	1/2/07	Catherine Weatherspoon, LCSW	No wait	No wait	They Need CalWORKs referrals. Please call them.	English, Spanish, Chinese
Asian Pacific Family Center (626) 287-2988 awong@pacificclinics.org	1/2/07	Anne Wong, LCSW	No wait	No wait	"My Vietnamese-speaking staff left my program. So, right now, we don't have the staff to take in Vietnamese speaking clients" – Anne Wong	Cantonese, Mandarrn

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
D'Veal Family Youth Services (626) 796-3453 dveal@aei.com (Mr. McCall, clinic manager) http://aei.com	1/2/07	Elena F. Bell, LCSW	No wait	No wait	They Need CalWORKs referrals. Please call them.	English, Spanish
Enki Health and Research Systems, Inc. (Covina) Silvia Dwiggins (323) 725-1337 or (323) 810-2603 sdwiggins@ehrs.com	1/3/07	Silvia Dwiggins	Currently Closed to CalWORKs referrals	Currently Closed to CalWORKs referrals	Caseload is full. Not enough staff. No specified open date given.	English, Spanish
Enki Health and Research Systems, Inc. (La Puente) Silvia Dwiggins (323) 725-1337 or (323) 810-2603 sdwiggins@ehrs.com	1/3/07	Silvia Dwiggins	No wait	No wait	--	English, Spanish
I-CAN (Prototypes Pasadena) (626) 577-2261 sblank@prototypes.org	1/2/07	Stephanie Blank	No wait	No wait	--	English, Mandarin Chinese
Pacific Clinics - Pomona (Bonita Family Services) (909) 625-7207 kvilchez@pacificclinics.org	1/2/07	Kathy Vilchez	No wait	No wait	--	English, Spanish
Pacific Clinics - Hudson Ave. (626) 744-5230 snelson@pacificclinics.org bspier@pacificclinics.org	1/2/07	Sylvia Nelson, MFT Betsy Spier, MFT	No wait	No wait	--	English, Spanish, Armenian
Prototypes-ICAN (Pomona) (909) 396-4383 x343 ssoloro_prototypes@yahoo.com	1/2/07	Juan Ramirez, Intake Coordinator	No wait	No wait	--	English, Spanish
Sierra Family Center (626) 335-5980 nina@pacificclinics.org	1/2/07	Maria Martin, LCSW	No wait	No wait	--	English, Spanish
SERVICE AREA 4 - CENTRAL LOS ANGELES						
Children's Hospital (323) 668-2350 hromayounjan@chla.usc.edu	1/2/07	Haleh Homayounjan	No wait	No wait	--	English, Spanish

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
Children's Institute International (213) 385-5100 x1858 ralegrna@childrens-institute.org	1/2/07	Rebecca Alegria	No wait	No wait	"We do have an opening for a CW-MH patient. We do not have specific dates and times blocked out for this though. What we do when we have an opening is assign it to a therapist and that same week they will put out dates and times available to schedule the intake and coordinate weekly appointments with the client" - Rebecca Alegria	English, Spanish
Community Counseling Services - (Amanecer) (213) 481-1347 ltanajo@ccsla.org klyn@ccsla.org	1/2/07	Kenneth Lyn	Next open date is 2/2/07	No wait	Amanecer CCS is not able to take any further MH assessment until 2/2/07. No therapist available	English, Spanish
Downtown MHC (213) 430-6700 MGibbs@dtnh.co.la.ca.us	1/2/07	Marcie Gibbs	No wait	No wait	-	English, Spanish, Mandarin, Tagalog, Hindi, Malayalam, Tamil, Russian, Vietnamese, French, Cantonese, Armenian
Hollywood MHC (323) 769-6100 rmore@dtnh.co.la.ca.us	1/2/07	Rachel R. More, MSW	No wait	No wait	Only schedule CalWORKs clients on Tuesdays through the ACCESS system.	English, Spanish, Korean, Egyptian, Russian, Tagalog
IMCES - VERDUGO (213) 381-1250	1/2/07	-	No wait	No wait	The wait for Spanish-speaking clients may be longer because there is only 1 Spanish speaking clinician for CalWORKs.	Korean, Armenian, Iranian, Spanish, Indian, Russian, Hebrew, Persian, English
Northeast MHC (323) 478-8200 jskilianArgueta@lacdmh.org MEMedrano@lacdmh.org	1/2/07	Juliann Skilian-Argueta	No wait	No wait	-	English, Spanish
Portals / Wilshire (7512) (213) 639-0265 annaa@portalshouse.org	1/2/07	Anna Althal, PhD	No wait	No wait	-	English, Spanish, Kannada, Russian, Armenian, Farsi
Seven Generations - American Indian Center (213) 241-0979 jringenfelter@hotmail.com	1/2/07	Jennifer Lingenfelter	No wait	No wait	-	English, Spanish
SSG IndoChinese Center 605 W. Olympic Blvd., Ste. 550 (213) 553-1850 ichawkins@apctic.org	1/2/07	Lan Nguyen-Chawkins, Ph.D.	No wait	No wait	-	English, Mandann, Cantonese, Korean, Vietnamese, Cambodian
SERVICE AREA 5 – SANTA MONICA/WEST LOS ANGELES						
Didi Hirsch CMHC - Culver Palms (310) 895-2300 scalpagno@didihirsch.org	1/2/07	Stacey Calcagno	No wait	No wait	-	English, Spanish
Edmund D. Edelman Westside MHC (310) 966-6500 mrodriguez-finston@dtnh.co.la.ca.us	1/2/07	Monica Rodriguez-Finston	No wait	No wait	-	English, Spanish

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
Pacific Asian Counseling Services (formerly WRAP Family Services) (310) 337-1550 m.okano@pacasia.org	1/4/07	Michi Okano (310) 337-1550 ext. 227	No wait	No wait	--	Chinese, Japanese, Korean, Tagalog, Vietnamese
SERVICE AREA 6 – SOUTH CENTRAL LOS ANGELES						
1736 House-Family Crisis Center (323) 737-3900 Main office number	1/2/07	Please call "hotline" for new CalWORKs referrals (213) 745-6434 Kim Crawford	No wait	No wait	--	English, Spanish
Augustus F. Hawkins Comp MHC (310) 668-4272 L.escobar@aacfmh.org	1/2/07	Liz Escobar (310) 668-2009	No wait	No wait	--	English, Spanish
Compton MHC (310) 668-6800 f.hawkins@drmh.co.la.ca.us	1/4/07	Joma Hawkins, PhD, Psychologist CalWORKs Liaison	Next open date is 1/23/07	No wait	Dr. Hawkins does CalWORKs on Tuesdays, <u>one day per week</u> and <u>one appt slot</u> on each Tuesday.	English
Didi Hirsch- Taper (323) 778-9593 ahotkamp@didihirsch.org	1/2/07	Allison A. Hotkamp	No wait	No wait	--	English
Kedren CMHC (323) 733-3886 j.jones@kedrenmentalhealth.org	1/2/07	Janis Jones	No wait	No wait	--	English, Spanish
L.A. Child Guidance -Vermont (323) 766-2345, ext. 2002 dpendergrass@lacgc.org	1/2/07	D. Pendergrass	No wait	No wait	--	English, Spanish
L.A. Child Guidance -Crenshaw (323) 766-2345, ext. 2002 dpendergrass@lacgc.org	1/2/07	D. Pendergrass	No wait	No wait	--	English, Spanish
Portals Community Connections (7125) (213) 639-0265 (323) 290-4347	1/2/07	Anna Aithal	No wait	No wait	--	English, Spanish, Kannada, Russian
SCHARP (323) 541-9016 robinhood1211@aol.com	1/2/07	Robin Moten	No wait	No wait	--	English
Shields for Family (323) 242-5000 kmedvin@shieldsforfamilies.org	1/2/07	Kim Medvin	No wait	No wait	--	English, Spanish
West Central Family MHS (323) 298-3680 KMcGrogan@dmh.co.la.ca.us	1/3/07	Dr. Kathleen McGrogan, LCSW	No wait	No wait	--	English, Spanish
SERVICE AREA 7 – SOUTHEAST LOS ANGELES						
ALMA Family Services (562) 801-4626 kellys@almars.com	1/3/07	Kelly Segovia	No wait	No wait	--	English, Spanish

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
Community Family Guidance Center (562) 924-5526 k.hatalactac@varico.com	1/2/07	Kathy Hatala, MFT-Intern	No wait	No wait	--	English, French, Hindi, German, Vietnamese, Mandarin, Indonesian, Taiwanese, Indian dialect.
ENKI – East LA MHS – Bell Gardens Silvia Dwiggins (323) 725-1337 or (323) 810-2603 sdwigg@ehrs.com	1/3/07	Silvia Dwiggins	Next open date is 1/22/07	No wait	Able to accept 2 referrals in January	English, Spanish
ENKI – Margarita Mendez Silvia Dwiggins (323) 725-1337 or (323) 810-2603 sdwigg@ehrs.com	1/3/07	Silvia Dwiggins	No wait	No wait	--	English, Spanish
ENKI – East LA – Commerce Silvia Dwiggins (323) 725-1337 or (323) 810-2603 sdwigg@ehrs.com	1/3/07	Silvia Dwiggins	No wait	No wait	--	English, Spanish
Intercommunity Child Guidance Center (562) 692-0383 mstewart@intercommunity.org	1/2/07	Mary Stewart, LCSW	No wait	No wait	Their intake assessment schedule are as follows: Mondays, Tues and Fridays 9:00 AM - 12:00 PM; Wednesdays and Thursdays, 12:30 PM - 3:30 PM	English, Spanish
Pacific Clinics – El Camino (562) 949-8455 tse@pacificclinics.org	1/2/07	Judy Tse	No wait	No wait	Schedule through Call Center – (877) 722-2737. Pts can also use the Walk-in system. Every Thursday from 1-1:30p. If GAIN or CASC calls on Monday for example, that participant is able to get appt on the same week Thursday. If its Friday then will get appt for that Thursday as well.	Spanish, English, Mandarin, Cantonese
Rio Hondo Community MHC (562)402-0688 LGuzmanSoydan@dmh.co.la.ca.us	1/2/07	Leticia Guzman	Next open date is 1/18/07	No wait	Walk-in appointment system. Monday slots are available for Eng. And Span. Clients and Thursday slots are available for Eng. Clients only.	Spanish, Chinese, Mandarin, German, Tagalog, Hindi, Korean, Punjabi, Urdu
Roybal Family MHS (323) 267-3400 mbefort@dmh.co.la.ca.us	1/3/07	Mark Befort	No wait	No wait	--	English, Spanish
San Antonio MHC (562) 903-5085 2 Locations available for referrals 1) DPSS – Bandini 2) SAMHC - Santa Fe Springs(SFS) pnoriega@dmh.co.la.ca.us	1/3/07	Phyllis Noriega, LCSW	Next open date @ Bandini is 2/1/07 for English-spkg and Spanish-spkg appts Next open date @ SFS is 1/16/07 for Spanish-spkg appts 1/17/07 for English-spkg	No wait	GAIN Workers schedule appointment slots. Appointments at the Bandini GAIN office and now also at San Antonio MH Clinic at Santa Fe Springs. They schedule Intakes on Wednesdays, Thursdays and Fridays.	English, Spanish
SERVICE AREA 8 – SOUTH BAY/LONG BEACH						
1736 House-Family Crisis Center (310) 543-9900 Main Office Number	1/2/07	Please call "hotline" for new CalWORKs referrals (310) 543-9900 ext 310 Nancy Lomibao	No wait	No wait	--	English, Spanish

AGENCY NAME AND PHONE NUMBER	DATE OF CONTACT / UPDATED	PERSON CONTACTED	LENGTH OF WAIT FOR INTAKE APPOINTMENT	LENGTH OF WAIT FOR TREATMENT APPOINTMENT	REASON FOR OVER FIVE DAYS WAIT & OTHER COMMENTS	LANGUAGES
Children's Institute International - South Bay (310) 783-4677, x4203 JParra@Childrensinstitute.org	1/2/07	Jesús Parra, MFT	No wait	No wait	"We do not have a specific intake appointment date available, but can adjust our scheduling so that a CALWORKS participant can be seen within a week's time period." - Jesus Parra	English, Spanish
Coastal Asian Pacific MHS (310) 217-7316 Y.Tse@dmh.co.la.ca.us	1/2/07	Yuchai Tse	No wait	No wait	"70% of the time, we don't have a waiting period; we do the assessment within 5 days. We usually provide treatment within 1-2 weeks after assessment." - Yuchai Tse	Chinese, Mandarin, Vietnamese, Korean, Japanese, Tagalog
Didi Hirsch - Inglewood (310) 895-2300	1/2/07	Stacey Calcagno	No wait	No wait	--	English, Spanish
DMH at Harbor-UCLA Medical Center (310) 222-1622 uramirez@dmh.co.la.ca.us	1/2/07	Ulises Ramirez	No wait	No wait	--	English, Spanish, Vietnamese
The Guidance Center (562) 595-1159 x3031 rmacdonald@gcicb.org	1/2/07	Ray McDonald	Closed until further notice	Closed until further notice	Their budget only allows for services to 30-32 clients No specified open date given.	English, Spanish
Long Beach Asian Pacific MH Prog. (562) 599-9401	1/2/07	Julie Leevarinpanich	No wait	No wait	--	English, Cambodian, Vietnamese, Chinese, Filipino, Korean
Long Beach MHS Adult Clinic (562) 599-9280 mesquivel@dmh.co.la.ca.us	1/2/07	Maria Esquivel	Next open date is 1/16/07	No wait	--	English, Spanish, Hindu
Long Beach Child & Adolescent Clinic (562) 599-9274	1/2/07	Maria Esquivel	Next open date is 1/16/07	No wait	--	English, Spanish, Hindu
Pacific Asian Counseling Services (formerly WRAP Family Services) (562) 424-1888 muhausen@pacsla.org	1/2/07	Madoka Urhauser, MFT	No wait	No wait	--	Japanese, English, Vietnamese, Cambodian, Tagalog
San Pedro MHS (310) 519-6100 CEarl@tacmh.org	1/2/07	Charles Ellis	Next open date is 2/1/07	No wait	The clinic has hired a new CalWORKs Coordinator, Christopher Earl. Starting February 1 st , they anticipate on taking new referrals. Their former CalWORKs coordinator has been out on sick leave for months and also are short of staff.	English, Spanish
South Bay MHS (323) 241-6730 mpesci@dmh.co.la.ca.us	1/2/07	Dr. Marianne Pesci Klee	No wait	No wait	Unable to provide intake appts. for Spanish-speaking CalWORKs clients at this time. Spanish-Speaking Clinician no longer works there.	English, Spanish

CASC SERVICE ADVOCATE APPOINTMENT LOG

TIME SLOT	GAIN PARTICIPANT NAME	GSW/CCM NAME	FILE NUMBER	GSW/CCM PHONE NUMBER
8:00 A.M.				
8:20 A.M.				
8:40 A.M.				
9:00 A.M.				
9:20 A.M.				
9:40 A.M.				
10:00 A.M.				
10:20 A.M.				
10:40 A.M.				
11:00 A.M.				
11:20 A.M.				
11:40 A.M.				

CASC SERVICE ADVOCATE APPOINTMENT LOG

TIME SLOT	GAIN PARTICIPANT NAME	GSW/CCM NAME	FILE NUMBER	GSW/CCM PHONE NUMBER
1:00 P.M.				
1:20 P.M.				
1:40 P.M.				
2:00 P.M.				
2:20 P.M.				
2:40 P.M.				
3:00 P.M.				
3:20 P.M.				
3:40 P.M.				
4:00 P.M.				
4:20 P.M.				
4:40 P.M.				

COMMUNITY ASSESSMENT SERVICES CENTERS (CASC) CONTACT LIST

ASSESSMENT LOCATIONS	(SITE #)	CONTACT AND PHONE NUMBER
Tarzana Treatment Center (LA) 44447 North 10th Street West Lancaster, CA 93534	(1)	Terry Nico (661) 726-2630
San Fernando Valley CMHC 2151 E. Palmdale Blvd. Palmdale, CA 93550	(1A)	Elizabeth Robinson (661) 266-4517
San Fernando Valley CMHC (LA) 14658 Oxnard Street Van Nuys, CA 91411	(2)	Ben Medina (818) 285-1900
Tarzana Treatment Center 18646 Oxnard Street Tarzana, CA 91356	(2A)	Tammi DeMasters (818) 996-1051
San Fernando Valley CMHC 27225 Camp Plenty Road, Suite 4 Santa Clarita, CA 91351	(2B)	Ben Medina (818) 285-1900
Prototypes – San Gabriel Valley (LA) 11100 E. Valley Blvd. Suite 116 El Monte, CA 91731	(3)	Alicia Trivision (626) 444-0705
Prototypes - Pomona 172 West Willow St. Pomona, CA 91768	(3A)	Eliza Ramirez Neally (909) 623-4131
Prototypes – Pasadena 2555 Colorado Blvd., Suite 101 Pasadena, CA 91101	(3B)	Diego Gonzalez (626) 449-2433

COMMUNITY ASSESSMENT SERVICES CENTERS (CASC) CONTACT LIST

ASSESSMENT LOCATIONS	(SITE #)	CONTACT AND PHONE NUMBER
Homeless Health Care (LA) 2330 Beverly Blvd. Los Angeles, CA 90057	(4)	Hector Martinez (213) 381-0524
BHS 6838 W. Sunset Blvd. Hollywood, CA 90028	(4A)	Pete Iglesias (323) 461-3161
BHS East L.A. 3421 E. Olympic Blvd. Los Angeles, CA 90023	(4B)	Leroy Martinez (323) 262-1786
Didi Hirsch CMHC (LA) 11133 Washington Blvd. Culver City, CA 90230	(5)	Lucille Scott (310) 895-2339
ICS - LA 5715 S. Broadway Ave. Los Angeles, CA 90037	(6)	Jaysanna Collins (323) 948-0444
Shields for Families 12714 S. Avalon Blvd., Suite 300 Los Angeles, CA 90061	(6A)	Patricia McKenna (323) 756-6837
Kedren Mental Health Center 4211 South Avalon Blvd. Los Angeles, CA 90011	(6B)	Theresa Stout (323) 233-0425

CalWORKs Directly-Operated Clinics and Contract Providers, Locations, SPAs, and Services

DMH SERVICE CODES: CI=Crisis Intervention, CM=Case Management MD=Medication, GP=Group, IND=Individual, COL=Collateral; Age Groups: C=Children, A=Adult															
Facility Name	Contact	Title	Address	City	Zip	Phone	FAX	Age Group	CI	CM	MD	GP	IND	COL	Reporting Units
Service Area 1															
Antelope Valley MHS (D-O)	Currently Unknown James Cromes, LCSW.	CalWORKs Coordinator Site Director	349 EAST AVE. K6, SUITE A	LANCASTER	93535	(661) 723-4260	(661) 723-6975	A	X	X	X	X	X	X	1904A, Y
Children's Bureau of So. California	Deborah Devine	MH Program Coordinator	44404 16th STREET WEST SUITE 208	LANCASTER	93535	(661) 951-2191	(661) 729-8912	A,C							COS ONLY 7350G
Palmdale MHC (D-O)	Cindy Ferguson, Stephanie Lee	CalWORKs Coordinator	1529 E. PALMDALE BL., STE.150	PALMDALE	93550	(661) 575-1800	(661) 537-2932	A	X	X	X	X	X	X	7386A
Pennylane, National Foundation for Treatment	Lisa Alfonso	CalWORKs Coordinator	190 SIERRA COURT, SUITE C-8	PALMDALE	93550	(661) 266-4783	(661) 266-1210	A,C	X	X	X	X	X	X	7455A,C
San Fernando Valley CMHC: Palmdale	Christina Giles	CalWORKs Program Mgr.	2151 E. PALMDALE BL. UNIT B	PALMDALE	93551	(661) 266-0474	(661) 266-2657	A	X	X	X	X	X	X	7369B, Z
Service Area 2															
Child & Family Guidance Center	Penny Greenblatt	CalWORKs Program Mgr.	9650 ZELZAH AVE	NORTHRIDGE	91325	(818) 993-9311	(818) 739-5390	A,C	X	X	X	X	X	X	1975A
Child And Family/Newhall-OP	Deborah Evans	CalWORKs Program Mgr.	23502 LYONS AVE. #304	NEWHALL	91321	(661) 286-2562	(661) 222-7709	A,C	X	X	X	X	X	X	7413A
	Any mail and calls regarding CalWORKs should be directed to 23502 Lyons Ave, Su 304, Newhall, CA 91321 (not 23504 Lyons which is the other C and F bldg)														
El Centro de Amistad	Luann Rollens	Clinical Director for Adult	6800 OWENSMOUTH AVE. #310	CANOGA PARK	91303	(818) 347-8565 (818) 898-0223	(818) 361-5384	A	X	X	X	X	X	X	7050A
Hathaway Sycamores Pacoima	Sue Novack-Sorensen	CaWORKs Coordinator	12450 VAN NUYS BLVD., STE 100	PACOIMA	91342	(818) 896-8366	(818) 896-8392	A,C		X	X		X	X	7557
Hillview Mental Health Center, Inc.	Dr. Esther Coleman	CalWORKs Liaison	12450 VAN NUYS BLV. SUITE 200	PACOIMA	91331	(818) 896-1161	(818) 896-5069	A	X	X	X	X	X	X	7068P
Institute for Multicultural Counseling and Education Services	Dr. Arona Luckerman	CalWORKs Program Coordinator	431 N. BRAND BLVD. STE. 202	GLENDALE	91203	(818) 240-4311	(818) 240-4318	A	X	X	X	X	X	X	7547A
Pacific Asian Counseling Services (formerly WRAP Family Services)	Michi Okano, LCSW	CalWORKs Coordinator	6851 LENNOX AVE., #400	VAN NUYS	91405	(818) 989-9214	(818) 989-9217	A,C	X	X	X	X	X	X	7378A
San Fernando MHS (D-O)	Roduar Gabuya, Sal Moreno	CalWORKs Clinical Psychologist	10805 BALBOA BLVD	GRANADA HILLS	91344	(818) 832-2400	(818) 832-2567	A	X	X	X	X	X	X	6840A,D,F,V
San Fernando Valley CMHC, Inc.	Christina Giles	CalWORKs Program Mgr.	11565 LAUREL CANYON BLVD., #101	MISSION HILLS	91340	(818) 838-1352	(818) 838-1362	A	X	X	X	X	X	X	7369B, Z
San Fernando Valley CMHC: Center for Family Living	Anallia Garcia, M.A	CalWORKs Clinician Supportive Services	14545 SHERMAN CIRCLE	VAN NUYS	91405	(818) 901-4854	(818) 908-4995	A	X	X	X	X	X	X	7100A,V
San Fernando Valley CMHC: MacDonald Carey CP	Lorrie Rogers	CalWORKs Clinician	11631 VICTORY BLVD., SUITE 203	NO. HOLLYWOOD	91606	(818) 908-3855	(818) 753-5265	A	X	X	X	X	X	X	7177A,B
Santa Clarita Valley MHC (D-O)	Ruth Marks	CalWORKs Program Mgr.	25050 PEACHLAND AVE. STE. 203	NEWHALL	91321	(661) 222-2800	(661) 255-3428	A	X	X	X	X	X	X	1905V
SSG - Asian Pacific Counseling & Treatment Center of San Fernando Valley	Alex Aung	CalWORKs Liaison	5900 SEPULVEDA BLVD. #425	VAN NUYS	91411	(818) 267-1114	(818) 267-1199	A,C	X	X	X	X	X	X	7362A
Stirling Behavioral Health Institute	Helena Poteshman, Psy.D.	CalWORKs Coordinator	6931 VAN NUYS BLVD., STE 102	VAN NUYS	91405	(818) 376-0134	(818) 376-1437	A,C		X	X	X	X	X	7481A
The Help Group/Child & Family Center	Jaime Wolfe, MFT1 dir 2613	CalWORKs Coordinator	15339 SATICOY ST.	VAN NUYS	91406	(818) 267-2646	(818) 267-2690	A,C	X	X	X		X	X	7095A
Verdugo Mental Health Center	Pam Toll, MSW	CalWORKs Program Dir.	1540 E. COLORADO ST	GLENDALE	91205	(818) 244-7257 (818) 542-3227	(818) 542-9230 (818) 248-0087	A,C	X	X	X	X	X	X	1971V
West Valley MHC (D-O)	Karen Gaan, Acting Head	CalWORKs Program Mgr.	7621 CANOGA AVENUE	CANOGA PARK	91304	(818) 598-6900	(818) 598-6971	A	X	X	X	X	X	X	6541A

CalWORKs Directly-Operated Clinics and Contract Providers, Locations, SPAs, and Services

DMH SERVICE CODES: CI=Crisis Intervention, CM=Case Management MD=Medication, GP=Group, IND=Individual, COL=Collateral; Age Groups: C=Children, A=Adult															
Facility Name	Contact	Title	Address	City	Zip	Phone	FAX	Age Group	CI	CM	MD	GP	IND	COL	Reporting Units
Service Area 3															
Arcadia MHS (D-O)	Catherine Weatherspoon, LCSW dir: 626-821-5881	CalWORKs Therapist	330 EAST LIVE OAK AVE	ARCADIA	91008	(626) 821-5858	(626) 821-0858	A	X	X	X	X	X	X	1917A, P
D Veal Family and Youth Services	Lisa Black	CalWORKs Coordinator	855 N. ORANGE GROVE BL, STE 207	PASADENA	91103	(626) 796-3453	(626) 795-7082	A,C	X	X	X	X	X	X	7341A
Enki LPVMHC - La Puente	Nelly Ramos	CalWORKs Liaison	160 SOUTH SEVENTH AVENUE	LA PUENTE	91744	(626) 961-8971	(626) 961-6685	A	X	X	X	X	X	X	7173V
ENKI Youth and Family Svcs - Covina	Silvia Dwiggins	CalWORKs Coordinator	535 S SECOND AVE	COVINA	91723	(626) 974-0770	(626) 974-0774	A,C	X	X	X	X	X	X	7258A
Hathaway Sycamores	Patricia Morales	Clinician for CalWORKs	2933 NORTH EL NIDO DRIVE	ALTADENA	91101	(626) 789-0653	(626) 395-7270	A,C	X	X	X	X	X	X	7155B
All referrals for Pacific Clinics (except for the Asian Pacific Family Center) should be made to the call center						(877) 722-2737	(626) 844-0481								
Pacific Clinics: ACT Pasadena Project	--		1007 N. LAKE AVE.	PASADENA	91104	(626) 808-9746		A	X	X	X	X	X	X	7447
Pacific Clinics: Asian Pacif Family Ctr	Anne Wong	CalWORKs Coordinator	9353 E. VALLEY BLVD	ROSEMEAD	91770	(626) 287-2988	(626) 287-1937	A	X	X	X	X	X	X	7101A
Pacific Clinics: Hudson	Jaime Miller, PhD Karalee Bechtol	CalWORKs Coordinator Site Director	70 N. HUDSON AVE	PASADENA	91101	(626) 744-5230	(626) 441-6479	A	X	X	X	X	X	X	7418A
Pacific Clinics BONITA FAMILY SERVICE CTR (Pomona)	Kathy Vilchez	CalWORKs Coordinator	790 E. BONITA AVE.	POMONA	91767	(909) 625-7207	(909) 626-1524	A	X	X	X	X	X	X	7561A
Pacific Clinics: Sierra Family	Maria Martin	CalWORKs Coordinator	1160 S. GRAND AVE.	GLENDORA	91740	(626) 335-5980	(626) 335-5989	A	X	X	X	X	X	X	7380A
Prototypes/ICAN OP - Pasadena	Stephanie Blank, MSW	CalWORKs Coordinator	2555 E. COLORADO BLVD, #100	PASADENA	91107	(626) 577-2261	(626) 577-0408	A	X	X	X	X	X	X	7370A
Prototypes - Pomona	Sylvia Solorio, MSW	CalWORKs Coordinator	831 E. ARROW HIGHWAY	POMONA	91767	(909) 398-4383	(909) 398-1126	A	X	X	X	X	X	X	7569A
Service Area 4															
Children's Hospital of Los Angeles	Haleh Homayounjam	CalWORKs Program Mgr.	3250 WILSHIRE BLVD (Most CW)	LOS ANGELES	90010	(323) 671-3839	(323) 644-8305	A,C		X	X	X	X	X	1989Y
	Dean Coffey	CalWORKs Liaison	5000 SUNSET BLVD, 7TH FL	LOS ANGELES	90027	(323) 669-2350	(323) 671-3843								
			MAIL TO THIS ADDRESS ONLY: ATTENTION: CalWORKs PROGRAM COORDINATOR 4650 SUNSET BLVD, MS 115, MENTAL HEALTH SERVICES LOS ANGELES, CA 90027												
Children's Institute Inc.	Cynthia Thompson-Randle	CalWORKs Coordinator	711 S. NEW HAMPSHIRE, #1232	LOS ANGELES	90005	(213)385-5100 x1232, x1468, x3114	(213) 383-1820	A		X	X	X	X	X	7328A
Community Counseling Services Amanecer	Kenneth K. Lyn MBA MA LMFT Lesbia Henao	CalWORKs Coordinator CalWORKs Case Manager	1200 WILSHIRE BL., STE 210	LOS ANGELES	90017	(213) 481-1347	(213) 482-9466	A		X	X	X	X	X	7104A
Downtown MHC (D-O)	Lisa Wong, Marci Gibbs	CalWORKs Coordinator	529 S. MAPLE ST	LOS ANGELES	90013	(213) 490-6700	(213) 895-6286	A	X	X	X	X	X	X	7057B,D
Enki - East LA MHS - Pico Union (Does Not Provide CalWORKs)	Alfredo Larios (Corporate Office)	Provider Director	2522 W. 7TH ST.	LOS ANGELES	90057	(213) 480-1557		A	X	X	X		X	X	7255
Hollywood MHC (D-O)	Rachel R. More, MSW	CalWORKs Coordinator	1224 VINE STREET	LOS ANGELES	90038	(323) 769-8100	(323) 467-0297	A	X	X	X	X	X	X	1909W
Institute for Multicultural Counseling and Education Services	Tara Pir	Executive Director	3580 WILSHIRE BL., STE. 2000	LOS ANGELES	90010	(213) 381-1250	(213) 383-4803	A	X	X	X	X	X	X	7312A
Northeast MHC (D-O)	Juliann Skilan	CalWORKs Coordinator	5321 VIA MARISOL	LOS ANGELES	90042	(323) 478-8200	(323) 344-8829	A	X	X	X	X	X	X	1914A,B
Portals House-CLP/CalWORKs	Anna Althai dir 639-0265 Jana Plasters	CalWORKs Program Head Provider Director	2500 WILSHIRE BLVD, STE 541	LOS ANGELES	90057	(213) 639-2588	(213) 385-3467	A		X	X	X	X	X	7512A
Seven Generations Child & Family Counseling Services United American Indian Invo Inc	Jennifer Lingenfeiter	Registered Psychologist	1135 WEST 6TH ST	LOS ANGELES	90017	(213) 241-0979 (213) 202-3970	(213) 241-0925	A	X	X		X	X	X	7414A,C
SSG - Asian Pacific Counseling & Treatment Center	Silvia Yan, Ph.D.	Program Mgr/Training Dir.	520 LAFAYETTE PARK PL, #808	LOS ANGELES	90057	(213) 252-2100	(213) 252-2199	A	X	X	X	X	X	X	7186A
SSG - Indochinese Counseling Center	OD person, Silvia Yan, Ph.D.	Therapist	805 W. OLYMPIC BLVD, STE 350	LOS ANGELES	90015	(213) 553-1850	(213) 553-1864	A	X	X	X	X	X	X	7187V

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Facility Name	Contact	Title	Address	City	Zip	Phone	FAX	Age Group	CI	CM	MD	GP	IND	COL	Reporting Units
Service Area 5															
Dkti Hirsch CMHC-Cuiver/Palms	Stacey Calcagno	CalWORKs Coordinator	11133 WASHINGTON BL.	CULVER CITY	90232	(310) 895-2300	(310) 895-2395	A	X	X	X	X	X	X	7357P,Z
Edmund D. Edelman Westside MHC (D-O)	Monica Rodriguez-Finston	CalWORKs Clinician	11080 W. OLYMPIC BLVD. 1ST FL.	LOS ANGELES	90054	(310) 966-6500	(310) 231-0780	A,C	X	X	X	X	X	X	1906A
Mental Health Association-SHARE 1(877) SHARE49	Ruth Holiman, Majorie Rothman	Executive Director	5521 GROSVENOR BLVD	LOS ANGELES	90066	(310)305-8878	(310) 305-2671	A	COS only					7384Z	
Pacific Asian Counseling Services (formerly WRAP Family Services)	Michi Okano, LCSW Beth Spargo, LCSW	CalWORKs Coordinator Clinical Director	8616 LA TIJERA BLVD. STE 200	LOS ANGELES	90045	(310) 337-1550	(310) 337-2805	A		X		X	X	X	7272A
Service Area 6															
1736 House - Family Crisis Center	Lisa Steele 323-737-3900 ext 208 Wendy Romo 323-737-3900_ext 219	Deputy Director Assistant Director	2116 ARLINGTON AVE. STE 200	LOS ANGELES	90018	(323) 737-3900	(323) 737-3993	A	X	X	X	X	X	X	7348
Augustus F. Hawkins Comp MHC (D-O)	Suma Seelam	CalWORKs Therapist	1720 EAST 120TH STREET	LOS ANGELES	90050	(310) 668-4792	(310) 698-3485	A	X	X	X	X	X	X	6864L
Compton MHC (D-O)	Dr. Ioma Hawkins Jacqueline Clingman, SPSW	CalWORKs Liaison	921 EAST COMPTON BLVD, 1ST FL	COMPTON	90221	(310) 668-8800	(310) 898-3474	A	X	X	X	X	X	X	1938A,Y
Didi Hirsch C.M.H.C-Manchester Cntr	Allison A. Holkamp	CalWORKs Liaison	1328 WEST MANCHESTER AVE.	LOS ANGELES	90044	(323)778-9593 (323)778-9595	(323) 778-0028	A	X	X	X	X	X	X	7423A
Kedren Community MHC, Inc. CalWORKs office	Janis Jones	CalWORKs Liaison	2160 W. ADAMS BLVD	LOS ANGELES	90018	(323) 733-3886	(323) 733-7787	A,C	X	X	X	X	X	X	7577
LA Child Guidance Clinic	D. Pendergrass Laurie Estes	CalWORKs Liaison CalWORKs Program Mgr.	3787 S VERMONT AVE	LOS ANGELES	90007	(323) 766-2360 (323)766-2345 x3304	(323) 766-3636	A,C		X	X	X	X	X	6870A
LA Child Guidance Clinic - Crenshaw	D. Pendergrass, Laurie Estes	CalWORKs Liaison	4401 CRENSHAW BL	LOS ANGELES	90043	(323) 766-2360	(323) 766-3636	A,C		X	X	X	X	X	7276A
LA Child Guidance Clinic/Families N Touch	Laurie Estes	CalWORKs Program Mgr.	3031 S VERMONT AVE	LOS ANGELES	90007	(213) 766-2360	(310) 668-8309	A,C		X	X	X	X	X	7265A
Portals - Community Connections	Patty Martinez	CalWORKs Liaison	3881 S. WESTERN AVENUE (As stated on MIS but not CalWORKs) 3877 S. WESTERN AVENUE, UNIT 4 (CalWORKs entrance)	LOS ANGELES	90062	(323) 290-4347	(323) 296-6516	A	X	X	X	X	X	X	7125A,D
South Central Health And Rehabilitation Program (SCHARP) - CalWORKs	Robin Moten (last name was Holloway)	CalWORKs Program Mgr.	7410 S. BROADWAY	LOS ANGELES	90003	(323) 541-9016	(323) 541-9192	A		X	X	X	X		7555A,C
Shields For Families (ICS)	Kim Medvin	CalWORKs Coordinator	12714 S. AVALON BL, #109, #300	LOS ANGELES	90061	(323)242-5000 (323)777-0130	(323) 777-0375	A	X	X	X	X	X	X	7365A
South Los Angeles Family Services - COS only	Mary Christie, (310) 668-5100		1720 E. 120TH STREET	LOS ANGELES	90058	(310) 668-4911	(310) 223-0329			X					7632
West Central Family MHS (D-O)	Yolanda Whittington Dulce Santoyo	CalWORKs Program Head Case Manager	3751 W. STOCKER ST	LOS ANGELES	90008	(323) 298-3680 (323) 288-3637	(323) 292-0053	A	X	X	X	X	X	X	1908A,W
Wishire Children's Services DBA Fentry	Errol Thompson	CalWORKs Coordinator/Case Mgr	5022 SOUTH WESTERN AVENUE	LOS ANGELES	90062	(323) 290-2525	(323) 290-2529	A,C		X	X	X	X	X	7396A,C

CalWORKs Directly-Operated Clinics and Contract Providers, Locations, SPAs, and Services

DMH SERVICE CODES: CI=Crisis Intervention, CM=Case Management MD=Medication, GP=Group, IND=Individual, COL=Collateral; Age Groups: C=Children, A=Adult															
Facility Name	Contact	Title	Address	City	Zip	Phone	FAX	Age Group	CI	CM	MD	GP	IND	COL	Reporting Units
Service Area 7															
ALMA Family Services	Kelly Segovia	CalWORKs Coordinator	9140 WHITTIER BLVD	PICO RIVERA	90650	(562) 801-4626	(562) 801-4630	A,C	X	X	X	X	X	X	7019A
	Laura Hernandez	Mental Health Specialist													
American Indian Counseling Center (D-O)	Charlotte Lujan	CalWORKs Liaison	17707 S. STUDEBAKER ROAD	CERRITOS	90703	(562) 402-0677	(562) 457-7478	A		X	X	X	X	X	7421A,P
Community Family Guidance Center	Laura Brown, LCSW	CalWORKs Program Head	10929 SCUTH ST, SUITE 208B	CERRITOS	90703	(562) 924-5526	(562) 924-1040	A,C	X	X	X	X	X	X	1977F
Community Family Guidance Center - Downey	Laura Brown, LCSW	CalWORKs Program Head	8320 IOWA ST SUITE 201	DOWNEY	90241	(562) 924-5526		A,C	X	X	X	X	X	X	7471
Enki - East LA MHS - Bell Gardens	Anna Galindo, MHW	CalWORKs Mental Health Wrkr	6001 CLARA ST.	BELL GARDENS	90201	(310) 806-5000	(562) 806-9395	A	X	X	X	X	X	X	7254A
Enki Adult - East LA MHS - Commerce	Silvia Dwiggins, Mar Serrano, MHW	CalWORKs Liaison	1436 GOODRICH BLVD	COMMERCE	90022	(323) 725-1337	(323) 278-5344	A	X	X	X	X	X	X	7253A
Enki ELA Youth & Fam Svcs - Margarita Mendez	Martha Silva, MHW	CalWORKs Liaison	1000 GOODRICH BLVD	COMMERCE	90022	(323) 832-9795	(323) 832-9796	A	X	X	X	X	X	X	7360A
Intercommunity Child Guidance Center	Mary Stewart, LCSW	CalWORKs Coordinator	10155 COLIMA RD.	WHITTIER	90603	(562) 692-0383	(562) 692-0380	A,C			X	X	X	X	1972A
All referrals for Pacific Clinics (except for the Asian Pacific Family Center) should be made to the call center						(877) 722-2737	(626) 844-0481								
Pacific Clinics: El Camino MHC	Greg Patten, Judy Tse	CalWORKs Scheduler	11721-A TELEGRAPH ROAD	SANTA FE SPRINGS	90670	(562) 949-8455	(562) 949-4807	A	X	X	X	X	X	X	7194A
Rio Hondo Community MHC (D-O)	Leticia Guzman	Temp. Coordinator	17707 S. STUDEBAKER ROAD	CERRITOS	90703	(562) 402-0688	(562) 402-3032	A	X	X	X	X	X	X	1930A,D,G
	Stephani Socron, LCSW	CalWORKs Coordinator													
Roybal Family MHS (D-O)	Mark Belfort	CalWORKs Program Head	4701 E. CESAR CHAVEZ AVE. (formerly Brooklyn Ave.)	LOS ANGELES	90022	(323) 267-3400	(323) 260-5201	A,C	X	X	X	X	X	X	6857A
San Antonio MHC (D-O)	Phyllis Noriega, LCSW (562) 903-5285	CalWORKs Coordinator	10355 SLUSHER DRIVE	SANTA FE SPRINGS	90670	(562) 903-5085	(562) 941-0165	A,C	X	X	X	X	X	X	7468A
Service Area 8															
1736 House - Family Crisis Center	Lisa Steele 323-737-3900 ext 208	Deputy Director	21707 HAWTHORNE BLVD	TORRANCE	90220	(310)792-5900	(310) 792-5903	A	X	X	X	X	X	X	7111B
Children's Institute Inc.	Marion Dave(on leave till 07Jan)	CalWORKs Coordinator	21810 NORMANDIE AVE	TORRANCE	90502	(310) 783-4677	(310) 783-4676	A,C		X	X	X	X	X	7275A
	Jasanka Roje	Senior Director of Programs					(213) 252-5836								
	Irene Lopez	Senior Director Program Admin Support Services													
Coastal Asian Pacific MHS (D-O)	Manu Tu'uholoaki, Winnie Tse	CalWORKs Coordinator	14112 S KINGSLEY DRIVE	GARDENA	90249	(310) 217-7312	(310) 352-3111	A	X	X	X	X	X	X	7064A
Didi Hirsch Inglewood	Hilary Taylor, MFT (310) 846-2115	CalWORKs Coordinator	111 N. LA BREA AVE, STE 201	INGLEWOOD	90301	(310) 677-7808	(310) 677-7205	A,C	X	X	X	X	X	X	7209A,W
DMH at Harbor-UCLA Medical Center (D-O)	Ulises Ramirez 310-222-1622 Katty Callender	CalWORKs Liaison Clinical Program Head	1000 W CARSON ST, BLDG. D-5	TORRANCE	90508	(310) 222-3151	(310) 328-7217	A	X	X	X	X	X	X	6859A
The Guidance Center	Ray McDonald	CalWORKs Liaison	3711 LONG BEACH BLVD, STE. 600	LONG BEACH	90807	(562) 595-1159	(562) 981-7569	A,C		X	X	X	X	X	7433A
Long Beach Asian Pacific MH Prog. (D-O)	Julie Loevarinpanich	CalWORKs Program Mgr.	1975 LONG BEACH BLVD	LONG BEACH	90806	(562) 599-9401	(562) 218-0402	A	X	X	X	X	X	X	7207A
Long Beach Child & Adolescent Clinic (D-O)	Maria Esquivel Jane McCord	CalWORKs Liaison CalWORKs Program Head	240 E. 20TH STREET	LONG BEACH	90808	(562) 599-9274 or (562) 599-6271	(562) 218-4076	A,C	X	X	X	X	X	X	1925Y
Long Beach MHS Adult Clinic (D-O)	Maria Esquivel Cathy Warner	CalWORKs Liaison CalWORKs PH and DC	1975 LONG BEACH BLVD	LONG BEACH	90806	(562) 599-9280 (562) 599-6313	(562) 599-3934	A	X	X	X	X	X	X	1927A
Pacific Asian Counseling Services (formerly WRAP Family Services)	Madoka Urhausen, MFT	Clinical CalWORKs Site Mgr.	3530 ATLANTIC AVE. STE 202	LONG BEACH	90807	(562) 424-1886	(562) 424-2296	A,C	X	X	X	X	X	X	7426A,C
San Pedro MHS (D-O)	Cynthia Harada Barbara Barbero	CalWORKs Program Head MHCN, CalWORKs	156 WEST 7TH ST	SAN PEDRO	90731	(310) 519-6100	(310) 732-5899	A	X	X	X	X	X	X	1926A,P
South Bay MHS (D-O)	Scott Telford Mary Ann Klee, PsyD	Acting Program Head CalWORKs Temp. Coordinr.	2311 WEST EL SEGUNDO BLVD	HAWTHORNE	90250	(323) 241-6790	(323) 756-1163	A	X	X	X	X	X	X	1935A,B
SSG - Asian Pacific Counseling & Treatment Center	Kanako Hamano	CalWORKs Liaison	1040 E. WARDLOW	LONG BEACH	90807	(562) 988-8822	(562) 988-8877	A,C	X	X	X	X	X	X	7578

NOTES:

- (1) CalWORKs' services can only be claimed for the Reporting Units listed in this table.
- (2) If your agency does not appear on this list and your staff provide CalWORKs related mental health services, please contact your Adult/Child and Family
- (3) Please contact Dolores Daniel at (213) 738-2819 for updates and corrections to this listing.

CLINICAL ASSESSMENT ACTIVITY AGREEMENT <input type="checkbox"/> MENTAL HEALTH ASSESSMENT <input type="checkbox"/> SUBSTANCE ABUSE ASSESSMENT	_____
	Participant Name

	Case Name/Number
_____	Social Security Number
_____	GSW/CCM Name/File Number/ Phone No.

- My assigned activity is Clinical Assessment for Mental Health.
- My assigned activity is Clinical Assessment for Substance Abuse.

My GAIN Services Worker or County Contracted Manager has explained to me that the results of my clinical assessment(s) will be used to determine if I need treatment services as part of my Welfare-to-Work plan. The plan developed will be to help me achieve the goal of obtaining unsubsidized employment. I understand that if I fail to participate as required in this activity, without the County determining good cause for such failure, my cash aid will be lowered.

- I understand that if the results of my clinical assessment indicate a need for substance abuse treatment and I choose to participate in substance abuse treatment, I will be scheduled by the assessor for treatment.
- I understand that if the results of my clinical assessment indicate a need for mental health treatment and I choose to participate in mental health treatment, I will be scheduled by the assessor for treatment.

SCHEDULE AND LOCATION:

My mental health assessment is scheduled at _____ a.m./p.m. on _____.
 My assessment site is located at: _____

My substance abuse assessment is scheduled at _____ a.m./p.m. on _____.
 My assessment site is located at: _____

SUPPORTIVE SERVICES: Welfare-to-Work will pay for supportive services (child care, transportation, and activity-related expenses) if I need them to participate in Welfare-to-Work and Welfare-to-Work rules allow for them.

I have reviewed my need for Welfare-to-Work supportive services with my GAIN Services Worker. I understand that I do not have to participate until specific arrangements for the supportive services I need have been made. I understand that I must tell my GAIN Services Worker right away of changes in my need for Welfare-to-Work supportive services, or if I no longer need them. If I do not report the changes in advance, Welfare-to-Work may not be able to pay for them. I understand that if Welfare-to-Work pays for supportive services that are more than what I need to participate in Welfare-to-Work, I will have to pay Welfare-to-Work back. I understand that I have three working days to think about the terms of this activity agreement after I sign it. I understand that if I want to change the terms of this agreement, I must tell my GAIN Services Worker by _____. If I do not tell my GAIN Services Worker before then, this agreement is considered final.

CERTIFICATION : I have read (or had read to me) and understand this Clinical Assessment Activity Agreement, and have received a copy of it. If I fail to meet my responsibilities without a good reason, I know that there are certain penalties and that my cash aid may be affected. Comments:

_____	_____
Participant's Signature	Date
_____	_____
GSW/CCM Signature GN 6137(01/06)	Date

REQUEST FOR SERVICES OR WAIVER OF SERVICES

Part I

REQUEST FOR SERVICES

Case Number: _____

I, _____, declare or have been determined to be in need
(Participant name)

of _____ treatment and/or services. This problem
(domestic violence/mental health/substance abuse)

requires immediate attention in order to prepare myself to seek employment.

(Participant signature)

(Date)

Part II

WAIVER OF SERVICES

Case Number: _____

I, _____, have been informed that I can receive treatment
(Participant name)

and/or services for _____ as part of my welfare-to-work plan.
(domestic violence/mental health/substance abuse)

Although I have or have been determined to have a _____ issue, I
(domestic violence/mental health/substance abuse)

choose not to be referred to treatment and/or services and receive specialized supportive services for that barrier as part of my welfare-to-work plan. I understand that I am still required to participate and comply with the welfare-to-work plan that I sign. If I do not comply without good cause, I understand that I could have my grant lowered. However, this does not prevent me from declaring at a later date that domestic violence, mental health and/or substance abuse issues may be interfering with my welfare-to-work plan.

(Participant signature)

(Date)

CalWORKs SUPPORTIVE SERVICES PROVIDER REFERRAL

[(Participant's Name and Address)] [(GAIN Regional Office)]

[] []

IMPORTANT APPOINTMENT NOTICE

You have been scheduled to attend the following appointment for:

- Mental Health Services
- Domestic Violence Case Management
- Direct Referral for Mental Health Services
- Substance Abuse Services
- Domestic Violence Legal Services
- Family Preservation

(Immediate Need/Urgent within 2 workdays and Non-emergent within 5 workdays)

On: / / at
Date Time

Address: _____

Phone No.: _____

Fax No.: _____

Contact Person: _____

It is important for you to keep this appointment and take this notice with you.

If for any reason you cannot keep this appointment or have a problem, please call me immediately.

Person Making Referral and Title:	File No:	Phone No.: ()	Fax No.: ()
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I understand that I am being referred to an appointment to begin specialized supportive services as indicated above. If I fail to attend this appointment, I understand that I may be contacted by the clinical assessor and/or service provider. If additional contact is unsuccessful, a compliance process may follow, which may result in the lowering of my cash aid.

_____ GAIN participant's signature

_____ Date

CalWORKs SUPPORTIVE SERVICES RESULTS

[To: (GAIN Regional Office)] [From: Name & Address of Facility]

Attention: _____
GSW /CCMName/File Number

[Fax No.: _____] []

A - Completed by Referring Individual

Participant Name: CalWORKs Case No.:
Residence Address (Do not use for domestic violence if confidential address is requested): Mailing Address: (DV only)
Primary Language: Birth Date: Sex: Social Security No.: Phone No. (Confidential for DV)

B - Completed by Service Provider (Complete and return to the GSW/CCM within 5 workdays)

I. SUBSTANCE ABUSE AND/OR MENTAL HEALTH (Complete as applicable)
1. Participant failed to appear for services.
2. Participant began services on: Services are: Residential Non-Residential
3. Expected duration of needed services: months.
4. Participant is receiving treatment/services 32 or more hrs/week: Yes No If no, number of hrs/week:
5. Participant is able to participate in other Welfare-to-Work (WtW) activities?: Yes No If yes, how many hrs/week:
6. Participant may be eligible to medical exemption. Please issue a GN 6051, Verification of GAIN Exemption/Deferral, form*

II. DOMESTIC VIOLENCE CASE MANAGEMENT AND/OR LEGAL SERVICES (Complete as applicable)
7. Participant failed to appear for services.
8. Participant began services on: Services are: Residential Non-Residential
9. Expected duration of needed services: months.
10. Participant can participate in DV services: hrs/week and is able to do other WtW activities: hrs/week within a WtW plan.
11. Participant shall be granted waiver from the WtW program requirements and receive DV services outside of a WtW Plan.
12. Participant can participate in DV services: hrs/week and/or other WtW activities: hrs/week outside of a WtW plan and be granted a waiver.

III. OTHER SUPPORTIVE SERVICES NEEDS (Complete as applicable) Participant needs the following supportive services:
Child care Public Transportation or Mileage: per month Other:
Ancillary work/related expenses such as: Books, Fees, Uniforms, and/or Tools/Supplies

IV. OTHER - The following services are ordered by the court system: DV Counseling Substance Abuse Mental Health

V. Signature/Print Name of Person Completing this form: Title: Phone No.: Date:

C - Completed by GAIN Participant:
I authorize the Department of Public Social Services and the above service provider to verify information regarding the status of my CalWORKs application/case and/or continuing eligibility to receive CalWORKs Specialized Supportive Services.
I am aware that my mental health and/or substance abuse services will be incorporated in my CalWORKs Welfare-to-Work plan.
I am aware that my domestic violence services may be incorporated now, or eventually, in a CalWORKs Welfare-to-Work plan.
The determination will be made by my GAIN Services Worker/Contracted Case Manager in consultation with the service provider.
Participant's Signature Date

