

Developing an Integrated Social Service System During a Period of Change: A Behavioral Health Screening Program in Santa Clara County

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EXECUTIVE SUMMARY

The role of government-supported social services is shifting due to National Healthcare Reform and shrinking revenues. In response, county governments are moving towards the use of innovative and evidence-based practices and are administering programs with prevention services in mind. Addressing a person's underlying behavioral health, which includes substance use disorders, mental health and exposure to domestic violence, will help consumers of government services toward the ultimate goal of self-sufficiency and well-being. In the long term, access to supportive services utilizing evidence-based practices, will also assist local governments weave together funding streams to maintain a safety net of services for their communities.

Santa Clara County launched a universal Behavioral Health Care Screen in 2009 which identifies and then links consumers to supportive services within its CalWORKS program. Through this screen, interagency partnerships formed, and innovative ways of allocating fiscal resources were implemented. Even through major budget cuts in 2011, Santa Clara County remained committed to this program, thereby providing the rest of the Bay Area with a model for true social service integration.

As Marin County continues a process of integration between its Divisions of Mental Health and Drug, Alcohol and Tobacco Programs into a single Division of Mental Health and Substance Use Disorders, the Santa Clara model of early screening, linkage to community based resources and braided funding serves as a model for this change.

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Background

Over the last five years, during the national economic downturn, the landscape of government-supported social services drastically changed. Faced with a changing road map from federal, state and local economic mandates, local social service budgets shrank, community expectations of government shifted, and social services were severely cut or eliminated. Presently, one of the main challenges for county governments is to implement innovative service delivery practices while effectively fostering collaboration among the various divisions of the social service system, all within tight fiscal constraints and while adapting to the challenging community environment. Government-based programs are becoming more results-oriented, with a focus on upstream prevention principles and on blending various revenue streams to maintain and improve services available to our communities.

Another significant factor driving changes in the delivery of social services is the passage of the Affordable Care Act. National Health Care Reform is tied to social services because the law implies that social services should be supportive across a consumer's many life domains, including behavioral health. Health Care Reform aims to *improve access* to health care (specifically behavioral health services), to *improve the quality* of those services and attempts to *give more care* to consumers. Through Health Care Reform, a lasting trend emerged which links the provision of social services to screening, brief intervention and referrals to services along a continuum of

care. The care of behavioral health issues is imbedded into social services and, in turn, local governments must weave these reforms into best practices to ensure positive and lasting outcomes for their communities.

Social service providers have long recognized that people seeking assistance from local governments often present with multiple needs, frequently requiring interventions from more than one program. Without addressing the underlying issues which prevent clients from achieving independence and success, such as substance use disorders, mental illness and domestic violence, the probability that consumers will require ongoing social services is high. Providing behavioral health services which address the underlying issues in a consumer's life will result in higher levels of client self-sufficiency, improved allocation of scarce government resources, and reduced costs to government services in the future.

In facing these changes, many local governments look towards *Evidence-Based Practices* (EBP's) for guidance in developing strategies to address the concerns of their communities, by using creative solutions to blend various funding streams and human service disciplines. The use of EBP's helps county governments shift towards greater interagency collaboration and integration of services. Additionally, using EBP's ensures effective delivery of services through data collection and analysis which improves outcomes and allows the allocation of limited resources to the most effective programs. The use of a universal screening tool for behavioral health needs

is an excellent example of an EBP. Universal screening tools identify a behavioral health need, which leads to the development of a plan to treat the issue and also helps programs collect and use client-centered data to develop/monitor the effectiveness of service delivery.

According to the Center for Law and Social Policy, an integrated social service system has five core components (Hudson, 2004): (1) A single point of entry into the social service system, (2) a comprehensive assessment using a validated measurement tool, (3) joint case planning across social service systems, (4) co-location of services, and, finally, (5) a sense of partnership between staff from various social service programs. This case study discusses the use of a Behavioral Health Screening tool within the Santa Clara County CalWORKS program which puts into practice these five core components.

Introduction:

In Marin County, a major effort is underway to integrate the Divisions of Mental Health Services and Alcohol, Drug and Tobacco Services into a single division, *Mental Health and Substance Use Services*. These efforts are timely given the theme of the Affordable Care Act and efforts to reduce the effects of shrinking economic resources. Integration seeks to design a system of care that provides services for clients as well as promotes cross-discipline collaboration. Principles guiding the integration process in Marin County were developed by a workgroup (this author included) from the Divisions of Mental Health and Alcohol, Drug and Tobacco Programs and include:

- **Core Values:** Service delivery is person-centered, recovery-based, wellness-focused, and inclusive of consumer involvement;
- **Healthcare Reform:** The integration is in alignment with the Affordable Healthcare Act, including requirements for electronic health records, and strategies for service reimbursement;
- **Evidence-Based Practices:** Services employ evidence-based practices;

- **Funding:** Funds are braided to provide services in accordance with community needs and are consistent with the regulations of the funding streams; and
- **Evaluation:** Evaluation is incorporated with a set of measurable outcomes and benchmarks for progress.

The Marin County integration process will grow to include the Division of Social Services in the very near future. Given the nature of Marin County's integration efforts, Santa Clara County's Social Services Agency presented an opportunity to explore a promising practice for a Behavioral Health Screening at the time of application for economic benefits, the weaving of separate funding streams, and the integration of mental health services/substance use disorder services/social services into one program which is easily accessible by consumers.

The Santa Clara Behavioral Health Screening

In February of 2009, Santa Clara County took on a major challenge and implemented the use of a *Behavioral Health Screening* for consumers receiving CalWORKs services who had a Welfare to Work (WTW) requirement. Santa Clara County recognized that mental health, substance use disorders and domestic violence issues were the three most significant barriers to clients achieving self-sufficiency. The county formed an interagency partnership with the Department of Alcohol and Drug Services, the Mental Health Department, and the CalWORKS Community HealthAlliance (Asian Americans for Community Involvement, Parisi House on the Hill, Catholic Charities of Santa Clara County, Asian American Recovery Services, Gardner Family Care Corporation and the Mental Health Services Team).

This cross-agency partnership resulted in the implementation of a universal screening tool for all clients at the time of orientation for CalWORKs employment service benefits. The goal of the Behavioral Health Screen is "to identify clients with mental health and alcohol and/or drug abuse issues earlier into their time on aid and encourage them to seek

treatment” (Department of Employment and Benefit Services Annual Report, 2009). Noting a sharp increase in the number of clients who identified with domestic violence issues, the Behavioral Health Screen addresses this concern as well.

At the time of implementation for the Behavioral Health Screening, *services for substance use disorder and mental health* were provided by the Health Alliance Team and *services for domestic violence* were referred to the CalWORKs Employment Services (CWES) Social Work Unit for assistance. Case plans and referrals to services were completed by joint staffing between the Departments of Substance Abuse, Mental Health and Employment Services. In 2009, *funding* for the Behavioral Health Screen was primarily through the State CalWORKs allocation, which allowed for the delivery of flexible services. *Protocols* for service delivery were implemented including the development of a screening form, the development of a protocol for a “warm hand-off” between the client and the service and expanding access to substance use, mental health or domestic violence services. Current data from Santa Clara County (2011) indicate that 67% of CalWORKs clients succeed in transitioning off cash aid within a two year window. The county believes that, in part, the Behavioral Health Screen and the linkage of clients to supportive services is essential to helping clients overcome their barriers to self-sufficiency, thus boosting their rate of success.

Fiscal Year 2011 brought severe budget reductions to Santa Clara County which tested the commitment of the agency to the Behavioral Health Screening Program. However, because the county recognized the success of using the Behavioral Health Screen to link clients to supportive behavioral health services, the Departments of Mental Health, Substance Use Services and Employment and Benefit Services strategized a plan to continue the program. Under a formal Memorandum of Understanding (MOU) which outlined each agency’s responsibilities and commitment to the program, the following components were implemented:

- The **screening tool** is administered by staff from the Behavioral Health Alliance, who now attend all CWES orientations. During the CWES orientation, a presentation on the effects of co-occurring disorders and domestic violence is given to all new applicants, and all applicants receive a same-day, face-to-face screening and brief intervention session,
- **Data** is maintained through Department of Drug and Alcohol (although this position will be re-aligned to the Department of Mental Health effective July, 2012),
- **Funding** for direct services is re-aligned through the leveraging of Mental Health Services Act (MHSA) funds as a match with Medi-Cal reimbursement.
- **Protocols, handbooks and flowcharts** for service delivery/billing are in place to ensure consistency.

Even while facing tough budget decisions, there is a strong spirit of cooperation in Santa Clara County which serves as a model for surrounding Bay Area county governments, including Marin County.

One of the significant learning opportunities observed in the Santa Clara Behavioral Health Screening program is the way that services for substance abuse and mental health are billed. As part of the major shift, it was determined that community-based organizations in the Health Alliance would have to meet the qualifications to bill Medi-Cal. This shift allowed Santa Clara County to leverage MHSA funds to support treatment services through Health Alliance community based organizations even past the termination of CalWORKS benefits. Santa Clara County reported that while it was a challenge for community-based organizations to adjust their budgets and billing practices to meet the stringent requirements of Medi-Cal, county staff provided technical assistance to the Health Alliance.

The transition of the Santa Clara Behavioral Health Screening program merges *Health Care Reform efforts* and *Integration efforts* into one streamlined program in three major ways. First, recipients

of social services are screened and linked to services which address underlying behavioral health issues, including substance use disorders, mental health issues and domestic violence which are three major barriers to life stability and self-reliance, thereby improving their health, enhancing their care, and controlling the future cost of social services in the community. Second, community-based organizations have a jumpstart towards the implementation of Healthcare Reform by creating streamlined protocols for billing procedures, electronic recordkeeping and data-sharing. In this way, the CBO's are phasing in new standards of practice through the use of technology and will have time to adjust to health care reforms. Third, the entire Santa Clara Social Service Agency is now working as an integrated department to provide a continuum of services while maximizing fiscal resources and reducing future costs.

Recommendations for a Behavioral Health Screening Program in Marin County

It is an opportune time for Marin County to explore innovative programs, such as the Behavioral Health Screen utilized in Santa Clara County. The Behavioral Health Screening model in Santa Clara could work in Marin County due to its culture of cooperation and collaboration. With a relatively small caseload size compared to other counties, the regular use of EBP's, and with its eye towards Health Care Reform, Marin is a county open to new opportunities. As integration between the Departments of Mental Health and the Division of Alcohol, Drug and Tobacco Programs takes shape, the Marin County executive team should continue to view integration through a lens which includes the Division of Social Services and the various safety net programs administered through it.

Presently, the Marin County Division of Social Services has a behavioral health team in its CalWORKS division which includes Employment Development counselors, a psychologist, a Mental Health evaluator (from Community Mental Health) and an SSI advocate. This team assesses and refers clients to community-based services. Prior to attending

a CalWORKS orientation, clients are mailed an agency-designed screening form which gathers information on a variety of life events. All applicants then attend a CalWORKS orientation, followed by a meeting with an Employment Development Counselor. The screening form is used by the counselor to develop employment plans for each client.

Remaining cognizant of Marin County's current integration efforts, the following are recommendations to further involve social services and provide supportive behavioral health services for clients accessing economic benefit services:

- 1) Within the integration executive team, consider making Social Services a centralized intake site for providing a behavioral health screen. Develop protocols for this expansion to provide on-site assessments and referrals to co-occurring services by providing space to the Recovery Connections Center (RCC) to complete screenings and full assessments. (The RCC is Marin County's Centralized Assessment center, in partnership with Bay Area Community Resources).

Budget Impact: Neutral. Co-location efforts are already underway, and this is an expansion of those efforts.

- 2) Identify a staff member who has supreme knowledge of Medi-Cal billing regulations and the Mental Health Services Act (MHSA) and who is knowledgeable about the integration of co-occurring services. Analyze Marin County's current delivery of services (by both the county and CBO's) to discover overlaps of funding and potential blending of fiscal resources.

Budget Impact: Neutral. While re-assigning limited staff may have an increase in budget expenditures, the potential cost savings to county general funds and other funding streams would be offset by billing of Medi-Cal and MHSA.

- 3) Mandate that all community-based organizations become certified to provide care under Medi-Cal. Mandate that all services which are billable under this funding stream be billed in accordance with the requirements. Provide

Technical Assistance to all community partners to achieve this goal. *Budget Impact:* Neutral.

- 4) Implement a validated screening tool for use by all staff and clients in CalWORKS. Ideally this tool would be the Global Appraisal of Individual Needs (GAIN) which is already in use at the Recovery Connections Center for assessments. *Budget Impact:* Neutral. This tool is already in use through the Collaborative Courts, the Recovery Connections Center and the Department of Probation.
- 5) Include a Behavioral Health component in the CalWORKS orientation process. *Budget Impact:* Neutral.
- 6) Prioritize workforce development/training in the areas of co-occurring disorders and domestic violence. Train staff in the use of the GAIN Short Screen. Develop a written protocol for use by all Employment Counselors. *Budget Impact:* Neutral based on the availability and expertise already on staff.
- 7) Finally, establish a working group comprised of staff from Mental Health and Substance Use Services, Social Services, the Fiscal Department, and consumers to assess the impact of these changes and to brainstorm other innovative ideas for integration, such as developing protocols for using a shared data collection system and centralized records which meet Meaningful Use Standards.

Acknowledgements

Thank you to the Department of Santa Clara County Employment and Benefit Services, Ms. Denise Boland and her team, for offering the Behavioral Health Screen as a project for BASSC. It was a very positive experience to witness interdepartmental and community collaboration in action. The dedication of staff and the energy of the community-based organizations is a testament to your mission statement: To transition public assistance recipients to employment and eventual self-sufficiency and to ensure that low-income individuals and families receive necessary health, nutrition, and employment services.

In particular I would like to thank Mr. Joel Robinson for the time he spent showing the program in action, explaining the history, and allowing me to ask a million questions.

Finally, I would like to acknowledge Dr. Larry Meredith, Director of Marin County Department of Health and Human Services for his leadership and vision through the Marin County integration process, and also, Ms. Heather Ravani, Director of Marin County Division of Social Services, who has been my mentor and role model for how to advance changes in social service delivery systems, which ultimately have such a positive impact on the community.

