

MENTAL HEALTH ASSESSMENT EVALUATION

Purpose

The Mental Health Assessment (MHA) program, formerly known as the Disability Assessment Program, is being evaluated to determine the effectiveness of the program as currently administered to GR applicants and participants and whether the program meets their needs. The following components were included as part of this evaluation:

1. Review of the Program's Authority including the California Welfare Institute Code (WIC), County Code, and findings from various lawsuits.
2. Comparison of the MHA referral data triggered by the ABP 4029, Mental Health Screening tool against the Department of Mental Health (DMH) MHAs result data.
3. Data analysis of the Temporary Needs Special Assistance (NSA) and Permanent NSA participant referrals to Countywide Benefits Entitlement Services Team (CBEST) and approval of SSI/SSP applications.
4. Mental health services by other California counties.

Background

DPSS has a longstanding policy to provide expedited services to individuals who disclose having or appearing to have a mental health condition. Eligibility staff use the ABP 4029, Mental Health Screening form to identify individuals with mental health conditions and refer them for an MHA.

Currently, GR applicants/participants who indicate they are unable to work due to a mental health condition have two options for submitting verification of their mental health condition:

1. Provide verification from their own mental health care provider; or
2. Schedule an MHA with a co-located or remote DMH Clinician.

Following the assessment, DMH Clinicians designate applicants/participants as either Temporary or Permanent NSA. Once designated, the applicants/participants are not required to meet the work requirements of the Skills and Training to Achieve Readiness for Tomorrow (START) Program. If a participant is designated Permanent NSA, they are referred to CBEST for SSI Advocacy services.

Program Authority Governing Policy

The Welfare Institutions Code (WIC) and Los Angeles County Code reveal no authority that governs applicants or participants with mental health issues. However, two significant lawsuits address services regarding individuals with a mental health condition. These are the lawsuits: 1986 Rensch v. Los Angeles and the 2015 Housing Works, Laraway, et al v. County of Los Angeles. Both settlement agreements have now expired.

Lawsuits

Rensch v. Los Angeles County (1986)

This lawsuit resulted in the implementation of the Skid Row Demonstration Project. This project initiated the execution of placing one DMH Clinician at three GR district offices to help GR applicants suffering from a mental health condition with the GR process, determining if they were eligible for Supplemental Security Income/State Supplementary Payment (SSI/SSP), and making referrals to obtain mental health resources. Ultimately, the project was expanded to have at least one DMH Clinician co-located at each GR office.

Housing Works, Laraway, et al v. County of Los Angeles (2015)

This lawsuit was filed because plaintiffs were concerned about DPSS's failure to make accommodations for individuals with mental health conditions. The settlement agreement included the following changes related to the mental health referral and assessment process:

- Revisions to the screening process;
- Automatic referral language added to the screening tool;
- Prioritization of the Needs Special Assistance (NSA) population in the district offices,
- Cases flagged to easily identify NSA cases;
- Customers are provided multiple Notices of Action indicating their NSA status is about to expire;
- Implemented the Mental Health Triage system; and
- Increased the number of DMH Clinicians.

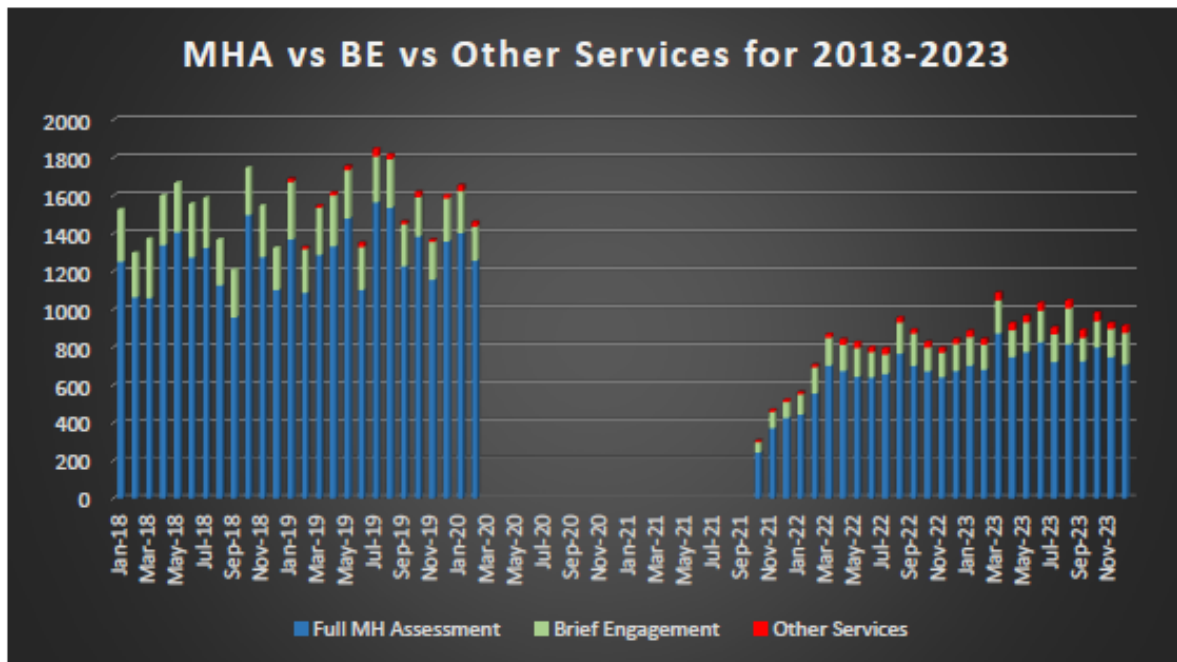
The changes that came from these settlement agreements aimed to streamline the MHA referral process, which resulted in an increased number of applicants/participants referred for MHAs.

Mental Health Process

Customers are referred to DMH for an MHA if they score seven or higher when answering questions on the ABP 4029, Mental Health Screening form, display observable characteristics, are taking specific medication, or are willing to see a clinician. During the MHA, clinicians review the Integrated Behavioral Health Information System (IBHIS) to determine if a Full Assessment (FA) or Brief Engagement (BE) will be conducted. Clinicians make this determination based on treatment history in the last 90 days. If IBHIS shows treatment in the last 90 days, customers will have a BE. BE is conducted in 30 minutes. If IBHIS does not show treatment in the last 90 days, customer will have an FA conducted. FA is 1 hour and 15 minutes. DMH clinicians use the MH 720, Immediate/Same Day Service Assessment when conducting MHA. But may ask additional questions not listed on the MH 720. Clinicians use their expertise and education to designate Temporary/Permanent NSA. If the condition can be resolved with treatment or behavioral therapy, a Temporary NSA is designated.

Data Analysis

The chart below shows the average number of MHAs for the past 6 years. The average number of MHAs during pre-COVID (January 2018 - February 2020) was 1,278 per month with an average of 247 Brief Engagements (BE) per month. MHAs were paused during the COVID-19 Public Health Emergency from March 2020 through September 2021, which may have contributed to fewer MHAs in 2021. Post-COVID (October 2021-December 2023), these numbers decreased to an average of 664 MHAs and 137 BEs per month. Other services provided by DMH clinicians have remained relatively the same. It is currently anticipated the NSA caseload will continue to increase thus, increasing the number of CBEST referrals.



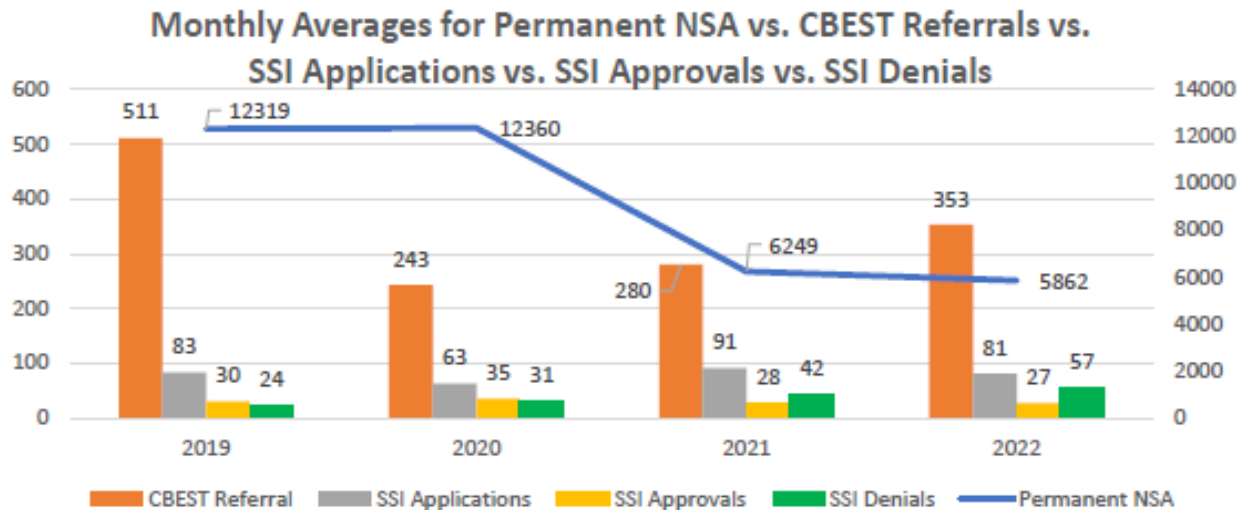
During pre-COVID, the average of the referrals to DMH for MHAs resulting in a Temporary or Permanent NSA designation was 88%. Post-COVID, this percentage increased to 98%. This indicates the ABP 4029 screening form is highly efficient for identifying participants with a mental health condition.

Although 98% of applicants/participants that were referred were designated NSA, 99% of those applicants/participants did not meet the requirements to be approved for SSI/SSP.

Benefits Advocacy Services

Currently, benefits advocacy services are administered through the Department of Health Services CBEST program. Participants who are designated Permanent NSA are automatically referred to the CBEST program via CalSAWS or warm handoff from DMH.

A review of CBEST referrals of the Permanent NSA caseload was conducted for calendar years 2019 to 2022. Based on the data in 2019, on average 0.24% of participants with a Permanent NSA status were approved for SSI per month (30 out of 12,319). Similarly, for the year 2020, on average 0.28% (35 out of 12,360) were approved for SSI per month. There was a slight increase in 2021, on average 0.44% of participants with a Permanent NSA status were approved for SSI per month (28 out of 6,249). In 2022, on average 0.46% of the monthly Permanent NSA caseload was approved for SSI/SSP (27 out of 5,862). The chart below reflects these averages.



The SSI application approval rate for Permanent NSA cases is low due to the lack of verification of a mental health history over an extensive period. Unfortunately, our participants do not have the mental health evidence that would result in an SSI/SSP approval. Moreover, the MHA does not determine disability for SSI/SSP purposes, the MHA and subsequent designation establishes a process to exempt participants from work requirements.

Fiscal Analysis

Under the DMH MHA MOU, the budget allows for 33 clinicians to provide up to five mental health assessments daily, for a total of 3,572 assessments per month.

- FY 2019-20 (pre-COVID), DMH Clinicians conducted an average of 1,361 MHAs per month, which is only 38.10% of monthly capacity (MHAs/Monthly MHA Capacity). In addition, DMH Clinicians conducted 219 BEs during this FY.
- For FY 2021-22 (post-COVID), the average MHAs decreased to 528 MHAs, which is at 14.78% of the monthly capacity (MHAs/Monthly MHA Capacity). During the same period, DMH Clinicians conducted 116 BEs.
- For FY 2022-23, the average monthly MHAs increased to 726 MHAs, which is 20.32% of monthly capacity (MHAs/Monthly MHA Capacity). During the same period, DMH clinicians conducted 146 BEs. The number of MHAs has drastically decreased from pre-COVID.

Fiscal Year	Budget Allocation	Budget Expenditure	Monthly Average MHAs	Number of Clinicians Needed Monthly Based on MHAs	Number of Clinicians per MOU	Monthly MHAs Capacity	Average Monthly % of Capacity of MHAs
2019-2020	\$4,178,993	\$4,178,993	1,361	9	33 ¹	3,572	38.10%
2020-2021*	\$4,178,993	\$3,508,322	---	---	33 ¹	---	---
2021-2022	\$4,178,993	\$2,942,010	528	4	33 ¹	3,572	14.78%
2022-2023	\$4,178,993	\$4,179,000	726	5	33 ¹	3,572	20.32%

*MHAs referrals were suspended due to the PHE.

1. Department of Public Social Services is not billed for capacity of clinicians but rather the number of clinicians DMH utilizes.

It can be concluded by looking at data the MHA program is consistently and extremely underutilized. This is consistent in the pre- and post-pandemic periods.

Mental Health Services in Other Counties

As previously stated, WIC does not mandate counties to provide mental health services to customers. The County of Los Angeles provides these services because of previous lawsuits.

While some California counties offer some type of mental health services, other counties do not provide any mental health services. A survey was sent to the General Relief Assistance County Exchange Committee Chair to forward to all the counties in California inquiring about mental health services. Out of the 16 counties that responded, only four counties reported offering any type of mental health services. Below are the findings:

- Contra Costa contracts a Mental Health Clinician who provides Mental Health Counseling, conducts a Mental Status Exam (MSE), can determine eligibility levels for General Assistance, and refers individuals to community county mental health services.
- Marin provides mental health referrals to qualified professionals for assessments and/or treatment plans. To continue to be eligible for GR, the customer will need to comply and follow through with any program or treatment plan recommended by their personal treating physician and/or licensed qualified professional under contract with the General Relief program.
- Monterey eligibility staff provides a referral to County Behavioral Health Services after consultation with a supervisor to ensure the referral is routed correctly. Staff provide resources to the customer such as the Community Crisis Line of Monterey County for mental health services.
- Santa Clara conducts mental health referrals to in-house clinicians. Currently, there are two clinicians. The clinicians help customers connect with a doctor if they do not have one and provide temporary medical verification of their unemployability status to eligibility staff while the customer obtains medical verification from their own medical provider.

Additionally, below are the mental health services offered by San Francisco, San Diego and Alameda counties as stated in their GA/CAAP Handbook:

- San Francisco County¹ provides similar services through its triage process. Customers are evaluated by the triage team which can consist of Triage, Disability Evaluation and Consultation Unit, or County Adult Assistance Program (CAAP) Counseling Service team. After evaluation, if customers are determined to lack the psychological capacity to understand or comply with CAAP (SFC's General Assistance Program) requirements, they are assigned a case manager to assist with the SSI/SSP application.
- San Diego County² does not provide onsite mental health services. They contract with clinics to make these determinations.
- Alameda County³ refers customers to three clinics for medical evaluations. Staff schedules appointments for the customers at these clinics and provide customer with an appointment letter and annotate the information on a Roster. Staff provides clerks with an Employability Statement and Health Questionnaires and Roster. Clerks then forward

¹ City and County of San Francisco HAS County Adult Assistance Programs

² County of San Diego, Health and Human Services Agency (HHSA) General Relief Program Guide (GRPG)

³ General Assistance Handbook 90.02.322: Medical Evaluation Appointments- Oakland Office/Hayward Office

these to the clinic at least four days prior to the scheduled appointments. The medical facility conducts the medical evaluation, completes the Employability Statement and Health Questionnaires, and returns the Roster for all applicants/recipients who were seen by a physician. And submit monthly billing to Alameda County Social Services.

In contrast, Orange County⁴ does not provide any mental health services. Orange County provides GR benefits for 90 days to customers, while the customer provides verification of incapacity from their own mental health provider. Incapacitated customers are required to apply for SSI/SSP as a GR requirement.

Conclusion

After review of the MHA services, one could conclude the following:

- The ABP 4029, Mental Health Screening form proves highly effective in identifying approximately 99% of customers with a mental health condition.
- Customers designated either Temporary or Permanent NSA are referred for ongoing treatment, however, the majority do not show up for treatment.
- Customers designated Permanent NSA, are not likely to be approved for SSI/SSP because DMH applies different criteria compared to the Social Security Administration.
- The MHA process was and is extremely under-utilized both in the pre-and post-COVID periods.
- DMH does not conduct employability screenings, but rather check if the customer has emotional, behavioral, current or past drug/alcohol use, suicidal thoughts, mental health history, and/or taking medication that would result in the individual having a mental health condition, which defeats the purpose of the MHAs and overlooking factors affecting employability.
- Observations from Contra Costa, Marin, Monterey, Santa Clara, San Francisco, San Diego, Alameda, and Orange Counties reveal variations in mental health services statewide.

Discussion

Based on the assessment, below are some considerations:

- Considering that the ABP 4029 accurately refers 99% of customers with mental health conditions to DMH for an MHA, should clinicians modify any aspect of their assessment?
- In terms of providing mental health support, would customers benefit more from receiving referrals to county facilities that offer ongoing treatment, rather than solely relying on temporary assessments?
- Could aligning the criteria utilized by DMH for designating Needs Special Assistance with the criteria used by the SSI/SSP program be more beneficial to the customers as it can potentially increase their chances of being approved for SSI/SSP?

⁴ Orange County Social Services Agency General Relief Regulations Manual