



CalWORKs Project Group

"Overcoming Mental Health, Domestic Violence and Alcohol and Other Drug Barriers to Employment"

Help Connections, Volume 2

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The California Institute for Mental Health, Children and Family Futures, Inc. and the Family Violence Prevention Fund are conducting a welfare reform study and technical assistance project. The focus is on identifying and overcoming barriers to employment that are due to mental health, alcohol and other drug, or domestic violence (MH/AOD/DV) issues. Information on the project is available at the California Institute for Mental Health website: www.cimh.org. This is the second in a series of "Help Connection" issue papers offering concrete suggestions for social service, employment, mental health, alcohol and other drug and domestic violence programs.

Project staff make periodic site visits to each of six study counties. During these site visits we hear about issues counties are identifying and also about how they are dealing with them. Some of these issues are documented here, as well as some promising approaches to dealing with them successfully. They are not offered as definitive solutions, but as ideas that might be helpful for other counties. **If you have questions or would like to obtain more information about any of these ideas and where they may be operational, please e-mail the CalWORKs Project at CalWORKs@cimh.org.**

Project Collaborative

- California Institute for Mental Health
- Children and Family Futures
- Family Violence Prevention Fund

Joint CalWORKs Committee

- California Mental Health Directors Association
- County Welfare Directors Association
- County Alcohol and Drug Program Administrators Association of California

Issue 1: Flexibility in the Design and Delivery of Alcohol and Other Drugs, Mental Health and Domestic Abuse (AOD/MH/DA) Services is Essential

Counties that did pre-implementation service planning are finding that they are changing important features as they learn more about the populations they are serving. Trial and error is not a bad policy under the circumstances. For example, one county that had planned to run skill development groups found that attendance was extremely poor. So they dropped the idea. Now, after having established a facilitated support group for women with AOD problems they have re-instituted the skills training as an adjunct to that group and are having better success with attendance. Another county intended to run outpatient groups for its clients with AOD problems but found that the need for structure was greater than this provided and so has moved to a day treatment format.

Suggested Approaches:

- ◆ Be flexible about changing policies, procedures and/or services, depending on what is and is not working.
- ◆ Experiment with service configurations to find out how best to engage clients and promote employability.

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Issue 2: Solving Specific Problems that Require Interagency Coordination Can Consume Much Time and Resources, But Is a Necessary Investment

Because program rules vary and are new and ever-changing, it can take many people attending many meetings to resolve individual case problems. Even with everyone’s goodwill, this can be a draining process.

One county was having difficulties continuing the family’s cash aid while the caregiver was in residential treatment for over 30 days, and the child was placed with non-relatives. It took much time and a collaborative effort, but they were finally able to find a solution that involved a Temporary Absence from Household that allowed cash aid to continue for the children. In another county getting individuals receiving AOD services under court order registered for CalWORKs was perceived to be a task that was too time-consuming and difficult to pursue given the clients’ initial lack of interest. Clearly, not making this a priority works against the CalWORKs participant in the end since the time clock continues to run.

The good news is that each succeeding effort gets a little bit easier as everyone gets more used to working together and as certain rules and regulations get clearer.

Suggested Approaches:

- ◆ Don’t give up on issues, even though they seem hard to resolve.

“Make sure that you formalize solutions . . . so that the next time an issue comes up it can be solved more easily.”

- ◆ Make sure that you formalize solutions (and let everyone know) so that the next time an issue comes up it can be solved more easily.

Issue 3: More Attention Needs to be Paid to Job Upgrading and Job Retention

Because of the good economy and the work-first orientation of CalWORKs, many TANF participants with AOD, MH, and/or DA issues are able to find a job. But some research findings and the observations of some employment counselors indicate that they are less likely to be able to maintain those jobs.¹ As counties get their basic CalWORKs programs implemented they are turning more to the issues of job upgrading and job retention. The ongoing provision of AOD, MH and/or DA services can be a part of a Welfare-to-Work job upgrading or retention strategy while a participant continues to receive cash aid.

Even when a participant exits CalWORKs because of employment that puts them above the TANF income threshold, CalWORKs will pay for supportive services for a year once cash assistance is no longer received, without the services counting toward a person's 60-month time limit.

Suggested Approaches:

- ◆ Learn the rules about job upgrading and job retention services and what programs are available for participants.
- ◆ Include the provision of AOD, MH, and DA services in the planning for job upgrading and job retention both while the person continues to receive some cash assistance and for a year following the exit from cash assistance.

Issue 4: Working with Clients with Very Difficult Multiple Barriers Requires a More Comprehensive Approach

Counties are finding some clients with serious and long-lasting AOD, MH, and/or DA problems. Some have multiple other barriers that must be addressed. Evidence is accumulating (from research² and from service providers' observations) that those individuals who have other barriers in addition to an AOD, MH and/or DA issue are especially hampered in terms of employment. These problems include low basic skills, lack of a support system, and minimal ability to manage multiple demands. These individuals are likely to drop out of a program in the face of competing demands for their time.

Suggested Approaches:

- ◆ Use case managers to help AOD, MH and DA clients meet their basic needs. For example, some clients when they enter services need assistance in obtaining housing, food, and medical care; dealing with problems with their children; and resolving outstanding legal problems. Assisting with transportation can also help get these issues resolved. While available through other providers, it seems to help to have the

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AOD, MH, and/or DA providers offer the services in conjunction with clinical/supportive services.

- ◆ Conduct home visits, particularly initially, to establish contact and to problem-solve issues preventing attendance.
- ◆ Offer skills development in either individual or group sessions as a part of the AOD, MH, and/or DA services.
- ◆ Help individuals with multiple barriers prioritize which barriers to address first, so they are not overwhelmed with trying to work on everything at once. Addressing the client's most immediate self-identified needs will result in clients staying in treatment longer.
- ◆ Be prepared to provide some services on a fairly long term basis.
- ◆ Be prepared to offer and/or arrange for a multi-faceted set of services for that segment of the population that has multiple barriers beyond the AOD, MH, and/or DA issues.

“Addressing the client’s most immediate self-identified needs will result in clients staying in treatment longer.”

Issue 5: AOD and MH Agencies Need to Do More to Create Referrals

Most counties previously undertook a round of training of eligibility worker and employment counselors in the basics of AOD, MH, and DA issues. These varied in content and length but were largely one-time endeavors. For training to be effective it will need to be frequent and focused. Not only is there substantial turnover in social services staff but even those who remain indicate a desire for more training on what they are supposed to be looking for and what they are supposed to do if they see it.

CalWORKs funding has created an interest in and the resources to provide AOD and MH services to this population—which is a change from the prior situation in which referrals were often not accepted. Because of the past situation, it is even more important for AOD and MH service providers to treat referrers as customers.

Suggested Approaches:

- ◆ Use the telephone to tell the referrer what is happening. Work with the referrer to problem-solve issues together. Be sure to explain why a client cannot be served if that is the result.
- ◆ Pay attention to establishing relationships for information exchange at all levels within coordinating organizations. Don't assume that coordination and information exchange at the top levels of organizations will make it down the line.
- ◆ Test social marketing materials aimed at the TANF population with focus groups of the intended audience. What sounds and looks good to service providers may not meet the needs of the CalWORKs participants.
- ◆ Establish relationships with the DOL Welfare-to-Work grantees in the county. They are unlikely to have expertise in the treatment of individuals with AOD, MH, or DA problems.

“Pay attention to establishing relationships for information exchange at all levels within coordinating organizations.”

They will discover such problems as they work with the “hard-to-employ” group of clients and might welcome collaboration with AOD, MH, and DA service providers.

- ◆ Use community-based organizations (CBOs) as case-finding agencies. CBO service providers that have the trust of their clients may have better luck in encouraging them to enroll in CalWORKs than will a social services worker.
- ◆ Guard against a “build it and they will come” mentality. Make sure that potential referrers know what your criteria are for taking clients and what you can do for their clients.
- ◆ Attend to your customers’ needs. Understand that ongoing training of potential referral staff may be required. Make sure that you understand what a referrer expects from you in terms of feedback.
- ◆ Look for and create multiple opportunities for outreach—child welfare workers, DOL grantees, CBOs, childcare facilities, the faith community, etc.

Issue 6: Better Linkages Need to be Forged Between CalWORKs and Child Welfare

Close coordination with CalWORKs is essential for child welfare families that have a CalWORKs eligible parent. AOD/MH/DA providers should be part of this process.

Suggested Approaches:

- ◆ Establish a process for determining shared CalWORKs and CPS cases.
- ◆ Coordinate everyone working with the family and create a single family plan. Since so many of the child welfare cases involve an AOD issue, this will bring AOD and other supportive service staff into the coordinated planning process.

“Coordinate everyone working with the family and create a single family plan.”

Issue 7: Special Attention Needs to be Paid to Factors that Impede the Identification of AOD Problems

While referrals for AOD, MH and DA issues all lag behind expectations, the identification of AOD problems has been particularly problematic because of other layers of barriers that are inherent in AOD problems and treatment services. Clients’ attitudes, workers’ skills, and system obstacles all affect the low identification, referral, and follow-up of AOD clients in the CalWORKs caseloads. Additional barriers are the stigma of addiction for parents and their children, and the fear of loss of children once addiction is determined.

One county has reported that clients assessed in a joint team were referred on to a mental health provider, but after several sessions it became clear that the underlying problem or an additional serious problem in a number of cases was an AOD issue. The clients appeared to be more comfortable at initial stages of services in discussing MH issues, while it took a deeper relationship of trust before AOD issues were disclosed. What is needed is an approach to the client that is

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genuinely comprehensive and neither confronts AOD issues inappropriately nor allows them to disappear in favor of presenting problems which are easier for both clients and workers to respond to.

In several counties, workers have reported their perception that clients with AOD problems are reluctant to disclose them because of the new time lines and stringency of Child Protective Services under the Adoption and Safe Families Act of 1997.

Suggested Approaches:

- ◆ Develop training that emphasizes the different barriers to services of clients with MH, AOD and DV issues. The three systems need to work more closely together, but they can only do so if they fully appreciate that the problems play out in different ways in the lives of the clients and the demands of the separate systems.
- ◆ Place special emphasis on the context and environment of disclosing AOD problems, and the importance of establishing a relationship with a worker and/or peer trusted by the client.

¹ Browne, A., Salomon, A., & Bassuk, S.S. The impact of recent partner violence on poor women's capacity to maintain work, *Violence against Women*, 5(4): 393-426, April, 1999.

² Danziger, S., Corcoran, M., Danziger, S., Heflin, C., Kalil, A., Levine, J., Rosen, D., Seefeldt, K., Siefert, K., Tolman, R., "Barriers to the Employment of Welfare Recipients." University of Michigan. April, 1999. Available on the web at: <http://www.ssw.umich.edu/poverty/pubs.html>.
