



# CalWORKs Project Group

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

## Help Connections, Volume 3

December, 1999

### 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

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### Visit our web-site for more help with CalWORKs implementation:

**[www.cimh.org](http://www.cimh.org)**

- **Q & A (Ask your question – we’ll locate an expert to answer it!)**
- **Project products and updates**
- **Hot tips and Help line**
- **Other resources and information**
- **Previous editions of “Help Connections”**

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](http://www.cimh.org). This is the third 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 proposed approaches and where they may be operational, please e-mail the CalWORKs Project at [CalWORKs@cimh.org](mailto:CalWORKs@cimh.org).**

## Issue 1: Complexity of CalWORKs Rules and Regulations

CalWORKs laws, regulations, policies and procedures are so new and complex they are not known or understood by all CalWORKs staff nor by MH, AOD and DV providers. This leads to inconsistent application of the rules within a county, which is very frustrating to recipients and to service providers. For example, the details of the Family Violence Option, and the application of exemptions, temporary absences and deferrals are not always understood or applied consistently. In addition, county-specific policies may also not be known or understood. For example, in one county there was confusion about the local policy *requiring* participants self-declaring a mental health problem to have an assessment.

### Suggested Approaches:

- Provide *on-going* training for supervisors, line staff and contractors in the DSS (particularly for employment services). Also provide system-wide training opportunities for MH, AOD and DV providers serving CalWORKs recipients. (The CalWORKs Project offers regional training “forums and satellite teleconferences.” See the website for details.)
- Provide brief and clear “crib sheets” that summarize the main rules and regulations for Eligibility Workers and Employment Counselors.
- Establish a CalWORKs help line to assist CalWORKs staff and providers. This help line must be staffed by those with the most expertise in CalWORKs rules and policies.
- Establish a special liaison person in DSS to deal with complicated questions about MH, AOD and DV services posed by providers. Providers then won’t have to search the system for someone who can answer their questions and will be able to receive consistent advice. ◆

## Issue 2: Low Numbers of Referrals, Unspent Funds

Self-disclosure and recognition of signs or symptoms by DSS or employment service staff are producing low rates of referrals for MH, AOD and DV services. This results in some recipients not getting needed services and in unspent dollars. This is particularly a problem when counties are billing on a Fee-For-Service (FFS) basis.

### Suggested Approaches:

Implement other strategies to increase referrals such as:

- “Reverse outstationing” — place eligibility workers at provider sites.
- Fund service providers (county or contract staff on a line item or block grant – not FFS basis – to do outreach for this population, whether or not they have met with CalWORKs staff to develop their welfare-to-work plan. That is, change the locus of identification from the DSS sites to the community sites where CalWORKs clients can be identified by providers using outreach.
- Use a standardized screening instrument and screen all new CalWORKs applicants for MH, AOD and/or DV issues as part of a comprehensive needs assessment for TANF recipients.
- Select eligibility and employment staff with interest, experience, and/or skill and create specialized caseloads dealing with clients with MH, AOD or DV issues. These staff would receive additional training and have smaller caseloads. Specialized staff can also be used in a triage function for new applicants. As soon as an eligibility worker identifies a client who may have MH, AOD or DV issues, the specialized worker is called immediately to come and take over.
- Formulate and disseminate *specific* policies that address recipients’ fears of losing their children, since this is often cited as a reason for not disclosing MH, AOD and/or DV issues.

Use CalWORKs funding for a broader range of activities such as:

- Use available dollars to build MH, AOD and DV capacity for specialized target populations (e.g., shelter youth, incarcerated women, etc.) that are eligible for CalWORKs funding.
- Use funding to develop marketing campaigns aimed at CalWORKs recipients with MH, AOD or DV issues.
- Build service capacity in areas where counties have inadequate MH, AOD or DV services (e.g., residential beds for women with children, transitional housing, etc.).
- Intensify services to those that are identified (e.g., provide a comprehensive package of services including vocational services offered by AOD or MH providers who have experience in helping these populations become employed). ◆

### Issue 3: Need to Learn More about Sanctioned and Exempt Populations

In many counties up to a third of families are sanctioned and many others are exempted. Usually these processes occur before it can be determined whether there are MH, AOD or DV issues in the family. In one county that made a special effort to learn about sanctioned families, they discovered that many did not understand why they were sanctioned, many had AOD or MH issues, and over 90% of the reasons for the sanctions could be satisfied.

#### Suggested Approaches for Learning About Sanctioned Families:

- Ascertain whether or not the family understands why they were sanctioned and whether or not there is a way to remove the sanction if the family is not voluntarily choosing to be sanctioned.
- Do a data match to see if sanctioned families are in other caseloads.
- Include a person or persons with expertise in MH, AOD and DV issues on a home visiting team (information from other states has shown that sanctioned families are more likely to have these issues).

#### Suggested Approaches for Handling Exemptions:

- Establish a policy by which all AOD and MH exemptions will be reviewed and approved by special county staff.
- Review recipients who are exempt due to a physical disability for MH and/or AOD issues that might underlie or complicate the clinical picture.
- Offer simultaneous treatment and work activities for those recipients who may be able, despite serious disabilities, to participate in CalWORKs. Exemptions may not be in the best interests of disabled participants who desire to work and are capable of doing so in a limited manner. ♦

### Issue 4: Engaging Recipients Appropriately

There is a need to balance a streamlined identification and referral process with a process that will encourage engagement of the client and determination of the most effective level of service.

#### Suggested Approaches:

- Establish a single comprehensive integrated team at the DSS eligibility site(s) comprised of staff with expertise in each of the areas. The team should provide assessments, crisis help and offer brief services (when that is all that is needed).
- In those counties where an on-site integrated team does not do the initial assessment, the screening and assessment process may need to be different for MH, AOD and DV. For DV and MH, it may be best to provide direct referrals to service providers rather than having a separate assessment. Since AOD services are generally provided by a variety of contractors, it might be better to conduct an initial client assessment for level of care before referral to a specific provider. ♦

### Issue 5: Providing Employment-Related Services to Participants who are Receiving Extensive MH, AOD or DV Services

There is a small, but growing, caseload of participants who are receiving extensive MH, AOD and/or DV services. These are clients who have multiple barriers and/or are particularly vulnerable to failures in the workplace. Counties do not yet appear to have sufficiently clear policies about who will be responsible for the employment activity for these participants. Some counties hold to a policy that the person completes her treatment/services and then goes back into the regular CalWORKs work activity flow. Some counties require that the person in treatment/services comply with the full 32-hour work requirement during treatment/service. This can be inappropriate for some of these particularly vulnerable CalWORKs participants.



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### **Suggested Approach:**

- Establish policies by which MH, AOD and DV service providers can assume management of the work activity component of the person's CalWORKs plan. This can be an effective strategy, particularly with MH and AOD programs that already have experience with employment, as well as with DV programs that are adding this as a component of their services. This approach is particularly useful in counties where the DSS employment counselors have very high caseloads. ♦

### **Issue 6: Serving the Whole Family**

**S**ome counties are recognizing a need to focus more on providing services to the whole family, rather than just the adult CalWORKs recipient.

### **Suggested Approaches:**

- Develop a single "family plan" that encompasses the range of needs of both the welfare-to-work issues of the adults and the specific children's needs. This plan may include immunizations, school attendance, healthcare, childcare and so on.
- When a family is involved with Child Protective Services (CPS), the single "family plan" should include CPS.
- When a MH and/or AOD assessment is indicated, conduct a comprehensive family assessment performed jointly by both adult and child service providers.
- Offer MH and AOD programs that treat both adults and children when both have service needs.
- Include targeted prevention and early intervention services to children of substance abusers or the parents identified as needed AOD services.
- Offer residential programs that enable families to stay together while one or more family members are receiving needed services. ♦