



CHAPTER V: CALWORKS IN CO-ORDINATION WITH CHILD WELFARE AND WORKFORCE DEVELOPMENT

This chapter explores the role played by AOD, MH, and DV services in the growing co-ordination between CalWORKs and two other critical systems – child welfare and workforce development. Both of the latter fields have traditionally served some women and children on welfare, but have done so largely in isolation from the welfare system. Initiatives within child welfare and workforce development have led both systems to be more proactive in developing co-operative and integrated activities with CalWORKs. As the CalWORKs effort itself has focused on its long-term objective of assisting families to become self-sufficient, the need for greater co-ordination with these other two systems has become more apparent. How AOD, MH, and DV services can be incorporated into these growing efforts at co-ordination is the subject of this chapter.

CalWORKs, Child Welfare and the Role of AOD, MH, DV Services

Interaction of CalWORKs and Child Welfare

Although 50 to 90 percent of child welfare cases are welfare-linked, i.e. the family is a CalWORKs case or would be if the family were reunited, close co-ordination between the two systems is only beginning to develop. At the county level, the CalWORKs and the child welfare divisions are part of the same DSS department.¹ Historically, however, co-ordination between the two units has been limited or minimal. The growing awareness that CalWORKs requirements may impact child welfare options has led to many counties exploring how better to co-ordinate the two DSS functions.

The obstacles to co-operation between child welfare and CalWORKs have been numerous:

- Child welfare is focused on the safety and well being of the child, while CalWORKs is aimed primarily at decreasing welfare cases by providing services and supports to adults.
- What the systems want/expect from the parent is different. Child welfare, while appreciating the value that economic stability can bring to the care of children, may want the parent to devote more time directly to the children (particularly after a reunification), while CalWORKs insists that s/he leave the home for the workplace unless exempt from Welfare-to-Work requirements.

¹ This is not true in Los Angeles.



- The level of training of the child welfare and CalWORKs staff is usually different. Generally, child welfare employs bachelor- and master-level social workers, while CalWORKs staff have less professional training.
- CalWORKs leadership has generally been positive about welfare reform, while child welfare leadership has had a mixed expectation. While supportive of the potential for additional resource availability for CalWORKs families, child welfare has been concerned about a) the impact that work requirements may place on vulnerable families, b) what might happen to children in families that are cut off from welfare because of time limits or sanctions, and c) the impact of low-quality child care.
- The “time clocks” that operate in the two service systems are quite different. CalWORKs operates on an 18- or 24-month work participation clock, and a lifetime 60-month limit. Child welfare, meanwhile, operates on a usual cycle of 6-month court reviews for families receiving family reunification services, and now has a new limit of 12 months to develop a permanent plan for a child’s living arrangement. The other important “clock” operating in child welfare is also a recent change – children in out-of-home care for 15 of 22 months must be moved toward termination of parental rights to free the child for adoption, unless it is determined that adoption is not in the child’s best interest. (And a very different “clock” operates in the AOD treatment system, which can be paraphrased as “one day at a time for the rest of your life.”)

As awareness of the overlap in cases increases, a variety of major activities have been initiated at the local level to enhance the co-ordination within DSS of CalWORKs and child welfare, including the following:

- Performing case list matches to determine overlap
- Including the CalWORKs case worker in CPS case conferences, and
- Experimenting with creating a single family plan for families involved in both systems

At the state level, the Department of Social Services initiated a CalWORKs/Child Welfare Services (CWS) Interface Advisory Committee comprised of State and county representatives from CalWORKs and from CWS. Its mission is to address issues between the two systems and between the state and counties.

Interactions of AOD/MH/DV Systems with Child Welfare

The AOD and MH service systems are developing relationships with the child welfare system at both the State and local levels to develop models for dealing more effectively with those clients



in multiple systems. A large percentage of child welfare cases have an AOD, MH, and/or DV issue. Estimates for the percentage of child welfare cases with AOD involvement range up to 90 percent of new cases.² Child welfare caseworkers in Massachusetts, Buffalo, and Los Angeles estimate as many as 60 percent of their cases have a domestic violence issue.³ One of our case study counties, Shasta, reviewed 100 out-of-home placements (20 percent of their total caseload) and found that there was an AOD problem with 75 percent of the primary caregivers, and a MH issue in 50 percent.

The initiatives of the AOD, MH, and DV systems related to child welfare services vary, but all have been directed at improving the coordination for families that have multiple needs and/or that are involved in multiple systems, and include efforts to ensure the physical safety of children. AOD has been focused largely on the parents' problems that lead to child welfare involvement, and improving parents' ability to regain custody of their children. MH has worked mostly on the issues of services for the children who are in out-of-home placement or at-risk of such placement. And DV has focused largely on training of child welfare staff to recognize instances of DV within their caseloads.

Alcohol and Other Drugs – Many local jurisdictions have initiatives to better address AOD issues either through training, co-location of staff, or multiple models of joint-coordinated or integrated programs.⁴ The recognition of the importance of the relationship between child welfare and AOD has led to the development of a statewide initiative to promote “better CWS/AOD partnerships throughout the State.”⁵ A joint committee of representatives from the California Welfare Directors Association's (CWDA) Children's Committee and County Alcohol and Drug Program Administrators Association of California (CADPAAC) is sharing information, developing shared principles, outlining models and devising strategies to encourage greater coordination.

Mental Health – The Children's' System of Care initiatives at the county level have promoted efforts to co-ordinate planning and services across agencies for children most at risk of out-of-home placements. Models include mental health screening and assessment for children entering out-of-home care, joint placement committees, outstationing mental health workers in CWS shelters and cross-agency teams of case managers.

² U. S. General Accounting Office found that parental AOD issues were a factor for 78 percent of the out-of-home placements for young children in Los Angeles, New York City, and Philadelphia, *Foster care: Parental drug abuse has alarming impact on young children*. (1994). GAO. Green and Tumlin cite a number of studies indicating that AOD issues play a part in as many as 90 percent of new child protective services cases.

³ Green & Tumlin.

⁴ See Young, N.K., Gardner, S.L., & Dennis, K. *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy* (1998). Washington, D.C.: CWLA Press. For information on current models in use in California see the Children and Family Futures website: www.cffutures.com.

⁵ From the Mission Statement of the CWDA-CWS/CADPAAC Joint Committee.



Domestic Violence – A major effort nationally has been the development of training for child welfare staff to increase awareness of DV issues in families.

Co-ordination of CalWORKs, AOD/MH/DV Services, and Child Welfare in Study Counties

The initiatives described above represent efforts to coordinate and/or integrate services for those child welfare families that are CalWORKs beneficiaries and who have AOD, MH, and/or DV issues. The following table cites some of the major activities within each county with note of instances in which AOD/MH or DV and/or other supportive staff are active participants.



AOD, MH, and/or DV Involvement with CalWORKs and Child Welfare Coordination

County	Coordination Activity
Alameda	<ul style="list-style-type: none"> ▪ Formal planning group established 1/99 to coordinate 3 divisions within DSS (Workforce Development, Children and Family Services, Welfare-to-Work) and BHCS ▪ Three initiatives will flow from this joint planning group and be funded with CalWORKs Incentive dollars including a pilot project to do a single family plan ▪ Developing procedures by which CalWORKs family referred to CPS (but case not opened) will be followed by CalWORKs social worker
Kern	<ul style="list-style-type: none"> ▪ Some family maintenance cases have a joint team of CPS, CalWORKs, and BH staff ▪ Working on developing better relationships between the SART team that monitors drug court AOD services and CalWORKs
Los Angeles	<ul style="list-style-type: none"> ▪ Data shows 90% of Family Preservation families receiving TANF ▪ Begun to involve GAIN worker in CPS family planning conferences to coordinate family plans ▪ MOU signed that makes AOD and MH services needed by CWS families part of the CalWORKs WTW Plan with the CalWORKs AOD and MH allocations paying for the services ▪ AOD provider outstationed at Family Dependency court to conduct assessments and provide liaison to AOD services ▪ Workgroup including AOD/MH/DV service providers and departments developed guidelines stressing that an AOD/MH/DV issue, in and of itself, is not reason for referral to CPS
Monterey	<ul style="list-style-type: none"> ▪ Child welfare system has developed an overall plan to assist women in recovery. The plan coordinates treatment resources and CalWORKs support services ▪ AOD staff are out-stationed at CWS offices to foster engagement and broker access to services
Shasta	<ul style="list-style-type: none"> ▪ County considering adding a CalWORKs staff to an existing interagency group that serves as gatekeeper for high-level out-of-home placements ▪ Did a survey matching clients manually
Stanislaus	<ul style="list-style-type: none"> ▪ Child welfare says 85% of its caseload is TANF linked ▪ Child welfare been actively involved at State level in development of broad definition of “needy families” ▪ All TANF clients in Families in Partnership (interagency team that works with child welfare cases with AOD problems) are assigned to the same specialized CalWORKs eligibility worker who attends all case conferences ▪ Plan on using CalWORKs funds to pay for child welfare social workers who will be located with CalWORKs teams doing home visits to sanctioned families



Role of AOD/MH/DV Service Providers in Identifying Child Welfare Issues

While CalWORKs AOD, MH, and DV services are delivered to adults to remove barriers to employment, AOD, MH, and DV providers of services to CalWORKs participants are in a good position to assess and deal with parenting issues. For CalWORKs families that are also CWS cases, issues of parenting can be paramount to the treatment. This is particularly the case with parents who have either had their children placed or are at-risk of having children placed in protective custody because of child abuse and/or neglect allegations that are associated with AOD abuse or dependence. In situations in which CWS is not involved, the AOD, MH, or DV service agency may identify parenting issues and/or provide services designed to improve parenting.

In order to better understand parenting issues within the CalWORKs population who are receiving AOD, MH, and DV services, our provider survey of discharged clients asked staff to assess “the client’s ability to meet the needs of her/his children at the time of the most recent visit.” This rating was based on one that has been used in child abuse/neglect risk assessment among parents with AOD-related problems.⁶ Of the 385 respondents who answered the question, 12.5 percent rated the client as deficient or unsafe in her/his parenting abilities, and 22 percent were rated inconsistent (still a matter for concern).⁷ The remaining 69 percent were rated as good or very good at meeting the needs of their children. (Please see the table on the next page). Twenty-seven percent said that they did not have enough information to reliably judge the clients’ parenting. Interestingly, this percentage only went down to 23 percent when persons with episodes of less than a month were excluded.

While staff in AOD gender-specific programs deal with parenting and child development issues as a matter of course, this is not the case with most adult MH and DV programs where the focus is more on the adult as an individual rather than in the role of parent. For example, most county MH departments are divided into adult and children’s divisions with the issues of parenting dealt with more in children’s than adult services. Most of the MH staff that are involved with CalWORKs come from the adult service system, and therefore have less experience in issues of parenting.

⁶ Olsen, L.J., Allen, D., & Azzi-Lessing, L. (1996). *Assessing Risk in Families Affected by Substance Abuse*. *Child Abuse & Neglect*, 20(9), 833-842.

⁷ A comparison between AOD and MH clients showed only minor differences. Interestingly, ratings of clients who had a child placed out-of-home were not very different. Only 16 percent were rated as Deficient or Unsafe as compared with the 12.5 percent in the sample overall.



**Staff Ratings of Client Ability to Meet Needs of Children
(Discharged AOD/MH Clients Survey)**

Rating	Number	Percent
Very high (Fully meeting emotional and physical needs.)	26	9.3
Good (Meeting basic needs. Coping.)	157	55.9
Inconsistent (Basic needs not met consistently, parent feels overwhelmed.)	63	22.4
Deficient (Severely diminished parenting abilities lead to high risk conditions.)	21	7.5
Unsafe (Safety was threatened so CPS referral was made OR child already removed from home.)	14	5.0
TOTAL	281	100.0

Los Angeles Department of Mental Health is attempting to address this directly through a reorganization that will promote the provision of mental health services to families. As part of that initiative, mental health service providers who treat CalWORKs adults will be asked, as part of a routine assessment, about the children in the family, potential impact of children's problems on the parent's ability to work, and existing connections to CPS or probation. DMH hopes that this assessment process will both ensure appropriate parenting services for adults, and serve the function of identifying children needing mental health services that can be funded through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).





Issues to Consider in the Involvement of AOD, MH and DV in CalWORKs/CWS Coordinated Activity:

- ☑ What is the overlap in the caseloads of CalWORKs and CWS? What are the AOD, MH, DV issues of this defined overlap population? Determining the extent of overlap in the caseloads is a first step to defining a population for whom coordination or integration of services will be useful. The next step is determining the extent of the AOD, MH, and DV issues as they relate to the parent's ability to engage in CalWORKs work-related activities, and to the parent's ability to provide for the safety and well being of his/her children.
- ☑ How can the requirements of CalWORKs and CWS be coordinated or integrated for an individual family to minimize any conflict among agencies and to simplify the process for the family? Including any AOD, MH, and/or DV service providers involved with the family into this coordination or integration will provide the same benefits both for the agencies and for the family. How best to ensure adequate discussion of different mandates, outcomes, and the four clocks?
- ☑ How can AOD, MH, and DV service providers become more aware of parenting, child development, and child safety issues? Are there routine ways of ensuring that these issues will be at least assessed by all AOD, MH, and DV service providers even as they focus on removing barriers to employment? And what is the right mix of adult-oriented and child-oriented expertise to include in a CalWORKs service unit?

CalWORKs and Workforce Development Co-ordination and the Role of AOD, MH, DV Services

The most important focus of CalWORKs is assisting participants to attain and retain employment that pays wages adequate to attain self-sufficiency. Yet the welfare system is not the governmental agency with the most experience in employment issues. In each county at least one JTPA (or PIC) has the mission of assisting persons to gain the skills (through education or training) required to become employed, or to better their job status once employed. These agencies also provide job development activities and coordinate job listings.

Concurrent with the implementation of CalWORKs has been the initiation of three major workforce system initiatives that have a potential to impact on CalWORKs participants with AOD, MH, or DV issues. We highlight some of the major aspects of these programs and related issues, but readers should recognize that our treatment of these issues is not comprehensive.



One-Stops – One-Stop employment centers are sites where partner agencies co-locate their activities to be available to any person needing education, training, or employment assistance, no matter under what program s/he might qualify. The JTPA/PIC is usually a lead agency in these collaborative activities. Counties differ in the extent to which they have channeled some of their CalWORKs work activities through the One-Stops in their communities. One-Stops are a potential site for co-located AOD, MH, and DV staff. In our six counties, Monterey and Kern co-locate their CalWORKs behavioral health staff at the One-Stop on a part-time basis.

Department of Labor Welfare-to-Work (WtW) grants – Concurrent with welfare reform, Congress allocated funds to be used to provide special assistance for TANF participants who were particularly hard to serve. The majority of the federal Welfare-to-Work (WtW) funds were distributed in California through block grant allocations to JTPAs. One of the potential qualifying criteria was that the participant have an AOD problem. JTPAs have not traditionally served this population, so it was expected that they would seek partnerships or arrangements with AOD providers.

Enrollments in WtW programs have been extremely low in California, largely because of the very stringent eligibility criteria. The major issue that faced all of the WtW agencies we interviewed was access to clients. The most obvious source for clients was CalWORKs employment counselors who were in the best position to know who would qualify for WtW services. But because of overly large caseloads, lack of information about the WtW program, concerns about additional paperwork, and/or fear of “losing” clients, referrals from this source were generally low. Few of the clients that have been enrolled have AOD problems. For the most part, the WtW programs have made referrals for services for AOD issues back through the participant’s CalWORKs employment counselor rather than developing relationships themselves with AOD programs.

Workforce Investment Act (WIA) – The Workforce Investment Act will recast all employment-related services in each locality under one central Workforce Investment Board that will have a set of mandatory and a set of voluntary partners. There will be a set of core services available to everyone, and supplemental services for those who need them, both provided through One-Stops. The role of AOD and MH departments and providers in this process is the subject of current policy debate at the state and local levels.

The following table describes the co-ordination activities in our six counties:



Co-ordination with Workforce Programs

County	Co-ordination with Workforce Program
Alameda	<ul style="list-style-type: none"> ▪ CalWORKs has provided a list of potential clients to WtW contractors, but recruitment has been slow ▪ Most CalWORKs clients enrolled by WtW contractors come for a specific training course ▪ WtW program can purchase AOD, MH, DV services through vendor payments, but has not been an issue because of low enrollment in the WtW program
Kern	<ul style="list-style-type: none"> ▪ PIC is a county agency; PIC was an active partner in the development of the CalWORKs plan; set up special unit for CalWORKs clients ▪ DSS a member of PIC Board and One-Stop Collaborative ▪ PIC has been very aggressive in attempting to enroll CalWORKs participants in WtW, but with minimal success due to restricted eligibility criteria ▪ PIC contracted to perform job placements for CalWORKs participants ▪ PIC developed special program for weekend transportation under WtW
Los Angeles	<ul style="list-style-type: none"> ▪ 8 PICs – largest are Los Angeles City and Los Angeles County ▪ Developed a county-wide WtW plan – the first such cooperative activity among the PICs ever ▪ Only 191 clients enrolled countywide by July 1999 ▪ One interviewed WtW manager indicated that her staff does not feel equipped to deal with AOD issues
Monterey	<ul style="list-style-type: none"> ▪ PIC is a county agency ▪ CalWORKs a partner in new One-Stop in Salinas
Shasta	<ul style="list-style-type: none"> ▪ CalWORKs and PIC services located in close proximity in Redding although not an official One-Stop ▪ PIC receives referrals from vocational assessments on those clients who do not get jobs through the 4-week Job Services ▪ Use the WtW funds for work experience for CalWORKs participants
Stanislaus	<ul style="list-style-type: none"> ▪ PIC a county agency – was an active partner in development of CalWORKs ▪ CalWORKs and PIC services co-located ▪ CalWORKs and Behavioral Health Services partners in One-Stop; BHS provides crisis services where co-located PIC had enrolled 60 people in WtW out of expected 300/year



Issues to Consider in Developing a Workforce System Strategy:

- ☑ The eligibility requirements for Department of Labor WtW programs have been eased. As a consequence enrollments may increase. Most of the WtW contractors do not have experience in serving clients who have AOD, MH, or DV issues. Active outreach to these programs from the AOD, MH, and DV service systems may result in increases in referrals and/or the development of joint programs. Participants in the WtW program must be engaged in some level of employment, so the strategy may be most useful within the context of retention strategies.
- ☑ The AOD, MH, and DV service systems are not mandated partners in the Workforce Investment Boards, but these services are among the supplemental services that are to be available for participants at the One-Stops. It would benefit the local AOD, MH, and DV systems to proactively engage the mandatory Workforce Investment Board partners to determine an appropriate role for these service systems within the structure of the new One-Stops.
- ☑ As more CalWORKs activity occurs under the rubric of the Workforce Investment Board One-Stops (as envisioned by the legislation), co-location of AOD, MH, and DV staff at the One-Stops should be evaluated as an option.

Summary

This chapter explored the role of AOD, MH, and DV services in the growing collaborations between CalWORKs and the Child Welfare system, and between CalWORKs and the workforce development system.

Child Welfare and AOD/MH/DV – A large percentage of child welfare cases have an AOD, MH, or DV issue. The AOD, MH, and DV service systems are developing relationships with the Child Welfare System at both the state and local levels to develop models for dealing more effectively with those clients in multiple systems. Local level initiatives include training of child welfare staff in AOD/MH/DV issues, co-location of AOD/MH staff with child welfare staff, and the development of multiple models of coordinated or integrated staffing that includes both child welfare and AOD/MH staff. A joint committee of representatives from the California Welfare Directors Association's Children's Committee and the County Alcohol and Drug Program Administrators Association of California is engaged in activities designed to support enhanced co-ordination between the two systems.



CalWORKs and Workforce Development and the Role of AOD/MH/DV

The most important focus of CalWORKs is assisting participants to attain and retain employment that pays wages adequate to attain self-sufficiency. Concurrent with CalWORKs implementation has been the initiation of three major workforce system efforts that are relevant to CalWORKs: the development of “One-Stops,” the availability of special Private Industry Council-operated programs for CalWORKs participants, and the redesign of federally funded employment services through the *Workforce Investment Act*.

As these workforce development system initiatives are unfolding, local CalWORKs programs are attempting to develop their appropriate role in these efforts. AOD, MH, and DV programs have thus far been minimally involved, but they do perceive an opportunity for a greater role. At the State level, the Joint CalWORKs Committee has been working to establish greater involvement of the workforce community in the joint efforts of CalWORKs and the AOD/MH/DV systems.

