

The CalWORKs Project

Six County Case Study

Executive Summary



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Alameda, Kern, Los Angeles,
Monterey, Shasta, Stanislaus

Executive Summary

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We appreciate the guidance provided by the Joint CalWORKs Committee, a collaboration of the California Mental Health Directors Association (Co-Chair, Robert Egnew), County Alcohol and Drug Program Administrators Association of California (Co-Chair, Toni Moore), and the County Welfare Directors Association (Co-Chair, Tracy Russell).

This report is a joint product of the three organizations involved in the CalWORKs project: the California Institute for Mental Health (CIMH), Children and Family Futures (CFF), and the Family Violence Prevention Fund (FVPPF).

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Finally, we hope that this work will contribute to the ability of counties to be helpful to CalWORKs participants with AOD, MH, and DV barriers to employment.



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Background

Under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, adults receiving cash assistance through Temporary Aid to Needy Families (TANF, which replaced the AFDC program) have an 18-24 month limit on aid, during which time they have to engage in a set number of hours of work or work-related activity. There is a five-year lifetime limit on aid as well. The California implementation of welfare reform is called California Work Opportunity and Responsibility to Kids (CalWORKs).

Welfare reform time limits heighten the importance of addressing issues and problems of alcohol and other drugs (AOD), mental health (MH), and domestic violence (DV) within the AFDC/TANF population. To this end the CalWORKs Project gathers and disseminates information about:

- The impacts of alcohol and other drugs (AOD), mental health (MH), and domestic violence (DV) on CalWORKs participants' ability to become self-sufficient; and
- How best to identify and serve CalWORKs participants with these barriers.

The CalWORKs Project represents a collaborative effort between the California Institute for Mental Health, Children and Family Futures, and the Family Violence Prevention Fund. The work of the Project is overseen by the Joint CalWORKs Committee, which is itself a collaboration of the California Mental Health Directors Association, County Alcohol and Drug Program Administrators Association of California, and the County Welfare Directors Association. Funding for the CalWORKs Project comes from The California Wellness Foundation, the David and Lucile Packard Foundation, the National Institute of Justice, and voluntary contributions from California counties.

In addition to the Six County Case Study that is the subject of this report, the CalWORKs Project is conducting a research project tracking 880 CalWORKs participants in two counties, providing technical assistance to counties, and tracking policy issues relevant to AOD, MH, and DV issues in the CalWORKs population.

CalWORKs Challenges

CalWORKs has brought large increases in workload and a reorientation of mission to county welfare departments. AOD/MH/DV systems and programs, in turn, have had to adjust substantially their traditional service models to fit the CalWORKs framework with its emphasis



on employment and ticking time clocks. On top of these changes, each system has had to develop unprecedented collaborative relationships with one another. The six counties in the case study have each approached the task somewhat differently, providing a rich laboratory in which to explore the many creative ideas that they have implemented. The systems in each county are evolving as new information is gained about what works and what does not. This report covers the efforts of the six counties through summer or early fall of 1999. Subsequent reports will document ongoing changes.

Information Sources for the Six County Case Study

The six counties in the case study are Alameda, Kern, Los Angeles¹, Monterey, Shasta, and Stanislaus. Information in this report comes from the following sources:

- ***Site visits*** - Two site visits were made to each of the six counties during which extensive interviews were conducted with directors, management, and line staff from CalWORKs, AOD, MH, and DV agencies and programs. Staff from Child Welfare Services, workforce development organizations, and advocacy groups were also interviewed.
- ***Surveys of Department of Social Services (DSS) staff*** - Questionnaires were filled out by 793 DSS eligibility workers and 340 employment counselors in five of the six counties.
- ***Surveys of clients of AOD, MH, and DV programs*** - Surveys were completed by 591 clients in 41 AOD and MH programs in four counties and DV programs in two counties.
- ***Surveys of providers of AOD, MH, and DV programs*** - Surveys were completed by staff rating 231 AOD clients, 163 MH clients, and 74 DV clients in the same programs as for the client surveys.
- ***AOD and MH Management Information Systems (MIS)*** - Five of the six counties provided information from their county AOD and MH MIS about the numbers of clients served and their characteristics.

Full Report, Executive Summary, and Other Forms of Dissemination

Full report - The full report is organized into six chapters. Each contains substantial descriptive detail about how the six counties have addressed various issues as well as results from the surveys and MIS as relevant. The chapters also contain lists of “Promising Practices” gathered from the six counties and lists of “Issues to Consider” that counties can use in thinking about the particular topic. A summary at the end of each chapter presents the most important information in the chapter. The chapters in the full report are:

¹ The site visit interviews and surveys were done in two of the eight Service Planning Areas, #3 and #6. The contextual and service utilization information presented in the report is from all of Los Angeles County.



- **Introduction**
- **Context**
- **Identification of Participants with AOD/MH/DV Barriers to Employment and Referral to Assessment and/or Services**
- **Organization of AOD/MH/DV Services**
- **Client Characteristics and the Impact of AOD/MH/DV Services**
- **CalWORKs in Coordination with Child Welfare and Workforce Development**
- **Funding and Information Systems**

Executive summary - This executive summary contains the most important general findings from the full report along with policy and practice recommendations that flow from those findings. In selecting the findings upon which to focus, we have considered those that have the most immediate relevance for department directors—at both the State and local levels—and that form the basis for the Report’s recommendations for policy and practice. More detail about the findings can be found in the full report at the page numbers referenced.

Other forms of dissemination - The CalWORKs project will produce and disseminate widely a series of other documents based on the full report that are designed to address the concerns of various types of audiences. These include special practice guides directed at line managers and supervisors; presentations at satellite trainings viewed by line staff; materials for discipline-based publications, for example articles in DV program association newsletters; and policy briefings for the Legislature and State departments. All materials are available on the California Institute for Mental Health website: <http://www.cimh.org/project.html>



Findings and Recommendations

FINDING I: Implementation of the AOD/MH/DV component of CalWORKs has been slow, but the numbers served have been increasing.

All six counties were impeded in providing the full range of support services by the overall slow implementation of CalWORKs.² The numbers of CalWORKs participants receiving AOD, MH, and DV services increased substantially from the first to the second year of CalWORKs reflecting the maturation of both CalWORKs in general and the AOD/MH/DV components specifically. The highest percentage of total CalWORKs participants (including those exempt from welfare-to-work requirements) receiving an AOD service during FY 98-99 in the six counties was 4 percent; the highest percentage receiving a MH service was 6.5 percent.³

The demographic and welfare-related characteristics varied across counties creating a unique context within which each had to develop and implement a program to address the AOD/MH/DV barriers to employment. The following factors seem to create greater challenges to rapid implementation of the AOD/MH/DV component: large size of CalWORKs caseload; large populations of non-English-speaking monolingual CalWORKs recipients; a low percentage of AFDC recipients enrolled in GAIN prior to CalWORKs; minimal prior relationships among the AOD, MH and DV service communities; minimal prior relationships between these service sectors and AFDC; and a very strong Work First CalWORKs philosophy.

Recommendation: The Legislature should continue the AOD and MH allocations at current levels. Sufficient time is needed for county CalWORKs programs to become fully implemented and for the AOD/MH/DV component to mature.

FINDING II: Insufficient attention and resources are being devoted to domestic violence.

California adopted the Family Violence Option (FVO), and the State DSS developed protocols for its implementation at the county level. No separate allocation of funds was designated for DV services by the State Legislature, nor was a process for monitoring county implementation of the FVO guidelines established. The development of procedures for the identification of DV barriers and the delivery of DV services was thus left largely to county discretion. Some counties contracted with DV programs for assistance in identification and for additional services

² Jacob Alex Klerman, "The Pace of CalWORKs Implementation," testimony presented at a hearing of the California State Senate Committee on Health and Human Services, December 8, 1999.

³ We have comparable data from only one county for DV services where the percentage receiving services was roughly two percent of total CalWORKs female participants.



for CalWORKs participants, but some did not.⁴ Only half of the CalWORKs participants we surveyed who were receiving DV services reported that CalWORKs staff informed them about the FVO. Counties with an active involvement of DV providers and a proactive stance toward the FVO make greater use of both the FVO and DV services than do other counties.

Recommendation: The Legislature should establish a separate allocation for DV services for CalWORKs participants for whom this is a barrier to employment. Such an allocation is quite consistent with the aims of the FVO that the Legislature adopted.

Recommendation: The Domestic Violence Section of the State Department of Health Services should adopt a more active role in the implementation of the FVO and the provision of DV services to CalWORKs participants. They can fulfill this role by participation on State-level committees such as the Joint CalWORKs Committee and through enhanced training of their funded programs on issues relevant to CalWORKs.

Recommendation: The two State DV coalitions, the California Alliance Against Domestic Violence and the Statewide California Coalition for Battered Women, should be represented on the Joint CalWORKs Committee.

Recommendation: The State DSS should develop a means for monitoring the implementation of the provisions of the FVO adopted in the protocols. The State DSS should also play a more active role in the support of training for DV providers about their role in CalWORKs.

Recommendation: The identification of DV barriers to employment and the provision of DV services should be elevated in every county to the same level as AOD and MH issues. This entails the active involvement of the DV community in the planning and implementation of services at the local level.

Recommendation: Counties should ensure that not only CalWORKs staff, but also AOD and particularly MH providers, receive training in DV issues.

⁴ Alameda, Los Angeles, and Stanislaus all made major commitments in the DV arena and represent models for other counties in the State.



FINDING III: Counties have found that efforts to identify participants with AOD/MH/DV issues must occur at every stage of the CalWORKs process and must be continually monitored and updated. A comprehensive identification strategy also includes outreach efforts outside CalWORKs.

The initial design of the identification and referral system in five of the six case study counties relied heavily on the eligibility worker and employment counselor. Employment counselors reported making about four times as many referrals per worker as did eligibility workers. The total number of reported referrals, however, was greater from eligibility workers than from employment counselors because of the larger number of eligibility workers.

Training, specialized workers, uniform distribution about AOD/MH/DV issues and services, co-location of AOD/MH/DV staff in welfare offices, and the use of standardized screening instruments have all been used to increase the effectiveness of identification by eligibility workers and employment counselors. Continued improvements in these efforts are needed.

Relying exclusively on the eligibility worker and employment counselor for identification of AOD/MH/DV barriers has its limitations. Caseloads are generally so high that these workers have limited time to devote to these issues and many participants believe that disclosure of these issues (particularly AOD) will lead to loss of cash assistance or involvement of child welfare. Counties have therefore begun to recognize the need to broaden their identification and referral efforts to other sites within and outside CalWORKs. Existing providers already serving CalWORKs clients were encouraged to have these clients become “back-door” referrals. Some counties also initiated very active outreach efforts using outreach workers and public media. Some of the case study counties are beginning to systematically assess the exempt and sanctioned populations for AOD/MH/DV issues, which, if treated, could lead to the possibility of employment.

Training - Training on how to identify and refer participants with AOD/MH/DV issues was given to eligibility workers and employment counselors in five of the case study counties. In general both eligibility workers and employment counselors reported that the trainings were helpful, that it made them feel more comfortable and prepared to make referrals, and that they would like more. The biggest impact of training on the number of referrals made by eligibility workers and employment counselors is between those who receive *any* training and those who receive none.

Recommendation: All eligibility workers and employment counselors should receive at least a minimum amount of training in AOD, MH and DV issues, services and referral arrangements. Training should be delivered on a regular basis to account for the turnover in staff, to reinforce the importance of the issues, and to keep staff current on identification and referral policies and practices. The



quality and usefulness of the training should be evaluated, and different training approaches and trainers tried.

Specialized workers - Survey results showed that the more comfortable and prepared an employment counselor felt, the more referrals s/he made. Twenty percent of employment counselors made more referrals than all the rest combined.

Recommendation: County CalWORKs programs should consider developing specialized workers (particularly employment counselors) who either have a high demonstrated rate of referrals and/or who already have high amounts of training and/or experience in AOD/MH/DV issues.⁵

Consistent implementation of policies - Surveys of CalWORKs supervisory staff revealed a lack of internal agreement within each county about identification and referral policies. Survey results also showed that not all CalWORKs participants are receiving written and/or oral information about AOD/MH/DV issues and services even when this is the county policy.

Recommendation: The policies and practices of eligibility workers and employment counselors involved in identification and referral should be explicit and continually monitored to ensure they are understood and are being followed, with particular attention to the policy regarding distribution of materials.

Co-location - Co-location of AOD, MH, and/or DV staff at welfare offices occurred in five of the six case study counties and was viewed by CalWORKs staff as helpful. Counties varied in the composition of co-located staff and in the roles they played.

Recommendation: Counties should consider co-location strategies and/or review existing co-location strategies to determine what role the co-located staff are playing and what strategies they are using to become better known to and used by eligibility workers and employment counselors.

Screening - Of the six study counties, only Los Angeles relied on formal screening instruments administered by eligibility workers and employment counselors—with mixed results.

Recommendation: Support should be provided by the CalWORKs Project, the Joint CalWORKs Committee, and departments to counties who want to explore how formal screening instruments could be used in a context which would increase their reliability and usefulness.

Training and other information materials - Each county has generally developed its own informational materials, training curricula, and screening instruments and procedures. Much of

⁵ Specialized eligibility workers have been a critical part of the Los Angeles County approach since the beginning of CalWORKs.



this is necessary because of the unique system for identification designed by each county, but there are many efforts that are duplicative.

Recommendation: The CalWORKs Project, the Joint CalWORKs Committee, and/or State departments should assist counties to share informational materials used to educate and inform CalWORKs participants about AOD/MH/DV issues and services (particularly those that have been professionally developed and tested); general training curriculum and information about effective trainers; and information about screening instruments and usage.

Outreach - An All-County letter in October of 1999 published by the California Department of Social Services stated a broad view of the potential uses of the CalWORKs AOD and MH allocations and encouraged innovative approaches to identification and referral.

Recommendation: The California Department of Social Services should maintain the flexibility described in the October All-County letter and continue to publicize this policy position to county departments of social services as well as the county AOD and MH departments—some of whom continue to be unaware of the range of options the California Department of Social Services will approve.

Outreach within CalWORKs settings - Because initial identification efforts have focused on eligibility workers and employment counselors, other CalWORKs staff and related agencies may not have received training and orientation to the identification of persons with AOD/MH/DV barriers to employment. Yet these are sites where staff spend sufficient time with participants to become aware of potential AOD/MH/DV barriers.

Recommendation: County interagency planning groups should identify and provide training to those sites within the CalWORKs process where CalWORKs participants spend time, including orientation sessions, Job Clubs, One-Stops, training sites, educational placements, and community service work sites. Staff at these sites should be trained in AOD/MH/DV issues, and referral procedures should be developed. Co-location should also be considered at those sites where the volume of participants warrants.

Outreach beyond CalWORKs - One of the case study counties—Alameda—developed a major case finding approach that included a team of AOD and MH outreach workers whose sole task was developing linkages to sites where CalWORKs participants might be in order to find and facilitate their entry into AOD/MH/DV services if needed.

Recommendation: Counties should consider adding an assertive outreach component to their identification strategy for AOD, MH, and DV.



Exempt and sanctioned participants - Both of these groups cannot currently have their AOD/MH/DV services funded with CalWORKs dollars, but those funds can be used to identify people with these issues. Because of potential effects on children of reduced grant levels, sanctioned clients in particular are a high priority population.

Recommendation: Counties should establish procedures to systematically review participants exempt from Welfare-to-Work requirements, particularly those exempt because of a disability, for possible AOD/MH/DV issues.

Recommendation: AOD/MH/DV staff should have a role with CalWORKs staff in the sanctioning process to ensure that these issues are not the cause of the noncompliance. Counties should also consider having AOD/MH/DV staff assist in follow-up with already sanctioned parents.

FINDING IV: The road from identification to services is too difficult for many participants to navigate; program initiatives can lessen these barriers.

Data from the case study counties indicate a drop-off in attendance from identification to assessment ranging from 28 to 42 percent in four of the counties. While clients' lack of engagement in the process contributes to this, looking at the whole process from the viewpoint of the client might help in removing some of the barriers that reduce attendance. "Assessment" has usually been established as an intermediary step for AOD and MH between identification of potential need for services and referral to an actual provider of services.⁶ This is less common with DV, where referrals in four counties are made directly to DV service providers.

Recommendation: Counties should review their process from identification to assessment to services to remove as many barriers as possible.

- Make as few steps as possible between initial identification and actual receipt of services, minimizing time delays, the number of persons the participant has to deal with, and the distance the participant has to travel.
- Review the assessment process in the AOD, MH, and DV systems of care to ensure that it is being used efficiently and not adding an additional step
- Make sure child care and transportation have been arranged for at each step in the process.

⁶ While identification and even screening can be facilitated by non-professionals (DSS staff), an in-depth evaluation of possible AOD/MH/DV issues is called an "assessment" and is conducted by AOD/MH/DV professionals.



Timeliness of and feedback from assessments - On the surveys, many eligibility workers and employment counselors reported concerns about the lack of timeliness of assessments and the lack of feedback from the assessments; only 58 percent were very or moderately satisfied with the timeliness of assessments and only 43 percent were very or moderately satisfied with the feedback they received about the assessment.

Recommendation: Counties should establish and monitor standards for the timeliness of assessments following referrals, and for feedback to the referring source about the results of assessments.

FINDING V: A majority of CalWORKs participants receiving AOD/MH/DV services do not have these services as part of their Welfare-to-Work Plan; with assistance, providers can do a better job of informing them about their options.

A majority of the CalWORKs participants who are receiving AOD, MH, and DV services have not been referred by CalWORKs, do not have the services as part of their Welfare-to-Work Plans, and do not have their services funded through the separate CalWORKs allocations. Having services as part of the Welfare-to-Work Plan has clear advantages for most clients: communication between providers and CalWORKs staff is enhanced, the receipt of service can be one—or the only—work activity, and support services such as child care and transportation can be provided to make attendance at services easier. Surveyed current clients were generally pleased with the help they got from service providers in dealing with the welfare department.

There are a variety of client, provider, and service system issues that account for the fact that the linkage between services and the Welfare-to-Work Plan does not always occur. The case study counties varied in how aggressive they have been in identifying these clients and arranging to have the services included in the client's Welfare-to-Work Plan and the services funded through the AOD or MH allocation. Many CalWORKs and AOD/MH/DV staff continue to have questions about how AOD/MH/DV services fit into work-activity requirements.

Recommendation: The California Department of Social Services should ensure that all involved county departments and agencies understand that AOD/MH/DV services can, at the county's discretion, count as the full work-related participation even if the hours are less than the standard requirement.

Recommendation: Counties should provide more assistance, and possibly financial incentives, to providers to engage clients in a discussion about including services in their Welfare-to-Work Plan. Counties should consider developing a general framework that providers can use in discussions with their CalWORKs clients that lays out the potential practical benefits of including these services in their Welfare-to-Work Plan, as well as any risks of doing this.



FINDING VI: Comprehensive employment-focused services are necessary to address the multiple barriers that virtually all AOD/MH/DV service recipients face in finding and retaining employment.

There are some CalWORKs participants who have a single AOD/MH/DV issue and minimal other barriers to employment. This is most likely with participants who have entered CalWORKs as a result of leaving a DV situation or who might have a mild MH issue resulting from the strains of raising a family in near poverty conditions. Chances of employment will be enhanced with this population with the provision of short-term traditional MH or DV services. But, for the most part, the participants who have been identified thus far as having AOD/MH/DV issues have a range of multiple significant barriers to employment. Effective AOD/MH/DV services must incorporate more of an employment focus and ensure that the clients receive comprehensive services.

Overlapping AOD, MH, and DV issues - Results from the survey of providers indicate that more than half of the CalWORKs participants who received AOD/MH/DV services had problems in more than one of the three areas (AOD, MH, DV), yet most AOD, MH, and DV services focus on only one of the three issues.

Recommendation: Counties should consider the formation of and/or support of programs that provide comprehensive AOD, MH, and DV services within a single site. This may be a designated CalWORKs integrated team or a service provider who has experience in offering services that address AOD, MH, and DV issues comprehensively.⁷

Severity of AOD/MH/DV issues - Global Assessment of Functioning (GAF) ratings on MH clients indicate that two-thirds have serious or very serious impairments in social functioning or equally serious and disruptive symptoms. AOD/MH/DV providers that were interviewed indicated that some clients have quite serious problems that impede their ability to function well in their daily lives.

Recommendation: County AOD, MH, and DV systems should include levels of service adequate to addressing the needs of the significantly impaired segment of the population. Case management services should be available as needed.

Employment focus of AOD, MH, and DV services - AOD, MH, and DV services are being provided to CalWORKs participants to assist them in overcoming barriers to employment. For the most part, however, AOD, MH, and DV services do not address directly how these issues impact on employment. Instead, programs provide specialized services and then return the

⁷ There are a number of such programs in California but they are far from common. Examples include the CASA pilot projects.



participant to the regular Welfare-to-Work track. With the exception of some AOD programs, providers do not have experience in providing this type of employment-related service.

Recommendation: The Joint CalWORKs Committee should foster the development and dissemination of methods and models for better incorporating an employment focus into the AOD, MH, and DV services provided to participants with these barriers.

Other barriers to employment among AOD, MH, and DV clients - Many AOD/MH/DV clients also have other human resource barriers such as low literacy and education, and basic skill deficits that limit their prospects for employment. For these individuals, addressing how their AOD/MH/DV issues impact on their employability will not be enough—these other barriers must also be remedied. AOD, MH, and DV programs rarely have the capacity to address these other issues impacting employability.

Recommendation: Counties should encourage the formation of and support of programs that provide comprehensive employment-oriented services that address the human resource barriers within a single site, including needed AOD, MH, and DV services.⁸ These can be AOD, MH, or DV programs with augmented employment-related services or employment-related service programs with augmented AOD, MH and DV components. The provision of multiple services under one roof is likely to be more effective for many clients.

Coordination of multiple programs in Welfare-to-Work Plans - While comprehensive programs under a single roof may be ideal, it is often not feasible. The next best alternative is well-planned coordination of all the services in the WTW Plan, including those provided by AOD, MH, and DV programs. CalWORKs staff surveys indicate a frequent lack of communication between DSS staff and the AOD, MH, and DV providers, and a lack of coordination among different agencies concerned with the same case.

Recommendation: County interagency planning groups should systematically reexamine policies and procedures for case communication and coordination in order to reduce the very substantial problems existing now in case communication and feedback between CalWORKs and AOD/MH/DV staff. At a minimum, counties should establish and monitor clear standards about the timeliness and content of feedback from AOD, MH, and DV providers to CalWORKs staff about the progress of services.

Participants who do not accept or complete AOD/MH/DV services - Because of treatment dropouts and cases which are (at least initially) refractory to treatment, CalWORKs employment

⁸ The Applied Research Center at Bakersfield State University is conducting an evaluation of the effectiveness of programs specifically designed to address multiple barriers.



services need to be equipped to serve CalWORKs recipients with AOD/MH/DV issues who are **not** in treatment.

Recommendation: The Joint CalWORKs Committee and the CalWORKs Project should explore how to assist CalWORKs employment staff in their work with participants with AOD, MH, or DV issues who do not become engaged or remain in services.

FINDING VII: Clients, treatment staff and DSS workers judge that AOD, MH, and DV services are helpful, but more assertive efforts are needed to keep many engaged in services.

The provider, client, and CalWORKs staff surveys all indicated positive benefits from the AOD/MH/DV services. More than half of the AOD and MH discharged clients were rated by program staff as having made positive changes in six of seven domains key to success in CalWORKs. Over half of the discharged clients in DV programs were rated by program staff as having made positive changes on all four general dimensions and more than three-quarters as having made positive changes on four dimensions specific to DV issues. Eighty-six percent (86%) of surveyed current clients in AOD/MH/DV services indicated that the services had helped them with their situation or problem. Current clients rate their satisfaction with services highly (65 percent very satisfied and 30 percent somewhat satisfied). CalWORKs staff were generally positive about the existence of, availability of, and helpfulness of AOD/MH/DV staff.

Equally present, however, were indications of lack of treatment/service success for some clients. Participation in programs was rated as poor or minimal by providers for over 40 percent of the cases in our survey. Well under half were discharged because of meeting their goals.⁹ And the lack of follow-through is a source of concern and frustration for CalWORKs staff. While these results are consistent with what might be expected for clients who have chronic or relapsing conditions, such as AOD dependence, depression, or involvement in a DV situation, they call for special efforts at outreach, service integration, and engagement.

Recommendation: The county Department of Social Services, AOD, MH and DV agencies should strategize collectively about how to maintain on-going relationships with persons who do not succeed (at least at first) in treatment or services. Despite the best efforts at engagement some clients may require multiple service episodes. If service providers and CalWORKs staff can develop a joint approach to such participants that encompasses a long-term recovery

⁹ These findings should be understood within the context of substantial rates of drop-out from AOD, MH, and DV services for other populations besides CalWORKs clients. We note the low completion rates for CalWORKs clients because it is a source of frustration to social services staff and because the failure to remove barriers to employment can have profound consequences for CalWORKs participants.



orientation it will enhance the chance for client success, the avoidance of staff burnout and skepticism about services.

Recommendation: Service providers need to confront directly poor client engagement and follow-through by:

- Providing assistance with obstacles to remaining in treatment (e.g. lack of transportation and child care)
- Being more assertive in follow-up when clients fail to attend
- Providing case management services to address complex daily life issues, and
- Providing more services out of the office

Recommendation: Counties should ensure that all CalWORKs participants who lose their cash assistance because of a sanction are fully informed of the availability of Medi-Cal coverage and of other alternative sources of coverage for AOD, MH, DV services. Providers can play an important role by educating their clients about how to continue (or reconnect to) services if they lose their CalWORKs cash assistance.

Recommendation: Counties should evaluate the success of their service programs including the rates at which clients remain engaged in services. Documenting successes will also help motivate AOD/MH/DV staff, DSS staff, and clients themselves.

Linguistic and culturally relevant services - A significant percentage of CalWORKs participants in need of AOD, MH, or DV services have special linguistic and cultural needs. Site visit interviews revealed a lack in some counties of sufficient service capacity that is linguistically and culturally adequate.

Recommendation: County AOD, MH, and DV systems should review their networks of providers to ensure adequate representation of linguistic and culturally competent providers and take steps to increase the capacity of the service networks to meet these needs.

Recommendation: Legislative action and/or State DADP/DMH initiatives may be necessary to increase the supply of trained AOD/MH/DV professionals with linguistic and cultural competence.



FINDING VIII: One of the positive consequences of CalWORKs has been an enhanced coordination of systems working with the same clients. Many challenges and opportunities remain.

CalWORKs, Child Welfare Services, and AOD/MH/DV services - A large proportion of Child Welfare Services cases are CalWORKs-related and have AOD, MH, or DV issues. The awareness of these overlaps has led to beginning collaborations at both the State and county levels among CalWORKs, child welfare, and AOD/MH/DV systems. These initial efforts have involved conferences, committees, and training as well as some actual joint service models.

Recommendation: The three State-level committees that have evolved to deal with system integration and coordination issues should be continued and their efforts coordinated.¹⁰

Recommendation: The Legislature and the California Department of Social Services should support efforts to utilize CalWORKs funds as flexibly as possible for families who are receiving or at risk of needing child welfare services.

Recommendation: County interagency groups should develop joint approaches to serving CalWORKs participants who are, or are at risk of being CWS clients. These efforts should include the participation of the AOD, MH, and DV service systems.

CalWORKs, workforce development, and AOD/MH/DV services - Three workforce development initiatives have potential significant impacts on CalWORKs participants: One-Stops, federal Department of Labor Welfare-to-Work grants to local Private Industry Councils, and the Workforce Investment Act. Collaboration of CalWORKs with these workforce development activities has occurred, but slowly, and AOD/MH/DV systems have only been marginally involved in these efforts. In particular, the Welfare-to-Work grant recipient agencies have usually not had a history of working with participants with AOD or MH problems, and their slow enrollment has further impeded their efforts with participants with AOD, MH, and DV issues. The Department of Rehabilitation, which does have some experience and expertise with these issues, has not been an active participant in CalWORKs collaborations.

Recommendation: The AOD, MH, and DV service communities should be actively engaged in the process of implementation of the Workforce Investment Act at both the State and local levels to ensure that AOD, MH, and DV services are readily accessible to CalWORKs participants who are served through One-Stops.

¹⁰ These committees are: the Joint CalWORKs Committee, the CalWORKs/CWS Interface Advisory Committee, and the CADPAAC/CWLA-CWS Committee.



Recommendation: Representation from the workforce development arena should be added to the Joint CalWORKs Committee.

Recommendation: AOD, MH, and DV systems should initiate collaborative relationships with Department of Labor Welfare-to-Work grantees as enrollments in these programs grow as a result of recent changes to liberalize program eligibility criteria.

FINDING IX: The information system infrastructure to support the effective implementation of AOD/MH/DV services for CalWORKs participants is not yet adequately developed.

Reporting on expenditures - Billing and reporting systems are not accurately reflecting the AOD and MH services that are being provided to CalWORKs participants.

Recommendation: The California Department of Social Services and the Joint CalWORKs Committee need to continue to work with counties to ensure that reports on invoicing of services reflect actual expenditures.

Recommendation: Counties should establish tight reporting requirements for providers to AOD and MH departments, and from these departments to CalWORKs in order to improve the accuracy and timeliness of reporting. If compliance is a problem, fiscal penalties could be considered.

Utilization data - DSS data systems are not, for the most part, able to accurately count the number of CalWORKs participants who are referred for AOD, MH, or DV services, nor the number actually receiving services. None of the AOD, MH, or DV data systems is able to identify currently served CalWORKs participants in a way that is accurate and available in a timely, useful manner. Accurate, standardized, information about the most basic elements of the AOD/MH/DV interface with CalWORKs is not available on a uniform statewide basis now, and may not be in the future.

Recommendation: The California Department of Social Services should follow-up on plans to establish a joint State-county work group to develop minimal statewide uniform standards for counties to use in reporting the numbers of CalWORKs participants who are receiving AOD, MH, and DV services.

Recommendation: Counties should develop reliable means of identifying CalWORKs clients in their AOD, MH, and DV service systems. In the AOD and DV systems where provider billing of services does not require knowing CalWORKs eligibility status, special incentives may need to be offered to providers to encourage them to routinely inquire about CalWORKs eligibility.



Conclusions

There are a number of promising signs regarding the collaborative effort to serve CalWORKs clients whose AOD/MH/DV issues might stand in the way of working and moving toward self-sufficiency.

- CalWORKs itself has managed its first enormous task of enrolling and beginning services to current recipients. Counties are finding more energy and time for second stage projects like the closer coordination of child welfare, CalWORKs and AOD/MH/DV services.
- Referrals for AOD/MH/DV issues have been increasing.
- New collaborations among agencies at the State and at the county level are being forged with attention to clarifying respective values, understanding better each others' roles, and trying new joint models of service.
- AOD/MH/DV providers are increasingly interested in explicitly including a focus on employment in the services they offer to CalWORKs clients.
- Research—like the Needs Assessment¹¹ in Alameda and the Employment Readiness Demonstration Project—is beginning to give us a stronger basis on which to plan services.
- The California Department of Social Services flexibility in policy and innovative responses by the counties are leading to a variety of new services and approaches.
- For once, AOD/MH/DV agencies are able to implement new programs for a new population without having to take funds from existing limited resources.

We have been extremely impressed in our site visits at how willing almost all county decision-makers have been to take an experimental approach to this collaboration. Agencies are forging new bonds and cooperating in new ways. While adequate funding and a good economy have provided room for this system development, time limits make further improvements imperative.

¹¹ Available at: <http://www.cimh.org/project.html#relevant>



The California Institute for Mental Health is a non-profit public interest corporation established for the purpose of promoting excellence in mental health. CIMH is dedicated to a vision of “a community and mental health services system which provides recovery and full social integration for persons with psychiatric disabilities; sustains and supports families and children; and promotes mental health wellness.”

Based in Sacramento, CIMH has launched numerous public policy projects to inform and provide policy research and options to both policy makers and providers. CIMH also provides technical assistance, training services, and the Cathie Wright Technical Assistance Center under contract to the California State Department of Mental Health.