The CalWORKs Project

Six County Case Study

Project Report

The CalWORKs Project

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

Project Report

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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 (FVPF).

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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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INTRODUCTION

Background of the CalWORKs Project

Welfare Reform

Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, adults receiving cash assistance through Temporary Aid to Needy Families (TANF, which replaced the AFDC program) were faced with a new environment. No longer was cash assistance guaranteed without time restrictions. Each participant had an 18-24 month limit to participate in work activities and a total limit of five years on welfare. And, each participant had to engage in a set number of hours of work-related activity in order to receive cash assistance.

Welfare reform heightened 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. While estimates of the prevalence of alcohol and other drugs (AOD), mental health (MH), and domestic violence (DV) issues within the TANF population vary, there is general consensus that the rates are higher than in the general population and affect a substantial minority of TANF participants. These issues can create barriers to TANF participants' ability to meet the work activity requirements and to become steadily employed at a level that allows them to be self-sufficient within the time limits.

In recognition of the special problems that would be faced by TANF participants with DV issues, the PRWORA included a Family Violence Option (FVO), which allowed states to exempt survivors of DV from certain of the new TANF rules that might endanger their safety. California adopted the FVO and developed implementation guidelines for counties.

California's implementation legislation of TANF is called CalWORKs (California Work Opportunity and Responsibility to Kids). The CalWORKs legislation created a special allocation that was to be used to address the AOD and MH problems of CalWORKs participants when these problems were barriers to employment. The legislation required county departments of social services (DSS) to enter into contracts or MOUs with county MH systems and with county AOD systems and/or private providers in order to obtain assessments of and services for participants with real or suspected AOD and MH barriers to employment. Because the county DSS was directed to work with the county MH system, the models for identifying and serving participants with AOD and MH barriers to employment reflected an "interagency collaborative" approach.

The CalWORKs Project

The CalWORKs Project is a collaborative effort under the auspices of the California Mental Health Directors Association (CMHDA), County Alcohol and Drug Program Administrators Association of California (CADPAAC), and the County Welfare Directors Association (CWDA). All three of the associations have endorsed the Project and have assisted the Project in obtaining funding from the counties. The CalWORKs Project is overseen by the Joint CalWORKs Committee, which includes representatives from all three of these associations.

The CalWORKs Project at the staff level is a collaboration of three organizations:

- **California Institute for Mental Health (CIMH) –** CIMH obtained a grant from the Wellness Foundation in 1997 to determine how California might identify participants with these issues, and to recommend benefits and services that would address the identified needs. A Resource Guide containing information about these issues was produced in 1998.[1]

- **Children and Family Futures (CFF) –** CFF received a contract from the State Alcohol and Drug Department to conduct a series of Regional Forums and other technical assistance for counties to assist them in the implementation of the AOD component of CalWORKs. CFF published *Implementing Welfare Reform: Solutions to the Substance Abuse Problems in 1997.*

- **Family Violence Prevention Fund (FVPF) –** The FVPF had been an active participant in the development of the federal Family Violence Option. They had also developed a campaign "Work to End Domestic Violence," focused on increasing awareness, prevention, and response to domestic violence in the workplace.

The CalWORKs legislation devolved most of the decisions about the structure and implementation of welfare reform to the counties. This included decisions about how to organize the effort to identify and serve participants with AOD, MH, or DV barriers to employment. The focus of Project work thus moved to the county level where AOD, MH and DSS directors began asking for assistance in how to set up their programs to identify and serve this population.

The CalWORKs Project is designed to gather and disseminate information about: a) the impacts of AOD, MH, and DV issues on CalWORKs participants' ability to become self sufficient, and b) how best to identify and serve CalWORKs participants having these barriers to employment.

The CalWORKs Project consists of four components:

- ***Six County Case Study –*** The study is gathering information on CalWORKs in six California counties: Alameda, Kern, Los Angeles, Monterey, Shasta, and Stanislaus. The study is the subject of this report.

[1] Information about the Resource Guide is available on the CIMH website: www.cimh.org.

- ***Research –*** Funded by a grant from the National Institutes of Justice, the Project is following 880 TANF participants in Kern and Stanislaus counties for a two-year period. At least 180 of the 880 participants will have received either an AOD, MH, or DV service. Information from this project is scheduled for publication summer 2000.

- ***Technical Assistance –*** Information derived from other Project activities is being shared with counties and others through regional forums, satellite broadcasts, newsletters, a Website, and presentations at conferences.

- ***Policy –*** Based on what is learned through the other Project activities, policy recommendations are made to federal, state, and county-level policymakers.

Funding for the CalWORKs Project has been received from the following sources:

- The California Wellness Foundation
- The David and Lucile Packard Foundation
- The National Institute of Justice
- Voluntary payments from California counties

Overview of the Six-County Case Study

Rationale for the Case Study Approach

The Six-County Case Study described in this report examined the impact of AOD/MH/DV issues on employability among CalWORKs recipients and assessed the implementations of CalWORKs in the six counties (Alameda, Kern, Los Angeles, Monterey, Shasta, and Stanislaus). A case study methodology was selected for two main reasons: the complexity of the issues, and the exploratory state of knowledge in the field.

As noted above, both the design and implementation of the effort to identify and serve CalWORKs participants with AOD, MH, and DV barriers to employment were left to the counties. Each county faces a unique set of circumstances in terms of its demographic characteristics, the general philosophy and approach to welfare, its history of agency collaborative relationships, its MH/AOD/DV service systems, and other considerations. The Project staff believed that the only way to fully understand the design and implementation of CalWORKs was to study the processes in depth within the particular county circumstances.

The second reason for the case study methodology was that there was little established knowledge about the best way to identify and serve CalWORKs participants with AOD, MH, and DV barriers to employment. The Project staff believed that creative ideas would come from the field and that tracking county efforts over time would yield useful information about what did and did not work.

The six counties were selected based on their interest in participating. Three counties, Kern, Monterey, and Stanislaus, had done considerable early planning. The other three, Alameda, Los Angeles, and Shasta, were added to ensure balance in terms of size and location in the state.

Of the six counties, five have a combined AOD and MH administrative structure, while one, Los Angeles, has two separate departments. In the state as a whole, fifty-five percent (55%) of the counties have a combined administrative structure. Even when the administrative structure is combined, the actual service systems and programs may operate quite separately.

Sources of Information Used in the Six-County Case Study

Site Visits – The site visits were the most critical of the information sources during the initial 18 months of the Project. Anywhere from two to five Project staff spent at least four, and as many as eight days on-site in each county. All counties received at least two site visits. Each site visit included interviews with:

- County Administrative Office
- Directors, managers, and line staff of the county departments involved in CalWORKs (including the eligibility and the employment services components) and the AOD and MH support services
- AOD, MH, and DV providers
- Joint Training Partnership Agencies/Private Industry Councils (JTPA/PIC) agencies and others involved in Department of Labor Welfare-to-Work Program
- Representatives of children and family services in Child Welfare and in the MH and AOD agencies
- Advocacy groups and other community-based organizations with a stake or role in welfare reform

The interviews during the site visits were semi-structured allowing sufficient time for the exploration of issues that the interviewees thought were important. A meeting of representatives from the six counties in March 1999 identified the critical elements in the success of their efforts to-date and the kinds of barriers they had faced. They also identified what they anticipated would fall into these categories in the future. This information helped to frame how the vast amount of information from the site visits was construed.

Surveys of DSS Staff – A second source of data is the questionnaires filled out by 793 DSS eligibility workers and 340 employment counselors in five of the six counties (Alameda was not

included in this part of the study). [2] Response rates varied by county and are described in Appendix A. The surveys queried staff about the impacts of welfare reform on their jobs; the amount and helpfulness of training received on AOD, MH, and DV issues and procedures for identification and referral; how comfortable and prepared they felt they were to deal with AOD, MH, and DV issues with their participants; the number of referrals they had made in the last three months; their satisfaction with certain parts of the identification and referral process; and whether their participants who had completed services had been helped. Many staff provided useful perspectives in the comments they made on the surveys. [3]

Surveys of Clients of AOD, MH, and DV Services – The third information source was surveys of 591 current clients of AOD, MH and DV services in four of the six counties (Alameda and Monterey were not included in this part of the study). The four counties provided Project staff with lists of open client episodes in the summer and fall of 1999. The providers with larger numbers of clients were sampled in roughly proportionate numbers to the numbers of clients they were serving and asked to distribute the surveys to clients as they came in for services. Clients were encouraged to complete the forms, seal them, and put them in a box on the receptionist's desk. The surveys asked clients about their satisfaction with services; how they got to the services; whether the services helped them get or keep a job; whether they are getting other services they need; and how helpful the services have been in dealing with the CalWORKs program.

Surveys of Providers of AOD, MH, and DV Services – The fourth source of information is surveys completed by AOD, MH, and DV providers about clients who had completed services. The same four counties as above were involved in this part of the study. The sample comprised the most recent discharges, in rough proportion to the total number of discharges during FY 1998-99 (when known). Providers were asked to rate the amount of change in the client on selected dimensions during the course of services; the reasons for the service episode ending; and the collaboration with CalWORKs staff, if any.

Management Information System Data on AOD and MH Services – The final information source is the management information systems of the county MH and AOD systems as well as some information about DV services from the Los Angeles County Domestic Violence Unit within the Department of Community and Senior Services. The information portrays the demographic and clinical characteristics of the TANF population being served in FY 1997-98 and 1998-99 as well as data on the amounts and kinds of services received. These systems are limited in their capacities to generate information relevant to the new interagency world of CalWORKs supportive services. This part of the study also gave us first-hand information about the MIS problems (discussed in Chapter VI of the report).

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[2] A summary of the methodology and response rates for all of the surveys can be found in the supplementary report, *Results of Surveys of CalWORKs Staff, CalWORKs Participants Receiving AOD/MH/DV Services, and AOD/MH/DV Staff Evaluations of Discharged AOD/MH/DV Clients.*

[3] Many of the comments from each of the surveys are printed in the supplementary report.

Elements of the Report

Chapter Organization and Topics

The six chapters of the report present descriptive information about the six counties in the case study with each chapter focusing on different issues as described below.

Chapter I presents information on the context within which the efforts to identify and serve TANF participants with AOD, MH, and DV barriers to employment were designed and implemented.

Chapter II deals with the issue of identification and referral to assessment and/or services of CalWORKs participants with AOD, MH, or DV barriers to employment. It includes information on the ways in which the identification, assessment, and referral effort is structured and on the various strategies used by the counties to enhance identification and referral of CalWORKs participants with these issues.

Chapter III presents information about the ways in which AOD, MH, and DV services are being delivered. It discusses the various structure and functions of integrated teams; the ways in which the six counties have relied on existing service providers; and the nature and extent of new services or expanded service capacity developed.

Chapter IV presents information on the numbers of clients being served and some of the characteristics of those clients. It also contains information on what we know about the effectiveness of these services as rated by employment counselors, the providers of the services, and the clients themselves.

Chapter V highlights how AOD, MH, and DV issues and systems relate to the coordination of CalWORKs with two other important systems: child welfare and workforce development. One perhaps unanticipated consequence of welfare reform has been to spotlight the need for greater coordination between CalWORKs and child welfare – two parts of the same county DSS that traditionally have had little relationship. Similarly, the Department of Labor's Welfare-to-Work program that funds local Private Industry Councils (PICs) to assist the hardest-to-serve CalWORKs participants to find and keep jobs has pushed the coordination between CalWORKs and the workforce development system who are serving an overlapping population. The chapter explores briefly these relationships and how AOD, MH, and DV have or have not been a part of the growing collaborations.

Chapter VI presents information on two critical infrastructure issues: funding and information systems. This chapter is fairly brief partly because of the dearth of information and partly because it was not a high focus of our efforts during this first part of the Project. We anticipate devoting more attention to these issues in the coming year.

Chapters II and III include a list of Promising Practices that are policies and activities that *appear* to be reasonable and useful based on observation during the site visits. Since we do not have objective data that can confirm our impressions, we call them "promising." Each of these chapters also includes a set of "Issues to Consider" which provide the elements that the Project staff think are important for counties to review should they decide to implement any of the approaches.

Generic Terms Used in the Report

The six counties use different terms for different parts of their system. To assist the reader we have taken what we consider to be the most generic of terms and applied them to maintain consistency throughout the report. The most important of these are:

- **DSS – Department of Social Services –** referred to in some of the counties as "Community Services Agency," "Department of Human Services," "Department of Public Social Services." This is the umbrella department or agency within which CalWORKs resides.
- **EW and EC – eligibility worker and employment counselor –** EWs are sometimes referred to as "eligibility technicians." Employment counselors are also known as "employment coordinators," "GAIN workers," and "employment and training workers."
- **AOD and MH – alcohol and other drugs and mental health –** Some counties refer to AOD as "substance abuse" and some refer to AOD and MH as " behavioral health."
- **DV – domestic violence –** referred to by some counties as "domestic abuse."

We note other terminology simplification or abbreviations as they occur within the body of the report.

Terms Specific to CalWORKs Used in the Report

Welfare reform introduced its own terminology, some of which is a simple replacement of prior terms, and some of which reflects altered meanings. Unfortunately, there is not consistent usage of the terms in the field. We use the following terms in the following way:

- **CalWORKs recipient –** anyone who is receiving cash or other assistance that makes them an official CalWORKs case with "the welfare time clock ticking."
- **CalWORKs Welfare-to-Work participant –** any adult who is enrolled in CalWORKs Welfare-to-Work, i.e. anyone who is not exempt from the CalWORKs work activity requirements. In practice there are numerous CalWORKs recipients who are neither enrolled in CalWORKs Welfare-to-Work nor exempt, but are somewhere in the process of becoming enrolled in CalWORKs or are in the sanctioning process. CalWORKs

Welfare-to-Work replaces GAIN but with a different set of rules and requirements. All CalWORKs Welfare-to-Work participants are supposed to have a Welfare-to-Work (WTW) Plan that specifies how they are meeting their work related activity requirements.

- **Exempt participant –** any adult who is receiving CalWORKs cash assistance who has been officially exempted from CalWORKs work activity requirements. Exempt adults are not eligible for supportive services. [4] There are six general categories of exemptions: age 60 or over, verified disability, caretaker of incapacitated household member that impairs participation, primary caretaker of child under 6 months, pregnancy that impairs ability to participate, non-parent relative caring for child who is a ward of the court or at risk of placement out of home.

- **Sanctioned participant –** an adult who because of a sanction is no longer receiving the adult portion of the CalWORKs cash grant. These cases are called "child only." [5] Adults who are no longer receiving cash assistance are not eligible for supportive services. Some counties are attempting to reach out to the population that has been sanctioned in an effort to resolve the sanction. Participants can be reinstated once the sanction issue is resolved and may receive supportive services while in the process of "curing" the sanction.

- **Welfare-to-Work (WTW) Plan and Welfare-to-Work (WtW) programs –** WTW is the plan that is developed by the participant and the employment counselor that specifies the participant's work-related activities. WtW is the name given to Department of Labor funded programs to provide additional assistance to those CalWORKs participants who are hardest to serve. These programs are generally run by or through the local Private Industry Councils (PIC) or Joint Training Partnership Agencies (JTPA). Despite the similarity in name, these are entirely different concepts. Each CalWORKs participant has a Welfare-to-Work (WTW) Plan. Only a few receive the type of assistance offered through the Department of Labor-funded Welfare-to-Work (WtW) programs.

- **Support services –** includes the array of services that are available to CalWORKs participants to allow them to participate in required work-related activities. They include childcare and transportation as well as the AOD, MH, and DV services that are the focus of this report. We do not use the term "support services" for the AOD, MH, and DV services since it has this broader connotation in most counties.

- **Screening, assessment, and appraisal –** Screening refers to the systematic use of simple, brief, inexpensive tests that indicate the need for further diagnostic work-up for AOD, MH, or DV issues. For purposes of this report, we have considered only those instruments that are routinely used with every CalWORKs participant as screening instruments. Assessment refers to the longer process conducted by a trained AOD, MH,

[4] Exempt recipients in Los Angeles County are eligible for county-funded DV services.

[5] Cases with non-needy and unqualified payees are also referred to as "child only."

or DV clinician or expert that determines the nature and extent of the issue and that leads to a recommendation about the kind and type of services that are appropriate. Appraisal refers to one of the steps in the CalWORKs Welfare-to-Work process and refers generally to vocational issues; we do not use this term in relationship to AOD, MH, or DV issues.

AOD/MH/DV Services and CalWORKs – An Experimental Approach

The report attempts to reflect the wisdom and experience of the staff in the field who are committed to assisting CalWORKs participants overcome AOD, MH, and DV barriers to employment.

The effort to identify and serve CalWORKs participants with AOD, MH, and DV barriers to employment has created challenges for every part of the service system. Amidst major change to their usual roles, managers and line staff additionally had to learn about other parts of the service system. DSS eligibility workers and employment counselors have learned about AOD, MH and DV issues and how to make referrals for services. AOD, MH, and DV providers have learned about many of the intricacies of the welfare system as well as how to adjust their services to address the employability issues that are the immediate concern to CalWORKs.

Because of the newness of this effort, there are no proven models to follow. The Project staff has been consistently impressed with how creative, persistent, and flexible managers and line staff have been as they have learned new concepts and approaches, developed new relationships, and worked through obstacles. This has been a major “trial and error” effort with much adjustment along the way.

This report should be viewed within this context. Not everything is working optimally at this stage of the process. The Project hopes that the observations in this report will assist the staff in the six counties, as well as others, to continue the *ongoing evolution* of efforts to help CalWORKs participants overcome AOD, MH, and DV barriers to attaining and retaining employment.

CHAPTER I: CONTEXT

The case study approach for this project was chosen because the particular set of circumstances in each county had a pervasive impact on the way in which the county designed and implemented its program to identify and serve participants with AOD/MH/DV barriers to employment. This chapter discusses some of the variations in circumstances and environment within which each county designed its efforts to assist TANF participants with AOD, MH, and DV barriers to employment. These variations – as in unemployment rates – may also directly affect the extent to which AOD/MH/DV issues are a barrier to employment in a given county. The chapter describes county variations in the following areas:

- Demographic factors
- AFDC/TANF patterns
- Planning processes
- DSS approaches to implementation of CalWORKs
- Prior interagency collaborative relationships

Influence of Demographic Variations on County CalWORKs Programs

Effects of Population Size, Percentage on Welfare, and Unemployment Rate

The demographic variations among the six study counties had a major impact on the challenges they faced in implementing CalWORKs in general and the AOD/MH/DV support services in particular. The larger the population, the greater the proportion on welfare, and the higher the unemployment rate, the greater are the obstacles to achieving the goals of CalWORKs, and the greater the challenge in developing programs to assist those with AOD, MH, and DV barriers.

Project staff noted the following challenges of implementing welfare reform in the larger counties like Los Angeles and Alameda:

- Consistency in the implementation of rules and regulations is more difficult. More discretion is given to the managers of each welfare office resulting in variable interpretation of policy and follow-through in practice. This impacts the AOD, MH, and DV part of CalWORKs, where some DSS offices are more welcoming of co-located specialized staff than others, and some place more emphasis on these issues with their staff than others.
- Developing collaborative relationships at all levels in agencies is more difficult. In the large counties, directors of agencies may develop a good working relationship but this

may not translate uniformly down all levels in the organization. We found, for example, variable levels of relationship between welfare offices and AOD, MH, and DV systems in different areas of Los Angeles. In small counties the total number of staff in all agencies is small enough for relationships to develop at all levels in collaborating agencies.

- Large counties often have larger and more impersonal office settings. These counties face a greater challenge in transforming their DSS culture where the office environment retains more of the feel of the old welfare system. [6] The identification of AOD, MH, and DV issues is enhanced where the setting is more conducive to CalWORKs building relationships thereby putting these counties at a disadvantage.

The counties face different challenges in regards to the percentage of their population on CalWORKs and the unemployment rate. The large urban counties – Los Angeles and Alameda – in this case have a better situation with both relatively low rates of unemployment and a low percentage of their total population on CalWORKs. Kern, and to a somewhat lesser extent Shasta appear to face the largest challenges, with both high unemployment rates and high percentages of their populations on CalWORKs. Monterey and Stanislaus face a mixed pattern with high unemployment rates but not-so-high percentages of their population on CalWORKs. These two counties are noted below as having the greatest amount of decline in their CalWORKs populations over the last three years.

All four of the non-urban counties report sizeable seasonal variations in unemployment resulting from a reliance on agriculture and/or tourism as significant economic sectors. Some CalWORKs participants rely on cash assistance during only part of the year, making it more difficult for CalWORKs to engage participants in a long-term plan towards self-sufficiency.

Population, Persons on CalWORKs, and Unemployment Rates

County	Population 1/99	Persons on CalWORKs 1/99	Percent of Population on CalWORKs	Unemployment Rate Calendar Year 1998
Alameda	1,433,000	71,080	5.0%	4.1%
Kern	648,000	57,970	9.0%	12.1%
Los Angeles	9,757,000	661,220	6.8%	6.5%
Monterey	391,000	15,610	4.0%	10.8%
Shasta	165,000	13,320	8.1%	9.1%
Stanislaus	433,000	29,990	6.9%	12.3%

[6] Los Angeles County undertook a major remodeling of some of their CalWORKs district lobbies/work areas in an effort to make the environment better suit the goals of welfare reform.

Effects of Ethnic Diversity

Ethnic diversity creates additional challenges to making AOD, MH, and DV services culturally and linguistically appropriate. Almost two-thirds of the CalWORKs adults in Monterey and half of those in Los Angeles are Hispanic. The predominant group in Alameda is African-American, but this county also has the largest percentage of Asian and Pacific Islander recipients. Shasta is the only county with a predominantly white CalWORKs population. The lack of bilingual human service professionals with Asian/Pacific Islander culture and language backgrounds may affect all the counties except for Kern.

Race/Ethnicity of CalWORKs Population (Adults 7/98)

County	White	African American	Hispanic	Asian/Pacific Islander	Other
Alameda	17.3%	54.3%	13.8%	13.2%	1.4%
Kern	41.1%	14.3%	42.6%	0.9%	1.0%
Los Angeles	15.0%	29.3%	50.0%	5.2%	0.6%
Monterey	24.1%	7.7%	63.5%	3.3%	1.3%
Shasta	86.4%	1.9%	2.8%	4.9%	4.0%
Stanislaus	51.3%	6.5%	32.2%	9.2%	0.8%

Variations in AFDC/CalWORKs Caseloads in Study Counties

Decline in Caseloads

The drop in welfare rolls varies substantially by county, making the challenge of welfare reform much greater in some counties than others. The six counties varied in their rates of decline in the AFDC/CalWORKs caseloads both immediately before and after implementation of CalWORKs.

Percent Decline in Adult AFDC/CalWORKs Caseloads

County	Percent Decline 7/96 to 7/97	Percent Decline 7/97 to 7/98	Percent Decline 7/98 to 6/99	Percent Decline 7/96 to 6/99
Alameda	12.4%	14.2%	20.1%	39.9%
Kern	13.4%	10.0%	8.2%	28.4%
Los Angeles	11.6%	14.2%	13.3%	34.3%
Monterey	19.4%	20.8%	20.5%	49.3%
Shasta	6.8%	15.0%	22.6%	38.8%
Stanislaus	18.8%	25.1%	18.1%	50.2%

Two of the counties – Monterey and Stanislaus – continued what had already been a significant drop in their adult AFDC caseloads before CalWORKs implementation began, resulting in a 50 percent reduction of their adult caseloads over the three-year period from July 1996 to June 1999. Shasta showed a more sizeable decrease in adult caseload following CalWORKs implementation than before, but the trend may have begun even before CalWORKs. The decline in adult caseload has been the smallest in Kern.

Prior Welfare-to-Work Efforts

The Welfare-to-Work concepts incorporated in the Federal welfare reform legislation had been partially implemented in many states, including California. While California's 1985 GAIN program was the nation's largest, the effort was not equally or fully funded throughout California. As a consequence, counties differed in the percentage of their AFDC caseloads that were enrolled in GAIN and in the timing of their adoption of a work-first philosophy. While the requirements of GAIN do not match those of CalWORKs, they are similar enough in orientation to give those counties that had a more fully implemented GAIN program a head start on the conversion to CalWORKs. [7]

The table below shows the difference among the six counties in the percentage of their AFDC caseloads enrolled in GAIN prior to the implementation of CalWORKs. Those counties with lower percentages faced a more daunting challenge in meeting the requirement to enroll all non-exempt participants into CalWORKs. Kern and Stanislaus already had roughly half their adult caseloads enrolled while Los Angeles and Alameda had one-quarter or less enrolled.

Percent of Adult AFDC Enrolled in GAIN

County	Percent Enrolled in GAIN 12/97
Alameda	25.7%
Kern	57.6%
Los Angeles	18.4%
Monterey	31.2%
Shasta	35.7%
Stanislaus	45.7%

[7] RAND reports that implementation was easier and faster for those counties that had large GAIN programs prior to CalWORKs. Klerman, J.A., Zellman, G.l., Chun, T., Humphrey, N., Reardon, E., Farley, D., Ebener, P.A., & Steinberg, P. *Welfare Reform in California: State and County Implementation of CalWORKs in the Second Year.* Santa Monica: RAND, 2000.

Variations in CalWORKs Planning Process

The counties differed in the way they approached the planning activity. Some – like Shasta and Stanislaus – used the time to undertake a major planning effort that included a wide spectrum of community participants. In some counties – like Kern – extra effort was put into the framing of the welfare reform issue. By not defending the old welfare system and by talking about welfare reform as a way to enhance the health of the whole community, they were able to gain the support for a wide range of services for TANF participants from their Boards of Supervisors. In other counties the planning effort was more confined to the county departments who would have responsibility for the actual implementation. The Boards of Supervisors and the Chief Executive's Office (CEO) had varying roles across the counties with some – like Stanislaus – playing an active role, while in others – like Los Angeles – they were less directive. [8]

CalWORKs Planning Process

County	Breadth of Planning Effort	Leadership Role
Alameda	County departments for general CalWORKs plan	DSS
Kern	Broad, including county departments, business, community agencies, educators, and faith community	DSS
Los Angeles	County departments on central planning group with broad representation on the 12 subcommittee planning committees, one of which was for AOD, MH, DV issues	DSS
Monterey	County departments	DSS
Shasta	Broad, including county departments and community representatives	DSS
Stanislaus	Broad, including county departments and community representatives	CEO

The planning for the AOD/MH/DV component of the CalWORKs program occurred within this overall CalWORKs' planning effort. The counties varied in who led the process and who was involved. For example, in Los Angeles, the planning was led by DSS and had very broad representation, including the relevant county departments, private providers, and consumer organizations like the Human Services Network and Legal Aid. In Shasta, the process was led by the director of the AOD division within the Department of Mental Health and included primarily representatives of county government.

[8] While the Los Angeles Board of Supervisors played a fairly "hands-off" role during the planning, it has been one of the more active Boards in terms of legislating specific changes to the program once it was up and running. They have mandated home visits with new TANF applicants and asked DSS to develop a plan for participants to be informed about AOD, MH, DV services before they are questioned about their own status.

Planning For AOD/MH/DV Component

County	Breadth of Representation	Leadership	Focus of Planning
Alameda	Two separate groups: ▪ AOD & MH Planning group ▪ DV planning group Both included county staff and CBO providers	DSS	▪ How to work around union issues ▪ AOD/MH: How to adapt current system to accommodate new population ▪ DV: How to implement FVO and how to enhance services
Kern	Mostly AOD and MH county staff reporting to combined interagency planning group	▪ MH System of Care for AOD and MH ▪ DSS for DV	Adaptation of vocational program serving severely mentally ill
Los Angeles	▪ One of 12 planning subcommittees reporting to the central planning committee ▪ Included county staff, CBO providers, consumer advocates	DSS	▪ Focus on "support services" taken broadly ▪ Development of a screening instrument ▪ Development of flow chart indicating where/how participants with barriers would go ▪ Development of specialized eligibility workers to expedite process for participants with barriers
Monterey	▪ County staff only ▪ DV separate from AOD/MH planning	▪ Department of Behavioral Health for AOD and MH ▪ DSS for DV	▪ An EAP-model service to be co-located ▪ Focus on new services, especially residential service for substance abusing mothers
Shasta	County, CBO providers, other CBOs	AOD division within Department of Mental Health	▪ Roles/responsibilities of co-located BHS team ▪ Extension of prior collaborative relationships
Stanislaus	County staff, DV provider, and other CBOs	Department of Mental Health	▪ AOD/MH/DV focus on employment barriers ▪ Planning of three service tracks to be used by the AOD/MH/DV integrated team

Variations in DSS Approaches to Implementation of CalWORKs

Philosophy and Emphasis Placed on AOD/MH/DV Services

Each county's welfare system brought a somewhat different overall orientation to the implementation of CalWORKs and the AOD/MH/DV supportive services component. The most important philosophical issue in relationship to the AOD/MH/DV supportive services is the department's attitude toward potential barriers to employment *in general.* Where the work-first approach is most strongly embraced, the identification of any barriers to employment prior to an actual failure is not encouraged. Every participant is assumed to be able to work until s/he has demonstrated by failure that there were barriers.

Philosophy and Approach

County	Overall Philosophy and Approach
Alameda	DSS leadership supportive of identifying any participants with AOD/MH/DV which might be barriers to employment
Kern	▪ Strong work-first approach with entry into AOD/MH/DV via self-disclosure or failure ▪ Focus of AOD/MH/DV services to be clearly on overcoming barriers to employment
Los Angeles	▪ Identification of barriers to employment prior to failure is encouraged; screening for supportive service needs takes place prior to any activity assignment ▪ Stronger work-first orientation in GAIN offices than in those with combined GAIN and eligibility ▪ Early identification and intervention strongly encouraged by Board of Supervisors
Monterey	▪ Major effort to re-orient system towards a more consumer-friendly agency ▪ Major initiative to enhance morale within DSS
Shasta	Strong emphasis on identifying and serving all with AOD/MH/DV problems
Stanislaus	▪ Very strong work-first approach with referrals for AOD/MH/DV based on a "reasonable suspicion" or past or current failure to obtain or keep a job or to participant in WTW activities ▪ Applicant required to attend four-week job search before receiving cash assistance ▪ Referrals for AOD/MH/DV services must go through employment counselor [9] ▪ One of few counties in the state to have already implemented community service requirements

[9] Stanislaus has since changed this policy to allow direct referrals to the Behavioral Health Team from Welfare-to-Work service providers.

Variations in DSS Policies on Sanctions and Exemptions

DSS policy on sanctions and exemptions set the framework for the identification of AOD/MH/DV issues with these populations. As will be noted below in Chapter II, both CalWORKs participants exempt from CalWORKs work-related activity requirements and those who are in the sanctioning process are potential sources of CalWORKs eligibles who could benefit from AOD, MH, or DV services in their efforts to ultimately gain employment. Thus the county DSS policy regarding exemptions and sanctioning are important elements to consider in designing and implementing a supportive services strategy.

There are six general categories for exemptions under CalWORKs. The standards for exemption allow for some county flexibility in interpretation and implementation, but the categories are more stringent than they were under the old GAIN program. Under federal regulations, only 20 percent on the total caseload can be exempt at any one time. As a consequence, counties are developing more methods for assuring that the situation of exempt participants be more carefully and routinely reviewed. Since having a "verified disability" is one of the exempt categories, the county's interpretation of this will be relevant to the efforts to deal with AOD, MH, and DV issues.

Sanctions can be applied by DSS whenever a CalWORKs participant fails to fulfill one of the requirements of the program. This can occur early in the process if a TANF eligible fails to attend any part of the four-week job search activity that is generally the first part of each county's Welfare-to-Work process. Or, it can occur later if a participant fails to fulfill any of the work-related activity that is included in the participant's CalWORKs Welfare-to-Work Plan. While all counties face high no-show rates, they differ in how quickly and assertively they move towards an active sanctioning practice. Counties also differ in their proactive efforts to prevent sanctions by intervening more assertively during the sanctioning process to obtain a resolution that would avoid the sanction. And some counties are working towards re-contacting prior CalWORKs eligibles who have been sanctioned to try to resolve whatever caused the sanction. AOD, MH and/or DV specialists can assist at any step in the sanctioning process. This is discussed further in Chapter II. The following table describes the DSS approach to sanctioning since it provides the framework within which AOD, MH, or DV efforts might occur.

Sanctions and Exemptions

County	Sanctions	Disability Exemptions
Alameda	Making a major effort to contact participants before and after sanctioning by giving CBOs lists of participants to try to find and engage	Beginning active review of exemptions by SSI disability social workers
Kern	Pre-sanctioning efforts include home visits on cases where there was some engagement followed by dropping out	No review, but researching need to review exemption process
Los Angeles	DSS to review a sample of sanctioned cases to find out why the adult failed to comply with requirements	▪ Disability exemption can be obtained with a regular doctor's letter with no additional review by a county unit ▪ Referral made to Department of Rehabilitation on every medical exemption with a duration over 30 days
Monterey	Slow to develop an active sanctioning effort because of workload and approach [10]	Beginning more active review of exemptions by SSI disability unit [11]
Shasta	Active effort to sanction families for children's non-attendance at school	Behavioral Health Team reviews all exemptions for AOD/MH issues
Stanislaus	▪ Sanctioning process begun early in CalWORKs implementation ▪ Use vendor payments for 2nd and subsequent sanctioned cases ▪ Beginning process of family resources conferences with potential sanctioned families [12]	▪ A Disability Assessment Team reviews requests for exemptions dealing with medical, psychiatric and/or need to be at home ▪ The Behavioral Health Team reviews all requests with behavioral health issues

[10] Since the Project's last visit Monterey has developed a pilot project using social workers to make home visits on pre-sanction and sanction cases with the goal of precluding or removing participants from sanctions. Plans are to expand the project to the entire county.

[11] Monterey will initiate in 2000 a Disability Assessment Team program to provide desk reviews of disability cases by contract physicians to assure that participants are moving toward employment where possible.

[12] Stanislaus has initiated a StanWORKs Interdisciplinary Team (SW unit) to engage sanctioned families since the Project's last visit.

Effects of DSS Size and Organizational Structure

DSS size and organizational structure constrain the design of AOD/MH/DV services. The larger counties face additional challenges in obtaining consistent implementation, developing collaborative relationships at all levels, and in changing the atmosphere of the welfare environment. Counties vary in the way that they deal with large and/or dispersed populations. Some have maintained as much centralization as possible, which heightens consistency but may interfere with a change to a more user-friendly atmosphere. Others have moved towards greater decentralization, which has impact on the ability of specialized AOD, MH, and DV staff to be co-located all or most of the time on-site.

Each county DSS organizes differently to provide the many functions that need to be performed in relationship to a CalWORKs participant. Since more participants are engaged in more activities, the involvement of other DSS or other county departments or contract agencies has increased.

Each county DSS has struggled with how to minimize the number of people that the participant relates to while ensuring that all the required functions are performed by staff who are well trained in that activity. Some (e.g. Stanislaus) have placed the most emphasis on reducing the number of people that the CalWORKs recipient must deal with, while others channel recipients to eligibility and employment counselors who have specialized expertise in whatever special barriers are anticipated. The different ways in which these functions have been constructed provides the framework within which the AOD/MH/DV program operates and determines the critical players with whom that program has to develop liaisons.

Organizational Structure

County	Centralization	Other Relevant Features
Alameda	Decentralized – offices	▪ DSS organizationally split between welfare unit and unit that contracts for employment-related services ▪ Significant reliance on contracts with CBOs for employment related services
Kern	Decentralized – three offices in Bakersfield and six outside Bakersfield	A major part of the employment counselor function (case management of the WTW plan) contracted to a private company
Los Angeles	Decentralized – 23 district offices and eight GAIN offices	▪ Significant differences among offices, particularly those that are GAIN only vs. combined eligibility and GAIN ▪ Specialized eligibility workers for anyone with potential AOD, MH, or DV issue
Monterey	Decentralized – four offices	New leadership in DSS working on implementation of major change in orientation of department
Shasta	Decentralized – three offices	Employment counselor caseloads ballooned
Stanislaus	Largely centralized – One large DSS office in Modesto	▪ Major re-organization of welfare moving towards a combined eligibility and employment counselor worker ▪ Most services provided by county staff ▪ Efforts underway to provide services in more locations including another site in Modesto and in One-Stops

Welfare Employee Attitudes about CalWORKs and Welfare Reform

Welfare reform has brought dramatic changes for eligibility workers and employment counselors, most importantly in an increase in their workload and the demands of their jobs. As will be noted in the next chapter, strategies for the identification and referral of CalWORKs participants with AOD, MH, and DV issues have relied to a large extent on the eligibility workers and employment counselors within county welfare offices. How these employees view welfare reform generally as well as their jobs within CalWORKs has a strong influence on their capacity to fulfill the expectation that they will identify and refer participants with AOD, MH, and DV issues that are barriers to employment.

The two most important functions performed by the welfare staff are determining eligibility and activity leading to employment. Each CalWORKs recipient has an eligibility worker who

performs the tasks of establishing and re-determining as necessary the person's eligibility for cash aid and amount of cash aid. Counties organize the responsibilities of their eligibility workers differently – some have eligibility workers devoted solely to CalWORKs and some have more generic eligibility workers who are responsible for other welfare programs such as Food Stamps and Medi-Cal. Some divide the roles of eligibility workers into those determining initial eligibility, and those who are responsible for ongoing eligibility.

The employment counselor [13] is responsible for developing (with the participant) and monitoring the Welfare-to-Work (WTW) Plan that specifies the work-related activities the participant will do in order to move from Welfare to Work. Not only have the number of CalWORKs participants needing an employment counselor increased under CalWORKs, but so also has the function of that staff who must now develop the WTW plan and then track the work activity hours of each participant against that plan.

The director of the statewide CalWORKs evaluation being conducted by RAND recently attributed much of the slow implementation of CalWORKs services to the greatly increased workloads for DSS staff. [14]

Our survey data from eligibility workers and employment counselors indicates clearly that CalWORKs brought change for the welfare system, but that workers are not uniform in thinking it resulted in a more positive orientation towards CalWORKs participants. These findings are relatively consistent across the five counties that completed DSS worker surveys.

- Only a minority of workers – 14 percent of the eligibility counselors and 16 percent of the employment counselors – agreed that "nothing much has really changed with CalWORKs"

- Workers were divided on whether the change had created a "more positive orientation towards participants" since CalWORKs – overall 46 percent of the eligibility workers and 57 percent of the employment counselors agreed

Overall, a higher percentage of employment counselors rated their office morale as high (42%) than did eligibility workers (24%). There were sizeable differences in these ratings across counties, however. Among employment counselors for instance, the number rating morale "high" was as low as 16% in one county, and as high as 56% in another.

Both eligibility workers and employment counselors in all counties agreed that their jobs were more difficult now than before welfare reform. Both groups reported higher caseloads, more to do, and more to know. For some workers (about one-third on average) the increased difficulty

[13] We use the generic term "employment counselor" understanding that each county calls the staff who perform this general function by a different name, e.g. "GAIN worker," "employment and training worker," "employment coordinator," etc.

[14] 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.

was offset at least in part by an increase in interest in their jobs. The sometimes substantial variation between counties indicates that workload and interest in the job are strongly affected by local climate and decisions.

Eligibility Worker Views on Changes in Job, by County

Percent Who Say Increased:	Kern Percent	Los Angeles Percent	Monterey Percent	Shasta Percent	Stanislaus Percent
Caseload	52	54	50	14	84
Amount to do per case	92	78	82	84	99
Complexity/number of regulations	100	88	88	95	99
My interest in job	32	44	35	35	22

Employment Counselor Views on Changes in Job, by County

Percent Who Say Increased:	Kern Percent	Los Angeles Percent	Monterey Percent	Shasta Percent	Stanislaus Percent
Caseload	45.4	40.7	53.8	61.9	95.2
Amount to do per case	45.4	80.0	100.0	85.7	50.0
Complexity/number of regulations	56.6	87.9	92.3	90.5	70.0
My interest in job	31.8	36.8	50.0	23.8	10.0

Continuity of Social Services Staffing in Study Counties

The DSS worker surveys asked each respondent if s/he had held the same job prior to the implementation of CalWORKs, roughly in January of 1998. Overall, in October of 1999, twenty-eight percent (28%) of the eligibility workers said they had not. Counties varied a great deal in this dimension, however. Shasta had the least new staff (14%), followed by Monterey (16%), Los Angeles (29%), Stanislaus (30%) and Kern (36%). In offices in Los Angeles, it ranged between 6% and 44%. [15]

The proportion of employment counselors new to their jobs since the start of CalWORKs is quite a bit higher than among eligibility workers (56% vs. 28%). This is to be expected given the need for more increased staffing of the employment counselor than the eligibility worker function.

[15] Turnover in eligibility staff reflects in some counties the fact that some move into the employment counselor role as a career advancement.

New staff ranged from a low of 28% for Shasta to a high of 63% for Kern (which contracted much of this function out). However, Los Angeles and Stanislaus also had similarly high rates.

The potential advantages of having high continuity in staff are that the participant is more likely to be able to remain with the same workers, and that the staff are more knowledgeable about the program. Potential liabilities are that they may carry over "old welfare" attitudes toward CalWORKs and its customers.

Unique Elements that Influence CalWORKs

A major dispute with the union in Alameda County had an impact on the way in which the AOD/MH/DV component of CalWORKs was implemented. Challenges that had to be overcome included the following:

- Eligibility workers have not been able to talk to participants about any AOD, MH, or DV issues
- No non-DSS staff with expertise in AOD, MH, and DV have been able to be co-located at DSS sites [16]
- No training of DSS staff on AOD, MH, or DV issues has occurred on other than a voluntary basis
- The system has accommodated to these constraints by expanding the number and role of social workers employed by DSS and by contracting with local providers for an aggressive case finding initiative

Variations in Interagency Collaborative Relationships in Study Counties

Close co-ordination among multiple county agencies is needed if the AOD, MH, and DV supportive service component of CalWORKs is to operate smoothly. Each county's history of collaborative efforts set the stage for the CalWORKs co-ordination efforts. Some of the particulars for each county are noted in the table that follows.

In general,

- In none of the counties were there strong pre-existing collaborative relationships among all of the relevant organizations.
- While MH and AOD had the most history of prior collaboration and were located within the same department in five of the six counties, the history of these relationships has not been easy in some counties. The AOD system has often been concerned about its needs not being addressed within combined departments.

[16] County Behavioral Health staff have been co-located at some DSS sites since the time of the Project's last site visit.

- The DV agencies, being private and separate from the county, had generally the least amount of co-ordination with the other major players.
- There had been little relationship between AFDC and child welfare even though they were located in the same department in most counties.
- The prior DSS relationships with AOD or MH were mostly around child welfare issues or general assistance and had developed within the last few years.
- Only one county DSS, Stanislaus, had a significant relationship with domestic violence providers.

History of Prior Collaborative Relationships

County	Relationship of AOD to MH Agencies	Relationship of DV to County Agencies	Relationship of DSS to AOD, MH, or DV Agencies
Alameda	▪ Combined Behavioral Health Department ▪ AOD providers still feel alienation from county department	▪ No formal relationships with county ▪ Informal relationships with AOD providers	Many initiatives around child welfare issues involving AOD, MH, CPS, probation, education, courts
Kern	Combined Behavioral Health Department	Use as a referral agency	Existing Childrens' Network that included all major agencies used as foundation for collaborative planning process
Los Angeles	▪ Two separate departments ▪ Relationships improving at top levels but lag at the SPA level	Division within a county department provides staff for DV Coordinating Council and provides training for county staff	▪ Relationships formed during implementation of an AOD screening and mandatory services program for the GA population. ▪ MH workers co-located at DSS offices for the purpose of assisting in SSI determination ▪ DV unit has done training for DSS staff for many years
Monterey	Combined Behavioral Health Department since 1996	DSS an active member of the DV Coordinating Council [17]	Active beginning efforts to meet the AOD needs of parents in the child welfare system
Shasta	AOD part of Mental Health Department but maintains a separate identity	AOD had contract with DV provider	Board of Supervisors emphasis on collaborative programs
Stanislaus	AOD part of Mental Health Department	DV agency had provided training for county staff	▪ Strong close collaborative relationship between directors of DSS and MH ▪ History of Job PASS (AOD assessment) program where AOD co-located at AFDC site

[17] DSS currently chairs the Council and provides staff support.

Summary

The factors described in this chapter have constituted a powerful set of conditions that have influenced both:

- The complex interagency planning and implementation that CalWORKs has come to require, and
- CalWORKs participants' chances of getting AOD/MH/DV services, and then finding and retaining employment that may enable family self-sufficiency

There is a surface similarity to the AOD/MH/DV components of CalWORKs programs in different counties that stems from the uniform planning requirements required by the State Department of Social Services. The Project's site visits and surveys have shown us the variation that lies under the surface. The remainder of the report lays out the ways in which constraints and context have contributed to very different ways of organizing the identification, assessment and provision of AOD/MH/DV services in each county – and the consequences for CalWORKs participants.

CHAPTER II: IDENTIFICATION OF CALWORKS PARTICIPANTS WITH AOD/MH/DV BARRIERS TO EMPLOYMENT AND REFERRAL TO ASSESSMENT AND/OR SERVICES

Introduction

Identifying CalWORKs participants with AOD/MH/DV issues is a complex process that occurs differently in the six counties. This chapter explores the counties' approaches to identification of such individuals and the process of referral to assessment and/or services according to six elements of the overall process:

- ***Methods used to identify individuals in need of assistance –*** The two basic methods that have been used for identification are encouragement of self-disclosure and screening using a standardized instrument or set of questions.

- ***The role of training in the identification and referral process –*** The focus is primarily on the training about AOD, MH, DV issues provided to eligibility workers and employment counselors with some mention of training for the AOD, MH, and DV systems about CalWORKs. The relationship of training to referral rates is also explored.

- ***Settings in which identification efforts occur –*** Locations for identification include CalWORKs offices, other employment-related sites such as Job Clubs, community setting through active outreach, and AOD, MH, and DV programs which provide the "back door" way into CalWORKs.

- ***Structure and use of co-location –*** Co-location has been the organizational arrangement that has been most used to enhance the identification and referral efforts.

- ***Special issues regarding individuals who are exempt from Welfare-to-Work requirements and those who have been sanctioned for failure to comply with requirements –*** This section discusses identification issues for two particular TANF sub-populations – those who are exempt from CalWORKs Welfare-to-Work requirements and those who have been or are in the process of being sanctioned.

- ***Issues involved in making in-depth assessments of individuals identified as possibly needing AOD/MH/DV services –*** Assessment occurs once CalWORKs participants have been identified as having potential AOD, MH, or DV issues. The nature of the assessment process and the feedback of that information to the referrer are explored.

Throughout we describe practices based on our site visits and intersperse results from our surveys of welfare staff. Surveys of welfare staff were conducted in all case study counties except Alameda.

Methods Used to Identify Individuals in Need of Assistance

This section describes the two basic approaches used to identify TANF participants with AOD, MH, and DV issues – encouraging self-disclosure and screening. As described below we use the term "self-disclosure" broadly to cover identification that results from participants' revealing that they have an issue, for example in response to a social marketing effort or to informal questioning by a staff member, or in a group Job Club setting. It also covers identification that results from the observation of the participant's behavior that indicates that there might be an issue, e.g. signs or symptoms or failure in a Welfare-to-Work activity. The term "screening" is reserved for either formal screening instruments or the use of a routine set of questions asked of all CalWORKs participants at a particular point in the process.

Self-Disclosure

The most common approach to identification in the six case study counties has been the encouragement of self-disclosure of AOD, MH, and DV issues. The strategy of self-disclosure is based on the following assumptions:

- Show-up rates for follow-up assessment and treatment will be best when participants willingly acknowledge their AOD, MH, or DV issues.
- Most participants want to work and are willing to acknowledge barriers if they believe that they can get help for them.
- It was initially thought that AOD/MH/DV problems would be obvious when participants started working. In other cases workers could be trained in the recognition of signs and symptoms which could lead to a conversation and questioning that would result in self-disclosure.
- Many participants who received AFDC over several years were known by staff to have AOD/MH/DV difficulties, but there had not previously been a mandate to address these problems. In these cases, disclosure had already occurred.

Self-disclosure

County	Active Social Marketing	Presentations and Information About Services
Alameda	Planned	Medium
Kern	No	Medium
Los Angeles	No	Low [1]
Monterey	Yes	High
Shasta	No	High
Stanislaus	No	Low

[1] Since the last Project site visit, orientations about AOD, MH, and DV services are being provided in CalWORKs District Offices.

The counties vary in the amount of emphasis they put on self-disclosure and the ways in which they encourage it. The following are the approaches we have seen in the six counties:

- Social marketing through the use of posters and materials that encourage a positive view of obtaining assistance for problems

- Informing participants of the availability of services either through printed material in information packets, use of video-taped messages in waiting rooms, or presentations in orientations

- Building referral relationships with the staff who run the Job Club workshops. When such workshops run for four to five days there is a group bonding and a considerable amount of sharing of personal stories

- Encouraging employment counselors to spend enough time with participants (time permitting) to gain their trust and to follow-through on either signs and symptoms of problems or behavioral manifestations of AOD, MH, or DV issues

- Having a specially trained eligibility worker who takes over the application process if self-disclosure is made or thought likely (only in Los Angeles)

Information about AOD/MH/DV services is not getting to all TANF participants in a routine way. Data from the survey of supervisors of eligibility workers and employment counselors suggest that counties may not be maximizing their opportunities to provide participants with information about AOD, MH, and DV issues and services. The survey asked whether the workers they supervise give information about AOD, MH, or DV issues and services to all of their clients. The results for the eligibility worker supervisors show that such information is not being disseminated routinely. The results also suggest that each county's policy is similar whether the issue is MH, AOD, or DV, with greater variation across counties than across the three subject areas.

Percentage of Eligibility Worker Supervisors Who Say Oral and/or Written Material about AOD/MH/DV is Given to *Every* Participant, by County

Materials	County				
	Kern Percent	Los Angeles Percent	Monterey Percent	Shasta Percent	Stanislaus Percent
Alcohol and Other Drugs					
Oral	50	72	47	86	18
Written	58	72	28	80	12
Mental Health					
Oral	44	70	41	86	18
Written	53	70	39	80	12
Domestic Violence					
Oral	50	77	47	83	18
Written	67	73	28	83	12

The results from the employment counselor supervisors are similar. In only one county did employment counselor supervisors report consistently that both written and oral information is given to each participant. One county said that it is given orally but not in written form. In none of the other counties for either oral or written was there substantial agreement among supervisors and in no county did the percentage answering "yes" rise above 50 percent.

The results from those participants who had received DV services are consistent with the above results. Only about half of the respondents report that a CalWORKs staff person had told them about the Family Violence Option. Another 40 percent said they had not received such information, and 9 percent were unsure. The question is somewhat ambiguous since it says a person "told" them. It is possible that people received written information without it having been explained.

Results from DV Client Survey

Did CalWORKs Staff Tell You About FVO Option?	Number	Percent
Yes	42	51.9
No	32	39.5
Not sure	7	8.6
TOTAL	81	100.0

Although the numbers of supervisors reporting by county are very small, these are issues of policy and/or implementation worth pursuing. Either policy direction is not clear, or supervisors are honestly reporting that staff are not uniformly adhering to policies.

Issues for Consideration in Implementing a Self-disclosure Strategy:

- ☑ The change in orientation of CalWORKs to a "helping" program will take time; large bureaucracies do not change quickly. And, there is likely to be a further lag until "the word is on the street" about the change. In a number of welfare offices we visited, the physical environment still consists of barred windows, metal detectors, and armed guards. Under these circumstances, it will be hard for many participants to trust the system enough to self-disclose problems that may yield negative consequences for them. This is particularly the case with AOD where mothers fear the loss of their children.

- ☑ There needs to be some clear incentive for participants to disclose issues. Unless counties provide concrete information that they will waive (for some period of time) all work requirement hours for those participating in treatment, disclosing may just seem to mean attending services on *top* of the other requirements.

- ☑ Effective presentations that engage participants in the issue of the impacts of AOD, MH, and DV on their lives take more than the 2-3 minutes that is often allotted to this activity. This is particularly the case where participants are receiving a ream of other orientation information or are anxious about either qualifying for aid or what CalWORKs will mean in their lives.

- ☑ State regulations require that every CalWORKs applicant and recipient be given information about the Family Violence Option and the availability of services for DV issues. The design of an effective way to present this information and a system to track that the information is being routinely conveyed to TANF recipients should be a part of every CalWORKs program. Experience in our six counties indicates doing it well is more difficult than it seems.

- ☑ Policies for the distribution of information about AOD, MH, and DV issues and the availability of services need to be clear so that all eligibility workers and employment counselors know what they are expected to do. Supervisors need to be clear on the policies and must track the implementation of those policies.

Promising Practices for Encouraging Self-disclosure:

- ☑ Monterey has developed a campaign on the theme of "recovery is an opportunity of a lifetime" posters, and materials with this theme are widely visible in the welfare offices. It is being extended to a media campaign and a focus on neighborhoods with high percentages of CalWORKs recipients.

- ☑ Stanislaus is working toward a model of a combined welfare staff person who would handle all of a participant's needs, determining eligibility for any programs for which they qualify, as well as managing the employment part of the participant's program. While not yet fully implemented nor tested, the concept of having one person rather than several would enhance the quality of the relationship and make self-disclosure more likely. However, trust is not likely to result if the integrated functions result in a greater workload for staff.

- ☑ Stanislaus has an active community services program in which CalWORKs clients are assigned to work sites. The Department of Employment and Training and local community college managers of these placements work closely with the work site supervisors and are able to track the progress of participants. When problems arise, the program managers have the background information that allows them to confront participants about issues that have created barriers to their ability to sustain placements.

- ☑ One Los Angeles welfare office redecorated and reorganized so that it looked and felt like a Kaiser health office. Although the intent was to change the entire nature of the relationship with the "customer," it had the effect of increasing the trust necessary for self-disclosure.

Screening [2]

Screening for AOD/MH/DV issues follows a medical model of using simple, brief, inexpensive tests that indicate the need for further diagnostic work-up. Screening instruments have been developed for all three issues and have most often been used in medical settings, particularly among pregnant women and in emergency rooms. These instruments usually approach the sensitive issues of AOD, DV, and MH indirectly, for example, by asking how often someone felt guilty about their drinking. Ideally, instruments have been tested so that a "cut-point" score can be selected that optimizes the accuracy of the test for the population. Even if validated

[2] See the Introduction for a description of the meaning of "screening," "assessment," and "appraisal" as used in this report.

information on accuracy at different cut-points is not available, a standard set of questions can be considered a "screen" if it is administered to all participants and a referral is made on the basis of a standard scoring of the answers. The rationale for screening is as follows:

- It allows for earlier identification of problems. Participants are not forced to fail, further exacerbating their problems.

- It substitutes an "objective" instrument for eligibility worker judgment – judgments that workers often do not feel comfortable making.[3] In principle, the accuracy of such judgments is known (in practice it has differed more significantly among welfare recipients than in other populations).

Screening choices among the six counties – During the planning stages for the AOD and MH components of CalWORKs, many counties considered the implementation of some screening instrument. The County Welfare Directors Association requested from CIMH the development of screening instruments for AOD and MH that welfare staff could use to determine who should receive a more thorough assessment. Counties that decided to adopt a screening approach had to decide the following:

- What screening instrument to use

- When and in what setting to do the screening

- What the consequences of a positive screen would be

Following is a summary of the choices that the six case study counties made in regard to screening:

[3] Los Angeles Department of Public Social Services. Evaluating CalWORKs in Los Angeles: http://dpss.co.la.ca.us/calworks.c/evaluating calworks_rptl.htm

Screening

County	Content	How	When	Consequences
Alameda	One question	Written Form	▪ Application ▪ CalWORKs Orientation	Assessment not mandatory
Kern				
Los Angeles	Eight questions	Oral	▪ Eligibility worker at application and recertification ▪ GAIN worker at end of CalWORKs Orientation ▪ Education vocational assessor at vocational assessment [4]	Assessment mandatory
Monterey [5]	One question	Written	Appraisal	Assessment not mandatory
Shasta				
Stanislaus	▪ Multiple questions ▪ AOD testing when required by employer	▪ Written form ▪ Drug test	▪ After 4-week job search if not successful ▪ Before community service placement	▪ Assessment mandatory ▪ Assessment mandatory

Kern, Monterey, Shasta, and Stanislaus did not utilize screening instruments or processes at the front end of the Welfare-to-Work process. Stanislaus uses screening methods later in the process. It routinely administers an extensive screening form if a participant fails to obtain a job during the first four weeks of job search. Participants will be referred for drug testing if it is required by the employer. Many community service employers require drug testing prior to placement. A positive drug test results in an automatic referral for a mandatory assessment.

Alameda has a form that includes a question about whether there are reasons why the participant cannot work. There are boxes for MH and for AOD problems. The form is filled out by all new applicants and all participants in its CalWORKs Orientation. Welfare department social workers in some welfare offices attempt to make contact with anyone who has filled in either the MH or the AOD box. The participant is free to refuse such contact and to refuse to obtain an assessment that is recommended based on the screening question.

[4] CalWORKs participants in Los Angeles who do not have a job at the end of the Job Search are referred to an in-depth vocational assessment under a contract with the Los Angeles County Office of Education.

[5] Monterey utilizes the SASSI for AOD screening at any point in the process where an employment social worker, EAP staff, or DV social worker expects a problem. We do not include it in the table because its use is not routine.

The experience of the screening process in Los Angeles – Of the six counties, Los Angeles has relied the most heavily on screening. [6] The screening instrument consists of four MH and four AOD questions. [7] A "yes" answer to any of the MH questions results in a referral to an MH assessment. A "yes" answer to any of the AOD questions results in a referral to an AOD assessment. The person doing the screening can also make a referral based on observed behavior, or if the person self-declares a problem. Attendance at the assessment is mandatory. [8]

The screening process was initially conducted only by the employment counselors, but was expanded in May 1999 to occur at the time of initial eligibility determination, at entry into CalWORKs, and at annual recertification for CalWORKs. The intention was to identify participants needing support services as early in the process as possible so that their eligibility could be expedited allowing them to qualify earlier for CalWORKs and the support services that accompany enrollment in CalWORKs.

The employment counselor asks the screening questions during her meeting with the participant after a CalWORKs orientation. The Los Angeles August 1999 report on the implementation of CalWORKs [9] indicates that many DSS workers are uncomfortable asking screening questions. Furthermore, some believe that the questions can be insulting to the TANF participants and can interfere with their attempts to develop a trusting relationship.

We heard similar comments from some CalWORKs line staff that we interviewed:

- Participants feel defensive, like they are being accused.
- Ones in denial don't know how to deal with it.

The range of the percentage of participants showing positive on the screening ranged between 4.2 percent and 6.4 percent a month from November 1998 through August 1999. This percentage has remained roughly equivalent as the process has expanded from the roughly 2,500 – 4,000 new CalWORKs registrants monthly to the 8,000 – 10,000 new TANF applicants and new CalWORKs registrants since the process has been expanded. The ratio of MH to AOD positive screens over this time-period was 2.4 to one.

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[6] Los Angeles had implemented a universal screening process for AOD problems with the general relief population. This experience led to the early adoption in Los Angeles of a screening approach to similar problems in the CalWORKs population.

[7] The AOD portion of the screening instrument consisted of the four questions from the CAGE alcoholism screener adapted to include drugs. The AOD portion of the screening instrument was being expanded in late 1999. The mental health portion was not a standard screening instrument but one developed (but not validated) specifically for this role.

[8] Participants are required to attend assessments when referred for either an AOD or MH problem. But they are required to attend services only if it is an AOD service. They do not have to attend MH services to which they are referred.

[9] "Monitoring the Implementation of CalWORKs: Welfare Reform and Welfare Service Provision in Los Angeles County, 1998." Urban Research Division, Chief Administrative Office, County of Los Angeles, August 1999.

Issues for Consideration in Implementing Screening:

- ☑ Screening has yielded relatively low numbers of positives. In Los Angeles, approximately 5% of those screened are referred for an assessment. Positive answers have been particularly low for the AOD questions, about 1%. However, it is unclear how much of this low positive rate relates to the context in which the screening is done, including whether eligibility or employment counselors administer the screen.
- ☑ The screening can interfere with relationship building. Some of the employment counselors in Los Angeles, where the questions are asked at their first meeting with a client, feel that the questions interfere from the very start with their efforts to establish a co-operative relationship with the participant.
- ☑ The context and timing of the screening is crucial. No matter how good the questions, CalWORKs applicants will be reluctant to answer truthfully if they fear the consequences of their answers. This is particularly the case with AOD where women fear the loss of their children.
- ☑ Los Angeles is modifying its process to provide the participants with information about the availability of AOD and MH services prior to asking the screening questions in the hope of engendering more honest answers.
- ☑ Counties considering screening might also consider focus groups of CalWORKs recipients which would discuss what kinds of context might allay fears and make the use of the instrument(s) more valid.
- ☑ There is little work to date on the reliability or validity of screening instruments with this population or in the context of welfare reform. The CalWORKs Project research will provide validation of selected screening instruments, at least within a research context. The SASSI, a much longer instrument than the CAGE and one that also generates a score for "denial" of problems, is widely used in Oregon and other states – although it too has not been formally validated for this purpose.
- ☑ Screening instruments do exist for domestic violence (developed for use in emergency rooms), although none of the six counties used them. [10] Given the inconsistent dissemination of Family Violence Option information the "indirect" questions of a screening instrument could be useful in directing recipients to FVO specialists on the DSS staff.
- ☑ Screening instruments have frequently been used in other settings for identifying heavy drinkers (not necessarily those who are alcohol dependent). While not excluding such persons, none of the six counties specifically have focused on this population. Instead the assumption is usually made that the persons with AOD problems in CalWORKs will, like those already in the county-based service system, be persons who are dependent on alcohol or drugs.

[10] The Los Angeles DV community specifically recommended not using a screening instrument. Instead, each CalWORKs participant is given information about the FVO and DV services and asked to sign a form indicating that such information was given to her.

The Role of Training in the Identification and Referral Process

Variation in Training Emphasis among Study Counties

While all counties provided some training to their eligibility workers or employment counselors, the emphasis placed on it varied considerably. Policy discussions in 1997, prior to the implementation of CalWORKs, presented training of DSS staff as an alternative to using screening instruments. The belief was that if staff were well-trained, they would be able to either identify signs and symptoms of AOD, MH, and DV issues, and/or feel more comfortable in discussing the issues more informally with CalWORKs participants. Most counties thought that a major investment in training of DSS staff would assist either in better implementation of screening protocols and/or in promoting the broadly defined self-disclosure described in the previous section.

Counties varied in their initial training efforts in the following areas: [11]

- How much emphasis they placed on training in their overall identification strategy, and
- Who received the training

The following table indicates the overall emphasis the county placed on training and the amount of training designed to be given to employment counselors and eligibility workers. Those counties that trained DSS staff over a period of time concentrated first on employment counselors, believing that they were the more likely source of referrals. They then moved this training up in the process to include the eligibility workers.

[11] Most counties also offered training about the CalWORKs program to AOD/MH/DV management and providers. While we do not specify the content and hours of this training in this report, the Project believes that this has been a critical part of successful collaborations.

Emphasis on Training by County

County	Overall Emphasis	Who is Trained
Alameda	Low	▪ One-day training for employment counselors and social workers ▪ Training of eligibility workers has been a disputed issue with union ▪ DV training has been in planning stages for over a year
Kern	Moderate	▪ Half-day for DSS staff on AOD/MH; none mandatory for the staff of the private contract agency doing CalWORKs employment counselor functions ▪ 8-hour training on DV by local program
Los Angeles	High	▪ GAIN workers trained first; two-day training on AOD and MH ▪ Second training for all other staff (also a two-day training on AOD and MH); everyone covered by end of 1999 ▪ All staff get an additional 6-hour DV training
Monterey	High	▪ 36-hour training initially for employment workers ▪ Same training then given to eligibility workers
Shasta	Low	▪ Two trainings for DSS staff, each less than one hour in length ▪ Training focused on procedures for making referrals
Stanislaus	Moderate	▪ 18-hour AOD/MH/DV training for employment counselors and direct service providers ▪ 8-hour AOD/MH/DV training for eligibility workers

The following two tables present data from the surveys of eligibility workers and employment counselors, and thus represent an average of the amount of training that they remember having received. The number of hours is less than in the table above because some of the workers surveyed were hired after the training had been concluded. In general, employment counselors reported having received about one hour more training in each of the areas than eligibility workers, but there were substantial differences among the counties. Monterey County provided the most extensive training program for both eligibility workers and employment counselors. In a few counties a different reliance was placed on training for eligibility workers and employment counselors, reflecting in part their different expectations of who would be responsible for identification and referral. In Stanislaus, for example, the responsibility for identification and referral rested most clearly on the employment counselors and this group received more training than did the eligibility workers.

Eligibility Workers Responses on Staff Surveys
Mean Hours of Training by Issue and County

Type of Training	Kern	Los Angeles	Monterey	Shasta	Stanislaus
Alcohol and Other Drugs	4.7	5.2	17.0	1.6	2.2
Mental Health	2.6	5.1	18.2	1.4	2.3
Domestic Violence	4.4	5.2	17.5	3.2	7.7

Employment Counselors Responses on Surveys
Mean Hours of Training by Issue and County

Type of Training	Kern	Los Angeles	Monterey	Shasta	Stanislaus
Alcohol and Other Drugs	1.9	7.6	21.2	4.3	10.5
Mental Health	3.1	7.5	15.7	3.4	10.3
Domestic Violence	2.5	7.1	18.7	7.7	12.3

Staff Ratings of Training

In general, eligibility workers and employment counselors reported that the trainings were helpful. Similar percentages of eligibility workers and employment counselors rated the trainings as "very" or "moderately helpful" in Kern and Los Angeles, but in the other three counties the employment counselors rated the trainings as more helpful than did the eligibility workers. In Shasta and Stanislaus this could reflect the fact that the latter group received significantly more hours of training. In Monterey the reasons are less clear since both groups received roughly the same extensive number of hours of training. Los Angeles stands out across the two groups of workers as having the highest favorableness ratings on helpfulness of training.

Percent of Eligibility Workers Rating Training as Moderately or Very Helpful, by Issue and County

Issue	Kern	Los Angeles	Monterey	Shasta	Stanislaus
Alcohol and Other Drugs	74.3	84.5	70.8	52.9	54.8
Mental Health	77.9	82.8	66.2	45.5	55.6
Domestic Violence	78.6	86.3	67.1	77.5	61.5

Percent of Employment Counselors Rating Training as Moderately or Very Helpful

Issue	Kern	Los Angeles	Monterey	Shasta	Stanislaus
Alcohol and Other Drugs	72.3	85.8	89.5	80.8	78.3
Mental Health	79.3	87.0	94.7	87.0	70.2
Domestic Violence	78.9	84.8	89.5	89.7	85.7

Comments from eligibility workers – The final question on the eligibility survey asked for any other comments. A total of 168 eligibility workers provided 181 comments. The largest category – 39 percent – related to the need for additional training. The most common volunteered response from eligibility workers to a general question about "what else should we know" on the survey was that more training would be useful. Below is just a sample of the numerous comments about the desire among eligibility workers for more training on how to identify AOD, MH, and DV issues and what to do once these issues are identified:

> "I think we need more training in all these areas. These are three of the big issues affecting our clients and how they are dealing with life issues. We need to know how to recognize the signs and how to bring up the fact that they need services and make referrals."

> "Constant training on a yearly basis regarding these issues."

> "I attended all three classes at 8 hours a day. I feel more in-depth training can be useful to all levels of eligibility staff to better understand and be more knowledgeable about interviewing and dealing with MH/SA/DV applicants or participants."

> "We received training but the amount of training was inadequate because then there was no follow-up or refresher training. I went to wave-training 15 months ago and haven't had any exposure to the information since then."

Comments from employment counselors – Employment counselors also volunteered comments requesting additional training, but not in as great a number as with the eligibility workers. The same question on the employment counselor survey generated 88 responses from 81 respondents; 26 percent indicated a desire for additional training on AOD, MH, and/or DV issues. A few examples follow:

> "Not enough training. No specific guidelines on how to assist these problem participants."

"We need more training in these areas to best counsel our clients. Sometimes clients may ask what happens at the [AOD/MH] assessment or initial referral and following. The worker may not be able to let the client know…"

"I think more training in identifying possible persons with AOD/MH/DV barriers would be very helpful."

Impact of Training on Referrals

The biggest impact of the amount of training on the number of referrals that eligibility workers or employment counselors make occurs where there is either no training or a lot of training. The relationship between the amount of training and the number of referrals that the eligibility workers report making is complicated.

- Whether or not an eligibility worker makes any referrals is influenced by the amount of training, but the number of referrals made is not.

- Whether or not an eligibility worker reports making any referrals is considerably less likely (36 percent) if the eligibility worker reports having received no training; is much higher (66 percent) if the worker has received a lot of training (over 30 hours); but is little different (48 – 54 percent) within the middle range of hours of training (1 to 30 hours).

For employment counselors the biggest difference is again between those that received no training and those that received a lot. The mean number of reported referrals for those receiving no training is 1.2. For those with over 30 hours of training, the mean number of reported referrals is 6.8.

Issues to Consider in Implementing Training of DSS Staff

- ☑ How often the training will be given. The substantial turnover in DSS staff means that any training effort needs to be more than a one-time activity. Twenty-seven percent of eligibility workers, for example, said they had received no MH or AOD training and eighteen percent said they had received no DV training.

- ☑ The content of the training. Most counties have included what could be called AOD- or MH- or DV-101 information. Most have also had information on that county's policies and procedures for identifying these issues and for making referrals. Feedback from one county was that the more specific and action-oriented the information, the better.

- ☑ Many suspect that the prevalence of the issues covered in the training – particularly the DV – is relatively high within the DSS staff. It can be expected, therefore, that the training will evoke personal reactions within the DSS staff that the training must be able to be used to achieve a positive end.

- ☑ Training in DV is different from that for AOD/MH in some respects, as the primary focus of the training needs to be on the provisions of the Family Violence Option as set out by law and regulation. Contextual information about nature and prevalence of DV needs to relate both to the Family Violence Option and to women who choose not to pursue that option.

- ☑ Based on the results of our survey of eligibility workers, the provision of even a minimal amount of training for eligibility workers appears to increase the probability that the worker will make at least one referral. Similarly, the provision of at least some training for employment counselors increases the mean number of referrals. Beyond that, unless the county initiates a very comprehensive training program (more than 30 hours) it is unlikely (again based on the results of our survey) that either the probability of any referrals (for eligibility workers) or the mean number of referrals (for employment counselors) will increase.

- ☑ Counties should evaluate the usefulness of the training they offer. Based on the eligibility worker and employment counselor surveys, different trainings were rated as more or less helpful in different counties.

It appears as if the training plays the role of making eligibility workers feel both "more comfortable in talking to participants about AOD, MH, and DV issues" and "more prepared to talk to them about policies and procedures related to AOD, MH, and DV issues." The same pattern is found here – providing *any* training increases the proportion of eligibility workers who feel comfortable and prepared, but big increases do not come until very large amounts of training are provided.

Note, though, that a substantial proportion of those with high levels of training indicated it was obtained outside of the CalWORKs program – by volunteering at a DV shelter, for example. So high levels of training also indicate higher interest and motivation.

Promising Practices for Training

☑ Monterey County not only carefully planned an extensive training, it also conducted an evaluation of that training so that subsequent training efforts could be more useful to staff.

Settings in which Identification Efforts Occur

CalWORKs Offices and Personnel

Efforts for identifying CalWORKs participants with potential AOD, MH, or DV barriers to employment have concentrated on the eligibility and the employment counselor staff working in CalWORKs offices.[12] This seems logical on the face of it given that:

- Every CalWORKs recipient has an eligibility worker, and all CalWORKs Welfare-to-Work participants have an employment counselor
- The participants are required to have at least some regular contact with each type of worker, and
- Each type of worker is supposed to be tracking what happens with the participant's progress from Welfare-to-Work

It would appear, therefore, that focusing on these two parts of the CalWORKs system would be most likely to yield the largest payoff. As noted above, many hours of training have been

[12] The exception to this statement among the case study counties is Alameda. While referral relationships were developed with DSS, the union issues precluded as active a focus on DSS staff as in other counties.

devoted to increasing the knowledge of these staff about AOD, MH, and DV issues and procedures have been put in place in each county for how to identify and refer.

Employment counselors are generally clearer that the identification and referral to assessment or services of participants with AOD, MH, and DV issues is a part of their job than are eligibility workers. In only one county do more than 10 percent of the employment counselors report that either this is not part of their job, or they are unsure about whether or not it is. Eligibility workers, on the other hand, are less sure, with three counties having more than 25 percent responding that it either is not part of their job, or they are unsure whether or not it is.

Identification of AOD/MH/DV issues by employment counselors and eligibility workers – Our survey asked workers to estimate the number of referrals of CalWORKs participants to AOD/MH/DV assessments or services they had made in the last three months. A far higher percentage of employment counselors than eligibility workers reported having made at least one referral in the last three months (87% vs. 35%). Similarly, the average number of referrals made by employment counselors was higher at 5.0, compared with 3.7 for those eligibility workers who made any referrals.[13]

There were significant differences among the counties in the mean number of referrals reported by the eligibility workers and employment counselors over the last three months.

Mean Number of Referrals by Eligibility Worker and Employment Counselor, by County

County	Eligibility Workers Who Made Any Referrals		All Eligibility Workers		All Employment Counselors	
	N	Mean	N	Mean	N	Mean
Kern	53	2.4	98	1.3	65	4.4
Los Angeles	152	4.3	312	2.1	154	3.1
Monterey	40	3.2	79	1.6	19	8.7
Shasta	13	2.3	36	0.8	28	7.9
Stanislaus	51	3.7	96	1.9	50	8.6

A small proportion of both eligibility workers and employment counselors make a large proportion of the referrals – The top 20 percent of the eligibility workers and employment counselors in terms of number of referrals accounted for 52 percent and 55 percent of the referrals respectively of all referrals made by their group of workers. There are at least two potential implications of this finding:

[13] The mean number of referrals per eligibility worker including those who made no referrals is 1.8.

- The potential exists for high rates of identification and referral by eligibility workers and employment counselors should all become as comfortable and expert at identifying AOD, MH, and DV issues, and/or
- Some DSS workers are more skilled at this type of identification activity, and a fruitful strategy would be to identify who they are and give them a larger role in the identification process

Two major barriers to eligibility workers and employment counselors making more referrals are large caseloads, and not feeling comfortable or prepared to deal with these issues – A clear barrier to identification is the size of the caseloads and the increased amount of other work that has come with CalWORKs. Caseloads for both types of workers are very high in most counties[14] making it difficult for either the eligibility workers or the employment counselors to spend much time with the participant, or to track progress in any reliable or thorough fashion. Here are some comments from the survey:

> EW: "It is difficult to have time to deal with our clients on a one-to-one basis. Many of my clients have drug issues but I am unable to follow up on these clients."
>
> EW: "We are overwhelmed with the cases. We don't have enough time to give clients the information regarding AOD/MH/DV or give complete interviews to observe if there is anything else we could help them with."
>
> EW: "Most workers don't understand or want to understand the issues around AOD and MH. I don't think its because they aren't caring, it's just that with the workload and all the complex changes, they don't have the time to look for signs, unless they are blatant."
>
> EW: "We would be more helpful in implementing programs and referrals for our clients if we didn't have so many cases and other things to do. So their problems come last. We don't have time to care!"
>
> EC: "As an employment counselor I really don't get a lot of one-on-one interaction, even though the position implies I do."

A second factor in eligibility workers and employment counselors not making more referrals is that some eligibility workers and employment counselors do not feel prepared or comfortable with this part of their role, despite training. The amount of preparedness and comfort that

[14] RAND in its overall evaluation of CalWORKs notes that the welfare staff "workload has increased." Their findings confirm what respondents told us, that both the number of cases increased and the amount that needs to be done with each case increased. Jacob Klerman, Testimony to California State Health and Welfare Committee, December 8, 1999. County Boards of Supervisors have often denied staff increases on the grounds that caseloads have been declining rapidly, and that they do not wish to add more county employees in a program they see getting smaller over the years. Additionally, as noted by Klerman, even where new staff or contracts for outside staff were approved, the time delay in hiring or contracting did not relieve the workload of existing welfare department staff.

workers feel in dealing with AOD, MH, and DV issues appears to make a difference with the employment counselors in the number of referrals that they make, but this relationship is not as clear with eligibility workers.

Our staff survey asked a) how prepared the workers felt to identify participants with AOD, MH, or DV issues, b) how prepared they were to talk about AOD, MH, DV policies and services, and c) how comfortable they felt in talking about these issues with their clients. We combined these into one general scale of "preparedness and comfort" and found sizeable differences among employment counselors in the numbers of referrals made. The higher the rating on the scale, the more prepared and comfortable the staff was.

Mean Number of Referrals per Employment Counselor, by Rating of Preparedness and Comfort

Combined Rating of Preparedness and Comfort	Number of Staff	Mean Referrals
Rating from 2-5	19	2.2
Rating from 6-8	58	4.5
Rating from 9-11	128	4.8
Rating of 12	108	6.1
TOTAL	313	5.0

For eligibility workers there was not a relationship between whether or not *any* referrals were made, but there was a trend (not statistically significant) for a higher number of referrals to be made for those with higher Preparedness/Comfort self-rating.

System-level barriers to increasing referrals – Some system barriers to increasing referrals from eligibility workers and employment counselors (particularly for AOD issues) will take a longer time to address. TANF recipients have built up over many years a perception of welfare workers as not helpful. Traditionally, most of their interactions with eligibility workers were limited to rule-governed eligibility determinations that did not accommodate recognition of their particular situation or needs. Early referral information suggested that fewer CalWORKs clients were being referred for AOD than for MH issues. Anecdotal reports suggest that there is greater concern among those with AOD problems that disclosing their situation to an eligibility worker or employment counselor may put them at risk for loss of their children.

As part of this study we surveyed roughly 600 TANF clients who were receiving AOD, MH, and/or DV services, whether or not they were part of the county's "official" CalWORKs AOD/MH/DV program (see Chapter III for more details about the sampling and other results). These results suggested that within this sample, CalWORKs participants receiving AOD services were less likely to have been referred from welfare than were MH clients.

Self-Reported Sources of Referral to AOD and MH Programs, Percent in Each Category

	AOD (N=258) Percent	MH (N=225) Percent	Total (N=483) Percent
Came on own	32.6	23.1	28.2
Welfare referred	13.2	44.9	28.0
Court, probation, parole or CPS	26.4	4.9	16.4
Friend, family, or health provider	19.4	17.8	18.6
Someone else	8.5	9.3	8.9
TOTAL	100.0	100.0	100.0

Information about the source of DV referrals from a number of programs in Los Angeles suggests that most CalWORKs clients they are serving are not referred from welfare. They report 31 percent coming on their own, 21 percent being referred from welfare, 22 percent from a friend, family, or health care provider, and 26 percent from someone else.

Issues to Consider in Increasing the Number of Referrals from Eligibility Workers and Employment Counselors

- ☑ The critical step for eligibility workers to take is making the first referral. Based on our staff survey, roughly 40 percent of the eligibility workers either feel like identifying AOD/MH/DV issues is not part of their job or that they are "not at all" or "very little" prepared to do so. These percentages vary by county and type of issue, but there appear to be a substantial number of eligibility workers who won't make any referrals unless they are either given more training and/or given a clearer message about the importance of the activity.

- ☑ The level of preparedness/comfort varies among employment counselors with those feeling most prepared/comfortable reporting making more referrals. This suggests either increasing the activity to make them feel more prepared/comfortable and/or identifying those with high self-reported preparedness/comfort and giving them a larger role with participants more likely to have AOD, MH, or DV issues.

- ☑ Eligibility workers and employment counselors indicate that high caseloads make the identification and referral process more burdensome. Until caseloads can be reduced there may be limits to how much can be expected from eligibility workers and employment counselors despite all the training and their best intentions.

- ☑ Consideration should be given to adopting and *publicizing* a policy on the circumstances under which an AOD or DV issue will result in a referral to Child Protective Services (CPS). This is a potential way to reduce the distrust on the part of CalWORKs participants, so long as the policy focuses on the well being of the child as the basic criteria and as long as it is consistently followed.

- ☑ Despite all the best efforts, relying on eligibility workers and employment counselors for most AOD referrals may be problematic. Counties may want to explore the alternate routes into services discussed below especially for CalWORKs participants with AOD issues.

Other Sites Frequented by CalWORKs participants

Participants who are engaged in the CalWORKs process must spend a considerable amount of their time engaged in some work-related activity. Many of these settings have staff (or employers) who get to know the participant well or who at least have the responsibility for tracking the performance of the participant. To take advantage of these individuals as potential sources of referral requires the following:

- Identifying those parts of the CalWORKs process where the participant is most likely to either spend a lot of time or develop a relationship with some CalWORKs staff. Examples include the Job Clubs, One-Stops, and work activity placements.

- Doing outreach to these sites informing them of service availability, and

- Ensuring that access to services from these sources can be expedited

Issues to Consider in Doing Identification in Settings Frequented by CalWORKs Participants

☑ Implementing this strategy requires a review of the CalWORKs process from the perspective of the participant in order to identify those settings where the participant spends a fair amount of time. Someone at that setting then needs to receive sufficient training to be able to identify when the participant may be having difficulty because of an AOD, MH, or DV issue. Thus, the strategy requires an investment of resources if it is to be successful.

☑ This strategy also involves outreach to staff who may well be working on contract, as, for example, most of the instructors of Job Club orientation sessions are. This means adjusting contract goals from a narrow focus on training to a broader focus that includes concern with AOD/MH/DV barriers.

Promising Practice in Identifying AOD/MH/DV issues in Settings Frequented by CalWORKs Participants

☑ Stanislaus County has developed a community service component in which all CalWORKs participants who do not get a job are assigned. The community service program is run by a special unit within the Department of Employment and Training and the local community college. Caseworkers from these units become familiar with participants since they track their ongoing status within their community service placements. They are thus in a good position to identify participants who might have an AOD/MH/DV issue that is an obstacle to obtaining and maintaining a placement. These staff are encouraged to make referrals for assessments by the Behavioral Health Team.

Community Outreach Strategies of AOD/MH/DV Identification

One county – Alameda – has actively engaged in "case finding" in the community. Alameda developed its community outreach strategy in part because it was unable to implement the usual approach of relying on DSS eligibility workers and employment counselors. Unresolved union contract issues precluded the involvement of DSS staff in the kind of active identification and referral efforts that were initiated in the other five counties. Alameda County undertook two different community outreach strategies involving:

- A media campaign
- AOD and MH outreach staff

Alameda hired a public relations firm to plan a media campaign beginning in November 1999. A video tape that explains the CalWORKs process and the availability of AOD, MH, and DV services was produced and sent out to every sanctioned CalWORKs participant.

In the spring of 1999, Alameda Behavioral Health Care Services hired roughly 15 FTE AOD and MH staff who would make contact with organizations and settings in which CalWORKs participants were likely to spend time. Some staff are county employees and others are hired by contract agencies. Staff are culturally and linguistically quite diverse in keeping with the ethnic and linguistic makeup of the county.

Considerations in Developing an Outreach Effort

- ☑ In Alameda's case, lack of referrals meant funds for AOD and MH services were going unspent. But in the long run and in other counties such programs are likely to be expensive, so the results should be carefully monitored.
- ☑ Once participants are identified through such an outreach effort, they must have easy access to the system of services or the benefit of the outreach effort will not materialize. A direct "hotline" to a designated DSS staff member, such as one established for AOD providers in Kern, might be a necessary adjunct for outreach programs.
- ☑ The ability to make the linkage from the outreach worker to the regular service system will also be dependent on building participant trust. Sufficient time needs to be allotted for the outreach phase in order to ensure that the trust is established and can be transferred.

Promising Practice for Outreach

☑ AOD and MH outreach workers in Alameda have contacted the community-based organizations (CBOs) that have contracts to provide Job Clubs and work-related activities with CalWORKs participants. Alameda provides many of these services through CBOs because of their cultural and linguistic acceptability to many CalWORKs participants. The outreach workers have made these contacts because these agencies are likely to know the CalWORKs participants best.

"Back Door" Referrals from AOD/MH/DV Service Providers

The many barriers to identification in the context of the welfare system have led (particularly for AOD and DV) to increased efforts to identify CalWORKs recipients or potential recipients at treatment or service sites. In varying degrees, counties have encouraged AOD/MH/DV service providers to identify any of their clients who are CalWORKs or potential CalWORKs eligible to help them get their services incorporated into Welfare-to-Work Plans. There are two distinct aspects to this outreach depending on whether:

- The client is already a CalWORKs participant but either has no Welfare-to-Work plan[15] or does not have the services included in the Welfare-to-Work Plan
- The client is eligible for CalWORKs but is not a recipient

In the former, the issue is whether and how to have the participant have the services included in her WTW Plan. In the latter it is whether and how to have the person apply for CalWORKs.

Back door referrals involve a complex set of pros and cons dependent on whether one is a recipient, an AOD/MH/DV service provider, or a DSS administrator.

Another factor increasing the attention to back door referrals is the realization that many AOD and MH clients have difficulty navigating the CalWORKs system. Thus, AOD and MH providers are including in their service package assistance to clients in both gaining CalWORKs eligibility where needed and advocacy for them in acquiring all needed support services once they are eligible (see clients' viewpoint of this assistance).

[15] All CalWORKs recipients received at least a letter informing them of the CalWORKs requirements by January 1, 1999. However, in some counties during the study period a number of participants still had not been called in to meet with employment counselors and develop a Welfare-to-Work Plan or had not followed through with such appointments.

Two Variations of "Back Door" Clients

	Client Already on CalWORKs	Client Eligible But Not on CalWORKs
Issue	Having the services included in WTW plan	Having the client become a CalWORKs beneficiary
Fiscal incentive to DSS	Neutral	Negative because the county then has to pay for the cash benefit
Fiscal incentive to county AOD and MH departments	▪ Positive if required as part of contract with DSS ▪ Neutral otherwise	Positive
Fiscal incentive to individual service providers	▪ MH – neutral ▪ AOD – depends on contract with county ▪ DV – positive if required in contract	▪ MH – neutral ▪ AOD – depends on contract with county ▪ DV – positive
Other positive or negative incentives for individual provider	▪ Going through the paperwork and serving as an advocate with the DSS is a time-consuming task ▪ Providers do, however, appreciate the added services available – which can facilitate treatment success	▪ Negative: paperwork ▪ Positive: CalWORKs services can increase treatment success
Potential benefits to client	▪ Hours included in WTW hours ▪ Child care and transportation for services ▪ Good cause waivers for DV	▪ Assistance and/or advocacy with CalWORKs by AOD/MH/DV service provider ▪ All the CalWORKs services
Potential costs to clients	▪ Possible Child Protective Services (CPS) involvement ▪ Start the requirements and clock if don't already have a WTW Plan	Start clock on lifetime use when need may not be the highest

Issues to Consider in Developing "Back Door" Approaches

- ☑ Not every person receiving services for an AOD, MH, or DV issue is unable to work. Using the back door approach to identifying CalWORKs participants thus requires the separate step of making an assessment that the issue for which services are being given in fact constitutes a barrier to employment. This issue is handled inconsistently by service providers since there is little guidance available as to how to make these determinations.[16]

- ☑ Service providers need more information and training about CalWORKs if they are to provide their clients with accurate and useful information that will allow them to make educated decisions about whether to apply for CalWORKs and whether to have their services included in their WTW Plan.

- ☑ Some of the motivation for the back door approach was as a way to ensure that the CalWORKs allocation was expended, particularly in those counties where the funding agreement required that the services be included in the WTW Plan. With the increasing clarity that the CalWORKs funds can be used flexibly,[17] decisions on whether to include the services in the WTW Plan can be made on the basis of what is in the best interests of the particular client.

[16] See our Resource Guide for review of the scant literature on this issue, available on the CIMH web page, www.cimh.org

[17] See, for example, the State DSS All County Information notice No. I – 82-99, October 28, 1999, which says that funds can be used for "outreach and marketing of services" and "capacity building."

Promising Practices in Utilizing "Back Door" Identification

- ☑ In Los Angeles, eligibility workers are assigned to some of the large AOD programs and spend time at the site of these programs. This facilitates the co-ordination with DSS so that CalWORKs participants in treatment can get what they need from CalWORKs, and those not yet eligible for TANF can be assisted in the application process.
- ☑ The DV programs (in Los Angeles and in Alameda) provide an active advocacy role in assisting existing CalWORKs participants to obtain good cause waivers under the family violence option when this is appropriate. They also assist women in completing applications for CalWORKs.
- ☑ In Los Angeles, each county-operated and county-contracted MH clinic was given a list of their clients who had Medi-Cal aid codes that indicated that they were already receiving CalWORKs. The clinicians then raised the issue of whether or not the client wanted the treatment hours added to the WTW Plan. This allowed the clients to become better educated about the choice and its potential benefits and costs.
- ☑ The Kern County welfare department assigned a special staff member to handle all of the calls from AOD providers in order to facilitate the process.
- ☑ In Alameda County, providers have learned to contact particular DSS social workers who are in a position to facilitate whatever is needed from the DSS system.
- ☑ Los Angeles County issues Provider Directives so service provider agencies get consistent information on how to facilitate access to CalWORKs services for their participants. One Provider Directive includes guidelines and complete instructions for "back door" referrals.

Structure and Use of Co-location

Patterns of Staff Co-location

In an all-county survey (December 1998), co-location of AOD/MH/DV specialists at DSS offices was cited by the counties as the most promising approach to identifying CalWORKs

participants with AOD, MH or DV issues.[18] Co-location at DSS offices follows from the emphasis placed on obtaining referrals from eligibility workers and employment counselors. The basic functions that co-located AOD, MH, DV staff can provide that are likely to enhance referrals and/or improve show rates at assessments include the following:

- Being able to do assessments quickly, ideally at the very time someone appears, thus reducing "fall-out" in this step
- Directly intervening with and diverting persons having an emotional crisis at the welfare office
- Building trust and informal relationships with welfare staff
- Keeping welfare staff informed of policies and procedures relevant to AOD, MH, and DV issues
- Doing presentations to groups of CalWORKs participants during orientations, Job Clubs or workshops

Five of the six counties used AOD/MH/DV service staff co-located at DSS sites, but the functions of co-located staff did not follow a single pattern.

Not all of the counties had their co-located staff provide all of these functions. Kern, Monterey, and Shasta implemented the most comprehensive co-location efforts. The AOD and MH staff are located full-time at the DSS offices and have an expansive view of their roles. They make concerted efforts to integrate themselves into the DSS culture through both formal and informal connections. They make presentations about AOD and MH services to groups of CalWORKs participants at CalWORKs orientations. And they make themselves available to assist DSS workers in crisis situations that arise with CalWORKs participants. They also are used by DSS staff both formally (stress management classes) and informally (individual private contacts) to deal with their own AOD or MH issues.

[18] Statewide, 32 counties reported that they co-locate AOD and/or MH staff. Co-location was the most frequently mentioned "successful strategy" by counties for identifying AOD and MH issues. Ebener, P.J., & Klerman, J.A. (2000). *Welfare Reform in California: Results of the 1999 All-county Implementation Survey.* Santa Monica: RAND.

Co-location

County	AOD	MH	DV	Expansiveness of Role
Alameda	No	No [19]	Partial	Low
Kern	Yes	Yes	No [20]	High
Los Angeles	No	Yes	Partial	Low [21]
Monterey	Yes	Yes	Partial	High
Shasta	Yes	Yes	No	High
Stanislaus	Yes	Yes	Yes	Medium

Co-location at Stanislaus has most of these features – particularly full-time location at the central CSS location and outstations. But the general reliance on a more formal referral mechanism, a more stringent view about problems that are barriers to employment, greater physical distance between the welfare and the behavioral health offices, and the lack of presentations to groups of participants sets this county somewhat apart from the former three.

Co-location in Los Angeles occurred only with MH, and the role of the co-located staff was limited primarily to conducting scheduled assessments. Co-located MH staff provided some crisis intervention and training of DSS staff, but most interaction between the clinical assessors and the DPSS staff was about individual clients. Because of the indirect way appointments with the assessor were made (frequently a letter was mailed after the client had left the office), this arrangement did not maximize the benefits possible with co-location. Co-location of non-DSS staff at DSS locations in Alameda did not occur at all during the initial CalWORKs implementation.

Only one of the counties – Stanislaus – co-located DV specialists on-site on an almost full-time basis. Other counties attempted to have DV specialists on-site for a few hours a week or have someone available via beeper, but these arrangements proved difficult to sustain since the specialized help was not generally available when needed. Counties tried to at least set aside a private space in which participants with current DV issues could call the local DV program directly.

[19] Alameda has begun the co-location of MH staff since the last Project site visit.

[20] Effective January 2000, DV staff are co-located at DSS sites.

[21] Since the last Project site visit, AOD, MH, and DV providers have been given the responsibility to provide orientations to CalWORKs participants at welfare offices, refugee centers and Job Clubs.

Perception of Co-location among Staff

Surveyed eligibility workers and employment counselors indicated that co-location was useful, but the perceived usefulness varied by county. Of those eligibility workers who said they had either AOD, MH, or DV staff co-located at least some of the time, over half (53 percent) said that they found this "very helpful," with another quarter saying it was "moderately helpful." The overall figures were similar for employment counselors – 48 percent said it was "very helpful" and another 32 percent said it was "moderately helpful." There was some difference among the employment counselors in their ratings of usefulness across the counties with the highest ratings of usefulness in Shasta (96 percent) and the lowest in Los Angeles (76 percent).

Between 30 and 50 percent of the eligibility workers in two counties were unaware of co-located staff. In these instances they are unlikely to make use of the availability of such resources:

> "Our unit was mostly unaware that there is an (AOD/MH/DV) person here in ____ for a few hours a week."

In their comments on the survey, some eligibility workers suggested that having more AOD, MH, and DV specialists on site would be helpful:

> "CalWORKs mothers who are MH or SA are having a difficult time talking about their problems or asking if help is available for them. Maybe if a mental health worker was stationed here, they would be more willing to discuss MH/SA problems."

> "We should have a professional in our office to handle these participants [those with MH/SA/DV issues] in a better and in a safe manner."

> "They should have a specialized person in the District Office to see the participants if they need to be referred."

> "We have always been told not to get personally involved with our clients or their lives, but to only determine eligibility. Having a BHT on-site makes it a little easier to discuss issues with clients, especially at their renewal appointment."

Co-located staff were *not* included as a routine part of the application or re-determination process in any of the six counties. Inclusion of an AOD, MH, and/or DV specialist as a routine part of the application and/or re-determination process for all TANF participants would, of course, be a resource-intensive approach. But, given the anticipated prevalence of the disorders, the reduced caseloads, and the excess of funds, it would be feasible at least on a pilot basis.

Issues for Consideration in Implementing Co-location

- ☑ Full-time co-location can be expensive in counties where there are multiple welfare offices or where eligibility and employment staff are located in separate offices. Part-time co-location, as has been the case with all the DV co-location except Stanislaus, reduces the expansiveness and potential effectiveness of the role that the co-located staff can play. In small areas (such as rural areas with small centers of population) the advantages of co-location can be achieved by close working relationships without actually having staff present on a full-time basis at the welfare office.

- ☑ It can be difficult for the co-located staff to maintain an identity that is separate from the welfare staff. To the extent that participants view the welfare system as non-helpful and potentially punitive, this blended identity can work against disclosure. Careful thought should go into what to call and where to locate the co-located staff.

- ☑ Flexibility, very good people skills, and an outgoing personality (in addition to professional skills) are necessary for co-located staff to be maximally effective.

- ☑ Making sure that the DSS staff are aware of the presence of the co-located staff is essential to making the strategy effective.

Promising Practices for Co-location

- ☑ **Building relationships –** One Monterey EAP staff member made a point of having lunch with welfare staff to begin to develop personal relationships. Co-located EAP staff offered a series of stress reduction classes for welfare staff.

- ☑ **Engaging participants –** In Shasta the co-located staff spend their time with CalWORKs participants during Job Club engaging in a give-and-take conversation rather than just making a presentation about available services.

Special Issues Regarding CalWORKs Subpopulations

Two subsets of the TANF population – those that are exempt from CalWORKs Welfare-to-Work requirements and those who have been or are in the process of being sanctioned – are unlikely to have their AOD, MH, or DV issues identified unless special efforts are made to do so. And yet, there is some evidence that the prevalence of AOD, MH, and DV issues may be higher within these groups than within the rest of the TANF population.

Exempt Individuals

The most common reason for exemption in California is disability. While counties do not generally track the percentage of disabilities that are MH related, most think the number is small. Some counties have established special procedures whereby the MH staff working with the CalWORKs program review all requests for exemptions because of MH issues. While the vast majority of the disability exemptions result from physical disabilities, there is a significant overlap of these disabilities with AOD, MH, and DV issues that can complicate recovery from the physical disability.

Many counties are beginning to review the disability exemption caseload to determine whether the CalWORKs participants might qualify for SSI. Part of this process can include a review of potential AOD, MH, and DV issues.

For those CalWORKs participants who are exempt from Welfare-to-Work requirements and yet not eligible for SSI, options for receipt of services are limited. While a CalWORKs participant is exempt from WTW requirements, they are not eligible for the support services (through CalWORKs) such as AOD, MH, or DV services that might assist them to overcome the disability. There is nothing, however, that prevents a county from using its CalWORKs funds to provide these services if the participant voluntarily agrees to a WTW Plan. In such a case, however, the county could not insist that the participant utilize the services that were offered.

AOD/MH Involvement with Exemptions

County	Exemptions
Alameda	DSS social workers reviewing exemptions for SSI potential
Kern	Not yet looked at recipients exempt from WTW
Los Angeles	Exemptions granted based on any physician's statement
Monterey	Beginning to review exempt cases for potential SSI
Shasta	The BHT reviews all requests for exemptions and can grant 1-year exemptions for MH issues
Stanislaus	All MH, AOD, DV exemptions are reviewed by the Behavioral Health Services team

Promising Practices for Identifying AOD/MH/DV Issues in Exempt Population

- ☑ Alameda County DSS social workers are systematically reviewing the disability exempt caseload to determine both whether an SSI application is warranted, and whether the person is receiving services that are appropriate to the disability.
- ☑ Los Angeles County makes a routine referral to the Department of Rehabilitation on every medical exemption with a duration of over 30 days.

Sanctioned Individuals

Counties differ in the extent to which they have pursued sanctioning for participants' failure to abide by the CalWORKs' rules and requirements. Bothered by the high sanction rates, [22] some counties have developed special methods of finding out more about why families are being sanctioned and what the system can do to prevent so many sanctions. AOD or MH staff have been included in some of the outreach efforts to understand, prevent, and/or cure sanctions. Some counties include AOD/MH/DV expertise within a team as they try to learn more about the sanctioned population.

AOD/MH Involvement with Sanctions

County	Sanctions
Alameda	CBOs have been given lists of sanctioned cases to find and engage, but no specific AOD, MH, or DV involvement. A videotape about AOD/MH/DV services was mailed to 1500 first-time sanctioned clients
Kern	Behavioral Health has offered assistance, but not yet a part of sanctioning process
Los Angeles	Will be reviewing a sample of sanctioned cases; review to include potential AOD, MH, DV issues
Monterey	Will be using specialized workers to contact pre-sanction and sanctioned cases to determine if AOD/MH/DV issues are present and/or can be addressed and to make referrals to prevent sanctions or resolve sanction issues
Shasta	
Stanislaus [23]	DSS is piloting a family resource conference approach to sanctioned families; BHT is officially a part of that process

[22] RAND reports that the statewide sanction rate is high – 20 percent sanctioned and another roughly 13 percent in the sanctioning process. Ibid., Klerman, et al., 2000.

[23] After the Project's last site visit, Stanislaus began an Interdisciplinary Team including social workers, to engage sanctioned individuals.

Issues to consider in Developing Identification Approaches with Exempt and Sanctioned Populations

- ☑ **Exemptions:** Efforts to provide services to participants who have disability exemptions with AOD, MH, or DV services could be a long-term cost-effective strategy. As caseloads diminish, the number of participants who can be exempt will lessen. Efforts can be made to inform exempt participants of their eligibility through other sources of funding or through CalWORKs funding (which allows them access to child care and transportation for services) if they agree to a voluntary WTW Plan.
- ☑ **Sanctions:** Inclusion of AOD, MH, and DV specialists on teams that are attempting more vigorous intervention during the sanctioning process could assist in the identification of any of these issues that are making the resolution of the situation more difficult.

Promising Practice for Inclusion of AOD/MH/DV in Working with Sanctioned Population

- ☑ San Bernardino County did a home visit survey of a sample of sanctioned clients and found a high percentage could be brought into compliance. Many seemed to have AOD/MH/DV problems.

Assessment of Individuals Needing AOD/MH/DV Services

Characteristics of Assessment in the Six Study Counties

The assessment stage of the identification process varies on a number of dimensions:

- Where, when, and by whom the assessment is done, or the organizational structure that supports it
- Content of the assessment, and
- The purpose of the assessment:

  (a) To determine if there is a barrier to employment that would qualify for services

  (b) To establish a level of care

  (c) To make a referral to a specific service provider

  (d) To develop a treatment plan

All six counties established a process by which CalWORKs participants who were identified by DSS with potential AOD or MH problems would *first be assessed and then referred for services*. This structure was developed in part because of the expectation that very large numbers of participants would be referred, creating a need to either validate the referrals and/or narrow the funnel to meet existing resources. In the AOD system it was also expected that it would provide the mechanism for determining a level of care and for treatment planning. For AOD and MH such a structure was required by the CalWORKs legislation.

Four of the six counties created an organizational unit to which participants would be referred once an AOD or MH issue had been identified by DSS. Los Angeles County augmented already existing AOD Assessment Centers, but the MH Assessors represented a new function. Only Alameda County used an existing structure: its #800 ACCESS line used for all of its other AOD and MH referrals into the system.

The situation was different for DV:

- In four of the counties, referrals were made directly to local DV service agencies rather than to an intermediate assessment structure. (In Stanislaus the DV procedure paralleled that for AOD and MH; in Monterey, a county staff person was hired about one year into implementation to handle referrals.)
- In only one county was a county staff person involved directly in the assessment of DV issues.

Organizational Structure for Receiving Referrals

County	AOD	MH	DV
Alameda	Existing 800 number	Existing 800 number	Contract agency
Kern	County team	County team	Contract agency
Los Angeles	Contract agency	Contract employees [24]	Contract agency
Monterey	County team	County team	County employee and contract agency
Shasta	County team	County team	Contract agency
Stanislaus	County team	County team	Contract staff on county team

The drop-off in attendance at each stage of the process (referral to assessment and assessment to services) suggests that the fewer steps the better. Not all the counties keep information that allows us to determine what proportion of the referrals to assessment result in a completed assessment. But the preliminary figures from counties confirm suspicions that many fail to keep

[24] Since the last Project site visit, Los Angeles Department of Mental Health began direct referrals to service providers from DSS for non-English speaking monolingual participants.

assessment appointments. Achieving a higher than 70 percent show rate for assessments may be problematic. [25] Some examples follow:

- In Stanislaus, where the DV assessment occurs on-site, the show rates for assessments from August 1998 through March 1999 was 67 percent.
- In Shasta County, the overall percentage of completed assessments for AOD and MH was roughly 62 percent for July 1998 through April 1999.
- In Monterey County, the overall percentage of completed assessments by the behavioral health team was roughly 58 percent of referrals.
- In Los Angeles, the show rate for mandatory AOD assessments from April 1998 through May 1999 was 72 percent.

Since a separate assessment is expensive, time-consuming, and adds another hurdle for participants, it is critical that counties consider the *additional* purposes for the assessment (besides verifying that the participant qualifies for services) as they make decisions about who/where/when to do the assessment and what it should consist of. This is particularly the case where a high proportion of those assessed are referred to services.

AOD Assessments

County	Who	Where	When	What	Purpose
Alameda	AOD contract agencies	Contract agencies	After referral from ACCESS		Determine level of care & Tx provider
Kern	BHT AOD specialist or AOD contract provider	BHT or contract provider	After seen initially by co-located staff and discussed with BHT		Develop treatment plan
Los Angeles	AOD assessment centers	Assessment center	By appointment	ASI	Determine level of care and service provider
Monterey	Any EAP staff	Welfare office	Immediate or by appointment	ASI	Determine treatment plan
Shasta	BHT AOD specialist	Welfare office	Immediate or by appointment	ASI	Determine level of care and service provider
Stanislaus	BHS AOD specialist	Welfare office and other sites	By appointment	ASI, where feasible	Determine treatment plan

[25] A survey of all counties in late 1998 received responses from 34 counties. The show rates reported in that survey were somewhat higher than what we have found in the actual data from some of the six case study counties. The average show rate for AOD assessments was 71 percent (median of 78 percent) and for MH was 73 percent (median of 82 percent).

MH Assessments

County	Who	Where	When	What	Purpose
Alameda	MH network providers	Network provider	After referral from ACCESS		Determine level of care and Tx provider
Kern	BHS MH specialist or MH contract provider	BHS or contract provider	After seen initially by co-located staff and discussed with BHT	Regular Short Doyle Medi-Cal assessment	Develop treatment plan
Los Angeles	Individual MH contract assessors	Welfare offices	By appointment or immediately in crisis situations	Regular Medi-Cal assessment form	Determine service provider
Monterey	Any EAP staff	Welfare office	Immediate or by appointment	Regular Short Doyle Medi-Cal assessment	Determine treatment plan
Shasta	BHT MH specialist	Welfare office	Immediate or by appointment		Determine level of care and treatment plan
Stanislaus	BHS MH specialist	Welfare office and other sites	By appointment	Regular Medi-Cal assessment form	Determine treatment plan

DV Assessments

County	Who	Where	Purpose
Alameda	DV programs	DV programs	Determine service needs
Kern	DV program	DV program	Determine service needs
Los Angeles	DV programs	Welfare offices or DV programs	Determine service needs
Monterey	DV programs or DSS staff	DV programs or welfare office	Determine service needs and information for waiver
Shasta	DV program	DV program	Determine service needs
Stanislaus	BHS DV specialist	Welfare office and other sites	Determine service needs

Staff Perception of Assessment Processes

Employment counselors in the staff surveys were asked how satisfied they were with the referral process, the timeliness of assessments, and feedback about the results of assessments. Overall:

- Seventy-three percent were very or moderately satisfied with the ease of making referrals for assessments or services
- A smaller percentage, 58 percent, were very or moderately satisfied with the timeliness of the assessments, and
- Only 43 percent were very or moderately satisfied with the feedback they got from AOD/MH/DV professionals about assessments and/or services

County satisfaction varies widely on each dimension. With regard to ease of referrals, only one county has a satisfaction rate lower than 79 percent with one county having all its employment counselors satisfied. The county-by-county disparity widens for timeliness, with only 38 percent of employment counselors in one county being satisfied, contrasted with 85 percent in another. The percentage satisfied in one county drops to 27 percent for feedback, but is no more than 50 percent in three other counties. These figures indicate serious difficulties with timeliness and feedback of information to employment counselors.

Employment Counselor Satisfaction with Referral and Assessment Process, by County

Percent Very or Moderately Satisfied in:	Kern Percent	Los Angeles Percent	Monterey Percent	Shasta Percent	Stanislaus Percent
Ease of referrals	78.7	58.9	83.3	100.0	89.8
Timeliness of assessments	38.1	54.8	61.1	85.2	77.6
Feedback of results of assessment or services	27.0	42.0	42.1	67.9	52.0

Here are some examples of the kinds of comments on the employment counselor survey about timeliness of assessments and lack of feedback:

> "After the initial referral is made, I rarely hear back from the counselor to indicate the participant's condition or results of the assessment. It is crucial that I am made aware of the participant's condition so that I can be adequately prepared about what to expect when I next see them for a different concern. Loss of communication is the biggest problem."

"Results and/or feedback take far too long – weeks to months."

"In most instances setting up appointments for assessments can be a tedious process, prompting us to send the participants home and we end up making the appointments in their absence, resulting in conflicts."

"Too many no-shows. Appointments are usually made three or more weeks later. EC sends out appointment letter and calls participant a day or two before the appointment to remind him of appointment. Doesn't show or shows too late and is turned away. Go through process again. Doesn't show. Maybe phone interviews could be implemented for continual no-shows."

"Failure to return reports in a timely manner with estimated outcome of problem. It is almost impossible to do a WTW Plan and give participant positive outlook about becoming self-sufficient with no definite goal to work toward."

Issues to Consider in Implementing an Assessment Strategy

- ☑ The closer the assessment is to the referral from screening – both in terms of time and space – the more likely the participant is to attend and complete the assessment. Assessments that can be done on the spot are the most likely to be completed. Intermediate success comes from making an appointment with the assessor while the participant is there. The least likely to lead to completion is when the participant is informed in writing about an appointment that has been made for her at a specified time.
- ☑ There is a trade-off between ensuring the most appropriate level of service and creating an additional step in the process. Those systems that rely on a face-to-face assessment for the purposes of determining the appropriate level of care and/or the most appropriate service provider create an additional step between the identification of the issue and the entry into services. The decision may be most difficult to make in the AOD system where providers often offer only one service type (e.g., a residential program or a day treatment program), and service resources may be scarce. In this case, the decision may be made that doing an assessment in order to channel participants to the most appropriate level of care and to a specific provider is worth the potential drop-off in client show rates.
- ☑ The choice of who does the assessment depends on the uses to which the assessment will be put and how cross-trained assessors are. While the staff on the integrated interdisciplinary teams are generally alerted to the occurrence of other issues outside their specialty, only in Monterey do the same EAP staff routinely do both AOD and MH assessments. [26] In the other counties the relevant specialist staff is assigned to do the initial assessment according to what the most likely primary problem is based on the information from the referral source. If additional and/or more prominent issues arise during the initial assessment, then the participant is sent for another assessment.
- ☑ While this process ensures that the most trained staff are conducting the assessments, it does create an additional step for the participant. Again, the choice of whether or not this is worth the potential additional barrier to service entry depends on what use that assessment is put to within the overall system.
- ☑ Having good feedback mechanisms with the employment counselors who make referrals is necessary to maintain, let alone increase, the number of referrals. Unless assessments are conducted promptly after receiving a referral, and unless those making referrals are giving prompt and useful information about what is happening with the clients who have been referred, they will stop making referrals.

[26] The type of assessment and the level of training required to do the particular assessment depends on the overall structure and function of the initial assessment within that particular county. In Monterey, the EAP staff do not do a full assessment that would be required for treatment planning.

Promising Practices for Assessments

- ☑ The EAP workers in Monterey are cross-trained so that they can do both an AOD and a MH assessment. This allows for a single assessment appointment in instances where there may be multiple issues and allows a service referral or treatment plan that addresses the most critical issues first.

- ☑ The multidisciplinary teams in Kern and Stanislaus meet daily to discuss who will conduct the assessment for each referral and treatment plans for those needing services. When there is sufficient information from the referring source this allows for a targeting of the assessment to the most appropriate team member thus eliminating unnecessary steps.

Summary

Methods of Identification

Self-disclosure – Counties used social marketing, informing participants about services, encouraging CalWORKs staff to spend time with participants to build more trusting relationships, and having specially trained CalWORKs staff to deal with those with suspected AOD/MH/DV issues to encourage self-disclosure. Survey results from DSS supervisors suggest that policies to inform participants about AOD/MH/DV services are not uniformly implemented. This is of particular concern to DV where only about half of a set of participants receiving DV services said they had been told about the Family Violence Option by CalWORKs staff.

Screening – Of the six case study counties, only Los Angeles has made use of formal screening questions for AOD and MH with a required assessment if the screen is positive. Approximately five percent of those screened in Los Angeles answered "yes" to one of the questions, with MH positive screens roughly two and a half times more frequent than AOD.

Training of CalWORKs Staff

All six counties trained eligibility workers and employment counselors regarding AOD/MH/DV. The number of hours of training ranged from roughly two hours for each issue area in one county to nearly 20 hours for each issue area in another. In general, both eligibility workers and employment counselors reported that the trainings were helpful 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.

Settings in Which Identification Efforts Occur

CalWORKs offices and personnel – All six case study counties focused most prominently in their identification strategies on eligibility workers and employment counselors. Across the six counties surveyed, 87 percent of the employment counselors and 35 percent of the eligibility workers reported making at least one referral within the last three months. However, a small proportion of these workers made a large proportion of the referrals – the top 20 percent made roughly 50 percent of the referrals. Two major barriers to eligibility workers and employment counselors making more referrals are large caseloads and not feeling comfortable with or prepared to deal with AOD/MH/DV issues. For the employment counselors there is a direct relationship between the reported level of comfort and preparedness and the reported number of referrals.

Other sites frequented by CalWORKs participants – The chance of identification of an AOD/MH/DV barrier is enhanced where the staff has a lot of contact with CalWORKs participants, for example those who run Job Clubs, run training programs, or supervise work-sites. Enhancing referrals from these sources will require providing training in AOD/MH/DV issues for these staff and developing referral protocols. One county – Alameda – has actively engaged in "case finding" in the community. While Alameda's initiative is too new to evaluate, developing referral relationships with those who have contact with CalWORKs participants – such as health clinics, child care centers, WIC programs – appears to be a sensible strategy.

"Back door" referrals from AOD/MH/DV service providers – A majority of CalWORKs eligibles who are receiving AOD/MH/DV services do so without those services being a part of the participants' official Welfare-to-Work Plan. The six counties have made varying levels of effort to identify these individuals and the three issue systems (AOD, MH, and DV) face different barriers to doing so.

Structure and Use of Co-location

Five of the six case study counties used AOD, MH, and/or DV staff co-located at CalWORKs sites, but the function of the co-located staff did not follow a single pattern. The most expansive role for co-located staff involves full-time staff who attempt to integrate into CalWORKs culture, make routine presentations to groups of CalWORKs participants, make periodic presentations to CalWORKs staff, handle participant "emotional" crises, and do assessments immediately on-site. About three quarters of the surveyed eligibility workers and employment counselors who knew about the co-located staff indicated that their presence was helpful, but between 30 and 50 percent of the eligibility workers in two of the counties using co-location were unaware of co-located staff.

Special Issues Regarding Special CalWORKs Subpopulations

Exempt participants – Some of the case study counties are reviewing CalWORKs participants who are exempt from Welfare-to-Work requirements because of a disability for possible SSI eligibility and for receipt of services for AOD, MH, and DV issues. AOD/MH/DV services to

participants who are exempt from WTW are not currently reimbursable through the CalWORKs AOD or MH allocations, but other sources of funding are available.

Sanctioned participants – Some of the six case study counties are developing special efforts to intervene during the sanctioning process, or even after a sanction has been applied, to determine why the participant is not complying with CalWORKs requirements. Attempts at inclusion of AOD, MH, or DV expertise in these efforts are just beginning.

Assessment of Individuals Needing AOD/MH/DV Services

Characteristics of assessment in the six study counties – All six counties included a separate assessment step in the AOD and MH referral process. Four of the six created a separate organizational unit to conduct the CalWORKs AOD or MH assessments. Since drop-off in attendance rates at the assessment step ranged from 28 to 42 percent, each county needs to weigh the benefits of the separate assessment step against the likelihood of drop-off. The use of an intermediate assessment step is much less frequent within the DV system.

CalWORKs staff perception of assessment processes – While most employment counselors (73 percent) were very or moderately satisfied with the ease of making referrals, a smaller number (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 got from AOD/MH/DV professionals about the assessments and/or services. Considerable work still needs to be done in making assessments more timely and in ensuring that the results are communicated back to the referral source.

Overall, the six study counties have made substantial progress at implementing their initial strategies for identification and referral based largely on the CalWORKs eligibility workers and employment counselors, and have at the same time broadened the scope of their efforts beyond this targeted referral source. The next chapter describes the counties' service systems for those CalWORKs participants who received AOD, MH, and/or DV services.

CHAPTER III: THE ORGANIZATION OF AOD/MH/DV SERVICES

This chapter describes the ways in which the six counties have organized their provision of AOD, MH, and DV services to CalWORKs participants. It addresses the following issues:

- The composition and role of designated CalWORKs integrated teams
- Utilization of existing networks of service providers
- Development of new or expanded services
- The relationship of AOD, MH, and DV services to employment services
- Service structures not yet tried

The Composition and Role of Designated CalWORKs Integrated Teams

AOD and MH staff were included in an integrated team in four of the six counties. In only one was DV also included. Given the overlap of the three issues (AOD, MH, DV) within the CalWORKs population, creating special integrated teams is an approach with merit. But it is important to understand the variations in the ways the teams have been organized and the scope and duration of their roles. Teams vary in composition, location, type and duration of services offered, and when and under what circumstances referrals are made to the rest of the service system.

As can be seen from the tables below, some counties designed their overall service approach so that services would be provided almost exclusively by a designated CalWORKs integrated team, while others planned to use the existing service system once CalWORKs clients were identified. The teams with the broadest responsibility in terms of the scope and duration of services are in Kern, Monterey, and Stanislaus. In all of these cases, the specialized team provides the vast majority of the services for the clients, continuing to do so for as long as the client needs the services.

In two of the counties – Alameda and Los Angeles – the specialized teams are used only for identification, with actual services provided by the usual systems of care. Shasta is in the middle with the specialized team providing short-term MH services, but only doing assessment and referral for participants with AOD problems.

Characteristics of Designated CalWORKs Integrated Teams

County	Composition of Team	Location of Team	Types of Services	Duration	Referral
Alameda	AOD and MH	County-wide	Outreach, brief case management, referral	Short-term	All identified clients are to be connected to regular service system
Kern	AOD and MH	In Bakersfield only	Assessment, counseling, case management, groups, vocational	Can be long-term	▪ All MH services provided by team ▪ Some referrals for AOD services
Los Angeles	AOD and MH (planned)	Assessment sites throughout county	Assessment	Short-term	All assessments designed to lead to referrals to regular service system
Monterey	AOD and MH	County-wide	Assessment, counseling, case management	Can be long-term	Referrals only when the team cannot provide a needed service
Shasta	AOD and MH	In Redding only	Assessment, short-term MH counseling	▪ AOD is assess-ment only ▪ MH can be up to six sessions	▪ All AOD referred to regular service system ▪ Target population MH referred immediately to regular system; those needing more than the 6 sessions will be referred at that point
Stanislaus	AOD, MH, and DV	In Modesto only	Assessment, counseling, groups including DV, case management, AOD day treatment, classes (parenting, depression, anxiety)	Can be long term	▪ Referrals only when the team cannot provide a needed service ▪ If in existing care, BHS will monitor attendance & progress

Issues to Consider in the Development of a Designated CalWORKs Integrated Team:

- ☑ **What staff and scope of services to include** – The more staff with different expertise, the broader the services that can be offered under the rubric of the team. But the broader the role for the specialized team, the more pressure there may be from existing providers to "pass on" more clients.

- ☑ **Where to locate the services** – Co-locating the team at the welfare office can ease referrals but can make it more difficult for some clients to attend ongoing services (depending on the location of the welfare offices) and can make it more difficult for clients to distinguish the services from the welfare system – which may help allay the distrust of CalWORKs participants.

- ☑ **How much cross-training of staff to do** – The more staff are expected to work across service systems, the more experience they will have had either working directly in the other system or at least closely with it. The labor market for AOD/MH/DV professionals will impact these decisions. Given the booming economy, finding clinicians with background in more than one of these domains, especially who match the ethnic and linguistic make-up of the CalWORKs population, is very difficult – and harder in some counties than others.

- ☑ **How to manage line reporting and discipline-specific supervision** – Staff within the team may have a dual reporting relationship – one to the supervisor of the team and one to a supervisor within her discipline who may or may not be a member of the team.

Promising Practices in the Use of Designated CalWORKs Integrated Teams:

- ☑ Stanislaus has a specialized StanWORKs integrated team that includes not only MH and AOD staff, but also a DV expert and a DSS staff person. The DV staff member works for the local DV agency, but spends 80 percent of her time (paid for by DSS) as a member of the integrated team. The daily presence of the DV expert in the team leads to a heightened appreciation and knowledge of DV issues on the part of the other team members. The presence of the DSS staff person has the potential to facilitate issues between the team and DSS and to heighten the team's understanding of the StanWORKs rules and regulations.

- ☑ Monterey has cross-trained its specialized integrated team members so that they can assess clients for both MH and AOD issues. This creates a simpler system for the client and ensures that, to the extent possible in an initial assessment, the most pressing issue will be identified.

- ☑ The Kern County specialized integrated team is located within the vocational unit of the Behavioral Health Department. This has heightened the awareness on the part of the team members of the need to focus on employment issues from the very start of treatment planning. It has also facilitated the development of vocational related services provided by the specialized integrated team.

- ☑ The staff of the Monterey and Kern programs are trained and equipped to provide case management services to those clients who need this service. The staff report that some of the clients require a significant amount of case management services to resolve housing, benefits, legal, childcare, and other issues before they can have sufficient stability in their lives to fully benefit from the AOD or MH services.

- ☑ The MH staff in Shasta, the EAP staff in Monterey, and the assessment staff in Kern also carry a caseload of CalWORKs clients who can benefit from short-term individual counseling. This minimizes the transfers from one provider to another and facilitates engagement of clients who may need just a few sessions. Clients needing more than this level of service are referred to the regular MH system of care.

Utilization of Existing Networks of Service Providers

This section explores the different ways in which the existing service providers within the AOD, MH, and DV systems have been incorporated into the new CalWORKs program. The term "existing providers" encompasses both county-operated, county-contracted, and independent community based organizations (CBOs). The MH system in the State is a mix of county-operated and county-contracted programs. Most of the AOD programs are county-contracted, and most of the DV programs are independent CBOs.

There has been variation among the counties depending on their systems of care at the beginning of CalWORKs. And there are differences among AOD, MH, and DV based on traditional ways in which services have been organized within these disciplines in California counties. As noted below, the systems had differing levels of experience in serving the CalWORKs population and different expectations about the funds that might be available to them through the state allocations.

Existing AOD services – A sizeable number of AOD providers have experience in serving CalWORKs participants and other low-income women with children, particularly since the addition of the perinatal substance abuse programs were funded in California. Pressure from existing providers to receive some of the allocated AOD and MH funds has varied by county, but has generally been more intense from AOD providers. The AOD system has had scarce resources, particularly for this population. Providers viewed the AOD allocation as a means to expand their service system to accommodate more clients. When clients did not appear in any significant numbers, providers in some counties exerted political pressure to encourage the county-operated system to "pass on" more clients to them rather than serving them in county-operated designated CalWORKs teams. Accommodations have been made in the CalWORKs structure to either allow for the direct referral from assessment to AOD providers or to exit clients from initial AOD services provided by the designated CalWORKs team to programs provided by existing providers. These arrangements are still under development in a number of the counties. [1]

Existing MH services – The situation is different for MH. Because of a shortage of funds, the California county-operated and contracted MH system has increasingly narrowed the scope of clients it could serve to a "target population" defined as those with serious and persistent mental illness and those others in an acute crisis. As a consequence, many of the existing MH organizational providers have had little experience with the CalWORKs population. There has been a private practice network of MH providers who have served this clientele (through pre-Phase II FFS), but with a very limited range of services – essentially individual or group counseling and medication prescribing and monitoring. Thus, the existing MH providers are in

[1] In one county, for example, the existing providers do not provide transportation, while the designated CalWORKs team does. The team is concerned that the transition of the clients won't work unless the existing providers are able to expand their service mix to include transportation.

many ways less equipped to offer CalWORKs participants appropriate services than are the AOD and DV providers.

The capacity of the existing MH providers to expand and/or alter their services to meet the needs of these clients varies by county. In some counties, for example Kern and Stanislaus, contract providers outside of Bakersfield and Modesto have expanded their service array to provide services to this population. In Los Angeles where there are no special designated CalWORKs teams or units, the existing county-operated and county-contracted organizational providers are augmenting their service array to accommodate the needs of these clients and some providers designate specialized CalWORKs staff.

Existing DV services – A sizeable portion of the clients served by DV programs, particularly in their shelters, are low-income women who choose the shelter in part because of a lack of resources to obtain other safe housing alternatives. DV programs in Los Angeles and Alameda viewed the contracts as allowing them to expand both the types of services offered and the numbers of clients served. For the most part, the clients they have seen have come to them through their usual channels with the programs in both counties reporting very few new clients from DSS referrals.

Roles of Designated CalWORKs Integrated Teams and Existing Providers

County	Services Provided by Designated Team	Use of Existing AOD and MH Providers
Alameda	Outreach and case management until connected to regular provider	All AOD and MH services
Kern	Almost all AOD and MH within Bakersfield	▪ Areas outside greater Bakersfield ▪ Selected AOD providers within Bakersfield
Los Angeles	None	All AOD and MH services
Monterey	Almost all AOD and MH	Minimal
Shasta	Short term MH	▪ All AOD services ▪ Long-term MH services ▪ AOD and MH services outside Redding
Stanislaus	Most of the AOD, MH, and DV within Modesto	▪ Some AOD and MH services within Modesto ▪ AOD and MH services outside Modesto

Issues to Consider in Determining the Use of Existing Service Providers:

- ☑ ***Providers' experience in serving CalWORKs populations –*** How experienced the existing providers are in serving this population. What is their track record with this population? Do they have enough adequately trained staff?

- ☑ ***The extent to which existing providers can adjust their usual programs to meet the needs of the CalWORKs population –*** Even where existing providers have experience with the CalWORKs population, they may not have the range of program components nor the orientation that would be useful with those CalWORKs participants referred from DSS. For example, not all AOD providers have the capacity to provide direct transportation or to do direct-service-oriented case management. Nor do most AOD or MH programs do much outreach to try to engage or keep engaged clients who do not show up or who drop out. Existing providers need to be willing to make accommodations such as these if they are to be successful with this population.

- ☑ ***The extent to which existing providers can offer the types of needed programs under the reimbursement system –*** Are providers paid to offer the kinds of services needed, i.e. do the payments cover time spent in needed collaboration with the welfare system, for any added paper-work, for a higher rate of no-shows? Is there enough up-front funding for start-up while census grows? If existing providers are going to be expected to serve this population, they have to be offered a reimbursement system that covers the cost of many no-show appointments and that covers the cost of outreach and case coordination that is needed with these clients.

- ☑ ***The relative costs and benefits of creating newly designated CalWORKs services –*** A separate CalWORKs designated service may be deemed the most appropriate, but may not be cost effective in areas where the number of CalWORKs clients is not sufficient to cover the infrastructure cost of creating such a service. We saw in two of our counties most committed to designated CalWORKs teams, a reliance on existing providers in outlying geographical areas in which the creation of such a special team did not make economic sense.

- ☑ ***The political situation in the county –*** In some counties existing providers, particularly within the AOD field, have a strong stake in obtaining increased service volume and revenue from the separate CalWORKs allocation.

Promising Practices in the Use of Existing Providers:

- ☑ Kern established a designated CalWORKs team to accommodate most of the needs of the CalWORKs clients. As the program has evolved, more of the AOD clients are being referred to traditional providers at some point in the course of their treatment in order to both address the expectations of the providers for additional clients and to accommodate the growing caseload of the designated CalWORKs team.

- ☑ Both Kern and Stanislaus have contracted providers outside their major cities (Bakersfield and Modesto). These contract providers provide a range of services to all clients with MH or AOD needs in their geographic regions. They have as a consequence taken on the responsibility for serving CalWORKs clients as part of their general service contracts. Both counties are beginning to have their designated CalWORKs teams work more closely with the outlying teams to create a more uniform system of service countywide.

Development of New or Expanded Services

In addition to the designated CalWORKs integrated teams, counties have developed new and/or expanded services. Such development has occurred largely in the AOD and DV arenas.

The two counties that rely entirely or almost entirely on the existing providers – Alameda and Los Angeles – have funded increased capacity within those existing providers. The other counties have expanded existing capacity as needed to fill the gaps that could not be accommodated by the designated CalWORKs teams' services.

Existing Services and New/Expanded Services

County	New or Expanded Services
Alameda	Full range of services under DV contracts; addition of employment staff to DV programs
Kern	Added more capacity in AOD residential treatment program for parents and children
Los Angeles	▪ Two new MH services in the planning stages: transitional youth and women leaving jail ▪ Full range of services under DV contracts including taxi service and monitored visits ▪ Department of Mental Health utilizing its children's agencies to work with CalWORKs families
Monterey	New 52-unit clean-and-sober transitional housing
Shasta	▪ Expansion of AOD day treatment program to include women with older children and addition of a component focused on parenting and self-sufficiency issues ▪ Educational and support groups provided by DV agency
Stanislaus	▪ 18-bed expansion of county-run AOD residential program ▪ Employment counselor added to AOD day treatment program ▪ Contracts with two clean-and-sober transitional housing programs ▪ DV employment staff ▪ AOD outpatient and day-treatment programs

Issues to Consider in the Development of New or Expanded Service Development:

- ☑ What gaps in the service array can these new CalWORKs funds help to fill?
- ☑ What program capacity constraints can be addressed with new CalWORKs funds?
- ☑ Can the new CalWORKs funds be leveraged with other funds to create new services or expand existing services?

Promising Practices in Developing New or Expanded Services:

- ☑ Monterey's Behavioral Health Department entered into an MOU with the local Housing Authority and a private AOD provider to rehabilitate housing units at Fort Ord, the closed military facility, for use as transitional housing for CalWORKs women needing a clean-and-sober living environment.
- ☑ Stanislaus contracted with Catholic Charities for bed-days in two clean-and-sober transitional living homes for CalWORKs women and their children needing an aftercare program.
- ☑ Stanislaus funded an employment counselor to work at the AOD intensive day-treatment program to better incorporate an employment focus in its program.
- ☑ Two counties – Alameda and Stanislaus – have funded specific vocational positions within DV programs to focus on employment.
- ☑ The Los Angeles DV contracts all contain a full range of services that CalWORKs women might need including legal services, legal advocacy, case management, day services, and counseling.
- ☑ The Kern County Behavioral Health Team is making a number of referrals for mental health services for the children of the parents they are serving through CalWORKs.
- ☑ The Los Angeles MH administration has assigned the CalWORKs project jointly to child and adult system managers in order to foster joint services focused around the needs of an entire family.

The Relationship of AOD, MH, and DV Services to Employment Services

Employment Focus to AOD/MH/DV Services Funded by CalWORKs

The rationale for providing AOD/MH/DV services with CalWORKs funds is that without the services the participants would be unable to make the transition from welfare to employment. The AOD, MH, and DV services provided through CalWORKs are designed to overcome barriers to employment. This vocational component to the AOD, MH, and DV issues created issues for the provision of services that needed to be addressed. Service providers came to the

program with different levels of experience in incorporating an employment focus in their services' approach.

AOD – Some AOD programs provide employment services. Treatment programs, especially residential programs, often include employment services and a requirement for work towards the end of the treatment episode. Treatment programs that include a focus on the client's ability to function well in daily life are also likely to include the ability to function within a job setting as a primary goal of treatment.

MH – County-funded MH providers have provided employment services in recent years, but only to clients who are seriously mentally ill. This experience is relevant to the extent that clinicians learned to set functional employment-related goals for clients and to value the importance of work in their clients' lives. But they had no direct experience working on employment issues with the CalWORKs population. The FFS private providers who have served the CalWORKs population in the past have no experience in providing services with an employment focus.

DV – DV programs have provided very little in the way of employment services. They do counsel clients about how to handle efforts of an abuser to disturb their employment situation, and they may have worked with local employers around general safety issues for female employees. But they do not generally have the skills to work with clients around getting jobs.

> ***Example of the issue –*** Here is a question that the CIMH Welfare Reform Project received that articulately states the issue confronted by existing MH providers:
>
> "As the mental health agency providing treatment to the CalWORKs clients, we are having a difficult time defining what symptoms or behaviors are interfering with the client's ability to work. Our staff tend to treat the client like any other consumer, that is assessing, diagnosing, and treating the identified mental health problem. There is virtually no timeline or goal that would identify when the client is ready for inclusion in work-related activities. Is there something you might suggest so that my staff and I can get a better handle on how to address this in treatment?"

Approaches to Developing Employment Focus in AOD/MH/DV Services

Thus, all three service systems faced special issues in figuring out how to ensure that the services they delivered maintained a focus on alleviating problems so that the participant could find and maintain employment. Attention to this facet of the program was more apparent in our second round of site visits than the first. Two general approaches to incorporating an employment focus in services seemed to be developing in some of the counties by the time of our second round of site visits:

> ***Approach 1 –*** The first approach has been to *enhance coordination with the employment component of CalWORKs.* This means changing the traditional approach of serving the client in isolation from the rest of CalWORKs and returning the client to the WTW system

when s/he is ready to work. Instead, the AOD/MH/DV service provider engages with the DSS employment counselor and any other relevant WTW staff (e.g. work site supervisors, training sites) to deal jointly with the issues that are barriers to employment. This assists the AOD, MH, DV staff to better understand how the issues they are addressing with the client are relevant within a work context. And it allows staff who are responsible for promoting employment to better understand the special needs of the participant. This approach is implemented through enhanced communication during the course of AOD, MH, DV services and through joint case conferences – both of which are time intensive but which should make the special services more useful to the client.

Approach 2 – The second approach has been for the *AOD, MH, DV programs to develop more employment services themselves.* As noted above, the three different services have varying levels of experience in doing this, particularly with this specific population.

Employment-Related Services in Each County's AOD/MH/DV Programs

County	Employment-Related Services Provided	Co-ordination with Regular Employment Services
Alameda	▪ DSS contract with an AOD provider for addition of a vocational specialist to provide vocational services concurrently with treatment ▪ DV contractors funded for an employment staff	
Kern	Specialized integrated team located within the employment unit of behavioral health department	
Los Angeles	[2]	County ADP staff support better co-ordination with existing employment services rather than programs developing their own services
Monterey		▪ EAP and DV contractor staff attend joint case conferences with DSS ▪ DV social worker works with employment services to assist DV survivors engage in work-related activity
Shasta		The BHT does not provide any employment-related services itself
Stanislaus	▪ DV program has a special grant that will include employment-related services ▪ Specialized integrated team will not duplicate employment-related services available within CSA	

[2] Since the last Project site visit, Los Angeles Department of Mental Health has incorporated specialized vocational/ employment services for CalWORKs participants receiving mental health services as part of their treatment plan. These services are provided by trained mental health vocational/employment staff.

Approach 3 – An approach which has not been used to any great extent is to add AOD, MH, and/or DV expertise to existing employment-related services. One agency that has employment-related contracts in Alameda has developed liaison relationships with a CBO that provides AOD and MH services, but this is a separate relationship that is not supported by the set-aside CalWORKs AOD or MH allocations. This is a model that may be worth further exploration since it provides the benefit of an integrated program model placing the emphasis on the potential multiple other barriers to employment that may be better addressed by employment-related agencies.

Issues to Consider in Developing the Employment Component of Services:

☑ ***How much to encourage AOD, MH, and DV providers to develop and offer their own employment-related services –*** Most AOD, MH, and DV programs lack the employment staff to design and operate a first-rate employment program, so there needs to be staff augmentation if this kind of service is to be provided. The advantages are as follows:

- All services can be integrated making it easier for the client to become and stay engaged.
- It is easier to deal with any AOD, MH, or DV issues that emerge once employment begins, and to deal with the employment consequences of AOD relapse, recurrent MH problems, or continued domestic violence.
- It allows special job development activities designed for clients who may need ongoing accommodation to their AOD, MH, or DV issues.

☑ ***How to ensure co-ordination with the rest of the client's WTW Plan –*** The minimal level of co-ordination is to ensure that paperwork flows back and forth. In our site visits we heard complaints from both sides (the service providers and the employment counselors) that they do not hear back in a timely fashion about what is happening with the client. This minimizes the overall effectiveness of any AOD, MH, or DV services that are provided. While time consuming, joint conferences ensure that all participants in the WTW plan are on the same page.

☑ ***How to provide AOD, MH, and/or DV services to employment-related programs that have significant contact with the participant –*** As noted above, this is a model that has not been used much yet. Where there are training programs or work sites where participants spend significant amounts of time, adding the MH, AOD, DV support services within that setting may be a strategy worth trying.

Promising Practices for an Employment Component to Services:

- ☑ Kern is the only one of the six counties to actually locate their specialized integrated CalWORKs team within the employment unit of their Behavioral Health Department. The managers of the program therefore have experience in integrating employment-oriented rehabilitation services with more traditional clinical services. While the unit does not have prior experience with the CalWORKs-type client, the overall orientation of the program has an employment focus.
- ☑ The joint case conferences that occur in Monterey and Stanislaus are a useful way for the AOD, MH, and DV service providers to assist in the overall plan for obtaining and retaining employment. They can share their views on when and what type of work-related activity is most appropriate for the client, and can learn from the welfare side the types of work activity that has been problematic for the client.
- ☑ Residential AOD programs in Shasta and Stanislaus place much emphasis on employment as part of the long-term recovery effort after treatment.
- ☑ An AOD process group in Kern has transitioned into a skills-building group with a greater focus on what is needed for employment.

Service Structures Not Yet Tried

Addressing multiple barriers within one program – There is strong evidence that the *number* of barriers to employment is a good predictor of the difficulty in obtaining and retaining employment.[3] Programs in other states and other counties have been designed specifically to address AOD, MH, and DV issues within the broader context of overcoming other multiple barriers. The most noteworthy for California are the programs in the DSS-funded Employment Readiness Demonstration Project.[4] These programs are identifying individuals with multiple barriers and providing integrated services that address each of the barriers. Ideally, the employment counselor acts as a broker of services within the general CalWORKs model, bringing together into a single plan all service components needed by that participant to become

[3] *Barriers to the Employment of Welfare Recipients.* Sandra Danziger, Mary Corcoran, Sheldon Danziger, Colleen Heflin, Ariel Kalil, Judith Levine, Daniel Rosen, Kristin Seefeldt, Kristine Siefert and Richard Tolman, University of Michigan. April 1999. Available on the web at: http://www.ssw.umich.edu/poverty/pubs.html

[4] The Applied Research Center at California State University, Bakersfield is conducting a research program designed to identify CalWORKs participants with multiple barriers and assess the effectiveness of programs designed to address multiple barriers. CalWORKs participants who agree to participate in the study undergo a fairly extensive screening process. The initial report is due in March of 2000.

employed. In this alternative model the services are designed to be provided within a single program site rather than just being coordinated. These are models worth following.

Adding an AOD, MH, and/or DV specialist to a DSS case manager or service team – Models in other states incorporate the AOD, MH, and/or DV specialist with DSS staff who intervene more intensively for participants who have multiple barriers or who are difficult to engage in other ways. The establishment of the AOD and MH allocation in the CalWORKs legislation as money that would flow to the county department for distribution to county or county-contracted programs made this approach less likely to arise. We will track in the next stage of the study those efforts in some counties – such as Stanislaus – to hire expertise within DSS to work with some of their more difficult cases.

Summary

Designated CalWORKs Integrated Teams

Four of the six case study counties developed some type of special CalWORKs team as a key part of their service delivery system for CalWORKs participants. Each team had AOD and MH staff, but DV staff were included in only one county. All teams played a role in assessment, but how much ongoing service they provided varied by county and issue area.

Utilization of Existing Networks of Service Providers and New or Expanded Services

Existing AOD and DV providers have traditionally served welfare recipients. The county-based MH system has not (in the last two decades). The AOD system has had the tightest funding capacity. As a result, the ability and the capacity of the existing providers to absorb the CalWORKs population varied as did the expectations of existing providers about the possibility of additional clients funded through CalWORKs. Each county has been evolving the policies and practices for the relative role of designated CalWORKs county teams vis à vis existing providers.

Besides the designated CalWORKs integrated teams, new or expanded service development has occurred largely in the AOD and DV arenas. AOD residential services and clean-and-sober living environment capacity were added in three counties. Two of the counties that contracted directly with DV providers funded a wide range of DV services.

Relationship of AOD, MH, DV Services to Employment Services

The AOD, MH, and DV services provided through CalWORKs are designed to overcome barriers to employment. Only some AOD providers have had prior direct experience in working on vocational issues with CalWORKs clients. So there has been a steep learning curve for most of the AOD, MH, and DV providers.

Two general approaches to incorporating an employment focus into services are being developed in the six counties. One is to have the AOD, MH, DV services retain a traditional focus while expanding the effort at coordinating with the employment component of CalWORKs. The other approach is to alter the traditional AOD, MH, and DV service approaches to incorporate more employment services.

Overall, all six counties are developing new service systems to accommodate the unique needs of CalWORKs clients who need not only the traditional expertise of the AOD, MH, and DV fields, but also a focus on employment – all within a short time frame. The next chapter includes information about the clients that are being served and the impact so far of those services.

CHAPTER IV: CLIENT CHARACTERISTICS AND THE IMPACT OF AOD/MH/DV SERVICES

This chapter discusses the level of services provided compared with estimates of services needed; presents information on the characteristics of CalWORKs participants receiving AOD, MH, and DV services; and examines the effectiveness of AOD/MH/DV services in the study counties. We also discuss varying views of the coordination between CalWORKs staff and AOD/MH/DV service providers.

Sources of Information

The data to exhaustively address these issues is not yet available for the State as a whole. Thus, our six-county study provides much of the information used to examine the topics of CalWORKs client characteristics, prevalence of AOD/MH/DV issues, and effectiveness of services as delivered to CalWORKs participants. The three data sources are:

County AOD and MH management information systems (MIS) – The data include information about the clients and services that were funded by CalWORKs, as well as those CalWORKs recipients who were funded through other sources. We have reviewed the information in relationship to available state data and for internal consistency, but have not conducted any extensive edits of the information. We have included data only for those counties and in those sections where the Project staff and the particular county officials believe the data are reliable.

The provider survey of the sample of AOD, MH, and DV clients who were discharged from services [1] **–** The sample for this survey includes 231 clients in AOD programs, 163 clients in MH programs, and 74 clients in DV programs. As described in more detail in **Appendix A**, this sample comes from four counties for AOD and MH (Kern, Los Angeles, Shasta, and Stanislaus) and from two counties for DV (Los Angeles and Stanislaus). This survey provides information about clients that is not available from the MIS data and thus is used to supplement the MIS information.

The survey sample of 593 clients currently receiving AOD, MH, and DV services – Survey forms were distributed to current clients of AOD, MH, and DV providers in four of the six counties (Kern, Los Angeles, Shasta, and Stanislaus). An effort was made to construct the sample within each county to include clients from all or most of the larger service providers. The sample included clients who were receiving CalWORKs cash assistance whether or not they were a part of the county's "official" AOD/MH/DV CalWORKs program, i.e. whether or not they had been referred from CalWORKs, whether or not the CalWORKs program even knew that they were

[1] The AOD sample includes some clients who are receiving methadone maintenance services and therefore have not been discharged from services.

receiving services, and whether or not their services were being paid for from the AOD or MH allocations. Completion rates ranged from 50 to 97 percent.

Numbers of CalWORKs Participants Receiving Services for AOD/MH/DV Issues

Issues in Estimating CalWORKs Participants in Need of AOD/MH/DV Services

To achieve an accurate enumeration of CalWORKs participants who are receiving AOD/MH/DV services, and in order to make reliable estimates of the potential needs for such services among the CalWORKs population, several elements of the associated phenomena must be understood. These elements include:

- ***Prevalence –*** Is prevalence higher in the CalWORKs population than overall? Is the prevalence different for persons who have received aid longer? Does the prevalence vary substantially by county? How much overlap is there between persons with AOD and DV and MH issues? Each of these factors bears on whether an appropriate number of clients with AOD/MH/DV issues is being served. None of them is well understood.

- ***Severity –*** Prevalence figures vary widely depending on how severe a problem must be to constitute a "case." However, even mild problems might constitute a barrier. For example, given widespread drug testing by employers, even non-dependent marijuana use could be a barrier to employment.

- ***Interdependence with other barriers –*** Several studies have shown that AOD/MH/DV issues may occur in conjunction with each other or with other barriers such as poor health, lack of a high school degree, and learning disabilities. Since it may be the *combination* of factors that constitutes a barrier, prevalence itself may not tell the whole story.

- ***Issues of cause –*** We usually assume AOD or MH problems contribute to welfare use. However, there is some evidence that depression is a concomitant of receipt of welfare, and lifts when women are enrolled in training or get a job. In the former case, treatment is needed; in the latter, a job.

- ***Interference with job performance –*** National studies have shown that 5 percent of the workforce has used illicit drugs in the past year, and one percent are dependent on them. Other studies show that 70 percent of drug users are employed. In the general population, only about 25 percent of persons with a mental health or substance abuse diagnosis receive treatment. The relationship of AOD/MH/DV issues to employment is complex.

- ***Use of services –*** Clearly not all those in need of services seek them out, or accept them even if needed. All three issues – AOD, MH, and DV – are to some extent stigmatizing for those who acknowledge their existence and seek services for them. And some persons, particularly those with AOD issues, may deny their existence and therefore not accept offered services. What impact requiring AOD services as a part of a WTW Plan has on the use of services is an unknown factor, i.e. we do not know how many participants will accept services as opposed to accepting a sanction.

Because the research needed to clarify many of the above questions in the CalWORKs context is only beginning to be published, county programs have had to proceed using their own best judgment. One of the factors that they have used was the initial State estimates of need and service use.

State-level Estimates of the Need for AOD/MH/DV Services among CalWORKs Population

The legislation that established a separate allocation for CalWORKs participants with AOD/MH/DV barriers was based on estimates from State and county agencies. These estimates are presented to provide a context for the data from the six counties on the numbers of CalWORKs participants actually served.

The AOD estimates used for the statewide allocation assumed that 20 percent of the CalWORKs participants had a need for services, and that 30 percent of that group would actually receive services. This results in an overall estimated use rate of 6 percent.

The MH estimates used for the statewide allocation were based on prevalence figures from the Epidemiological Catchment Area (ECA) and other studies. It assumed an overall prevalence of 22.1 percent of the adult population having a diagnosable mental disorder. The MH estimate assumed that all those with diagnosable mental disorders would receive services – although as noted above, not all of the disorders would necessarily pose a barrier to work, and only about a quarter of those with diagnosable disorders in the general population receive treatment.

There was no state-level estimate for DV since there was no State allocation. Los Angeles provided substantial funding for DV programs for the CalWORKs population. The county based its funding level on an assumption that 10 percent of the TANF population would receive DV services.

Estimates of Need in Alameda County

A preliminary report of research findings from a 1999 study[2] on AOD and MH prevalence in Alameda County suggests that the possible range of "need for treatment" and "potential barrier" is broad, depending on the definition chosen. The following figures are based on structured interviews with CalWORKs recipients:

- ***Alcohol and other drugs –*** Depending on the definition, for between 4 and 12 percent of the Alameda sample (current recipients, not new applicants) alcohol was found to be a "potential barrier" to employment. For illicit drugs this amount was 7 to 12 percent. However, only 4.2 percent said that they had been in need of help with AOD in the past 12 months and only 2.1 percent said they currently needed treatment.

- ***Mental health –*** The overall rate of mental health as a "potential barrier" was 21 percent, which included the 2.1 percent who are currently prescribed psychiatric medicines (which they do not take) and 16.4 percent who said they had been in need of help with mental or emotional problems in the last 12 months.

- ***Domestic violence –*** There were several family violence indicators, including the 2.1 percent who said they currently needed family violence counseling and the 10.9 percent who said they had "ever" received such counseling. In sum, the indicators were construed by the researchers to indicate a range of 17 to 24 percent who had a "potential barrier" to employment due to domestic violence.

Overlap between AOD, MH, and DV was not described in the preliminary report nor were differences between those in the Welfare-to-Work program and those who expected to collect benefits only for their children (29 percent).

These preliminary findings illustrate two points: a) there is a range in the possible definitions of what constitutes "need for treatment" or a "barrier to employment," and the different definitions can lead to very different estimates; and b) the recipient's view of need may be lower than even the narrowest professional definition of need. If we use the participants' definition, then we would expect AOD and DV services to be *accepted* by around two percent for each group (disregarding any potential overlap). An equivalent figure is not available for mental health. The high end of the range for all three issues indicates, however, that attentive employment counselors and eligibility workers could potentially refer over twenty percent for assessment of behaviors that might constitute barriers, even though we might not expect all of these to wind up actually using services.

[2] Speigelman, R., Fujiwara, L., Norris, J., & Green, R. S. *Alameda County CalWORKs Needs Assessment: A Look at Potential Health-Related Barriers to Self-sufficiency.* Berkeley, California: Public Health Institute, 1999.

Estimates of AOD/MH/DV Issues by Employment Counselors

Employment counselors were asked in the survey what percentage of their caseload they thought had AOD, MH, or DV issues, and what percentage had services for these issues as part of their Welfare-to-Work Plans. The table below shows statistics summarizing employment counselor estimates. The range is very wide (1 to 100 percent for each category). The median is a more accurate representation since the mean (average) is skewed by a relatively few very high estimates. The last two columns are the 75th and 90th percentiles.

The estimates are highest for AOD issues. The median estimate for AOD problems was 10 percent, for MH problems 6.5 percent and for DV issues 5 percent. For AOD, 75 percent of the estimates are below 25 percent. For mental health, 75 percent of the estimates are below 15 percent. For domestic violence, 75 percent of the estimates are below 10 percent.

Employment counselors do not think that all those with AOD/MH/DV barriers to employment are being served. In each case, the estimates of those whose problems have been identified and services built into the Welfare-to-Work Plan are considerably lower than the estimates of participants who have AOD/MH/DV issues that are barriers to employment, that are still not being addressed.

The median percentages varied by county. In general, the larger counties tend to estimate much lower percentages of participants with barriers than do those in smaller counties.

Employment Counselor Estimates of AOD/MH/DV-Affected Participants

Variable	Number Responding	Median	Upper 75th Percentile	Upper 90th Percentile
Percent MH problems in caseload	288	6%	15%	30%
Percent MH service in W-to-W Plan	259	3%	10%	15%
Percent AOD problems in caseload	277	10%	25%	49%
Percent AOD service in W-to-W Plan	250	2%	10%	20%
Percent DV problems in caseload	279	5%	10%	30%
Percent DV service in W-to-W Plan	252	1%	5%	10%

Distinction between "Direct" and "Indirect" AOD and MH Clients [3]

Some of the material below is presented for two different subsets of the CalWORKs population who are receiving AOD or MH services. The distinction is based on the following:

- Those labeled "Direct" are clients specifically linked by the county to CalWORKs. In most cases they are funded through the CalWORKs allocations, and their AOD/MH/DV services are in their WTW Plans.

- Those labeled "Indirect" are clients identified as CalWORKs cash recipients through their Medi-Cal eligibility code, but not designated as CalWORKs clients. Usually that means other funding sources are billed, primarily Medi-Cal for MH and the block grant for AOD, and services are not in the WTW Plan of the individual.

Determining the Number of CalWORKs Participants Actually Served

Services funded through other sources – A significant number of AFDC recipients were receiving AOD, MH, and DV services through Medi-Cal or other funding prior to CalWORKs. After the implementation of CalWORKs, some CalWORKs grant recipients (called "indirect" in this report) continued to use these services *outside* the CalWORKs system; i.e. they accessed services by means other than a referral from CalWORKs and/or their services were not a part of their WTW Plan. There are several possible reasons why these services were not part of CalWORKs:

- They may not have been seen as barriers to employment, and therefore would not qualify as a CalWORKs-related service

- The client may not have wanted the DSS to know s/he was receiving AOD/MH/DV services either because of concerns about her/his cash grant, or about potential child welfare involvement, or because s/he had not yet signed a CalWORKs WTW Plan and so had not started the time clock

- The provider might have found billing CalWORKs more trouble than billing Medi-Cal or another funding source

- The client might have been exempt from CalWORKs Welfare-to-Work requirements

[3] We do not make this distinction for DV clients, since we have no independent source of information about those CalWORKs participants who might be receiving services that are not funded through CalWORKs dollars, or where the services are not known to CalWORKs. While there are certainly such persons, we have no way to track them.

AOD and MH system differences in tracking services delivered to "indirect" CalWORKs clients – The MH system should be able to provide accurate figures for the non-CalWORKs-funded clients, since virtually all of their services included Medi-Cal funding prior to CalWORKs, and continue to be funded by Medi-Cal if CalWORKs funds are not used. MH providers attend carefully to whether or not a client qualifies for Medi-Cal since they are able to bill Medi-Cal for their services. Thus, the county MH MIS can distinguish (through the particular Medi-Cal aid code) those clients who have been billed through Medi-Cal and who are AFDC/CalWORKs cash recipients.

Relatively few of the AOD services for CalWORKs participants are eligible for Medi-Cal reimbursement. The State data system has required providers to indicate whether clients are CalWORKs, and if so whether the services are part of the WTW Plan. But, for the most part, the provider's reimbursement is not tied to providing this information in a reliable or complete fashion, and so the data has been less than fully accurate for those that have not been funded through CalWORKs.

Because of these differences, not all counties provided us with AOD numbers for the "indirect" clients, and all advised us that the data for these clients might be understated.

Patterns in Delivery of AOD and MH Services to CalWORKs Participants

The total number of CalWORKs participants who received AOD and MH services increased from the first year of CalWORKs to the second. The two tables that follow portray the unduplicated numbers of CalWORKs adult cash recipients who received a single AOD or MH service during the first (partial) year of CalWORKs implementation, Fiscal Year 1997-98, and the first full year of CalWORKs implementation, Fiscal Year 1998-99. The figures are provided separately for the "direct" and "indirect" clients as well as for the total of the two.

The Legislature was concerned that the CalWORKs funds be used to expand services, not to supplant services funded through other sources. In all but one case (Shasta AOD) the total numbers served in Fiscal Year 1998-99 exceed that of Fiscal Year 1997-98, in some cases by a very wide margin.

Unduplicated AOD CalWORKs Clients (Direct and Indirect) Fiscal Year 1997-98 and Fiscal Year 1998-99

County	Fiscal Year 1997-98			Fiscal Year 1998-99			% Change in Total FY 1997-98 to FY 1998-99
	Direct	Indirect	*Total*	Direct	Indirect	*Total*	% Change in Total
Alameda							
Kern				107	3	*120*	
Los Angeles	149	NA	*149*	776	NA	*776*	+ 421%
Monterey	0	26	*26*	54	46	*100*	+ 85%
Shasta	106	310	*416*	119	124	*343*	- 18%
Stanislaus	0	353	*353*	168	302	*470*	+ 33%

Unduplicated MH CalWORKs Clients (Direct and Indirect) Fiscal Year 1997-98 and Fiscal Year 1998-99

County	Fiscal Year 1997-98			Fiscal Year 1998-99			% Change in Total FY 1997-98 to FY 1998-99
	Direct	Indirect	*Total*	Direct	Indirect	*Total*	% Change in Total
Alameda							
Kern	48	1,416	*1,464*	628	1,609	*2,237*	+ 53%
Los Angeles	0	4,771	*4,771*	1,043	9,062	*10,105*	+ 112%
Monterey	39	163	*202*	189	282	*471*	+ 133%
Shasta	NA	NA	*NA*	69	137	*206*	NA
Stanislaus	5	611	*616*	244	528	*772*	+ 25%

More CalWORKs AOD and MH clients are served outside the CalWORKs rubric than within it. The table above also shows that in almost all counties, for both AOD and MH for both fiscal years, there are fewer “direct” than “indirect” CalWORKs clients. All of the counties have tried to encourage providers and clients to include services in CalWORKs WTW Plans, although as noted earlier there can be multiple reasons why this doesn’t happen. Generally, the proportion of direct to indirect cases increased across the two fiscal years, suggesting a trend towards greater inclusion of the services in CalWORKs plans.

Percentages of CalWORKs Beneficiaries Receiving AOD and MH Services

The highest percentage of CalWORKs participants in any of the six counties who received an AOD service during Fiscal Year 1998-99 was 4 percent. The percentage of those receiving a MH service was 6.5 percent. These percentages were calculated by a method most closely comparable to the varying prevalence figures and estimates made by the State for the need for services, that was the basis for the AOD and MH allocations. The percentage was calculated as follows:

Numerator: Total unduplicated users of a service during the course of the year

Denominator: Total adult CalWORKs recipients during the course of the year.[4]

We have included the full CalWORKs caseload in the denominator since most estimates of the prevalence of issues and the need for services have been based on the full adult CalWORKs population.

The percentages must be interpreted with the understanding that we present the figures as a benchmark against which trends can be established. They should NOT be construed as indicators of how well counties are doing in their identification and referral efforts. There are two major reasons why the percentages may under-represent what the counties are accomplishing:

- The denominator includes some parts of the CalWORKs population who are NOT part of the Welfare-to-Work program, namely those that are exempt from Welfare-to-Work requirements. The CalWORKs efforts to identify participants having AOD and MH barriers was designed for those participants who were actively engaged in the Welfare-to-Work process. We recommend in this report that the focus be expanded to include the exempt population, but services for that population have not to this point been part of the effort. If the exempt population accounts for 20 percent of the CalWORKs population, the denominator would be reduced by 20 percent, and the overall service use rate would be increased by 25 percent; i.e., a 4 percent service rate would become a 5 percent service rate.

- The county Management Information Systems may be under-representing the number of clients, particularly those who are not funded by CalWORKs. We have cited reasons for that above, particularly for the AOD system.

[4] The data source used for the calculation of the denominator was the CA 237 which indicates the beginning cases each month; the terminations, transfers, and additions of cases each month; and the breakdown of adults vs. children. These figures were used to calculate an estimate of the total CalWORKs adults during the course of the year. The figure is probably too high, since it will count an individual who went off CalWORKs and returned that same year as two people. The percentages are thus biased on the low side.

Unduplicated AOD CalWORKs Clients as Percentage of TOTAL CalWORKs Beneficiaries

County	Fiscal Year 1997-98	Fiscal Year 1998-99
Alameda	NA	NA
Kern	NA	0.4%
Los Angeles	0.1%	0.3%
Monterey	0.3%	1.1%
Shasta	4.1%	4.0%
Stanislaus	2.3%	3.9%

Unduplicated MH CalWORKs Clients as Percentage of Total CalWORKs Beneficiaries

County	Fiscal Year 1997-98	Fiscal Year 1998-99
Alameda	NA	NA
Kern	4.2%	4.9%
Los Angeles	1.8%	4.3%
Monterey	2.0%	5.3%
Shasta	NA	2.4%
Stanislaus	4.0%	6.5%

The only data we have on DV service use comes from Los Angeles. A total of 4,217 CalWORKs recipients received services under the special CalWORKs contracts from the beginning of the program through June 1999. This translates into approximately 1.6 percent of the female adult CalWORKs population.

Characteristics of the Clients Being Served

Demographics of Clients Receiving AOD/MH/DV Services

Demographic barriers to employment – CalWORKs (direct and indirect) participants receiving AOD/MH/DV services in our six counties tend to be women of color, a majority of whom lack a

high school degree. Race, age, sex, and education can differentially affect chances of achieving economic independence. Persons of color face discrimination;[5] persons over age 35 are less likely to be hired for the entry level positions usually available to welfare recipients; women face pay differentials, are shunted to lower status positions, are less likely to have jobs with benefits and face difficulty arranging for time off to care for sick children;[6] and those without a high school diploma are often not considered by employers even for entry level.[7]

Available information from county MIS systems shows CalWORKs clients (direct and indirect) to be between 73 and 85 percent women. Race and ethnicity varied greatly by county, for the most part reflecting the make-up of the county as a whole. Thus, for example, 70 percent of the Los Angeles AOD clients are persons of color, while only 15 percent of Shasta clients are. (See the racial/ethnic breakout of all six counties presented in Chapter I.) Clients of AOD, MH, and DV services are generally young, with 3 to 10 percent being over age 45. Percentages of those not having finished high school ranged from 38% to 57%.[8]

Multiple demographic barriers – At least 80 percent of discharged clients in our survey sample had multiple demographic barriers to employment. Data on the discharged sample provided by AOD and MH program staff allowed us to determine the extent to which participants have more than one demographic barrier. We counted lack of high school degree or GED, non-white race/ethnicity, over age 36, and female as potential barriers. The table below shows, for our sample of 397 recipients in four counties, the number and percentage of clients who have one, two, three or four of these barriers. Only 4 persons (one percent) of the sample had none of the barriers, 18 percent had only one, 40 percent had two, 32 percent had three, and 10 percent had all four barriers. It is also apparent from the table that the samples differed considerably in the extent to which clients had multiple barriers. For example, 58 percent of MH clients in Los Angeles had at least three barriers, compared to none in Shasta, and only 11 percent in Stanislaus MH clients.

[5] "…Almost half of African-American women in a Los Angeles survey report having experienced job-related discrimination (Bobo, 1995)."

[6] *Explaining Trends in the Gender Wage Gap.* June 1998. A Report by the Council of Economic Advisers. http://www.whitehouse.gov/WH/EOP/CEA/html/gendergap.html

[7] Danziger: "Holzer (1996) surveyed 3200 employers about entry-level jobs available to workers without a college degree and reported that most jobs required credentials (high school diploma, work experience, references) that many recipients do not have."

[8] These ranges are from Los Angeles, Shasta, Stanislaus and Kern Counties. High school graduation is not available for Los Angeles AOD clients.

Percent of Persons in Sample with One to Four Demographic Barriers, by Sampling Group

Demographic Barriers	Kern AOD	Kern MH	L. A. AOD	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD	Stanislaus MH	Total N=397
Zero or one	46.3	23.1	10.0	4.8	66.7	53.3	33.3	22.2	18.6
Two	26.8	42.3	40.7	37.1	22.2	46.7	45.5	66.7	39.8
Three or four	26.8	34.6	49.3	58.1	11.1	0	21.2	11.1	41.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Extent of Multiple AOD/MH/DV Problems in AOD/MH/DV Service Population

Management information systems do not routinely record data that would clearly delineate the extent to which CalWORKs recipients had both AOD and MH issues. The closest indication from the MIS is a "dual diagnosis" among MH clients. There is a wide range in estimates of dual diagnosis from the MH MIS information resulting in part from the likely lack of completeness in completing the relevant data fields. In some counties, dual diagnosis comprised less than ten percent of MH service recipients. In one county, 23 percent of the direct CalWORKs clients in MH programs had a concurrent AOD problem, while 59 percent of the indirect CalWORKs clients also had an AOD problem.

More complete information on the co-occurrence of multiple issues was available from the sample of discharged clients in each county. Staff were asked to describe the "client's problem," circling all that were relevant from a list. Note that the question did not specify that the problem had been addressed in the service plan. Forty-three percent of the clients were rated as having only one problem, 37 percent as having two, and 20 percent as having three or more. There was substantial variation among the county samples, e.g., the percentages of the clients rated as having only one problem ranged across the county samples from 20 percent to 73 percent.

Some of the multiple problems were in the same domain, i.e. multiple mental health problems, but a sizeable number represented cross-system issues, e.g. an AOD and a MH problem. From 28 to 35 percent of the clients in MH programs were rated as also having an AOD problem. Similarly, for three of the AOD county samples, from 18 to 25 percent were rated as also having a MH problem (the fourth county AOD sample had 54 percent rated as also having a MH problem). Twelve percent of the total AOD and MH county samples were rated as also having a DV issue (ranging from zero to 47 percent).

Global Assessment of Functioning (GAF) Ratings of MH Clients

In mental health programs (but very few AOD programs), an overall assessment of the severity of symptoms and their impact on social functioning is made at admission and discharge from treatment. The GAF scale goes from 1 to 100, with scores over 70 indicating essentially normal functioning or situational problems. Descriptions of the most relevant categories are as follows:

- **60 – 51:** Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school function (e.g., few friends, conflicts with peers or co-workers).

- **50 – 41:** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

- **40 – 31:** Some impairment in reality testing or communication (e.g., speech at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

The following table shows the most recent outpatient GAF score for direct and indirect mental health clients in the two counties that reported them to us in a comparable format. In both counties, the indirect clients were more likely to be very seriously impaired than those referred from CalWORKs (direct).[9] In both counties, the number of clients with "mild" impairment was low, around ten percent or less. This was also true in Shasta County (not shown). Between 50 and 82 percent had scores of less than 50, indicating major impairment in one or more domains.

[9] This was not true in Shasta, however (not shown due to slightly different break points).

Global Assessment of Functioning Scores for CalWORKs Direct and Indirect Mental Health Clients

Most Recent Outpatient GAF Score in 1998-99	Kern		Los Angeles		Stanislaus	
	Direct (N=628) Percent	Indirect (N=1,609) Percent	Direct (N=1,001) Percent	Indirect (N=4,560) Percent	Direct (N=244) Percent	Indirect (N=528) Percent
Over 60: Mild problems, if any	7	6	7	6	11	10
51-60: Moderate difficulty in job or social	25	18	20	14	37	26
41-50: Serious impairment in job or social areas	39	34	32	30	43	41
Less than 40: Unable to function in several areas	24	48	40	49	9	23

These findings of serious problems among this population are also reflected in the discharged client survey results. Of the 397 persons in the discharge sample, 242, or 61 percent, received a GAF rating at intake. Only six percent of the sample exceeded a score of 60, which would be classified as having only minor problems; another 23 percent had "moderate" impairments. Forty-five percent were classified as having serious rather than moderate impairment in job *or* social life (41-50 range), and another 21 percent had serious impairment in more than one domain (31-40 range). Thus, two thirds had serious or very serious impairment in social functioning (or equally serious and disruptive symptoms).

Initial Global Assessment of Functioning Rating among Discharged Clients in the Sample

GAF Score	N=242	Percent
61 and over: Mild problems, if any	16	6.6
51-60: Moderate difficulty in job or social	55	22.7
41-50: Serious impairment in job or social life	109	45.0
31-40: Unable to function in several areas	50	20.7
21-30: Unable to function in most areas	12	5.0

County Variations in AOD Problems among Clients being Served

MIS data from the three counties show AOD clients to have quite different AOD problems depending on the county, and, to a lesser extent, on whether the client is a direct or indirect CalWORKs recipient. In Los Angeles, the most common drug at admission is cocaine or "crack," in Stanislaus, methamphetamine, and in Shasta, alcohol. Marijuana constitutes a relatively small percentage, except among the Stanislaus direct CalWORKs clients, where it comprises virtually a third of the cases. This may be because a high percentage of local employers utilize drug testing. And by extension, it may indicate that if referrals are closely linked to demonstrated problems on the job (or in vocational preparation) that "less severe" issues with alcohol and marijuana will emerge as important.

Primary Alcohol or Drug Problem at Admission, from MIS Data

Primary Alcohol/Drug Problem	Shasta		Stanislaus		Los Angeles
	Direct (N=119) Percent	Indirect (N=124) Percent	Direct (N=168) Percent	Indirect (N=302) Percent	Direct (N=776) Percent
Heroin	6	6	8	24	13
Alcohol	42	42	22	12	18
Amphetamine/Methamphetamine	36	36	30	45	17
Marijuana	Unknown	Unknown	31	10	9
Cocaine/Crack	Unknown	Unknown	4	4	38
Other	13	14	5	5	5

Domestic Violence Issues among CalWORKs Participants

One of the reasons for the Legislature having enacted the Family Violence Option is the belief that welfare has served as a source of income and respite for women who have left their abused partners and are attempting to become self-sufficient. In our sample of respondents in domestic violence agencies, 37 percent reported that the DV situation was entirely the cause of applying for cash aid and another 24 percent said it affected the decision "somewhat" or "a little."

How a Domestic Violence Situation Contributed to Applying for Cash Aid

	N	Percent
Only decided to apply for cash aid due to DV situation	29	37.2
DV situation affected decision somewhat	14	17.9
DV situation affected decision a little	5	6.4
DV situation did not affect decision	30	38.5
TOTAL	78	100.0

Effectiveness of the Services Provided in Addressing AOD, MH, and DV Issues

We have no direct or experimental measurement of the impact that AOD, MH, or DV services have had on the ability of CalWORKs participants to overcome their barriers to employment. The information in this section comes from three sources:

- DSS employment counselor ratings of the usefulness of services received by their clients who *completed services*
- AOD, MH, and DV service provider ratings of the change in their clients during services, and
- Current AOD, MH, and DV clients' ratings of the helpfulness of the services they are receiving

Employment Counselors' Ratings

Employment counselors report that AOD, MH, and DV services have been helpful for those participants who completed services. Employment counselors were asked to rate the usefulness of services for those participants *who had completed services.* Overall, 82 percent of the approximately 185 employment counselors who were aware of the outcome of mental health or alcohol and other drug services for some of their clients felt that the services had been Very, Quite, or Somewhat helpful. For domestic violence, 85 percent felt they were at least Somewhat helpful.

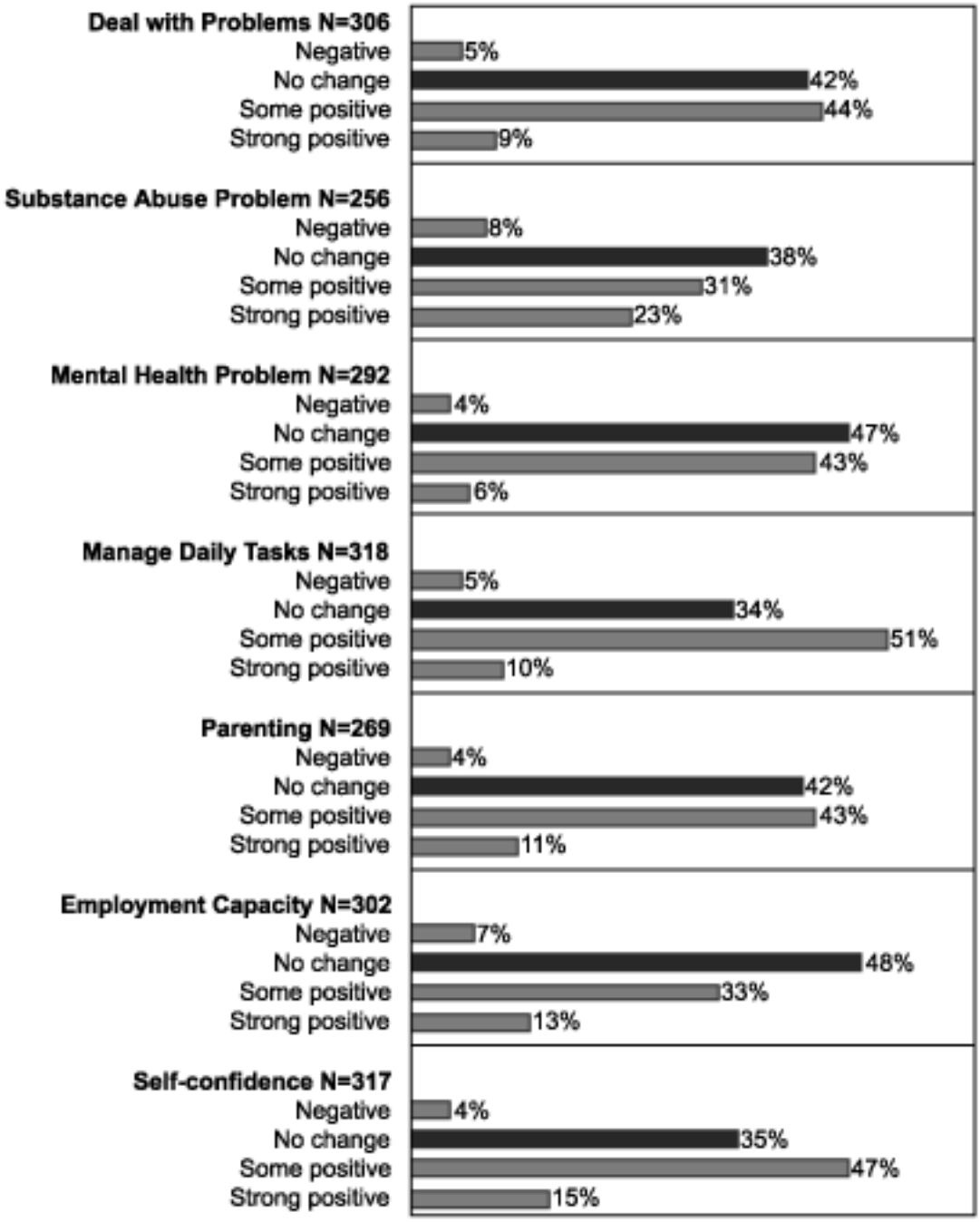
Employment Counselor Ratings of Usefulness of the AOD/MH/DV Services (If Services were Completed), by County (N=187)

Percent Very, Quite, or Somewhat Useful	Kern Percent	Los Angeles Percent	Monterey Percent	Shasta Percent	Stanislaus Percent
AOD	66.7	85.5	80.0	90.9	78.4
MH	69.7	81.7	86.7	90.9	86.1
DV	68.0	86.4	93.3	95.0	84.2

AOD/MH/DV Providers' Ratings

Client changes in measured domains – Staff were asked to rate the amount of change the client experienced during the course of services in the following seven domains: capacity to deal constructively with major life problems; substance abuse problems; mental health/emotional problems; ability to manage daily life tasks; parenting ability; capacity to look for, find and retain a job; self-confidence and positive attitude about the future. The survey included a "Not applicable" and "Can't judge" category to help rule out clients for whom services were too short to appropriately assess improvements. The following graphs exclude those cases in which the provider answered "Not applicable" or "Can't judge." "No change" has been made darker to make it easier to compare domains. Overall, some positive and strong positive change together ranged from a low of 46 percent (employment skills) to 62 percent (self-confidence). The greatest amount of strong positive change was registered for AOD problems. Overall, the "negative change" category was selected in four to eight percent of the cases for the different domains. "No change" ranged from 34 percent (managing daily tasks) to 47 percent (mental health problems).

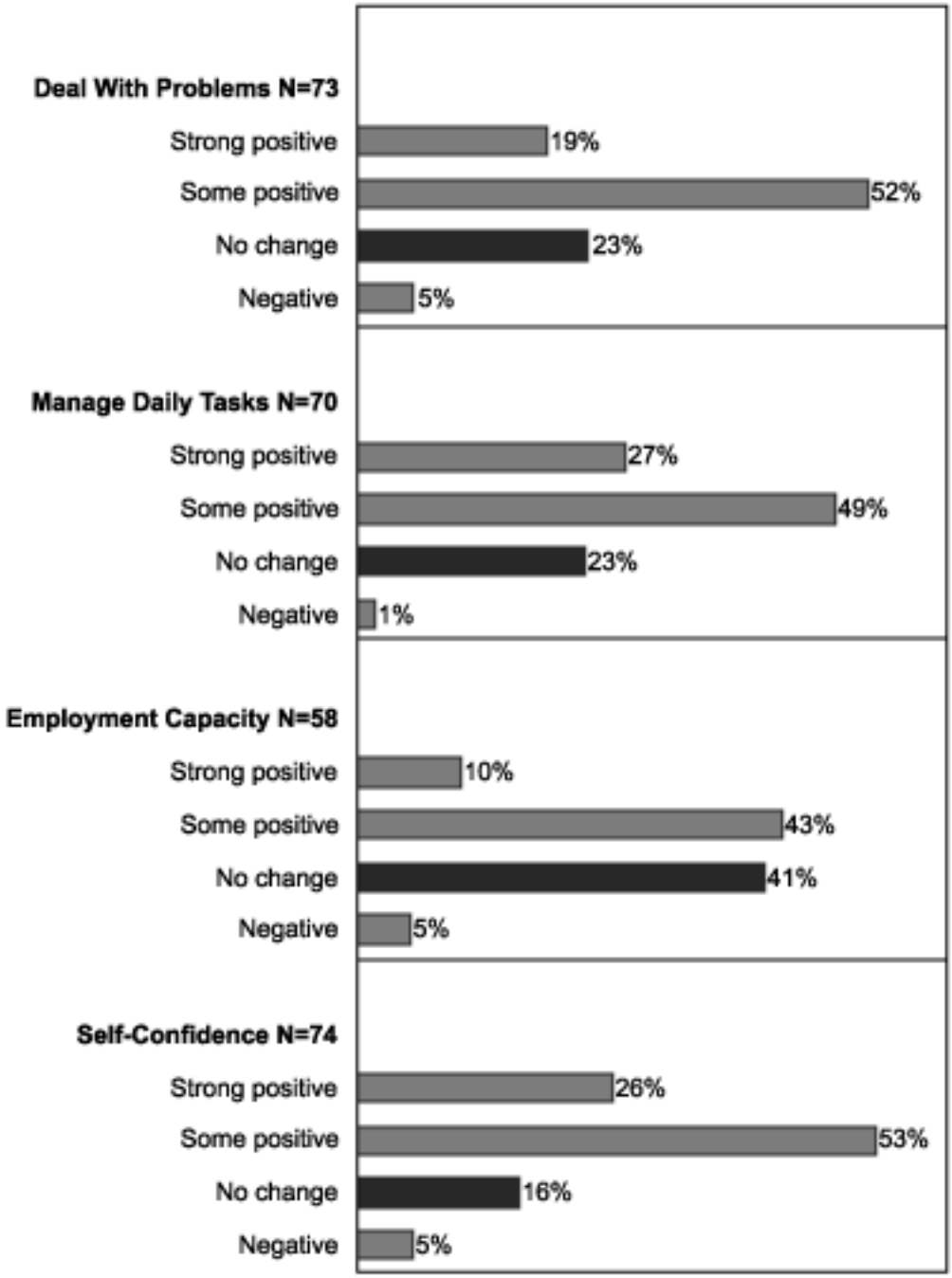
Amount of Change Made by Clients during Course of Treatment (No Change is Highlighted to Aid in Comparison)



The DV discharge sample, as noted above, included 76 clients in 12 different programs in two counties (11 programs in one county and one in another county). The providers rated their clients on four of the domains used with the AOD and DV sample: capacity to deal

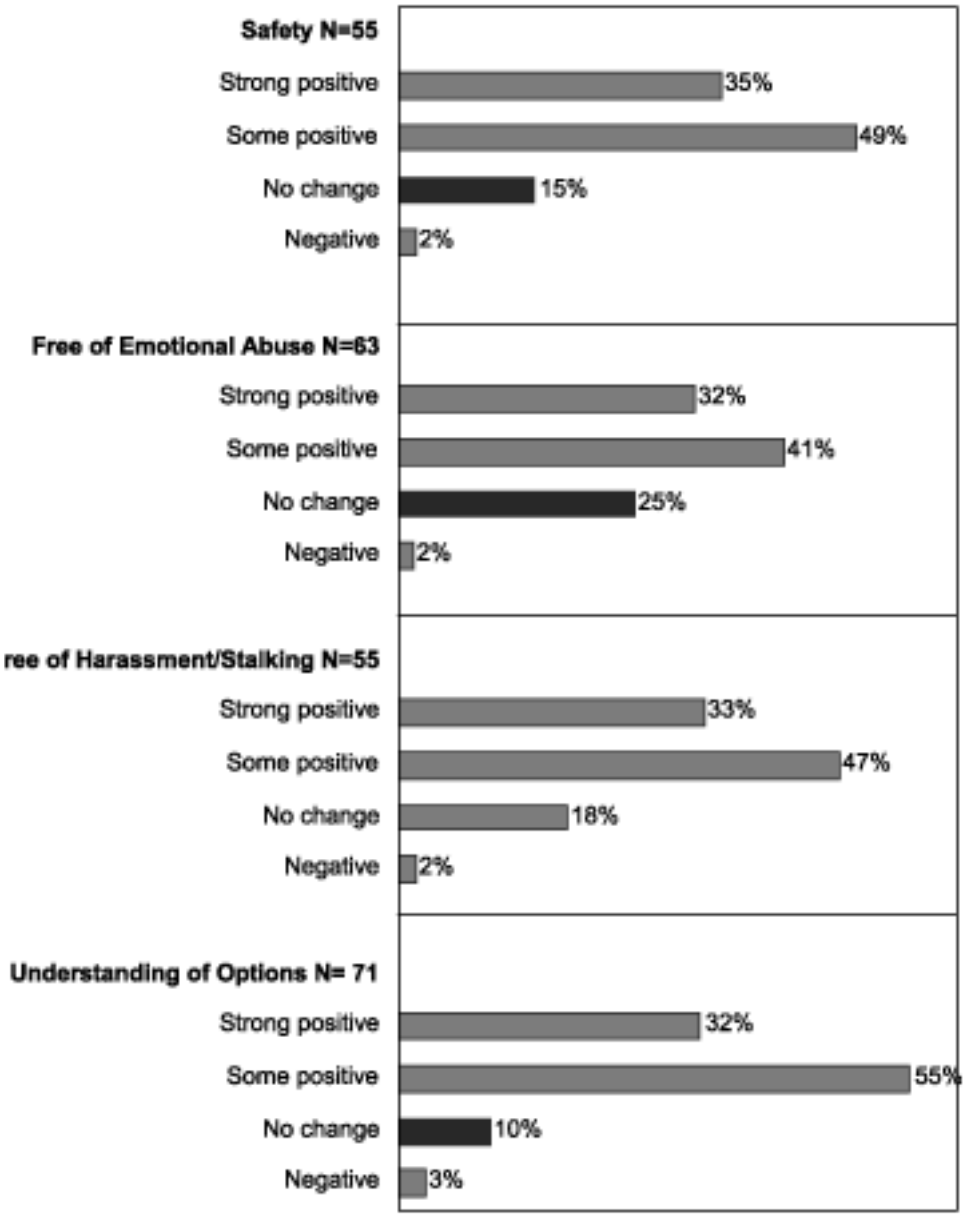
constructively with major life problems; ability to manage daily life tasks; capacity to look for, find and retain a job; self-confidence and positive attitude about the future. The following table shows the high percentages of those rated as showing positive improvement.

Rating of Change for DV Agency Cases, Generic Items



The four remaining items were more specific to the DV issues that might have brought a woman to a DV provider: client's safety; client's freedom from emotional abuse; client's freedom from harassment or stalking; and client's understanding of all her options in regard to her relationship with her abuser.[10]

Rating of Change for DV Agency Cases, DV Specific Items



[10] These survey questions made clear that changes in the situation of a survivor of DV may not be under her control, i.e. the abuser may continue to threaten her safety no matter what she does. So, the rating scales asked about the change in the overall situation, including both those aspects that were under her control and those that were not.

Staff only rated change on those issues that were relevant for a particular woman. Seventy three to 87 percent had positive changes on these dimensions. Negative ratings are very small – two to three percent. The "no change" bar is 25 percent or less (much lower than in the AOD/MH sample).

Changes in Global Assessment of Functioning (GAF) – The most quantitative measure of improvement as a result of treatment is change in the Global Assessment of Functioning (GAF) scale from admission to discharge.[11] *However, these results should be interpreted very cautiously; they in no way substitute for outcomes in an experimental design.* Slightly more than half (53 percent) of the discharge sample had both an entry and a discharge GAF. Of these, 68 percent were mental health clients. Overall, as shown below, the largest group (62 percent) showed no change in GAF level from intake to discharge. Positive change was recorded for 34 percent of the group, 19 percent changed between one and ten points, and 15 percent changed more than ten points. AOD clients improved an average of 8.9 points compared to the 2.7 of mental health clients, a strong statistically significant result. Among the 158 clients who were in the program at least a month – thus taking out any assessment only or early drop-outs – results were somewhat better: 22 percent improved 1 to 10 points, and 18 percent improved over 10 points.

Change in Global Assessment of Functioning Score from Admit to Discharge

Amount of Change	Number	Percent
Over 20 point increase	14	6.7
11 to 20 point increase	17	8.2
1 to 10 point increase	40	19.2
No change	130	62.5
1-10 negative change	7	3.4
TOTAL	208	100.0

Roughly one-third of the AOD and MH participants rated on the Global Assessment of Functioning (GAF) scale showed a positive gain, with slightly better results for those who remained in the program longer.

[11] In general, the scale is thought to have a fairly high degree of validity, but reliability may not be good unless staff are trained to criterion (which rarely happens). GAF scale change is also a function of the entry level GAF, as large improvements are much more likely to occur when the starting point is low. For example, a person dependent on alcohol or other drugs is likely to show a very large improvement if abstinent when discharged.

Client Ratings

Helpfulness of services – Eighty-six percent of the nearly 600 current clients surveyed indicated that the services had helped them with their situation or problems. Sixty-two percent of the respondents indicated the services had helped a lot, and another 24 percent said they had helped moderately. There were sharp differences among the samples, particularly in the percentages that rated the services as having helped "a lot." The survey also asked clients how long they had been receiving services. Those who had been receiving services for at least six months reported moderately higher degrees of having been helped than those in services a lesser time.

These survey responses all come from clients who were still receiving services. We did not attempt to sample clients who had left services already. We would, therefore, expect more favorable ratings from this group of clients than from the total group of clients who had received services. In addition, survey respondents were of necessity voluntary, which may also have led to some favorable bias regarding the programs providing services.

Have the Services You Received here Helped You Deal with Your Situation or Problems? (Percent in Each Category from AOD/MH/DV Survey Responses)

	Kern AOD/MH	L. A. AOD	L. A. DV	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Stanislaus DV	Total N=570
Helped a lot	68.4	72.3	68.5	39.7	83.3	86.2	42.9	68.4	61.9
Moderate help	21.5	18.1	25.9	35.3	10	13.8	33.8	15.8	24.2
Little, none, worse	10.1	9.64	5.6	25	6.67	0	23.4	15.8	13.9
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Similar, but somewhat lower percentages rate their chances of getting a job due to the services they have received as "much better" (50 percent) or "somewhat better" (26 percent). Ratings of helpfulness varied by the source of referral. Information was presented in Chapter II about the sources of referral for this sample of clients. It is interesting that those clients who had been referred by welfare had the lowest percentage of clients rating the services as having helped "a lot" and those who said they came on their own had the lowest percentage finding the services only a little or not helpful. The following table shows the percentages reporting various degrees of helpfulness by the source of referral for AOD, MH, and DV clients.

Helpfulness of Services for AOD/MH/DV Clients in the Sample, by Source of Referral

	Self N=129	Welfare N=134	Courts, Probation, Parole, CPS N=78	Family, Friend, Health Provider N=87	Other N=42	Total N=470
Helped a lot	75.2	44.8	66.7	59.8	61.9	61.1
Moderate help	19.4	34.3	14.1	26.4	26.2	24.7
Little, none, worse	5.4	20.9	19.2	13.8	11.9	14.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Satisfaction with services – Three satisfaction questions were asked of clients: how much do clients trust the staff person they work with most; would they recommend the program to a friend; and how satisfied overall are they with the services they have received. Of the total group, 68 percent say they trust the staff person they work with most "very much" (range of from 57 to 81 percent among the different samples). Seventy percent say they would "definitely recommend" the program to a friend (range of 50 to 85 percent among the different samples). And 65 percent of the total rate themselves as "very satisfied" overall with the program (range of 42 to 81 percent). Once again, ratings by current clients are much more likely to be favorable than ratings of clients who are no longer in service.

Overall Satisfaction of AOD/MH/DV Clients in the Sample with Services, (Percentages by Sampling Group)

	Kern AOD/MH	L. A. AOD	L. A. DV	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Stanislaus DV	Total N=588
Very satisfied	76.2	69.7	83.1	48.7	80.6	75.9	41.6	60.0	64.6
Somewhat satisfied	22.5	25.1	15.3	44.4	12.9	24.1	45.5	40.0	30.1
Unsatisfied	1.3	5.1	1.7	6.8	6.5	0	13.0	0	5.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Engagement in Services – Site visit interviews suggested concerns that many participants referred for services either failed to show up for assessment, did not accept services, or did not remain in services. Information from the surveys confirmed these concerns.

Employment counselor views about service completion – Employment counselors express concerns about the numbers of participants who do not complete services. About a quarter of the comments to a question about why services were not helpful noted that many of their participants had not completed services. Some sample comments follow:

> "In my caseload the majority of clients don't complete their treatment plan. The ones that do complete, it seems to have helped them quite a bit."
>
> "When the customers get into the program that they need, most do fine for awhile and then they just give up. The drugs and alcohol are so powerful and addicting, that it seems the drugs and alcohol win out in so many instances."
>
> "Usually the participant quits somewhere in it. If participant stays in treatment it helps them, but they still return to their environment of friends, etc. that have a greater influence on the outcome as time goes by."
>
> "I have had only one participant complete her MH services. She was initially well-motivated to get on with her life. Not one of my other participants has completed or come up with an expressible plan for her/his future."

AOD/MH/DV service providers' views about client engagement – Two questions on the provider discharge survey dealt with the effects of lack of engagement in services of some of the clients:

- ***Program participation –*** Staff were asked to rate each client's participation in either scheduled outpatient services or, if a residential program, scheduled in-house services. To ensure we were not including clients who came only for assessment or very short periods, we restricted this analysis to episodes of 30 days or more. Overall, 20 percent of the clients' participation was rated "very good" during their treatment episode, and 38 percent was rated "good." Another 27 percent were rated "poor" (sporadic participation), and 14 percent were rated "minimal" (rare participation).

- ***Termination and failure to complete services –*** The service providers of the discharge sample were asked why services had been terminated.[12] The questions were some-what different on the AOD/MH survey form from the DV one.

[12] The sample number is 320 for the AOD/MH providers, since this sample included a subset of methadone maintenance clients who were still receiving services.

Reason for Termination of Services as Rated by AOD/MH Providers

Reason	Number	Percent
Met goals	78	24.4
Client ended before goals met	55	17.2
Client stopped, refused contact or couldn't be located	84	26.3
Referred to another provider	42	13.1
Provider terminated	34	10.6
Other or not known	27	8.4
TOTAL	320	100.0

Reason for Termination of Services as Rated by DV Providers

Reason	Number	Percent
Goals were met	20	29.0
Client terminated even though goals not met	12	17.4
Client stopped coming without explanation	21	30.4
Other or not known	16	23.2
TOTAL	69	100.0

Client views about barriers to attendance – Failure to complete services may be influenced, in part, by the fact that over 40 percent of the total sample of AOD and MH clients indicated that it is somewhat or very hard for them to get to the program. Leaving services before service goals are met is not an unusual outcome for AOD, MH, or DV programs. And one might expect that the problem would be exacerbated with the CalWORKs population, given all the other barriers that they face in sustaining long-term activities, e.g. lack of convenient transportation and childcare. While assistance with childcare and transportation is part of the employment counselor role, some AOD/MH/DV providers have noted difficulty in getting timely attention to these issues for their clients. AOD, MH, and DV programs may need to be particularly attentive to these factors if they want to sustain clients in services.

The clients in the satisfaction survey were asked whether it was difficult for them to attend services due to problems with transportation, childcare, or inconvenient hours. While the percentage who reported that it was very hard to come for services was relatively low (7.5

percent), the percentages noting a moderate degree of difficulty were as high as 50 percent in one of the samples.

Percent of MH and AOD Clients Reporting Difficulty Getting to their AOD, MH or DV Program

	Kern MH/AOD	L. A. AOD	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Total N=399
Not hard to come	65.8	65	44.3	83.3	88.9	39.7	57.1
Somewhat hard to come	27.6	28.3	47.4	12.5	11.1	49.3	35.3
Very hard to come	6.6	6.6	8.2	4.2	0	11.0	7.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Co-ordination Between CalWORKs and AOD/MH/DV Service Providers

The intention of the AOD, MH, and DV services is to overcome barriers to employment. The CalWORKs WTW Plan is the document that describes the path the participant is to follow to move from welfare to self-sufficiency. As conceptualized in most counties, the AOD/MH/DV services would be part of the WTW Plan. At a minimum, the hours of actual service would be part of the work-related hours that must be engaged in by the participant. And in many situations, the engagement in AOD, MH, and/or DV services could be considered the only required WTW Plan activity at least for the initial period of services.

Including Services in the WTW Plan to Enhance Communication

For the AOD, MH, and DV services to be most useful in overcoming barriers to employment, there must be good communication between the providers of these services and the employment counselors who are responsible for the charting and monitoring of the path towards employment. Data presented above from the AOD and MH Management Information Systems indicated that the majority of CalWORKs participants receiving services do so outside the rubric of CalWORKs, with the consequence that the services are not part of the client's WTW Plan. Having the services part of the WTW Plan clearly impacts the amount of contact that the service provider reports having with CalWORKs staff. Providers were asked on the discharge survey whether they had had contact with CalWORKs about or on behalf of the particular client. In only 13 percent of cases where there was no Welfare-to-Work Plan did the AOD/MH providers report having contact with CalWORKs, compared to 60 percent for those where the services were part of the WTW Plan.

Perceptions of AOD/MH/DV Providers about CalWORKs Staff

Approximately 80 percent of AOD/MH/DV staff who had contact with CalWORKs staff were positive about several dimensions of their relationship. Staff who reported they had had contact with CalWORKs staff about their specific clients were asked to rate four items: how knowledgeable the CalWORKs staff were about AOD/MH/DV issues; how knowledgeable they were about AOD/MH/DV services; how responsive the CalWORKs staff were to the client's needs; and to what extent they had a collaborative attitude.

Below we show the answers given by the 89 staff who did have contact with CalWORKs workers regarding a client. For each of the four collaboration issues, CalWORKs staff were rated as adequate in 80 percent or more of the cases.

AOD/MH Staff Rating of Collaboration with CalWORKs Staff (Discharged Client Sample)

Rating of Extent CalWORKs Staff Were:	Very Good Percent	Adequate Percent	Poor Percent	Total N=89
Knowledgeable about AOD/MH/DV issues	23.6	58.4	18.0	100.0
Knowledgeable about AOD/MH/DV services	30.7	51.3	18.2	100.0
Responsive to clients' needs	39.3	41.6	19.0	100.0
Collaborative attitude	34.8	49.4	15.7	100.0

DV staff in 13 programs answered very similar questions, though with a focus on what CalWORKs staff knew about DV. Their perceptions were very similar to those of the AOD/MH staff. For example, 35 percent of AOD/MH staff rated the CalWORKs staff collaborative attitude as "very good," and 38 percent of DV staff made that rating.

Perceptions of CalWORKs Staff about AOD/MH/DV Service Providers

CalWORKs staff are generally positive about the helpfulness of AOD/MH/DV staff, but a great many point to poor communication. A section in Chapter II related concerns of employment counselors regarding the feedback they received on the results of the assessments of participants they had referred. The employment counselor survey included the same type of information regarding the lack of feedback on the course of services.

Employment counselors were asked for comments about any problems in the process by which AOD/MH/DV issues were being handled. A third of the comments noted lack of feedback from AOD/MH/DV providers, 15 percent expressed concern about lack of communication among all

the staff serving the same client, and 28 percent of the comments expressed dissatisfaction about timeliness of feedback.

Examples of the comments from employment counselors follow:

> "Need faster follow-up on attendance. Need feedback if we are supposed to be working together better, and more communication is needed."
>
> "Not sure [about amount of progress] because there is very little feedback after participant has been placed."
>
> "Tracking of participants' long term use of these services difficult….Progress reports from these service organizations are very difficult to get."
>
> "Participants don't complete services and/or providers do not provide information to caseworkers. Co-op case management nearly impossible."
>
> "No communication with mental health case managers. I have used phone and email. 90% of time no response. Don't even know if they really have my participant."
>
> "No updates. Don't hear from mental health case managers."

Client Satisfaction with Coordination of Services and CalWORKs

Clients were generally pleased with the help that they got from their AOD, MH, and DV service providers in dealing with the welfare department. The surveys asked clients whether they had received help from their AOD, MH, or DV provider in dealing with the welfare department. Almost two-thirds (64 percent) reported getting "a lot" or a "moderate" amount of help. This varied by program, with DV programs in both counties reporting high percentages of help.

Client Perceptions of Staff Help with Welfare Department (Percentages by Sampling Group)

Amount of Help	Kern AOD/MH	L. A. AOD	L. A. DV	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Stanislaus DV	Total N=472
Helped a lot	59.0	38.1	63.8	20.5	37.5	48.3	13.8	45.0	38.6
Helped moderate amount	26.2	20.9	22.4	28.4	20.8	44.8	24.1	30.0	25.4
Helped a little	1.64	17.9	8.6	31.8	12.5	6.9	20.7	15.0	16.5
Did not have anything to do with welfare dept.	13.1	23.1	5.1	19.3	29.2	0	41.4	10	19.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Summary

Numbers of CalWORKs Participants Receiving Services

Estimates of numbers who would use services – Estimates of those who will use services involve two steps – estimating the potential number who have an AOD, MH, or DV issue that might be a barrier to employment ("need for services"), and estimating the number of those who will "accept services," either because they perceive the need themselves, or because it is a CalWORKs requirement. The AOD CalWORKs allocation was based on an estimate of serving 6 percent of CalWORKs recipients. The MH allocation was based on serving 21.4 percent of CalWORKs recipients. There was no statewide estimate for DV. Los Angeles County funding of DV programs assumed that 10 percent of CalWORKs recipients would use services.

Numbers receiving AOD, MH, and DV services in the case study counties – The accuracy and completeness of information on the numbers of CalWORKs participants actually receiving services varies widely among the three service areas and among the case study counties. Information was gathered on both "direct" CalWORKs clients (those specifically linked to CalWORKs either because they are funded through CalWORKs funds and/or have the services included in their WTW Plan), and "indirect" CalWORKs clients (those who are CalWORKs recipients with services paid through another source and/or without the services in their WTW Plan).

- The total number of CalWORKs participants who received AOD or MH services increased from the first year of CalWORKs to the second
- More CalWORKs AOD and MH clients are indirect than direct
- The highest percentage of CalWORKs participants in any of the six counties who received an AOD service during Fiscal Year 1998-99 was four percent, and the percentage for a MH service was 6.5 percent

Characteristics of Population Receiving AOD/MH/DV Services

Information on the characteristics of the CalWORKs clients receiving services came from county MIS, from a sample of clients currently receiving services, and from a sample who had been discharged from services. All the information points to many of these CalWORKs participants having multiple serious barriers to employment.

Demographic barriers – At least 80 percent of the client samples had multiple demographic barriers including race, age, sex and education. Over 40 percent had three or four of these barriers.

Multiple AOD/MH/DV issues – More than half of the discharged sample from AOD and MH programs had more than one AOD/MH/DV issue.

GAF ratings – GAF ratings of MH clients indicate that two thirds have serious or very serious impairment in social function, or equally serious and disruptive symptoms.

Effectiveness of AOD, MH, DV Services

Employment counselor ratings – Employment counselors report that AOD, MH, and DV services have been helpful for those participants who completed services, but also expressed concerns about the numbers of participants who do not complete services.

Provider ratings – While most clients showed some positive change, lack of engagement in services remains a problem.

- Overall, more than half of the AOD and MH discharged sample were rated by program staff as having made positive change in six of seven domains key to success in CalWORKs. Over half of the clients in DV programs were rated by program staff as having made positive change on all four general domains, and more than three quarters as having made positive change on dimensions specific to DV issues.
- Roughly one-third of the AOD and MH participants rated on the Global Assessment of Functioning (GAF) scale showed a positive change.
- Providers reflected employment counselor concerns about the numerous clients who do not become engaged in services. Providers rated program participation as poor or minimal for 40 percent of the discharged sample, and only one-quarter of the clients terminated services because their goals had been met.

Client ratings – Eighty-six percent of the nearly 600 current clients surveyed indicated that the services had helped them with their situation or problem. Overall, current clients rate their satisfaction with services high (65 percent very satisfied, and 30 percent somewhat satisfied).

Coordination Between CalWORKs and AOD/MH/DV Service Providers

Communication between CalWORKs staff and AOD/MH/DV service providers is more likely to occur when the services are part of the client's WTW Plan. The following views about how collaboration is working were gained from the staff and client surveys.

AOD/MH/DV providers perceptions of CalWORKs staff – Approximately 80 percent of the AOD/MH/DV service providers who had contact with CalWORKs staff are positive about several dimensions of their relationship including the latter's knowledge about AOD/MH/DV issues and services, their responsiveness to clients' needs, and their collaborative attitude.

CalWORKs staff perceptions of AOD/MH/DV providers – While CalWORKs staff are generally positive about the helpfulness of AOD/MH/DV service providers, a great many point to poor communication, e.g. not getting timely feedback or reports on what is happening with their participants who are receiving AOD/MH/DV services.

Clients perceptions of helpfulness of AOD/MH/DV providers in dealing with CalWORKs – Current clients were generally pleased with the help they got from their AOD/MH/DV service providers in dealing with the welfare department.

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.

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[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	▪ 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	▪ 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	▪ 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	▪ 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	▪ 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	▪ 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	▪ 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	▪ 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	▪ 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	▪ PIC is a county agency ▪ CalWORKs a partner in new One-Stop in Salinas
Shasta	▪ 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	▪ 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.

CHAPTER VI: FUNDING AND INFORMATION SYSTEMS

This chapter covers two infrastructure components essential to an effective program of identifying and serving CalWORKs participants with AOD, MH, and DV barriers to employment: funding and MIS systems.

Funding of AOD, MH and DV Services

The table below indicates the AOD and MH allocations and the dollars claimed for Fiscal Year 1997-98 and Fiscal Year 1998-99. Claiming problems have resulted in very low reports of expenditures in all six counties. The claiming and reporting of expenditures lags behind the provision of services. Providers must bill the AOD and MH Departments, then those departments must bill the local DSS, and then the local DSS reports the expenditure to the State. The counties varied in the speed with which they developed their billing mechanisms, and the rigor with which they collected and passed on invoices in a timely manner. *Thus, this information is not a reliable indicator of the actual amounts or timing of expenditures.*

AOD and MH CalWORKs Allocations and Reported Claims ($000s)

	Fiscal Year 1997-98 (Actual)				Fiscal Year 1998-99 (Actual)				Fiscal Year 1999-2000 (Anticipated)			
	AOD		MH		AOD		MH		AOD		MH	
	Alloc	Claim	Alloc	Claim	Alloc	Claim	Alloc	Claim	Alloc	Claim	Alloc	Claim
Alameda	$1,100	$57	$346	$351	$1,400	$363	$1,300	$1,196	$2,410	$1,910	$2,298	$2,298
Kern	$457	0	$593	$148	$2,031	$309	$119	$155	$2,200	$1,267	$1,000	$660
LA	$6,000	$296	$3,200	$125	$30,000	$5,611	$21,000	$1,561	$26,000	$26,000	$22,050	$9,341
Monterey	$106	0	$88	0	$486	$173	$401	$401	$592	$592	$498	$498
Shasta	$96	0	$80	0	$528	$171	$80	$88	$474	$463	452	290
Stanislaus	$311	$56	$183	$3	$1,314	$426	$1,008	$330	$1,018	$730	$1,068	$706

What is considered an “allowable” CalWORKs expenditure varied by county and over time. The two major variations were as follows:

- Billing on a fee-for-service basis vs. supporting line staff positions, or using funds for start-up of new programs or for outreach/marketing efforts, and
- Requiring services to be part of a WTW Plan vs. covering any service to a CalWORKs participant

Claiming arrangements became more liberal over time for a number of reasons:

- The number of clients was less than anticipated so that there were ample resources to cover a broad definition of who and what services would be covered
- Concerns about demonstrating a maintenance of effort of other spending on the CalWORKs population diminished as there was no apparent decline in total clients
- The State DSS issued clarifications that the funds could be used for a wide variety of activities including capacity building and outreach efforts

Funds for DV services were not set aside in state legislation, but four of our counties did provide funds through contracts with their local DV programs.

Funding for DV Services

County	Contracts with DV Agencies
Alameda	▪ $275,000 in contracts to 5 local programs ▪ Plans to hire 4 contract staff to work for DSS
Kern	Local DV center provides training but no official contract
Los Angeles	▪ 1st round of funding was $3 M for shelter-based programs ▪ 2nd round of funding was $12 M for 50 agencies for a full range of services
Monterey	Local DV programs used as referral sources without official contracts.[1] Two local DV programs received $10,000 each in FY 98-99 to provide peer DV assessment of participants one half-day per week in two district offices.
Shasta	Contract with local DV program (through AOD) for $10,000 for education and support groups and $51,000 for transitional living services
Stanislaus	DSS pays for 80% of salary of staff from local DV program to be part of BHS team

Information System Issues

Data accuracy, timeliness, and integration were major issues for all six counties. Implementing CalWORKs placed additional requirements on DSS systems that now had to track hours tied to

[1] Two shelter-based programs received funding in Fiscal Year 1999-2000 for the provision of services for participants referred with DV issues.

WTW plans as well as time on aid. The AOD and MH systems had to determine how to identify CalWORKs clients who were referred from DSS as distinct from those who came from other referral sources. And ideally the systems need eventually to be able to talk to one another.

Tracking and Reporting Issues

CalWORKs is a far more challenging program to monitor than AFDC and GAIN. And, the rapid speed with which the program was implemented has left many counties with inadequate systems to do the job. DSS information systems have had difficulties meeting the new tracking and reporting requirements. RAND has noted the overall difficulty it has had in obtaining reliable information from counties about basic numbers of CalWORKs participants in different stages of the Welfare-to-Work process.[2]

Problems that Project staff noted in site visits include the following:

- Some systems are not able to track the amount of time left under the 18-24 month or the 5-year time clocks
- In most counties the eligibility MIS and the employment MIS do not link so that neither the eligibility worker nor the employment counselor can easily get a whole picture of the participant's situation
- In some instances, making changes to the systems is cumbersome and time consuming since they operate through user groups which require multiple counties to agree on any changes
- Some systems lack the capacity to have as many users online at one time as needed

The difficulty of obtaining consistent information across counties is magnified by the variety of systems used. For example, there are five different employment information systems used in the six case study counties.

[2] Klerman, J.A. *The Pace of CalWORKs Implementation*. Testimony to the California State Senate Committee on Health and Human Services, December 8, 1999.

Type of Employment MIS Used, by County

County	Employment System
Alameda	GIS
Kern	GEMS
Los Angeles	GEARS
Monterey	GAIN Online System [3]
Shasta	GEMS
Stanislaus	GEMS

Each county DSS submits to the State, on a monthly basis, summary information about the numbers of CalWORKs participants engaged in various types of Welfare-to-Work activities (Welfare-to-Work Monthly Activity Report). The Report contains questions about the number of CalWORKs participants that month who were referred for AOD, for MH, and for DV services, and for the number of CalWORKs participants that month who received such services.

The Joint CalWORKs Committee[4] considered the possibility of using these reports to quantify referral and service information across the State. After further study, it became apparent that the disparity in definition of "referral" and "service," and the way in which the information is processed through each county's DSS MIS could lead to more confusion and faulty comparisons than to useful data. The decision was made early in the planning and implementation for CalWORKs that the State would not impose on the counties detailed uniform definitions on CalWORKs data collection. This decision was in line with the general philosophy to delegate the implementation of CalWORKs to the county level.

Mental Health System Information on CalWORKs Participants

Most of the county MH data systems are able to produce reports on the characteristics of the CalWORKs population and the services they use, but the information is not available in a timely fashion, or with full accuracy. Five of the six case study counties utilize the INSYST system for mental health data. Los Angeles has its own system. All six counties have the functionality to track client demographic and clinical information, and service usage for its MH clients. The issue that each county had to resolve was how it was going to designate a "direct" CalWORKs client as distinguished from those "indirect" CalWORKs clients who were in the system and

[3] Will convert to ISAWS in 2000.

[4] This is the committee cited in the Introduction that includes representatives from CWDA, CMHDA, and CADPAAC. It has been the forum in which the three associations, in collaboration with the State agencies can explore issues of common interest about CalWORKs.

were being billed through Medi-Cal. The counties needed a way of distinguishing this set of clients from the "new" set of CalWORKs clients.

Some counties added new CalWORKs procedure codes that could be used by any provider. Others created separate provider codes for those designated CalWORKs service units. In the end, each of the six counties had a way of distinguishing the two sets of clients. But extracting data from the systems for these two sets of clients has not been easy, and there remains considerable uncertainty about the accuracy of the figures in some of the counties.[5]

AOD System Information on CalWORKs Participants

The AOD statewide CADDS system has the capacity to collect information on all CalWORKs clients, but there are questions about its accuracy and completeness. Each client who receives publicly funded AOD services within the State is entered into the statewide CADDS system. The system contains a field in which providers are to specify whether the client is CalWORKs, and if so, whether or not the services are part of the client's WTW Plan. Thus, the mechanism for collecting data on the number of users and the types of services being received exists. But there has been little motivation at the program level for accurate completion of these data fields for those clients who might be CalWORKs recipients, but who have not been referred from CalWORKs, and who choose not to be CalWORKs identified. Clients whose services are paid through CalWORKs funds are tracked reliably. MH providers had a reason in the past to check on a client's Medi-Cal eligibility status because they could bill Medi-Cal. This has not been the case with AOD services, since the AOD Medi-Cal benefit in California is extremely limited. Therefore the AOD providers and, consequently, the data systems have not routinely tracked things like AFDC/CalWORKs eligibility.

In the five INSYST counties, the county mental health department manages the data system for AOD. The Los Angeles AOD data system operates separately from that for MH. In general, they use the same approach to identifying CalWORKs clients as they do for MH, i.e. creating separate procedure codes or provider sites. But as noted above, the data are likely to be only as good as the motivation of the providers to collect it accurately and completely. Three of the six counties were basically unable to provide us with information on the numbers and service use of CalWORKs AOD clients who were not part of the official CalWORKs program because they had not been referred from CalWORKs.

DV System Information on CalWORKs Participants

There is no county or statewide information about the users of DV services who are CalWORKs participants. There have been two reporting systems within California for local DV programs – one to the Office of Criminal Justice Planning (OCJP) and the other to the Department of Health

[5] The State DMH compiled data from State Medi-Cal claims data for those aid codes associated with CalWORKs for Fiscal Year 1997-98. The information provided to Project staff from the six case study counties for the comparable group, for the comparable time was generally underreported compared to this State data.

Services (DHS). Both of these systems collected only aggregate information, and neither included a data element for welfare receipt.

Those counties that have developed significant contracts with DV programs for individual services (Alameda, Los Angeles, and Stanislaus) have established data systems that allow them to verify that the clients for whom they are being billed were CalWORKs participants at the time of receipt of services.

Integrated Data Systems

While almost every county's MIS people initially talked about a future time when they could share information across data systems, they have had to acknowledge that the obstacles are huge. A few counties (Kern, Stanislaus) have established cross-department data committees tied to CalWORKs with the mission of developing ways of better linking their data systems. But the more immediate problems of upgrading the employment systems to be able to do what is required under welfare reform seem to be taking precedence.

Summary

This chapter discussed two important infrastructure topics – funding and information systems.

Funding

Problems with the claiming systems resulted in low reporting of expenditures for AOD and MH services in all six counties. The inherent time lags in the claiming system limit its usefulness in terms of tracking expenditures by when the services occurred as opposed to when the final reporting is made to the state.

All six counties report an expectation that they will expend a higher percentage of their allocated funds in Fiscal Year 1999-2000 than they did in Fiscal Year 1998-99.

Management Information Systems

The DSS information systems have had difficulty meeting the new tracking and reporting requirements of CalWORKs. Although each county's CalWORKs program reports monthly summary information to the State DSS on the numbers of participants referred for AOD, MH, or DV services, and the numbers receiving services, this information cannot be used on a State level because of the lack of standardized definitions. Counties were given wide discretion in how these items would be interpreted. The differences in each CalWORKs program and the variations in data systems makes cross-county comparisons with this data unwise.

Mental health information systems are able generally to produce reports on the characteristics of the CalWORKs population and the services they use, but the information is not available in a timely fashion or with full accuracy. The AOD statewide CADDS system has the capacity to

collect information on CalWORKs clients being served with CalWORKs funds. Information on CalWORKs clients being served with other revenue sources is not accurate or complete. There is no standard county or statewide information system about the users of DV services who are CalWORKs participants.

There are no realistic expectations that DSS, AOD, MH, and DV will be able in the near future to link information systems to share data about CalWORKs clients.

APPENDIX A: SURVEY SAMPLING AND ATTRITION

The sampling design for this study was complex. It involved surveys of four different types of staff in welfare offices in five counties. In some counties there were multiple offices. Separate samples of AOD and MH providers, and clients who had been served by them, were drawn in four of the counties. Because many AOD clients are not discharged, but "maintained" on methadone, a subsample of methadone providers was necessary. Separate samples were required for discharged DV clients. At each of the AOD/MH/DV providers, a separate sampling of clients who were currently in service was necessary for client satisfaction surveys.

In conducting each of these surveys, we tried to balance needs for representative sampling and low attrition with the needs to protect staff from excessive demands. The demands were both on line level staff who had to fill out forms and on supervisors who had to arrange time and logistics to make it possible. We are grateful to all of the staff that participated! More detail on sampling is available in the supplemental report available from CIMH entitled *Survey Results.*

The strengths and weaknesses of the sampling can be seen more clearly if we discuss for our samples the four types of errors that occur in surveys:

- ***Coverage error –*** When a sample does not include all elements of a population of interest, it is termed coverage error. In this study there were several sources of coverage error. First, although a study of six counties, only five welfare departments were surveyed, for reasons explained below. Second, AOD and MH data were solicited in only four of the counties. Third, although DV agency was solicited in four counties, only two were able to participate. Finally, in sampling AOD and MH clients we chose for logistic reasons to sample only clients in larger providers, so if clients attending services in small providers are different in some way, our sample design does not reveal it.

- ***Sampling error –*** All surveys involve some random sampling error. The most important factor in sampling error is sample size. And, since much of our interest is in the differences between counties, what really counts is the sample size in each county. These ranged considerably in the different surveys, as seen below. In addition, because we were not always able to make the size of the sample proportionate to the size of the population (which in some instances was unknown), the "total" column for each table may over- or under-represent particular counties.

- ***Bias –*** Survey instruments themselves may create bias in the way in which they ask questions or even the order in which questions are asked. Bias may also occur due to misunderstanding about the sponsorship of the study (in this case, some clients obviously thought the agency where they received services was the sponsor). We have attempted to minimize these sources of error by multiple revisions of the survey instruments in consultation with county representatives and by standardized instructions for how client surveys were to be administered.

- ***Attrition error –*** If not everyone who is selected for the sample returns the survey form, bias may occur. This is not inevitable, but usually people who do not return surveys

differ in some relevant way from those who do. The tables below show the sample size and response rate for each of the surveys. The most problematic was eligibility workers in Los Angeles, as the method of distributing surveys to staff in each office was not standardized.

Sample Sizes and Response Rates

Kern County[1]

	Returned	Sampled	Percent Returned
Eligibility Worker	111	284	39.1
Eligibility Supervisor	21	40	52.5
Employment Counselor	66	104	63.5
Employment Supervisor	7	21	33.3
Behavioral Health AOD Discharge	41	46	89.1
Behavioral Health MH Discharge	26	114	22.8
Behavioral Health AOD Satisfaction (Open cases)	25 [2]	46	54.34
Behavioral Health MH Satisfaction (Open cases)	55	114	48.24

Stanislaus County

	Returned	Sampled	Percent Returned
Eligibility Worker	130	188	69.1
Eligibility Supervisor	18	18	100.0
Employment Counselor	54	75	72.0
Employment Supervisor	2	17	11.8
Behavioral Health AOD Discharge	33	45	73.3
Behavioral Health MH Discharge	18	40	45.0
Behavioral Health AOD Satisfaction	26	45	57.8
Behavioral Health MH Satisfaction	51	65	78.5
DV Discharge	21	21	100.0
DV Satisfaction	21	21	100.0

[1] The domestic violence program did not participate.

[2] There were 79 returned surveys that indicated AOD or MH services. There were 25 AOD and 38 MH surveys but 11 showed both MH and AOD services being received, and it was impossible to determine in which system they belonged. Another six did not indicate either. We have assigned these cases to MH. This is a reasonable assumption because the main CalWORKs program is in Mental Health but explicitly serves persons with a dual diagnosis; it also fits the sampling proportions.

Monterey County

	Returned	Sampled	Percent Returned
Eligibility Worker	89	94	94.7
Eligibility Supervisor	19	20	95.0
Employment Counselor	20	23	87.0
Employment Supervisor	4	4	100.0

Los Angeles County

(These figures are for the two of the six service regions that were in our study.)

	Returned	Sampled	Percent Returned
Eligibility Worker	426	1354	31.5
Eligibility Supervisor	110	157	70.1
Employment Counselor	172	255	67.5
Employment Supervisor	26	37	70.3
AOD Discharge	114	150	76.0
AOD Satisfaction	176	237	74.3
MH Discharge	105	150	70.0
MH Satisfaction	119	212	56.1
Methadone Discharge	36	40	90.0
DV Discharge [3]	58	150	38.7
DV Satisfaction	59	170	34.7

[3] Because there was no list of CalWORKs eligible in DV programs from which to draw a sample, this number of surveys was distributed to the DV agencies. This represents the maximum size of the sample; the number of eligible found by staff may have been smaller.

Shasta County[4]

	Returned	Sampled	Percent Returned
Eligibility Worker	45	47	95.7
Eligibility Supervisor	7	9	77.8
Employment Counselor	29	30	96.7
Employment Supervisor	5	5	100.0
MH Discharge	9	30	30.0
MH Satisfaction	29	30	96.7
AOD Discharge	15	30	50.0
AOD Satisfaction	31	31	100.0

[4] Two DV satisfaction forms were also returned.

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.

The CalWORKs Project

Six County Case Study

Executive Summary

The CalWORKs Project

Six County Case Study –

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

Executive Summary

April 2000

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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 (FVPF).

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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.

The CalWORKs Project Six County Case Study

Executive Summary

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 Angeles[1], 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

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[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.

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> **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 drop-outs 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 Assessment[11] 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."

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