CalWORKs Project Group

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

Help Connections, Volume 1

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www.cimh.org

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

Initial site visits to the six counties included in the CIMH Welfare Reform Project were conducted between June and December 1998. The emphasis in these visits

was on gathering information about how the programs were organized and structured for identifying and serving TANF participants who have AOD/MH/DV issues.

Most counties are still in the early stages of implementing their CalWORKs programs. This initial issue of "Help Connections" identifies some of the early issues around the identification and referral process for recipients with AOD/MH/DV issues and some approaches for dealing with them. They are not offered as definitive solutions, but as ideas that might be helpful for other counties. **If you have questions or would like to obtain more information about any of these ideas and where they may be operational, please e-mail the CalWORKs Project at <u>CalWORKs@cimh.org</u>.**

Issue 1: Time and Distance Factors Substantially Affect Identification and Referral for AOD/MH/DV Services

The drop-off rate at each step of the identification and referral process can be very high (30% to 50%). Accordingly, the more steps and places the TANF participant has to go through or to, and the more time it takes, the less likely it is that s/he will become and remain engaged.

Suggested Approach:

Co-locate AOD/MH/DV staff at welfare and/or employment sites in order to provide the most immediate (in time and distance) opportunity for connecting a participant with potential problems to a professional with whom they can engage. Co-location can also aid in building relationships and trust with social service staff, in consciousness-raising of AOD/MH/DV issues, in the ability to be a part of the initial assessment process, in crisis intervention capability, etc.

> *"Co-location can . . . aid in building relationships and trust with social service staff . . ."*

Issue 2: Context/Environment and Attitude Appear to Have a Direct Effect on Identification of AOD/MH/DV Needs

No screening or assessment tool or brief training of eligibility/employment staff will be very useful if participants fear the consequences of disclosure (i.e., sanctions or removal of their children if they do not follow through); if staff are uncomfortable with these issues; and/or if workload pressures are such that identification of these issues makes things more difficult for the staff or participants.

Suggested Approaches:

◆ Emphasize positive incentives for self-disclosure and identification. For example, publicize that the 18 to 24 month clock can be waived for individuals getting DV services when appropriate.

> *"Emphasize positive incentives for self-disclosure and identification . . ."*

◆ Incorporate AOD/MH/DV issues into orientation programs or employability assessments and treat them as family issues that affect work. Develop presentations that focus on stress, anxiety, depression, family alcohol-related problems, etc. as "acceptable employability issues" to be dealt with.

Issue 3: The Variety in TANF Participants and in their AOD/MH/DV Issues Suggests that Different Approaches to Identification and Referral Will be Useful

There are subsets of this population that we are just beginning to identify. Many of the "harder-to-serve" participants have not yet been engaged in the Welfare-to-Work process. Those that are coming in initially are often already employed or ready-to-be employed. Those with more significant barriers may enter the system later, or their barriers are such that they will not manifest themselves immediately. We need to learn more about the entire population in order to design identification and referral procedures, as well as services, that are most accessible and appropriate.

"It is unrealistic to think that many individuals in this population will self-refer . . ."

Suggested Approach:

Be ready to design different procedures for different subsets of the population. It is unrealistic to think that many individuals in this population will self-refer for AOD/MH/DV under the current set of incentives. California is not unique in its difficulties with identification and referral. This population often distrusts public systems. Many do not understand or believe the implications of the new timelines.

Issue 4: Since CalWORKs Participants are Not Self-Identifying or Being Referred in Significant Numbers, More Outreach is Needed

Counties are learning that participants are not readily identifying their MH/AOD/DV issues during the application and orientation process. Workers are not always comfortable making referrals for these services. Even when referrals are made, many participants do not follow through. Other avenues need to be explored for identifying and engaging participants.

"Create linkages with other systems that see this population, such as the child welfare system, juvenile probation, childcare providers . . ."

Suggested Approach:

Create linkages with other systems that see this population, such as the child welfare system, juvenile probation, childcare providers, primary care providers and the existing AOD/MH/DV service systems. The TANF intake or CalWORKs offices are not the only places to identify participants needing supportive service.

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Issue 5: Successful Implementation of Supportive Services Under CalWORKs Requires Attention to the Collaborative Relationships Between AOD, MH, DV and Social Services

It is generally believed that at least a subset of the "harder-to-serve" TANF participants have a combination of AOD/MH/DV issues and concerns. Some counties are integrating and/or coordinating AOD and MH services, but DV services are often on a separate track because of different historical roots and approaches.

Suggested Approaches:

◆ Build a comprehensive coordinated approach to organizing, assessing the need for and delivering all three supportive services to these participants.

◆ Secure active involvement from top management in Social Services in order to make identifying and serving clients' AOD/MH/DV needs a priority. Leadership is crucial in implementing this major new initiative.

◆ Obtain a similar high-level involvement by alcohol and drug, mental health and domestic violence management to make the collaboration work.

◆ Explore creative options such as interagency funding of services, in order to maximize revenues.