



CalWORKs Project Group

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

Help Connections, Volume 5

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Project Collaborative

- California Institute for Mental Health
- Children and Family Futures
- Family Violence Prevention Fund

Joint CalWORKs Committee

- California Mental Health Directors Association
- County Welfare Directors Association
- County Alcohol and Drug Program Administrators Association of California

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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 fifth in a series of “Help Connection” issue papers offering concrete suggestions for social service, employment, mental health, alcohol and other drug and domestic violence programs.

Project staff make periodic site visits to each of six study counties. During these site visits we hear about issues counties are identifying and also about how they are dealing with them. Some of these issues are documented here, as well as some promising approaches to dealing with them successfully. They are not offered as definitive solutions, but as ideas that might be helpful for other counties. **If you have questions or would like to obtain more information about any of these proposed approaches and where they may be operational, please e-mail the CalWORKs Project at CalWORKs@cimh.org.**

This issue of Help Connections focuses on the frontline CalWORKs staff—eligibility workers (EW) and employment counselors (EC)—and their role in making referrals for AOD/MH/DV assessments and/or services. The CalWORKs Project asked CalWORKs staff (in five counties) how their jobs have changed since the implementation of CalWORKs; about the training they have received on AOD/MH/DV issues; and how comfortable and prepared they feel to make referrals. Data are presented on factors that influence the EW and EC rates of AOD/MH/DV referrals.

Issue 1: Perspective of CalWORKs Staff on How CalWORKs Has Changed Their Jobs

Welfare reform has brought dramatic changes for eligibility workers (EWs) and employment counselors (ECs).¹ Both EWs and ECs in all counties agreed that their jobs are more difficult now than before welfare reform. Both groups reported higher caseloads, more to do, and more to know.

Eligibility workers and employment counselors in five of the Case Study counties were asked about changes in their caseload, the amount they were expected to do with each case, and the complexity and number of rules they were expected to know. The following tables indicated the percentage of each group in each county that said that each of these had *increased*.

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

The amount of reported caseload increase varied by county, but there was consistency across counties in the other two areas. Three-quarters or more in each county reported more to do per case, and almost all reported increases in the complexity and number of regulations they must master.

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	41	54	62	95
Amount to do per case	45	80	100	86	50
Complexity/number of regulations	57	88	92	91	70

Employment counselors were somewhat more consistent in reporting higher caseloads, but were somewhat less consistent regarding increased work per case and complexity/number of regulations.

Overall, in both groups there has been a very clear (and in some cases overwhelming) increase in the expectations on front-line workers since the implementation of CalWORKs.

Comments by CalWORKs staff on the surveys demonstrate their belief that the high caseloads and amount of other work required for each case acts as a barrier to their ability to identify and refer participants for AOD, MH, and DV issues. Here are a few sample comments:

¹ 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.

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 it's 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.

EC: As an employment counselor I really don't get a lot of one-on-one interaction, even though the position implies I do.

Issue 2: Training of CalWORKs Staff about AOD, MH, DV Issues

Since frontline CalWORKs staff play a key role in the identification strategies of most counties, providing training about AOD, MH, and DV issues has been a high priority. But there is a substantial difference among the counties in the amount of training provided.

We asked EWs and ECs how many hours of training they remember having received in each of the three areas. In general, Monterey provided three or more times the training of EWs as did other counties. Fewer than five hours of training for each domain is typical.

Eligibility Workers Responses—Average 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

Training reported being received by ECs was considerably greater than that reported by EWs in Los Angeles, Shasta and Stanislaus

Employment Counselors—Average 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

Ratings of Helpfulness of Training

In general, eligibility workers and employment counselors reported that the training was helpful. But the ratings varied by topic and by county. And it was clear from comments on the survey that many staff believed that more hours of training are needed.

The following tables show the percentage in each county that rated the training as “very” or “moderately” helpful.

Percent of EWs Rating Training as “Very” or “Moderately” Helpful

Issue	Kern	Los Angeles	Monterey	Shasta	Stanislaus
Alcohol and Other Drugs	74%	84%	71%	53%	55%
Mental Health	78%	83%	66%	45%	56%
Domestic Violence	79%	86%	67%	78%	62%

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Percent of ECs Rating Training as “Very” or “Moderately” Helpful

Issue	Kern	Los Angeles	Monterey	Shasta	Stanislaus
Alcohol and Other Drugs	72%	86%	90%	81%	78%
Mental Health	79%	87%	95%	87%	70%
Domestic Violence	79%	85%	90%	90%	86%

The final question on the survey asked for any other comments. The largest category of comments by EWs—39 percent—related to the need for additional training. ECs also volunteered comments requesting additional training, but not in as great a number—26 percent indicated a desire for additional training on AOD, MH, and/or DV issues. A sample of the comments follows:

EW: 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.

EW: Constant training on a yearly basis regarding these issues.

EC: Not enough training. No specific guidelines on how to assist these problem participants.

EC: 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....

Issue 3: Referral Rates

ECs are generally more likely to make referrals than EWs—a higher percentage report making at least one referral and they report making a higher average number of referrals. Within both CalWORKs staff categories, a relatively low number of staff accounts for a high percentage of the referrals.

The survey asked how many referrals the respondent had made in the last three months. A far higher percentage of ECs than EWs reported having made at least one referral in the last three months (87 percent vs. 35 percent). Similarly, the average number of referrals made by ECs was higher at 5.0 compared with 3.7 for those EWs who made any referrals and 1.8 for all EWs (including those who made no referrals).

The 20 percent of the EWs who made the most referrals accounted for 52 percent of all the EW referrals. Similarly, 55 percent of all the EC referrals were made by 20 percent of the ECs.

Impact of Job Expectations and Level of Comfort and Preparedness on Referral Rates

Almost half the EWs—by self-report—do not appear at all prepared to make referrals. For ECs there is a direct relationship between how comfortable and prepared they report they feel about identifying participants with AOD/MH/DV issues, and talking to them about these issues and the number of referrals they make.

We asked CalWORKs staff how prepared they felt to identify participants with AOD/MH/DV issues and how comfortable they felt in talking to the participants about these issues and about services. Responses from the three questions on the survey were combined into one general scale of “preparedness and comfort.” We also asked them whether making referrals for AOD/MH/DV assessments was part of their job.

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 in three of the five counties more than 25% of the EW said it was either not part of their job or they were uncertain if it was.

As the table shows below, for ECs the higher the rating of preparedness/comfort the greater were the numbers of referrals made.

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

Preparedness and Comfort Rating (High rating reflects greater preparedness/comfort)	Number of Staff	Average Number of 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

There was a similar trend for EWs for a higher number of referrals to be made for those with higher Preparedness-Comfort self rating, but the results were not statistically significant.

Impact of Training on Referral Rates

Training increases the rates of referral from both eligibility workers and employment counselors. The biggest impact from training on referral rates seems to be the difference between *none* and *some* training.²

- Whether or not an EW makes *any* referrals is influenced by the amount of training. Only 36% of those who received *no* training report making any referrals compared to over half of those who received *some* training.
- For ECs 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 compared to 5.0 for those who received *some* training.

Issue 4: Implications: How to Help EWs and ECs to Make More Referrals

Counties have placed frontline CalWORKs staff in a key role in the identification and referral of participants with AOD, MH, and DV issues. The counties must follow through in providing these EWs and ECs with the time, the training, and the resources they need to do this job well.

- Reduce caseloads where feasible.** 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 EWs and ECs despite training and good intentions.

² The data suggested that those with a lot of training (over 30 hours) made more referrals than those with intermediate levels of training (up to 30 hours). Some of those who reported large amounts of training had received it outside the CalWORKs setting, e.g. by volunteering at a DV center.



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- ☑ **Make sure that role expectations are clear.** The critical step for EWs to take is making the first referral. Based on the survey results, most EWs make no referrals. If your county expects EWs to make referrals make sure that they are given a crystal clear message about the importance of the activity, and that they have enough training to feel prepared to fulfill the role expectation.
- ☑ **Create specialized units of EWs and/or ECs who feel prepared and comfortable in dealing with AOD/MH/DV issues.** The level of self-reported preparedness/comfort varies among ECs. Those feeling most prepared/comfortable report making more referrals. This suggests two possible strategies: either increase the level of training³ to make more EWs and ECs feel prepared/comfortable and/or identify those with high self-reported preparedness/comfort and give them a larger role with participants more likely to have AOD, MH, or DV issues.
- ☑ **Provide basic training at regular intervals for new employees and updates for on-going staff.** The substantial turnover in DSS staff means that any training effort needs to be more than a one-time activity. Twenty-seven percent of EWs, for example, said they had received no MH or AOD training and 18 percent said they had received no DV training. Based on the results of our survey of EWs, the provision of even a minimal amount of training appears to increase the probability that the worker will make at least one referral. Similarly, the provision of at least some training for ECs increases the mean number of referrals.
- ☑ **Evaluate training.** Counties should evaluate the usefulness of the training they offer. Based on the EW and EC surveys, different trainings were rated as more or less helpful in different counties.
- ☑ **Don't rely only on EWs and ECs to do identification and referral.** Despite all the best efforts, relying on EWs and ECs for most referrals may be problematic because of the many system barriers.⁴ Counties need to explore alternate routes into AOD/MH/DV services for CalWORKs participants. **WATCH FOR A SUBSEQUENT HELP CONNECTIONS ISSUE ON "IDENTIFICATION TIPS."**

³ Workers can obtain this training with special interest through off-site activity.

⁴ CalWORKs participants may not reveal AOD issues, in particular to CalWORKs staff, because of the fear of negative consequences.