



CalWORKs Project Group

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

Help Connections, Volume 6

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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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- ◆ **Q & A (Ask your question — we’ll locate an expert to answer it!)**
- ◆ **Project products and updates**
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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 sixth 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.**

In the last issue of Help Connections (Volume 5, September, 2000) we noted that counties are relying most heavily on CalWORKs eligibility workers and employment counselors to identify participants who have AOD, MH or DV issues. We provided some ideas about what counties can do to assist these workers in this task. However systemic organizational characteristics (such as high caseloads and participants' lack of trust in "the welfare system") keep this strategy from being fully successful.

In this issue we offer some other "Identification Hints."

Issue 1: "Back-Door" Referrals from AOD/MH/DV Service Providers

Because the majority of CalWORKs participants who receive AOD, MH and DV services are *not* direct referrals from CalWORKs staff, their services may *not* be in their Welfare-To-Work (WTW) Plan. CalWORKs participants can benefit from having their AOD/MH/DV services included in their WTW Plan. Counties can facilitate this process by the way they structure their system and by helping providers to engage their clients in discussions about CalWORKs.

Many CalWORKs participants are already receiving AOD/MH/DV services when they apply for CalWORKs. They have found their way to services through family and friends, through court order in the case of AOD services, through referral from physicians, or through their own initiative. In some cases they will inform their CalWORKs caseworker that they are receiving these AOD/MH/DV services, and in many situations they will not.

To varying degrees, counties have encouraged AOD/MH/DV service providers to identify their clients who are already CalWORKs participants, and those who may be potential CalWORKs recipients. In the former case the goal is to have the services included in the Welfare-To-Work Plan, and in the latter to have the client apply for assistance.

For the client already in CalWORKs, there are clear benefits to having the services included in her/his Welfare-To-Work Plan.

- S/he can receive childcare and transportation services in order to facilitate the AOD, MH or DV services
 - S/he can have the AOD/MH/DV treatment/service hours count as work-activity hours
 - In some counties s/he can have other work-activity hours suspended temporarily while s/he is receiving these support services, i.e., the AOD/MH/DV treatment/service hours can be considered to meet the full work-activity requirement, even if they do not total 32 hours
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- Participants with DV issues can have time limits extended or waived

The service provider can be of considerable assistance in navigating the CalWORKs system with the client who is eligible for CalWORKs but has not yet applied. In surveys of 472 clients receiving AOD, MH or DV services in four counties, 39% said their AOD/MH/DV providers had “helped [them] a lot” in dealing with the welfare department, and another 25% said they had helped “a moderate amount.”

Identification Hints for “Back-Door” Referrals

- ☑ ***Assign specialty workers within CalWORKs to deal with clients who come from the AOD, MH and DV service systems***
 - In Los Angeles, eligibility workers are assigned to some of the large AOD programs and spend time at these program sites. This facilitates co-ordination so that CalWORKs participants can get what they need from CalWORKs, and those not yet receiving TANF benefits can be assisted in the application process.
 - The Kern County welfare department assigned a special staff member to handle all calls from AOD providers in order to facilitate the process of getting current AOD clients enrolled in CalWORKs and/or ensuring that they got all the services they needed if they were already CalWORKs participants.
- ☑ ***Provide information to AOD/MH/DV service providers on how to do a “back-door” referral.*** Most providers do not have the time to figure out how to navigate the CalWORKs bureaucracy. Los Angeles County issues Provider Directives so that service provider agencies get consistent information on how to facilitate access to CalWORKs services for their clients. One Provider Directive includes guidelines and complete instructions for “back-door” referrals.
- ☑ ***Provide training and materials to AOD, MH and DV providers about the advantages and disadvantages of their clients’ being CalWORKs participants and having their services included in their Welfare-To-Work Plan.*** Service providers do not have sufficient information about the advantages of including services in CalWORKs Welfare-To-Work Plans to be able to alleviate any concerns that their clients may have. Giving providers this information will allow them to be more effective in their discussions with their clients who are CalWORKs or potential CalWORKs participants.

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Issue 2: Reaching Out to CalWORKs and CalWORKs-Eligible Participants

In an effort to increase referrals for AOD/MH/DV services, two general kinds of outreach are being tested—media campaigns and outreach workers.

Most counties provide some type of information to CalWORKs participants about available AOD/MH/DV services. The simplest approach has been the development and dissemination of brochures that describe the AOD, MH and DV services. These are given to all CalWORKs participants, and are placed in other environments where CalWORKs participants might spend time, e.g., health clinics, WIC, and childcare programs.

More sophisticated media approaches include the development of a consistent social marketing message that goes beyond just describing service availability, to actually encouraging participants to seek out services. Monterey County, for example, created a campaign around the message of “Recovery—The Opportunity of a Lifetime.” Brochures and posters carry this message, which is then reinforced by the frontline CalWORKs staff and the behavioral health team.

Alameda County developed an extensive media effort. The county hired a public relations firm that developed a professional videotape that explains the CalWORKs process and the availability of AOD, MH and DV services. Again, they presented a consistent message—“Change is hard, but it’s worth it”—which was used in both the video and other media materials, including signs on buses and at bus stops. The video was sent to 1,500 sanctioned TANF participants as part of the county’s efforts to re-engage this population.

Alameda County has also made an aggressive effort using outreach workers. Roughly 15 outreach staff have been hired to make contact with organizations and settings in which CalWORKs participants are likely to spend time. Some staff are county employees and others are hired (with CalWORKs’ allocation funds) by contract agencies. Special efforts have been made to ensure that staff are culturally and linguistically diverse. When potential clients are identified the outreach worker provides a linkage to ease access to the regular service system, maintaining contact with the recipient until two visits with a treatment service provider have been completed.

Identification Hints for Outreach Efforts

- ☑ ***Utilize CalWORKs participants in the design of media messages.*** A media campaign will only be as effective as the message is in motivating the people toward whom it is directed. The only way to be sure that you have it right is to ask CalWORKs participants.
 - ☑ ***Match the characteristics of your outreach workers with the linguistic, ethnic and cultural makeup of your CalWORKs population.*** The purpose of having outreach workers is to meet the participants on their terms, i.e., in their environment, in order to overcome
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any barriers that are created through the welfare system. Having the staff share basic characteristics will facilitate the process.

- ☑ ***Train your outreach workers.*** It is important that they have a good understanding of all the systems—CalWORKs and AOD/MH/DV programs—so that they can give accurate information and helpful guidance to recipients. It is also important for them to know whom to contact in each of the systems when they need additional information.
- ☑ ***Provide the outreach workers with sufficient flexibility and time to ensure client engagement.*** CalWORKs and potential CalWORKs participants have not sought AOD/MH/DV services for a variety of reasons, such as lack of trust in the system or having to deal with other more pressing issues such as housing. The outreach worker may need to address these other issues first before they can assist the participant into AOD/MH/DV services.

Issue 3: Co-locating Staff—What to Consider

Co-location of AOD/MH/DV staff at CalWORKs sites has been an effective and widely used identification strategy. Attention to details can enhance its effectiveness.

Co-location of AOD, MH, and/or DV staff at various CalWORKs locations has been one of the most pervasive and effective identification strategies. It builds trust and informal relationships between CalWORKs staff and the AOD/MH/DV systems that facilitate making referrals. Co-location also promotes the ongoing sharing of policy and procedural issues. In some counties the co-located AOD/MH/DV staff make presentations to groups of CalWORKs participants, e.g., in the Welfare-To-Work Orientation or the Job Club, about the available services and how they can be accessed.

The nature and extent of co-location varies across the counties. Having full-time co-located AOD/MH/DV staff is easier in counties that have more centralized CalWORKs services, since there are fewer locations that have to be covered. Some smaller or more decentralized counties have utilized on-call AOD/MH/DV staff members that have agreed to come on-site within a set time period of receiving a call.

Identification Hints for Co-location

- ☑ ***Think carefully about how to identify and where to locate the co-located AOD/MH/DV staff.*** Some counties have taken care to maintain a clear separation between the welfare staff and the co-located AOD/MH/DV staff. They believe that participants will more readily engage with an AOD/MH/DV staff member who is not identified with the welfare system, which may still be viewed as non-helpful and potentially punitive. Some counties have avoided clearly labeling the co-located AOD/MH staff office as “mental health” or

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“substance abuse” for fear that this will scare off potential clients. In other counties where co-located AOD/MH/DV staff offices are identified to encourage “walk-ins,” they are usually called counselors, not therapists or substance abuse providers. Co-located DV providers must also weigh safety considerations in deciding how to identify themselves and their offices.

- ☑ **Select co-located staff carefully.** Flexibility, very good people skills, and an out-going personality (in addition to professional skills) are necessary for co-located staff members to be maximally effective. The co-located staff have two tasks—to build relationships with the CalWORKs staff and system, and to engage potential clients who may be experiencing considerable stress or fear. Co-located staff need to be able to do both well.

- ☑ **Keep track of what works and what doesn't work.** Does it matter if co-located staff members do an assessment immediately upon referral as opposed to scheduling an appointment on a later day? Does it matter whether the co-located staff's presentation to a Job Club is five minutes or half an hour? Does it matter if the co-located staff makes presentations to the CalWORKs staff on a regular quarterly basis or not? Counties that are able to keep track of the number of referrals (and subsequent assessments and services) that result as they change these policies and procedures will learn how to best maximize their co-located staff resource.

Visit our website: www.cimh.org and go to the Welfare Reform page. You will find all the back