



## **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	<ul style="list-style-type: none"> <li>▪ All MH services provided by team</li> <li>▪ Some referrals for AOD services</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ AOD is assessment only</li> <li>▪ MH can be up to six sessions</li> </ul>	<ul style="list-style-type: none"> <li>▪ All AOD referred to regular service system</li> <li>▪ Target population MH referred immediately to regular system; those needing more than the 6 sessions will be referred at that point</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Referrals only when the team cannot provide a needed service</li> <li>▪ If in existing care, BHS will monitor attendance &amp; progress</li> </ul>



*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.<sup>1</sup>

**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

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<sup>1</sup> 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	<ul style="list-style-type: none"> <li>▪ Areas outside greater Bakersfield</li> <li>▪ Selected AOD providers within Bakersfield</li> </ul>
Los Angeles	None	All AOD and MH services
Monterey	Almost all AOD and MH	Minimal
Shasta	Short term MH	<ul style="list-style-type: none"> <li>▪ All AOD services</li> <li>▪ Long-term MH services</li> <li>▪ AOD and MH services outside Redding</li> </ul>
Stanislaus	Most of the AOD, MH, and DV within Modesto	<ul style="list-style-type: none"> <li>▪ Some AOD and MH services within Modesto</li> <li>▪ AOD and MH services outside Modesto</li> </ul>



*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	<ul style="list-style-type: none"><li>▪ Two new MH services in the planning stages: transitional youth and women leaving jail</li><li>▪ Full range of services under DV contracts including taxi service and monitored visits</li><li>▪ Department of Mental Health utilizing its children's agencies to work with CalWORKs families</li></ul>
Monterey	New 52-unit clean-and-sober transitional housing
Shasta	<ul style="list-style-type: none"><li>▪ Expansion of AOD day treatment program to include women with older children and addition of a component focused on parenting and self-sufficiency issues</li><li>▪ Educational and support groups provided by DV agency</li></ul>
Stanislaus	<ul style="list-style-type: none"><li>▪ 18-bed expansion of county-run AOD residential program</li><li>▪ Employment counselor added to AOD day treatment program</li><li>▪ Contracts with two clean-and-sober transitional housing programs</li><li>▪ DV employment staff</li><li>▪ AOD outpatient and day-treatment programs</li></ul>

#### *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	<ul style="list-style-type: none"> <li>▪ DSS contract with an AOD provider for addition of a vocational specialist to provide vocational services concurrently with treatment</li> <li>▪ DV contractors funded for an employment staff</li> </ul>	
Kern	Specialized integrated team located within the employment unit of behavioral health department	
Los Angeles	<sup>2</sup>	County ADP staff support better co-ordination with existing employment services rather than programs developing their own services
Monterey		<ul style="list-style-type: none"> <li>▪ EAP and DV contractor staff attend joint case conferences with DSS</li> <li>▪ DV social worker works with employment services to assist DV survivors engage in work-related activity</li> </ul>
Shasta		The BHT does not provide any employment-related services itself
Stanislaus	<ul style="list-style-type: none"> <li>▪ DV program has a special grant that will include employment-related services</li> <li>▪ Specialized integrated team will not duplicate employment-related services available within CSA</li> </ul>	

<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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

<sup>3</sup> *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>

<sup>4</sup> 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.

