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Connecting Different Worlds: Mental Health, Alcohol and Drug, and Family Violence Services in CalWORKs

By Lynn DeLapp

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C A L I F O R N I A

R E S E A R C H B U R E A U

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Drug, and Family Violence
Services in CalWORKs**

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EXECUTIVE SUMMARY

It has been over three years since California started implementation of welfare reform, officially known as the California Work Opportunities and Responsibility for Kids Act (CalWORKs). Since the enactment of the law in 1997, bolstered by a booming economy, 42 percent of welfare recipients have found jobs, unemployment dropped to the lowest rates in decades, and, between March 1995 and June, 2000, the state's welfare rolls have dropped by 43 percent.

Questions remain about the “hard to serve”—CalWORKs clients with multiple barriers to employment—many of whom probably need multiple services to succeed in the workplace. In a significant departure from prior welfare policy, lawmakers recognized that an estimated ten to thirty percent of welfare recipients might need additional mental health or substance abuse services to enable them to work, and provided funding for this purpose. The CalWORKs law (WIC 11325.5-11325.8) required county welfare departments to work closely for the first time with county mental health and drug and alcohol programs to: 1) identify and assess recipients in need of mental health or substance abuse services; and 2) provide services to enable the recipients to be employed. Lawmakers also recognized that family abuse could also provide significant barriers to employment, and adopted the federal Family Violence Option, waiving work requirements in some circumstances.

This paper focuses on this population—those whose mental health, alcohol and other drug or family violence issues may act as barriers to employment. Three years into CalWORKs, we know that relatively few clients with these issues have been identified within CalWORKs, and that many counties have not spent the funds allocated for mental health or alcohol and other drug treatment and services. By State Fiscal Year 1999-2000, over two years after initial implementation, counties had spent only about 52 percent of the total annual allocation for mental health and 63 percent of the allocation for substance abuse. An unknown amount of funds were being spent for family violence services. Although a variety of factors have been identified and will be discussed in this report, we do not yet have a full or clear explanation as to why services remain unused.

In searching for possible explanations, this paper first examines estimates of prevalence. In 1997, the Legislature estimated 25 percent of CalWORKs clients would face substance abuse barriers to employment. Studies from around the country have found substance abuse prevalence rates ranging from nine to 33 percent among welfare clients, while relatively small California samples find prevalence rates of ten to 12 percent. For mental health barriers, the Legislature used a prevalence estimate of 22 percent. National studies of prevalence of mental health barriers for welfare clients range from 19 to 46 percent, and the California samples range from 22 to about 33 percent.

No special funding for family violence was included in the CalWORKs legislation, so no estimate of prevalence was made at that time. Recent studies of family violence among welfare recipients from outside the state have found that 20 to 30 percent of women

receiving welfare benefits are current victims of domestic violence, two to three times the rates found in the overall U.S. population. Moreover, half to two-thirds of welfare recipients report that they have been abused at some time in their lives. Smaller California studies have found much higher prevalence rates, ranging from 24 to 49 percent. Domestic violence is emerging as an extremely important issue for CalWORKs, and services are not well integrated into the existing structure.

Prevalence data alone does not indicate a specific need for services, either through the CalWORKs program, or through individual service systems. Nor does it mean that all women identified with one or more barriers necessarily needs services in order to obtain or hold a job. Clearly, many women who are already in the workforce also face these problems. Further investigation is needed before we can better estimate the level of actual need for employment-related mental health, alcohol and drug, and family violence services for CalWORKs clients. The state CalWORKs evaluations, now underway, should provide a clearer picture of actual need for supplemental services. In the meantime, it is clear that mental health, substance abuse and family violence are important underlying factors inhibiting parents' ability to work and support their families.

Given the perceived need, there are client, administrative and professional barriers that limit CalWORKs clients' abilities to obtain needed services. The disparate, unconnected CalWORKs, mental health, alcohol and drug, and family violence service systems have yet to fully and effectively develop plans and implement joint programs to serve CalWORKs clients. Barriers include disparate organizational cultures and professional standards, inadequate linkages between and among workers and systems, lack of cross-training, and complicated, disjointed processes. Serious administrative barriers related to county financial claiming of state funds for services provided, and a wholly inadequate data system prevent state policymakers from obtaining timely, accurate information about the services provided and county use of allocations.

Client barriers to obtaining services include fears about losing their children or losing benefits if they disclose substance abuse or domestic violence; privacy issues; cultural and language differences; inadequate information; and lack of child care, transportation or appropriate treatment or services.

Several counties have implemented exemplary systems to provide mental health, substance abuse and family violence services to CalWORKs clients. The report summarizes innovative efforts developed by Los Angeles, Stanislaus and Sacramento Counties.

We know that far fewer CalWORKs clients than initially predicted are seeking mental health, alcohol and drug and family violence services, although the numbers are gradually rising statewide. Some counties have implemented programs which have significantly improved access to and utilization of services. Yet many questions remain. We do not know how many clients would seek services if many of the barriers identified in this paper were removed, or which program models best assist clients. More importantly, we do not yet know the extent to which provision of drug and alcohol, mental health and

domestic violence services for CalWORKs clients improve their ability to support themselves and their families, or whether these services make a significant, long-lasting difference in clients' lives. These services are costly, but without better research it is not clear if their benefits outweigh their costs.

We conclude the report with policy options regarding the impact of mental health, substance abuse and domestic violence services, the emergence of family violence as a significant barrier to employment, the lack of state and county service integration, and funding and allocation issues.

INTRODUCTION AND BACKGROUND: WHAT ARE THE ISSUES?

It has been over three years since California started implementation of welfare reform, officially known as the California Work Opportunities and Responsibility for Kids Act (CalWORKs). Bolstered by a booming economy, 42 percent of welfare recipients have found jobs, unemployment is hovering at the lowest rates in decades, and between March 1995 and June, 2000, the state's welfare rolls dropped by 43 percent.¹ Approximately half of this decline was due to fewer people entering welfare than in previous years, and half was due to welfare recipients leaving the program due to employment or other factors.²

And yet, while more welfare recipients have obtained employment, many still earn too little to support their families.³ And many of the "hardest to serve" have not obtained jobs.

Significant questions remain about the "hard to serve"—CalWORKs clients with multiple barriers to employment—many of whom probably need services from a variety of providers to succeed in the workplace. This report will focus on one large segment of that population—those whose mental health, alcohol and other drug,^{*} or family violence issues act as barriers to employment. Three years into CalWORKs, we know that relatively few clients with these issues have been identified by CalWORKs staff, and that many counties have not spent the funds allocated for mental health or alcohol and other drug treatment services. Preliminary figures for FY 1999-2000 show that 49 percent of the funds allocated for substance abuse, and 37 percent allocated for mental health were unspent⁴. Although a variety of factors have been identified, we do not yet know why. Has the need not materialized? Are we failing to identify clients who need these services? Are services unavailable? Are low-income parents with need for these services dropped from CalWORKs without receiving services-- or not even applying? Are the systems effectively linked to ensure that clients are not falling between the cracks? Are there organizational and systemic barriers which deter CalWORKs clients from identifying their needs and seeking services? Personal barriers?

This report will examine these issues. We will review what we know so far about the prevalence of these problems among low-income women, who comprise slightly over three-quarters of the CalWORKs population⁵, and examine how well linkages have been made between county welfare departments and systems responsible for mental health, substance abuse and family violence services, to enable clients with these issues to become employed. We will look at organizational, administrative and personal barriers to services. We will also look at three counties where strides are being made to serve clients who need these services, and are effectively using their allocated funding. Finally, we will raise outstanding state policy issues which, if addressed, could improve services to these clients.

* Throughout this paper, the terms "alcohol and drug" and "substance abuse" are used interchangeably, as are "family violence" and "domestic violence."

These issues are underscored by rapidly approaching initial time limits for CalWORKs recipients, a slowing economy, ongoing CalWORKs budgeting and allocation issues, and the upcoming re-authorization of the federal Personal Responsibility and Work Opportunity Reconciliation Act in 2002. The federal welfare reform law established a five-year lifetime limit for recipients to receive aid. In addition, the state limited welfare-to-work services to no more than 24 months for recipients who were on aid when the program was established, and 18 months for new recipients. These time limits are now starting to run out—with relatively few of the potentially hardest-to-employ having received services they may need to gain and sustain employment.

Questions have also been raised about appropriate levels of funding for mental health and substance abuse, and whether current funds should be diverted to other uses. In addition, the issue of separate funding for family violence services has been raised. Before any money is diverted, however, and in preparation for re-authorization, we need to know why the money remains unspent.

FROM INCOME SUPPORT TO TEMPORARY ASSISTANCE AND COUNTY AUTHORITY

With passage of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Congress shifted welfare from providing basic income supports to low-income parents and children, to offering limited, temporary support aimed at assisting the parent in finding a job and leaving the welfare rolls. Under the federal Temporary Assistance for Needy Families (TANF) program, 80 percent of all recipients were expected to find work to sustain their families.

In a major departure from previous welfare legislation, Congress also moved primary responsibility for the program from the federal government to the states. For the first time, states were provided wide latitude to design their own programs, as long as they met Congress' objectives of reducing the number of people on welfare and increasing the number of recipients with jobs. In turn, when California enacted the California Work Opportunity and Responsibility to Kids Act in August 1997, the Legislature shifted significant responsibility for CalWORKs results to the counties, authorizing California's 58 counties to design programs addressing the specific needs and circumstances of their residents. Within a general framework, each county was expected to design and operate its own unique program.

When the California Legislature enacted the state's CalWORKs law, counties were permitted to exempt from the work requirement recipients who were over 60, had impairments caused by pregnancy, or were disabled, or had caretaking responsibility for children under six months or incapacitated household members. Recipients were also exempted if they were non-parent caretakers of wards of the court or of children at risk of out-of-home placement.

In another significant change in welfare policy, lawmakers recognized that an additional group of welfare recipients, variously estimated from about ten to 30 percent, would need

additional mental health or substance abuse services to enable them to work, and provided funding for this purpose. The CalWORKs law (WIC 11325.5-11325.8) required county welfare departments to work closely for the first time with county mental health and drug and alcohol programs to: 1) identify and assess recipients in need of mental health or substance abuse services; and 2) provide services to enable the recipients to be employed. Lawmakers recognized that family abuse could also provide significant barriers to employment. They adopted the federal Family Violence Option, allowing the state to waive CalWORKs work requirements if compliance would unfairly penalize, jeopardize, or make it more difficult for individuals to escape abuse. The option also required states to identify, screen and provide services for victims of domestic violence. (WIC 11495-11495.40).

County plans for these services were required by state law to indicate:

- how the county would collaborate with other agencies to provide training and support services;
- the process to “provide for the availability of substance abuse and mental health treatment services”;
- the extent to which, and for whom mental health services would be available after a recipient’s time limits had been reached;
- the process to provide supporting child care and transportation; and
- how the county would train employees working with recipients who are victims of domestic violence.

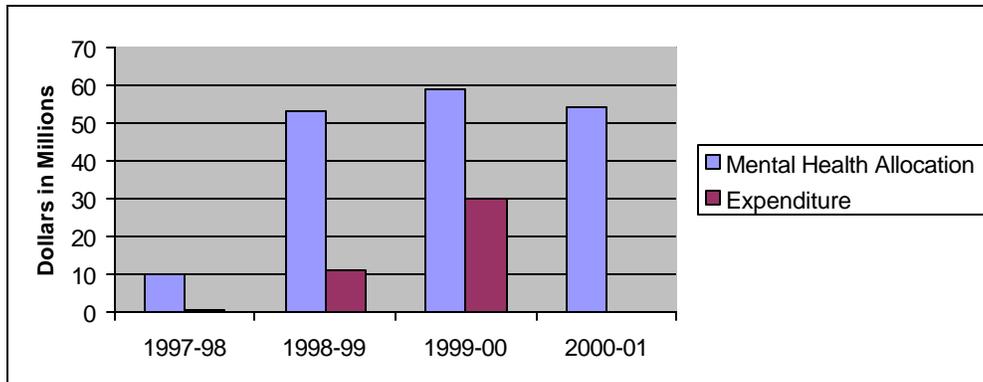
In 1997-98, as shown on Charts One and Two, the Legislature provided initial half-year funding of \$10 million for mental health services, and \$12 million (in addition to a federal allocation of \$5 million) for substance abuse services. This was increased in 1998-99 to \$53 million for mental health and \$66.2 million for the state share of alcohol and other drug services. No specific funding was allocated for family violence services; needed services were to be provided from the county’s CalWORKs single allocation or from either the mental health or substance abuse fund. In 1999-2000, state funding was increased to \$59 million for mental health and decreased to \$61.4 for substance abuse services. In 2000-01, state funding was reduced by approximately eight percent, to \$54.1 million for mental health, and \$54.8 million for substance abuse. The Governor’s Budget for 2001-02 proposes allocations of \$54.1 million for mental health and \$55.2 million for substance abuse.

During 1998-99, counties scrambled to design local CalWORKs programs. While most welfare directors found that the new hands-off approach by the state enabled them to design programs better suited to residents, some found the new system disorienting and frustrating. Virtually all were initially overwhelmed by the magnitude of the task and the multiple public and private collaborations required to fully implement the program.

Fortunately, a booming economy accompanied the start of welfare reform, and California welfare rolls dropped rapidly. Within months after initial program implementation, however, it became clear that mental health, alcohol and drug and family violence services were not being used, and a significant portion of the funds set aside for them were not being spent. In April 1999, speakers participating in a California Family Impact Seminar voiced concern about the very low utilization of support services.

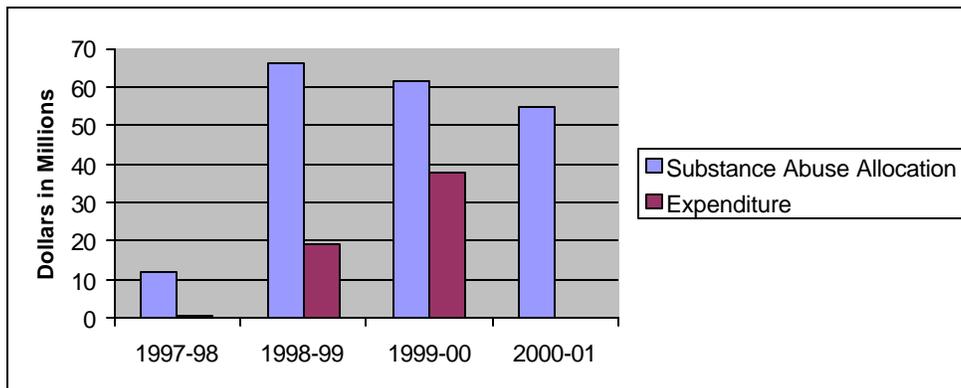
Available data supports these concerns. Throughout the state, for FY 1997-98, counties claimed only \$653,000 (6.5 percent) of their allocation for mental health and \$368,000 (3 percent) for substance abuse. Allocation use increased in 1998-99 to \$11.2 million (21 percent) for mental health and \$19 million (15 percent) for substance abuse. In 1999-2000, with the Legislature and counties paying closer attention to these services, counties have claimed to date, \$30 million (51 percent), of their allocation for mental health and \$37.9 million (63 percent) for substance abuse. Preliminary data for 2000-01 show that six months into the FY, counties had spent 26.4 percent of their mental health, and 21.6 percent of their full-year substance abuse allocations.

Chart 1
Statewide Allocations and Expenditures for
CalWORKs Mental Health Services



Source: California Department of Social Services, Research and Development Division

Chart 2
Statewide Allocations and Expenditures for
CalWORKs Substance Abuse Services



Source: California Department of Social Services, Research and Development Division

In 1999-2000, there was wide variation in county expenditures, with some counties claiming very low expenditures, and almost a third of the counties showing they had spent their full allocations. Table 1 below shows the allocations and percentage spent (to date) during FY 1999-2000 for the sixteen California counties with the largest allocations.

Table 1
Mental Health and Substance Abuse Allocations and Expenditures (FY 1999-2000)
For State and Sixteen Largest Counties

Counties With Highest Allocations	Mental Health Allocation (\$1000)	Mental Health Expenditures (\$1000)	% Spent Mental Health Allocation	Substance Abuse Allocation (\$1000)	Substance Abuse Expenditures (\$1000)	% Spent Substance Abuse Allocation
Alameda	2,432	3,313	136.0	2,410	1,528	63.4
Contra Costa	1,007	350	34.8	1,056	1,456	137.9
Fresno	2,185	275	12.6	2,292	445	19.4
Kern	1,563	608	38.9	1,640	660	40.2
Los Angeles	17,998	5,983	33.2	18,877	16,075	85.1
Merced	780	192	24.6	818	557	68.0
Orange	2,485	473	19.0	2,607	813	31.1
Riverside	2,191	479	21.9	2,298	248	10.8
Sacramento	3,354	1,646	49.0	3,517	2,647	75.2
San Bernardino	4,016	1,117	27.8	4,212	814	19.3
San Diego	3,950	3,815	96.9	4,143	936	22.6
San Francisco	1,638	1,638	100.0	1,430	1,430	100.0
San Joaquin	1,431	907	63.3	1,501	1,501	100.0
Santa Clara*	1,745	NA	NA	1,831	877,000	47.9
Stanislaus	1,018	990	97.2	1,068	958,000	89.7
Tulare	1,128	1,011	89.6	1,183	241	20.4
Statewide Totals (all counties)	59,094	30,001	50.8	60,450	37,820	62.6

California Department of Social Services, Research and Development Division

We know much less about service utilization. Although counties send monthly activity reports noting numbers of CalWORKs clients referred to assessment and treatment for both mental health and substance abuse services, we have been warned that these figures are very unreliable, since counties have different protocols about data collection as well as data systems which do not “talk to one another.”[†] In addition, according to the California Department of Social Services, data on use of mental health and substance abuse services, while unquestionably low, may not include all CalWORKs clients using these services, particularly if they entered through the mental health or substance abuse systems instead of CalWORKs, or are receiving services charged to other funding streams.

* Data for mental health expenditures not yet available.

† A more complete discussion of data problems is found on page 33.

Although limited, the best data we have on service utilization comes from The Rand Corporation's second-year evaluation of CalWORKs. Rand reported that less than one percent of the CalWORKs caseload (using September 1998 caseload estimates) were admitted for substance abuse treatment between January and December 1998. During that year and the following six months, admissions increased 15 percent, from 1,929 admissions in January 1998 to 2,433 admissions in June 1999. No comparable data is available for mental health services⁶.

During the past two years, policy researchers, county agencies, and advocates have begun to identify key factors to explain why support services have been under-utilized. Reasons include inadequate linkages between service systems, client barriers, and administrative issues. Each of these factors, as well as promising changes to overcome these barriers, will be explored below. First, however, we will look at the need for support services in the CalWORKs population.

IDENTIFYING THE NEED: PREVALENCE

After three years of CalWORKs implementation, we still have very little information about either the prevalence of substance abuse, mental health, and family violence among welfare recipients, or the number of the clients with these issues who need services in order to get and keep a job.

ALCOHOL AND DRUG ABUSE

There is very little data on the prevalence of substance abuse among TANF welfare recipients. In 1997, as the Legislature prepared to enact CalWORKs, the Conference Committee for the bill agreed to use an estimate that 25 percent of adult CalWORKs recipients would need alcohol or drug abuse services to gain employment.

Early research, based on actual reports from other states, found variable rates of dependence.

- Based on 1994 and 1995 data from the National Household Survey of Drug Abuse, Jayakody found that nine percent of female AFDC recipients had a diagnosis of alcohol dependence compared to five percent in the non-welfare population.⁷
- In a separate study, Jayakody and Pollack also found that 19 percent of welfare recipients reported using an illegal drug during the past year.⁸
- A New Jersey study estimated a prevalence rate of 11.3 percent of substance abuse or substance disorder among the TANF population.⁹
- A February 1997 early study of Michigan TANF recipients found in structured interviews that only 2.7 percent of a sample of 753 single mothers indicated alcohol dependence and 3.3 percent admitted drug dependence.
- Estimates of prevalence from the Center for Addiction and Substance Abuse (CASA) at Columbia University showed that long-term welfare recipients were almost twice as likely to have substance abuse problems (33 percent) as those recipients with less than two years in the welfare system (17 percent).¹⁰

The most recent California studies include the extensive 1997 *Alameda County CalWORKs Needs Assessment*, which found that between 10 and 12 percent of CalWORKs clients were likely to face employment barriers due to alcohol or drug use,¹¹ and first-year data from *The CalWORKs Project: The Prevalence of Mental Health, Alcohol and Other Drug & Family Violence Issues among CalWORKs Participants in Kern and Stanislaus Counties*. The ongoing Kern-Stanislaus study looked at the prevalence of alcohol and other drug abuse and dependence in two California counties. The report, published in September 2000, was based on face-to-face interviews with 347 CalWORKs recipients in Kern County, and 356 CalWORKs applicants in Stanislaus

County. Researchers found, using specific diagnostic criteria, that about ten percent of respondents (9.5 percent in Kern and 12.6 percent in Stanislaus) had a diagnosable alcohol or drug disorder during the previous year. When self-reports of being a current or recovering addict or alcoholic are included, the rate of those with current or past serious alcohol or other drug problems rises to 13.8 percent in Kern and 19.3 percent in Stanislaus. Respondents in the two counties had similar rates of alcohol disorders (7 to 8 percent), but Stanislaus applicants had more than twice the rate of other drug problems than Kern recipients (8.4 to 3.5 percent).¹²

Researchers for the *Prevalence Report* caution readers and policy makers not to draw statewide conclusions based on this data. First, the data represents a baseline for only two counties, and does not represent the state as a whole. Secondly, the figures are likely undercounts of the CalWORKs population with an alcohol or drug dependency since the researchers believed that many women are reluctant to disclose drug problems for fear that their children will be removed from them, as we discuss below.

MENTAL HEALTH BARRIERS

During the planning phase for CalWORKs, very little data was available on the prevalence of mental health disorders –primarily depression and anxiety disorders— expected to affect TANF recipients. In absence of good data, planners used a 20-year-old prevalence figure of 22.1 percent for the overall California population (from the Epidemiological Catchment Area study for mental disorders) to estimate funding needs for mental health services.

Since then, a few prevalence studies of mental health disorders among the welfare population in other states have been completed.

- Jayakody’s analysis of the national Household Survey of Drug Abuse, comparing female welfare recipients and the general population, found higher prevalence (19 to 13 percent) among welfare recipients than the general population for four disorders including major depression, generalized anxiety disorder, agoraphobia and panic attack.¹³
- A 1996 Urban Institute study found that 24 percent of welfare recipients reported being depressed at least three days a week, compared to only 11 percent of a comparison group not receiving welfare.¹⁴
- A Michigan study reported rates among welfare recipients of major depression (26.7 percent), generalized anxiety disorder (7.3 percent) and post traumatic stress disorder (14.6 percent).¹⁵
- In a recent review of studies of women on public assistance that used comparable measures of Major Depressive Disorder, Lennon, Blome and English found 12-month prevalence rates between 12 and 25.4 percent (median: 17 percent). In addition, they found high levels of depressive symptoms ranging from 24.9 to 56.7 percent (median: 46 percent) of the women studied in the reviewed research.¹⁶

In California, the *Alameda County CalWORKs Needs Assessment* found that 22 percent of likely CalWORKs clients faced mental health barriers.¹⁷ The recent California Prevalence Report found that “more than one-third of each sample (34 percent in Kern and 44 percent in Stanislaus) had at least one diagnosable mental disorder during the previous 12 months and about 20 percent had two or more.” Moreover, 26 percent of respondents in Kern, and 19 percent in Stanislaus, reported that they had been totally unable to work or carry out normal activities for at least one day during the last thirty days due to mental illness symptoms. The mean number of symptomatic days reported by these respondents was 16 in Kern and 13 in Stanislaus.¹⁸

FAMILY VIOLENCE

Although the CalWORKs statute did not include a specific funding allocation for family violence services, lawmakers recognized that family abuse could present substantial obstacles to the CalWORKs clients. California adopted the federal Family Violence Option, which permits states to temporarily waive work requirements and other provisions to keep battered women safe as they progress through CalWORKs.

The California Department of Social Services Domestic Abuse Protocol defines family abuse as “assaultive or coercive behavior which includes: physical abuse; sexual abuse; psychological abuse: economic control; stalking; isolation, and threats or other types of coercive behavior occurring within a domestic relationship.” The Alameda County needs assessment predicted that between 17 and 24 percent would need domestic violence services, based on current or past history of family violence.¹⁹

During the last few years, researchers have consistently found that 20 to 30 percent of women receiving welfare benefits are current victims of domestic violence, two to three times the rates found in the overall U.S. population. (Rates for the much narrower category of physical abuse reported in other recent studies of the welfare population range from 8.5 to 31.1 percent.)²⁰

One-half to two-thirds of welfare recipients report that they have been abused at some time in their lives.²¹ Further, researchers have found that

...abusers deliberately employ violence to sabotage women’s efforts to become self-sufficient; threatened by their partner’s participation in education, training, or work, many men make use of a variety of violent strategies calculated to prevent the women from successfully completing training courses or getting to work.²²

Such strategies may include destroying homework assignments; engaging in all-night arguments before job interviews; turning off alarm clocks; inflicting facial injuries before job interviews; disabling the family car; threatening to kidnap the children from child care centers to prevent use of child care; failing to show up to provide child care or transportation for interviews; harassment on the job, etc.²³ According to the same research, the partners of battered women attempt to prevent their partners from working for two reasons: 1) they fear that if the women get jobs, they will have adequate resources

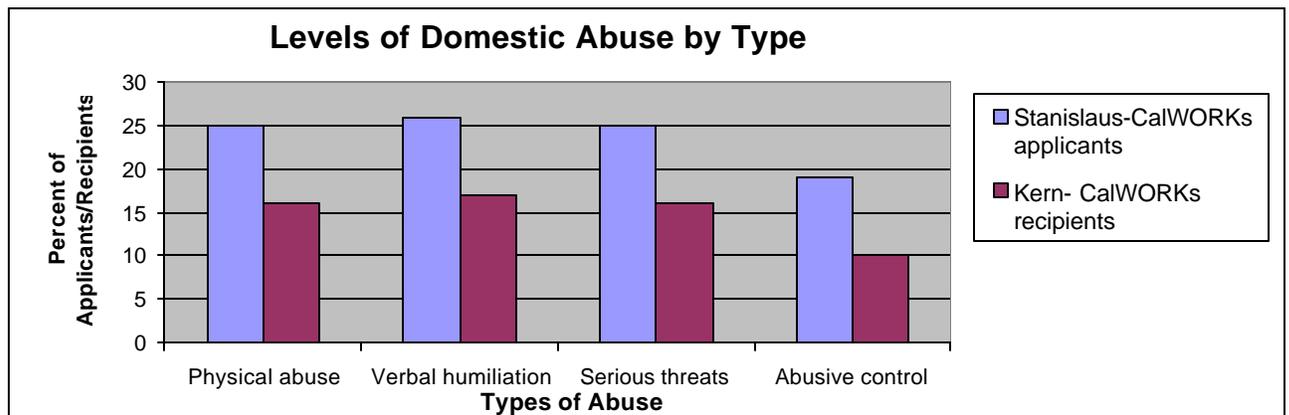
to leave the relationship; and 2) they fear that their partners will meet someone in the workplace who is more attractive and has more economic resources.²⁴ Both the *Prevalence Study* and other research, report that some women apply to CalWORKs to gain economic independence from their abuser.²⁵

Using the categories of physical abuse, sexual abuse, stalking, verbal abuse, economic control and threats, occurring within the last twelve months and over the client’s lifetime, the California *Prevalence Report* found very high rates of family violence among women in Stanislaus and Kern counties participating in CalWORKs. Overall, 35 percent of Kern recipients reported some form of abuse during the last twelve months, and 78 percent over their lifetime. Corresponding figures for Stanislaus applicants were 49 percent and 80 percent.

Broken down by type of abuse during the past year, (Chart 3) 25 percent of Stanislaus applicants and 16 percent of Kern recipients reported physical abuse, 26 percent and 17 percent reported verbal humiliation, 25 percent and 16 percent reported serious threats, and 19 percent and ten percent reported incidents of abusive control.

In addition, 13 percent of each of the California county samples had experienced post traumatic stress disorder in the past year resulting from prior physical or sexual assault, and approximately one-quarter of the women had at least one impact from family violence which could be a barrier to employment, including, physical injury, substantial interference by a boyfriend or partner which made it difficult to find or keep a job, or the presence of post traumatic stress disorder.²⁶

Chart 3



Source: California Institute for Mental Health (CIMH), *The CalWORKs Project Prevalence Report, The Prevalence of Mental Health, Alcohol and Other Drug & Family Violence Issues among CalWORKs Participants in Kern and Stanislaus Counties*, (September 2000)

CALWORKS FAMILIES WITH MULTIPLE BARRIERS

Further complicating the relatively meager prevalence data among the TANF population on substance abuse, mental health and family violence, is the fact that many clients cope with multiple conditions. Among the general public, the National Co-morbidity Survey

found that 43 percent of all respondents with alcohol or drug abuse or dependence in the past year also had at least one mental disorder, most frequently depression or anxiety disorder. Conversely, 14.7 percent of those with mental disorders also had a substance abuse disorder.²⁷ A 1999 national study of multiple barriers to employment among TANF recipients, which included learning disabilities, low literacy, disability, chronic health problems and language barriers, as well as substance abuse, mental health disorder, and family violence, found that 78 percent of TANF recipients had one or more barriers, 44 percent had two or more, and 12 percent had three or more.²⁸ Although studies of co-occurrence with family violence are limited, depression and post-traumatic stress disorder are frequently associated with surviving family violence.²⁹

Among CalWORKs clients in the two counties studied in the California *Prevalence Report*, researchers found that 55 percent of the Kern respondents and 60 percent of the Stanislaus respondents had at least one substance abuse, mental health or family violence issue within the previous year; the largest single condition in both counties was family violence. Moreover, 21 percent of clients in Kern County and 32 percent of clients in Stanislaus County faced at least two of these issues, with mental health and family violence the most frequent combination. Very few respondents coped with all three.

THE RELATIONSHIP BETWEEN MENTAL HEALTH, SUBSTANCE ABUSE, FAMILY VIOLENCE AND EMPLOYMENT IS UNCLEAR

Researchers point out that the presence of substance abuse, mental illness, or family violence do not necessarily prevent CalWORKs participants from working. Indeed, many people in the general population have the same disorders and go to work every day. For some, steady work helps to alleviate these problems. In addition, causality is very unclear. Family violence, substance abuse or mental health problems could either be the cause, the result of, or unrelated to applying for or remaining on welfare.

Nonetheless, researchers have found that the number of barriers to employability faced by TANF recipients is strongly related to the probability of obtaining employment. University of Michigan researchers looked at a range of mental health, substance abuse, mother's health, child health and severe abuse issues encountered by recipients. They found that women with no barriers had an almost 80 percent probability of working, falling to just below 60 percent for women with two or three barriers, and just over 40 percent for those with four to six barriers. Among recipients who coped with more than six barriers, the probability of working fell precipitously, to under six percent.³⁰ Similarly, a study of welfare recipients by Zedlewski found that only three percent of TANF recipients with three or more barriers were working, compared to 22 percent with one barrier and 50 percent with no barrier.³¹

While it is too early to draw conclusions in California about the impact of multiple barriers on employment, the *Prevalence Report* has established baseline data for the two counties showing that women with substance abuse, mental health, and family violence issues face more hurdles. These include limited work history and work skills,

discrimination, extended time on welfare, childcare and transportation problems, physical health problems, caring for a disabled child, homelessness, and learning disabilities.

SUMMARY OF PREVALENCE DATA

Returning to the original question of prevalence, or the need for alcohol and other drug, mental health and family violence services, national studies show relatively high prevalence of substance abuse, mental health disorders and family violence among TANF recipients. While the incidence of mental health disorders and family violence appears higher than national rates in the two California counties studied, and substance abuse lower, it is too early to draw firm conclusions on either the prevalence or the need for services for CalWORKs clients. Baseline data from two central valley counties is not representative of the entire state.

Prevalence data alone does not indicate specific need for services, either through the CalWORKs program, or through individual service systems. Nor does it mean that all women identified with one or more barriers necessarily need services in order to obtain or hold a job. Clearly, many women who are already in the workforce also face these issues. Further investigation is needed before we can better estimate the level of actual need for employment-related mental health, alcohol and drug, and family violence services.* The state CalWORKs evaluations, now underway, should provide a clearer picture of actual need for these services. In the meantime, it is clear that mental health, substance abuse and family violence are important underlying factors inhibiting parents' ability to work and support their families.

* Data on the relationship between incidence of a barrier and employment are currently being gathered in the two counties for follow-up reports to the *Prevalence Report*, and will be made available over the next two years.

IF PREVALENCE IS RELATIVELY HIGH, WHY ARE REFERRALS AND TREATMENT SO LOW?

Data from California counties reveal disproportionately low rates for referrals and treatment for CalWORKs-related mental health, substance abuse and family violence services.* In this section, we will explore why researchers and practitioners believe that the numbers of referrals and treatment are so low—and why the service systems are not well connected. Contributing factors include systems design obstacles, participant concerns and administrative barriers.

In light of the data on prevalence among the TANF population of mental health, substance abuse and family violence issues, and assuming that further research bears out the conviction among practitioners and many researchers that these issues constitute significant barriers to employment, the effectiveness of CalWORKs in moving a significant number of women from welfare to self-reliance will depend on how well the service systems can work together to serve this population. A significant amount of research, both within California and nationally, is examining these issues. While it is too early to draw conclusions about best practices or to confidently state “what works” to link the various systems together, researchers and practitioners are identifying both the barriers to effective systems coordination and noting potential solutions.

SYSTEMS DESIGN

Obstacles to effective service provision include disparate organizational cultures, inadequate linkages and training between and among workers and systems, and complicated, disjointed processes.

Organizational Culture: Different Systems, Different Worlds

Although the CalWORKs legislation requires county service systems to work together to address mental health, substance abuse, and family violence barriers to employment, building connections requires bridging significant differences between the cultures and professional models of these organizations. For many years, organizations addressing these issues have differed on multiple dimensions: mission, client focus, timelines, staff training, organizational culture, and even the definition of “success.” (See Table 2, pages 19-20).† For example, until recently, alcohol and drug agencies served primarily men, while welfare’s population is mainly women and children. Similarly, until recent changes in Medi-Cal rules, mental health providers concentrated on patients, primarily men, with severe mental illness, not on women who need only limited services to enable

* Data on referrals and services for family violence services are not compiled, as there is no specific allocation within CalWORKs for these services.

† Dr. Nancy Young and Sid Gardner of Children and Family Futures, featured speakers at the 1999 California Family Impact Seminar Forum, have provided valuable insight on the systemic differences between the CalWORKs, alcohol and drug treatment, and child welfare services. More information on this subject can be found in Nancy K. Young, Sidney L. Gardner, and Kimberly Dennis, *Responding to Alcohol and Other Drug Problems in Child Welfare*, (Washington D.C.: CWLA Press, 1998).

them to find work. Family violence service providers, almost exclusively non-profit advocacy agencies, had little experience working closely with county service systems.

The implementation of CalWORKs required leaders and practitioners of these disparate, unconnected service systems to work together—to find common grounds—on issues that affected core organizational assumptions and practices, including:³²

- Adjusting the length of treatment or services in light of the CalWORKs time limits and employment focus;
- Designing treatment/service packages to address primarily employment-related issues;
- Balancing CalWORKs requirements with appropriate clinical decisions; and
- Embracing an expanded set of outcomes, which may focus on harm reduction for the participant rather than strict abstinence (substance abuse treatment), or modification and containment of attitudes and behaviors by welfare recipients, which are barriers to employment and self-sufficiency.

Table 2

Program Characteristics	CalWORKs	Mental Health Services	Family Violence Services	Alcohol and Drug Programs
Client Focus	Primary focus on women who need jobs, skills, and support services to support their families. Family needs may be secondary.	Traditional focus on severely emotionally disturbed rather than depression and anxiety disorders; system has not emphasized services to women in the welfare population, although recent changes in Medi-Cal have broadened eligible client group. Individual, not family focus.	Primary focus on women (and their children) attempting to escape a violent environment.	Historically targeted male addicts, now a third women statewide (mostly in perinatal and CalWORKs). Recent changes in Medi-Cal have broadened eligible client groups. With Proposition 36, emphasis shifting to diversion from justice system.
Timeline or "Clock"	18-month period to find a job, get off welfare; 5-year lifetime-limit for benefits.	No specific time limits; as long as it takes to alleviate or relieve symptoms.	Short-term assistance.	Lifetime disease management for recovery, played out "one day at a time," not one-shot treatment. Relapse normal part of recovery. ³³
Outcomes	Client obtains and holds a job; supports family; leaves welfare rolls.	Client functions as independently as possible.	Women are safe, supported, self-sufficient.	Client is "clean and sober" in long term; improves daily functioning in areas including employment, relationships, legal and criminal entanglements, etc.
Services/ Approach	Initially—job club; then assessment, support services, short-term job training, "whatever it takes to become employed." Childcare is often a primary focus.	Individual and group counseling, therapy; medication.	Short-term shelters; counseling; protection from perpetrator; legal and housing assistance; some assistance in obtaining benefits, finding a job.	Detoxification, 5 levels of care from early intervention to residential, medically managed treatment. Therapeutic approaches include physical, psychological, social and spiritual methods.

Program Characteristics	CalWORKs	Mental Health Services	Family Violence Services	Alcohol and Drug Programs
Worker Education and Training	Most have bachelors or masters degrees, often in social work; on-the-job training. Many trained as eligibility workers rather than employment advisors. Relatively little knowledge of mental health, family violence, substance abuse or child welfare.	Many have advanced degrees in social work, psychology, psychiatry; a few client advocates came through the system. Relatively little knowledge of CalWORKs, family violence, substance abuse or child welfare.	Wide variation in type and extent of training; while some have advanced degrees, many frontline workers have come through the system themselves and have little formal training. Relatively little knowledge of mental health or substance abuse.	Wide variation in type and extent of training; while some have advanced degrees, many frontline workers have come through the system themselves and have little formal training. Limited training in mental health, family violence, CalWORKs or child welfare.
Philosophy /Culture	Comfortable with bureaucratic procedures, relatively proscribed jobs; unused to working with other agencies; focus on work first more than individual need. Stressed by high caseloads, new job requirements, a multitude of regulations and procedures. May be uncomfortable asking clients about mental health, family violence and substance abuse issues.	Affected by a long history of funding cutbacks resulting in a focus on treating the most severe, long-term cases, often male. Less experience with short-term treatment focused primarily on modifying behaviors for employment. Shortage of trained personnel in public systems. May resist coerced treatment.	Community-based advocacy organizations distrust bureaucracy; unused to working with other agencies and public programs. ³⁴ Protecting the woman is first priority; employment focus is new. Do not generally address mental health or substance abuse issues; women viewed as survivors needing support, who should not be blamed for circumstances, not “victims” requiring treatment.	Typically separate from other systems and public programs. Focus on individual rather than family; increased awareness of effectiveness of coerced treatment. Gradually more integrated approach to health, child welfare, criminal justice and mental health of CalWORKs clients.

Sources: Nancy K. Young, Sidney L. Gardner, and Kimberly Dennis, *Responding to Alcohol and Other Drug Problems in Child Welfare*, (Washington D.C.: CWLA Press, 1998) and interviews with mental health, domestic violence, and alcohol and drug researchers and practitioners.

Inadequate Linkages Between Workers; New Roles

Limited Staff Contact Among Systems At County And State Levels

Until the passage of CalWORKs, professionals in the welfare, mental health, alcohol and drug, and family violence systems rarely worked together. Each system focused on—and paid for addressing—narrowly-defined, usually acute problems of specific individuals. If a family had multiple needs, they were typically acknowledged either by referrals to other providers, or deferred until the original “core” issue had been addressed. Under CalWORKs, administrators are recognizing that significant time and attention must be dedicated to developing shared outcomes for clients and programs, teamwork and common approaches to client needs.

As noted on Table 2, workers in the four service systems come from very different backgrounds. While many employment counselors and mental health workers have advanced education and training, workers in substance abuse treatment and family violence shelters are more likely to have gained knowledge and experience through personal involvement.

Staff and service providers are also separated by work location and employment status. CalWORKs offices are usually physically separate from county mental health and substance abuse services as well as from community-based family violence providers. Although eligibility and employment counseling services are usually handled by county employees, mental health and drug treatment services may be provided by county employees, through contracts with private providers, or a combination of both. Virtually all family violence services are provided by non-profit organizations staffed by women who have themselves dealt with abuse and violence.

These systems differences are reflected at the state level, where the Department of Social Services (DSS) holds primary responsibility for CalWORKs, but must collaborate with the Department of Mental Health and the Department of Alcohol and Drug Programs to ensure that CalWORKs mental health and substance abuse programs are effectively implemented and operated. An even more difficult collaboration involves family violence service providers. There is no overall state-level “home”—or unified, authoritative voice—for family violence services. Programs related to various aspects of domestic abuse are split among at least five state agencies, including the Departments of Social Services and Health Services, the Office of Criminal Justice Planning, the Department of Justice, and the Judicial Council.

Although a joint CalWORKs committee comprised of state and county representatives of CalWORKs, mental health, alcohol and drug, and family violence agencies have worked closely together since the fall of 1998, to identify and address many of the inter-system problems noted in this report, representatives of the State Department of Mental Health note that their involvement in implementing and supporting CalWORKs has been limited. Although originally very active, staff turnover and a re-directed emphasis to implementing Proposition 36 services for drug offenders, has recently also decreased the involvement of the Department of Drug and Alcohol Programs. The limited involvement

of these departments may also reflect different traditions. While DSS has been heavily involved in administering and monitoring welfare programs, the Departments of Mental Health and Alcohol and Drug Programs have for many years provided grants to counties, and acted as pass-through agencies. Most program design and administration for mental health and alcohol and drug services occur at the county level, with limited state oversight and involvement. State officials from all the departments involved in implementation efforts report that since CalWORKs funding comes through DSS, state implementation activities are considered primarily the responsibility of DSS.³⁵

New, More Complex Roles

Both county and state officials view CalWORKs implementation as a county responsibility, and are working out the appropriate level of state involvement. At the county level, the implementation of CalWORKs has required eligibility workers, employment counselors, mental health, alcohol and drug, and family violence professionals to take on new roles. In welfare departments, many eligibility workers, who had formerly been responsible primarily for ensuring client compliance to eligibility and benefit rules, were asked to become employment counselors. For the first time, they were expected to work with clients to develop welfare-to-work plans which could include employment, education, training, child care, transportation, mental health, substance abuse or family violence services, and just about anything else that would assist the client in getting and keeping a job. Moreover, they would be held accountable for clients obtaining—and keeping—a job.

Although some eligibility workers and employment counselors have embraced their new responsibilities, the abrupt changes have proven difficult for many. Turnover has been high, and many welfare workers report feeling anxious about their new responsibilities.³⁶ Moreover, some CalWORKs workers are uncomfortable discussing mental health, family violence or substance abuse problems. Researchers and practitioners report that some workers hold biases against, or are fearful of individuals with these problems, particularly if the worker has been personally involved with similar issues in their own lives. Workers may also believe these issues are inherently private, and should not be discussed in the welfare office setting.³⁷

Researchers for the CalWORKs Project second major study, the *Six County Study* found that social service department workers were most uncomfortable about providing information to recipients about the Family Violence Option and domestic violence services. In the six counties studied, only one-half of CalWORKs clients with family violence needs had been informed, and were receiving services.³⁸

The new system has also proved new and disorienting for many mental health, substance abuse, and family violence service providers. Administrators within these agencies, as well as public and private service providers, often have limited knowledge of the rules and procedures of CalWORKs welfare-to-work plans, and may be reluctant to work within that system. Some fear that their clients' confidentiality and safety may be compromised.³⁹ A serious concern is that their clients may lose custody of their children through greater involvement with CalWORKs. This could happen in cases where

substance abuse or family violence, once identified, are deemed to place the children at risk, necessitating removal from the home. In addition, they may also disagree with the short-term employment emphasis of CalWORKs, or the emphasis on harm reduction rather than complete abstinence or recovery.

Family violence service providers in particular may need to build new, closer ties to the county service system. Partly because family violence services, offered almost exclusively through non-profit organizations and women's shelters, have been separate from county government, many policymakers and administrators have limited understanding of their purpose and scope. Family violence poses real and significant barriers to employment and self-sufficiency, ranging from disabling the car so the woman cannot get to work or threatening to kidnap a child, to inflicting visible injuries on a woman before job interviews or harassing her at work. Safety is an overriding concern; approximately 4,000 women die annually from family violence—75 percent of those after leaving the abusing partner.⁴⁰ Thus, CalWORKs staff need to be aware of the dangers and not blame the abused women for their situation.

All of the problems with systems linkages are compounded for clients with multiple problems. As noted above, many CalWORKs clients face multiple barriers to employment. A large percentage of family violence survivors suffer from depression; alcohol and drug problems may compound either family violence or mental health issues. Where substance abuse or family violence is involved, child welfare services often becomes involved. Clients with multiple issues make staff coordination even more complicated.

In any case, although funding is available, very few mental health, substance abuse or family violence service providers are currently equipped to expand their current programs to offer comprehensive treatment programs specifically designed for CalWORKs clients, including employment-related services and child care.⁴¹

Inadequate Cross-Systems Training

Although welfare administrators recognized early that cross-training of managers and workers from the four systems was important to build adequate CalWORKs linkages, in many counties the training has not been adequate. First, the implementation of CalWORKs has required massive amounts of training for welfare department staff just to cover the basics of the new system and their new roles in job search, training and education, childcare, child support, and transportation. Some counties have only recently dedicated time and effort to figuring out the best ways to link CalWORKs with services for mental health, family violence, and substance abuse, and to train staff about the other systems. Second, counties are also realizing that one-shot or occasional training is not enough. Ongoing cross-training focusing on team-building, cultural competency, policies and procedures is necessary to address staff needs and concerns and to build the necessary understanding of how the different systems work, and how effective linkages can be established and maintained.

During the past year, DSS has sponsored a series of Regional Forums funded by the Department of Drug and Alcohol Programs to assist counties in establishing and improving programs to provide mental health, substance abuse and domestic violence services. In addition, DSS Office of the Regional Advisors, in collaboration with the Center for Human Services Training and Development at UC Davis, recently presented a training session on utilizing multi-disciplinary teams in implementing CalWORKs. The UC Davis Center is also developing a new curriculum for training CalWORKs employees and others about how to approach issues surrounding family violence.

Too Many Steps, Too Few Paths and Junctions

Identifying Clients Who Need Mental Health, Drug and Alcohol, and Domestic Violence Services

At the outset of CalWORKs, counties made various assumptions about how clients who needed mental health, substance abuse or family violence services would be identified and receive services. Some counties expected that most clients would disclose their needs at some point during the process, during initial orientation or interviews with eligibility workers/job counselors, during job search or in the development of individual welfare-to-work plans. Other counties, particularly those with a strong “work first” emphasis, expected to screen, assess and refer most clients to substance abuse, mental health, and family violence services only after they had been assigned to job search activities, and had failed to find a job. Upon identification, clients would be referred to the appropriate service system for assessment, and then to treatment or services.

As it has turned out, very few CalWORKs clients with mental health, substance abuse or family violence needs are being identified at all. Welfare departments which expected to identify clients at specified points in the system, are not meeting these expectations. In some cases, Job Search staff are flagging problems as they arise in relation to work. In others, clients disclose to employment counselors after some rapport is built. In still others, employers notify welfare department staff of problems after clients are already on the job. Most commonly, CalWORKs-eligible clients who are already in the mental health, alcohol and drug or family violence systems are referred “through the back door” to CalWORKs* or other services.

Practitioners throughout all the systems are recognizing that there must be multiple opportunities for clients to obtain needed services, and that all staff must be trained to provide information, identify problems and assist clients at every point of the CalWORKs process or the supportive services. The CalWORKs Project has recently completed a *Screening Guide for Substance Abuse, Mental Health And Domestic Violence Issues In Welfare Reform Programs* which addresses many of the difficulties counties have faced in developing screening procedures and instruments. The Guide provides information on how to use screening within the context of a CalWORKs program, and offers screening tools which have been validated with CalWORKs clients.⁴²

* Although researchers and practitioners commonly use the term “through the back door,” this phenomenon might better be characterized as “no wrong door” to services.

The Road From Identification of Need to Services or Treatment is Long, Difficult and Inflexible

Early reports on screening, assessment and treatment/services for mental health, substance abuse and family violence issues indicate very significant drop-off at each step, although accurate data is not available. Many clients who are initially referred for services do not receive assessment, and among those who are assessed, many do not obtain treatment.⁴³ Moreover, most CalWORKs substance abuse, mental health, and family violence clients do not have these services included in their CalWORKs plan, although at county discretion, the services can count as full work-related participation.⁴⁴

County CalWORKs practitioners report that if clients have been at all reluctant to disclose a need for mental health, alcohol and drug, or domestic violence services (and most seem to be), they often have second thoughts or fears about obtaining the services. If assessments or services are located at a different location than general CalWORKs services, or if clients have to wait even a few days for an appointment, or if there is no service provider “on call,”* many clients will not show up for further assistance. Counties are finding that clients are most likely to access services if the CalWORKs process is organized so that assessment or services are located in the same building as eligibility determination or job counseling, where clients can be personally introduced to mental health, alcohol and drug, or family violence staff, and initial interviews for the services can be conducted immediately.

Mental Health, Substance Abuse, or Family Violence Issues May Result in Sanctions or Clients Leaving the Program without Employment or Support

Some practitioners interviewed during this study suspect that some clients who have undisclosed mental health, substance abuse or domestic violence issues have been sanctioned and dropped from the CalWORKs program because they were unable to comply with their welfare-to-work plans. They may simply walk away from the program rather than address their problems, or be unable to function. CalWORKs welfare-to-work plans may require that a client participate in a substance abuse treatment program; if they refuse to participate without good cause, they may be deemed out of compliance with the plan, and be sanctioned and eventually lose benefits. (Good cause may include a lack of transportation, childcare or other ancillary services. Under the Family Violence Option, victims of family violence may be excused from participation in welfare-to-work activities, including substance abuse treatment, if the abuse may harm or penalize the client or her family.)⁴⁵ Few counties follow up with sanctioned clients or with those who leave without completing their welfare-to-work plan or gain employment. Unfortunately, this leaves the client problems unresolved, and removes important financial support from their children.

* This is particularly problematic with family violence services, since some counties do not contract with family violence service providers.

Inadequate Connections with Other Service Systems

Many CalWORKs clients with substance abuse, mental health and domestic violence services receive services from multiple systems. Involvement with the child welfare system, in particular, is common for clients who may be under investigation, or have had their children removed from their homes. Moreover, many clients need child care or transportation services that are provided through other systems. There have been few opportunities for staff in these systems to interact, and there are often cultural differences and misperceptions to be overcome. Close linkages, development of common outcomes, joint case management and staff training and communication among these systems are critical to the success of CalWORKs clients.

Promising Practices to Improve Systems Design

Promising practices to overcome organizational cultural difference, build more effective linkages among workers and systems, and simplify complex processes have been implemented by counties throughout the state. All involve developing close working relationships among CalWORKs, mental health, alcohol and drug, and family violence staff.

- *Common Outcomes.* When representatives from different systems establish clear, common program and client outcomes, they are better able to design and execute appropriate joint strategies to serve clients.
- *Cross-training.* Regular, repeated, ongoing joint training for CalWORKs, alcohol and drug, mental health and family violence staff and providers helps to develop a common understanding of the service systems and their clients. Training should cover the mission, values, operating procedures and restrictions of the four systems, as well as cultural competency and sensitivity/assets-based approaches to clients.
- *Co-location of staff.* Staff from each program are located in the same office. If eligibility workers or employment counselors suspect a client may have substance abuse, mental health or family violence issues, they can introduce the client to a colleague, and get immediate screening or assessment. In some offices, treatment and services may also be available.
- *Staff specialists.* CalWORKs staff who are comfortable with mental health, substance abuse and family violence issues are designated to screen clients who may have these issues, and to develop and monitor their welfare-to-work plans. Specialists receive comprehensive cross-training about the other systems, and work closely with mental health, alcohol and drug, and family violence staff and providers to develop and implement treatment/service plans in the context of CalWORKs.
- *Team approach/intensive case management.* A more comprehensive approach involves designation of inter-disciplinary teams from different service systems who meet regularly to discuss the needs of clients and develop joint case plans. These teams are especially helpful for clients with multiple issues.
- *“No wrong door” for mental health, alcohol and drug, and family violence services.* Instead of designating specific points for client disclosure, screening, assessment and treatment or services, CalWORKs, alcohol and drug, mental health, and family violence staff and providers are trained to provide information on and link clients with screening, assessment and services throughout the CalWORKs process, from orientation to a range of post-employment services.
- *User-friendly self-identification and validated screening tools and techniques.* These include screening specialists, to identify clients in need of services, self-assessment guides provided to clients at orientation, and lists of simple questions for use by eligibility or employment counselors.

Promising practices compiled by *The CalWORKs Project Six County Study* and Department of Social Services. All County Information Bulletin No. 1-16-00: Guidelines for Serving Individuals with Mental Health and/or Substance Abuse Problems that Create Barriers to Employment, February 28, 2000.

PARTICIPANT BARRIERS AND CONCERNS

Client fears, privacy issues and cultural and language differences pose serious obstacles to assisting clients with obtaining substance abuse, mental health and family violence services through the CalWORKs program.

Fear of Losing Children

The strongest and most prevalent client barrier to disclosing information and obtaining mental health, alcohol and drug, or family violence services, mentioned repeatedly in studies and interviews with CalWORKs staff, is the fear that disclosure will result in losing custody of their children. These fears are not groundless. To ensure the safety of the children, some counties have policies requiring removal of children (under specified circumstances) whose parents abuse certain drugs; many counties require clean drug tests over extended periods of time before children who have been removed can return home. Moreover, entering residential treatment because of mental health or substance abuse problems may require surrendering custody, at least temporarily. Family violence service providers relate stories of women who have been told that unless they leave an abusive partner, their children will be considered endangered and will be removed.

State law requires that eligibility workers, case managers and other mandated reporters make reports to Child Protective Services when "...the person has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment, who he or she knows or reasonably suspects has been the victim of child abuse..."(P.C.11166[a]). A DSS guideline on the subject notes that, "a CalWORKs recipient's self-disclosure that he or she has a mental health, substance abuse [or family violence] problem, in itself, may not be a sufficient basis for a Child Protective Services report."⁴⁶ County CalWORKs administrators report that even when clients have been provided very clear and complete information about the criteria for reporting to law enforcement, mandated reporting requirements, possible consequences of reports, and other possible child custody issues, many are unwilling to take the risk of disclosing.

The CalWORKs Project *Screening Guide* recommends that counties create policies that provide that "...no report to Child Protective Services will be made if a woman reports domestic violence [or] enters a substance abuse treatment program" and that "...discontinuing treatment will not in itself result in a Child Protective Services referral."⁴⁷

Language and Cultural Barriers

Many CalWORKs participants do not speak English and cannot effectively communicate their needs. On a more profound level, recipients from non-English cultures may have completely different concepts of mental health or family violence. These differences must be bridged and culturally appropriate treatment and services available if disclosure is to occur and treatment/service is to be effective.

Denial

Individuals with substance abuse, mental health, or family violence issues often fail to recognize or admit that they have a problem and need help. Many feel that the problems are too personal to discuss with strangers, or that these issues do not interfere with working and raising their children. Others, such as clients with depression, may not recognize that they need treatment. Still others do not want to face the implications of their problems: they do not want to consider leaving an abusive relationship, or face the fact that they might lose their children by staying.

Stigma; Confidentiality and Privacy

Even when an individual is willing to admit to problems, she may not disclose them because she is ashamed, or she fears she will be pitied, labeled crazy or a bad mother, or that others will learn of her problems. A woman with family violence issues may also fear that her abuser will discover that she has told someone, and will retaliate against her.⁴⁸ Any perception that the CalWORKs staff person is hurried or insensitive, or treats her less than respectfully, will immediately confirm her fears. Moreover, unless she has confidence that her privacy will be respected and her issues kept completely confidential, she is likely to remain silent, even risking the life of herself or her children. Particularly stringent guarantees of confidentiality, and clear and evident processes to enforce confidentiality laws and ensure privacy are critical to building adequate trust to encourage CalWORKs clients to participate in mental health, alcohol and drug, and family violence services.⁴⁹

Fear of Sanctions, Loss of Benefits

Clients may believe that if they disclose mental health, substance abuse or family violence, and then do not obtain services, they will be sanctioned and lose benefits. As noted above, CalWORKs county welfare-to-work plans may require participation in a substance abuse treatment program, and clients may be sanctioned clients if they do not comply. Thus clients who do not wish to fully participate in treatment are unlikely to disclose alcohol or drug problems. (Clients are not required to participate in mental health or domestic violence services.) In any case, many clients may not fully understand the provisions for non-compliance due to good cause. These take into account mitigating circumstances including a lack of transportation, childcare or other ancillary services. Under the Family Violence Option, victims of family violence may be excused from participation in welfare-to-work activities, including substance abuse treatment, if there is a reasonable concern that the abuser may harm or penalize the client or her family.⁵⁰

Sterile, Intimidating Offices

The traditional welfare office in many counties was bureaucratic and intimidating, with security guards, barred counters and long lines. Many administrators are now recognizing that such surroundings do not fit the service orientation of the CalWORKs program, and detract from the atmosphere of trust and confidence necessary for clients with difficult issues. Many counties are investing in more consumer-friendly offices.

Appropriate Treatment or Services are Unavailable

Providing funding for services has not, in some parts of the state, ensured the availability of appropriate services for CalWORKs clients. Many years of mental health funding cutbacks, concentration on the most severe mentally ill, high caseloads, and relatively low professional salaries have all contributed to the shortage of services and trained staff.⁵¹ Substance abuse residential treatment services that are designed to treat women with dependent children may also be inadequate. In many rural areas and some cities, there is a general shortage of programs to provide family violence services to CalWORKs participants, and some counties do not have contracts with family violence providers at all. Even where temporary crisis shelters exist, there is a severe lack of longer-term, safe “transitional housing” for women leaving a violent relationship.⁵²

Transportation/Childcare Unavailable

Transportation to treatment and services is very limited in many parts of the state, and childcare during appointments or short-term residential care is scarce to non-existent.

Inadequate Information

According to mental health, substance abuse and family violence specialists, providing written and verbal information about these services at CalWORKs orientation or intake is not enough. In their experience, clients must receive information about available services, as well as assurances of privacy and confidentiality, several times before they are ready to tell anyone about these issues. In addition, they must have adequate arrangements for transportation and childcare during treatment or services.

Promising Practices-Addressing Client Barriers

- *Language, cultural competency.* One of the best solutions is to hire staff representative of the languages and cultures served. Ongoing cross-disciplinary training is also critical in teaching sensitivity to cultural diversity and recognizing personal biases. Staff must be trained to be respectful and helpful.
- *Well-publicized, stringent confidentiality rules.* These should be provided in written form and explained to all participants. Rules should include prohibitions on exchanges of information among agencies without the client's written consent (except for mandated reporting for child abuse) and procedures to protect the identities of persons participating in mental health or substance abuse treatment, or family violence services. In addition, clients should be interviewed in private, out of earshot of family members, friends or other agency staff. These practices must be supported by training. In addition, some counties "flag" family violence cases, adding even stricter confidentiality provisions to prevent information from reaching the abuser.
- *Mandated reporting.* Clear and frequent written and oral explanations of the rules and procedures surrounding mandated reporting for child abuse are critical. Staff must understand the criteria for mandated reporting of child abuse and the possible consequences of reports. They must learn how to explain the procedures clearly, and understand that CalWORKs staff are required to make reports to Child Welfare Services when they know about or observe a child who is suspected to have been abused. They must also be trained to tell participants that self-disclosure of mental health, family violence or substance abuse problems, in itself, may not be sufficient grounds for a report.
- *Clean, attractive, inviting offices.* Many counties are re-modeling and re-decorating CalWORKs offices, replacing sterile counters and uncomfortable chairs, painting the walls in inviting colors, decorating the walls with children's artwork and installing new carpeting and flooring. They are also reinforcing the CalWORKs service orientation by limiting waiting times, reducing intrusive security, and ensuring that interview rooms are private and comfortable.
- *Transportation to services.* Counties are developing innovative solutions to client transportation needs, including co-location of CalWORKs/substance abuse/mental health/family violence services in satellite offices, on-call car or van service, arrangements with public transit, etc.
- *Childcare.* Some counties are providing on-site childcare during appointments or treatment/service sessions. Others have contracted with on-call providers to provide childcare, including residential care. In addition, a few residential treatment centers are now providing part- or full-time, and even extended childcare for participants.
- *Information and outreach*—Many counties are discovering that participants must hear the same information multiple times before they respond. In addition to providing written brochures, and informing participants about family violence, mental health, and substance abuse services at each point in the CalWORKs process, some counties are reaching out to the community to spread the word. They are using slogans such as "the opportunity of a lifetime," public service announcements, billboards, and ethnic/cultural events as means to inform participants. In addition, some counties are conducting home visits to participants who fail to show up for appointments or who are at risk of sanctions.

Promising practices compiled by *The CalWORKs Project Six County Study* and Department of Social Services *All County Information Bulletin* No. 1-16-00: Guidelines for Serving Individuals with Mental Health and/or Substance Abuse Problems that Create Barriers to Employment, February 28, 2000.

ADMINISTRATIVE BARRIERS

In addition to the systems and client obstacles described above, administrative barriers also affect service delivery and accountability. Problems with integrating the financial claiming and reporting systems at both the state and county levels have obscured any understanding, at a given point in time, of the number of CalWORKs clients statewide who are receiving mental health, alcohol and drug, or family violence services, what types of services they are receiving, and the costs of the services or treatment.

Financial Claiming and Reporting

The financial claiming system for CalWORKs-funded mental health, substance abuse and family violence services is time-consuming and cumbersome. Furthermore, a nine-month lag time to determine services and expenditures prevents policymakers from obtaining timely data to measure the use, cost and access to services.

Under CalWORKs, county welfare departments receive earmarked funds from the state for mental health and substance abuse assessment and services, in addition to the larger, more flexible general-purpose Single Allocation grants. (No monies are specifically designated for family violence services, which can be funded from the three other allocations). Grants for mental health and substance abuse funding, like the Single Allocation, are based on county caseloads or projected need and county costs. Counties have wide latitude in spending these funds, as long as they comply with their CalWORKs plans and do not supplant funds allocated for other purposes. Counties may also fund these services from “performance incentive” funds distributed to counties to reward reductions in county welfare rolls and increased recipient employment.

Typically, providers bill the county department responsible for mental health or substance abuse for the services provided to CalWORKs clients. These departments in turn bill the welfare department. (Counties may, but are not required to, contract for family violence services. If they do, the family violence service agencies generally bill the county welfare department directly). County welfare departments then send reports of services and expenditures (claims) to the Department of Social Services quarterly, but have up to nine months to correct or supplement the reports.⁵³ Because of delays in obtaining service and claims from providers and county departments, supplements and corrections are frequent and routine. Thus, state reports of claims do not reflect actual expenditures or services until nine months after the quarter the services were provided.

Mental health, family violence and substance abuse service providers and program administrators may not charge all appropriate services to CalWORKs. Some are apparently unclear about eligible services, client eligibility, or whether to charge the more general single allocation. They also may not know the breadth of services that can be funded through CalWORKs. In addition to more traditional services, depending on individual county plans, CalWORKs can fund:⁵⁴

- Evaluation/assessment and case management;
- Treatment, including rehabilitative services, employment counseling and provision of community service jobs;
- Treatment of family members, if their mental health or substance abuse problems interfere with welfare-to-work programs;
- Capacity building, such as expanding residential treatment facilities for women and children, or co-locating mental health, substance abuse, family violence and CalWORKs staff to allow clients immediate access to professionals; and
- Community outreach and marketing to identify and serve participants who need services.*

During the first two years of CalWORKs implementation, there was considerable variation in what counties considered to be allowable claims. Some counties covered any service to a CalWORKs participant, while others covered only those services included in a Welfare- to-Work Plan. Similarly, some counties restricted “allowable” claims to fee-for-service bills or funding staff positions, while others used funds for program start-up and capacity-building. As time has gone on, however, and the number of clients has proven smaller than anticipated, many counties have broadened their definition of what is “allowable.”⁵⁵ In addition, a video explaining the claiming system, developed by the state-county CalWORKs Joint Committee, has eased county concerns about claiming and reimbursement.

Inadequate Data Infrastructure

Aggregate data on who and how many clients are receiving CalWORKs-funded services through the mental health, alcohol and drug, and family violence systems, what kinds of services they are receiving, and how many CalWORKs-eligible clients are receiving services funded by other systems are poor and unreliable. Neither the state, nor, in most cases, the county mental health, substance abuse, and CalWORKs systems, have the capacity to “talk to each other” to track services and common clients. The 2000 Rand CalWORKs evaluation, *Welfare Reform in California: State and County Implementation in the Second Year*, reports:

- For mental health, there is no statewide data system that captures overall utilization of mental health services in California, and thus no source for comparison with CalWORKs service and allocations statistics.
- Although the Department of Alcohol and Drug Programs operates a statewide system which compiles individual case data, the department collects different data than CalWORKs, which is difficult to reconcile.
- With the sole exception of Los Angeles County, counties do not have a system to track referrals for domestic violence. There is no statewide data system, and no government agency with responsibility to maintain such a system.⁵⁶

* Monterey County, for example, has developed an outreach campaign to encourage CalWORKs participants to seek services around the theme, “An Opportunity of a Lifetime.”

Although representatives of state- and county-level departments report that they are starting to discuss these issues, little progress has been made. Data systems integration does not appear to be a high priority.

There are trade-offs involved in devolving authority and responsibility from state to local government. In giving counties the authority to define services to best meet the needs of local residents, standardization of data and services across counties has been lost. As a result, it becomes more difficult for state policymakers to determine how funding is used, whether it is meeting client needs, and whether more or less is needed. While county leaders are given greater authority to address local problems, state department policymakers and staff, especially those at the Departments of Mental Health and Alcohol Drug Programs, have less knowledge of program problems, and less capacity to assist local agencies.

INNOVATIVE LOCAL EFFORTS

Many California counties have made remarkable progress in implementing CalWORKs, and providing mental health, substance abuse and family violence services to CalWORKs participants. Below we give a thumb-nail sketch of innovative efforts in three counties.

LOS ANGELES COUNTY

In 1997, when the CalWORKs program was enacted, Los Angeles County had slightly more than 800,000 recipients receiving AFDC (Aid to Families with Dependent Children). With an infrastructure of dozens of welfare offices, and more than 10,000 eligibility workers and GAIN* workers, the county's Department of Public Social Services faced the challenge of implementing a massive new program. The Los Angeles County Board of Supervisors took the opportunity to look beyond welfare reform, to address on a county-wide basis, the complex, interwoven issues involved with supporting and assisting families to become and stay self-sufficient. The Board of Supervisors instructed the "New Directions Task Force," chaired by the Director of the Department of Public Social Services and composed of the county's Chief Administrative Officer, the Superintendent of the County Office of Education, and directors of the county's 12 human services departments, to develop a five-year *Long-Term Family Self-Sufficiency Plan*, with strategies to "stabilize families by building their capacity to become self-sustaining."

The plan was to be structured around the five county-wide outcome areas, considered by the Board to be critical aspects of family self-sufficiency: good health, safety and survival, economic well-being, education and workforce readiness, and social and emotional well-being. Several hundred people from the county and community participated in Long-Term Family Self-Sufficiency Plan design committees, including one which focused on integrating CalWORKs with the mental health, substance abuse and family violence systems.

Based on the early studies of mental health, substance abuse and family violence incidence among low-income women and welfare (AFDC) recipients, Los Angeles County assumed that there would be significant demand for these services. To handle the expected demand, they designed a multi-step system in which eligibility workers would screen participants and refer participants with mental health or substance abuse issues to community assessment centers. Assessment centers located throughout the county would determine the level of need and refer participants to service providers. Participants with family violence issues would be referred directly to family violence service providers.

It quickly became clear that the demand was far lower than expected, and that the new system was not working effectively. Participants with mental health, substance abuse and family violence issues were not coming forward to disclose their needs, and were not

* Los Angeles County has retained the Greater Avenues to Independence (GAIN) terminology from the former AFDC/GAIN program to identify employment counselors and offices responsible for developing and monitoring Welfare-to-Work plans.

being identified by eligibility workers. During the 1999 CAFIS seminar, Lisa Nunez, Chief of the CalWORKs support services program in Los Angeles County, reported that in the first months of the program (April and May, 1998), only one participant in all of Los Angeles County had declared need or had been referred for substance abuse or mental health support services. Although the numbers had risen by August to 203, and by February 1999, to 428, they were still far lower than the perceived need. By the fourth quarter of the 2000 calendar year, 403 participants had been referred, assessed or treated during that three-month period for substance abuse, 1,635 for mental health issues, and 893 for family violence. Together, fewer than half of one percent of CalWORKs clients received these services.

During FY 1999-2000, the county used 33 percent of its mental health funds and 85 percent of its substance abuse funds. Some factors which have contributed to under-utilization of funds, include a huge turnover among county eligibility staff, and continual re-shuffling of managers responsible for supportive services.

During the past two years, Los Angeles County has made significant changes to its Specialized Support Services. They include:

- **Specialized Eligibility and GAIN Workers.** To address the discomfort of many eligibility and GAIN workers (employment counselors) in dealing with substance abuse, mental health and family violence issues, specially-trained employees have been assigned to every CalWORKs office. Whenever regular workers suspect these problems are present, or a client discloses a need for services, the specialized workers are immediately called in to work with the client. Clients with substance abuse or mental health issues are then referred to community assessment centers, while those who need family violence services are assessed in the CalWORKs office by a contracted family violence service provider assigned to the office.**
- **Staff Development.** All eligibility and GAIN staff are provided with information on substance abuse, family violence and mental health issues as part of a two-week training course, and trained how to detect these issues. In addition, specialized workers are given in-depth, advanced training.
- **Services For Clients Who Speak Languages Other Than English and Spanish.** Los Angeles County has contracted with the Refugee and Immigration Training and Education (RITE) organization to operate the entire welfare-to-work program, including mental health, substance abuse and family violence services, for CalWORKs participants who are not fluent in English or Spanish. This organization specializes in providing services in the language of participants and in overcoming cultural barriers to service participation.

** Los Angeles County, unlike most counties, directly employs staff within the CalWORKs program to administer domestic violence services.

- **Re-vamping Welfare Offices.** The county is in the process of transforming its welfare offices into Family Service Centers, with nicely decorated reception areas, places for children to play, private interview areas, and the overall look of professional offices.
- **Integration of Treatment/Services.** Although most mental health, alcohol and drug and family violence services in Los Angeles County are offered through separate providers, a few providers offer innovative programs with a wide variety of services for women who have multiple problems. These can include recovery services, employment training, and special services for the children. (See sidebar on Prototypes, page 39).
- **Outreach and Orientation.** As part of their contracts with the CalWORKs program, mental health, substance abuse and family violence service providers attend all CalWORKs group orientation sessions to offer information to clients about services, reporting requirements and benefits. In addition, some providers provide information to clients on an informal basis in reception areas.

Other efforts currently under development in Los Angeles County include:

- **Home Interviews:** CalWORKs applicants in four districts of Los Angeles, who have been determined to be potentially eligible for CalWORKs, will have their eligibility interviews in their homes. They will receive information about the program and support services, and will be assessed for service needs. DPSS staff hope that clients will more readily disclose needs for mental health, substance abuse or family violence services in their own homes. (Some family violence service providers, however, fear that in-home interviews could be viewed as invading the family's privacy and potentially spark family violence).⁵⁷
- **Media Outreach Campaign.** The Department of Public Social Services is currently developing a media campaign to reach CalWORKs clients who need supportive services.
- **Service Integration.** As part of Los Angeles County's multi-pronged Long-Term Family Self-Sufficiency Plan, several efforts are underway to promote service integration among CalWORKs and other programs.⁵⁸
 - *Family Inventory.* This inventory will be used to identify a family's human services needs, ranging from CalWORKs, mental health, child welfare, health, and probation, to library services. A multi-disciplinary team composed of a GAIN Services Worker Children's Social Worker, Public Health Nurse, Deputy Probation Officer, Mental Health Professional, and School Counselor will be established in each of the eight regions of the county. All members will be jointly trained to administer the Family Inventory. One member of the team will administer the inventory with each family. For those families having human services needs beyond traditional welfare-to-work services (job search, education

and training), the team will work with the family and any case managers to develop an Integrated Case Plan, with a lead agency designated for monitoring its implementation.

- *Family Resource Centers.* In 16 areas of the county where there is a high concentration of families receiving CalWORKs, a county Family Resource Center (FRC) will be established to serve high-need families. Each center will include workers from the departments of Public Social Services, Child and Family Services, Health Services, Mental Health Services, and Probation, in addition to staff from the local school district.
- *Strategic Planning Data Center.* The Los Angeles County Administrators Office will establish a Data Center to promote the sharing and analysis of data across county departments and with organizations outside of county government. The two goals are to: (1) enable policy decisions to be based on sound data; and (2) create a system for rigorous tracking of program effectiveness. In addition to tracking essential program and demographic data, the Center will teach users how data can be used to plan and track outcomes, determine service utilization, assess changing needs, map community resources, and evaluate services.⁵⁹

Prototypes-Innovation in Health, Mental Health and Social Services

The Prototypes Residential Center for Women and Children, located in Pomona, Los Angeles County, offers intensive case-managed services for 110 hard-to-serve women and their children. Although the women initially enter because of substance abuse, 85 percent have dual or multiple diagnoses of mental illness, HIV/AIDS, other health problems, physical and sexual abuse, or trauma/family violence. Women are referred from the Los Angeles Department of Child and Family Services (child welfare services), the courts, jail, self-referral, street outreach, and recently, CalWORKs Assessment Centers.

Prototypes offers a modified therapeutic community aimed specifically at the needs of women. Residential stays are typically from nine to eighteen months, with a median stay of twelve to fourteen months. A highly structured integrated program of treatment and other activities is offered for both the mother and child, aimed at learning life skills and developing responsibility, positive relationships and health.

After initial orientation and assessment and assignment to a “big sister” in the program, individualized, case-managed treatment plans are developed for each woman. Treatment plans are highly structured: the 5:30 am to 8:30 pm day is filled with chores, individual and group therapy, recovery groups, parenting classes, education, employment training, etc. Since many of the women have significant parenting deficits, heavy emphasis is placed on developing attachment, and learning nurturing and discipline skills. Although the mother and child eat together and share sleeping rooms, most of the time is devoted to separate activities.

Intensive services are also provided to children, who frequently have experienced abuse, neglect and family violence. Services include socialization and play therapy, Early and regular Head Start, after-school programs, health services, and therapy groups dealing with issues such as recovery from abuse and neglect, living with an abuser, and conflict management.

Treatment plans also incorporate an employment element. Clients start with an orientation to work, including assessment of their skills and experience, an interest inventory, and participation in presentations by role models. After orientation, they move into the work readiness/adjustment phase, which emphasizes employment readiness skills such as punctuality, getting up and dressed for work, taking responsibility and getting along with co-workers and supervisors. They are assigned to computer classes, food service, parenting or reception services within the program, and learn to write resumé and interview for jobs. When they are ready, they move into community work experience, which starts with part time work and gradually moves into regular employment after completion of the program. Program staff continue to work with clients and their employers after discharge to meet the challenge of staying employed and moving into jobs which will support their families.

Prototypes has developed a close partnership with the local CalWORKs office, which provides the program with on-site eligibility determination (most participants gain CalWORKs eligibility after they arrive at Prototypes) and their “own” GAIN worker. Regular cross-training among DPSS and Prototypes staff has increased both agencies’ understanding of the needs and requirements of the two systems.

Among the 75 percent of women who complete the Prototypes residential program, there is also a 75 percent rate of women who continue recovery without further substance abuse for two years. No separate data is available for CalWORKs recipients.

Information gathered from personal interviews with Prototypes staff, February 22 and April 19, 2001

SACRAMENTO COUNTY

Sacramento County built ongoing service integration efforts, and has recently initiated two new outreach programs to develop linkages between CalWORKs, mental health and alcohol and drug services, and extend services to more people.

- *Research Leads to Interagency Training.* In 1993, Sacramento County recognized that substance abuse was having a major impact on the other human services systems. Researchers found that over 80 percent of families involved with Child Protective Services had substance abuse problems, and that an estimated 2,000 drug-exposed infants were born annually. A significant number of individuals in the criminal justice, welfare, health, and mental health systems, were also impaired by alcohol or other drugs. The county recognized that workers in all of these agencies were unable to work across systems to coordinate efforts and address multiple needs of families. An extensive training program was initiated to train all Health and Human Services workers about substance abuse. To date, over 4,000 front-line workers, including CalWORKs eligibility workers, have completed a basic four-day training program on substance abuse terminology and identification, and 2,000 workers have completed advanced training in alcohol and other drug assessment and intervention. Many CalWORKs eligibility workers are now fully trained and comfortable with assessing substance abuse clients and referring them directly to treatment. Major efforts have also been made to coordinate all the systems to address both parent and child needs.
- *Outreach – Door-To Door Canvassing.* Four days each month, representatives of Sacramento County and a dozen local service providers with CalWORKs contracts to provide alcohol and drug, mental health and domestic violence services, go door to door in low-income neighborhoods with high CalWORKs caseloads to provide information on CalWORKs, treatment and counseling opportunities. Although it is too early to measure the long-term effectiveness of the outreach program for increased employment among CalWORKs clients, more requests for treatment are being received.
- *Combating Domestic Violence with Police/Social Worker Teams.* In response to statistics that 33 percent of homicides in Sacramento last year involved domestic violence, Sacramento is using CalWORKs funding to initiate a pilot program which will team social workers with police officers. Social workers assigned to police stations will accompany officers responding to domestic violence calls, or meet with victims within 24 hours of a call to the police. This program builds on a similar Sheriff's department program in unincorporated parts of the county in which deputies work with Women Escaping a Violent Environment (WEAVE), a domestic violence services organization, to provide legal advocacy for battered women.⁶⁰

According to Sacramento County's Alcohol and Drug Administrator, these integrated efforts have built strong linkages between CalWORKs, mental health, alcohol and drug and domestic violence services. Up through December 2000, almost 10,000 CalWORKs clients had been referred to substance abuse or mental health services for assessment and treatment. Approximately 10 percent of CalWORKs' clients receive alcohol and drug services, and 23 percent use mental health services. Corresponding figures are not available for domestic violence. Spending in FY 1999-2000 increased to 75 percent of the allocations, and in the 2000-01 FY, the county expects to spend over 90 percent.⁶¹

STANISLAUS COUNTY⁶²

Stanislaus County is by many accounts one of the leading counties in the state in identifying and providing mental health, drug and alcohol and family violence services to clients of StanWORKs (the county's CalWORKs program). From the inception of Stanislaus County's StanWORKs program, close linkages have been built between the Community Services Agency, with overall responsibility for CalWORKs, the Behavioral Health and Recovery Services Agency, responsible for mental health and alcohol and drug services, and Haven Women's Center, responsible for domestic violence services. One of very few counties to use its entire 1999-2000 mental health and alcohol and drug allocations from CalWORKs, the county behavioral health team served 809 clients with mental health issues, 477 clients with alcohol and drug issues, and 433 with domestic violence issues during the fiscal year.

Behavioral health officials have identified several factors contributing to the program's success.

- *Integrated county behavioral health teams.* Starting in April 1998, Stanislaus County has developed on-site, centralized, integrated teams stationed in the Community Services Center to support StanWORKs (CalWORKs) eligibility workers, assess clients with behavioral health issues, and provide treatment and services. Team members work closely together to develop case plans, refer clients to appropriate services, and provide support to clients throughout the entire StanWORKs process. According to behavioral health staff, over time, these teams have overcome many of the organizational differences and systems barriers to successful integration of mental health, alcohol and drug and domestic violence services with CalWORKs.

The initial team was composed of one alcohol and drug counselor, one domestic violence specialist, and a coordinator, soon joined by a mental health clinician. Today there are multiple teams with four full-time domestic violence specialists, six mental health clinicians, four substance abuse counselors, five case managers, two coordinators, two clinical services technicians, and two clerical staff, a part-time physician and two drivers to transport clients to appointments. Team members attend StanWORKs participant orientation sessions, where they explain the services available to CalWORKs clients, and address confidentiality and child abuse mandatory

reporting rules. They also assist eligibility workers when questions arise, and provide immediate counseling or assistance to clients when needed.

The Behavioral Health team offers assessment and treatment/services on-site, such as the four-day-a-week Women in Healing program for women who have domestic violence, substance abuse and mental health problems. Team members co-lead this class, which combines group counseling, emotional support, and instruction in safety, alcohol and drug issues, parenting, coping with the trauma of domestic violence and other skills. Other services, including day treatment, programs for children of StanWORKs clients, and residential and long-term care are offered off-site.

- *Effective identification.* Approximately 50 clients are referred to behavioral health services each month, many with multiple problems. StanWORKs clients who do not find jobs within the first four weeks of job search are routinely screened by employment coordinators for mental health, alcohol and drug, and domestic violence issues, using an extensive tool developed by the county. In addition, employers may refer clients, or clients may be assessed as the result of testing “dirty” in drug tests that are required by some employers. In addition, clients may be referred by StanWORKs eligibility workers if they self-disclose a need for services, or by other mental health, alcohol and drug or domestic violence service providers, or by the courts.
- *Cross-training.* On-going cross-training is provided to all county employment, mental health, and alcohol and drug staff, as well as to the domestic violence staff on contract with the county and other community-based service providers. Eligibility workers receive approximately eight hours of training on behavioral health, and employment coordinators approximately 18 hours of training. The training emphasizes safety issues for women involved in domestic violence, and the principles of harm reduction for employment success.*

* Harm reduction in alcohol and drug treatment refers to setting short term goals that improve daily functioning in order to obtain and hold employment and to become more effective parents. These goals apply even if clients are still using, rather than solely focusing on total abstinence. In family violence services, if a woman is not ready to leave her abuser, harm reduction may mean seeking short-term ways to protect herself and hold a job.

CONCLUSIONS AND POLICY OPTIONS

While not necessarily recommendations of the author or the California Research Bureau, the following are potential options for action.

Unanswered Questions. Although we know that far fewer CalWORKs clients than initially predicted are seeking mental health, alcohol and drug and family violence services, the numbers are gradually rising statewide. Some counties, such as Stanislaus and Sacramento, have implemented programs which have significantly improved access to, and utilization of services. Yet many questions remain. We do not know how many clients would seek services if many of the barriers identified in this paper were removed, or which program models best assist clients. More importantly, we do not yet know the extent to which provision of drug and alcohol, mental health and domestic violence services for CalWORKs clients improve their ability to support themselves and their families, or whether these services make a significant, long-lasting difference in clients' lives. These services are costly, but without better research it is not clear if their benefits outweigh their costs.

CalWORKs legislation included a detailed, well-funded requirement for program evaluation. The Department of Social Services is overseeing statewide evaluation research, for which RAND is a prime contractor. The CalWORKs project, a collaborative effort under the auspices of the California Mental Health Directors Association, the County Alcohol and Drug Program Administrators and the California Welfare Directors Association, has undertaken specific research on promising practices within, and the impact of, CalWORKs mental health, substance abuse and family violence services on clients in Alameda, Kern, Los Angeles, Monterey, Shasta and Stanislaus counties. In addition, many counties are investing in local research to improve their services in assisting clients to become economically self-reliant. Some of their findings have already resulted in improvements, such as in Sacramento and Stanislaus counties.*

Over the next few years, as evaluation studies are completed, we should begin to know more. In the meantime, however, the legislature could ensure that that ongoing research on mental health, substance abuse and family violence directly address the issues of costs and benefits, and that the review and dissemination of best practice be extended beyond the six counties included in the CalWORKs Project studies. It is also imperative to continue training and technical assistance on implementing promising practices.

Family Violence. Early studies bolstered by reports from county CalWORKs administrators report that there are significant numbers of CalWORKs clients who have difficulty obtaining and retaining employment due to family violence. The numbers are alarming—three times the incidence in the general population. Yet there is currently no

* For more information on CalWORKs evaluations, see Joyce Burris, PH.D. and Chloe Bullard, *Evaluating Welfare Reform: Measuring Child and Family Well-Being. California Welfare Reform Evaluations, September 11, 1998.* California Family Impact Seminar, California State Library. September 1998.

provision in the CalWORKs law that requires counties to plan for or offer specific domestic violence services to CalWORKs clients. There is no county government “home” for family violence services, so these services are at risk of being neglected altogether. The state has not provided specific funding for family violence identification and services. The state does not collect statewide data on the provision or use of family violence services, or the amount of funds spent on these services. Moreover, unlike mental health and drug and alcohol services, there is no single state agency where overall responsibility for these services resides, which could conduct research, monitor providers, coordinate knowledge of best practices or provide technical assistance to counties and providers.

- The Legislature could require counties to develop plans for and provide CalWORKs domestic violence services, and require counties to report to the state on use of services. These plans should include provisions for collaboration with mental health, alcohol and drug, and child welfare services, as well as with law enforcement and the courts. Sacramento County offers an interesting model for this type of collaboration.
- The Legislature could also create a separate allocation within the CalWORKs program for domestic violence services. Like the allocations for mental health and substance abuse services, counties could use the allocation flexibly, to fund a broad array of services, and to expand the capacity of existing services to meet the needs of CalWORKs domestic violence clients.
- The Legislature could develop within state government a structure to coordinate all state programs which provide family violence services, including gathering data on family violence services provided by community-based organizations, law enforcement and the courts.
- The Department of Social Services could designate staff within the CalWORKs program dedicated to working with counties to ensure that clients have access to domestic violence services.

County Service Integration. Although CalWORKs requires county social services, mental health and alcohol and drug agencies to work together to provide integrated services to CalWORKs clients, counties have encountered significant difficulties in doing so. County agencies have had limited experience working across service systems to design large, well-funded programs based on common client and program outcomes. Moreover, some counties have been overwhelmed by the requirements to design inter-agency supportive services programs while they are also completely changing the core employment services components. They could benefit from technical assistance and sharing good models of service integration are not readily available.

- The Legislature could charge the Health and Human Services Agency with organizing a multi-disciplinary team from CalWORKs, the Department of Mental Health, the Department of Alcohol and Drug Programs, and an expert on domestic

violence services to provide technical assistance to counties on service integration issues. This team could be modeled after the multi-disciplinary group formed to assist counties participating in the Youth Pilot Program (WIC 18987-18987.5).

- Alternatively, the Legislature could use CalWORKs dollars to fund an ongoing technical assistance program for counties sponsored by the California State Association of Counties, the California Welfare Directors Association, the California Mental Health Directors Association, and the County Alcohol and Drug Program Administrators.

State Service Integration. There remains a prevalent attitude among the three state departments responsible for CalWORKs mental health, alcohol and drug and domestic violence services, the Departments of Social Services, Mental Health and Alcohol and Drug Programs that because CalWORKs funds come from the Department of Social Services (DSS), responsibility for the success of the program primarily lies with that department. Yet realistically, DSS cannot ensure the quality or adequacy of mental health, substance abuse or domestic violence services.

- The Legislature could consider mandating the state Departments of Mental Health and Drug and Alcohol Programs to play a larger role in supporting local efforts, such as providing ongoing technical assistance and support for data gathering.

Data Systems. State-level data collection about CalWORKs mental health, substance abuse and family violence services is completely inadequate. Currently, most counties collect their own service and allocation data, but data elements are not standardized among the counties, and allocation use may be months late. As long as state and county data systems cannot collect standardized, timely data on services and allocation use, the Legislature has no way of knowing whether state and federal funds are being spent effectively and efficiently. If California's economy continues to slow and welfare rolls once again increase, timely data will be even more critical.

- The Legislature could consider requiring (through budget language), the Health and Human Services Agency, to report within six months on specific plans and funding needs to establish and develop a standardized, integrated data system which can provide the state with accurate, timely information on utilization of mental health, alcohol and drug and domestic violence services and funds within CalWORKs.

Allocation Levels. How much time should counties be allowed to set up effective programs? After almost three years, some counties are serving an increasing number of clients, and are fully using their mental health and substance abuse allocations, while others are not. Although some counties claim that they have only recently tapped into the hardest and most expensive clients with multiple barriers, it makes little sense to keep allocations at current rates unless counties actually are using existing funds well.

- The Legislature could create an incentive funding pool from unspent funds. This pool could be allocated to counties that demonstrate successful outcomes for CalWORKs clients facing mental health, substance abuse or domestic violence obstacles to employment. A portion of these funds could also be distributed as limited-term grants to counties who need assistance in establishing programs to achieve successful outcomes.

In the practical world of limited time and resources, issues beyond welfare reform are now competing for state and county administrators' attention. For county drug and alcohol program administrators, implementation of the drug treatment programs for offenders required by Proposition 36 has replaced serving CalWORKs clients as a top priority. Mental health administrators have turned their attention to other, more immediate issues, such as assisting the homeless. In many counties, CalWORKs has become one of many ongoing efforts, which are important but not a top priority. Yet the economy is slowing and time limits on welfare grants are quickly approaching for many clients. A full legislative and administrative review of the CalWORKs mental health, alcohol and drug and family violence programs, identifying strengths and weaknesses, could be useful and important.

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