San Mateo County experienced a decline in CalWORKs caseload following implementation of welfare reform, but became aware of some 900 remaining CalWORKs families with significant barriers to employment. The most severe barriers included domestic violence, mental health issues, and alcohol and other drug abuse.

The county issued an RFP to address the need for a multi-disciplinary, multi-systemic response to these families. Family and Community Enrichment Services (FACES, Inc.) was chosen to operate the Women's Enrichment Center.

The Women’s Enrichment Center, an intensive day treatment program, serving CalWORKs families, operates at three levels: the County Collaborative, Women's Enrichment Center Day Treatment Program and Aftercare Program. Family Self Sufficiency Teams (FSSTs) are utilized to address cross-system collaborative efforts necessary for families in need of multiple social services.

Program approach, strategies and services are discussed in this paper, as well as a harm reduction service model.

A typical client is a 36 year old Caucasian high school graduate whose drug of choice is methamphetamine. Fifty percent of participants had children in out-of-home placements and 43% had open CPS cases. Twenty-three percent completed the program and met treatment goals. Among the 30% of clients who left before program completion, 75% did not have custody of their children.

Implications for San Francisco City and County are discussed.
BACKGROUND AND NEED

The San Mateo County Human Services Agency Woman’s Enrichment Center opened in October 2000. As the county implemented its welfare reform plan and families began leaving the welfare roles following successful participation in the CalWORKs Program and transition to employment, there became an awareness of some 900 remaining CalWORKs families with significant barriers to employment. The most severe barriers included domestic violence, mental health issues and alcohol and other drug abuse. Frequently these barriers were occurring simultaneously and their combined effect was seen as a major impediment to self-sufficiency.

The county issued an RFP (Request for Proposals) to address the need for a multi-disciplinary, multi-systemic response to these families. Family and Community Enrichment Services (FACES, Inc.), operating a number of programs providing family-focused services and interventions with at-risk populations, was chosen to operate the Women’s Enrichment Center.

PROGRAM APPROACH AND SERVICES

The Women’s Enrichment Center is an intensive day treatment program serving CalWORKs families who are dually and triply diagnosed, experiencing domestic violence, substance use disorders and mental health issues. The program operates at three levels: the County Collaborative, Women’s Enrichment Center and Aftercare Program.

A county system-level collaborative includes a senior administrative steering committee comprised of representatives from Health Services Administration, Alcohol and Drug Services, Mental Health, Child Care, Probation, Housing, Child Welfare and FACES, Inc. The desired outcomes from the county collaborative include: reduction in barriers to services, increased rates of employment, decreased criminal justice involvement and increased rates of treatment completion.

The Women’s Enrichment Center program level interventions include:

- Individual assessment of mental health and alcohol and other drug use
- Screening for domestic violence issues
- Case management
- Individual counseling with focus on mental health issues
- Therapy groups, including:
  - Substance abuse treatment group
  - Emotional regulation and skill building
  - Emotional process group
  - Relapse prevention/cravings management
  - Aftercare/case management
- Psycho-educational groups, including:
  - Parenting
  - Substance abuse and the family
  - Substance abuse education
  - HIV/AIDS education
  - Life skills training
  - Domestic violence and trauma education
  - Self care, stress reduction, and wellness
  - Nutrition education
The **Aftercare** program interventions include:

- 3 hour weekly aftercare support group
- Weekly phone calls (6 weeks)
- Family aftercare home visit
- Individual therapy until client is connected to a new provider
- Referral and linkage efforts to continue as needed

The desired outcomes of the Women’s Enrichment Center and Aftercare Programs include increased client self-sufficiency, increased commitment to sobriety, stabilized mental health, barriers to employment removed or addressed, improved parenting skills and meeting the requirements of the Child Protective Services case plan.

Family Self Sufficiency Teams (FSSTs) are utilized to address cross-system collaborative efforts necessary for families in need of multiple social services. Representatives from various county and community-based organizations work together to pool resources to aid families in crisis.

The Women’s Enrichment Center is a therapeutic, holistic, culturally- and ethnically-informed program in which families learn to empower themselves in an environment of community, dignity and respect. The overall goal is to improve functioning levels, including physical health, psychological well-being, social interactions and spiritual understanding. The underlying objective is to achieve self-sufficiency. Four specific program strategies are utilized:

- Work toward maintaining a clean and sober lifestyle
- Assist participants to achieve emotional stability
- Improve decision-making processes
- Empower women to better advocate for their families

The Women’s Enrichment Center employs a harm reduction service model designed to improve engagement and retention, to increase positive program outcomes and to allow interaction more authentically with program staff. Life functioning challenges are addressed concurrently with mental health/substance abuse issues. Obtaining shelter, for example, becomes a therapeutic activity between client and staff rather than a supportive service. Staff members try to perform case management activities within the therapeutic context and act as group facilitators, individual therapists and case managers.

Services to children are provided through linkages with various county agencies and systems. Mothers identify their children’s individual needs, which are then incorporated into the mother’s treatment plan. Home visits provide the opportunity to focus on the children’s strengths and needs.

Each session of treatment groups lasts 10 weeks. Typically, a participant attends two sessions. Eighteen clients are served at any point in time. There is a waiting list of one to twelve clients since February 2002, with an average wait of 29 days.

Transportation is offered daily to the center. Return transportation is offered to major municipal transportation centers.

Staff of the Women’s Enrichment Center includes a Program Director, Program Manager, Mental Health Clinician, Alcohol/Drug Clinician and Case Manager.
ELIGIBILITY AND POPULATION SERVED

The original program was designed to serve CalWORKs recipients. In time it was expanded to include CalWORKs eligible women who had lost custody of their children. The Women’s Enrichment Center is currently open to mothers who are CalWORKs eligible and who have a substance use disorder or mental health issue which contributes to their unemployment.

The Women’s Enrichment Center also serves Proposition 36 clients. These are women who are first-time drug offenders who are referred by the court in a diversionary effort.

During the first two years of operation:
• The Women’s Enrichment Center served 98 women ranging in age from 18 to 64 years of age. The average age was 36.3 years.
• Ethnicity of participants included 66% Caucasian, 20% African American, 6% Hispanic and 8% other.
• Educationally, 7% completed college, 20% some college, 44% completed high school, 5% had a GED and 24% had less than 12 years of education.
• 50% had children in out of home placement.
• 43% had open CPS cases.
• 41% of participants listed methamphetamine as their drug of choice, 19% alcohol, 19% crack/cocaine, 6% THC, 8% prescription drugs, 7% of the participants listed heroin as their drug of choice. 15% of participants listed polysubstance as their second choice.

Women entering the program had extensive mental health clinical diagnoses, as well as relational issues, medical conditions and psychosocial/environmental problems.

Women’s Enrichment Center clients are seen as exceptionally crisis-oriented, under-serviced and intensely needy. Case management services are used extensively for issues relating to courts, probation, restraining orders, housing crisis, financial crisis, child welfare, children’s school issues, child care issues, psychiatric emergencies, ongoing psychiatric / psychological appointments, medical/dental appointments, domestic violence issues, vocational rehabilitation and transportation demands.

FUNDING/COSTS

The program is funded by the county CalWORKs allocation for Behavioral Health Services at a cost of $385,000 for fiscal year 2001/02. This represents a cost of $98.00 per client treatment day or approximately $17.50 per hour. One half-day per week of aftercare services averages $49.00 per client week. Total per participant cost is $6,417.00 with full utilization of 60 annual treatment slots.

OUTCOMES

Client outcomes in 2001/02 were:
• 23% completed the program and met treatment goals
• 21% were working
• 2% were at home with new babies
• 15% were in aftercare
• 18% transferred to an inpatient program
• 30% left before completion
• 7% were incarcerated
• 22% entered treatment in 2001/02 and continued in treatment

Among the 30% of clients who left before program completion, 75% did not have custody of their children. These clients were characterized as being in active long-term addiction, dealing with severe,
pervasive, chronic mental illness, in unstable residential placement or in long-term unstable relationship patterns with partners, family members, or friends who were active addicts.

**IMPLICATIONS FOR SAN FRANCISCO CITY AND COUNTY**

The population served by The Women’s Enrichment Center is two-thirds Caucasian and one fifth African American. This contrasts with San Francisco’s larger African American, Asian and Hispanic CalWORKs populations. A review of research should be undertaken to determine if the San Mateo type model has been successful with the populations represented in San Francisco.

San Francisco would need to replicate the county system level collaborative. The collaborative would need to access many service systems and key policy makers must be part of the integrated service approach.

The Women’s Enrichment Center successfully integrated women who had lost custody of their children. San Francisco’s CAAP/Proposition N clients, indigent adults without children in custody, could also be served.

San Francisco’s Multi-disciplinary Teams (MDTs) closely resemble the FSSTs and are a ready mechanism for identification and provision of resources necessary for families involved in both CalWORKs and the Child Welfare System.

Finally, any program success is highly dependent on stable, affordable housing. San Francisco’s housing availability is severely limited. San Francisco will need to continue in its efforts to produce and provide safe and affordable housing. A representative from the San Francisco Housing Authority should become an active member of the Multi-disciplinary Teams.

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