

INTEGRATION OF SUBSTANCE ABUSE TREATMENT INTO HOMELESS AND GENERAL ASSISTANCE PROGRAMS

Teri Donnelly*

EXECUTIVE SUMMARY

BACKGROUND

The integration of substance abuse treatment into established homeless and General Assistance programs is essential to successful outcomes for the people participating in those programs. Research has shown that people who receive substance abuse treatment in addition to employment services, while receiving cash aid, are much more likely to sustain employment than those who do not. Substance abuse treatment is not an integral part of Alameda County's General Assistance program. Substance abuse services are currently provided through referrals to a separate agency with little to no coordination of services. Because General Assistance is funded entirely through county funds, the challenge is to provide comprehensive integrated substance abuse treatment services to GA clients using virtually no county money.

FINDINGS

San Mateo County's Project Hope provides one model to provide integrated substance abuse ser-

vices. Project Hope integrates substance abuse treatment into the county's three homeless shelters through collaboration between San Mateo County Alcohol and Drug Services

and two community treatment providers. Clients at the homeless shelters receive a formal assessment and integrated case management services. An important part of the program is pre-treatment services. The Project Hope model is relevant to Alameda County's General Assistance program because of many similarities between the populations served.

SUMMARY

This model of providing integrated substance treatment can be funded either by seeking a Federal grant or by training existing staff. The integration of substance abuse treatment into Alameda County's GA program can be accomplished using San Mateo County's Project Hope model.

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THE CHALLENGES

The integration of substance abuse treatment into the support services provided homeless and income maintenance clients, such as those receiving General Assistance (GA), is essential for the long-term success of the people involved in these programs. Employment and SSI advocacy services are provided to GA clients with the ultimate goal of either providing clients with enough skills to find employment or to move them on to a more stable higher paying federal assistance program. There is a huge monetary incentive for counties to strategize ways to move GA clients off of the rolls because the program is funded entirely by the counties without a state or federal match. Historically, these strategies have been focused primarily on moving clients to other programs such as SSI, lowering grant payments or limiting the amount of time a client can receive aid. In Alameda County there is no employment program for GA clients, although the majority participate in the Food Stamp employment program.

Alameda County does have a long-standing SSI advocacy program and is successful in moving a number of people to SSI, where their income nearly doubles and they receive Medi-Cal benefits. However, substance abuse treatment is not an integral part of either the GA or SSI programs. Substance abuse services are provided through a referral to a separate agency with little to no coordination of services. During times of financial crisis, Alameda as well as many other counties, have resorted to lowered grant payments and time limits to contain GA costs. Unfortunately, these types of strategies fail to address the long-term self-suffi-

cency goals of the Social Services Agency. The majority of GA clients are not old enough or disabled enough to qualify for the Medi-Cal benefits that, along with federal and state block grant money, fund substance abuse programs for CalWORKs clients. At any given time, there are about 120 homeless GA clients participating in the Community Housing and Support Services (CHASS) program. These clients are provided homeless services through contracted community providers that integrate substance abuse treatment to various degrees in their programs. However the CHASS program only touches about 3% of Alameda County's GA population. The challenge is to provide comprehensive integrated substance abuse treatment services to GA clients using virtually no county money.

SAN MATEO COUNTY'S PROJECT HOPE

San Mateo County's Project Hope provides one model to provide integrated substance abuse services. The San Mateo County Homeless and Substance Abuse Services Collaborative is funded through a three year Federal Grant by the Center for Substance Abuse Treatment. Project Hope integrates substance abuse treatment into the county's three homeless shelters through a collaboration between San Mateo County Alcohol and Drug Services (a part of the Human Services Agency) and two community treatment providers, Project 90 and The Service League of San Mateo County. The project started in 2001 and currently is funded through September 30, 2004. However it is anticipated that the program will be able to continue through a second three-year grant, that is currently being applied

for, from the Federal Center for Substance Abuse Treatment. The goal of Project Hope is to integrate substance abuse treatment and referral services for homeless shelter clients with substance abuse problems. Services are primarily provided through non-residential treatment services provided on site by two substance abuse counselors at each of the three shelters. The treatment model includes:

- pre-treatment;
- assessment;
- recovery planning;
- harm reduction;
- relapse prevention;
- individual and group outpatient counseling;
- case management;
- and referral to residential treatment.

Additionally, there are four dedicated residential slots and one subsidized supported residential treatment slot for people who are working, homeless, and need substance abuse treatment.

Prior to the creation of Project Hope, there were no dedicated substance abuse services for homeless shelter clients in San Mateo County. The purpose and theory behind the creation of Project Hope is the "...idea that to address the problem of homelessness, the alcohol and drug treatment system must become more accessible to homeless people" (San Mateo County application for Federal Assistance). Clients at the homeless shelters receive a formal assessment and integrated case management services. Before Project Hope, and the most common approach in many places, was that homeless clients were referred to outside substance abuse treatment in the community. Often these referrals are days or weeks away and the expectation that a homeless person can keep track of, or has transportation to, the appointment is unrealistic.

On-site services and cross training are the most important pieces of making Project Hope successful. The established model for substance abuse treatment is abstinence based. However, an important component of Project Hope is the Treatment Readiness program that includes all shelter residents whether they are currently drinking or using drugs. The purpose is to "carry the message" to anyone who will listen regardless of whether they are ready to begin treatment or not. Counselors were trained in the use of this model. Project Hope also has a successful alumni group, where people who have completed the program meet to continue to receive support for themselves and to provide support to those currently in the program. Overall, Project Hope is a success. The need for substance abuse treatment at the shelters is greater than the capacity.

RELEVANCE TO ALAMEDA COUNTY

On the surface San Mateo County's success with Project Hope does not seem applicable to Alameda County for many reasons. Homeless shelters in Alameda County are run by community-based agencies or by other government entities, not by the county. Alcohol and Drug services in Alameda County are provided through Behavioral Health Care which is a part of Health Care Services, an entirely separate agency from Social Services. Demographically, politically, and economically San Mateo and Alameda County are worlds apart. However, the philosophies of "no wrong door", and "carrying the message" through pre-treatment, have definite potential in their application to Alameda County's General Assistance program. Most GA clients are dangerously close to homelessness. Many have cycled on and off of aid for years, sometimes homeless other times not. A substantial number, about 30%, of participants in Project Hope are

women. A little over 50% of Alameda County's GA clients are women. Very little research has been done on the substance abuse needs of Alameda County's GA clients, however it is reasonable to believe that they are greater than the 3% who are currently identified. It is also reasonable to believe that GA clients are not radically different than CalWORKs clients. Many male GA clients are the fathers of CalWORKs children. Many female GA clients, who were once on CalWORKs with their children, are now in Foster Care or living with other relatives or are now adults. As reported in the U.S. Department of Health and Human Services' TAP 25 Report, *The Impact of Substance Abuse Treatment on Employment Outcomes Among AFDC Clients in Washington State*, researchers found that AFDC clients who received substance abuse treatment were 50 to 100% more likely to become employed in the two-year, post-treatment period than their counterparts in the comparison groups. Although the primary goal of substance abuse treatment is rehabilitation, not employment, GA clients and county funds can only benefit from these types of services.

NEW WAYS OF PROVIDING SERVICE

The question to ask is "What types of substance abuse services would best serve Alameda County GA clients?" Traditionally, the County has relied on self-identification and referral to outside agencies. Clients are required to verify attendance of their substance abuse treatment by returning a form to the agency each month. Failure to provide the form results in discontinuance from GA benefits. There is very little communication between substance abuse counselors and social workers, employment counselors, or eligibility workers about a GA client's progress in substance abuse treatment. Project Hope's integrated model provides a vehicle

for this communication. By having substance abuse counselors on site and working closely with county staff, the goal of moving people off of GA into employment can be better met.

Another critical part of the services provided at Project Hope are pre-treatment substance abuse services. The traditional model of substance abuse treatment is one where services are provided to people who are abstinent and are asking for help. Many programs require that clients be sober and drug free for a certain amount of time before services are provided. Project Hope provides pre-treatment services to all residents of the shelters, many of whom may be under the influence at the time. This acknowledgement of the benefits of pre-treatment is a culture change for many treatment providers, but an essential piece for the success of homeless and GA clients. By using an "opt out" referral model where everyone attends a pre-treatment group and those without substance abuse problems are not offered further treatment, rather than an "opt in" referral model where clients must self-identify or be assessed as needing services, is a more realistic way to approach GA and homeless clients. Alameda County's current model of self-identification by GA clients is simply unrealistic if the goal is to provide services to everyone who needs them.

COSTS

Unlike CalWORKs, there is no funding for substance abuse treatment built into General Assistance funding. Because the majority of GA clients do not qualify for Medi-Cal, there is no way outside of the general fund to pay for substance abuse services. Without expending additional county money, there are two ways to provide integrated substance abuse services to GA clients.

First, there are opportunities to apply for federal grants as San Mateo County did for Project Hope. Although state and county funds are severely limited, there are currently opportunities for federal grants to provide substance treatment. As with any grant, there is the issue of sustainability. Can the services be continued beyond the grant period? The goal would be to make the services so successful that the savings from a decreased caseload would provide the funds to sustain it beyond a grant period.

Secondly, in the absence of a new funding source, another way to integrate substance abuse services into Alameda County's GA program is to train existing staff to provide the services. A model where existing social work staff provide pre-treatment services on site with referrals to ongoing treatment

through Behavioral Health Care would meet many of the goals of an integrated substance abuse treatment program. In addition, a culture shift from "opt in" to "opt out" would greatly enhance the program.

CONCLUSIONS

The integration of substance abuse treatment into Alameda County's GA program can be accomplished using San Mateo County's Project Hope model. Regardless of the availability of funding, it is possible to make culture changes in both the design of the GA program and the way that substance abuse services are provided. It is important that these changes be made in order to further the goal of self-sufficiency for Alameda County's GA clients.